

Video-mediated interpreting

The interactional accomplishment of
interpreting in video-mediated
environments

Jessica Pedersen Belisle Hansen



MultiLing Center for Multilingualism in Society across the Lifespan
Department of Linguistics and Scandinavian Studies
Faculty of Humanities

University of Oslo
2020

© Jessica Pedersen Belisle Hansen 2020

Series of dissertations submitted to the Faculty of Humanities, University of Oslo

All rights reserved. No part of this publication may be reproduced or transmitted, in any form or by any means, without permission.

til Vegard

takk for at du går sammen med meg

Abstract

The thesis explores the interactional accomplishment of interpreting in video-mediated environments. Three articles explore video recordings of video-mediated interpreting in hospital encounters through conversation analysis. The final article employs discourse analysis to explore interviews and government documents.

Employing multimodal conversation analysis, the first article explores the temporary suspension of medical professionals' turns in order to let the interpreter interpret. The second explores interpreters' embodied displays of trouble caused by trouble hearing and understanding in the video-mediated environment. The third article explores how participants' orient to the visual affordance of the media in the organization of interpreting. The thesis demonstrates how interpreting is an interactional activity accomplished collaboratively by participants in situ. The participants have different access to linguistic content, to the visual ecology and to background knowledge. Features of the video-mediated environment, like delay and lack of mutual visual access, may delimit which resources participants have available to organize interaction, for instance pre-beginning signals and embodied actions. Participants can overcome some challenges through adapting their actions to the setting, like the temporary suspension of medical professionals' longer turns, and by creating an interactional space that is appropriate for the activities.

The fourth article discusses the comparison of video-mediated interpreting to telephone and onsite interpreting in government documents and interviews with practitioners. While government documents use the comparison between media to construct a rationale for increased use of video-technology to provide interpreting, practitioners' narratives demonstrate how technology is relevant for the accomplishment of their work. The combination of analytical approaches demonstrates how technology as a workspace is not just a matter of efficient service provision but fundamentally alters resources participants have available to establish understanding in interaction.

Sammendrag

Avhandlinga utforsker video-mediert tolking som interaksjonell samhandling. Tre artikler bruker samtaleanalyse til å utforske videoopptak av sykehussamtaler med video-mediert tolking. Den siste artikkelen bruker diskursanalyse for å utforske intervjuer og offentlige dokumenter.

Ved bruk av multimodal samtaleanalyse utforsker den første artikkelen hvordan tolk og helsepersonell forhandler om midlertidige opphold i helsepersonells lengre turer for at tolken skal komme til for å tolke. Den andre utforsker tolkers uttrykk for problemer med å høre eller å forstå i det video-medierte rommet. Den tredje viser hvordan deltakerne bruker mediets visuelle affordanse i utførelsen av tolking. Avhandlinga viser hvordan tolking er en interaksjonell aktivitet som organiseres av deltakere i og gjennom samhandlingen. Deltakerne har ulik tilgang til språklig innhold, ulik tilgang til den visuelle økologien og forskjellig bakgrunnskunnskap. Trekk ved det video-medierte rommet som forsinkelse og redusert visuell tilgang, kan begrense ressursene deltakerne har til rådighet for å få til interaksjonen, som pre-begynnelsessignaler og gester. Deltakere kan løse noen av utfordringene ved å tilpasse handlingene til situasjonen, for eksempel kan helsepersonell skape foreløpige opphold i sine lengre taleturer slik at tolken kommer til for å tolke, og ved å tilpasse det interaksjonelle rommet til aktivitetene de skal utføre.

Den diskursanalytiske artikkelen drøfter sammenlikningen av video-mediert tolking med telefon- og fremmøtetolking i offentlige dokumenter og i intervjuer med tolker og helsepersonell. Ved å sammenligne skjermtolking med telefon- og fremmøtetolking konstruerer offentlige dokumenter et argument for økt bruk av videoteknologi til tolking. Mens dokumentene i liten grad forholder seg til hvordan interaksjonen i slike samtaler utfolder seg, viser praktikerens fortellinger om skjermtolkede samtaler hvordan teknologien er av betydning for utførelsen av arbeidet deres. Kombinasjonen av analysemetodene viser hvordan teknologien som arbeidsplass ikke bare er et spørsmål om effektiv tjenesteleveranse, men endrer ressursene deltakere har til rådighet for å etablere forståelse.

Acknowledgements

This thesis would never have come into existence without the help and support of so many wonderful people. I am deeply grateful to all those who I cannot mention by name for the risk of identifying participants in the study: Patients and next-of-kin who have kindly allowed me to video record their medical appointments. Practitioners, both medical professionals and interpreters, who have let me observe, video-record and analyze their work practices. Practitioners and other stakeholders who have met with me, shared their views, and helped me gain new perspectives. Interpreters who have helped me with linguistic expertise. All those who have helped me coordinate the project, identify relevant meetings to record, and organize the recordings in a secure manner. This has been important for the accomplishment of the project. I am truly thankful!

I want to thank my supervisors, Jan Svennevig and Jannis Androutsopoulos. They have supported, inspired, advised, enlightened and challenged me throughout the process. I have appreciated Svennevig's guidance and supervision since he first taught me about adjacency pairs in 2013. I have had the pleasure of getting to know Androutsopoulos through the work with this thesis. Through his supervision, I have had the opportunity to explore new directions and to see my work in a new context. I am grateful for their willingness to follow me down rabbit holes and, perhaps more importantly, to help me back on track again.

For collaboration, I would also like to thank Tolkesentralen, Oslo University Hospital, Akershus University Hospital and Sunnaas Rehabilitation Hospital.

For linguistic expertise, I would like to thank Pawel Urbanik, Maria Obojska, Visnja Cicin-Sain, Solvej Hellestøj Sørensen and Annika Lisa Belisle. I would also like to thank also Mari J. Wikhaug Andersen and Marit Johanne Furunes for help with transcribing.

For inspiration and support through different forms and channels during the process, I would like to thank several scholars: Marja Etelämäki, Jennifer Gerwing, Hanne Skaaden, Elizabeth Stokoe, and Johan Tønnesson. I would especially like to thank Christian Licoppe for highly appreciated insights and comments for my midway evaluation.

I have had the pleasure of participating in various research groups during my work, all of which have inspired me, helped ground my work and provided an opportunity to discuss and develop my studies. I would like to thank the members of the research groups Conversation analysis and interactional linguistics at the University of Oslo, Network for interaction analysis at the University of Southern-Eastern Norway, Text and Rhetoric at the University of Oslo, Interpreting, language and communication at Oslo Metropolitan for their help and support, for inspiration and stimulating discussions.

I would like to thank the Centre for Interaction Research and Communication Design at the University of Copenhagen for inviting me to stay with them in October and November 2019, and for including me in their inspiring research environment during the stay. A special thanks goes to Mie Femø Nielsen, Brian Lystgaard Due, Simon Bierring Lange, Thomas Toft, Jeanette Landgrebe, Anne Merrit Rikke Nielsen and Marta Karolina Olsen for making me feel welcome, including me in their daily activities and helping me develop my work during my stay.

In Copenhagen, I was invited to spend time with another research group, INTERPRETING. This collaboration resulted in new insights and further development of my work. I would like to thank Martha Sif Karrebæk, Paulina Bala, Marta Kirilova and Solvej Hellestøj Sørensen for inspiring discussions, seminars and fieldtrips.

I would like to express my gratitude to MultiLing Center for Multilingualism in Society across the Lifespan. The center has provided an inspiring and vibrant research environment with rich access to scholars studying multilingualism from a range of different disciplines. I would like to thank especially Elizabeth Lanza and Mari C. R. Otnes for making difficult times during this process easier. Also, I would like to thank Elisabeth Maria Neuhaus for pointing me in the right direction and helping me sort out all kinds of matters on so many occasions.

Thank you to all my colleagues and fellow fellows at the Department of Linguistics and Scandinavian Studies and MultiLing. Many thanks, especially to Hanna Solberg Andresen, Rafael Lomeu Gomes, Jenny Gudmunsen, Pernille Hansen, Helene Kilmer-Rumpf, Elina Kangas, Anne Marie Dalby Landmark, Kristin Vold Lexander, Kristin Torjesen Marti, Maria Obojska, Ingeborg Sophie Bjønnes Ribu, Ida Seljeseth, Yesim Sevinc, Jorunn Simonsen Thingnes, Pawel Urbanik and Ingvild Badhwar Valen-Sendstad.

For inspiration, support and help during different stages of the process, I would like to thank Hilde Fiva Buzungu, Hanne M. Løfsnes, Marthe Ødegård Olsen, Camilla Sandrud, Maria Wattne, Kristian Skedsmo and Randi Havnen.

I am grateful to my parents, my siblings and their families for patience and care. Without all of you, I would not be me. A special thanks goes to Mari Bjerkli and Annika L. Belisle for their helpful advice as readers.

Last, but not least, without the love and support of my partner, I would not have been able to complete this thesis. Thank you for your patience. Thank you for your support. Thank you for walking with me.

Contents

1	Introduction	1
1.1	Good communication in healthcare	2
1.2	Video-mediated interpreting as a solution to a range of problems	3
1.3	Aim and scope of the study	6
1.4	Outline of the thesis	8
2	Research status	9
2.1	Interpreting as interaction	9
2.2	Approaches to video-mediated interpreting	10
2.3	Video-mediated interaction	12
2.4	Accomplishing interpreting in the video-mediated environment	13
3	Theoretical framework	15
3.1	Embodying institutional interaction	15
3.2	Multimodality as a point of departure	16
3.3	Specifying mediated interaction	17
3.4	Reciprocity of perspectives and intersubjectivity in conversation analysis	18
3.5	Media ideologies	19
4	Methodologies	21
4.1	Collecting data	21
4.1.1	Video recordings as data	22
4.1.2	Interviews as data	28
4.1.3	Ethnographic data and processes	29
4.2	Analysis	34
4.2.1	Conversation analysis	34
4.2.2	Discourse analysis	36
4.2.3	Combining conversation analysis and discourse analysis	37
4.2.4	Transcribing for analysis	39
4.3	Ethical considerations	46
5	Summary	49
5.1	Article 1	51
5.2	Article 2	52
5.3	Article 3	53
5.4	Article 4	54

6 Discussion and conclusion55

6.1 Contributions 56

6.2 Theoretical implications 59

6.3 Implications for practice..... 61

6.4 Limitations and future research 64

7 References 65

8 List of appendices 73

1 Introduction

This thesis addresses a tension between perspectives on practices of video-mediated interpreting in medical encounters in Norway. This tension was recently asserted in an article in *Vårt Oslo*, a local Oslo-situated newspaper. The article (Velle, 2020) reported that worried healthcare professionals had contacted OMOD Center for Social Justice about their experiences with video-mediated interpreting. Video-mediated interpreting, the medical professionals found, was difficult to use when treating some psychiatric patients with whom they did not share a common language. In the article, a statement by the manager of an interpreting unit that provides interpreting services for hospitals in the Oslo area opposed the medical professionals' concerns. The manager explained how video-mediated interpreting and telephone interpreting were ways to prevent infection during the COVID-19 pandemic. The interpreting unit had not received complaints or reports of deviations regarding interpreting assignments carried out through screen or telephone, he reported. Furthermore, he suggested that this practice would increase in the future since the interpreting service considered this to be a good alternative. However, according to OMOD, problems with video-mediated interpreting in patient treatment had resulted in patients losing access to medical treatment for several months. This news article contrasts the more common positive spin on predictions of how video technology can solve a range of problems in the provision of interpreting in Norway (e.g. Nesvik, 2018; Nilsen, 2017). Furthermore, the newspaper article asserts an important distinction, one that is not always that clear in discourse about video-mediated interpreting. The article demonstrates how *video-mediated interpreting* may refer to a way of providing services or to the actual accomplishment of video-mediated interpreting within specific settings, which, as such, has consequences for the accomplishment of the medical appointment. Combining conversation analysis and ethnography, the thesis considers the interactional accomplishment of interpreting in video-mediated settings. This is discussed in contrast to some of the media ideologies of video-mediated interpreting drawn upon by practitioners within a medical context and in government documents within the broader societal context. The thesis is article based: Three of the articles employ conversation analysis to explore how participants in hospital encounters accomplish interpreting in the video-mediated environment. The fourth article employs the concept of *remediation* to explore media ideologies in government documents and interviews with practitioners. In the following introduction to the thesis, I first address the ideal of good communication in healthcare and interpreting as a way to secure good healthcare services. Thereafter I topicalize some of the issues related to interpreting in healthcare, before I discuss how video-mediated interpreting is thought to solve some of these problems. Finally, I outline the aim and scope of the undergone study.

1.1 Good communication in healthcare

Good communication is important for quality of healthcare and patient safety (Gulbrandsen, Jensen, Finset, & Blanch-Hartigan, 2012) and good communication between patient or next-of-kin and medical professional is an ideal in medical practice (see for instance Gulbrandsen & Finset, 2014; Heyn, 2018). Combined with trust, good communication is considered to be crucial for the successful meeting between a patient and their general physician (Helse- og omsorgsdepartementet, 2013) and fundamental for the meeting between patients and healthcare professionals (Helsedirektoratet, 2011).

The right to information in healthcare services is determined by law. For instance, central paragraphs in the Patient and Users' Act determine patients' right to information (Pasient- og brukerrettighetsloven, 1999): § 3-1 determines that the patients have the right to participate in the implementation of healthcare services. Furthermore, § 3-2 states that the patient has the right to receive information that is necessary to gain insights into their health situation and the content of the healthcare. According to § 3-5 this information should be adapted to the recipient's individual condition, such as age, maturity, experience and cultural and linguistic background, and healthcare personnel should, as far as possible, ensure that the recipient has understood the content and the meaning of the information. Moreover, § 4-1 determines that patients must consent to the healthcare, and in order for consent to be legally given, the patient has to receive necessary information about their health condition and the content of the proposed healthcare. According to The Norwegian Directorate of Health, this means in some cases that interpreting may be necessary in order to fulfil these requirements (Helsedirektoratet, 2015).

Corresponding to § 3-5, the Healthcare Professional Act (Helsepersonelloven, 1999) § 10 states that healthcare professionals are required to give information to those who have the right to receive information. As far as possible, this involves that the healthcare professional sees that the person receiving the information has understood the information and its consequences. The information must be adapted to the recipient's individual condition regarding age, maturity, experience and cultural and linguistic background. This may involve using an interpreter or technical aids (Helsedirektoratet, 2018).

Addressing matters of interpreting in hospital encounters, Linnestad and Buzungu (2012) suggest that interpreting is a prerequisite for equal access to healthcare:

To provide qualitatively good interpreting services is a prerequisite for patients and next of kin with limited Norwegian proficiency to gain access to equal health services. Inadequate

communication is a threat to the patient's health, and furthermore breaches patients' right to information and right to participate in shared decision making. Healthcare professionals sometimes depend entirely on interpreters in their communication with patients to carry out their job in an optimal way. (p. 3, my translation)

Informing and shared decision making are realized through interaction. In institutional settings, participants engage in different types of interaction within different frames and purposes. For instance, in physiotherapy, talk between the patient and a physiotherapist can realize medical assessments, motivation, instruction, learning and much more. In a meeting, a medical professional and patient may carry out a range of different activities, for instance presenting, gathering information about, diagnosing and treating a concern (Robinson, 2003, 2012) or shared decision making (Landmark, Svennevig, Gerwing, & Gulbrandsen, 2017), to mention just a few. To return to the newspaper article, in some cases medical treatment is realized through talk. As such, interpreting is thought to facilitate medical activities in settings where medical professionals and patients do not speak the same language. The healthcare professionals in the newspaper article were concerned that they had not been able to realize the medical treatment with video-mediated interpreting. Before I return to the matter of interpreting as interaction, I will give a brief introduction to some of the complexities regarding providing interpreting within medical settings and how video-mediated interpreting is considered to solve several of these.

1.2 Video-mediated interpreting as a solution to a range of problems

The hearing note to a draft law about interpreting (Det Kongelige Kunnskapsdepartement, 2019) suggests that there are two main conditions that need to be taken into account when considering whether there is need for interpreting in a specific situation within the public services. One concern is the participants' linguistic competencies: do they share a common language? The other is the matter of importance: is the encounter of such an importance that interpreting is necessary? In the healthcare setting, legislation and guidelines give some indications as to what is required. However, the documents provide few clues as to which criteria should apply when deciding whether to book an interpreter (Sagli, 2015). In an interview-based study carried out in 2013-2014 among Polish migrants in Norway, Czapka, Gerwing, and Sagbakken (2019) found that participants often received information regarding their health condition and treatment in a language they did not fully understand. Furthermore, they found that access to interpreting was limited or denied for instance because of reluctance of health personnel to book interpreting and overestimating the patient's language skills (Czapka et al., 2019). Findings from The Norwegian Government's Official

Norwegian Report (ONR) on interpreting in the public sector are in line with this, and suggest that there is under-usage of interpreting in healthcare services (NOU 2014: 8, 2014).

The linguistic situation is also complex. The ONR estimates that there is need for interpreting in more than 100 languages in Norway (NOU 2014: 8, 2014, p. 16). The need for interpreting in different languages follows fluctuations of migration. The diffusion of a language in the Norwegian context will change over time with migration flow. For instance, while Tigrinya and Amharic were among the five most common languages for interpreting at the Norwegian Directorate of Immigration in 2011 due to the large number of asylum interviews in these languages at that time, the two were the 12th and 20th most common languages in healthcare services at the same time (Linnestad & Buzungu, 2012, p. 8). More recent numbers from an in-house interpreting unit that provides interpreting for Oslo University Hospital, Akershus University Hospital, and Sunnaas Rehabilitation Hospital, show how Tigrinya was the fifth largest interpreting language in these hospitals during the years 2015-2017 (Buzungu, Nilsen, & Løfsnes, 2018, p. 15). This demonstrates how Tigrinya's position in Norwegian society has changed during recent years. Polish is also a larger language in the hospital context, the second largest after Arabic (Buzungu et al., 2018), however, since immigration from Poland is mostly work-related, the high numbers of interpreting are not reflected within the institution for seeking asylum (Linnestad & Buzungu, 2012, p. 8). Structures such as migration flow and changes in the life situations of migrants after arrival will affect which languages are relevant in different sectors of public services.

General requirements regarding tendering and the increased need for interpreting services in the Norwegian public sector have caused several public offices to tender interpreting, some ranking price over quality. Some offices in the Norwegian public sector have difficulties controlling the quality of interpreting services under these conditions (NOU 2014: 8, 2014). This has been highly relevant within healthcare services, and has resulted in a lack of oversight of the quality of interpreting services in that sector (Linnestad & Buzungu, 2012; NOU 2014:8, 2014). In 2014, as a measure to improve the quality of interpreting, Oslo University Hospital established an in-house interpreting unit in collaboration with Akershus University Hospital and Sunnaas Rehabilitation Hospital to ensure quality in interpreting services. They found that one of the challenges in organizing interpreting services for hospitals is the high number of short assignments and how these are dispersed across different locations (Linnestad & Buzungu, 2012). Another difficulty is to get a hold of interpreters at short notice, which is often one of the needs in medical care. The goal was therefore also to develop a regional plan for screen interpreting and establish a competence center for interpreting in the health sector, and to improve emergency response plans so they could provide interpreting 24/7 (Løfsnes & Nilsen, 2017).

In the political, societal and linguistic setting described above, video-mediated interpreting is suggested to solve a range of problems. Use of video technology, similar to the telephone, affords interaction at a distance and as such provides a means or a tool to organize and provide interpreting services. Video technology is considered to be a way to provide interpreting to a linguistically diverse and scattered population and is suggested to be a better option to telephone interpreting (NOU 2014:8, 2014). It is no wonder that public servants – be it medical professionals, police officers or social workers – find the idea of getting access to qualified interpreters situated across the entire country, and, depending on how the interpreting services are organized, to do so on short notice, appealing. Early descriptions of the in-house unit indicated that as many as 40% of all assignments should be carried out as screen interpreting (Løfsnes, Buzungu, Buzungu & Hansen, 2016). In 2017, 93% of the assignments were onsite interpreting, 6% were telephone interpreting, and approximately 1% were on-screen interpreting (Buzungu et al., 2018). In the 2018 report, the interpreting unit reflected upon the initial ambitious goal made that 40% of all the assignments should be interpreted via video:

Low access to units for screen interpreting, little support in the videoconference field from Sykehuspartner [service provider of ICT and HR] and the lack of an integrated call-center solution from NHN [Norwegian Health Net, provider of ICT infrastructure] has resulted in the share of on-screen assignments to be 1% (...). The Interpreting Unit has of the fall 2017 been asked by the Southern-Eastern Norway Regional Health Authority to develop a regional strategy for on-screen interpreting. (Buzungu et al., 2018, my translation)

Several Norwegian hospitals have trialed screen interpreting during the last decade: In their project trialing screen interpreting, researchers at Health Finnmark aimed to see if this technology could improve the availability of interpreting services for Sámi-speaking patients (Furskognes, Eliassen, Molund, & Christiansen, 2013). Oslo University Hospital carried out a project exploring technological and communicative aspects of video-mediated interpreting (Hansen & Løfsnes, 2016). Haukeland University Hospital set out to improve the quality of interpreting services by considering the viability of video-mediated interpreting as an alternative method (Haukeland universitetssjkehus, 2017). Helse Førde (2018) also established a project to explore video-mediated interpreting as a way to gain access to qualified interpreters. All but the Oslo project aimed to test and possibly implement screen interpreting as a way of providing interpreting services. Since Oslo University Hospital already had some experience with screen interpreting, their aim was to explore financial, technological and interactional aspects.

