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HELP SEEKING IN ACTION:
MANAGING INTERACTION AND
MENTAL HEALTH ON A CRISIS HELP LINE

By

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ABSTRACT OF THE DISSERTATION

Help Seeking in Action: Managing Interaction and

Mental Health on a Crisis Help Line

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The primary purpose of this study is to better understand the communication processes of telephone help lines dedicated to crisis intervention and suicide prevention. Whereas prior research primarily considers these issues in terms of psychological predispositions and call outcomes, this study shows how many of the core considerations of crisis and suicide prevention are interactionally negotiated and managed. Callers and call takers are shown to utilize a range of interactional practices and actions in order to jointly construct and negotiate institutionally-relevant identities, stages of the call (e.g., opening, problem presentation, questioning), and larger institutional missions.

The study uses the methodology of Conversation Analysis to examine audio-recorded naturally-occurring calls made to a mid-size crisis call center, *HelpNow* (pseudonym), located in the northeastern United States. Several findings emerged from the study. First, in call openings, a set of institutionally-significant

identity categories (first-time caller, repeat caller, and regular caller) were revealed to be established and managed through particular interactional practices. Second, a range of sequential environments and interactional practices through which callers present their focal problem on the crisis help line were documented. Third, call takers' uptake of callers' problem presentations via rising-intoned repetitions were analyzed and shown to fall short of their institutional job to pursue elaboration. Overall, the dissertation contributes to scholarship related to crisis intervention and suicide prevention, communication studies, and language and social interaction.

Dedication

In memory of Tyler Clementi (1991 – 2010)

and Segrio de Biasi (1972 – 2011)

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Chapter 1: Introduction

In recent years, mental health and mental illness have received greater attention as important components of overall health and well being. Today mental-health problems represent one of the leading causes of disability and ill-health globally (World Health Organization, 2001). In 2014, the Substance Abuse and Mental Health Services Administration (SAMHSA) released data suggesting that 42.5 million American adults (or approximately 1 out of every 4) are living with mental illness (SAMHSA, 2014). Meanwhile, 9.3 million (roughly 5% of American adults) experience symptoms that are severe enough to interfere with school, work, or other aspects of daily life. Even the “vicissitudes of social life” (p. Horwitz, 2002, p. 157) may naturally lead to mental-health consequences such as distress, anxiety, and depression.¹ Recent years have also featured increased media attention to a “suicide epidemic” (Dokoupil, 2013; cf. Goldsmith, Pellmar, Kleinman, & Bunney, 2002) and statistics that suggest suicide rates among middle-aged adults have increased substantially (Baker, Hu, Wilcox, & Baker, 2013).

A body of empirical research suggests that many of the people who are in need of mental-health treatment may never even obtain help (e.g., Mojtaba et al.,

¹ The current dissertation does not engage with the larger theoretical and clinical issue of what distinguishes mental-health symptoms or problems from mental illness (“disorders”). However, Horwitz (2002) offers helpful insights into this issue that will suffice for now: “[H]eavy drinking, drug use, and criminal behavior that are not products of internal dysfunctions are symptomatically no different from mental disorders of alcohol abuse, drug dependence, or antisocial personality disorder. Symptoms alone can never distinguish ‘normal’ unhappiness, anxiety, and deviance from mental disorders. Only symptoms that reflect a disorder ‘in the person’ and not those that are expectable responses to social environments are mental disorders” (p. 157)

2011; Olson et al. 2009; Wang et al., 2007). There are a variety of reasons that these patterns occur: the lack of availability of treatment resources (World Health Organization, 2001), a low perceived need for treatment (Andrade, Alonso, Mneimneh, Wells, Al-Hamzawi, Borges, & Kessler, 2014; Mojtabai, Olfson, Sampson, Jin, Druss, Wang, Wells, Pincus, Kessler, 2011), and the stigma of dealing with mental illness (Schomerus & Angermeyer, 2008), just to name several. Given this reality, it has become critical to examine what *alternative* sources of help (if any) these individuals may turn to (i.e., resources that do *not* involve a mental health professional). Furthermore, the role of communication must be considered in terms of how these types of resources are sought.

In recent decades mental-health researchers have begun conducting research on mental health “help seeking”, or the “process of translating the very personal domain of psychological distress to the interpersonal domain of seeking help” (Rickwood, Deane, Wilson, & Ciarrochi, 2005, p. 1). This notion has raised a number of key questions about populations who are in need of mental-health resources: What *kinds* of help do these individuals pursue for their mental-health issues and from whom? How do these individuals go about *pursuing* and *communicating* their need for help? (e.g., O'Connor, Martin, Weeks, & Ong, 2014; Yap, Reavley, & Jorm, 2013).

One way to gain new insight into how people seek help for mental-health problems is to investigate the specific institutional resources that these individuals may turn to for mental-health information or care. Telephone help lines are one such locus of service and can simply be defined as “telephone-

based services that offer callers help, advice or support in a wide range of areas” (Firth, Emmison, & Baker, 2005, p.1). Different types of help lines, often broadly referred to under the umbrella category “crisis lines”, have existed for the purpose of assisting individuals who may be in a state of crisis, in danger of harming themselves (e.g., suicide, self-injury), or simply feel lonely and need someone to talk to. Many of these help lines are often embedded within a broader movement (or “institution”) commonly referred to as Crisis Intervention and Suicide Prevention (Gould, Harrismunfakh, Kleinman, & Lake, 2012; Lester, 2001; Lester & Rogers, 2012) that serves to assist individuals who are in a state of crisis and possibly in danger of harming themselves or others.

Past research regarding crisis and suicide-related help lines has typically focused on the *outcomes* of institutional and communicative processes (e.g., Coveney, Pollock, Armstrong, Moore, 2012; Gould, Kalafat, & Harrismunfakh, 2007). However, little scholarship exists on how these services are actually experienced in the ebb-and-flow of social interaction. With this in mind, the current study adopts a communication-centered perspective towards mental health issues by examining particular interactional practices that are used by callers and call takers during actual, naturally-occurring calls. This emphasis on the communicative dynamics of crisis help lines represents the central focus of the dissertation as well as the growing trend of interaction-centered research regarding mental-health services (e.g., Angell & Bolden, 2015; Mikesell, Bromley, Young, Vona, & Zima, in press; cf. Hassan, McCabe, & Priebe, 2007).

In this study, I examine the interactional practices of callers and call takers in a collection of 115 previously-collected audio recordings of calls that were made to a crisis call center. By adopting conversation analysis as my primary method, I analyze the specific communicative details of these interactions to understand how the participants jointly accomplish social actions, manage identities and deal with larger institutional missions. Detailed examination of these materials led to the discovery of a range of practices through which participants manage the different components of the call, how they establish and manage institutionally-relevant identities and relationships, as well as how specific institutional techniques that work well in theory actually prove ineffective in practice.

Whereas existent research primarily considers these issues in terms of psychological predispositions and call outcomes, I utilize a communicative and empirically-grounded perspective to show how many of the core considerations of crisis and suicide prevention are interactionally negotiated and managed. Thus, the findings presented in this dissertation contribute to several areas of scholarly knowledge. This includes the body of literature in Crisis Intervention and Suicide Prevention, Language and Social Interaction, and the broader discipline of Communication Studies.

Preview of chapters

Both Chapters 2 and 3 detail a theoretical and methodological foundation to frame the central objectives of the current study. In Chapter 2, I present a

review of prior literature that ties in with the current study's focus on the interactional dynamics of crisis help lines. Broadly speaking, this includes literature related to crisis intervention and suicide prevention, mental-health services, and social interaction in institutional settings. In reviewing these literatures, I further develop the rationale behind the communication-centered perspective adopted in the current study. Furthermore, I establish how the current study contributes to each of these areas of scholarly knowledge. In Chapter 3, I provide an overview of the data and methods of the dissertation. This includes discussion of ethnographic background regarding the crisis help line (*HelpNow*, a pseudonym), core epistemological principles of conversation analysis, and the methodological procedures I followed in conducting the study.

In the first analytic chapter, Chapter 4, I analyze a set of institutionally-significant identity categories as they are constructed in the calls. These identity categories include *first-time callers*, who present themselves as calling for the first time; *regular callers*, who present themselves as calling on a regular basis; and *repeat callers*, who have called the crisis line in the past yet may not present themselves as "regulars". As I show, each identity category is jointly negotiated through particular interactional practices and may also contribute to the inferential work call takers must perform with regard to what *type* of call is being begun.

In the second analytic chapter, Chapter 5, I analyze the communicative processes through which callers present their focal crisis or problem. To do so, I examine multiple possible sequential environments and a set of interactional

practices (single unit vs. multi-unit formats) through which callers and call takers accomplish this important stage of the call. Additionally, I discuss how these environments are a further site for accomplishing identity work. As I show, callers may frame their issue(s) in ways that either presume institutional memory on part of their call taker or display an orientation to including greater background in order to facilitate their understanding.

In the third analytic chapter, Chapter 6, I explore the use of repetition as an institutionally-backed interactional practice used by call takers in responding to callers' problem presentations. Although in theory this technique is intended to demonstrate call takers' "active listening" and encourage the caller to continue, close analysis reveals little support for its success in practice. As I show, callers' responses to repetition-based turns regularly follow a gap, designed to do minimal elaboration, and thus resist the call taker's course of action of soliciting elaboration. In Chapter 7, I conclude the dissertation by presenting a summary of the findings of the study, address its limitations, and pose directions for future research.

Chapter 2: Review of Previous Literature

Over the past five decades, telephone help lines have become a staple of modern society (Firth, Emmison & Baker, 2005; Gould, Kalafat, & Harrismunfakh, 2007; Lester, 1977). The number of existing help lines in the world has seen dramatic growth over the last several decades (Fleischmann, Bertolote, Wasserman, De Leo, Bolhari, Botega, & Thanhk, 2008; Miller, Coombs, Leeper, & Barton, 1984).¹ For instance, in the UK, there are currently over 1,700 different help lines in existence, while in the United States over five million help-line positions have been created since 1990² (Firth, Emmison, & Baker, 2005).

Today, help lines span a variety of industries and areas of concern (Firth, Emmison, & Baker, 2005). Researchers have examined help lines that are dedicated to the specific needs of children (King, Nurcombe, Bickman, Hides, & Reid, 2003) and parents (Brody, Smith, & Simon, 2004). Other help lines in existence are dedicated to specific health concerns such as gambling (Potenza, Steinberg, McLaughlin, Wu, Rounsiville, & O'Malley, 2001), smoking cessation (Prout, Martinez, Ballas, Geller, Lash, Brooks, & Heeren, 2002), and crisis intervention and suicide prevention (Lester 1977; Lester & Rogers, 2012). It is this latter type of help line that lies at the heart of the current study.

The goal of this chapter is to review prior research related the interactional dynamics of crisis help lines. While a growing body of literature has explored the outcomes, effectiveness, and training methods of crisis help lines dedicated to

² Firth, Emmison, and Baker (2005) attribute the rapid proliferation of help lines across these different areas to their relatively low cost, accessibility, and people's preference for speaking with an "anonymous expert".

crisis and suicide (see Lester & Rogers, 2012), less is known about the specific communication processes that underlie these services. Each of the areas of literature reviewed in this chapter – including research on crisis intervention and suicide prevention, mental-health services, and social interaction in institutional settings – further frame the current study’s focus and lay out how it aims to contribute to scholarly knowledge in each area.

The structure of the current chapter is as follows. First, I provide an overview of two mental health issues that motivate the primary mission of crisis help lines: crisis and suicide. Second, I describe the complex and intersecting histories of crisis intervention, suicide prevention, and a number of key changes that occurred in the U.S. during the 1960s. Third, I explain broader therapeutic influences on how crisis lines are operated including models of crisis intervention; and parallels with psychotherapeutic practice. Fourth, I present a brief overview of trends in the outcomes-centered research on crisis and suicide lines, describe the core assumptions of the communication-centered approach proposed for the current project, and review past research that has adopted this perspective in the context of help lines. Finally, I give a brief overview of the definitive features of talk-in interaction as well as talk-in institutions more specifically.

Defining crisis and suicide

I begin by reviewing general definitions and distinctions regarding crisis and suicide. While the focus of this dissertation will not be on suicide per se, the topic serves as an essential conceptual backdrop for understanding the broader

origin and evolution of crisis lines as they exist today. Taken together, the notions of crisis and suicide form the core of the institutional mission of the help line to be investigated in the current study.

Conceptualizing crisis

The current study's primary focus on crisis help lines makes relevant the following question: How is "crisis" defined in this particular context? In the mental-health professions, the term *crisis* can be a difficult concept to define as it has often been used to label a wide spectrum of mental-health situations in prior literature (Callahan, 2009). For instance, the term has been used to be synonymous with the word 'emergency', typically when features such as an individual's need for psychiatric admission or possible harm to self or others are made salient (e.g., Johnson, Nolan, Hoult, White, Bebbington, Sandor, McKenzie, Patel, & Pilling, 2005). Others have used the term as a broader label for chronic mental health problems, such as depression or anxiety disorders (e.g., Castro-Blanco, 2005).

While a review of crisis-related research suggests a broader disagreement about the boundaries of "what constitutes a *behavioral emergency* and a what constitutes a *mental health crisis*" (Callahan, 2009, p. 14), a consensus has emerged surrounding the definitions used in the earliest scholarship on *crisis intervention* (i.e., the larger approach that grounds this dissertation, which I will return to later in this chapter) from the 1960s and 1970s. Most simply, Caplan's (1961) classic definition describes crisis as "an upset in the steady state of the

individual” (p. 18). More elaborate versions of this classic definition have since been proposed such as Slaikeu’s (1990) definition of the term:

“a temporary state of upset and disorganization, characterized chiefly by an inability to cope with a particular situation using customary methods of problem solving, and by the potential for positive or negative outcome” (p. 15).