Arguments for increased use of video technology often build on ideas of efficient service provision and video being better than the telephone due to the visual affordance of the media (see article 4). However, interpreting is not just a product easily delivered to the person who has ordered interpreting for a meeting with someone with whom they do not share a language. Participants in specific situations accomplish interpreting collaboratively in situ. Naturally, interpreting requires skills and competencies from the interpreter and requires the interpreter to carry out certain actions. The interpreters in this study, all have formal qualifications such as interpreter education. They need to have a professional skillset, they need a high level of proficiency in the relevant languages and, as a professional interpreter, adhere to ethical guidelines. However, in order for interpreting to be accomplished in interaction, other participants need to let the interpreter get the floor every now and then and given time to interpret, they also need to respond to the interpreter's actions, such as repair initiation. As such, interpreting is interactionally achieved and, subsequently, collaboratively achieved by participants in interaction. The concerned medical professionals in the news article address an important issue: if the interpreting does not work, the treatment does not work. While interpreting is a service that is booked and billed, it is at the very same time an interactional activity that is collaboratively achieved by participants in interaction.

1.3 Aim and scope of the study

This thesis explores the accomplishment of interpreting within a specific interactional setting, hospital encounters, and a specific interactional space, the video-mediated environment. The study combines conversation analysis and ethnography. Three of the articles in this thesis employ conversation analysis, and examine the interactional organization of video-mediated interpreting in hospital encounters. The final article builds on the analysis of ethnographic data, documents and interviews, to explore media ideologies drawn upon by stakeholders in discourse about video-mediated interpreting in society and about experiences from the accomplishment of medical encounters.

Exploring video recordings of hospital encounters, the thesis explores the following problems:

1. *How do participants in video-mediated, multilingual hospital interaction accomplish interpreting?*
 - How do the participants organize and orient to their interactional space?
 - How do the participants organize actions relevant to interpreting in this interactional space?

- In what ways is interpreting enabled, constrained or inhibited by participants' configurations of the socio-material setting?
- 2. *How do discourses on video-mediated interpreting, expressed in governmental documents and interviews with practitioners, relate to the interactional accomplishment of video-mediated interpreting?*

The study builds on video recordings of video-mediated interpreting in hospital encounters and ethnographic data. The thesis' four articles are listed below including information about their current state in the publication process.

Article 1

Creating space for interpreting within extended turns at talk

The article is written together with Professor Jan Svennevig. The article employs multimodal conversation analysis in the exploration of turn-organization in medical encounters, specifically tending to the temporary suspension of medical professionals' longer turns at talk for the organization of interpreting. The article has been submitted to *Journal of Pragmatics* and has been accepted with revisions. Not all of the revisions have been made at the time of submission of the thesis.

Article 2

Recruiting repair: Interpreters' displays of trouble in video-mediated environments

The article employs multimodal conversation analysis in the investigation of interpreters' displays of trouble in video-mediated environments, and discusses the phenomenon in light of studies of repair and recruitments. The manuscript has not been submitted to a journal at the time of thesis submission.

Article 3

Invisible participants in a visual ecology: Visual space as a resource for organizing video-mediated interpreting in hospital encounters

The article employs multimodal conversation analysis in the investigation of how participants orient to the visual materiality of the setting, and how they use the visual ecology they create in and through the interaction to achieve the multilingual activity of interpreting in hospital encounters. The manuscript has been accepted by the journal *Social Interaction. Video-Based Studies of Human Sociality* for a special issue on the accomplishment of video-mediated interaction and is “in press”.

Article 4:

Remediating the mediator: Media ideologies in policies and practices of medical interpreting

The article employs discourse analysis and operationalizes remediation as an analytical concept to explore media ideologies drawn upon by stakeholders in government documents and interviews. The article supplements the interactional studies with a different approach. The manuscript has not been submitted to a journal at the time of thesis submission.

1.4 Outline of the thesis

The thesis is structured into six chapters. This first chapter gives background information and motivations for the study, before presenting the research questions. In chapter 2, I situate the thesis within the broader academic discussions to which it contributes. In chapter 3, I discuss theoretical themes and underpinning theoretical assumptions that guide that analysis. In chapter 4, I sketch out research design, methods and data collection processes as well as the analytical process and ethical considerations. In chapter 5, I present findings from the four articles. In chapter 6, I discuss the findings from each of the articles in light of each other, as well as the theoretical and practical implications of these findings. Finally, I review limitations of the study and make suggestions as to future research.

2 Research status

This chapter serves to place my work within broader academic discussions. The thesis explores encounters in Norwegian hospitals where medical professionals, patients and next-of-kin, do not speak the same language, and interpreting is provided via video. The thesis contains four articles addressing four distinct and clearly separate topics. As such, each article draws on and outlines previous research relevant to each of the separate topics. Three of the articles employ conversation analysis to explore video recordings of video-mediated interpreting, and the final article uses discourse analysis and the theoretical concept of media ideologies to explore discourse about video-mediated interpreting in Norwegian society. The three conversation analytic articles explore the interactional organization and accomplishment of interpreting within this specific mediated environment. The fourth explores how different stakeholders, through government documents and interviews with practitioners, medical professionals and interpreters, address several of these same topics related to video-mediated interpreting. This section of the thesis gives context to the undergone work and motivations of the study. In this chapter, I place my work within academic lines of discussion on interpreting, video-mediated interpreting and video-mediated interaction.

2.1 Interpreting as interaction

In language discordant meetings between medical professionals and patient, interpreting serves to make interaction possible between the speakers of different languages. Interpreting and translation studies have “enjoyed an eclectic tradition, in line with [their] interdisciplinary nature” (Angelelli & Baer, 2016a, p. 5), and have borrowed freely from related disciplines in the humanities and social sciences, drawing on for instance cultural studies, sociology, anthropology and applied linguistics (Angelelli & Baer, 2016b). Referring to signed language interpreting, Wilcox and Shaffer (2005), suggest that we have witnessed a “panoply of models” attempting to describe the interpreter and interpreting in a sufficient manner, for instance as a helper, a conduit or a bilingual-bicultural specialist, including various approaches such as sociolinguistics and interaction (p. 28). While one might disregard such models as the internal understanding of interpreting from within the field, perspectives on interpreting and interpreters’ work building on the models or conceptualizations occur also outside the field of interpreting. For instance, guidelines found in different arenas of the public sector for working with interpreters might reflect especially the idea of the interpreter being a form of conduit for the transformation of information between languages (Hansen, 2018; Li et al., 2017). Even interpreters’ codes of ethics may reflect the same ideals (Gavioli, 2016). The interpreter’s ethical guidelines suggest that the interpreter in their work should interpret “everything

that is expressed”, and not omit, change or add anything (Integrerings- og mangfoldsdirektoratet [IMDi], 2020). An interactional approach gives important insights into the accomplishment of the interaction, and can inform such understandings and guidelines (Hansen, 2018; Li et al., 2017).

Wadensjö’s (1998) seminal book *Interpreting as interaction* explored interpreting as just this, interaction. Interpreter utterances, according to Wadensjö (1998), bridge a linguistic gap and a social or interactional gap between two language users (p. 109). As such, interpreting is a matter of both translating and coordinating other participants’ utterances. If we consider interpreting to be an interactional activity (Robinson, 2013), this implies that interpreting is interactionally achieved by participants in interaction in situ. Conversation analysis, with its detailed study of small phenomenon and attention to the fine order of people’s actions, can give insights into how such activities are assembled (Sacks, 1984).

2.2 Approaches to video-mediated interpreting

In the introduction to one of the most recent books collecting studies on video-mediated interpreting, Brône and Salaets (2020) suggest that the field has already dealt with the pros and cons of video-based interaction for the interpreting profession. A range of different methodological approaches have provided insights into different aspects of video-mediated interpreting. For instance, questionnaires, surveys and interviews have given insight into aspects of video-mediated interpreting, such as stress factors for interpreters (Braun & Taylor, 2012b; Roziner & Shlesinger, 2010), interpreters’ onset of fatigue (Moser-Mercer, 2005) and interpreters’ views on their work (Brunson, 2018) and on their roles (Devaux, 2018), to mention just a few.

For some years now, studies on video-mediated interpreting have compared interpreting via video, including various constellations of participants and technologies, with interpreting via telephone and onsite interpreting. The various ways of providing interpreting, have been compared along different dimensions, for instance satisfaction (Locatis et al., 2010; Price, Pérez-Stable, Nickleach, López, & Karliner, 2012) and quality (Balogh & Hertog, 2012; Braun & Taylor, 2012a; De Boe, 2020). A study exploring interpreting in hospital encounters, for instance, found that when comparing telephone interpreting and video-mediated interpreting to onsite interpreting, patients rated all three methods the same, while doctors and interpreters rated onsite interpreting higher, and video-mediated interpreting higher than telephone interpreting (Locatis et al., 2010). Based on questionnaires that were filled out after video-mediated interpreting sessions in asylum interviews, Skaaden (2001) found that interpreters experienced more problems in the interaction than the other participants did. This suggests that moving the work to a video-mediated environment might affect

the work of the interpreter in a different way than it affects the work and activities of the other participants in the interaction.

In a survey comparing onsite interpreting, telephone interpreting and video-mediated interpreting, Price et al. (2012) found that interpreters considered all three methods satisfactory for conveying information, while scenarios with substantial educational or psychosocial dimensions (such as family meetings, consent for complex medical procedures, inpatient nursing teaching, hospital discharge instructions, physical or occupational therapy and case management/social work) had lower scores. In scenarios where the telephone did not suffice, interpreters' considered video-mediated interpreting to offer improved communication.

A different dimension of comparison is quality of interpreting in the different environments focusing on the interaction. In their work on video-mediated interpreting in judicial settings, Braun and Taylor (2012a), Balogh and Hertog (2012) and Miller-Casino and Rybinska (2012) developed comparative studies at three different sites to explore the quality of the interaction in video-mediated interpreting compared to onsite interpreting. In order to assess and compare the quality of interpreting through different channels, the studies were designed as experiments using simulations in order to control factors. Problems in the interaction were labelled as inaccuracies, omissions, additions, linguistic problems, paralinguistic problems and synchronization problems (Braun & Taylor, 2012a). The labels were based on criteria for assessment of interpreting and categories for the analysis of non-verbal and visual communication (Braun & Taylor, 2012a, p. 102). Braun and Taylor (2012a) found that there were problems with turn-taking more than three times more often when the interpreting was carried out through video compared to face-to-face. They also found that omissions (159%) and additions (290%) were more frequent in the video-mediated settings (Braun & Taylor, 2012a, p. 92).

Based on a similar comparative design, De Boe (2020) compared video-mediated interpreting, telephone interpreting and onsite interpreting in medical encounters. The study was based on simulations carried out with video-mediated interpreting, telephone interpreting and onsite interpreting. The categories were partially pre-defined and were adjusted during work with analysis. The most frequently observed and problematic finding resulting from interactional behavior by all participants in this study was overlapping speech. While this occurred in all of the settings, problems were more easily fixed in onsite interpreting. Overlapping speech was also found to cause sound problems in the mediated settings, something that required more interactional work to solve (De Boe, 2020).

These studies, while providing novel insights into the interaction, do give rise to some important discussions. Braun and Taylor (2012a) suggest that it was a limitation to their study that it was based on simulations. Problems in the interaction did not unfold as they would in authentic interaction, as participants in the simulation would return to the storyline even in cases where something was altered in the translation. Similarly, in their study of mystery shoppers and real shoppers in interaction, Stokoe, Sikveland, Albert, Hamann, and Housley (2020) find that there are differences between the role-plays and authentic interaction both on the micro level and on the macro level. The behavior of the participants in the role-plays was unlike that of people in a real-life setting, meaning that the outcomes of the interactions are different.

Based on data from the simulations, Braun (2017) later explored one of the problem categories found during the quantitative analysis, additions and expansions, using conversation analysis. This analysis demonstrated how conversation analysis could give insights into the local situation in which a phenomenon occurred as well as a deeper understanding of the specific actions involved. The interactional perspective on video-mediated interpreting provides important insights into the local organization of the interaction. Prior studies on video-mediated interpreting that employ conversation analysis, are for instance studies from interpreted French courtroom hearings with remote defendants, which explore camera actions as interactive moves (Licoppe & Veyrier, 2017) and ‘chunking’ of longer turns at talk (Licoppe, Verdier, & Veyrier, 2018; Licoppe & Veyrier, 2020). Within a specific sign language interpreting service, Warnicke and Plejert (2012, 2018) provide insights into the turn management of the video-relay services, and interpreters’ use of the headset as a resource in interaction.

This study sets out to investigate how participants in video-mediated, interpreted, hospital encounters, achieve the mediated activity – interpreting – in this specific interactional environment. This is achieved by exploring turn-taking, interpreters’ embodied displays of trouble and how participants orient to the visual affordance of the setting. While the investigation of how the participants achieve the medical appointment would be equally relevant, the thesis explores the achievement of video-mediated interpreting.

2.3 Video-mediated interaction

In video-mediated interaction, different technological devices with different affordances allow the participants to interact with each other at a distance (Arminen, Licoppe, & Spagnolli, 2016; Due, forthcoming; Hutchby, 2001). The technology serves not only as a tool that gives participants access to each other, but serves as a resource for the accomplishment of activities (Mondada, 2007).

Different perspectives on research on video-mediated interaction may address video-mediation as a premise for the interaction and the accomplishment of certain activities, or focus on how participants use the specificities of the setting as resources in interaction.

Some features of the mediated setting that might affect the effectiveness of participants' use of semiotic resources are, for instance, delay and visual affordances. Delay is a fundamental part of the video-mediated environment, and can be addressed in different ways in the study of video-mediated interaction: as a premise for interaction (Schmitt, Gunkel, Cesar, & Bulterman, 2014); its occurrence in certain activities such as in second language learning (Rusk & Pörn, 2019); as a trouble source, for instance, in turn-taking (Ruhleder & Jordan, 2001); or as a resource in interaction (Rintel, 2013). Previous research has found that mediation may alter the affordances of resources in interaction. For instance, gaze and movement which are ordinarily used as attention-getting devices in interaction have been found weaker in the video-mediated setting (Heath & Luff, 1991, 1993; Hutchby, 2001). Similarly, referential activity has been found difficult in the video-mediated environment (Luff et al., 2003; Luff, Heath, Yamashita, Kuzuoka, & Jirota, 2016) and participants in interaction have been found to develop new practices for the specific interactional space, such as in sign language teaching (Hjulstad, 2016).

Studies of video-mediated interaction have shown how participants accomplish certain activities within the video-mediated environment, such as meetings (Nielsen, 2019; Oittinen, 2018), medical consultations (Due, forthcoming; Pappas & Seale, 2009, 2010) surgical procedures (Mondada, 2007), teaching (Hjulstad, 2016; Mondada, 2007), second language learning (Rusk & Pörn, 2019), sign language interpreting in video-relay services (Warnicke & Plejert, 2012), and interpreting in judicial settings (Licoppe & Verdier, 2013; Licoppe et al., 2018; Licoppe & Veyrier, 2017, 2020). Studies within video-mediated interaction have also found that participants develop new practices in the accomplishment of activities, such as showings, noticings and instructions (Due, Lange, Nielsen, & Jarlskov, 2019; Licoppe et al., 2017; Rosenbaun & Licoppe, 2017; Zouinar & Velkovska, 2017). The technology affords participants with a device for creating an interactional space (Licoppe, 2015, 2017; Mondada, 2007) while at the same time being a technology used within a specific physical setting (Due, forthcoming; Licoppe & Veyrier, 2017; Mondada, 2007; Pappas & Seale, 2009).

2.4 Accomplishing interpreting in the video-mediated environment

The thesis assumes the position that interpreting is interaction and, as such, consults literature on the social organization of interaction in the analysis of video-mediated interpreting. Article 1

explores turn-taking, and literature on turn-taking creates the backdrop for this article. Firstly, turn-taking is considered in a general perspective (e.g. Sacks, Schegloff, & Jefferson, 1974). Then, specific for the consecutively interpreted interaction, we examine turns in consecutive interpreting (e.g. Angermeyer, 2007; Gavioli & Baraldi, 2011; Li, 2015). Interpreters' turns in interaction are often found to respond to other participants' turns, either by providing a rendition of other participants' turns, or by producing other actions, such as asking for clarification (Gavioli & Baraldi, 2011, p. 211). The article is situated within conversation analytic literature exploring the production of turns in installments (Svennevig, 2018), or chunking of turns – as specific for the interpreter-mediated encounter (Licoppe et al., 2018; Licoppe & Veyrier, 2020).

Similarly, the second article is based within the conversation analytic tradition, exploring interpreters' embodied displays of trouble with literature on the organization of repair (Schegloff, Jefferson, & Sacks, 1977) and recruitments (Drew & Couper-Kuhlen, 2014; Enfield, 2014; Kendrick & Drew, 2016). The third and final article within the interactional framework demonstrates how the visual socio-materiality of the setting is used as a resource in interaction. This understanding of the interaction displays both how interpreting is an activity with a specific interactional order and how this activity is organized in situ by participants drawing on resources they assume they have available for the organization of interaction. The mediated setting is understood as an interactional space or environment for the organization of interaction while the technology is at the same time a resources the participants can use and organize.

The fourth article explores media ideologies (Gershon, 2017) drawn upon by stakeholders based upon a different dataset than the three prior articles. While the three previous articles explore what participants in these specific settings do, focusing on the sequential organization of interaction, the fourth and final article examines how stakeholders talk about what they do. While this shifts the theoretical and methodological focus, the interaction is still considered to be interactionally achieved – both the interaction the participants talk about and the interaction between myself as the researcher and the participants.

3 Theoretical framework

This study explores the achievement of interpreting in a video-mediated environment situated within hospital encounters. Three of the articles explore this from an interactional perspective and therefore assume theoretical underpinnings of ethnomethodology and (multimodal) conversation analysis. The fourth article employs discourse analysis to explore media ideologies drawn upon by stakeholders in documents and in interviews. The interactional articles and the media ideologies article are based on different datasets; they draw upon different methods and build on different theoretical assumptions. However, they complement each other within the study as a whole.

The structure of this chapter follows the order of the analytical work, where the conversation analyses preceded the work with the analysis of media ideologies. As such, the chapter first addresses theoretical assumptions that the three interactional articles build on, the topics being: institutional interaction, multimodality, mediation, and reciprocity and intersubjectivity. Finally, the chapter addresses media ideologies as a theoretical concept.

3.1 Embodying institutional interaction

The institutionality of interaction is not determined by the setting alone; interaction is institutional depending on whether the “participants’ institutional or professional identities are somehow made relevant to the work activities in which they are engaged” (Drew & Heritage, 1992, pp. 3-4). The institutional character of talk is embodied through for instance turn-taking systems that are clearly distinct from ways that turn-taking is ordinarily managed in talk (Drew & Heritage, 1992, p. 25). Other systematic differences of institutional interaction may emerge when participants’ talk is organized within the constraints of a specialized turn-taking system (Drew & Heritage, 1992, p. 26). For instance, the range of options and opportunities for actions in interaction may be limited and the activities that are left may be specialized and re-specified. According to Drew & Heritage, institutionalized reductions and specializations are conventional (p. 26).

Heritage and Clayman (2010, p. 34) suggest that there are three dimensions to institutional interaction: 1) participants in institutional interaction often orient to certain goals tied to their identities relevant to the institution; 2) there are certain constraints on the interaction considering what is treated as acceptable contributions to the business at hand; 3) there are inferential frameworks and procedures particular to the institutional context that are associated with the interaction. Drew and Heritage (1992) suggest that these institutional conventions are associated with various participation frameworks with associated rights and obligations as well as with different patterns of opportunities to initiate and sanction interactional activities.

3.2 Multimodality as a point of departure

Within the inquiry of social interaction, interest has been paid not only to the verbal organization of interaction but also to the embodied organization of interaction. Within conversation analysis (CA), multimodality includes all relevant resources that are mobilized by participants to build and interpret the public intelligibility and accountability of their situated action: grammar, lexicon, prosody, gesture, gaze, body postures, movements, manipulations of artifacts, etc. (Mondada, 2018, p. 86). Mondada (2018, p. 86) lists a number of features that characterize multimodal resources. First, multimodal resources relate to the organization of action but do not make sense of it. Second, multimodality as a notion includes linguistic and embodied resources, in principle treating them equally, without supposing the priority of one over the other. Third, multimodal resources are not limited to conventional resources, such as grammar and types of gesture, but include situatedly occasioned resources depending on the local characteristics of the ecology of an activity – which both enables and constrains what participants treat as meaningful resources. Fourth, multimodal resources are characterized by a temporality that combines both successive and simultaneous lines of conduct. Fifth, they are combined in various configurations, depending on the activity, its ecology and its material constraints.

In the study of interaction, researchers have long accounted for gaze and bodily orientation in the organization of interaction (e.g. Goodwin, 1981; Heath, 1986). Studies of multimodality within Ethnomethodology and Conversation Analysis (EMCA) have taken on different perspectives during the last decade (Mondada, 2018, p. 87), and Mondada distinguishes between different approaches to multimodal analyses. Some analyses focus on the organization of specific settings, often institutional, in order to understand complex spatio-material contexts of actions (e.g. Heath & Luff, 2000). Some focus on multimodality in relation to the organization of turns, sequences and actions in order to understand how action is made intelligible and accountable (e.g. Goodwin, 2000). Finally, she suggests that some approaches integrate studies of grammar, syntax and lexicon in interaction (e.g. Keevallik, 2013). This move toward multimodality and the subsequent consequences for conversation analysis have been discussed extensively in special issues of the *Journal of Pragmatics* edited by Deppermann (2013) and Hazel, Mortensen, & Rasmussen (2014), raising important issues for further discussion.