A more recent definition by Kanel (2003) proposes a tripartite orientation:

“The three parts of a crisis are these: (1) a precipitating event; (2) a perception of the event that causes distress, and (3) the failure of a person’s usual coping methods” (p. 2)

As Kanel explains, each of these three components is what the crisis worker or call taker should work to identify and assist the client to overcome during their encounter. Each of these definitions exhibits important similarities, such as an emphasis on feelings of distress and disorganization and the individual’s inability to cope with these feelings. Crises may be precipitated by a wide range of life events such as losing a job, the death of a family member, or a range of traumatic events stemming from rape, domestic violence, or natural disasters, among many other examples³ (Callahan, 2009). With any of these events, it is important to point out that each of the aforementioned definitions stresses that crisis is not the precipitating event itself but an individual’s *perception* and/or *physiological reaction* to the event (Kanel, 2003).

With regard to help lines, an emphasis on crisis intervention reflects an institutional approach to supporting a spectrum of emotional and mental health

³ Callahan (2009, p. 20) is critical of the focus of recent crisis intervention literature on traumatic stress, mass violence, and natural disasters: “Although this development is understandable given the events of the past decade, the field of crisis intervention must not ignore the impact of normative stress on people’s lives” (p. 20)

issues as opposed to only assisting individuals who are assessed as “high risk” (e.g., exhibiting intent or behavior related to self-harm). Thus, when a help line is deemed a “crisis line”, the term ‘crisis’ serves as an umbrella term for a variety of emotional and behavioral issues (including but not limited to psychiatric emergencies). This range of issues may also include individuals living with serious mental illness and/or other chronic health issues. The broader focus of crisis lines represents a large part of the *preventative* work that is reflected in the crisis intervention and suicide prevention movement. In short, it is to provide telephone-based intervention and support to individuals struggling with mental-health symptoms with the hope of preventing further episodes (and in some cases, to prevent psychiatric hospitalization).

In sum, it is this broader orientation towards intervention and prevention that characterizes crisis help lines today. In the next section, I define the notion of suicide. While the analysis portion of this study will not deal directly with any cases of suicidal intent or behavior, it represents a set of possible caller circumstances that crisis line call takers must always be prepared for and continuously attentive to during actual calls.

Conceptualizing suicide

The notion of suicide is important for understanding the full range of mental-health behaviors that may be dealt with at crisis help lines. In this context, call takers are trained to treat suicide as one of their chief concerns when listening to and helping a caller with their crisis or problem. Although there is little

agreement on many aspects of suicide terminology and systems of classification, below I draw upon a leading nomenclature for suicide-related terminology (O'Connell et al, 1996) to define several labels that are often used for suicide-related phenomena.⁴

To begin, *suicidal ideation* refers to thoughts related to ending one's life, ranging from casual thoughts to more serious and persistent thoughts. In contrast, *suicidal behavior* is used to classify a broad range of behaviors related to self-harm. These include *suicide threat*, where the individual's behavior suggests some kind of threat to harm themselves (ranging from passive to more active behaviors) and *suicide acts*, which refer to behaviors related to attempting to end one's life. Finally, *suicidality* may be used as a more global term to describe a person's likelihood of attempting suicide (cf. Marusic, 2004). Many of these basic terms and definitions must be learned by new call takers to prepare them for their role at the crisis line (see Chapter 3 for a further discussion of training related to the specific crisis line investigated for the purposes of the current study).

A vast body of prior literature exists regarding many of the aforementioned (and other) suicide-related phenomena. Much of this research has been proposed to fit within two main theoretical traditions: The psychiatric tradition and

⁴ A number of scholars have criticized the lack of agreement about core terminology within suicidology (Rogers & Lester, 2010; O'Carroll, Berman, Maris, Moscicki, Tanney, & Silverman, 1996). They argue that this issue (which includes the very definition of suicide) has slowed advances of research on suicide assessment and prevention. For a more comprehensive discussion of the points of contention regarding suicidal terminology and theoretical frameworks, see Joiner (2005, p. 25 – 25) or Rodger & Lester (2010, p. 7 – 26).

the sociological tradition (Mokros, 1995; cf. Joiner, 2005; Rogers & Lester, 2010). The psychiatric tradition of suicide research views suicide as being based on acts of individuals and thus best explained via individual-level factors.⁵ In contrast, the sociological tradition limits appeals to individual psychology and instead focuses on the ways in which suicide is a phenomenon that is both socially constructed and conditioned. This tradition is grounded in the seminal work of Durkheim (1897/1951) who examined suicide from a comparative perspective by comparing suicide rates within as well as across group boundaries.

Although each of these traditions has developed sound approaches to theorizing about suicidality, it is difficult to locate scholarship that understands suicide as situated in the dynamics of mundane interaction. Mokros (1995) has proposed that one of the main obstacles to understanding suicide is scholars' inability to synthesize the psychological and sociological levels of interaction in order to "register an 'experience near' sensitivity to the voices and actions of people in interaction" (p. 1092). What is needed, Mokros argues, is research that documents "the 'look' and 'place' of the individual – in social bonds – exercising individuality" (p. 1093) while under the demands of what Goffman (1983) called the *interaction order*. Such a perspective emphasizes seeing how the individual and social dimensions of suicidality get worked out and negotiated in the turn-by-turn, normative dynamics of social interaction.

⁵ Examples of such trends include changes in suicide rates among adolescents over time (Clark & Mokros, 1993; Gould, Greenberg, Velting, Shaffer, 2003) and trends within LGBTQ populations more specifically (Mustanski, Garofalo, & Emerson, 2010; cf. Savin-Williams, 2001).

Mokros' work is in line with other scholarship (e.g., Antaki & Widdicombe, 1998; Mokros, 2003; Schegloff, 1986) that suggests that even taken-for-granted social phenomena (e.g., social action, identity) can be viewed as practical achievements that interactants accomplish in and through their own communicative conduct. To elaborate further on Mokros' focus on suicide, investigating suicide-related phenomena then becomes an issue of how to best examine *interactants in interaction* as they themselves collaboratively achieve an understanding of suicide (i.e., intent, behavior, suicidality) within their immediate interactional event. Since the notions of suicide and crisis are closely linked concepts within the domain of crisis help lines, it is also useful to extend this argument to the notion of crisis as well. Hence, it is possible (and productive) to conceive of crisis and suicidality as practical, situated accomplishments made manifest in and through the contingencies of social interaction.

In summary, most of the prior research on suicide has been grounded in psychological and sociological approaches to suicide-related phenomena. However, little extant research that focuses on understanding suicide as it is relevant to the dynamics of ordinary interaction. Taken together with the notion of crisis, this pair of issues represents further areas of scholarship to which communication-centered research can make unique contributions. In the next section, I discuss the historical origins of each of these concepts including how crisis intervention was first developed for face-to-face settings, the earliest suicide-prevention lines, and a number of key political and social changes with regard to mental-health care policies, professions, and practice.

Historical origins: Crisis intervention, suicide prevention, and mental health reform

Different trajectories of historical events led to the parallel development of the first crisis-centered services and suicide-centered services. However, the historical lineage of each type of these services, part of the broader suicide prevention and crisis-intervention movements, eventually intersect as revolutionary changes occurred in the domain of mental-health care. Building on the prior discussion of the concepts of crisis and suicide, I use this section to review the historical origins of each of these concepts to further frame our understanding of the institutional landscape of crisis help lines today as well as the focus of the current study.

The Emergence of suicide prevention & crisis intervention

By most accounts, the suicide-prevention movement is understood as having begun in the 1950s with the founding of the world's first suicide lines.⁶ In 1953, Samaritans, Inc. was the first suicide line in the United Kingdom and led to the proliferation of similar lines as part of the "Samaritan movement" (Dass-Brailsford, 2007; Pollock, Moore, Coveney, & Armstrong, 2013; Farberow & Shneidman, 1961). In the United States, it was the Los Angeles Suicide

⁶ Other historical sources describe this movement as starting even earlier. For instance, James and Gilliland (2013) point to the 1906 founding of the National Safe-a-Life League in New York by the Baptist minister, Henry Warren. Others may identify the start of the movement as being the founding of a suicide prevention center in Vienna, Austria by Norman Fareberow and Erwin Ringel in 1955 (see Farberow, & Simon, 1969).

Prevention Center that was founded by Norman Farberow and Edwin Shneidman in 1958 using funding from a National Institute of Mental Health grant (Kalafat, 2012; Lester, 1977).⁷ Ellis (2001) acknowledges the founding of the center as “the beginning of the Modern Era of understanding and treating individuals at risk of suicide” (p. 132). Over the next ten years, the number of suicide prevention centers in the US soared to over 100 by 1968 (McGee, 1971).

In contrast to the beginning of suicide prevention and suicide help lines, the crisis intervention movement initially began with the development of techniques and frameworks for brief face-to-face counseling. Most scholars cite the start of crisis intervention as taking place in the wake of the Coconut Grove Fire in Boston in 1942 (Gilliland & James, 2013; Karnel, 2013). Over 500 people were killed overnight in the disaster. Two psychiatrists from Harvard University, Gerald Caplan and Eric Lindemann, worked to establish a specialized site where the survivors of the incident (as well as their loved ones) could be treated. Since only long-term therapeutic approaches were practiced in psychiatry at the time (i.e., brief therapy or trauma models had not yet been developed), they worked alongside individuals who were not trained as mental health professionals (including teachers, clergy, and housewives).

Following a brief training, these volunteers worked to help the survivors. Afterwards, Caplan and Lindemann studied the survivors’ functioning and coping behaviors. From these findings, the psychiatrists created “preventative psychiatry” as a set of resources for working with victims of trauma in order to

⁷ For a more comprehensive historical analysis of the origins of this movement, see Wallace (2001).

prevent future psychiatric symptoms. These findings and experiences later informed Caplan and Lindemann's early theories and models that eventually evolved into what is now known as crisis intervention (Caplan, 1961; Lindemann, 1944; 1956). I discuss how these types of models are typically applied in crisis line calls later on in this chapter.

Eventually, help lines were established that adopted a broader focus that was grounded in these principles of crisis intervention (as opposed to a strict emphasis on suicidal callers). In some cases, such crisis-oriented help lines were an institutional response to the changing mental-health needs of different communities. Lester (1977) describes a period after suicide lines had been established where the need for services addressing a wider array of mental health needs had surfaced:

“Many suicide prevention centers soon found they were being asked to help in all kinds of crises, so some centers changed their orientations toward more general crisis intervention.” (1977, p. 455)

As this quote indicates, some crisis lines came about in reaction to changes in caller trends at suicide lines. Baizerman (1975) provides further support for this idea in explaining how services that are designed with a particular set of crises in mind may end up changing with the community's evolving needs. In the case of a teen crisis line, for instance, he describes how the concerns that callers had once called with (e.g., drug highs, running away, or military draft counseling) had changed drastically over the course of a decade to new concerns such as drug use, romantic relationship issues, and family conflict.

Thus, over time a more diverse array of crisis-related help lines became available. These included crisis lines with more generic purposes, such as crisis intervention generally, and more specialized purposes (Lester, 2012c). For instance, specialized lines now exist for individuals dealing with domestic abuse, substance abuse, and LGBTQ issues, among many others (see Lester 2012c or the introduction to this chapter for further examples of help lines in existence today).

As these more general, crisis-oriented lines became more common, some suicide prevention organizations also began changing the way they advertised their organizations and services to the public. Berman (1998) notes that “Suicide Prevention Center” has become much more rare in the names of new and existing call centers (cf. Lester, 2012c). While this type of language used to be more crucial for the purposes of fund raising and stimulating community support, other methods for achieving these goals have become available making such language less essential.⁸ Further, Berman describes an increasing fear among centers that using the word ‘suicide’ may discourage non-suicidal callers from using the service.

To summarize, suicide and crisis-related services got their start independently from one another. For suicide prevention, the formative event was the establishment of the first suicide prevention lines in the U.S. and U.K., while

⁸ Lester (2015, personal communication) notes that, in his experience as a crisis line administrator in the 1970s, the words “suicide prevention” were primarily used to galvanize funding to “keep the lights on”, while the words “crisis prevention” refer to what was widely understood as being “what we really do” with the callers who dialed the help lines.

for crisis intervention it started with the development of a brief intervention technique by psychiatrists Caplan and Lindemann. While different historical events led to the start of the first crisis help lines and suicide help lines, the development of both movements – crisis intervention and suicide prevention – was also facilitated by key social and political changes occurring in the U.S. during the 1960s. I describe each of these key political and social changes in the next section.

Evolving needs for mental health services

The historical beginnings of these two movements (suicide prevention and crisis intervention) also coincided with a period of immense change in understandings of mental health and mental-health services. In the U.S. during the 1960s, several critical social and political changes occurred that enhanced the conditions through which crisis lines could be established. More generally, the changes restructured institutional resources and disciplinary perspectives in order to emphasize prevention as being as equally important as treatment.

Wallace (2001) describes several key political and social developments that led to these changes. One important political development was the passage of the Community Mental Health Centers Act in 1963 by Congress and President John F. Kennedy.⁹ This piece of legislation provided federal funding for the

⁹ There were two important precursors to this event. First was the release of the 1961 report of the Joint Commission on Mental Illness and Health (Kanel, 2012). This report included recommendations such as mental health treatment changing its focus to strive to enable patients to live independently in their community and avoid hospitalization. Further, it commended that the federal government take responsibility for funding the

establishment of community mental health centers and “completely changed the way mental health care was delivered in the United States” (James & Gilliland, 2013, p. 3). These centers were in turn required (among many other requirements in the legislation) to offer 24-hour emergency and outpatient services (Perry, 1976). This particular requirement is believed to have been a critical step towards developing what eventually became the first suicide help lines in the United States (Wallace, 2001).

A second political change of this period was the Lanterman Petris Short Act of 1968 that created further restrictions for how community mental health care was delivered (Kanel, 2012). In particular, it sought to establish guidelines for short-term intervention or therapy for those *without* chronic mental illness. A third key political (and economic change) of this period was the Veterans Administration allocating funding for new mental health facilities to be built for the purpose of providing treatment and training of mental-health professionals. Each of these resources was primarily directed at caring for war veterans who were dealing with psychiatric issues (James & Gilliland, 2013; Wallace, 2001). This focus called for a type of training that was uncommon in clinical psychology at the time: training that emphasized *intervention* and *short-term* treatment as opposed to formal assessment and long-term care¹⁰ (Wallace, 2001). Taken

majority of costs for such community-oriented changes and services. A second precursor was the passage of the Short-Doyle Act in 1957 that led to the deinstitutionalization of mental health care (Kanel, 2012). Broadly speaking, this involved patients in federally-supported mental hospitals being transferred to newly opened mental health clinics in each county.