3.3 Specifying mediated interaction

This study explores the achievement of interpreting in a video-mediated environment, and as such defines the interaction as video-mediated. For Arminen et al. (2016) “[m]ediation refers to the way the particular organization and unfolding of activities in definite material settings might constrain or enable the production of particular forms of accountable responses and shape the criteria to assess their relevance” (p. 293). In their discussion on *mediated interaction*, Arminen et al. (2016) approach different configurations of technology in use. At one extreme, “technology seems to create the venue in which and through which interaction appears to take place”, while at the other, it is classed as a medium or device to be a resource or tool for interaction “in a complex ecology involving a variety of interactional resources” (Arminen et al., 2016, p. 290).

Arminen et al. (2016) suggest moving beyond an approach to technology-as-context and to show how, on the basis of data-driven empirical studies, technologies and media can be shown to be both relevant and consequential with respect to the sequential organization of interaction (Arminen et al., 2016, p. 292). As a point of departure for the evaluation of mediated communication, Dourish, Adler, Bellotti, and Henderson (1996, p. 34) suggest that face-to-face communicative behaviors are not always the appropriate baselines. Moving away from this perspective, they claim, allows the exploration of important, intrinsic properties of video as a communicative medium in its own right. They furthermore suggest that a range of communicative practices adapted to the medium arise over time as familiarity with the medium increases. The practices are related to the people and work practices involved and must be studied in long-term use. Finally, they suggest that the influence and importance of the technology extend beyond the persons who engage directly with it, and beyond the immediate context and environments. Corresponding with the first suggestion, Arminen et al. (2016, p. 297) suggest that direct comparisons of patterns of sequential organization across settings risk leading to simplified, flawed insights that fail to grasp the participants’ lived sense of action. Interaction practices that are very recent or even not yet established, tend to be contrasted with similar practices observed in more familiar settings, such as face-to-face interaction, in order to establish some positive or negative consequences (Arminen et al., 2016, p. 291).

Video technology provides participants in interaction with the possibility of mutual visual access to one another. Unlike interaction with co-present participants, video-mediated interaction is asymmetric (Arminen et al., 2016, p. 297). Only parts of the participants’ bodies and surroundings are made visually accessible to others, which in turn constrains the participants’ possibility to visually monitor co-participants. In addition to participants having trouble with references in video-mediated interaction, orientational shifts and gestures – while perhaps being captured by the camera

and thus being displayed on the screen – may be disconnected from relevant features of the environment to the remote participant (Luff et al., 2003). Referring to how participants are unable to design conduct so it is sensible and recognizable to the remote co-participant who has only limited access to the environment in which the action is produced, Luff et al. (2003) describe the conduct as fractured – both from the environment where it is produced and from the environment in which it is perceived (p. 55).

This study explores the achievement of interpreting in a video-mediated environment. While video technologies emulate co-presence at a distance and allow distant parties to see each other, video-mediated environments can be both enabling and constraining to the accomplishment of recognizable interactional moves (Arminen, Licoppe, & Spagnolli, 2016).

3.4 Reciprocity of perspectives and intersubjectivity in conversation analysis

In their treatment of embodied actions such as references in the video-mediated environment as fractured from the environment in which the references occur, Luff et al. (2003) refer to Schutz and the reciprocity of perspectives. Luff et al. (2003) found that participants in video-mediated interaction often presupposed that what they saw corresponded with how the co-participant saw and viewed the environment (p. 55). In Schutz's terms the participants presupposed a "reciprocity of perspectives" and an "interchangeability of standpoints" only to discover that the scene was not available to the co-participants in the way that they assumed (Luff et al., 2003, p. 55). Schutz' (1953) concept of *reciprocity of perspectives* suggests that although people have individual perspectives, in commonsense thinking "the world taken for granted by me is also the world taken for granted by you" (p. 8). In Knoblauch's (2013) words, reciprocity is the form of intersubjectivity that allows understanding:

Reciprocity cannot be reduced to reciprocating in the sense of exchange theories of action. It must, instead, be considered as a basic principle implied in more specific forms of interaction; such as exchange, transaction, and reciprocation, without being reduced to these forms. Rather, it is already implied in communicative action. Instead of being only "oriented" towards someone else, communicative action also implies some kind of anticipation of the other's understanding of one's action. It is the interpretation of the course of action by another actor (who is or may be oneself) which lies at the root of Schutz' notion of reciprocity. (p. 331)

Commonsense thinking overcomes differences in individual perspectives as a result of two basic idealizations: 1) the idealization of the interchangeability of standpoints; and 2) the idealization of the congruency of the system of relevances (Schutz, 1953, p. 8).

In conversation analysis, the current utterance displays a hearing or analysis of the utterance to which it responds, and this is “publicly available as the means by which previous speakers can determine how they were understood” (Heritage, 1984, pp. 254-255):

[C]onversational interaction is structured by an organization of action which is implemented on a turn-by-turn basis. By means of this organization, a context of publicly displayed and continuously updated intersubjective understandings is systematically sustained. It is through this ‘turn-by-turn’ character of talk that the participants display their understandings of ‘the state of the talk’ for one another. It is important to note that, because these displayed understandings arise as a kind of byproduct or indirect outcome of the sequentially organized activities of the participants, the issue of ‘understanding’ per se is only rarely topicalized at the conversational ‘surface’. (Heritage, 1984, p. 259)

The same sequential structure that is the grounds for understanding in interaction is the foundation for the researcher’s understanding when conducting analyses. I will return to this in the methods section.

3.5 Media ideologies

Media ideologies are a part of broader focus on semiotic ideologies (Gershon, 2010b; Keane, 2003), and focus on the semiotic ideologies of voice, body, image and sound (Gershon, 2010b, p. 284). According to Gershon (2010b), media ideologies function in a similar way to language ideologies; she understands the concept as people’s beliefs, attitudes and strategies about the media they use. Media ideologies involve assumptions that people hold about how the choice of a medium over another impacts the accomplishment of communication (Gershon, 2010a). Media ideologies as a term can sharpen the focus on how people understand both communicative possibilities and material limitations of a channel, and how they conceive of channels in general (Gershon, 2010b). Within Gershon’s concept of media ideologies, remediation is one of several themes. There exists a comparison, tacit or explicit, between a particular medium and all others available within a media ecology (Gershon, 2017, p. 20).

The concept of remediation addresses how people put media ideologies and media practices associated with a channel of communication in dialogue with ideologies and practices of other

channels (Bolter & Grusin, 1999; Gershon, 2017). Within Bolter and Crusin's concept of remediation, all technologies lie on a continuum between immediacy and hyper-mediation, that is, between a perceived lack of mediation and excessive attention to mediation (Gershon, 2010b, p. 288). In this thesis, media ideologies have been operationalized as an analytical device through discourse analysis. This is elaborated on in the methods section.

4 Methodologies

This thesis draws on conversation analysis and ethnography. Conversation analysts have drawn upon ethnography in different ways and conversation analysis has been applied in ethnographies. For instance, Mondada (2012, p. 38) suggests that ethnography can provide a proto-analysis for the making of video recordings, which makes it possible to choose what and how to record. Before even placing a recording device in the room, the researcher has made a number of choices regarding, for instance, perspective, recording device and more (Mondada, 2013, pp. 39-41). The initial idea for this project was to collect video recordings of video-mediated interpreting in hospital encounters. These would undergo multimodal conversation analysis, and in addition the materials would be augmented with ethnography (Heath, 2004, p. 273). During the work with the project, the ethnographic leg has grown. In this chapter, I describe the methodological work in the PhD project, addressing data collection, data sources and ethnographic processes, analysis, transcription, and finally ethical considerations in the project.

4.1 Collecting data

In this section, I discuss the data sources and processes of collecting data. The project has been carried out in collaboration with an in-house interpreting unit providing interpreting for three hospitals. The data sources in this study include video recordings of video-mediated interpreting in hospital encounters and ethnographic data sources such as fieldwork, texts and interviews. My engagement with the field has been spread over a long period of time where collecting video recordings of video-mediated interpreting has been central to the process.

Table 1

Activity	Time	2017			2018				2019		
	2015	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
Fieldwork engagement	Q4										
Interviews											
Recordings											

When I began the work, I already had video recordings of five hospital encounters from a prior project (Hansen, 2016, 2018). Two of the recordings are of onsite interpreting, while three are with video-mediated interpreting. During the PhD project, I collected new video recordings making adjustments according to prior experiences, accumulating video recordings of eight new encounters with video-mediated interpreting. In addition, I conducted 30 interviews with 20 interpreters, 14 medical professionals and 4 other stakeholders. Some of the interviews were conducted with several

participants present. The table below shows the number of interviews and the number of participants. The following sections address video recordings as data and interviews as data before I discuss some of the ethnographic processes involved.

Table 2

Interpreters	Medical professionals	Other stakeholders
15 interviews	12 interviews	4 interviews
20 participants	14 participants	4 participants

4.1.1 Video recordings as data

As the project set out as a conversation analytic project, video recordings of video-interpreted hospital encounters have been treated as a core data source throughout the process. This part of the dataset consists of video recordings of 13 hospital encounters: 2 with the interpreter present and 11 with the interpreter participating via video technology. The interpreting is carried out in seven different languages in addition to Norwegian (see Table 3).

Table 3

<i>Language</i>	<i>Onsite</i>	<i>Video-mediated</i>	<i>Sum</i>
<i>Albanian</i>		1	1
<i>Arabic</i>		2	2
<i>Bosnian/Croatian/Serbian</i>		1	1
<i>Mandarin</i>		1	1
<i>Polish</i>	2	3	5
<i>Thai</i>		1	1
<i>Vietnamese</i>		2	2
<i>Sum</i>	2	11	13

Video recordings provide the researcher with a medium for preserving the data’s relevant features for later analysis, while also functioning as a *configuring* device (Mondada, 2009, p. 2). As such, video recordings not only document what happened at a specific event, but are reflexively produced, causing the recordings to structure and arrange the data of the analysis (Mondada, 2009). According to Mondada, the recordings thus shape the data and give them particular orderliness and meaning. These data are constructed with consideration to their purpose: to investigate the interactional accomplishment of video-mediated interpreting in hospital encounters. As such, the video recordings are not just recordings of data ready to be harvested, but through choice of perspectives, angles and placement of cameras, the researcher creates specific data.

The perspectives from which the video recordings were made have analytical consequences. This round of data collection built on the experiences from my prior work (Hansen, 2016, 2018). The first recordings I made were from the interpreter’s perspective, with a camera placed in the interpreting studio capturing the interpreter and the screen where the other participants were visible. While working with this data, I experienced that the data such as it was constructed challenged some conversation analysis’ analytical assumptions. For instance, silence at the change of speakership between the two sites in the interaction, for example between the interpreter’s rendition of a question and another participant’s response, might be unusually long (Hansen, 2016, p. 47). Conversation analysis may recognize that a long silence, a gap, before the response to a question indicates something about the responder’s stance to the question or to the response itself (Lee, 2013; Stivers & Robinson, 2006). However, the systematicity of the increased length of silence gave rise to analytical questions about how the interaction unfolded on each side of the technology and consequently to the participants at each site. Was the long gap at the interpreter’s studio shorter at the ward? Similarly, finding that the interpreter’s embodied displays of trouble did not receive displays of uptake from participants at the ward (Hansen, 2016, p. 65) made me curious of how the interpreter was represented in the setting and how the screen representing the interpreter was used as a resource in the interaction. Data from only the interpreter’s perspective would not suffice if I were to further investigate these or similar matters. For the PhD project, my aim was to get video recordings from both the interpreter and the hospital ward’s perspectives. This accounted for the fact that the interaction was not just something happening within the space the participants created using video technology, but that it occurs within a more complex setting drawing on resources in the mutually available space as well as the participants’ physical surroundings. Table 4 gives an overview of recordings according to camera placements and sum of recorded minutes. The interpreting was either onsite or video-mediated, and the recording cameras were placed either in the ward, in the interpreting studio or both.

Table 4

<i>Camera placement</i>	<i>Number of recordings</i>	<i>Sum minutes</i>
<i>Onsite, ward</i>	2	84
<i>Video-mediated, interpreting studio</i>	3	124
<i>Video-mediated, ward</i>	1	12
<i>Video-mediated, ward and interpreting studio</i>	7	153
<i>Sum</i>	13	392

The recordings include meetings from different wards, both meetings with inpatients who may have just arrived at the hospital or who have perhaps spent several weeks there, and polyclinical appointments where outpatients come in for brief consultations. The meetings with onsite

interpreting were carried out in different physical environments than the ones with video-mediated interpreting. One was in the patient's room, the other in an examination setting with special equipment. Video-mediated interpreting as it was organized in the hospitals while I was collecting data was often done in meeting rooms or examination rooms with specific videoconference equipment. The medical professionals had varying experience using the technology and with video-mediated interpreting. Some of the interpreters in the study were carrying out video-mediated interpreting for the very first time, while some had done this many times before. Below are illustrated examples of what the video-mediated situations looked like.

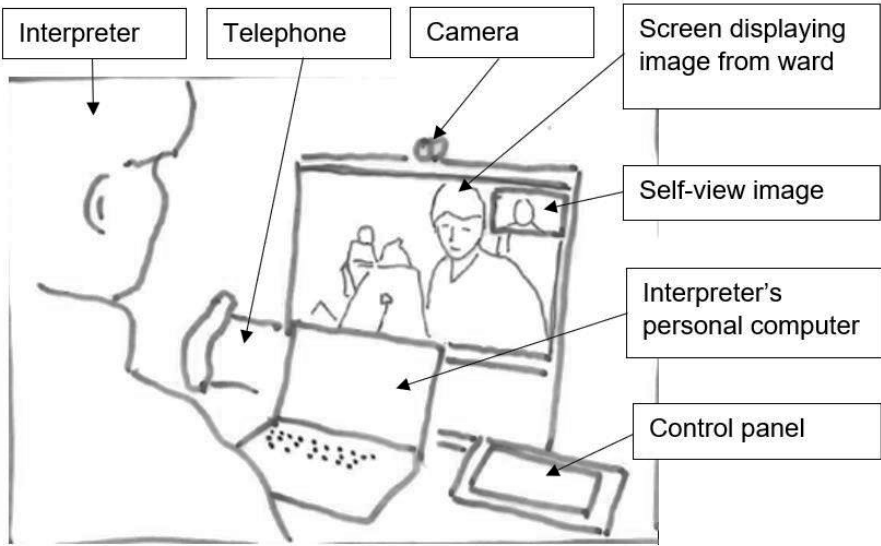


Figure 1; The interpreter's perspective

The interpreter participates in the interaction from a remote location, an interpreting studio equipped with a desktop system for videoconferencing. The setup uses about as much space as a personal computer and is designed for videoconferencing from an individual workspace. It has a screen, camera, loudspeakers, microphone, and a control panel which allows the interpreter to make adjustments to sound and image settings. The room is also equipped with a telephone for telephone interpreting. In the setting illustrated above, the interpreter has set up her workspace with a personal computer. The interpreters also have a pen and a notepad available and take notes during the session.

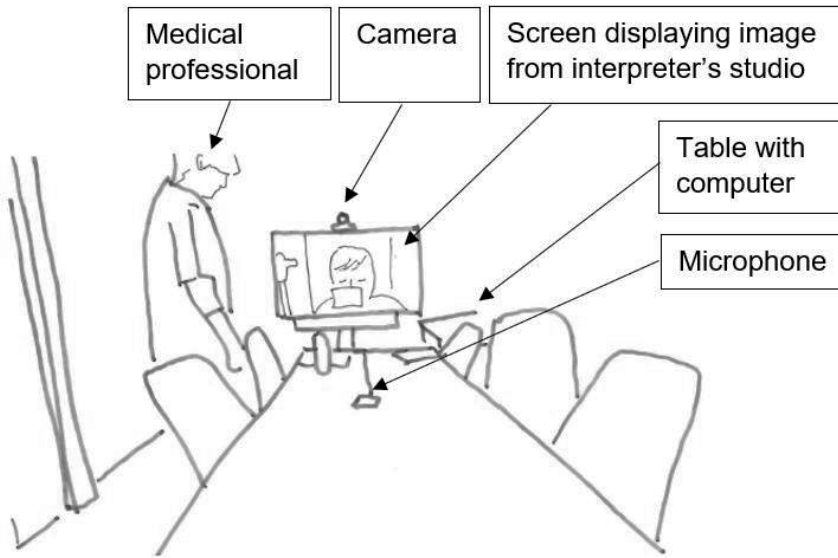


Figure 2: A hospital meeting room

In the hospital meeting room illustrated in Figure 2, the large screen at the end of the meeting room table serves as both a screen for the computer in the room and as a screen for videoconferencing. In addition to a wide-angle camera above the screen, a multidirectional microphone is connected to the system by cable and can be placed on the table, closer to the participants. The room is furnished for videoconferencing and the camera can capture all the participants around the table depending on chosen settings. Adjustments to the videoconference system and technical settings can be made using a control panel on a small table next to the screen. Some wards are equipped with smaller systems (see Figure 3) similar to the desktop unit in the interpreter's studio.

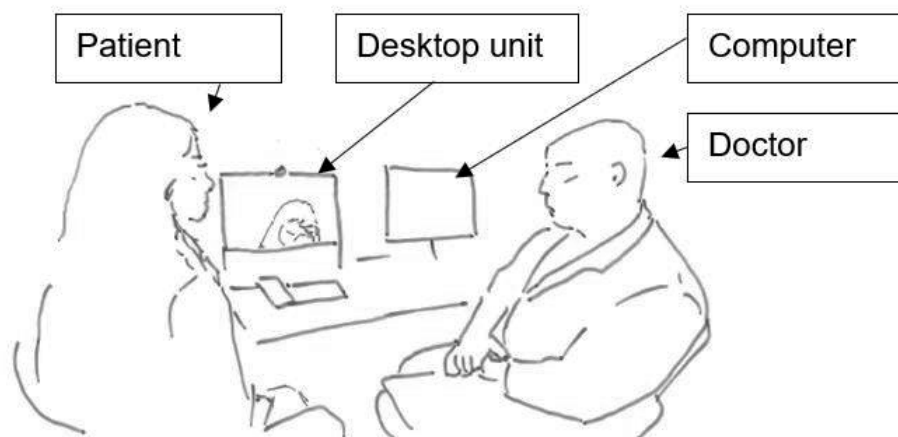


Figure 3: A polyclinical setting

The polyclinical setting illustrated in Figure 3 is in a multipurpose room used both for specific types of examinations and appointments requiring interpreting. A computer for access to journal systems and a desktop videoconferencing unit are available on the desk. The system is designed for videoconferencing from an individual workspace, and has a narrower camera frame than the more advanced system above.

Making recordings at two sites simultaneously required careful planning and logistics (some of which are discussed under ethical considerations). In the interpreter's studio, I would position the camera so it would capture both the screen and the interpreter's upper body as shown in Figure 4. Figure 4 is from a session where I was testing camera placements before a recording. It shows how the recording captures me both directly by the video camera and by the camera on the desktop which projects my image onto the screen. At the wards, I would have to make choices regarding camera position quickly, often as the participants were taking their seats. I would not always have access to the rooms in advance, and in cases where I did, I would not necessarily know where the participants would be seated. In order to make recordings from both sites, I would set up the cameras in the interpreter's studio in advance and get help to start the recording and to collect and take care of the camera until I could collect it after the meeting.



Figure 4: Setting up the camera

A third option would be to work with screen captures from each site. This would require involvement from others, as the infrastructure is not readily available to make recordings. More importantly, with initial insights into how the participants organize the interaction, I knew it would be interesting to see not only what was captured by their videoconference systems and displayed on their screens, but their immediate physical surroundings as well.

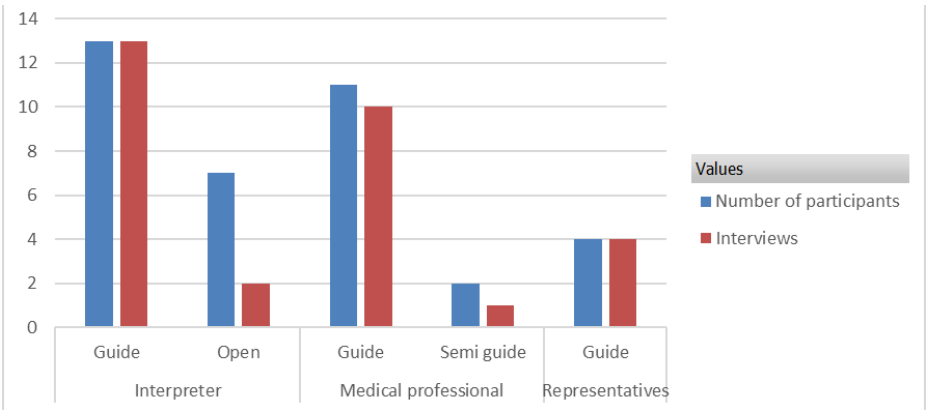
I was present at the ward during all the sessions that were recorded for the doctoral research project. Being present is not just a matter of observing but, furthermore, turns me into a participant. Although I attempted to assume the role of an observer, participants included me in jokes and I am visible on some of the recordings. This was a methodological issue during the initial work on an article on opening phases. My presence would affect the opening phases, as I would need to ask consent and have a physical presence in the room. I had to reframe the article for other reasons, but was happy to avoid the problem of my own presence. On the other hand, my presence allowed me to make adjustments to camera settings during the session if participants shifted positions; this reminded the participants that the interaction was being recorded. Some of the recordings I made in my work are with the interpreters onsite. In these cases, I placed the camera in the room and then left. In these scenarios, the participants would glance at the camera and even express uncertainty of how or when to end the meeting as if they were perhaps waiting for me to return and stop recording. Either way, the camera is not neutral and unnoticed but a part of the setting whether I was present or not. While we might attempt to and wish to become invisible as researchers, in some ways I find it sincere to be present and remind the participants that they are being recorded. I will return to

matters of identifying meetings relevant for recording and obtaining consent in 4.4 Ethical considerations.