¹⁰ Callahan (2009) discusses some of the obstacles during this period when only long-term therapeutic treatments were available: “Months-long waiting lists were not

together, these different political changes played a significant role in shaping the mental-health landscape going forward (including, as I discuss later, crisis and suicide help lines).

A number of social forces were also at work during this period that furthered these important changes (Wallace, 2001). First, the discipline of psychology was faced with the issue of reorienting itself towards more social reform and community-oriented issues. Around this time, *community psychology* (as this perspective came to be known) was created to emphasize less traditional clinical and psychiatric issues and more social reform issues and the promotion of healthy living and adaptation (Jones & Levine, 1963). This also occurred alongside increasing doubts about the effectiveness of psychotherapy as a tool for treatment and recovery (see Eysenck, 1952), as well as whether it was a practical solution for the large scale mental health issues that were facing the country at the time (Zax & Specter, 1974).

A final source of social change during this time, according to Wallace (2001), was the “volunteer movement”. At the time when the Los Angeles Suicide Prevention Center was created in 1958, adequate funding to hire a full staff of trained psychiatrists was unavailable. Facing a similar staffing dilemma, the Samaritans suicide line in the U.K. managed to rely on a force of 150 volunteers (along with a smaller staff of psychiatrists and social workers, see Farberow & Schneidman, 1961; cf. Varah, 1965). While the Communication Mental Health

uncommon; therefore, immediate attention was not to be taken literally” (p. 24). As a result, some of the early writings regarding crisis intervention from this period emphasize the importance of immediately responding to individuals in crisis.

Center Act of 1963 greatly enhanced funding for these centers, the legislation did not allocate dedicated funds for staffing (Levine, 1981). Even today, this heavy reliance on volunteers for staffing crisis and suicide lines is an institutional trend that is still common today.¹¹

Each of these important political and social changes, along with other key developments (see Wallace, 2001), marked an era of increased focus on mental health issues. These changes also contributed to a broader shift to focusing on the *preventative* function of mental health services (in addition to allocating resources for treatment). It is this prevention-centered approach that largely defines the crisis intervention approach that is typically taken on crisis help lines.¹² In the next section, I focus on describing the larger therapeutic principles and protocols that have influenced the way crisis help line services are typically designed and managed.

¹¹ The fact that volunteers – or paraprofessionals – do not have any professional training beyond a 30 – 40 hour training has been controversial since its initial adoption as a policy at the early help lines. A great deal of research has emerged surrounding the effectiveness of volunteers at suicide and crisis centers (e.g., Cyr & Dowrick, 1991; Gilat & Rosenau, 2011; Kinzel & Nanson, 2000; cf. McGee & Jennings, 2012). I return to this trend in a later section on clinical foundations of crisis help lines.

¹² Both of these movements played a part in influencing the types of help line that exist today. However, the distinction between crisis vs. suicide line is one that is not as crucial as it once was in the early days of these movements. For this reason, many services now dedicate themselves to *both* crisis and suicide-related orientations. For this reason, I henceforth use the name “crisis line” as short hand to refer to both types of help lines in the remainder of the dissertation, thereby avoiding the similar or different purposes implied by the use of “crisis” or “suicide” in a help line’s name.

Therapeutic foundations of crisis help lines

The type of communication that takes place on crisis lines has sometimes loosely been referred to as “telephone counseling” (Rosenfield, 1997). Yet there are important differences between what occurs over crisis lines and other, more intensive forms of mental-health treatment (e.g., psychotherapy). In this section I lay out broader therapeutic orientations that influence this type of mental-health service: First, a brief overview of the key differences and similarities between traditional forms of mental-health treatment and crisis help lines; and second, models of both crisis intervention and risk assessment. Both of these general influences demonstrate the distinctive qualities of this type of mental health service.

Differences between crisis line work and traditional treatment

A number of differences exist between crisis line work and traditional approaches to mental-health treatment (e.g., psychotherapy). Perhaps the biggest is the fact that crisis lines are primarily conducted through a technologically-mediated modality: the telephone. Scholars have often framed this and other forms of mediated interaction in terms of the absence of specific communicative cues available through the specific mediated channel (e.g., Hopper, 1992; Ling, 2012). This highlights the lack of any visual of the recipient as well as the various related visual resources that speakers may depend on to coordinate their interaction together.

According to Hopper (1992), telephone conversation typically revolves around two speakers.¹³ Furthermore, participants' reliance on mainly aural resources requires that they conduct the opening of the conversation in a fairly routine manner to accomplish a set of regular interactional jobs. For instance, at the start of a call, each speaker must navigate the basic tasks of exchanging greetings, identifying one another (or alternatively self-identifying, see Schegloff, 1979) and jointly determine a first topic for conversation, among other basic tasks (see Chapter 4 for a more comprehensive discussion of how openings in telephone conversation typically unfold and, more specifically, in the calls analyzed later in this study).

Using the telephone as a primary communication modality also poses a number of challenges when specifically dealing with individuals who are distressed or struggling with serious mental health issues. As Williams and Douds (2012) argue, clients often hold more control in the interaction than the help provider (call taker). Unlike a face-to-face session where the clients would have to make an appointment with a therapist in advance, the telephone allows them to choose whenever it would be more convenient for them to interact with the help provider. Moreover, without having to physically inhabit a therapist's office, a client on the telephone can opt to effortlessly end the interaction at any point by hanging up the phone. Finally, the caller may also maintain their

¹³ However, there are exceptions in light of more recent technological innovations such as speaker-phone functionality and video-based phone calls (see Licoppe & Moral, 2012), among other examples.

anonymity in a telephone call, potentially contributing to their level of comfort about the encounter, sharing their feelings, etc., thus aiding the helping process.

Another difference with crisis line work comes from the individuals who are responsible for providing the institutional service. Unlike mental-health professionals (e.g., licensed counselors or therapists), call takers on crisis lines are typically volunteers with no formal mental-health training (Williams & Douds, 2012). This has significant consequences for the types of therapeutic work that these call takers are capable of performing during calls.¹⁴ In light of this fact, a great deal of prior research exists dedicated to effective training and assessment strategies for working with volunteers at crisis lines (Cyr & Dowrick, 1991; Kinzel & Nanson, 2000; Gilat & Rosenau, 2011; cf. McGee & Jennings, 2012). With these key differences in mind, I now turn to identifying several similarities that exist between crisis lines and traditional modes of therapy.

Therapeutic aspects of crisis line work

While crisis lines are widely considered to be distinct from psychotherapy and counseling¹⁵, the type of work call takers engage in remains influenced by a number of therapeutic principles and techniques. In fact, some crisis centers may emphasize a therapeutic orientation while others emphasize more of an

¹⁴ It is also important to point out that most crisis centers have 24 individuals with formal mental-health training on back up (Lester, 1977). These individuals are often called from the call center when a crisis call taker may feel overwhelmed with a recently completed call or wants to check their judgment on a high-risk caller they have on a different line.

¹⁵ As noted by Perakyla (1995, p. 4), there is a lack of agreement on what constitutes the difference between counseling and psychotherapy. For the purposes of this chapter, I will resort to using these terms interchangeably.

intervention orientation (Brockopp, 2012a). Yet regardless of the emphasis of a particular crisis line, the core therapeutic resemblances are essential to understanding what constitutes the institutional “work” that takes place over the crisis line.

One of the leading approaches to mental health treatment is psychotherapy. Ferrara (1994) describes its primary objective as “to provide an accepting atmosphere in which to facilitate and effect change in behavior, emotions, and attitudes” (p. 45). As a long-term intervention, it is commonly used in a variety of settings such as community mental health clinics, hospitals, and private offices, among others (Ferrara, 1994). In contrast, the type of work conducted on crisis help lines is often limited, brief in length, and revolves closely around crisis-intervention models and protocols (Mishara & Daigle, 2001). Since I will focus on crisis-intervention models in a later section, I will use the remainder of this sub-section to explore several other therapeutic aspects of crisis line work.

Although different clinical and theoretical orientations to therapy each present their own range of guiding principles and tools (e.g., cognitive behavioral therapy, psychoanalysis, etc.), like crisis lines, they often rely closely on the help provider (i.e., call taker) asking questions to solicit extended responses and to display that they are doing “active listening” (i.e., actively demonstrating they are being attentive, see Danby, Butler, & Emmison, 2009; Lester 2012a). For the latter issue, call takers may use a variety of techniques for responding to callers in ways that highlight their attentiveness to callers’ circumstances such as asking questions, giving minimal responses to encourage them to continue (“Mm hm”,

“Uh huh”) and paraphrasing, to name a few (see Chapter 6 for a more comprehensive discussion of communication techniques that *HelpNow*’s call takers are trained to use). Each of these techniques is grounded in the principle that call takers must continually demonstrate and affirm to callers their interest in listening to and providing the help they are seeking.

Interactions with particular *types* of callers can also highlight some of the similarities between crisis lines and traditional therapy. As part of their work, call takers often must deal with individuals who call on a frequent basis, suffer from serious mental illness, or may not call with any clear crisis or problem (Lester, 2012b; Lester, Brockopp, & Blum, 2012). In these cases, teams of call takers and supervisors may need to work with one another across different shifts to coordinate a clear action plan intended to lead to some type of improvement in the caller’s overall functioning. I return to this issue of “chronic callers” (Lester, Brockopp, & Blum, 2012) later on in this chapter.

These elements (being short-term oriented, techniques grounded in active listening, and the management of chronic callers) are just a few examples of the professional and practical parallels that exist between crisis lines and more traditional modes of therapy. In the next and final portion of this section focused on therapeutic influences, I discuss models of crisis intervention and risk assessment. These two topics represent what are arguably the most important clinically-oriented components that influence crisis line work.

Models of crisis Intervention and risk assessment

For most crisis lines, crisis intervention and risk assessment represent some of the most important considerations in crisis line work. Crisis intervention is a therapeutic, cognitive-oriented approach to helping people who are in crisis return to a functioning state (Kanel, 2003). According to Roberts and Everly (2006), it has “become the most widely used time-limited treatment modality in the world” (p. 6). While the current project primarily focuses on crisis intervention conducted over the telephone, it should be noted that this approach is also used in face-to-face settings, such as hospitals and outpatient clinics (Rogers, 2012).

For the process of crisis intervention, numerous models have been proposed as a resource to guide the individuals who are conducting it (Callahan, 1998).¹⁶ These models aim to break down the larger charge of crisis intervention into discrete, manageable steps. Additionally, these steps typically come with a number of general and communication-specific recommendations for how to manage the encounter.¹⁷ For instance, Kalafat (2012) has proposed the five step “Helping Model”. This model is a variant of an earlier model that was created by the Los Angeles Suicide Prevention Center and has further evolved with the assistance of other centers (e.g., the Buffalo Suicide Prevention Center, see Brockopp, 1973) and the five decades of related research that has accumulated since then.

¹⁶ For instance, see models proposed by Gilliland and James (1993), Roberts (1996), and Caplan (1961). A comprehensive review of a variety of crisis intervention models is also provided in Gilliland and James (2009, p. 17 – 20).

¹⁷ See Chapter 3 for discussion of how this relates to the data analyzed in the current study.

In the first step of the model, *Establish a Relationship*, the crisis counselor attempts to create an atmosphere that is encouraging to the caller as they share and explore their concerns as well as convey a sense of hope to the caller (Kalafat, 2012). Research based on follow-up, post-call surveys has shown that call taker characteristics valued by callers include availability, acceptance, and concern (Lee, 1999), reassurance (Daigle & Mishara, 1995), and being non-judgmental (Young, 1989). Yet, as Kalafat (2012) notes, similar to research on psychotherapy, “the relationship [between the client and provider] is a necessary, but not a sufficient aspect of effective helping” (p. 56).

In the second step of the model, *Define the Problem*, the call taker works with the caller to clearly define the main concerns s/he would like to address (Kalafat, 2012). While this may be a straightforward task in some calls, other callers’ distressed or depressed states may obfuscate the task and require significant exploration with the call taker. A caller’s crisis may also be provoked by a variety of precipitating events and require assistance in “sorting them out and prioritizing which events to address and which can be postponed” (p. 56).

Research supporting this recommendation comes from post-call feedback from callers who indicated that call takers had “helped me organize my thoughts” (Daigle & Mishara, 1995) and “helped me see things more clearly” (Lee, 1999). A crucial element of this phase of the model is to “understand the problem from the *caller’s* perspective: how is this a problem for *them*?” (p. 57). In short, the call taker should not “diagnose” them or solve their problem for them during this portion of the call. More generally, this step highlights the value of providing non-

directive and non-judgmental “active listening” that many emotional support related help lines embrace (e.g., Danby, Butler, & Emmison, 2009; cf. Lester, 2012a).

The third step, *Explore Feelings*, involves the call taker acknowledging and conveying acceptance of the caller’s feelings (Kalafat, 2012). Prior research has supported the exploration of affect in helping encounters (Greenberg & Safran, 1989; Wiser & Goldfried, 1997). In the fourth step of the model, *Exploring Past Coping*, the helper guides the caller in a search for competence and personal strengths (Kalafat, 2012). The helper may seek to learn more about the caller’s “internal resources”, such as past accomplishments and motivation, and “external resources,” such as close relationships (e.g., friends and family), groups and organizations (e.g., workplace, church), and social activities.

The model’s fifth step, *Exploring Alternatives*, is dedicated to identifying new alternatives and then collaborating on a plan of action (Kalafat, 2012). The call taker may choose to use open questions including “What ways of handling this can you think of?” or “We have identified a number of things going on for you, where would you like to begin?” (p. 62). In exploring the consequences of each alternative that is identified (e.g., the caller’s feelings and concerns for each option), the helper is also working with the caller to *model* the problem-solving skill that it is hoped they would learn and then use when they experience future crises. After going through each of these five steps in the crisis intervention model, it is hoped that the caller will feel a sense of immediacy and relief (Kalafat, 2012).

A closely related process, *risk assessment*, may also be initiated if the client's situation indicates a *behavioral emergency* (also sometimes referred to as an *acute crisis*, see Kalafat, 2012, p. 63), which is any time where the client poses harm to themselves or others. The primary goal of risk assessment is to "determine the level of risk for suicide in short term" (Rogers, 2012, p. 69). It consists of guiding the client through a specific series of questions. Typically these target "suicidal thoughts, estimating the patient's intent to do, assessing lethality (i.e., extent of a suicide plan, method of choice and access, and history of previous behavior)" (p. 69; cf. Roberts & Owens, 2005). The process also can help to identify the presence of further risk factors related to age, sex, marital status, drug and alcohol use, and prior psychiatric history, among others¹⁸ (Rogers, Lewis, & Subich, 2002).

When conducting crisis intervention and caller's level of risk suggests the individual is at "high risk" for suicide (i.e., possibly requiring emergency intervention), it is suggested that the call taker switch to conducting a full suicide risk assessment as this then takes precedence over the crisis-intervention protocol (Rogers, 2012).¹⁹ If the level of risk is determined to be low or moderate (e.g., the lack of presence of lethal means or a specific plan for attempting self-harm), the crisis worker may continue with the crisis intervention objectives of developing a shared understanding of the crises, exploring feelings and coping behaviors, etc. Although I do not focus on risk assessment processes in the

¹⁸ It must be noted that there is no consensus on any particular group of "necessary and sufficient risk factors" for assessing an individual's suicidality (Rogers, 2012, p. 69).

¹⁹ However, see Callahan (1998) for an example of a "integrated model" that combines protocols for crisis intervention and suicide assessment into a single model.

analytic portion of the current study, risk assessment and the more general notion of risk are crucial for understanding how crisis line workers are trained to monitor and manage the crises that callers present.

While crisis intervention and risk assessment models may afford the tools for providing assistance to individuals in crisis, they typically do not touch on the different obstacles that crisis workers can encounter. In some cases, callers may be resistant to any type of task-oriented process (like these five steps) or even collaborative problem solving. Lester (1977) describes the long-standing problem faced by both suicide and crisis lines regarding so-called “chronic callers”. Such callers often struggle with chronic mental illness and may dial the crisis line simply to get an empathic “set of ears” who will listen to them in a non-judgmental manner.

In some cases, chronic callers are already in treatment and may feel more comfortable relying on the call center. Alternatively, chronic callers may seek support from the crisis center to supplement the days and evenings when they are not able to see their therapist (Lester, Brockopp, & Blum, 2012). Lester (1977) highlights the problematic nature of the institutional decision to engage with chronic callers:

“Centers often justify continued involvement with chronic callers by hoping that telephone contact reduces the client’s chance of hospitalization in a psychiatric facility. The center sees itself as helping the client continue to exist in the community, but there is usually no supporting evidence for this” (p. 467)

Chronic callers continue to be a problem that many crisis centers struggle with today, especially during busy late-night shifts (Hall & Schlosar, 1995; Kinzel &

Nanson, 2000). On the other hand, some call takers can develop concern for chronic callers and even develop a strong connection with some of them (Lester, Lester, Brockopp, & Blum, 2012; also see Chapter 4). While much research has attempted to advance dialogue about how to best manage chronic callers while minimizing their impact on the resources available for other callers (e.g., Barmanm, 1980; Hall & Schlosar, 1995; Lester & Brockopp, 1970; Middleton, Gunn, Bassilios, & Pirkis, 2014; Sicafuse, Evans, & Davidson, 2012; Spittal, Fedyszyn, Middleton, Bassilios, Gunn, Woodward, & Pirkis, 2015), the issue remains a significant tension for crisis lines today (Lester, Brockopp, & Blum, 2012).

Models of crisis intervention play an important part in how crisis help line services are administered and call takers are trained. On the one hand, crisis intervention represents how call takers guide callers through the presentation of their crisis or problem, to then reviewing possible coping resources, to finally making a plan for the future. On the other hand, risk assessment represents an ad-hoc protocol during calls when a caller appears to pose some harm to themselves (or others). The call taker then guides the caller through an assessment of whether or not more specific risk factors apply to their present circumstances.

Between both types of models, call takers are given broad recommendations in the form of institutional frameworks for understanding how to work with each caller. Nonetheless, these frameworks tell us little about how such crisis work is actually realized and co-constructed in the dynamics of social

interaction. The current study's focus on actual interactions that take place on crisis lines aims to contribute to this literature.

To conclude this larger section, the immediate objective has been to review some of the therapeutic influences on crisis line work. Although a number of major differences exist between traditional therapy and crisis lines (e.g., based on short-term intervention, conducted primarily over the telephone, anonymous), a number of important parallels can also be drawn to highlight the therapeutic aspects of the work undertaken on these types of help lines. Call takers may perform "active listening" using a number of techniques drawn from different approaches to therapy. Additionally, working with chronic callers may require the help line's staff to develop a long-term plan of care. Finally, crisis intervention and risk assessment also form a critical component of the work of crisis lines as well as how call takers are trained (i.e., to implement each within the particulars of a given call). I next review the body of outcomes-centered literature regarding crisis line services.

Assessing the effectiveness of crisis lines

Prior research on crisis telephone services has tended to focus on the program assessment of call centers and regional or national efficacy of the services. Broadly speaking, five general approaches have been used in this type of help line research (Neimeyer & Pfeiffer, 1994; cf. Gould et al., 2007). The first approach stresses the efficacy of help line services by comparing national, regional, and local suicide rates (e.g., the comparison of community-level suicide

rates in communities with and without suicide prevention centers, see Miller et al., 1984). Second, the quality of help line services may be assessed by measuring call takers' development of core counseling skills (e.g., empathy, warmth, genuineness) after participating in simulated calls or role plays (e.g., Knickerboker & McGee, 1973; cf. Mishara, Chagnon, Daigle, Balan, Raymond, Marcoux, Bardon, Campbell, & Berman, 2007).

Written examinations intended to measure call takers' knowledge of core skills and protocols are a third approach to this type of research (e.g., Gray, Nida, & Coonfield, 1976). A fourth approach involves research that examines callers' satisfaction with the service by conducting follow-up telephone surveys at a later time (sometimes days, weeks, or months later) to assess callers' satisfaction with the service (e.g., Stein & Lambert, 1984; cf. Coveney, Pollock, Armstrong, Moore, 2012; Gould et al., 2007). An evaluation of the reach of the services represents a fifth approach to assessment of these programs, with data derived from call center log reports that document callers' reasons for calling and basic demographics (if provided) such as gender and age (e.g., Watson, McDonald, & Pearce, 2006).

While each of these approaches to crisis line research provides important insights into the services in question (e.g., how individuals perceive the services, the problems they call with, etc.), the data utilized are often limited to macro-level correlational data, ratings of simulated interactions, or reactions from callers long after they have utilized the crisis services. Consequently, the literature lacks attention to how crisis line protocols and risk-assessment models are

implemented, managed, or contested in the course of actual, naturally-occurring crisis line calls. The current study aims to address this gap in the literature by examining social interactions as they occur between callers and call takers on crisis help lines. In the next section, I describe a different approach to investigating crisis lines that positions the interactional dynamics of crisis line calls at the center of the research process.

Taking a communication perspective: Communication-centered research on help lines

Despite decades of prior research related to the effectiveness of crisis help line services, scholarship that examines micro-level details of the interactional processes that are central in this type of work is difficult to locate. Language and social interaction (LSI) research on help lines seeks to “develop an understanding of *how*, through language and social interaction, *helping*, *assisting*, and *supporting* are made manifest, situationally defined, contextually configured, and socially accomplished” (Firth, Emmison, & Baker, 2005, p. 2). In short, an LSI research approach to help lines provides a window into observing how help is sought and provided through actual communication practices.

This approach to help line research has spanned a variety of discourse-centered analytic traditions (Cameron, 2000; Sacks, 1966; Tracy, 1997) but has its origins in the early work of Harvey Sacks in the 1960s. Sacks’ (1966, 1992) early lectures and publications began to shed light on the interactional practices through which interactants “index” their membership in the category “suicidal

caller” as well as the delicate nature of interactional openings in these types of calls. In one of his published lectures, Sacks (1992) describes how the callers’ tendency to not disclose their names occasioned his journey into the sequential analysis of conversation:

“The hospital’s concern was, can anything be done about it? One question I wanted to address was, where in the course of the conversation could you tell that somebody would not give their name? So I began to look at the materials. It was in fact on the basis of that question that I began to try to deal in detail with conversations.” (Vol. 1, p. 3)

Some of the initial observations Sacks raised about communication on help lines would eventually be developed in the work of Whalen and Zimmerman on 911 emergency lines (1987, 1998). Also, although Sacks never used the term ‘help line’, his early work paved way for future research that adopts a communication perspective towards help line-related actions, identities, and institutional issues. In the sub-sections below, I present some of the main topics regarding the communicative dynamics of help lines that LSI scholars have discussed.

Institutional missions and communication processes

A wide variety of help lines have been examined in the time since Sacks’ early research. Many of these lines are defined by unique institutional missions and procedures. Unsurprisingly then, research examining help line communication processes has revealed that what actually constitutes “help” may be quite variable.

Numerous studies have demonstrated the relationship between a help line’s institutional mission and the communication processes used to facilitate the

help line service offered. For instance, Baker, Emmison and Firth's (2007) work on computer software support help lines has shown how these calls typically center around providing step-by-step instructions related to solving a computer problem. Thus, the service revolves around the process of "trouble shooting" a technical device (cf. Houtkoup, Jansen, & Walstock, 2005).

In contrast, Danby, Baker and Emmison's (2005) research investigating a children's counseling line in Australia held a different position towards what constitutes "help". Typical calls at this line do not follow a clear problem – solution orientation but instead start from the caller's wish to simply have someone to talk to about something going on in their life. In this way, the callers and call takers must always jointly negotiate the terms of what is considered "help" for their particular encounter (Firth, Emmison, & Baker, 2005).

Differences compared to ordinary conversation

Prior LSI research has found that the overall structure of help line interactions tends to differ from that of ordinary conversation in systematic and institution-specific ways. Seminal research by Whalen and Zimmerman (Whalen & Zimmerman, 1987; Zimmerman, 1992; cf. Drew & Walker, 2010) examined how the openings of 911 calls show a specialization and reduction of ordinary conversational practices. According to their analysis, the *greetings* and *how are you* sequences that are typical of ordinary telephone calls are absent in light of the task-focused nature of 911 calls. This feature demonstrates participants' orientations to the impersonal nature of the institution. Furthermore, the absence

of these sequences shows participants' orientations to immediately getting to address the reason for calling (i.e., the emergency). In the case of *HelpNow*, calls also exhibit a number of core features that make it distinct from ordinary conversation (see Chapter 4).

Negotiating institutionally-relevant identities

Prior help line scholarship has also highlighted ways in which institutional roles are established and negotiated through talk (Emmison & Firth, 2012). During help line calls, callers routinely present themselves (and are treated) as *help seekers* while call takers establish their identities as *help providers* (Danby, Harris, & Butler, 2015). Feo and Le Couteur (2013) examined a men's relationship counseling help line to find that the institutional framing and norms of the service (a "solution-focused counseling" approach) shaped how call takers positioned themselves as advice givers. Thus, despite callers' interests in primarily telling stories about their relationship troubles, call takers continued to embody an institutional identity to primarily being advice givers on the line.

Shaw and Kitzinger (2007) investigated how personal and institutional memory both shaped and reflected participants' identities on a home birth line. They documented how call takers recognize and display memories of callers they have spoken to in the past through *memory recognition – solicitation* sequences. Additionally, they found that callers may present themselves as repeat callers (i.e., returning help seekers) by displaying the presumption of some institutional memory on part of the call taker (e.g., "This is Matt" or "It's Matt", both designed

to presume recognition) while new callers (new help seekers) claimed no institutional memory on the part of the call taker (e.g., “My name’s Dennis”, a form that does not presume recognition). At any help line (including *HelpNow*, see Chapter 4), the institutionally-relevant identities that participants enact may play a further role in shaping how calls unfold.

Practices of advice giving

A further topic that has been investigated in this research is the communication processes through which advice is implicated, given, or resisted. Like other institutional contexts (e.g., Heritage & Sefi, 1992), advice on help line can be an institutionally problematic activity. This may stem from what some scholars (e.g., Danby, Butler, & Emmison, 2009) have identified as two core characteristics of advice giving as a type of activity: First, advice giving is *normative* in nature, which is to say it goes beyond simply presenting information to prescribing future actions as necessary or moral; and second, advice giving is *asymmetrical* in that the advice giver is positioned as being more knowledgeable than the advice recipient, which makes salient any existing asymmetry between institutional and non-institutional parties (Heritage & Sefi, 1992). Each of these dimensions of advice giving shapes how recipients may go about receipting, accepting, or resisting advice on a help line.

For example, Hepburn and Potter (2011) examine a set of practices used on a UK child protection help line when callers are resistant to the call taker’s advice. Under these circumstances, call takers may, for instance, repackage their

advice using a particular idiomatic or commonplace form. This adjustment is thought to frame further resistance to the advice as counter to the socially-normative character conveyed by idiomatic expressions. A further practice they described was pairing the reformulated advice with a tag question. This device, as Hepburn and Potter show, effectively puts callers in the position of then confirming the repackaged advice.

In another study, Butler, Potter, Danby, Emmison, and Hepburn (2010) investigated communication on a child protection help line that instructed call takers to provide social support to callers while also resisting giving any explicit advice (cf. Hepburn, 2005; Hepburn & Potter, 2010, 2011; Potter & Hepburn, 2004). To manage these issues (see the discussion of normativity and asymmetry above), call takers use a practice which the authors call *advice-implicative interrogatives*. These questions are designed in a way that frames a possible course of action as simply an inquiry (e.g., “Have you talked with a teacher yet?”, see Danby, Bulter & Emmison, 2011, p. 34).