4.1.2 Interviews as data

During the scope of this study, I have carried out 30 interviews with 20 interpreters, 14 medical professionals and 4 representatives from hospitals, government authorities and the interpreter education. The interviews with the practitioners are semi-structured and follow a short guide with five questions¹ (see appendix B). The first interview I made was an open conversation with 5-6 interpreters. It was an informal conversation in an open space and interpreters would come and go during the talk.

Table 5: Interviews



A total of 37 participants engaged in the 30 interviews I carried out. During my field engagements as a researcher, I would ask practitioners I met if they were willing to participate in interviews. In some cases, I would have to ask the organization first if I was permitted to ask employees to interview them. This was not because of the content, but because of time and resource management. Recruiting participants for interviews went quite easily. The interpreters who are interviewed have various interpreting languages, and therefore have different experiences from their work (see further discussion on this in article 4), while the medical professionals work in a range of wards. The only requirement for participation was that the participants had some experience from video-mediated interpreting. Toward the end of the data collection, process I developed the interview form and interviewed four stakeholders from other parts of society (see appendix C).

¹ This was done based on experiences from informal talks and consulting a peer and fellow interpreter, Hilde Fiva Buzungu, and my supervisor, Jannis Androutsopoulos.

The content of interviews is a product not only of what the participants have told me, but are a result of my actions in our encounters as well.

A research interview, for example, usually forms an environment expressly designed to elicit the respondent's, not the interviewer's, narrative. Interview circumstances, format, and protocol dictate that the interviewer does the asking, while the respondent provides the story. Narrative topics are predesignated, and storylines at least partially predetermined. (Gubrium & Holstein, 1998)

In the interview form I used in meetings with practitioners, the questions were constructed to elicit narratives. I return to the interviews in section 4.2 Analysis.

4.1.3 Ethnographic data and processes

This section addresses the processes that have resulted from my time in the field. Since the repositioning of myself as a researcher has been of importance, I will start by situating myself in order to give an impression of my point of departure. I am a sign language interpreter, although I have not been a practitioner for a while. I have held different positions within the field of interpreting, within both spoken language and sign language interpreting. I have taught interpreting students as well as medical practitioners and students. I have practical experience from video-mediated interpreting. I conducted my master's thesis on video-mediated interpreting while I was working as an advisor in a hospital. Furthermore, through my previous work at the Oslo University Hospital, I was project manager for a project on video-mediated interpreting (Hansen & Løfsnes, 2016). On February 28, 2017, I left my job as an advisor to begin my work as a doctoral fellow at the University of Oslo. Shortly after, I returned to the field with the purpose of being a researcher. While my time in the field generated data points such as video recordings, interviews, documents, field notes, observations and reflections, it has also resulted in a process of repositioning myself as a researcher. This has allowed me to gain access to wards and to gain new insights and perspectives.

Blommaert and Jie (2010) describe ethnographic fieldwork as not only data collection, but also as a learning process. The researcher arrives as an outsider with limited knowledge and "gradually moves from the margins of the social environment to a more central position" (Blommaert & Jie, 2010, p. 27). In some cases, the researcher has experience from the field. Blommaert and Jie (2010) describe how in educational research, for instance, researchers might have a significant amount of experience as teachers. However, "when that teacher turns into a researcher s/he stops being a teacher" (Blommaert & Jie, 2010, p. 27). In the following, I will

describe the process of gaining access to video recordings of video-mediated interpreting and how this process resulted in new insights.

Gaining access

The field I was trying to gain access to is distributed over several organizational and physical sites. As such, this is a multisite project. My aim was to establish contact with enough wards so I could be certain that I was able to acquire video recordings of video-mediated interpreting in hospital encounters. During my first round of data collection carried out in 2015 (Hansen, 2016), I collaborated with one hospital to make the recordings. The employees were informed about the collaboration, and I got the chance to inform them about the project. This initial contact with the hospital was crucial for data collection. In the second round of data collection, carried out in 2017-2019, I began by identifying and contacting wards within several hospitals that had the technology for video-mediated interpreting, in order to identify which might be willing to collaborate. I had meetings with, for instance, the division for equity in healthcare in one hospital in order to identify wards and gain contacts within the hospital. I was interested in identifying wards which had the technological equipment, and if they were using it and therefore might have occurrences of the type of events that I was interested in recording. Furthermore, they would have to be willing and interested in collaborating with me. Across several hospitals, I met with staff at several of the wards where they had technology for interpreting, informing them about the project and asking about their experiences. Not all the wards were willing to or had the capacity to meet with me. Fortunately, several were interested in collaborating.

During the process, I would meet with persons from different wards. Some would tell me that they hardly used the technology for interpreting. This was due to a range of different reasons. For instance, some had experienced technical issues and never got the equipment up and running again. One ward told me that they had stopped using the videoconference unit after a reorganization at the ward. They now used two computer screens in their daily work and in this new setting, the videoconference unit simply took too much space on their desk. Another ward let me know that they did not currently use the technology but were interested in getting started. They asked if I could perhaps come and teach them how to do this. This to me was a dilemma. I was interested in gaining contact with them and learning about their situation, however, I would prefer to avoid teaching them something and later making recordings of them doing what I had instructed them to do. Following is a short extract from my field notes during this period.

To get to the assignments, I follow the technology. When I talk to those who have the technology, they tell me that they don't use it, or that it doesn't work, that they want to use it, that some are

hesitant but that the hospital wants them to use it. We end up talking about what they should do to use it and if they can have more training. I ask if I can come to the training. They ask if I can do the training. I want to help out. I have to think a bit more about this. (...) I have a strong sense that I am changing the field just by being present.

Field notes, January 2018

On the one hand, I wanted to contribute to the field. On the other hand, I wanted to avoid positioning myself as an expert and consequently affecting the data. I wanted to avoid setting restrictions or giving advice at this point, which might at a later point become relevant in analysis of video recordings. In this case, I asked representatives from the hospital who worked with interpreting to join us. I facilitated a workshop, and attempted to let the hospital representative be the authority.

I have knowledge and experience, and when I am in the field, they ask me about this. Some things I know something about, other things I know little about. This is what I have to realize and accept.

Field notes, January 2018

I wished to limit how I affected the field during my time in it. Though, seeing as I have worked in the field and I was now revisiting with the lens of a researcher, this was not entirely avoidable. However, I could try to limit the consequences. While this situation did require some reflection, in the end it was not relevant to make recordings at this ward. The wards where I have made the recordings are wards that had already used video-mediated interpreting for a while and who had developed a way of doing it.

Being an insider and an outsider

While I was re-entering the field, I attempted to be attentive of possible consequences of being there as a researcher so soon after having left as an advisor. Having insights and some knowledge about the involved organizations was useful in finding contacts and in accomplishing the project. Furthermore, this gave valuable insights for the accomplishment of the project, which would otherwise require extensive ethnographic research to achieve. However, this raised some concern regarding my position. Some of the wards I was visiting were even wards I had visited during my earlier work as an advisor. Through interviews with some of the employees in these wards, I could see that my previous role as an advisor there was not necessarily as prominent to the healthcare professionals as it was to me. Although the medical professionals did not necessarily recognize me as a representative from the unit, I am well aware that several of the interpreters did. Some of my work when gaining access to situations and asking for their consent has been to try to dissociate myself from both my previous work and from any normative perspectives to interpreters' practice which I might be assumed to hold as an advisor in the hospital. I believed that this would be

important not only to gain the interpreters' trust so they might let me make recordings, but also in the interviews I would be making with them.

One challenge is to balance being an insider and an outsider for ethical reasons, another is balancing the insiders' perspectives with the explorative stance of the researcher. Trying to balance knowledge from my previous work as an interpreter, an advisor and an educator, with the investigative and curious stance of a researcher.

And although I cannot know of any other perspective than my own, I am an interpreter at heart. So, then it might be easier to see the interpreter's perspective and the organizational aspects from the interpreting unit's side. Because I recognize them. I think the most important part of my future work, is to avoid assuming that I know something about the other participants' perspectives on the basis of my own experience. While my experiences might help me gain access to the field, my experiences do not make out the foundation of the study. They give me a basis for where to start my work.

Field notes, January 2018

During the process of repositioning myself in this field, I became increasingly aware of the perspective I brought into the work. One goal was to gain enough distance to be able to observe what is behind the intuitive actions of a practitioner. The insider's perspective was useful for gaining contact and trust with the participants, while assuming an outsider's perspective was crucial to assuming a more exploring and open position as a researcher.

Presence in the field

Similar to being present when making video recordings, my presence during fieldwork was not neutral. When spending time in the interpreting unit and in the hospitals, I would talk to people. When I talked to people, they would offer their point of view on video-mediated interpreting and the use of technology for interpreting. I got the impression that my mere presence would make the topic of video-mediated interpreting relevant and invite people to share their thoughts on the subject.

I sat talking with several interpreters first. About everything and nothing. One asked me what I was working on. I told him about the project. He told me about his experiences. He felt onsite interpreting was better. Something was lost when he was not present. I asked what was lost. He said it was difficult to put into words what was lost.

February 2018

I was aware that my presence affected the sites I was visiting. However, importantly, being present at the wards, not just through formal meetings informing staff about the project and pursuing collaboration, but spending time there, gave me new insights. Entering a building, walking through corridors, sitting in a waiting room, absorbing the atmosphere and realizing how incredibly different it is to be present somewhere with everything that entails rather than gazing at a part of a room and

some people on a screen. There is no smell, the sounds are distorted by technology and there are no locked doors. When working through the technology, you do not need to walk through the long corridors or ask someone for directions.

During a site visit in March 2018, I was beginning to become aware of this other perspective. After having met with the head of the ward and talked about my project and whether they used the technology or not – they had used it a little, not much – I asked if I could see the room where the unit was placed. Until I began my work on the PhD, I did not know what things looked like “on the other side”. Until this point, I had seen all the interaction from the interpreter’s perspective, that is, through technology. This might be a perspective natural and simple for me to assume since I have a background from interpreting. Discovering that what the interpreter has access to through the technology is different than what the participants have access to in the ward, I realized that I had emphasized the interpreter’s perspective in previous recordings. This realization, among others, motivated my choice of methods for the project by factoring in the importance of looking at not only what the interpreter does in the interaction, but also what the other participants do. This was important in order to gain an understanding of the nature of video-mediated, interpreted, hospital interaction. I had not really understood how important this understanding of the wards’ perspectives was up until my work with the PhD. The following is an extract of my notes from when I asked the head of the ward if I could see the unit:

Where is the unit?

I asked if I could take a picture of their unit in the room if it was vacant. She said that this should be possible. If she found the unit. She wasn’t quite sure where it was placed. I wondered if she knew if it was taken into use. She wasn’t sure about that. They had two units at this ward. We agreed that I should bring my stuff since we were going to an area close to the exit and since we had already talked about everything we needed to talk about. I brought my backpack, notebook and jacket and then we went. We went to the floor where I had entered the building earlier. We went into the emergency wing. We continued to the receptionist’s desk. The receptionist directed us further. We arrived at a hall leading to two rooms. The door to each room had a small window. On the one window there was a note almost covering the entire window. It said something like “functioning interpreting studio”. Behind the door there was a seating arrangement with a couch and a chair, and in the corner there was a table with a videoconference unit. I was about to ask how they used to sit when they used it. I began asking, but remembered that she wouldn’t be able to answer. I told her that that was what I was about to ask. She let me take a picture. She talked about using the equipment more. I felt that I might seem to be an ambassador for on-screen interpreting just by being present and talking about it and that that really wasn’t my intention. But *ute av syne, ute av sinn* (out of sight, out of mind), or so they say. We finished up, and I left.

Field notes, March 2018

I left the ward, curious of how they use the room. What does the placement of technology and seating arrangement in a room afford for the people using it? Seeing the arrangement of seats, I anticipate some problems will occur both concerning what the interpreter will be able to hear if a participant is seated with their head directed away from the microphone, and concerning the interpreter's visual access to the interaction. I was curious of how they would organize that and what experiences they might already have had.

I did not make recordings at all the sites I visited. However, spending time at different sites has given me important insights into the complex materialities of the settings at the wards. I have gained insights into the multitude of different perspectives in the organization of video-mediated interpreting in hospitals. Furthermore, during the process, I have experienced a change in my own perspective as a researcher.

4.2 Analysis

The two analytical methods used in this thesis are conversation analysis (CA) and discourse analysis. While I follow the conventions of CA quite strictly in the three CA articles, in the final article, discourse analysis serves to operationalize notions from media ideologies as analytical concepts. In the following section, I will first discuss CA as an analytical method. Finally, I discuss how the discourse analytic study complements the conversation analytic studies and how this contributes to study design as a whole.

4.2.1 Conversation analysis

CA is the systematic analysis of talk the way it is produced in everyday situations of human interaction, talk-in-interaction. With attention to the orderliness of social interaction, conversation analysis provides unique insights into the organization of talk. CA's aim is to focus on the production and orientation to the production and interpretation of talk-in-interaction as an orderly accomplishment that is oriented to by the participants themselves (Hutchby & Wooffitt, 2008, pp. 12-13).

It is possible that the detailed study of small phenomenon may give an enormous understanding of the way people do things and the kinds of objects they use to construct and order their affairs. It may very well be that the things are very finely ordered; that there are collections of social objects [...] that persons assemble to do their activities; that the way they assemble them is describable with respect to any of the activities they happen to do, and has to be seen by attempting to analyze particular objects. We would want to name those

objects and see how they work, as we know how verbs and adjectives and sentences work. Thereby we can come to see how an activity is assembled [...]. (Sacks, 1984, pp. 24-25)

With the attention to detail, CA not only gives us insight into the unique details of interaction following a participant's own perspective, but in doing so, it also demonstrates how participants in interaction carry out their activities. In order to assume the participants' perspective in the analysis of talk, an emic perspective, CA focuses on the sequential order of interaction. Attention to the sequential order of interaction gives insights into how participants understand and respond to each other in their turns at talk (Hutchby & Wooffitt, 2008).

Conversation analysis provides a tool for the analyst, the next-turn-proof procedure:

But while understandings of other turns' talk are displayed to co-participants, they are available as well to professional analysts, who are thereby afforded a proof criterion (and a search procedure) for the analysis of what a turn's talk is occupied with. Since it is the parties' understandings of prior turns' talk that is relevant to their construction of next turns, it is their understandings that are wanted for analysis. The display of those understandings in the talk of subsequent turns affords both a resource for the analysis of prior turns and a proof procedure for professional analyses of prior turns—resources intrinsic to the data themselves. (Sacks et al., 1974, p. 729)

It is through the attention to the sequential order of talk, exploring what happens in the next turn, that conversation analysis aims to take the participant's perspective, an emic perspective. The 'next turn' is the place where speakers display their understanding of prior turn's possible completion. It demonstrates how participants in interaction actively analyze the ongoing production of talk to negotiate their own, situated participation in it, and furthermore, their understanding of what the prior turn was meant to do. In addition to the sequential order of talk, the inferential (the cultural and interpretive resources participants rely on in order to understand one another in appropriate ways) and the temporal order of talk (how talk unfolds in time) are crucial (Hutchby & Wooffitt, 2008, p. 42).

Orienting to the details of interaction, CA not only gives insights into the fascinating details of the organization of social interaction – through the orientation to what happens in the next turn, the next-turn-proof procedure – but it gives unique insights into the participants' understandings of the ongoing actions. Not through an analyst's external assumptions as to what the participants think or assume, but through exploring the participants' actions and how these display their understandings of ongoing actions. Although the sequential order of consecutively interpreted

interaction is negotiated by participants in situ, and is different from what we recognize from other interaction, attention to the local organization of the interaction can teach us about the participants' understandings of the ongoing actions and activities. Transcription is an important part of working with interactional data, and I will return to this following the next sections on discourse analysis and the combination of methods.

4.2.2 Discourse analysis

The fourth study in the thesis is a product of the PhD project as a process. The idea and conceptualization emerged in the intersection between the societal context and motivation for the study, the ethnographic processes and engagement with practitioners, and importantly, the work with conversation analytic studies. This data was created without having an analytical framework planned in advance and emerged as a part of the ethnographic processes. The conceptual work for the final article developed after having worked with the project, collected data and discovered emerging themes in discourses on video-mediated interpreting.

Shifting the focus of the analytical lens from the conversation analytic object of study to how people communicate about video-mediated interpreting, revealed that participants frequently engaged with the comparison of video-mediated interpreting to telephone interpreting and onsite interpreting. I did the same. This practice of comparison concurs with one of Gershon's (2010a, 2010b, 2017) themes of media ideologies, remediation. Participants also engaged with topics related to materialities and affordances.

Government documents are clearly distinct from interview data in several ways. The interviews consist of narratives that have been elicited by my questions, and I am a co-participant in the interaction where these narratives occur (I demonstrate this in section 4.2.4 Transcribing for analysis). Furthermore, the interviews are constructed there and then as a result of our conversation. The data sources have different functions and areas of authority. In order to find an analytical approach that would work for both text analysis and the ethnographic data sources, the analysis draws on critical discourse studies (Wodak & Meyer, 2016), aspects of discourse-historical approach (Reisigl & Wodak, 2016) and critical discourse analysis (Fairclough, 2003, 2016). The goal has not been to identify discourses within the field, but to explore the occurrence of these specific themes in interview data and in text. Conversation analysis is operationalized through open, data driven questions and next-turn-proof procedure. While the preliminary analytical work in this study was open and data driven, the next round of analysis involved categorizing the data according to theoretical categories. After having identified remediation, affordances and materialities, I used

NVivo to code transcriptions of interviews and government documents. Later I made excel worksheets to organize and scrutinize propositions in the texts in different ways. Through simple research questions while working with the text, I identified different patterns in the texts and interviews.

- A) Does the comparison between media occur in the text or interview? Is this comparison implicit or explicit?
- B) Which channels of communication are being compared?
- C) What does the comparison do in the text or interview?

I went through the sections of the documents where video-mediated interpreting is mentioned, exploring the sections' functions within the text. Similarly, I explored modalities of statements made in the texts regarding video-mediated interpreting and clarity of intertextual connections to other texts. The farther a proposition in the text was from the original source, the more it relies on the common doxa and draws on readers' assumptions. These different intertextual connections are relevant for understanding the construction of the arguments in the text. The analysis in the article outlines some of the arguments in the text and engages in in-depth analysis of some statements. The statements from the texts are juxtaposed to remediation in interviews.

4.2.3 Combining conversation analysis and discourse analysis

The initial idea for this project was to use ethnography to gain a deeper understanding of the mediated event, understanding the single event in context of what happened before and after. Using ethnography to inform for instance placement of cameras (Mondada, 2013) has been done earlier in conversation analytic studies. Also, ethnography has been used in workplace studies to gain a deeper understanding of complex working situations (Luff, Hindmarsh, & Heath, 2000, p. 13). Conversation analysis has also been used in ethnographic research (e.g. Moerman, 1988). However, in this study, I do not limit my engagement with the ethnographic data sources to enhancing understanding in the conversation analytic studies, I have added a fourth article which shifts the object of study from researching talk as interaction to exploring ideologies in talk and text. In this section, I motivate this choice and discuss the consequences of this.

While the PhD project is motivated by a curiosity regarding how participants in interaction make sense of their activities in these multilingual, mediated, hospital encounters, the study was reasoned for with grounds in societal relevance: the articulated political aim to increase the use of video-mediated interpreting in Norwegian society. The conversation analytic articles give insights into to the accomplishment of interpreting in video-mediated environments. Conversation analysis

gives important and unique insights into the organization of video-mediated interpreting in hospital encounters. However, discoveries during my work with conversation analysis has made it difficult even to use statements from the government documents as a context for the study. Conversation analytic studies demonstrate how proposals from the documents are problematic and even fallacious. Coming from the field myself, I have shared the background knowledge, the doxa, upon which the arguments in government documents rest. My prior work and studies have fed into the discourses on video-mediated interpreting in Norwegian society in different ways. Not necessarily as contributions to the knowledge base on video-mediated interpreting such as it is constructed in documents. In these documents, projects on video-mediated interpreting serve to confirm that screen interpreting is a legitimate way to provide services. The organization of interaction in hospital encounters where interpreting is provided through video technology is rich and interesting and challenges even some of conversation analysis' basic theoretical assumptions. It is more than interesting enough to study in its own right. However, video-mediated interpreting in society is heavily politicized at this point and I feel obliged to let the perspectives meet.