In using this approach, call takers abide by the institutional mandate to avoid giving advice while also respecting the caller’s autonomy to ultimately devise what is best for their circumstances. Thus, this particular communication practice enables call takers to achieve the client-centered support that is valued by the help line (cf. Hepburn, 2005; Hepburn & Potter, 2010, 2011; Potter & Hepburn, 2004). While advice giving will not be analyzed in the current study (generally, it is also discouraged at *HelpNow*), prior work regarding how

institutional policies are managed in interaction supports a later discussion of call takers' practices for how to respond to caller's problems (see Chapter 6).

Co-managing emotion and its display

Callers may display great anxiety, fear, or grief when they contact a help line. This may make it difficult for call takers to get the critical information they need in order to accomplish the institution's mission. Whalen and Zimmerman (1998) analyzed a range of techniques call takers utilize in order to realign the caller towards the interactional project of obtaining necessary information for the deployment of emergency services. Their findings showed how call takers contribute to the interactional management of emotion by attending to the precise details of the talk. For instance, for a caller who is severely distressed and shouting, the call taker may summon the caller's attention with an address term ("Sir") and provide reassurance that help is on the way ("We're getting an ambulance there"). This then reinstates the chain of interrogatives intended to solicit further information about the emergency situation (Whalen & Zimmerman, 1998). Thus, 911 call takers' efforts to counsel their interlocutors demonstrate how the co-management of emotional states may be crucial to meeting the relevant goals of a help-line institution.

Related work on affect has focused on the interactional practices call takers use to enact activities such as empathy or sympathy. Hepburn and Potter (2011), for instance, examine how call takers respond to crying on a child protection help line. One practice they described is the call takers' *empathic*

receipts. This practice involves call takers responding to callers' crying with two main components. First, a formulation of the caller's mental state (e.g., "angry", "very down") derived from locally prior elements such as sobbing, sniffing, and silence; and second, presenting the formulation as contingent, such as by marking it as being heard (e.g., "It sounds like you are feeling angry") or ending the unit with a tag question ("...right?").

In another study, Pudlinski (2005) discovered further practices that call takers at "warm lines" deployed to convey empathy. For instance, when a caller is engaged in a *troubles telling* (Jefferson, 1988; Jefferson & Lee, 1992), the call taker may produce an emotive reaction token (e.g., "Oh no"), a negative assessment ("That is awful"), or formulate the gist of the caller's telling. Regarding the current study, *HelpNow* call takers are trained in methods for displaying empathy and managing caller's emotional displays (see Chapter 3 and Chapter 6).

To wrap up, this section has reviewed the basis for adopting an LSI perspective to conduct help line research (including the current study). Utilizing this perspective allows researchers to closely examine how participants use specific communicative practices and actions to accomplish social realities (such as help-line services). Prior literature that has utilized this perspective has uncovered how institutional missions, emotional displays, advice, and institutional identities (among other topics) are made manifest and situationally defined in and through talk. However, little work in these areas has addressed the communication processes of crisis help lines in particular (with the closest being

Sacks' early lectures and papers regarding suicide lines). Thus, the current study aims to extend this body of literature by addressing several of these topics with regard to crisis lines as an institutional context. In the next section, I describe some of the basic findings related to talk-in-interaction which forms a further basis for the communication-centered perspective on help lines.

Practices of talk-in interaction: Overview of concepts from conversation analysis relevant to this study

For nearly five decades, Conversation Analysis has proven to be an important analytic framework and set of methodological tools for studying the micro-level details of talk-in interaction (Atkinson & Heritage, 1984; Sidnell & Stivers, 2013). This research aims to document the orderliness of human communication by observing participants' methods (or practices) that are used to both produce actions and systematically organize them within the course of social interaction. Prior research has led to the discovery of different *generic organizations*, each referring to systematic organizations through which participants organize their interactions. I describe three of these basic domains of organization (sequence organization, turn-taking organization, and overall structural organization) below.²⁰

²⁰ See Stivers and Sidnell 2013.

Sequence organization

Sequence organization refers to the systematic organization of action in interaction. This includes how interactants produce social actions, respond to social actions, and how such actions are organized to form larger sequences of action (Schegloff, 2007). According to Heritage and Clayman (2010), “it is the engine room of interaction” (p. 43) and the primary means through which social phenomena (e.g. actions, identities, relationships, etc.) are routinely realized. The most basic form of sequence organization is the *adjacency pair*, or a pair of type-matched actions: an initiating action (or “first pair part”) and a responding action (“second pair part”). These basic sequence types also serve as the basis upon which other actions and sequences are built (e.g. pre-expansions, insert expansions, post-expansions) and serve as the means by which the sequential implicativeness of actions may play out over the course of several turns (Schegloff, 2007).

Preference organization

Preference organization refers to systematic differences in the design of alternative actions, such as the design of alternative (agreeing vs. disagreeing) responses (Pomerantz & Heritage, 2013). A set of interactional features regularly distinguishes preferred actions from dispreferred actions. For instance, in the context of responses to actions, such as requests and invitations, dispreferred responses (such as, rejections and disagreements) are regularly delayed, qualified (with uncertainty markers, hedging, conditions), and accountable (i.e., accompanied by explanations, excuses, or justifications)(Pomerantz & Heritage,

2013). In contrast, preferred responses (e.g., acceptances and agreements) are produced immediately following the initiating action (i.e., with no gaps before responding), unqualified, and non-accountable.

Interlocutors orient to markers of dispreference in interaction. For instance, a speaker who has produced a request may hear subsequent silence (i.e., a gap) as projecting a dispreferred response and, as a result, may do interactional work to prevent a dispreferred response from actually being produced by the recipient (Sacks, 1987, 1992). For instance, the speaker of the initiating action may reverse the valence of their original action (e.g., from a positive to a negative assessment) or make the initiating action more appealing to the recipient (Pomerantz, 1988; Pomerantz & Heritage, 2013).

Turn-taking organization

This domain of organization refers to the systematic organization of speaking turns, including how they are constructed and distributed (Sacks, Schegloff, & Jefferson, 1974). Two related processes enable speakers' management of turn taking. First, *turn construction* refers to how interactants build their turns at talk through turn-constructive units (TCUs). Second, turn allocation refers to the process through which interactants distribute these turns at talk.

Generally speaking, interactants observe the rule that speakers only get one TCU per turn. However, exceptions occur when, for instance, speakers show that they require an extended, multi-unit turn to complete their course of action

(e.g., a storytelling). Speakers may then use practices to produce an extended turn, including using a story preface (e.g., “You’ll never believe the kind of day I had today”, see Sacks, 1992) or list constructions (e.g., “I have three things to tell you right now”. First...”; see Jefferson, 1991; Lerner, 1994). Later in the current study (Chapter 5), I examine how callers and call takers co-manage multi-unit tellings as a vehicle for their presentation of their crisis or problem.

Overall structural organization

The overall structural organization of interaction refers to how different action sequences are positioned within the larger social activity interactants are engaged in (Robinson, 2013). A great deal of research has been done on openings in ordinary conversation, both face-to-face and over the telephone (e.g., Hopper, 1992; Mondada, 2009; Pillet-Shore, 2012; Schegloff, 1986). For instance, research by Schegloff (1968, 1979, 1986) has described a series of four action sequences that participants routinely accomplish when beginning a conversation (*summons*/answer sequences, identification/recognition sequence, greetings *sequences*, and *how-are-you sequences*). This body of research demonstrates how participants understand and treat openings as distinctly preliminary to subsequent phases of an activity. Later in the dissertation (Chapter 4), I analyze how *HelpNow* callers and call takers accomplish the coordinated entry into their interaction on the telephone.

In summary, conversation analysts have developed a body of literature regarding the actions and practices interactants use to produce and

systematically organize their interactions together. Each of the areas described above (i.e., regarding generic practices of talk-in interaction) also informs the current study's focus on interaction on crisis help lines. To further link processes of talk-in interaction with help line settings, the next section gives an overview of key principles regarding interaction in institutional settings.

Talk in institutional settings

Conversation analysis has also been used to examine forms of talk-in interaction that are “professional, task focused, or ‘institutional’” in nature (Heritage & Clayman, 2010, p. 2). “Institutional interaction,” as it has come to be referred to by scholars, is characterized by a more restricted set of available (and appropriate) lexical forms, social actions, and sequences (Heritage, 1984, 1997). However, providing a clear definition of the boundaries of institutional talk and ordinary conversation is challenging (Drew & Heritage, 1992; Schegloff, 1987a, 1991, 1992). For this reason, it is important to view this distinction as a *participant's* distinction, warranted in the way that they display an orientation to the activities they are engaged in together (cf. Drew & Sorjonen, 1997).

Participants in institutional settings may organize their communication in distinct ways sensitive to the broader institutional purpose for which the interaction is taking place. Drew and Heritage (1992) proposed three general criteria to help distinguish between institutional interaction and ordinary conversation. These include the following (as presented by Heritage, 1997):

- “Institutional interaction normally involves the participants in specific *goal orientations* which are tied to their institutions relevant identities: doctor and patient, teacher and pupil, and so on;
- Institutional interaction involves *specific constraints* on what will be treated as allowable contributions to the business at hand;
- Institutional talk is associated with *inferential frameworks* and procedures that are particular to specific institutional contexts.”
(p. 163 – 164).

Goal orientations

In institutional settings, both institutional representatives (e.g., physicians, call takers, talk show hosts) and lay participants (e.g., patients, callers, talk show guests) display an orientation towards specific goals or objectives that are unique to each institution (Clayman & Heritage, 2002; Drew & Heritage, 1992; Heritage & Greatbatch, 1991). For instance, in 911 calls, the manner in which the call taker swiftly moves to assess the caller’s reason for calling and obtain key information (and, if deemed necessary, dispatch emergency personnel) demonstrates an orientation towards the unique mission of the institution of 911 emergency: dispatching emergency assistance with callers’ emergencies (Zimmerman, 1992). Accordingly, participants orient to organizing their conduct around these goal orientations. For instance, in 911 emergency calls participants organize their talk by reference to the goal of requesting and dispatching emergency help (Whalen & Zimmerman, 1987; Zimmerman, 1992) while in acute care doctor-patient interactions the interaction is organized with respect to the goals of diagnosing and treating the patient (Robinson & Heritage, 2005). In the current study, callers and call takers on a crisis line embody an orientation to organizing their call around talking about a crisis or problem and obtaining some type of help for that issue.

Constraints on allowable contributions

The second criterion is related to the sets of normative institutional constraints that shape (and constrain) what is considered an allowable contribution in that institutional setting (Drew & Heritage, 1992). Such constraints may restrict the range of actions (and the individuals who enact them) relative to achieving the goal of the institutional encounter. In the case of 911 calls, allowable contributions constrain the types of *actions* that are permissible to establish, progress, and terminate the call as well as *who* is able to dispatch help in general. In acute care doctor – patient visits, allowable contributions restrict who is able to conduct a patient’s diagnosis and provide treatment. These constraints amount to normative structures that shape how institutional participants infer what it is their interlocutor is accomplishing to advance the primary goal of their institutional encounter (Kevoe-Feldman, 2009).

Inferential frameworks

A third criterion related to institutional talk is related to the types of inferential frameworks that institutional representatives and lay participants display sensitivity towards during interaction (Drew & Heritage, 1992; cf. Levinson, 1992). For instance, in the first few seconds of 911 emergency calls, call takers are trained to make inferences about whatever they are hearing (e.g., callers’ problem presentations, background noises) and what can be deemed worthy of dispatching emergency resources. In the context of the crisis help line examined in the current study, call takers may make institution-specific

inferences when callers describe having nothing to live for or report giving their prized possessions away.

In summary, investigating talk in institutional settings makes it possible to explicate the distinctive methods through which institutional and lay participants “talk the institution into being” (Heritage, 1984a, p. 290). The three criteria described above (goal orientations, constraints on allowable contributions, inferential frameworks) point to some of the regular ways with which participants may organize and orient to their conduct as institutional in nature. The current study pursues each of these three themes of institutional interaction in the specific context of crisis help lines.

Conclusion

This chapter has reviewed several areas of research literature to frame the current study’s focus on communication processes of crisis help lines. Crisis and suicide are both notions relevant to this institutional domain and shape a broader set of institutional concerns towards the mental health of its callers. While prior research in this area has predominately focused on psychological or sociological variables, research analyzing the dynamics of social interaction is rare. A communication-centered perspective on these issues (i.e., crisis and suicide) thus emphasizes seeing individual and social dimensions of both crisis and *how* suicidality may get worked out in and through the dynamics of social interaction.

The earliest telephone help lines dedicated to crisis and suicide in the United States came after a number of pivotal social and political changes related to mental-health treatment occurred in the 1960s. The broader shift that resulted from these changes both led to a greater focus on the preventative function of mental-health services and proliferation of suicide-related help line services. Eventually, the need emerged for help lines dedicated to a broader assortment of issues such as crisis and distress.

Generally speaking, crisis-help lines can be described in terms of a number of core or therapeutic influences. This includes being short-term oriented, emphasizing techniques grounded in active listening, and managing callers who call on a more frequent basis. In addition, call takers are trained in models related to crisis intervention and risk assessment. These models shape specific protocols they must follow and hence guide them in how to work with callers. The little research on how these models are put into action in actual interaction also motivates the current study's focus on communication processes.

Most empirical research on crisis help lines to date has focused on macro-level correlational data, ratings of simulated interactions, or reactions from callers long after they have utilized the crisis services. While this type of research provides important insight into the services in question (e.g., how individuals perceive the services, the problems they call with, etc.), it lacks attention to the concrete interactional practices that participants use to implement, manage, or contest crisis line protocols in the course of actual calls. In contrast, LSI research on help lines emphasizes these very issues by examining the micro-level details

of naturally-occurring help line interactions. Prior work adopting this perspective has led to key findings about communication processes on help lines. However, more work remains to be done on crisis lines in particular.