Engaging critically with the construct of video-mediated interaction in discourses in government documents, demonstrates how the government documents reduce interactional matters that have been reported over the years through various sources and decontextualize these from the activities they are situated within. This is problematic as the implementation of video-technology for service provision is not just a matter of simplifying logistics; it is a matter of fundamentally changing participants' foundation for establishing understanding in the interaction. I have chosen to create a final article addressing something I am not able to do within the framework and epistemological limits of conversation analysis. I let political arguments, practitioners' narratives and findings from conversation analytic studies meet. The combination of methods allows me to create a study that refers back to societal issues that I used to argue for the study.

With different objects of study, conversation analysis and discourse analysis have different epistemological foundations. In this thesis, I have chosen to keep the analytical methods apart. While the three first articles employ conversation analysis, the fourth and final article builds on a different dataset and employs a different method in the analysis. The three articles employing conversation analysis were conceptualized before the final article. Skogmyr and Balaman (2018) distinguish between studies that (1) draw on exogenous theories and let these theories guide the research agenda already before data analysis, and (2) those that first adopt the data-driven emic approach that is central to CA and only in the post-analytic interpretations of the findings relate these to exogenous literature (p.8). I have conducted the conversation analytic studies according to the aims of unmotivated looking and asked analytical questions of how the participants organize

their interaction. I have only turned to the exogenous theories after the conversation analytic studies were conceptualized. While I realize that this is unconventional, I do believe that the final article provides a valuable contribution to the thesis as a whole. I return to the findings of the articles and the implications of the thesis as a whole in the discussion.

4.2.4 Transcribing for analysis

Transcribing is an analytical process. Through the process of transcribing, the researcher makes reductions which might result in some of the features of the recorded material to vanish, while the transcription at the same time will focus on some of the features in the interaction which will be foregrounded (ten Have, 2002, p. 24). In this way, the process of transcribing might be seen as “instrumental in gaining a sharper focus on the phenomena of interest” (ten Have, 2002, p. 24), while at the same time it might no longer be possible to reconstitute all the features of the interaction from the basis of the transcript (ten Have, 2002). In the process of transcribing, although the ideal might be to transcribe all details in the interaction, some aspects of the interaction have come to the foreground while others may no longer be available.

The video and audio recordings I have made document specific events. The video recordings document so-called naturally occurring talk. That is to say that while the video-recorded hospital meetings meet certain requirements in order to be included in the study, these recordings capture institutional events that would have taken place whether the events were recorded or not. The interviews, on the other hand, are audio recorded and are interactional events that take place for the purpose of the study. I will start by describing the work with the video recordings of video-mediated interaction, before I continue with the process of transcribing interview data.

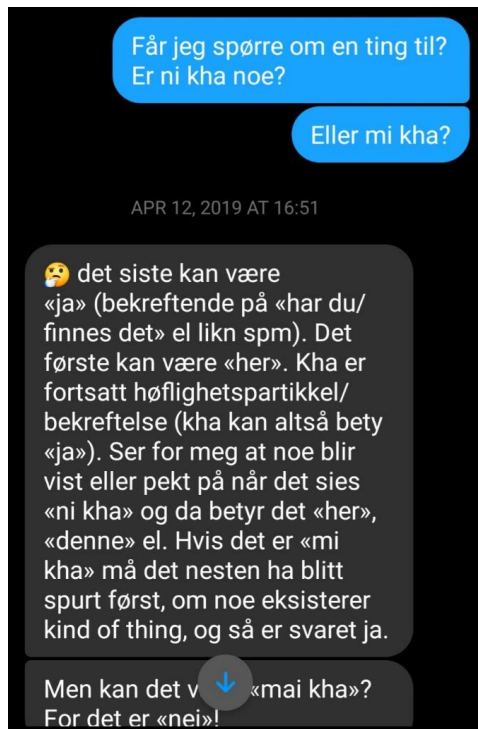
Transcribing for conversation analysis

The data consists of multilingual interaction in Norwegian and seven other languages: Albanian, Arabic, Bosnian/Croatian/Serbian, Mandarin, Polish, Thai and Vietnamese. I am not versed in any of these languages excepting Norwegian. While building a study based on a multilingual dataset gives insights into how participants organize their interaction without delimiting the language systems involved, working with a complex dataset like this is an arduous task even before taking into consideration the financial and temporal limitations of a PhD project.

Conversation analysis promotes unmotivated looking. However, having some experience working with this type of data and having already developed an analytical inquiry in the data, I did

not begin from scratch. I began working with the Norwegian parts of the interaction, transcribing these first while identifying interactional phenomenon of interest. While working with the Norwegian parts of the data, I discovered interactional practices I found interesting and examined them closer. When identifying interesting phenomenon, for instance the temporary suspensions of turns (article 1) or embodied displays of trouble (article 2), I would transcribe the Norwegian talk first, leaving slots for talk in the other languages when necessary. Thereafter I worked with either multimodal organization of interaction or the translations, depending on which linguistic resources I had access to at that point in time. I discovered that I could identify turn construction units (TCU) in other languages and could therefore arrange the transcripts accordingly. When I needed to work on embodied resources in the interaction before I had the chance to get help with translations, I would work with the speech I did not understand, structuring the transcripts according to turn construction units and annotating gesture, gaze, torque and other embodied resources depending on the analytical focus of the specific collection I was working on. Although multimodal conversation analysis, in principle, treats linguistic and embodied resources the same way (Mondada, 2018, p. 86), it is necessary to have a linguistic line in the transcription in order to annotate embodied actions.

For instance, in one case, I had been working with a piece of data for a while, working with the sections in Norwegian. Since the study treats the organization of interaction as multimodal, and embodied actions are commonly transcribed relative to talk (Mondada, 2018), I would try to identify turn construction units in the talk that I did not understand in order to annotate embodied resources relevant to what I was exploring. After having worked with the piece of data for a while, I discovered that a word occurred frequently in the final position of what I assumed made a TCU. I sent a message to a friend who knew the language in question trying to figure out what this word I kept hearing might be (M. Wattne, personal communication, April 17 2019).



May I ask you one more thing? Is ni kha something?

Or mi kha?

The latter might be “yes” (as confirmation to “have you/is there” or similar questions). The prior might be “here”. Kha is still a polite particle/confirmation (kha can mean “yes”). I imagine that something is being shown or pointed to when “ni kha” is said, in which case it means “here”, “this” or similar. If it is “mi kha” there would probably be a question first, if something exists kind of thing, and then the answer is yes.

But could it be “mai kha”? Cause that is “no”!

The following section is from a transcript, demonstrating the interactional position of the particle I had observed.

INT: **ee:: kawn uen loei na kha,**
uh:: before anything else prt
ai nee kaw pen naathee pen larm na kha
so then these are the interpreter's duties prt

The multimodal transcripts in the articles follow the conventions of Mondada (2001) (see appendix A). However, transcribing is a selective activity depending on the objectives of the analysis, the granularity of the transcript and more (Mondada, 2018). The transcripts express different granularities depending on the analytical objectives and contexts for presentation (article, data session or conference presentation), and this is also the case in the articles in this thesis. For some of the analyses, it was necessary to work with the transcriptions from both recordings separately in order to analyze the unfolding of the interaction.

For transcribing and translating the data in other languages, I have collaborated with people who could assist in the transcription and translation of these languages. In addition to identifying the words that are spoken, I operated with certain questions to try to identify some of the

conversational features I would be interested in when working with extracts. Since writing up an analysis and revising an article based on feedback gives rise to new questions, the process would in many cases become iterative and reiterative. As an initial part of the process, I might ask if an utterance was syntactically complete or if, based on the prosody, the utterance sounded complete or if it sounded as if the speaker would continue. In some cases, my questions would be completely irrelevant for the language we were working with. Depending on what the extract we were working on was for, I might need extra information about pronouns. In some cases, for instance with Polish, I have had the possibility to get help from a skilled conversation analyst who know both Polish and Norwegian. When working with for instance Arabic, many choices needed to be made regarding how to transcribe this. Again, I have been very fortunate to draw upon the help of people who have experience with transcribing Arabic for a Nordic setting (for instance, with participants in the INTERPRETING project at the University of Copenhagen).

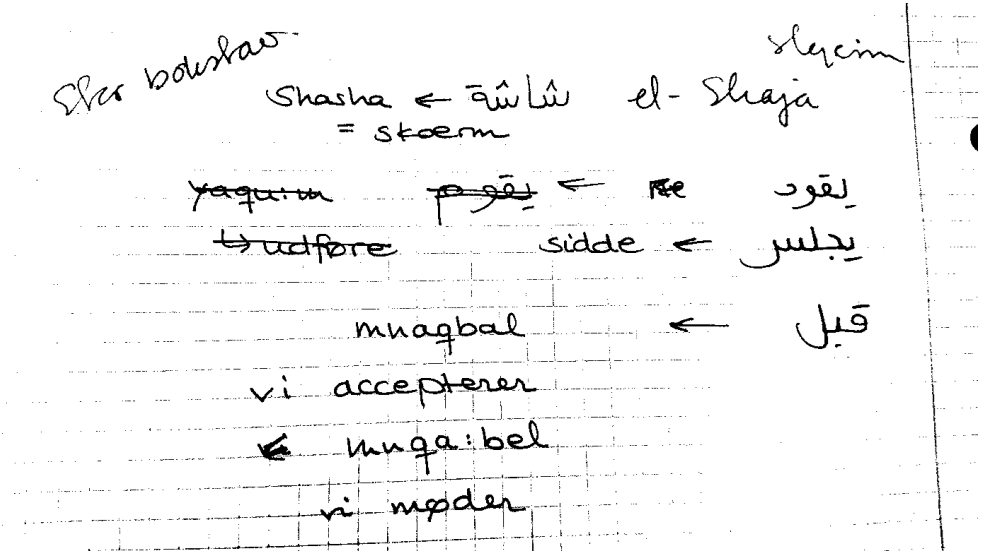


Figure 5: Notes from transcribing session

Figure 5 is an image of some notes after a session working with Arabic in Copenhagen. The image shows Arabic handwriting to the right, Danish handwriting in the center and Norwegian handwriting at the upper corners. After having worked with an analysis based on a transcript and its accompanying recording, I would realize that I had new questions. For instance, after having worked with the extract below for a while, I started to wonder which of the words in the sentence was “we” and whether the pronoun could include both male and female participants. Could the interpreter be included by the pronoun “we”?

ki:f mne'ud be nesbe li al-shasha

how do we sit regarding the screen

The process has been iterative and it has been necessary to revisit both analyses and translations throughout the analytical process and throughout the work with the articles. Working with translation of the data, both from Norwegian and from the other languages to English, continues to demonstrate how translation is an analytical process. The translations present the data in English, but there are a number of considerations to take when translating. For instance, and quite importantly, while many may argue that glossing is required in the presentation of data, for the purposes of the analyses in this thesis, the transcripts are already very tightly packed with information. The extract below demonstrates the richness of the transcription in an extract demonstrating how the interpreter first produces a repair initiator in Norwegian, before producing one in Albanian:

```
4          * (0.2) ▯ (0.8) ▯# (0.3)
ale: *turns to interpreter--->
int:      ▯head forw. ▯holds pos.--->
5 INT: unn[skyld]
      sor[ry ] (NOR)
6 ALE: [fi ]tness
int: >-holds head position-->
7      (0.4) ▯ (0.1)
int:      ▯turns head to the right, holds->
8 INT: çfarë the?
      what did you say? (ALB)
8      (0.4)
9 ALE: palestër.
      gym (ALB)
10     (0.5)
```

While this has been an incredibly interesting process, it has had its limitations. One is that the main point of departure for all analysis is the Norwegian side of the interaction. Naturally, this has affected the choice of phenomenon and topics and how the analyses have been developed. For instance, working with languages I do not know, although receiving help transcribing and translating, I still do not feel I have a deep enough understanding of the inferential order of the talk to make strong analytical claims. In a larger project with a different budget, other topics could have

been explored. Limiting the involved languages to languages I know would not secure enough data for the project.

Transcribing for discourse analysis

The interview data are audio recordings of various lengths with varying numbers of participants. Compared to the video recordings undergoing conversation analysis, the audio recordings were transcribed to undergo analysis of content. I began by transcribing the interviews at the level of detail as if it was for conversation analysis. This provided valuable insights into how the researcher is not only a co-constructor of meaning through the choice of words and questions asked, but even at an interactional level through leaving silence after a participant's response and as such allowing or even encouraging a participant to elaborate on a topic.

For these transcriptions, conversation analysis and the tools provided by conversation analysis for transcribing initially provided a framework. However, in these transcripts the level of detail is reduced, for instance leaving out demarcation of intonation, emphasis, speed of speech, pauses and more. After some consideration, I chose to transcribe these orthographically so I could conduct word searches in the documents. After having transcribed some of the interviews, I was granted assistance to continue transcribing². For reasons related to time management, we found that leaving out minimal responses would save time transcribing and this would suffice for the analysis that was going to be done.

Example A: Transcript for the interview study

NUR: **det er jo alltid sånn at (x) em**
it is after all always so that (x) uhm
når man sitter på den ene siden
when one sits on the one side
så syns man kanskje at de som snakker det andre språket
then one perhaps thinks that those who speak the other language
bruker veldig lang tid på å-
use very long time to-

RES: **ja**
yes

NUR: **-forklare ting**
-explain things
mange ord
many words
som ee tenker ee ja
which uh (I) think uh yes
(x)

² I am grateful to MultiLing for granting me help transcribing, and to Marit Johanne Furskognes and Mari J. Wikhaug Andersen for helping me transcribe.

jeg kan si litt mer jeg bare-
I can say some more I just-

Example B: The same sequence with CA transcripts

NUR: >[det er< jo] allti:: (1.1) ts. sånn at (0.8) em
it is after all always ts. So that uhm
(0.8)
når man sitter på den ene siden,
when one sits on the one side
så synes man kanskje at e (0.4)
then perhaps one thinks that uh (0.4)
de som snakker det andre språke:
those who speak the other language
bruker veldig lang tid
use very long time
(0.2)
>på [å]< forklare ting=
to explain things

RES: [ja]
yes

NUR: =>mange ord<
many words
(0.2)
[som] e: (0.5) tenker (0.7) ee (0.6) ja.
that uh (0.5) (I) think (0.7) uh (0.6) yes.

RES: [jah]
yes
(2.2)
>jeg kan si< litt mer jeg bare:m,
I can say some more I just um

Example C: The same sequence prepared for the article

Det er jo alltid sånn at em når man sitter på den ene siden, så synes man kanskje at de som snakker det andre språket bruker veldig lang tid på å forklare ting.

It is after always like that uhm when one sits on the one side, then one perhaps thinks that those who speak the other language use very long time to explain things.

Finally, the choice of transcription is tightly connected to the object of analysis. Different transcripts afford the analysis of different topics. While the work with conversation analysis has influenced my work, I do acknowledge that too many details not relevant to a specific analysis can be distracting. The data such as it is prepared in the transcript has a minimal level of detail to it.

4.3 Ethical considerations

Making video recordings of hospital encounters is not a task to be taken on lightly. In addition to meeting formal requirements, many ethical aspects have been considered in the design and implementation of this project. In this section, I first describe the formal approvals that have been granted before I discuss some of the choices made and concerns throughout the project.

Seeing that the project is based on hospital interaction, the project has been considered by REK Regional Committees for Medical and Health Research Ethics (2015/648 and 2017/1341) and found not to be governed by the Health Research Act due to the nature of the project. The project is registered and approved by the Norwegian Centre for Research Data (project number 43660 and 55153). Seeing that the project is based on hospital interaction, the project is approved by the three hospitals involved and their respective data protection bodies. The project sought wards interested in collaboration, and in addition to gaining approval from the wards' management, procedures were drawn up with each ward to secure a recruitment process that would minimize the intrusion to patients as much as possible. Similarly, procedures were drawn up with the interpreting unit in order to identify relevant assignments at the relevant wards. Finally, all participants involved in the recorded encounters have given their informed consent. In cases where someone did not want to participate, no recording was made.

In collaboration with each involved ward, I made specific procedures for contact. I would receive a list of scheduled bookings for video-mediated interpreting from the interpreting unit. The lists contained the name of the ward and the language requested in addition to time and date for the scheduled appointment. Scheduled appointments in languages where the interpreter unit had fewer than four affiliated interpreters were not included out of consideration for the interpreters. I had contact persons at the involved wards, and would ask them first if specific assignments might be relevant for the project. Based on this request, the ward would make the first consideration. If the assignment was considered to be too sensitive, or they considered the patient to be especially vulnerable or if the assignment was not relevant for other reasons, no further pursuit would be made. If the ward approved, two main procedures would be followed. If the ward had contact with the patient in advance, they would ask the patient during that communication. If the ward did not meet with the patient before the scheduled appointment, first contact with the patient about the project would be made at the ward in connection with the relevant appointment. In both cases, information about the project was given and informed consent was sought at the ward. Information about the project was distributed to the involved organizations in the time before recordings were going to be made, with the aim to reach medical professionals and interpreters with general information about

the research project. Before scheduled meetings that were considered by the ward to be suited for recordings, the contact person at the ward would contact the medical professionals involved in the specific meeting and I would contact the interpreter who was appointed the assignment. I gave interpreters information about the project and asked for their consent before the meeting. The medical professionals and patients were asked for consent at the ward. The order of events would vary depending on when the patient arrived and whether I had the chance to speak to the medical professionals in advance. A lot of work would go in to coordinating the recordings and preparing for the work, and in cases where patients did not show up, there would be nothing more to do than to pack up and return.

In order to inform them about the project, I would speak to patients and next-of-kin via an interpreter. This afforded me useful, first-hand experience of certain issues addressed in some of the articles. For instance, I found that I would have to structure the information in a different way than I would normally do, and shorten utterances in order to make them a manageable length for the interpreter (see article 1). Another observation was that patients and next-of-kin asked a lot of questions. I was very pleased about this, as these questions demonstrated to me that we had some kind of mutual understanding of the situation. A third observation was that this had to fit into what in some cases was a tight schedule for the medical professionals. Providing information about the project with interpreting and questions took up to 15 minutes in some cases. Being in the way like this in the ward gave me useful insights into everyday life there. I had dialogue with contact persons at the ward and we made adjustments to the procedures when necessary.

In one case, a patient opted out. I was actually happy that someone did, because it gave me the impression that I gave potential participants in the study an actual possibility to opt out. However, I was also a bit distressed by this. It was not because the patient had opted out. I felt unsure if I had given the patient enough information to know what the project was about before giving them the possibility to opt out. I realized very early on, while giving information on the project, that the patient was reluctant to having me there, and I adapted my presentation to what I interpreted as their discomfort with my presence. I am uncertain of whether I gave the patient enough information to make an informed decision (Speer & Stokoe, 2012).

So far, this section has mainly focused on the collection of video recordings. Interviews and field observations have had more of an institutional focus, and have therefore been of a different nature. While I originally intended to interview patients too, I decided rather early that this would be beyond the scope of the study. The interview forms have had an institutional focus on professional opinions rather than on personal experiences. This gives the data a very different

nature. The informants were recruited through different channels, some through direct contact, others via information passed on by their workplace at which point they could contact us. It was important to me not to pressure anyone into contributing to this part of the project.

The ethical considerations do not come to an end at the completion of data collection. Work with anonymization of the data and maintaining a respectful representation of participants has been and will continue to be a major concern. One aspect of this is patients and next-of-kins' kind participation, making me privy to their personal information. Another aspect of this is portraying medical professionals and interpreters in a respectful manner. They may not have personal information on the line in the meetings or in interviews in the same way as patients do. However, although the research project has set out to be descriptive, the professionals may be evaluated and judged by readers based on their practices. It has been my intention to represent all participants in a respectful manner.

5 Summary

5.1 Article 1

Creating space for interpreting within extended turns at talk

PhD candidate Jessica P B Hansen and Professor Jan Svennevig

Journal of Pragmatics, accepted with revisions

In consecutively interpreted conversations, long multi-unit turns pose an interactional problem, as the interpreter may need to intervene into the turn space of the current speaker to interpret. This paper employs multimodal conversation analysis to explore multimodal practices used by medical professionals and interpreters to manage the temporary suspension of extended turns-in-progress. The study contributes to an understanding of interpreting as interactionally achieved through participants' collaboration. The article demonstrates how the temporary suspension of medical professionals' longer turns for the purpose of interpreting is achieved through joint effort by interpreters and medical professionals in collaboration. The temporary suspension of a turn can be occasioned by the medical professionals by designing their turns in shorter installments. The installments may vary in length and may span from the syntactically, grammatically and pragmatically incomplete to seemingly complete utterances. By designing a turn in installments, the medical professional contributes to creating temporary suspension points, temporarily halting the progress of the turn to allow interpreting. In addition to pausing their speech, medical professionals use a range of resources allowing and even inviting the interpreter to speak, such as gazing toward the interpreter, gesturing toward the interpreter, and explicitly addressing the interpreter. Interpreters can contribute to creating suspension points for interpreting by producing pre-beginning signals, such as audible in-breaths, using gestures and explicitly asking for the turn. The interpreter's signals display and orientation to certain points in the medical professional's longer contribution as relevant for interpreting. The medical professionals can pre-empt these points by continuing past them and not leaving silence. While the construction and design of installments may be similar in situations where the interpreter is co-present and in mediated settings, video-mediation poses specific challenges to the negotiation of installment lengths. Delay can cause problems for the participants in negotiating the timing of a TSP. Furthermore, the specific environment and participation framework may limit the resources the interpreter has available for signaling attempts to interpret.