The majority of communication-centered research is heavily informed by empirical findings regarding talk-in-interaction. This area of scholarship focuses on the regular practices for how people go about producing and systematically organizing social interactions (e.g., sequences of action, the exchange of turns at talk, etc.). These findings have also been used to illuminate the methods through which institutional and lay participants construct institutions through their communication. These types of interactions that occur in institutional settings have typically been distinguished from ordinary conversation by reference to issues such as institutional goal orientations, constraints on allowable contributions to interaction, and institution-specific inferential frameworks. This area (talk in institutional settings) represents a further way in which the current study extends prior scholarship.

Chapter 3: Data and methods

This chapter presents the data and methods that were used in the current study. First, I provide ethnographic background about the crisis help line organization that provided the data for the research. Second, I present an overview of the data set that forms the basis for the analysis presented in later chapters (see Chapters 4, 5, 6). Finally, I provide an overview of several epistemological principles from Conversation Analysis as well as the basic methodological procedures that guided the current study.

Ethnographic background about the crisis help line

The organization that contributed to this research study, *HelpNow* (pseudonym), is a non-profit crisis intervention and suicide prevention organization founded in the 1970s and located in the Northeastern United States. It offers a range of programs and services dedicated to crisis intervention, suicide prevention, and community mental health. As a “generic” crisis organization,²¹ *HelpNow*’s primary mission revolves around answering and managing help lines dedicated to providing confidential, compassionate listening and referral services to people experiencing crisis or distress. In 2013, *HelpNow* answered around 9,800 calls.

Several paid staff operate the organization along with a pool of over 100 trained volunteers. The volunteers (or “para professionals”) who answer the

²¹ See Chapter 2 for a discussion of “generic” versus “specialized” crisis-related help lines.

phones in *HelpNow*'s call center are required to complete a 40-hour training prior to beginning their work and subsequently complete continuing education workshops each year.²² This initial training explores issues such as active listening, mental illness, and protocols related to crisis intervention and suicide risk assessment.²³ These topics are taught through a combination of lecture, role play, and call-center observation ("apprentice shifts").

Distinguishing HelpNow's institutional mission from "warm lines"

While *HelpNow* is primarily dedicated to offering help to individuals in crisis or distress, its mission must also be distinguished from what have recently become known as peer (or "consumer") run "warm lines"²⁴. In contrast to crisis help lines, warm lines are typically considered a "pre-crisis" service (i.e., primarily intended for individuals not in a state of crisis). This type of service emerged from a larger movement based on community focused mental health perspective that views supportive peer networks as essential for individuals with mental illness and who seek an alternative to the bureaucracies of the mental-health system (Solomon, 2004).

HelpNow's help line services can be distinguished from warm lines with regard to several key characteristics. First, while warm lines are typically

²² See Chapter 3 for further discussion of the use of volunteers in crisis intervention and suicide prevention work.

²³ As I explain in the "Data" section later in this chapter, my knowledge of some of this background information (including the call taker training) is informed by my extensive experience serving as a call taker at *HelpNow*.

²⁴ Doughty and Tse (2005) have also described this form of mental health services as "service-user run".

answered by individuals who are also living with mental illness and/or are currently in treatment²⁵ (Pudlinski, 2001), there is no such requirement for *HelpNow*'s call takers.²⁶ Second, many warm lines are housed within halfway houses or social clubhouses with the individuals who call the help line. In contrast, the *HelpNow* call center is not associated with any type of walk-in recovery and social space. The exact location of *HelpNow*'s call center is kept confidential and never disclosed outside of interactions among administrators or call takers.²⁷

Third, the peer/consumer call takers at warm lines often have relationships with callers *independent* of their role in operating the line (Pudlinski, 2001). *HelpNow* callers, on the other hand, do not hold personal (non-help line related) relationships with callers. Such relationships (i.e., independent of the help line) are strongly discouraged by *HelpNow* administrators in light of their mission to preserve the anonymity promised to both callers and the volunteers who answer the calls. Thus, each of these differences positions *HelpNow* as being quite distinct from warm line organizations.

²⁵ It is thought that these individuals are best suited for this purpose because of having “been through it”, and thus better preparing them to be able to “empower” those who are seeking support (Pudlinski, 2001; Solomon, 2004).

²⁶ Based on informal conversations with *HelpNow* administrators, they seem to think that the majority of their call takers would not qualify as “peers” or “consumers” at all (i.e., being a current or past client of mental-health treatment services).

²⁷ *HelpNow*'s administrative offices are housed in a different location than the call center.

Individuals who utilize HelpNow's help line services

When one goes through the training to become a *HelpNow* call taker, he/she quickly learns about two of the most common types of callers who utilize their help line services: individuals who are calling for the line for the first time and individuals who call the line on a regular basis (among many others that are learned later on).²⁸ The first type of caller typically describes the crisis that led them to calling the line at that time (see Chapter 4 for a related analysis of what I refer to as “first-time callers” for the current study). In doing so, they may make no mention of serious mental illness or other chronic health conditions. Call takers primarily manage these types of calls by drawing upon their training related to active listening and models of crisis intervention (see Chapter 2).

Other types of *HelpNow* callers (some of whom may present as “regular callers”, see Chapter 4) may volunteer information that they have been diagnosed with some form of serious mental illness (e.g., major depressive disorder, anxiety disorders, bipolar disorder, schizophrenia, etc.) and are currently in treatment (i.e., taking psychiatric medication(s) and/or participating in regular appointments with one or several types of mental health professionals) or have received treatment in the past.²⁹ Thus, despite the previously discussed

²⁸ Also, see the later discussion in this chapter related to the range of caller categories that call takers must select from when they are using *HelpNow's* call intake software

²⁹ It is also worth noting that it is often impossible for call takers to infer whether any caller's troubles are directly related to (i.e., symptoms of) their known health issues nor are they allowed to provide diagnostic assessments (see Chapter 2 for a discussion of the use of volunteers vs. mental-health professionals in crisis line settings).

differences between its services and warm lines, *HelpNow* does indeed receive calls from individuals living with chronic mental illness.³⁰ Furthermore, my observations as a *HelpNow* call taker suggest that such callers can pose significant challenges to *HelpNow*'s institutional mission of helping individuals in crisis or distress.³¹

How HelpNow's different help lines are managed

In addition to answering a primary crisis line, *HelpNow* is also one of over 100 crisis centers in the United States that take calls from a federally funded national suicide prevention line launched in 2007.³² Although this secondary telephone line tends to receive more calls from individuals who present with suicidal ideation or behavior, the line also regularly receives calls from individuals who are non-suicidal and sometimes even individuals who call more frequently (see Chapter 4).

³⁰ At *HelpNow*, this population closely overlaps that of individuals who call on a regular basis, or "chronic callers". According to Pudlinski (personal communication), one of the reasons warm lines maybe be established in a given community is to alleviate the stress that these individuals may put on the local or regional crisis help line. See Chapter 2 for a review of how each of these issues have been discussed in prior literature on crisis help lines.

³¹ Such tensions regarding regular or "chronic" callers have and continued to receive a moderate amount attention by researchers in crisis intervention and suicide prevention (e.g., Lester & Brockopp, 1970; Lester, Brockopp, & Blum, 2012; MacKinnon, 1998; Mishara & Daigle, 1997; Sicafuse, Evans, & Davidson, 2012). See Chapter 2 for a more thorough review of this issue.

³² In 2007, the United States government provided funding to establish the National Suicide Prevention Hotline (Lester 2012b). Now those seeking crisis or suicide support can call a toll free number in order to receive assistance. However, this has created further obstacles for regional crisis lines as less state and federal funding is made available to support their long-standing crisis services (Lester, 2012b).

The phone numbers for both *HelpNow*'s help lines (i.e., the primary crisis line and the second line which is linked to the national suicide network) are typically featured in state-circulated posters and information guides. These posters often include tag lines such as “If you are in crisis and need someone to listen”, “Just need to talk?” or “Thinking of suicide?” (see Appendix B, Appendix C, and Appendix D for examples of advertisements used by other crisis-related help lines). Both phone numbers may appear along with either or both of the terms ‘suicide’ and ‘crisis’. At the time of this study, *HelpNow* does not collect any information about how callers may have learned of the service.

Once either of these lines is answered, call takers are required to manually log information about the call (e.g., caller's name, reason for calling, presenting issues, resources provided, etc.) into call intake software either during the call or after it is completed (see Figures 3-A, 3-B, & 3-C later in this chapter). Information that is recorded for a call can include name (if provided)³³, phone number, location (based on caller-ID information), the help line dialed, and any of a range of categories applicable to the caller's circumstances (e.g., mental health, physical health, interpersonal issues, etc.).

The software also includes scales that call takers can use to conduct a full risk assessment of the caller's suicidality if necessary (see Figure 3-C). The information stored in this database can later be accessed and referenced if someone from that phone number calls again (the reason why the call taker

³³ If a name is provided by the caller, it is typically only a first name. In some cases, the caller ID system will also display a last name that the call taker will enter into the log system.

typically enters the phone number the caller dialed from into the software near the beginning of the call). While this software represents a significant institutional resource for call takers as they manage incoming calls, call takers' use of the software has not been video recorded and thus is not considered in the analysis portion of the current study (Chapters 4, 5, 6).

Worker: [Name: Steve DiDomenico] [Profile: (Choose Repeat Caller from this list)] [Search profiles]

Date*: 6/14/2015 [Use: ☒ Text boxes ☐ Pick lists]

Start time*: 7:59 PM [Now] [End time: [Now] or length: [minutes]]

(select age) (select gender)

(Find previous calls from phone number below)

Contact Information

Phone: 999-999-9999 ext. [type] [Lookup]

Address: (select city) New Jersey [Lookup]

Zip code: [Lookup]

☐ Hangup ☐ Obscene caller ☐ Prank caller ☐ Wrong number ☐ Silent call

Call Detail

Call Types: (select one)

Incoming Line: (select one)

Referrals: (not applicable)

Is SUICIDE an issue?: (select one)

Demographics

Marital Status: (not applicable)


Call Classification

1. Mental Health	5. Abuse or Violence
<input type="checkbox"/> 1.1 Depression	<input type="checkbox"/> 5.1 Abuse, Child
<input type="checkbox"/> 1.2 Grief	<input type="checkbox"/> 5.2 Abuse, Spousal
<input type="checkbox"/> 1.3 Loneliness	<input type="checkbox"/> 5.3 Crime or Violence
<input type="checkbox"/> 1.4 Mental or Emotional	<input type="checkbox"/> 5.4 Intervention
<input type="checkbox"/> 1.5 Cutting/Self Harm	<input type="checkbox"/> 5.5 Rape or Sexual
2. Interpersonal	6. Basic Necessities
<input type="checkbox"/> 2.1 Family	<input type="checkbox"/> 6.1 Employment or Financial
<input type="checkbox"/> 2.2 Marital	<input type="checkbox"/> 6.2 Food
<input type="checkbox"/> 2.3 Non-family Relations	<input type="checkbox"/> 6.3 Fuel or Utilities
3. Suicide	<input type="checkbox"/> 6.4 Medical
<input type="checkbox"/> 3.1 Contemplated, Plan, Threat	<input type="checkbox"/> 6.5 Shelter or Clothing or Furniture
<input type="checkbox"/> 3.2 Intervention	<input type="checkbox"/> 6.6 Homelessness
<input type="checkbox"/> 3.3 Survivor	7. Sexual Issues
<input type="checkbox"/> 3.4 Third Party (Police, Family, Friend)	<input type="checkbox"/> 7.1 Manipulative or Obscene
<input type="checkbox"/> Hang up or Prank	<input type="checkbox"/> 7.2 Sexual Problems

Figure 3-A – Screen shot showing the 1st third of the call in-take screen utilized by call takers during or after each call

<p>4. Physical Health</p> <p><input type="checkbox"/> 4.1 Addictions, Alcohol</p> <p><input type="checkbox"/> 4.2 Addictions, Drug</p> <p><input type="checkbox"/> 4.3 Addictions, Other</p> <p><input type="checkbox"/> 4.4 Health Problems</p> <p><input type="checkbox"/> 4.5 HIV or AIDS</p> <p><input type="checkbox"/> 4.6 Pregnancy</p>	<p>8. Other</p> <p><input type="checkbox"/> 8.1 CONTACT Related</p> <p><input type="checkbox"/> 8.2 Miscellaneous</p> <p><input type="checkbox"/> 8.3 Prank</p> <p><input type="checkbox"/> 8.4 Reassurance calls in</p>
--	--

Call Description*



 Spell check

Additional Comments

Feedback from supervisors and staff

* indicates a required field

Figure 3-B – Screen shot showing the 2nd third of the call in-take screen utilized by call takers during or after each call