5.2 Article 2

Recruiting repair: Interpreters' displays of trouble in video-mediated environments

Jessica P B Hansen, manuscript ready for submission

This article employs multimodal conversation analysis to explore interpreters' embodied displays of trouble in video-mediated environments. The embodied display of trouble serves as a versatile device that engenders repair addressing trouble hearing and understanding. The same bodily movement in a different sequential position can be used to identify trouble sources, for instance actions causing auditory disturbances, at the ward. Furthermore, the embodied display of trouble does not require the interpreter to identify or even choose a language in which to produce a verbal repair initiator or ask for help. Since embodied resources afford simultaneity without interrupting ongoing talk, embodied resources run less of a risk of resulting in overlapping talk. With the unclear turn boundaries of consecutively interpreted talk, embodied displays of trouble can to be a useful resource to solve problems. Even though the embodied displays of trouble may go unnoticed by co-participants in the interaction, they are systematically produced and interactionally organized, and the following trajectories of the interaction suggest that they are not merely displays of puzzlement. The interactional settings in which embodied displays of troubles are produced are quite complex. While the technology affords the participants with visual and auditory access to each other, visual access depends on the camera positions participants choose and how they use the screen displaying each other in the organization of interaction. Securing the sightline of participants at the ward is not always possible for the interpreter from a remote location, and the embodied display of trouble does not attract attention from a participant gazing in another direction. Embodied actions have different affordances when being displayed on a screen than what they do when participants are present at the same location. Furthermore, transmission delay is a feature of the video-mediated environment that may change the temporal unfolding of actions at each site.

5.3 Article 3

Invisible participants in a visual ecology: Visual space as a resource for organizing video-mediated interpreting in hospital encounters

Jessica P B Hansen

Social Interaction. Video-based Studies of Human Sociality, in press

This article employs multimodal conversation analysis and demonstrates how visual ecologies in video-interpreted hospital encounters serve multiple purposes for accomplishing interpreting. The visual affordance may enable access to information relevant for the accomplishment of the interpreters' work. The participants presuppose that the media affords efficient use of embodied actions. However, the participants do not always ensure that their views of each other and each other's surroundings are congruent with the activities and actions they are attempting to accomplish. Due to video-mediation, participants' utterances may be disconnected from the ecology in which the utterances are produced. Similarly, due to the multilingual nature of the interaction, the linguistic content may become disconnected from the embodied actions that encompass the linguistic content in the original utterance, such as gesture and gaze. This can cause complications for participants when making sense of participation frameworks and co-participants' actions. Whereas participants' lack of or incongruent visual access to each other may cause problems in the interaction, they do not attribute the interactional problems to the insufficient visual ecology or make adjustments to the setting. They simply solve the immediate interactional problem and proceed. What is a relevant visual ecology for the collaborative accomplishment of interpreting, and how this visual materiality does in fact inform interpreting and the interpreter's work, might not be entirely clear to the participants in the interaction. The participants do not readily connect interactional troubles to insufficient visual access for the accomplishment of ongoing activities. This study has provided insights into the organisation of video-mediated interpreting in hospital encounters and how participants in these settings use and orient to a visual ecology in the organisation of interpreting. As such, the study contributes to the body of knowledge describing various professional activities in mediated environments, and specifically to the understanding of interpreted interaction within a mediated environment.

5.4 Article 4

Remediating the mediator: Media ideologies in policies and practices of medical interpreting

Jessica P B Hansen, manuscript ready for submission

Based on the analysis of government documents and interviews with medical professionals and interpreters, this article addresses media ideologies drawn upon by stakeholders in the debate about video-mediated interpreting in society and in medical encounters. Employing discourse analysis in the analysis of government documents and interviews with practitioners, the article explores how stakeholders compare screen interpreting to onsite interpreting and telephone interpreting. The article outlines a media ecology where video-mediated interpreting is compared to onsite interpreting and telephone interpreting. The article finds differences and similarities between remediation in government documents and in practitioners' talk about their experiences. In government documents the comparison between channels of communication construct a political argument for increased use of video-mediated interpreting in Norway. The government documents shift between referring to the provision of interpreting, basing arguments on matters of access and economy, and referring to the interaction. The documents are intertextually connected to other documents, and reiterate and recontextualize propositions about video-mediated interpreting. To the practitioners, matters of interaction are more frequent in their narratives about video-mediated interpreting, where video-mediated interpreting is not just a matter of logistics, but a matter of accomplishing work. This article has demonstrated how media ideologies as a concept can contribute to an understanding of tensions between positions held by stakeholders regarding implementation of technologies to a media ecology. The concept of remediation has provided new insights and a different perspective on video-mediated interpreting in Norwegian society. Finally, this article demonstrates how ideologies drawn upon by government authorities do not necessarily correspond to the reality of practitioners' work.

6 Discussion and conclusion

In this final chapter, I discuss how findings from the thesis contribute to the existing literature on video-mediated interpreting specifically and interaction more generally. I discuss theoretical implications of the study before discussing implications for practice. The conversation analytic articles in the thesis have approached multimodality in two ways: The first is as the spatio-material context that participants in interpreted hospital encounters have both created and used as an interactional space for the accomplishment of interpreting. The second is as the multiple resources that participants draw upon in interaction. The articles have explored the multimodal organization of interpreting within these complex interactional spaces. The thesis takes as a point of departure that interpreting is interactionally achieved, and has demonstrated how interpreting as an interactional activity is accomplished collaboratively by participants in interaction. The conversation analytic articles have focused on practices related to the accomplishment of interpreting, such as turn-taking and repair, within the specific spatio-material environment. Furthermore, the articles have shown how affordances of the video technology, such as the visual affordances, contribute to the interpreter's basis for understanding (and misunderstanding), and hence to the accomplishment of interpreting. The interactional articles have demonstrated how the video-mediated environment can become a complex setting for the accomplishment of interpreting, and have shown how several interactional complications may and do occur. Touching upon topics of turn-taking and repair in addition to the visual affordance in the accomplishment of interpreting, the three conversation analytic articles give rise to a discussion on intersubjectivity and the reciprocity of perspectives in this interaction. I will return to this in 6.2 Theoretical implications.

The fourth article employs discourse analysis to a different dataset, and reveals how stakeholders refer to different aspects of video-mediated interpreting when engaging in processes of remediation; in this case the comparison of video-mediated interpreting to onsite interpreting and telephone interpreting. The article illustrates how the interactional organization of interpreting in the video-mediated environment is not just a matter of isolated interactional issues but impacts practitioners – both medical professionals and interpreters – in the accomplishment of their work. Problems with the coordination of turn-taking may not just be a matter of “wobbly turn-taking” such as is suggested by the hearing to the draft law on interpreting (Det Kongelige Kunnskapsdepartement, 2019, p. 58), but may be a matter of accomplishing medical encounters and hence providing effective medical treatment. The fourth article, while straying from the theoretical and methodological underpinnings of the rest of the thesis, brings the thesis as a whole closer to its societal context and sheds light on how matters of interaction are, in fact, matters relevant to practitioners in reflections about their work. The change of material setting is not just a matter of

providing services through different channels, but may alter the very nature of people's work. The conversation analytic articles show how assumed affordances of the media, such as visual access to each other in interaction, are not simply there, but require consideration by participants in order to be achieved. Whereas this is observed in the conversation analytic data, analyzed in the interactional studies and present in the practitioners' narratives, this is absent in government arguments that propose the increased use of video technology. The thesis has shown both the possibilities and the complications in the organization of interaction within the specific interactional space.

6.1 Contributions

The work presented in this thesis contributes to the understanding of interaction within the context of video-mediated interaction and of video-mediated interpreting. The first article contributes to studies of turn-organization, demonstrating how medical professionals' longer turns may be produced in installments (Svennevig, 2018) and be temporarily suspended for the accomplishment of interpreting. The article shows how the suspension of medical professionals' longer contributions can be initiated by either the interpreter or the medical professional, and that they may negotiate the length of installments through interactional practices. As such, the article demonstrates how the accomplishment of the interpreter's turns, although central to the accomplishment of their work (see for instance, Englund Dimitrova, 1997; Frøili, 2001; Wadensjö, 1998), is also a result of other participants' actions and, accordingly, collaboratively achieved by participants in situ. The second article explores interpreters' embodied displays of trouble. This article contributes to the understanding of repair organization (e.g. Mortensen, 2016; Oloff, 2018; Schegloff et al., 1977; Seo & Koshik, 2010) by suggesting that other-initiation of repair might, similarly to requests, be produced with various degrees of transparency, and that interpreters' embodied displays of trouble are formatted as recruitments (Drew & Couper-Kuhlen, 2014; Enfield, 2014; Kendrick & Drew, 2016). Through the use of multimodal conversation analysis, both articles draw attention to the use of embodied resources in the organization of interaction and to the organization of interaction within this specific setting. The third article takes as a point of departure the participants' orientation to the visual affordance in the interactional organization of interpreting in the video-mediated environment. The article displays how the visual affordance informs interpreters' linguistic choices in interpreting and actions. The article demonstrates how participants may use gesture to organize their actions, and how these may not be perceived by co-participants. As such, the article demonstrates how the participants assume that they do have visual access to each other and act accordingly although this is not always the case. This article contributes to understandings of interpreting as an activity in a video-mediated environment (e.g. Licoppe & Verdier, 2013; Licoppe

et al., 2018; Licoppe & Veyrier, 2017; Warnicke & Plejert, 2012) and to the understanding of professional conduct in different video-mediated environments (e.g. Hjulstad, 2016; Mondada, 2007; Pappas & Seale, 2009).

All the conversation analytic articles demonstrate how participants' gestures may go unnoticed by other participants in the video-mediated environment. There are several reasons for the lack of perception of embodied actions in this environment. Video technology serves as a resource in the accomplishment of a common interactional space. While the participants have the possibility to create a visual space in these settings, they do not necessarily create an interactional space where they have congruent views of each other. While the general assumption, an assumption found in government arguments analyzed in article 4, is that video provides participants with visual access to each other, this is only the case if the participants create an interactional space where it is possible to see each other. Furthermore, in order to actually see each other's gestures, participants will have to ensure congruent views of each other, and in order for the gesture to make sense, the participants may have to secure congruent views of each other's surroundings as well. Even in cases where the participants have created an interactional space where they have the possibility to see each other, the perception of the interpreter's embodied actions still depends on where the other participants are gazing. Furthermore, embodied actions are more noticeable when used by co-present participants than when displayed on a screen. Due to the unclear turn boundaries in interpreted interaction and that participants will often direct their utterances to each other and not to the interpreter, interpreters' embodied actions may very well go unnoticed in the video-mediated environment. While the interaction proves to be asymmetric (Arminen et al., 2016; Heath & Luff, 1993) and this may have consequences for the way actions are accomplished, enabled, constrained or inhibited, the participants do not address this nor make adjustments to the visual configuration of the setting. While video technology may be a resource for the accomplishment of activities and is a resource that can be modified by participants in interaction, the third article demonstrates how participants in interaction may not make adjustments even when problems arise.

The fourth and final article in the thesis applies a different methodology to a different dataset. The article contrasts positions in government texts with the narratives of stakeholders. The analysis finds that matters of interaction are relevant to practitioners as a matter of accomplishing the work they are doing – accomplishing interpreting and accomplishing the medical appointment. The article demonstrates how media ideologies – here, the process of remediation – are used in the construction of knowledge within government documents, and how this knowledge is used to construct a political rationale for increased use of video technology for interpreting. Furthermore, the article demonstrates how the interaction itself is considered to be important to the practitioners

in the accomplishment of their work. Finally, the article, contributes to studies of media ideologies (Gershon, 2010b, 2017), by demonstrating how the concept of media ideologies, in this case remediation, can be used to explore institutional discourses. Practitioners' narratives about the accomplishment of video-mediated interpreting are connected to the accomplishment of the medical appointment and interpreting. These narratives address topics of interaction and materialities of the media. Topics addressed by practitioners correspond with findings from the conversation analytic studies. While the situated practices are important in the practitioners' narratives and tightly connected to the accomplishment of their work, in government documents these same issues are decontextualized and abstracted to matters of, for instance "different dynamics" or "wobbly turn taking" (Det Kongelige Kunnskapsdepartementet, 2019, pp. 57-58). The combination of approaches in this study, although unconventional, allows these perspectives to meet. The combination of studies demonstrates how government documents operate with idealized conceptions of the media's affordance, for instance regarding participants' mutual visual access to each other. Furthermore, matters of interaction are decontextualized in the documents and treated lightly. Conversation analytic studies show how visual access is not something participants simply have – it has to be created – and how matters of interaction are relevant for the establishment of understanding in interaction. Participants' narratives demonstrate how matters of interaction are important to the practitioners in their work. The result of the combination of studies suggests that interactional studies can identify matters relevant for practitioners' accomplishment of their work and that they can inform service design.

Prior studies of video-mediated interpreting that focus on interaction build largely on simulations and provide quantitative analyses. As such, this study has brought forth novel insights to the organization of video-mediated interpreting as it is accomplished by the participants in situ. Assuming an emic perspective to the interaction furthermore emphasizes issues such as they occur from the participants' perspectives, highlighting what participants treat as problematic in interaction. The combination of the different approaches in this thesis shows how the ideologies that form the basis of government arguments for increased use of video technology are, to some degree, fallacious and problematic.

6.2 Theoretical implications

Addressing fundamental structures of interaction, such as turn-taking and repair, the study has shown how participants engage in actions relevant to the collaborative achievement of interpreting. Furthermore, it demonstrates how the affordances of the media may be of relevance for the accomplishment of the activities and for participants' perception of actions – such as delay and the organization of the interpreter's turns and embodied displays of trouble.

With the emic analytical approach, we find that other participants' expectations of the interpreter's actions, and as such their displayed understanding of the accomplishment of interpreting, is relevant to the actual accomplishment of interpreting. Building on the *reciprocity perspectives*, Schutz (1953) operates with *the idealization of the reciprocity of motives*. He suggests that even the simplest interaction in common life presupposes a series of commonsense constructs, for instance the constructs of others' anticipated behavior. In commonsense thinking, people merely have a chance at understanding others' actions sufficiently for the purpose at hand. In order to increase this chance, people have to search for the meaning a particular action has for the actor.

Article 3 demonstrated how the participants' different access to the interaction at any given time may cause problems in securing progress in the interaction. The interpreter has only limited background information and limited visual access to the other participants and their surroundings at the ward. For the interpreter, this may cause the utterance produced by participants at the ward to become fractured from the environment in which it is produced. As such, the interpreter loses access to references and the participation framework encompassing the utterance. Similarly, for the doctor or the patient, the verbal content of each other's utterances becomes fractured from the speaker's embodied actions and the environment, as the verbal content becomes available only when the interpreter has interpreted the utterance. Since the meeting is carried out in two languages at the same time, the ongoing actions are not always available or even transparent to the all the participants. This may require that the participants figure out what is the current purpose at hand through other means. For instance, a doctor may have to ask verbally if the activity carried out in the other language has been completed. This manifests an extremely complex setting for the accomplishment of intersubjectivity.

Interpreting is an activity that is accomplished in and through the interaction. In order to accomplish actions that constitute interpreting, the participants in interaction need to have some kind of a common understanding of the activity in question. For instance, article 1 has shown that it is not only the interpreter who orients to the activity of interpreting at certain points in the interaction. In order for the interpreter to carry out their work and thus make participants' turns

intelligible to other participants, they need to be able to take the turn. In order to for one participant to take the turn, another speaker might have to abandon a turn.

The articles have demonstrated how delay might cause trouble timing the interpreter's turns. Similarly, in order for the interpreter's embodied displays of trouble to recruit assistance from the other participants, interpreting has to be treated by the participants as relevant at the point in time when the embodied display of trouble is produced; the interpreter's action has to be treated as relevant to the organization of interaction or other matters at hand. The participants organize a setting based on presuppositions regarding the situation. Participants presuppose that resources that would be efficient in a co-present setting will in fact be efficient in the video-mediated setting. For instance, the interpreter's audible in-breath – which is a common pre-beginning signal indicating that the interpreter is ready to take the floor – may be delayed in transmission to the ward, causing it to become audible to other participants at a point less relevant for the temporary suspension of turns. The technology may even treat the audible in-breath as noise and cancel it altogether through noise cancellation. Similarly, gesture that may be used to organize the interpreting and the interaction as such may be rendered invisible to the participants at the other site due to their asymmetric camera access to each other. As the participants in interaction have various points of access to the ongoing interaction, they also have various insights as to how they are displayed to the other. They seem to presume that their view is reciprocated; they assume the reciprocity of perspectives.

While the technology has certain features that may challenge the effectiveness of resources participants use in interaction, these features should not be mistaken for problems. Delay is, in itself, not a problem. Delay becomes a problem when participants use resources to organize the interaction that are highly sensitive to timing. Similarly, lack of uptake of the interpreter's embodied displays of trouble are not caused by the two dimensional image of the interpreter on the screen. However, the interpreter's movement is less prominent on a screen than if the interpreter were present with the other participants. When participants use these resources in the organization of interaction, they do so based on the assumption that these resources are as available to the participants at the other site as they are to themselves. They operate with the reciprocity of perspectives as a basic assumption. The multilingual nature of interpreting makes it extra difficult to identify problems in the interaction.

While conversation analysis aims to investigate social interaction from an emic perspective (e.g. Hazel et al., 2014; Hutchby & Wooffitt, 1998; Robinson, 2013), the analytical issues encountered when working with video-mediated, multimodal and multilingual data raise topics for

discussion regarding the emic perspective. When studying video recordings of only the interpreter's perspective, I had only access to the interpreter's "version" of the situation. When adding recordings from the ward, I would be able to explore both versions of the event. While conversation analysis uses the next turn proof procedure as the methodological evidence of emic perspectives, there are still aspects of the interaction that cannot be taken for granted when working with only one participant's perspective. However, making video recordings from several sites, gives rise to question of whose perspective should be analyzed (Rusk & Pörn, 2019). Similarly, when working with interaction where participants have different levels of access to the interaction, as is the case with multilingual interaction such as this, the question of whose emic perspective we assume in the analysis becomes relevant.

Finally, the combination of conversation analysis and ethnography the way it has been executed in this thesis has shown how topics of interaction, specifically turn-taking and repair, are not just technical details regarding the interpreter's work, but relevant to how participants perceive the quality of the work they are carrying out.

6.3 Implications for practice

The study has shown how accomplishing interpreting in a video-mediated environment is an activity that not only relies on the skills and qualifications of the interpreter; it relies on the other participants' actions as well. Different technological devices have different affordances. For instance, article 3 demonstrated how different videoconference systems have different camera angles. Utilizing the affordances in the media in order to create an interactional space appropriate for interpreting requires that the participants have knowledge of the possibilities in the media. Furthermore, it requires that the participants use the technology in appropriate ways. For instance, directing speech away from the microphone may cause problems of hearing for the interpreter. Aiming the camera at one of the participants, while several are left outside the camera angle may cause complications for the interpreter in making sense of the participation framework. The participants at the ward may need to make available information to the interpreter that is not readily available through the technology. Activities at the ward that do not disturb the participants at the ward, such as moving objects near the microphone, may cause problems for the interpreter. Participants' knowledge and understanding of possibilities and constraints in the technology can promote the activity of interpreting. Using the technology to create an interactional space for interpreting, may prevent some possible problems during the interaction. Furthermore, the interactional organization of interpreting requires knowledge from participants other than the interpreter about interpreting as work and as interaction. The participants involved, especially the

professional participants, need knowledge about: the situation; the technology along with its possibilities and constraints; the organization of interpreted interaction; and about possible pitfalls in the accomplishment of medical encounters in the video-mediated environment. The initial assumption is that there might be a lot at stake, especially for the patient, and that the fractured nature of the interaction, considering languages, purpose of the meeting, access to interaction, makes this an incredibly complex setting. Actions intended to be correct, for instance according to guidelines or professional norms that the participants orient to in their practice, such as directing gaze to the patient and not to the interpreter, may be correct according to guidelines and may be thought to promote the relation between the patient and the medical professional. However, the same actions may prevent the participants at the ward from realizing that the interpreter is encountering a problem. Seeing that the interaction is quite complex and that each of the participants has only limited overview of the situation, it may also be difficult for each of the participants to gain the knowledge necessary to collaboratively accomplish the interaction in the specific situation in a way that promotes the interaction. The lack of explicit collaboration between the medical professional and the interpreter seems to prevent the professional participants from making necessary adjustments to the technology and thus setting up a proper interactional space during the beginning of the meeting and does not seem to be addressed by the participants even when this causes problems during the interaction.

The participants in interaction seem to orient to the interpreter as one who is supposed to be invisible. By this, I mean that beyond the opening phase of the meetings, where the interpreters say some words about their work, the participants rarely orient explicitly to the interpreting. Interpreting studies have for the most part moved away from the conduit model of interpreting. However, guidelines for interpreting (such as Helsedirektoratet, 2011) and the interpreters' ethical guidelines (IMDi, 2020) do still assume an approach to interpreting building on the conduit metaphor, where information is transferred by the interpreter from one language to the other. Understanding interpreting as interaction, is not only relevant to studies of interpreting, it is relevant to people who need to collaborate with interpreters in their work, such as doctors, a point also made by Li (2015). For instance, medical professionals' attentiveness to the interpreter and the interpreting throughout the interaction, such as glancing toward the screen or segmenting longer turns in installments, may promote the interpreting as an ongoing activity in the interaction. Teaching practitioners not only how to use technical devices for video-mediated interpreting, but how to configure the technical equipment and create an appropriate interactional space would help the practitioners avoid some problems in the interaction. Similarly, establishing practices regarding how to talk about these issues in the beginning of the conversations might benefit the interaction.

The analysis of government documents has shown how video technology is thought to be an efficient way to provide interpreting services. It also demonstrates how the media is attributed qualities that are supposed to replace the interpreter's professional judgement. Screen interpreting is treated as a way to commoditize interpreting without taking into consideration the interactional and local accomplishment of the interpreting. However, as the interactional articles and the practitioners' perspectives demonstrate, it is not that easy. For practitioners, it is a matter of accomplishing work-related activities in and through the interaction. For instance, the materialities of screen interpreting have been relevant in conversations with medical professionals, which draws attention to the importance of having the right technology for the specific setting in which they are engaging. What is important to medical practitioners depends on the unique setting and the work they are conducting. According to Suchman (1995) "[n]ot only do representations of work involve perspectives and interests, but work has a tendency to disappear at a distance, such that the further removed we are from the work of others, the more simplified, often stereotyped, our view of their work becomes" (p. 58). In the ideological representations of video-mediated interpreting, such as in government documents proposing its increased use, there is a risk that the work being carried out has been stereotyped. In the implementation of video technology for the provision of interpreting, in order to find and develop adequate technological solutions and proper procedures for professional collaboration, knowledge about the work being carried out, about activities that practitioners accomplish in their work, and an understanding of the specific settings is crucial.

This dissertation has investigated the accomplishment of interpreting in video-mediated environments. The participants' actions in this setting are situated within a specific environment where the medical professionals and the patients in many of the meetings, although not all, have met prior to the recorded event and have a some common understanding of the purpose for the meeting. In these meetings, the participants may even to some degree, have common interests and goals regarding the outcome of the meeting. Although complications arose during the interaction, the participants were willing to look beyond this, solve the problems and carry out their activities. However, in matters where the institutional professional and the speaker of a minority language have differing interests, such as in cases where the minority language speaker is being tried in an asylum interview, a police interrogation or in a meeting with child protection services, it is crucial to take into consideration what consequences seemingly minor misunderstandings and trouble achieving intersubjectivity may have.

6.4 Limitations and future research

In this section, I will address some limitations of the study before I outline some suggestions for further research. First of all, this work has been of a relatively limited scope. Although the number of recorded meetings are limited, the data is rich and extensive. The data collected are in several languages that I do not know. Although this has given unique insights into phenomenon that would not easily have been observed working only with only one language, this has been a difficult dataset for a novice to work with. More data would naturally provide deeper and sounder insights. A bigger project might also be a better context for working with such complex data. I could have delimited the involved languages, however, that could have compromised the viability of the project because of the low use of video-mediated interpreting during data collection. Working with multiple sites has been rewarding and crucial to completion of the project. However, this has required a lot of resources for collaboration and coordination. Furthermore, involving several methods and a complex dataset has naturally caused extra labor. The simple way to avoid this would be to conduct the entire study as a conversation analytic study. However, the fourth study has broadened the context and given insights relevant for practice and policies. The study design is institutional, and in this sense, the voice of the patient is lacking. Due to the complexity and scope of the project, it was not relevant to include interviews with patients. However, this is certainly something that should be considered for future research.

This study has shown how conversation analysis gives useful and important insights into the organization of interpreting in a video-mediated environment. In order to learn how participants in interaction accomplish certain activities, studying how they accomplish just these activities within the specific setting is the best way to learn. Further studies should continue where this study ends, exploring the accomplishment of medical consultations or other institutional encounters where interpreting is carried out through video technology. Furthermore, in order to develop professional practices further experimental studies could be conducted based on analysis of interaction with different types of technical equipment. Experimental studies exploring results of training programs for this type of interaction could give useful insights. Training settings could be developed using CARM, Conversation Analytic Role-Play Method (Stokoe, 2014).

7 References

- Angelelli, C., & Baer, B. J. (2016a). Exploring translation and interpreting. In C. Angelelli & B. J. Baer (Eds.), *Researching Translation and Interpreting* (pp. 5-13). New York, NY: Routledge.
- Angelelli, C., & Baer, B. J. (2016b). Introduction. In C. Angelelli & B. J. Baer (Eds.), *Researching Interpreting and Translation* (pp. 1-4). New York, NY: Routledge.
- Angermeyer, P. S. (2007). 'Speak English or what?' Codeswitching and interpreter use in New York Small Claims Courts. *International Journal of Speech Language and the Law*, 14(1), 147. doi:10.1558/ijssl.v14i1.147
- Arminen, I., Licoppe, C., & Spagnolli, A. (2016). Respecifying mediated interaction. *Research on Language and Social Interaction: Orders of Interaction in Mediated Settings*, 49(4), 290-309. doi:10.1080/08351813.2016.1234614
- Balogh, K., & Hertog, D. (2012). AVIDICUS comparative studies - part II: Traditional, videoconference and remote interpreting in police interviews. In S. Braun & J. L. Taylor (Eds.), *Videoconference and Remote Interpreting in Criminal Proceedings* (pp. 101-117). Antwerp/Cambridge: Intersentia.
- Bolter, J. D., & Grusin, R. (1999). *Remediation : understanding new media*. Cambridge, Mass: MIT Press.
- Blommaert, J., & Jie, D. (2010). *Ethnographic fieldwork. A beginner's guide*. Bristol: Multilingual Matters
- Braun, S. (2017). What a micro-analytical investigation of additions and expansions in remote interpreting can tell us about interpreters' participation in a shared virtual space. *Journal of Pragmatics*, 107, 165-177. doi:10.1016/j.pragma.2016.09.011
- Braun, S., & Taylor, J. L. (2012a). AVIDICUS comparative studies - part I: Traditional interpreting and remote interpreting in police interviews. In S. Braun & J. L. Taylor (Eds.), *Videoconference and Remote Interpreting in Criminal Proceedings* (pp. 85-101). Antwerp/Cambridge: Intersentia.
- Braun, S., & Taylor, J. L. (2012b). Video-mediated interpreting in criminal proceedings - two European studies. In S. Braun & J. L. Taylor (Eds.), *Videoconference and Remote Interpreting in Criminal Proceedings* (pp. 59-84). Antwerp/Cambridge: Intersentia.
- Brône, G., & Salaets, H. (2020). Introduction. In H. Salaets & G. Brône (Eds.), *Linking up with Video. Perspectives on interpreting practice and research* (pp. 1-12). Amsterdam: John Benjamins.
- Buzungu, H. F., Nilsen, S., & Løfsnes, H. M. (2018). *Tolkesentralen. Treårsrapport 2015-2017. Tolkesentralens utvikling og måloppnåelse for tre første driftsår*. Retrieved from <https://tolkefaglig.no/2018/09/22/trearsrapport/>
- Brunson, J. (2018). The irrational component in the rational system: Interpreters talk about their motivation to work in video relay services. In J. Napier, R. Skinner, & S. Braun (Eds.), *Here or there: Research on interpreting via video link* (pp. 299-322). Washington DC: Gallaudet University Press.
- Czapka, E. A., Gerwing, J., & Sagbakken, M. (2019). Invisible rights: Barriers and facilitators to access and use of interpreter services in health care settings by Polish migrants in Norway. *Scandinavian Journal of Public Health*, 47(7), 755-764. doi:10.1177/1403494818807551
- De Boe, E. (2020). *Remote interpreting in healthcare settings. A comparative study on the influence of telephone and video link use on the quality of interpreter-mediated communication* (Unpublished doctoral dissertation). University of Antwerp.
- Deppermann, A. (2013). Multimodal interaction from a conversation analytic perspective. *Journal of Pragmatics*, 46(1), 1-7. doi:10.1016/j.pragma.2012.11.014

- Det Kongelige Kunnskapsdepartement. (2019). *Høring Forslag til lov om offentlige organers ansvar for av tolk mv. (tolkeloven)*. Retrieved from <https://www.regjeringen.no/no/dokumenter/horing/id2626660/>
- Devaux, J. (2018). Technologies and role-space: How videoconference interpreting affects the court interpreter's perception of her role. In C. Fantinuoli (Ed.), *Interpreting and Technology* (11 ed., pp. 91-118). Berlin: Language Science Press.
- Nesvik, M. (2018, October 18) *Distriktsprogram - Rogaland*. [Radio broadcast]. Rogaland: Norsk Rikskringkasting
- Dourish, P., Adler, A., Bellotti, V., & Henderson, A. (1996). Your place or mine? Learning from long-term use of Audio-Video communication. *Computer Supported Cooperative Work*, 5(1), 33-62. doi:10.1007/BF00141935
- Drew, P., & Couper-Kuhlen, E. (2014). Requesting - from speech act to recruitment. In P. Drew & E. Couper-Kuhlen (Eds.), *Requesting in social interaction*. Amsterdam: John
- Drew, P., & Heritage, J. (1992). Analyzing talk at work: An introduction. In P. Drew & J. Heritage (Eds.), *Talk at work* (pp. 3-65). Cambridge: Cambridge University Press.
- Due, B. L. (forthcoming). RoboDoc: Semiotic resources for achieving face-to-screenface formation with a telepresence robot. *Semiotica, forthcoming*.
- Due, B. L., Lange, S. B., Nielsen, M. F., & Jarlskov, C. (2019). Mimicable embodied demonstration in a decomposed sequence: Two aspects of recipient design in professionals' video-mediated encounters. *Journal of Pragmatics*, 152, 13-27. doi:10.1016/j.pragma.2019.07.015
- Enfield, N. (2014). Human agency and the infrastructure for requests. In P. Drew & E. Couper-Kuhlen (Eds.), *Requesting in social interaction*. Amsterdam: John Benjamins.
- Englund Dimitrova, B. (1997). Degree of interpreter responsibility in the interaction process in community interpreting. In S. E. Carr (Ed.), *The critical link: Interpreters in the community. Papers from the First International Conference on Interpreting in Legal, Health and Social Service Settings*. Amsterdam: Benjamins.
- Fairclough, N. (2003). *Analysing discourse : Textual analysis for social research*. London: Routledge.
- Fairclough, N. (2016). A dialectal-relational approach to discourse analysis in social research. In R. Wodak & M. Meyer (Eds.), *Methods of Critical Discourse Analysis* (3rd ed., pp. 86-108). Los Angeles: Sage.
- Frøili, J. (2001). Signals at the transition place: The interpreter's turn-taking in dialogues. In A. Hvenekilde & J. Nortier (Eds.), *Meetings at the crossroads: Studies of multilingualism and multiculturalism in Oslo and Utrecht* (pp. 136-157). Oslo: Novus.
- Furskognes, A.-K., Eliassen, I., Molund, B., & Christiansen, E. K. (2013). *Prosjektrapport. "Tolkeprosjektet"*. (NST 06-213). Nasjonalt senter for e-helseforskning Retrieved from <https://ehealthresearch.no/rapporter/arkiv/tolkeprosjektet>
- Gavioli, L. (2016). Conversation analysis. In C. Angelelli & B. J. Baer (Eds.), *Researching Translation and Interpreting* (pp. 185-194). New York: Routledge.
- Gavioli, L., & Baraldi, C. (2011). Interpreter-mediated interaction in healthcare and legal settings: Talk organization, context and the achievement of intercultural communication. *Interpreting : International Journal of Research and Practice in Interpreting*, 13(2), 205-233. doi:10.1075/intp.13.2.03gav
- Gershon, I. (2010a). Breaking up is hard to do: Media switching and media ideologies. *Journal of Linguistic Anthropology*, 20(2), 389-405. doi:10.1111/j.1548-1395.2010.01076.x
- Gershon, I. (2010b). Media ideologies: An introduction. *Journal of Linguistic Anthropology*, 20(2), 283-293. doi:10.1111/j.1548-1395.2010.01070.x
- Gershon, I. (2017). Language and the newness of media. *Annual Review of Anthropology*, 46(1), 15-31. doi:10.1146/annurev-anthro-102116-041300
- Goodwin, C. (1981). *Conversational organization: Interaction between speakers and hearers*. New York: Academic Press.

- Goodwin, C. (2000). Action and embodiment within situated human interaction. *Journal of Pragmatics*, 32(10), 1489-1522. doi:10.1016/S0378-2166(99)00096-X
- Gubrium, J. F., & Holstein, J. A. (1998). Narrative practice and the coherence of personal stories. *Sociological Quarterly*, 39(1), 163-187. doi:10.1111/j.1533-8525.1997.tb02008.x
- Gulbrandsen, P., & Finset, A. (2014). *Skreddersyddede samtaler: En veileder i medisinsk kommunikasjon*. Oslo: Gyldendal akademisk.
- Gulbrandsen, P., Jensen, B. F., Finset, A., & Blanch-Hartigan, D. (2012). Long-term effect of communication training on the relationship between physicians' self-efficacy and performance. *Patient Education and Counseling*, 91(2), 180-185. doi:10.1016/j.pec.2012.11.015
- Hansen, J. P. B. (2016). Interpreting at a distance. (Master's dissertation). University of Oslo. Retrieved from: <https://www.duo.uio.no/handle/10852/51569>
- Hansen, J. P. B. (2018). Talking som felles aktivitet: Med lupe på kommunikative ståsted i tolkede sykehussamtaler. In H. Haualand, A.-L. Nilsson, & E. Raanes (Eds.), *Talking - språkarbeid og profesjonsutøvelse* (pp. 123-142). Oslo: Gyldendal Akademisk.
- Hansen, J. P. B., & Løfsnes, H. M. (2016). *Sluttrapport. Skjermtolking - når tolken er et annet sted*. OUS Retrieved from <https://tolkefaglig.files.wordpress.com/2017/03/sluttrapport-skjermtolking-nc3a5r-tolken-er-et-annet-sted.pdf>
- Haukeland universitetssjukehus. (2017). *Sluttrapport. Skjermtolking. Et virkemiddel for å øke kvaliteten på helsetjenester og pasientsikkerhet ved Haukeland universitetssjukehus*.
- Hazel, S., Mortensen, K., & Rasmussen, G. (2014). Introduction: A body of resources – CA studies of social conduct. *Journal of Pragmatics*, 65, 1-9. doi:10.1016/j.pragma.2013.10.007
- Heath, C. (1986). *Body movement and speech in medical interaction*. Cambridge: Cambridge University Press.
- Heath, C. (2004). Analysing face-to-face interaction: Video, the visual and material. In D. Silverman (Ed.), *Qualitative research. theory, method and practice* (2nd ed., pp. 266-282). London: Sage.
- Heath, C., & Luff, P. (1991). Disembodied conduct: Communication through video in a multi-media office environment. *CHI '91 Proceedings of the SIGCHI Conference on Human Factors in Computing Systems* (pp. 99-103). ACM. <https://doi-org.ezproxy.uio.no/10.1145/108844.108859>
- Heath, C., & Luff, P. (1993). Disembodied conduct: Interactional asymmetries in video-mediated communication. In G. Button (Ed.), *Technology in working order. Studies of Work, Interaction, and Technology* (pp. 35-54). London: Routledge.
- Heath, C., & Luff, P. (2000). *Technology in action*. Cambridge: Cambridge University Press.
- Helse- og omsorgsdepartementet. (2013). *Likeverdige helse- og omsorgstjenester - god helse for alle. Nasjonal strategi om innvandreres helse 2013-2017*. Retrieved from <https://www.regjeringen.no/no/dokumenter/likeverdige-helse--og-omsorgstjenester/id733870/>
- Helse Førde. (2018). *Sluttrapport. Offentlig forsknings- og utviklingsprosjekt (OFU): Skjermtolking - TikkTalk AS*.
- Helsedirektoratet. (2011). *Veileder om kommunikasjon via tolk for ledere og personell i helse- og omsorgstjenestene*. Oslo Retrieved from <https://www.helsebiblioteket.no/eldre/retningslinjer-og-veiledere/tolk-veileder-om-kommunikasjon-via-tolk-for-ledere-og-personell-i-helse-og-omsorgstjenestene?lenkedetaljer=vis>
- Helsedirektoratet. (2015). *Pasient- og brukerrettighetsloven med kommentarer*. Retrieved from <https://www.helsedirektoratet.no/rundskriv/pasient-og-brukerrettighetsloven-med-kommentarer/rett-til-medvirkning-og-informasjon>
- Helsedirektoratet. (2018). *Helsepersonelloven med kommentarer*. Retrieved from <https://www.helsedirektoratet.no/rundskriv/helsepersonelloven-med-kommentarer>

- Helsepersonelloven. (1999). Lov om helsepersonell (LOV-1999-07-02-64). Retrieved from <https://lovdata.no/dokument/NL/lov/1999-07-02-64>
- Heritage, J. (1984). *Garfinkel and ethnomethodology*. Cambridge: Polity Press.
- Heritage, J., & Clayman, S. (2010). *Talk in action: Interactions, identities, and institutions* (Vol. 38). Chichester: Wiley-Blackwell.
- Heyn, L. G. (2018). *Klinisk kommunikasjon i sykepleie*. Oslo: Gyldendal.
- Hjulstad, J. (2016). Practices of organizing built space in videoconference-mediated interactions. *Research on Language and Social Interaction: Orders of Interaction in Mediated Settings*, 49(4), 325-341. doi:10.1080/08351813.2016.1199087
- Hutchby, I. (2001). *Conversation and technology: From the telephone to the internet*. Cambridge: Polity Press.
- Hutchby, I., & Wooffitt, R. (1998). *Conversation analysis: Principles, practices and applications*. Cambridge: Polity Press.
- Hutchby, I., & Wooffitt, R. (2008). *Conversation analysis* (2nd ed.). Cambridge: Polity.
- Integrerings- og mangfoldsdirektoratet. (2020, 2020). Retningslinjer for god tolkeetikk. Retrieved from <https://www.imdi.no/tolk/tolkens-yrkesetikk/>
- Keane, W. (2003). Semiotics and the social analysis of material things. *Language & communication*, 23(3-4), 409-425. doi:10.1016/s0271-5309(03)00010-7
- Keevallik, L. (2013). The Interdependence of Bodily Demonstrations and Clausal Syntax. *Research on Language and Social Interaction*, 46(1), 1-21. doi:10.1080/08351813.2013.753710
- Kendrick, K. H., & Drew, P. (2016). Recruitment: Offers, requests, and the organization of assistance in interaction. *Research on Language and Social Interaction*, 49(1), 1-19 DOI: [10.1080/08351813.2016.1126436](https://doi.org/10.1080/08351813.2016.1126436)
- Knoblauch, H. (2013). Alfred Schütz' theory of communicative action. *Human Studies*, 36(3), 323-337. doi:10.1007/s10746-013-9278-9
- Landmark, A. M. D., Svennevig, J., Gerwing, J., & Gulbrandsen, P. (2017). Patient involvement and language barriers: Problems of agreement or understanding? *Patient Education and Counseling*, 100(6), 1092-1102. doi:10.1016/j.pec.2016.12.006
- Lee, S. H. (2013). Response design in conversation. In J. Sidnell & T. Stivers (Eds.), *The Handbook of Conversation Analysis*. (pp. 415-432). New York: Wiley Blackwell
- Li, S. (2015). Nine types of turn-taking in interpreter-mediated GP consultations. *Applied Linguistics Review*, 6(1), 73-96. doi:10.1515/applirev-2015-0004
- Li, S., Gerwing, J., Krystallidou, D., Rowlands, A., Cox, A., & Pype, P. (2017). Interaction—A missing piece of the jigsaw in interpreter-mediated medical consultation models. *Patient Education and Counseling*, 100(9), 1769-1771. doi:10.1016/j.pec.2017.04.021
- Licoppe, C. (2015). Video communication and 'camera actions'. *Journal of Pragmatics*, 76, 117.
- Licoppe, C. (2017). Skype appearances, multiple greetings and 'coucou': The sequential organization of video-mediated conversation openings. *Pragmatics*, 27(3), 351-386. doi:10.1075/prag.27.3.03lic
- Licoppe, C., Luff, P., Heath, C., Kuzuoka, H., Yamashita, N., & Tuncer, S. (2017). Showing objects: Holding and manipulating artefacts in video-mediated collaborative settings. *Proceedings of the 2017 CHI Conference on human factors in computing systems*. (Vol. 2017-, pp. 5295-5306).
- Licoppe, C., & Verdier, M. (2013). Interpreting, video communication and the sequential reshaping of institutional talk in the bilingual and distributed courtroom. *The International Journal of Speech, Language and the Law*, 20(2), 247. doi:10.1558/ijsl.v20i2.247
- Licoppe, C., Verdier, M., & Veyrier, C.-A. (2018). Voice, power, and turn-taking in multilingual, consecutively interpreted courtroom proceedings with video links. In J. Napier, R. Skinner, & S. Braun (Eds.), *Here or there: Research on interpreting via video link* (pp. 299-322). Washington DC: Gallaudet University Press.