SUICIDE RISK ASSESSMENT

<p>Desire</p> <p><input checked="" type="radio"/> Suicidal Ideation</p> <p><input checked="" type="radio"/> Psychological Pain</p> <p><input checked="" type="radio"/> Feeling Trapped</p> <p><input checked="" type="radio"/> Hopelessness</p> <p><input checked="" type="radio"/> Helplessness</p> <p><input checked="" type="radio"/> Perceived Burden</p> <p><input checked="" type="radio"/> Feeling Alone</p>	<p><input type="radio"/> Passing thoughts of suicide</p> <p><input type="radio"/> Little or no psychological pain</p> <p><input type="radio"/> Does not feel trapped - sees several options to escape pain</p> <p><input type="radio"/> Feels some hope that things will get better</p> <p><input type="radio"/> Feels in control of situation</p> <p><input type="radio"/> Connected with friends and family, understands impact his or her suicide would have</p> <p><input type="radio"/> Feels connected to others</p>	<p><input type="radio"/> Regularly has thoughts of suicide</p> <p><input type="radio"/> Moderate amount of psychological pain</p> <p><input type="radio"/> Feels somewhat trapped - sees few options to escape pain</p> <p><input type="radio"/> Feels very little hope that things will get better</p> <p><input type="radio"/> Feels some control of situation</p> <p><input type="radio"/> Ambivalent about whether or not others would be better off without him or her</p> <p><input type="radio"/> Feels distance from others</p>	<p><input type="radio"/> Constant thoughts of suicide (reset)</p> <p><input type="radio"/> Intense, intolerable psychological pain (reset)</p> <p><input type="radio"/> Feels very trapped, as if there is no other escape (reset)</p> <p><input type="radio"/> Feels no hope, that there is no other solution (reset)</p> <p><input type="radio"/> Believes situation is out of his or her control (reset)</p> <p><input type="radio"/> Believes family and friends would be better off without him or her (reset)</p> <p><input type="radio"/> Feels intolerably alone (reset)</p>
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<p>Capability</p> <p><input checked="" type="radio"/> Previous Attempt</p> <p><input checked="" type="radio"/> Exposure to someone else's suicide</p> <p><input checked="" type="radio"/> Violence</p> <p><input checked="" type="radio"/> Availability of Means</p> <p><input checked="" type="radio"/> Currently Intoxicated</p> <p><input checked="" type="radio"/> Substance Abuse</p> <p><input checked="" type="radio"/> Mood Change</p> <p><input checked="" type="radio"/> Anxiety</p> <p><input checked="" type="radio"/> Decreased sleep</p> <p><input checked="" type="radio"/> Out of Touch</p>	<p><input type="radio"/> None</p> <p><input type="radio"/> Has never lost anyone to suicide</p> <p><input type="radio"/> None</p> <p><input type="radio"/> Not available</p> <p><input type="radio"/> No</p> <p><input type="radio"/> No history</p> <p><input type="radio"/> Stable mood</p> <p><input type="radio"/> Mild, feels some discomfort</p> <p><input type="radio"/> No problems sleeping</p> <p><input type="radio"/> Seems in touch with reality</p>	<p><input type="radio"/> One or more low-medium lethality</p> <p><input type="radio"/> Has lost someone and was not impacted significantly, or too long ago</p> <p><input type="radio"/> Isolated incidents; make threats of violence</p> <p><input type="radio"/> Available, has close by</p> <p><input type="radio"/> Has begun drinking or using drugs</p> <p><input type="radio"/> Past history</p> <p><input type="radio"/> Some mood changes</p> <p><input type="radio"/> Moderate, discomfort increasing; tolerable</p> <p><input type="radio"/> Some sleep disturbances</p> <p><input type="radio"/> Somewhat out of touch with reality</p>	<p><input type="radio"/> One high, or multiple low-medium lethality (reset)</p> <p><input type="radio"/> Lost someone significant and identifies with that person (reset)</p> <p><input type="radio"/> Repeated violence toward others and treats of violence (reset)</p> <p><input type="radio"/> Has the means in hand (reset)</p> <p><input type="radio"/> Is currently drunk or stoned (reset)</p> <p><input type="radio"/> Currently abusing substances (reset)</p> <p><input type="radio"/> Recent, dramatic change in mood (reset)</p> <p><input type="radio"/> High; feels overwhelmed, may panic (reset)</p> <p><input type="radio"/> Difficulty sleeping (reset)</p> <p><input type="radio"/> Seems out of touch with reality (reset)</p>
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<p>Intent</p> <p><input checked="" type="radio"/> Suicide Plan</p> <p><input checked="" type="radio"/> Preparatory</p>	<p><input type="radio"/> Vague, no plan, no specific time</p> <p><input type="radio"/> None</p>	<p><input type="radio"/> Some specifics, in near future</p> <p><input type="radio"/> Has thought about it or a few</p>	<p><input type="radio"/> Very specific; knows how, when, where</p> <p><input type="radio"/> Many, written a note, made a will,</p>	<p>(reset)</p> <p>(reset)</p>
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Figure 3-C – Screen shot showing the last third of the call in-take screen utilized by call takers during or after each call

Data

Data for this study include 115 audio-recorded telephone calls created internally by *HelpNow* and subsequently shared with the researcher. These calls were made to *HelpNow*'s primary help line dedicated to helping individuals in crisis or distress in several counties in the state in which it is based (though there are exceptions). In total, the data represent 15.7 hours worth of telephone calls. The calls provided to the researcher were recorded between March and June 2013. Prior to when the recordings were shared with the researcher, all identifying information (e.g., names, places) was deleted from each recording. No information about the number of unique callers and call takers was provided.

Beyond the close analysis of call recordings, the current study is also informed by my extensive participant observation of *HelpNow* while serving as a member of their volunteer staff. For approximately 2.5 years, I participated in the organization's activities in a variety of ways. This included completing their new call taker training course, sitting in on administrative meetings, and working shifts answering calls in the *HelpNow* call center. Thus, the observations I made in as a part of this role inevitably shaped the analysis of particular calls in the collection.

My analyses are also informed by the various competencies I have developed as a volunteer call taker at two additional crisis help line organizations in the northeastern United States: a crisis line primarily funded by state government and a more specialized crisis line dedicated to LGBTQ communities. From my involvement in the three crisis lines, I developed an in-depth

understanding of day-to-day crisis line management, the larger domain of crisis intervention and suicide prevention and, of course, how to manage the calls to the crisis lines.

Method

The current study employs the methods of Conversation Analysis (Atkinson & Heritage, 1984; Sidnell & Stivers, 2013), a naturalistic, inductive method for examining field recordings of naturally-occurring interactions. The following excerpt from Atkinson and Heritage (1984) explicates the central goal of the Conversation Analysis (henceforth referred to as CA):

“The central goal of conversation analytic research is the description and explication of the competencies that ordinary speakers use and rely on in participating in intelligible, socially organized interaction. At its most basic, this objective is one of describing the procedures by which conversationalists produce their own behavior and understand and deal with the behavior of others.” (1984, p. 1)

In short, the central goal of CA is to describe the orderly practices of talk-in interaction through which interactants routinely construct their social worlds.³⁴ CA was first developed in the early collaborations of Harvey Sacks, Emanuel Schegloff, and Gail Jefferson (see Sacks, Schegloff, & Jefferson, 1974). The method is heavily influenced by two key theoretical propositions from Sociology: First, the CA enterprise is deeply shaped by Harold Garfinkel's (1967) notion of *ethnomethodology* and how individuals create the orderliness of everyday social

³⁴ Pomerantz and Fehr (1997) describe the overall project of CA as investigating “how people in society produce their activities and make sense of the world about them” (p. 65). A more recent description provided by Heritage and Robinson (2011) is as follows: “Identifying and delineating fundamental practices involved in the production and recognition of actions and sequences of actions” (p. 31).

life; second, CA is also heavily influenced by Erving Goffman's (1983) claim that social interaction is of critical importance to ordinary social life. In the space below, I describe some of the basic epistemological principles that guide CA research and the specific methodological procedures that are employed.

While a range of other social scientific methods has been used to study crisis help lines (e.g., surveys, interviews, participant observation, etc.), CA is best suited to achieving the objectives of the current study. CA allows the researcher to examine the micro-level details of the interactions that occur on the help line in order to see how its institutional goals are realized through talk. Thus, CA will be the main method used in the current study.

Select epistemological principles of CA

Several core epistemological principles guide the use of Conversation Analysis throughout the research process. These include participants' own methods or practices, conceiving of context as a locally organized phenomenon, and the dual notions of procedural consequentiality, among many other core epistemology principles (see Clayman & Gill, 2004; Heritage 1984; or Sidnell, 2013 for a more comprehensive review of CA's core epistemological assumptions). I describe each of these principles in more detail in the space below.

1. Participants' practices

The notion of participants' practices refers to the generic mechanisms, or methods, of communicating through which speakers systematically produce and organize social actions in ways that are understandable to their interlocutors. These practices serve as an important analytic resource for investigating the orderliness of interaction. In CA, a primary source of evidence for grounding analytic claims about interactional phenomena are the very practices that are observable in the details of the data (Sidnell, 2013). Sacks, Schegloff and Jefferson (1974) describe this locally-grounded criterion:

"While understandings of others' turns at talk are displayed to co-participants, they are available as well to professional analysts, who are thereby afforded a proof criterion...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" (p. 729)

As this excerpt emphasizes, CA strives to ground analytic claims within the details of specific practices employed by participants in interaction.

2. Context as a locally-organized phenomenon

CA epistemology is also grounded in an assumption regarding what constitutes "context." Instead of viewing context as something that exogenously shapes and constrains interaction (i.e., much like how a bucket gives shape to and encases the water placed in it), CA scholarship presumes context to be primarily constructed *in* and *through* the actions of interlocutors (Heritage & Clayman, 2010; Raclaw, 2015; Schegloff, 1987c, 1995). CA thus views talk (and

more specifically, *turns* at talk) as being both “context-shaped” and “context renewing” (Schegloff, 1972).

The first aspect of this, interaction as *context shaped*, refers to how turns at talk are regularly produced with reference to preceding talk (typically, what occurred immediately prior in the talk)(Sacks, 1987; Schegloff & Sacks, 1973). Participants often design their talk in ways that exploit this basic principle, such as by producing actions that build on earlier actions or refer to previous conversational topics. In doing so, they utilize the basic positioning of talk as an interactional resource to leverage how to construct their utterances and how they may be understood by their interlocutors.

The second aspect, interaction as *context renewing*, refers to how turns at talk project (or “look forward towards”) the relevance of a particular action (or a range of possible actions) to occur next as produced by a subsequent speaker (Schegloff, 1972). For instance, in 911 calls, when a clear emergency has been presented and received, it occasions the interactional relevance of a question (and in most cases, a *series* of investigative questions)(Whalen & Zimmerman, 1987; Zimmerman, 1992). In this way, any particular social action will form a framework for a next action or a range of actions. In short, the notion of context utilized in CA presumes that context is never independent of people’s social conduct (Duranti & Goodwin, 1992).

3. *Demonstrable relevance & procedural consequentiality*

Closely related to the principle of context being locally organized, CA also resists imposing *a priori* claims that stem from larger social categories (e.g., gender, culture, etc.). Instead, as Schegloff (1987a) describes, the relevance of such categories must be shown to be clearly demonstrable to the *participants* in the data itself (what he refers to as “demonstrable relevance”) or clearly consequential to the procedures the participants are engaged in co-accomplishing (what he calls “procedural consequentiality”). As a result, facets of interlocutors’ social identities (such as race, gender, socioeconomic status, etc.) must remain *independent* of an analysis of an episode of interaction unless the researcher can show how interlocutors are “attending to their relevance and demonstrable impact on the current interaction” (Mandelbaum, 2008, p. 191; cf. Schegloff, 1987a). In the current study, for instance, this principle informs the analysis appearing in Chapter 4 regarding the analytic relevance of call takers’ institutional identities and the different types of interactional identities presented by callers.

4. *Key CA terminology: Pauses and gaps*

In conversation analysis, a distinction is drawn between *gaps* and *pauses* in an attempt to more precisely describe how speakers organize their talk (Sacks, Schegloff, & Jefferson, 1974; cf. Hepburn & Bolden, 2013). On the one hand, a gap refers to silence that takes place *between* turn-constructive units and in transcripts is placed in on a separate line. On the other hand, a pause refers to

silence that occurs *within* a single turn-constructive unit and in transcripts is placed on the same line as the prior talk.

While speakers may (and often do) treat even very short gaps (such as, a micro-pause or 0.1 second) as interactionally significant (Kendrick & Torreira, 2015; Stivers et al., 2009; Torreira, Bögels, & Levinson, 2015), Jefferson (1989) has proposed the notion of a metric (or “standard maximum tolerance”) of roughly one second, at which point interlocutors make take active measures to address whatever problem the silence is indicative of. For example, the speaker of an initiating action may then re-take the floor to pursue a response.

Basic methodological procedures

In the sub-sections below, I provide a brief overview³⁵ of the basic methodological procedures that I followed for the current study.

1. Data Collection & Transcription

As discussed earlier in the “Data” section, the data utilized for this study were pre-collected by *HelpNow*’s staff. Once shared with the researcher, the audio recordings were then transcribed using the standard set of conversation analytic transcription conventions originally developed by Gail Jefferson (Atkinson & Heritage, 1984; Hepburn & Bolden, 2013). These conventions were used to create detailed written representations of the recorded conversation by

³⁵ For a more comprehensive discussion of CA’s methodological principles, see Sidnell (2013), Heritage and Clayman (2010), Clayman and Gill (2004), or Raclaw (2015).

capturing production-related features of the recordings (including sound stretches, speaker overlap, laughter, in breaths and out breaths, etc.). Pseudonyms were used in place of where any identifying information (e.g., names, places) originally appeared in the recordings. A key showing the transcription conventions can be found in Appendix A.

I transcribed 5 calls in their entirety for the current study. For the remainder of the calls, each call was only transcribed from the beginning of the call (Chapter 4) through the caller's initial presentation of their crisis or problem (Chapter 5) and up to a point where call takers' specific techniques for responding to callers' crises or problems were observable (Chapter 6).

2. Data Analysis

Following and in parallel with the transcription stage, the data were analyzed inductively in order to reveal how the participants organize their interaction on a turn-by-turn, action-by-action basis. This process of analysis involved the researcher listening closely to the recordings (while using the transcript as an aid) in order to produce analytic observations about participants' communicative conduct. Phenomena that could have been identified at this stage include particular interactional practices related to issues like the organization of social action, conversational repair, turn taking, or the overall structural organization of interaction, among many other possible topics (see Chapter 2; cf. Clayman & Gill, 2004). Once a candidate phenomenon was identified (see Chapters 4, 5, and 6 for the phenomena that were chosen), I proceeded to

develop a detailed account of a single case of the phenomenon. This included describing core features of the target phenomenon, often regarding dimensions such as action, composition, and sequential position.

After I developed a detailed analysis of a single case for a particular phenomenon, I then assembled a larger collection of cases.³⁶ To do this, I returned to other data in order to build and analyze a collection of similar cases of the target phenomenon. I utilized a spreadsheet software to create sub-collections for each of the core phenomena explored in the dissertation (see Chapters 4, 5, and 6). This allowed me to systematically document and track the interactional features of each call as they were related to each sub-collection. Throughout this highly iterative process, my analytic claims about each interactional phenomenon were continually refined through repeated examination of the instances in each sub-collection (Schegloff & Sacks, 1973).