- Licoppe, C., & Veyrier, C.-A. (2017). How to show the interpreter on screen? The normative organization of visual ecologies in multilingual courtrooms with video links. *Journal of Pragmatics*, 107, 147-164. doi:10.1016/j.pragma.2016.09.012
- Licoppe, C., & Veyrier, C.-A. (2020). The interpreter as a sequential coordinator in courtroom interaction: 'Chunking' and the management of turn shifts in extended answers in consecutively interpreted asylum hearings with remote participants. *Interpreting. International Journal of Research and Practice in Interpreting*, 22(1), 56-86. doi:10.1075/intp.00034.lic
- Linnestad, H., & Buzungu, H. F. (2012). *Ikke lenger "en tjeneste av ukjent kvalitet". Statusrapport om tolkefeltet i helsevesenet i hovedstadsområdet*. Retrieved from <https://tolkefaglig.no/2017/02/27/ikke-lenger-en-tjeneste-av-ukjent-kvalitet-2/>
- Locatis, C., Williamson, D., Gould-Kabler, C., Zone-Smith, L., Detzler, I., Roberson, J., . . . Ackerman, M. (2010). Comparing in-person, video, and telephonic medical Interpretation. *J Gen Intern Med*, 25(4), 345-350. doi:10.1007/s11606-009-1236-x
- Løfsnes, H. M., Buzungu, V., Buzungu, H. F., & Hansen, J. P. B. (2016). *Skjermtolking - et spørsmål om organisering eller teknologi? Teknologisk rapport fra prosjektet "Skjermtolking - når tolken er et annet sted"*. Retrieved from <https://tolkefaglig.files.wordpress.com/2017/03/teknologisk-rapport-skjermtolking-nc3a5r-tolken-er-et-annet-sted.pdf>
- Løfsnes, H. M., & Nilsen, S. (2017). Fra ord til handling - et eksempel på tjenesteinnovasjon i OUS. Retrieved from <https://tolkefaglig.no/2017/03/01/fra-ord-til-handling-tolkesentralen-et-eksempel-pa-tjenesteinnovasjon-i-ous/>
- Pasient- og brukerrettighetsloven. (1999). Lov om pasient- og brukerrettigheter (LOV-1999-07-02-63). Retrieved from <https://lovdata.no/dokument/NL/lov/1999-07-02-63/>
- Luff, P., Heath, C., Kuzuoka, H., Hindmarsh, J., Yamazaki, K., & Oyama, S. (2003). Fractured ecologies: Creating environments for collaboration. *Human-Computer Interaction: Talking About Things in Mediated Conversations*, 18(1-2), 51-84. doi:10.1207/S15327051HCI1812_3
- Luff, P., Heath, C., Yamashita, N., Kuzuoka, H., & Jirotko, M. (2016). Embedded reference: Translocating gestures in video-mediated interaction. *Research on Language and Social Interaction: Orders of Interaction in Mediated Settings*, 49(4), 342-361. doi:10.1080/08351813.2016.1199088
- Miller-Casino, J., & Rybinska, Z. (2012). AVIDICUS comparative studies - part III: Traditional interpreting and videoconference interpreting in prosecution interviews. In S. Braun & J. L. Taylor (Eds.), *Videoconference and Remote Interpreting in Criminal Proceedings* (pp. 117-138). Antwerp/Cambridge: Intersentia.
- Moerman, M. (1988). *Talking culture: ethnography and conversation analysis*. Philadelphia: University of Pennsylvania Press.
- Mondada, L. (2001, 2016). Conventions for multimodal transcription Retrieved from https://franzoesistik.philhist.unibas.ch/fileadmin/user_upload/franzoesistik/mondada_multimodal_conventions.pdf
- Mondada, L. (2007). Operating together through videoconference: Members' procedures for accomplishing a common space of action. In S. Hester & D. Francis (Eds.), *Orders of ordinary action. Respecifying sociological knowledge* (pp. 51-68). London: Routledge Taylor & Francis Group.
- Mondada, L. (2009). Video recording as the reflexive preservation and configuration of phenomenal features for analysis. In H. Knoblauch, B. Schmettler, J. Raab, & H.-G. Soeffner (Eds.), *Video analysis: Methodology and methods*. Frankfurt an Main: Peter Lang.
- Mondada, L. (2013). The conversation analytic approach to data collection. In J. Sidnell & T. Stivers (Eds.), *The Handbook of Conversation Analysis*. (pp. 32-56). New York: Wiley Blackwell

- Mondada, L. (2018). Multiple temporalities of language and body in interaction: Challenges for transcribing multimodality. *Research on Language and Social Interaction*, 51(1), 85-106. doi:10.1080/08351813.2018.1413878
- Mortensen, K. (2016). The body as a resource for other-initiation of repair: Cupping the hand behind the ear. *Research on Language and Social Interaction*, 49(1), 34-57. doi:10.1080/08351813.2016.1126450
- Moser-Mercer, B. (2005). Remote interpreting: Issues of multi-sensory integration in a multilingual task. *Meta (Montréal)*, 50(2), 727-738. doi:10.7202/011014ar
- Nilsen, L. (2017). Et stort løft for pasientbehandling og -sikkerhet. *Dagens Medisin*. Retrieved from <https://www.dagensmedisin.no/artikler/2017/06/07/-et-stort-loft-for-pasientbehandling-og--sikkerhet/>
- Nielsen, M. F. (2019) Adjusting or Verbalizing Visuals in ICT-mediated Professional Encounters. In D. Day & J. Wagner (eds.), *Objects, Bodies and Work Practice*”. (pp. 191-215). Bristol: Multilingual Matters
- NOU 2014:8. (2014). *Talking i offentlig sektor. Et spørsmål om rettssikkerhet og likeverd*. Retrieved from <https://www.regjeringen.no/no/dokumenter/NOU-2014-8/id2001246/>
- Oittinen, T. (2018). Multimodal accomplishment of alignment and affiliation in the local space of distant meetings. *Culture and Organization: Special Section on Mediated Business: Living the Organizational Surroundings*, 24(1), 31-53. doi:10.1080/14759551.2017.1386189
- Oloff, F. (2018). “Sorry?”/“Como?”/“Was?” – Open class and embodied repair initiators in international workplace interactions. *Journal of Pragmatics*, 126, 29-51. doi:10.1016/j.pragma.2017.11.002
- Pappas, Y., & Seale, C. (2009). The opening phase of telemedicine consultations: An analysis of interaction. *Social Science & Medicine*, 68(7), 1229-1237. doi:10.1016/j.socscimed.2009.01.011
- Pappas, Y., & Seale, C. (2010). The physical examination in telecardiology and televascular consultations: A study using conversation analysis. *Patient Education and Counseling*, 81(1), 113-118. doi:10.1016/j.pec.2010.01.005
- Price, E. L., Pérez-Stable, E. J., Nickleach, D., López, M., & Karliner, L. S. (2012). Interpreter perspectives of in-person, telephonic, and videoconferencing medical interpretation in clinical encounters. *Patient Education and Counseling*, 87(2), 226-232. doi:10.1016/j.pec.2011.08.006
- Reisigl, M., & Wodak, R. (2016). The discourse-historical approach (DHA). In R. Wodak & M. Meyer (Eds.), *Methods of critical discourse studies* (3rd ed., pp. 23-61). London: Sage.
- Rintel, S. (2013). Tech-tied or tongue-tied? Technological versus social trouble in relational video calling. *2013 46th Hawaii International Conference on System Services* (pp. 3343-3352): IEEE.
- Robinson, J. D. (2003). An interactional structure of medical activities during acute visits and its implications for patients' participation. *Health Communication*, 15(1), 27-59. doi:10.1207/s15327027hc1501_2
- Robinson, J. D. (2013). Overall structural organization. In (pp. 257-280). In J. Sidnell & T. Stivers (Eds.), *The Handbook of Conversation Analysis*. (pp. 415-432). New York: Wiley Blackwell
- Rosenbaun, L., & Licoppe, C. (2017). Showing ‘digital’ objects in web-based video chats as a collaborative achievement. *Pragmatics*, 27(3), 419-446. doi:10.1075/prag.27.3.05ros
- Roziner, I., & Shlesinger, M. (2010). Much ado about something remote: Stress and performance in remote interpreting. *Interpreting: International Journal of Research and Practice in Interpreting*, 12(2), 214-247. doi:10.1075/intp.12.2.05roz
- Ruhleder, K., & Jordan, B. (2001). Co-constructing non-mutual realities: Delay-generated trouble in distributed interaction. *Computer Supported Cooperative Work (CSCW)*, 10(1), 113-138. doi:10.1023/A:1011243905593

- Rusk, F., & Pörn, M. (2019). Delay in L2 interaction in video-mediated environments in the context of virtual tandem language learning. *Linguistics and Education*, 50, 56-70. doi:10.1016/j.linged.2019.02.003
- Sacks, H. (1984). Notes on methodology. In J. M. Atkinson & J. Heritage (Eds.), *Structures of Social Interaction* (pp. 21-27). Cambridge: Cambridge University Press.
- Sacks, H., Schegloff, E. A., & Jefferson, G. (1974). A simplest systematics for the organization of turn-taking for conversation. *Language*, 50(4), 696-735. doi:10.2307/412243
- Sagli, G. (2015). Når trenger jeg å tilkalle tolk? Forskning om tolking i helsetjenesten. *FLEKS: Scandinavian Journal of Intercultural Theory and Practice*, 2(1). doi:10.7577/fleks.1292
- Schegloff, E. A., Jefferson, G., & Sacks, H. (1977). The preference for self-correction in the organization of repair in conversation. *Language*, 53(2), 361-382. doi:10.2307/413107
- Schmitt, M., Gunkel, S., Cesar, P., & Bulterman, D. (2014). Asymmetric delay in video-mediated group discussions. *2014 Sixth International Workshop on Quality of Multimedia Experience* (pp. 19-24). IEEE
- Schutz, A. (1953). Common-sense and scientific interpretation of human action. *Philosophy and Phenomenological Research*, 14(1), 1-38. doi:10.2307/2104013
- Seo, M.-S., & Koshik, I. (2010). A conversation analytic study of gestures that engender repair in ESL conversational tutoring. *Journal of Pragmatics*, 42(8), 2219-2239. doi:10.1016/j.pragma.2010.01.021
- Skaaden, H. (2001). On-Screen Interpreting. *The 18th International Symposium on Human Factors in Telecommunication*. Paper presented in Bergen.
- Skogmyr, M. K., & Balaman, U. (2018). Second language interactional competence and its development: An overview of conversation analytic research on interactional change over time. *Language and linguistics compass*, 12(8), e12285-n/a. doi:10.1111/ln3.12285
- Speer, S. A., & Stokoe, E. (2014). Ethics in action: Consent-gaining interactions and implications for research practice. *British journal of social psychology*, 53(1), 54-73. doi:10.1111/bjso.12009
- Stivers, T., & Robinson, J. D. (2006). A preference for progressivity in interaction. *Language in Society*, 35(3), 367-392. doi:10.1017/S0047404506060179
- Stokoe, E. (2014). The Conversation Analytic Role-play Method (CARM): A Method for Training Communication Skills as an Alternative to Simulated Role-play. *Research on Language and Social Interaction: Conversation Analysis and Intervention*, 47(3), 255-265. doi:10.1080/08351813.2014.925663
- Stokoe, E., Sikveland, R. O., Albert, S., Hamann, M., & Housley, W. (2020). Can humans simulate talking like other humans? Comparing simulated clients to real customers in service inquiries. *Discourse Studies*, 22(1), 87-109. doi:10.1177/1461445619887537
- Suchman, L. (1995). Making work visible. *Communications of the ACM*, 38(9), 56-64. doi:10.1145/223248.223263
- Svennevig, J. (2018). Decomposing turns to enhance understanding by L2 speakers. *Research on Language and Social Interaction*, 51(4), 398-416. doi:10.1080/08351813.2018.1524575
- ten Have, P. (2002). Reflections on transcription I. *Cahiers de praxématique*, 21-43.
- Velle, V. (2020). Psykiatriske pasienter skal ha slitt med å gjøre seg forstått via tolk i koronatiden. Retrieved from <https://vartoslo.no/akhenaton-de-leon-eirik-eide-korona/psykiatriske-pasienter-skal-ha-slitt-med-a-gjore-seg-forstatt-via-tolk-i-korona-tiden/250025>.
- Wadensjö, C. (1998). *Interpreting as interaction*. London: Longman.
- Warnicke, C., & Plejert, C. (2012). Turn-organisation in mediated phone interaction using Video Relay Service (VRS). *Journal of Pragmatics*, 44(10), 1313-1334. doi:10.1016/j.pragma.2012.06.004
- Warnicke, C., & Plejert, C. (2018). The headset as an interactional resource in a video relay interpreting (VRI) setting. *Interpreting: International Journal of Research and Practice in Interpreting*, 20(2), 285-308. doi:10.1075/intp.00013.war

- Wilcox, S., & Shaffer, B. (2005). Towards a cognitive model of interpreting. In T. Janzen (Ed.), *Topics of signed language interpreting: Theory and practice*. Amsterdam: John Benjamins.
- Wodak, R., & Meyer, M. (2016). Critical discourse studies: history, agenda, theory and methodology. In R. Wodak & M. Meyer (Eds.), *Methods of critical discourse studies* (3rd ed., pp. 1-22). London: Sage.
- Zouinar, M., & Velkowska, J. (2017). Talking about things: Image-based topical talk and intimacy in video-mediated family communication. *Pragmatics*, 27(3), 387-418.
doi:10.1075/rag.27.3.04zou

8 List of appendices

Appendix A: Transcription key for multimodal annotation

Appendix B: Interview guide for interviews with practitioners

Appendix C: Interview guide for other stakeholders

Appendix A Transcription key for multimodal annotation

Transcription key developed by Lorenza Mondada (2001,2016). Available online:

https://franzoesistik.philhist.unibas.ch/fileadmin/user_upload/franzoesistik/mondada_multimodal_conventions.pdf

- * * Descriptions of embodied actions are delimited between
- ⌘ ⌘ two identical symbols (one symbol per participant and per type of action)
- % % that are synchronized with correspondent stretches of talk or time indications.
- *---> 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.
- int Participant doing the embodied action is identified in small caps in the margin.
- fig The exact moment at which a screen shot has been taken
- # is indicated with a sign (#) showing its position within the turn/a time measure.

Appendix B Interview guide for practitioners

Interview guide for interpreters:

Some introductory/warm up questions just to get started:

Examples: Have you done a lot of on-screen interpreting? How do you like on-screen interpreting? What is on-screen interpreting? The purpose of this talk is mostly to calibrate and to find a way in.

Main questions:

1. Kan du fortelle meg om et tolkeoppdrag der du gjorde skjermtolking som gikk dårlig?
Please tell me about an on-screen interpreting assignment that went bad.
2. Kan du fortelle meg om et tolkeoppdrag der du gjorde skjermtolking som gikk bra?
Please tell me about an on-screen interpreting assignment that went well.

I am interested in narratives and will follow up both questions with extra questions to get a full description. I am interested in what they feel is bad and what is good. What they feel causes a good situation and what they feel causes a bad situation.

3. Jeg lurer på hva du tenker om følgende påstand: Skjermtolking gjør tolkingen mer profesjonell. Andre aktuelle påstander å diskutere: Det emosjonelle blir borte, kommunikasjonen er mindre helhetlig, det er fint å kunne skru av skjermen, det er fint for pasienter å slippe å ha tolken der når de snakker om noe intimt og flere som kommer opp i ulike.

I wonder what you think of this claim: On-screen interpreting makes the interpreting more professional. Other possible claims to discuss: The emotive gets lost, the communication is less complete, it is good to turn the screen off, it is good for patients not to have the interpreter present when they talk about something personal and other claims that occur in interviews.

I would like to present the person I am interviewing with one claim from previous interviews, fieldwork and documents. The point is to generate discussion and reflections on different aspects of 'on-screen interpreting'.

Final discussion:

4. Hvis du skulle lage en veileder om hvordan gjøre skjermtolking, hvilke tre anbefalinger ville du gi helsepersonell som skulle kommunisere med pasienten uten at tolken var til stede?
If you were to make an instruction on how do on-screen interpreting, which three recommendations would you like to give medical professionals who were going to communicate with the patient without the interpreter present?

Interview guide for medical professionals

Some introductory/warm up questions just to get started:

Examples: Have you tried video interpreting? How do you like on-screen interpreting? What is on-screen interpreting? The purpose of this talk is mostly to calibrate and to find a way in.

Main questions:

1. Kan du fortelle meg om et møte som du hadde med pasient der tolken tolket via skjerm som gikk dårlig?

Please tell me about a meeting you had with a patient once, where the interpreter interpreted through the screen (through video technology), that went bad.

2. Kan du fortelle meg om et møte som du hadde med pasient der tolken tolket via skjerm som gikk bra?

Please tell me about a meeting you had with a patient once, where the interpreter interpreted through the screen (through video technology), that went well.

I am interested in narratives and will follow up both questions with extra questions to get a full description. I am interested in what they feel is bad and what is good, and what they feel causes a good situation and what they feel causes a bad situation.

3. Jeg lurer på hva du tenker om følgende påstand: Skjermtolking gjør tolkingen mer profesjonell. Andre påstander: Det emosjonelle blir borte, kommunikasjonen er mindre helhetlig, det er fint å kunne skru av skjermen, det er fint for pasienter å slippe å ha tolken der når de snakker om noe intimt og flere som kommer opp i ulike.

I wonder what you think of this claim: On-screen interpreting makes the interpreting more professional. Other claims: The emotive gets lost, the communication is less complete, it is good to turn the screen off, it is good for patients not to have the interpreter there when they talk about something personal, and other claims that occur in interviews.

I would like to present the person I am interviewing with one claim from previous interviews, fieldwork and documents. The point is to generate discussion and reflections on different aspects of 'on-screen interpreting'.

Final discussion:

4. Hvis du skulle lage en veileder om hvordan gjøre skjermtolking, hvilke tre anbefalinger ville du gi tolken om hvordan dette bør løses?

If you were to make an instruction on how do on-screen interpreting, which three recommendations would you like to give the interpreter about how this should be done?

Appendix C Interview guide for other stakeholders

1. Hva er de viktigste utfordringene knyttet til tolking og tilgang til offentlige tjenester i dag?
Hvordan kan disse utfordringene løses?
What are the most important challenges when it comes to interpreting and access to public services today? How can these challenges be resolved?
2. I medieoppslag om tolking blir det ofte snakk om dårlig tolking. I den anledning har jeg noen spørsmål om god og dårlig tolking.
In news reports about interpreting it is often talked about poor interpreting. Therefore, I have a couple of questions about good and poor interpreting.
 - a. Hva er god tolking?
What is good interpreting?
 - b. Holder det å gjøre dette for å være en god tolk? (Hva er en god tolk?)
Is it enough to do this to be a good interpreter? (what is a good interpreter?)
 - c. Hva er dårlig tolking?
What is poor interpreting?
 - d. Er det sånn at alle som gjør dette er en dårlig tolk? (Hva er en dårlig tolk?)
Is it so that anyone who does this is a poor interpreter? (What is a poor interpreter?)
3. Hva tenker du er likhetene og forskjellene mellom skjermtolking og hhv telefontolking og fremmøtetolking?
What do you think are the similarities and differences between on-screen interpreting and telephone interpreting? How about on-site interpreting?
4. Hvilke muligheter og begrensninger tenker du at video har sammenlignet med at 1) tolken selv er til stede og 2) telefon?
What possibilities and limitations do you think that video has compared to 1) the interpreter being present and 2) telephone?
5. Hva tror du tolking via video vil kunne gjøre for tolking i offentlig sektor i dag?
What do you think interpreting via video can do for interpreting in the public sector today?
 - a. Hvilke av dagens utfordringer tror du kan løses med tolking via video?
Which of today's challenges do you think can be solved with interpreting via video?
 - b. Hvordan bør offentlig sektor gå frem for å få til dette?
How should the public sector go ahead to manage this?
6. Vi snakket litt om utfordringer knyttet til tilgangen til offentlige tjenester, skjermtolking nevnes ofte som en løsning for å sikre tilgang til kvalifiserte tolker:
We talked a little about challenges regarding access to public services. Video interpreting is often mentioned as a solution to secure access to qualified interpreters:
 - a. Hva tenker du om det?
What are your thoughts on this?
7. Det finnes en del påstander om tolking via video som dukker opp i ulike tekster og sammenhenger. I tolkeNOU-en står at «Utvalget har med interesse merket seg at bruk av

skjermtolking i Danmark fører til at tolkesituasjonen oppleves mer profesjonell, på grunn av avstanden til tolken». Hva tenker du om dette?

There are many claims about interpreting via video, which emerge in different texts and settings. In the Norwegian official report "NOU 2014:8 Interpreting in the public sector" it says that "The committee has with interest noted that the use of on-screen interpreting in Denmark makes people experience the interpreting setting as more professional because of the distance to the interpreter." What are your thoughts on this?

8. Dersom vi skulle lage en veileder for ansatte i offentlig sektor om skjermtolking, hva ville dine topp tre råd til dem som skulle bruke det, være?

If we were to make a brochure with recommendations for public servants about video interpreting, what would your top three advice for them on how to carry out a video interpreted consultation be?

9. Dersom vi skulle lage en veileder for tolker som skulle gjøre skjermtolking, hva ville dine topp tre råd til tolkene være?

If we were to make a brochure with recommendations for interpreters who were going to use on-screen interpreting, what would your top three advice for the interpreters on how to carry out a video interpreted consultation be?

ARTICLE 1: Creating space for interpreting within extended turns at talk

Authors: Jessica P B Hansen and Jan Svannevig

Journal of Pragmatics, accepted with revisions

ARTICLE 2: Recruiting repair: Interpreters' displays of trouble in video-mediated environments

Authors: Jessica P B Hansen

Prepared for submission

ARTICLE 3: Invisible participants in a visual ecology: Visual space as a resource for organising video-mediated interpreting in hospital encounters

Authors: Jessica P B Hansen

Social Interaction. Video-based Studies of Human Sociality, in press

ARTICLE 4: Remediating the mediator: Media ideologies in policies and practices of medical interpreting

Authors: Jessica P B Hansen

Prepared for submission