Conclusion

This chapter has given an overview of the data and methods which form the basis of the dissertation. First, I presented ethnographic background about the help line organization that provided the calls for the study. Second, I provided an overview of the data set of previously recorded audio recordings of *HelpNow* calls. Third, I described some of the basic epistemological principles and Conversation Analysis as well as the basic methodological procedures I followed in conducting the current study.

³⁶ Alternatively, for examples of the insights that can be gained from single-case analyses, see Schegloff (1984) or Whalen, Zimmerman, and Whalen (1988).

Chapter 4: Negotiating identities and relationships in call openings

The openings of interactions have long been a source of great interest for scholars of language and social interaction. Research on this topic has spanned ordinary face-to-face conversation (Pillet-Shore, 2012), technologically-mediated interactions (Hopper, 1992; Luke & Pavildou, 2002; Schegloff, 1968, 1986), interaction in public spaces (Mondada, 2009) as well as in institutional settings (Coupland, Coupland, & Robinson, 1992; Mortensen & Hanzel, 2014; Robinson, 1998). Schegloff (1979) describes this particular phase of interaction as follows:

“The opening is a place where the type of conversation being opened can be proffered, displayed, accepted, rejected, modified – in short, incipiently constituted by the parties in it” (p. 25)

In the case of crisis help lines, openings provide a rich site for examining how both parties come together (via the telephone) and jointly coordinate “what kind of call this is.” The central aim of this chapter is to investigate the organization of call openings and the interactional practices through which callers and call takers jointly accomplish identities and relationships.

Investigating the openings of crisis line calls is important for several reasons. First, it provides insight into how callers and call takers jointly establish an understanding of the callers’ presenting concern (“reason for calling”) that will shape the core interactional business of the call. Second, in a more practical sense, this research can shed light on effective practices for how call takers can facilitate a smooth transition from the opening of the call into where they address the callers’ crisis or problem. Taken together, these key reasons for studying

crisis call openings further contribute to our understanding of the communication processes involved when call takers first answer the phone and begin helping someone in distress.

The structure of this chapter is as follows. First, I provide an overview of prior literature related to openings in ordinary conversation and institutional interaction, including telephone help lines. Next, I examine interactional practices associated with three different caller identities: first-time caller identities, regular-caller identities, and return-caller identities. To conclude, I summarize the findings discussed in the chapter and suggest some implications of this work.

Openings in ordinary conversation

Seminal research by Schegloff (1968, 1979, 1986) has described a series of routine tasks that participants display orientations to accomplishing while getting an interaction started. The key action sequences through which participants jointly coordinate this series of tasks include:

- *summons – answer sequence*: deals with the interactional availability of interactants with one party producing a “summons” (e.g., “Hey Tony?”) and the other an answer (“Yeah?”)(Schegloff, 1979). It is through this mechanism that participants begin to jointly coordinate entry into a sustained interaction. On the telephone, the summons takes the form of the telephone ringing (since it summons the answerer to begin an interaction) and the answer is constituted by the answerer’s first turn upon picking up the phone (e.g., “Hello?”)(Schegloff, 1979);

- *identification/recognition sequence*: involves participants managing individual or categorical identities via displays of recognition and/or self-identification. Among intimates, recognition is preferred over identification (Schegloff, 1979);
- *greeting-greeting sequence*: consists of participants each producing greetings and may not necessarily be produced as distinct from the identification/recognition sequence (Schegloff, 1979);
- *general-state inquiry ("how are you") sequence*: deals with participants checking in with one another's general well being and provides an opportunity to make it "a matter of joint priority concern" (Schegloff, 1986, p. 118). These sequences are often reciprocated and thus occur over the course of two rounds of the sequence.

It is through the conversational mechanisms described above that participants confirm that they will enter into a sustained interaction, (re)constitute a relationship, and eventually move into addressing the primary business of the call (often introduced in the "anchor position", i.e., immediately following the openings; see Schegloff, 1986, p. 116). While openings have been found to hold important differences across institutional settings (e.g., Whalen & Zimmerman, 1987; Robinson, 1999), the core mechanisms of ordinary conversation represent a foundation upon which institutional interaction is communicatively realized and managed (Schegloff, 1986). In the case of *HelpNow*, as I discuss later, it is through these same conversational mechanisms that callers and call takers display their expectations about being recognized.

In telephone conversation, participants' lack of visual access means they must closely rely on specific interactional resources to deal with identification/recognition issues in the openings (Schegloff, 1979). The third turn of these openings – the caller's first speaking turn - has been found to be a key sequential location for identification/recognition work. This turn occurs after the called party has already delivered a response to the summons (i.e., the phone ring) and thus provided a voice sample for the caller to inspect for recognition. As a result, the caller's first turn is often the first opportunity for him/her to embody a claim to have recognized the called party simply based on their response to the summons. Some of the turn components that may occupy this sequential position to claim recognition include a greeting (e.g., "Hi") or a greeting and address term with terminal intonation ("Hi Tim."). These actions then invite a reciprocal display of recognition from the recipient.

Displays of recognition at these earliest opportunities in the opening demonstrate how the interactional work of exchanging greetings and identification/recognition can be accomplished in the course of a single sequence (i.e., without the need for a distinct sequence to be produced for the latter task). In the following extracts taken from telephone conversations, the participants jointly work through several opening sequences. Of particular significance for the current chapter is the way in which the calling and answering parties manage the work of identification/recognition:

Extract 4.1 [Hyla & Nancy]

01 ((ring))

02 Nancy: H' llo:?

03 Hyla: Hi:,
 04 Nancy: ↑HI::.
 05 Hyla: Hwaryuhh=
 06 Nancy: =↓Fi:ne how'r you,
 07 Hyla: Okaa:y
 08 Nancy: [Goo:d, '

Extract 4.2 [Schegloff 1979: 37 (CF, #145, 48)]

01 ((rings))
 02 Charles: Hello?
 03 Yolk: Hello Charles.
 04 (0.2)
 05 Yolk: This is Yolk
 06 Charles: Oh hello Yolk

In both of these cases, through the basic machinery of openings, the participants display their expectations for other recognition over self identification. Both instances include a summons – answer sequence (lines 01 – 02), with the phone ringing being answered by the call recipient with “Hello?”. Then, recognition/identification matters get dealt with quite differently in each case.

In Extract 4.1, Hyla (the caller) produces the first greeting in line 03, which is met with a reciprocated greeting characterized with downward intonation from Nancy (the called party) in line 04. In this brief sequence, both participants use the basic conversational mechanisms of greeting sequences to display embedded recognition of one another's identities (with no names presented) and

a type of familiarity that comes with having a prior relationship. Following this in line 05, Hyla initiates a general-state inquiry sequence (“Hwaryuhh=”), which is met with a corresponding responding action from Nancy in line 06 (“Fine”) and then the reciprocation of the inquiry, now addressed to Hyla (lines 06 – 08). On the whole, this case demonstrates how participants can achieve embedded mutual displays of recognition through some of the routine practices of conversational openings.

Extract 4.2 depicts an opening that unfolds quite differently in terms of identification/recognition work. After Charles has produced an answer to the summons (thus providing a voice sample for his recipient) in line 02, Yolk produces a greeting and Charles’ first name. This turn simultaneously displays his recognition of the called party and, in doing so, provides a voice sample for Charles to provide reciprocal recognition. However, a gap (0.2) indicates a possible problem with Charles reciprocating such a display and is followed by self-identification from Yolk (line 05). In short, this case shows how, using the practices of conversational openings, one party can display recognition of their recipient while simultaneously conveying an expectation for them to do the same (which in this case, proves to be unsuccessful on Yolk’s part).

These two cases both depict some of the core conversational mechanisms through which participants co-construct the beginning of a conversation. The routine tasks of identification/recognition may depend on specific interactional resources (address terms, voice samples) and prior familiarity with one another’s voices. In turn, the way in which such sequences

unfold may have consequences for the encounter that ensues (Schegloff, 1979). In *HelpNow* calls, as I discuss in the remainder of the chapter, it is these same conversational mechanisms that form the basis through which, if it is relevant, a prior institutional relationship may be renewed and renegotiated between callers and call takers.

Institutional openings on help lines

Several key studies on help lines have discussed the relationship between the institutional agenda of a help line and the communication that occurs between its callers and call takers. More specifically, these studies have documented how a help line's institutional goals can shape the way in which the call openings may unfold. This includes some of the routine tasks that institutional members may need to accomplish early on in the call, such as providing a space for the caller to introduce their reason for calling, displaying what they already know about a caller after they were transferred, displaying what they remember about prior interactions with a caller, or preserving callers' anonymity. In each case, the institutional character of the help line can shape how callers and call takers coordinate the first few moments of their call together.

Classic work by Whalen and Zimmerman (1987) investigated the specialization and reduction of ordinary conversational practices during openings on 911 help lines. In light of the task-oriented and impersonal character of these calls, the *greeting* and *how are you* sequences typical of ordinary telephone calls were found to be absent generally. These omissions, they argue, indicate call

takers' (as well as callers') orientations to the instrumental character of the interaction. This early help line research was innovative in that it systematically documented how the basic mechanisms of conversation openings could be adapted to fit particular institutional roles and needs (such as for 911 emergencies).

Research on cancer help lines by Leydon, Ekberg, and Drew (2013) examined the role of institutional goals in the ways callers and call takers negotiate alignment during call openings. More specifically, they focused on openings where front line call takers must answer calls and then transfer them to a specialist nurse. In the cases where the specialist nurse began their interaction by displaying what he/she already knew about the caller's health (via the front line call taker), they found that callers would straightforwardly proceed to engage in a telling regarding their reason for calling. However, in cases where the specialist nurse did *not* present what he/she were already told (by the front line call takers) in the opening of their interaction (i.e., after being transferred), the callers struggled with how to proceed with their telling while also managing the normative pressure not to tell the nurse what s/he already knew (cf. Sacks, 1992: Vol. 2, p. 438). In short, this study highlights some of the ways in which institutional goals and protocols may shape how call takers go about negotiating an effective call opening to facilitate the call's smooth progression towards help provision.

Another help line study by Shaw and Kitzinger (2007) examined how institutional goals can shape how personal memory becomes an institutionally-

relevant and interactionally-managed resource. In focusing on call openings involving a single call taker at a home birth line, they describe several conversational methods through which both callers and call taker managed a *recognition-solicit sequence*. These sequences involve the caller prompting the call taker to remember their previous interaction(s). One set of practices they analyze is related to the turn formats callers use when disclosing their first names. The turn formats used by some callers (e.g., “My name’s Dennis”) claim little in terms of prior history with the call taker or institution, while turn formats used by those who *have* called before (e.g., “This is Galina” or “It’s Galina”) enact a claim to recognizeability. These authors’ findings regarding the interactional management of memory are also pertinent to the current study of crisis help lines. Callers and call takers may talk on more than one occasion (i.e., phone call), thus leading to a range of interactional considerations that may include displaying recognition of their recipient and/or remembering specific details of prior interactions.

A final study regarding openings and institutional goals is Danby, Baker, and Emmison’s (2005) work regarding identification and anonymity. Drawing upon calls to an Australian children’s help line, they found the format of call takers’ initial turns to include both a response to a summons and standard institutional identification (“Hi there Kids Helpline”). In not including any type of personal identification (e.g., “My name is Kelly”) or direct problem solicitation (e.g., “how can I help you?”), this format enacts a less constraining type of “sequential implicativeness” (Schegloff & Sacks, 1973) for the recipient. Thus,

the design of this element of the opening upholds a sense of anonymity (i.e., with there being no implied obligation for the caller to reciprocate with their own name, cf. Sacks 1992: Vol 1, p. 4) and does not presume the caller is in need of “help”. While this and other help lines (including *HelpNow*) may share a similar policy of preserving anonymity, it must be pointed out that even in such circumstances callers may choose to conduct themselves in ways that either follow this policy (e.g., by providing a nick-name or a fake name) or reject it altogether (i.e., providing their full legal name to the call taker). This will have important consequences for the later analysis of how callers and call takers go about exchanging names in the opening of the call.

To summarize, the studies reviewed here provide insight into how openings may unfold on a variety of different help lines. More specifically, their findings show how a help line’s institutional goals can shape (and be shaped by) the way in which the beginning of the call unfolds. Most of the themes spanning these studies will emerge again in the analysis portion of this chapter. In the next section, I lay out some components of callers’ and call takers’ first turns.

Call openings at *HelpNow*

The openings of calls made to *HelpNow* are a useful place to begin to see how the conduct of callers and call takers shapes (and is shaped by) the institutional context starting in the first moments of the call. While the call taker’s first speaking turn typically follows a uniform format, the *caller’s* initial speaking turn may include turn-design elements that pre-characterize the urgency of the

call, provide his/her name (or preserve his/her strict anonymity), and more generally, present him/herself as someone who has called *HelpNow* before or who is calling for the first time. In what follows, I describe the components of call takers' and callers' first speaking turns.

Call takers' first turn

Like many other help lines (e.g., Whalen & Zimmerman, 1987), the institutional member who answers the phone displays their institutional affiliation in their very first turn. Extract 4.3 illustrates the structure of the call taker's initial turn of the call opening:

Extract 4.3: Crisis #059_0354

001 CT: Hello. ← [Response to Summons³⁷]
 002 (.)
 003 CT: This is HelpNow ← [Institutional Identification]

This extract depicts the typical two-component design of the call takers' initial turn. In line 001, the call taker produces an "answer" to the summons constituted by the telephone's ring (Schegloff 1968, 1986). After a gap (line 002), the call taker provides an institutional identification, "This is *HelpNow*", stating the name of the institution the caller has reached, which makes it possible for the caller to ascertain whether s/he had dialed the right place.

³⁷ As discussed in Chapter 2, *HelpNow* administrators employed a system for recording that consisted of an automated audio message that played after the call taker answered the phone and before the call taker produces a response to the summons. In light of this, there is roughly ten-second gap (i.e., while the automated message is playing) between when the phone ringing ceases and when the call taker produces their initial speaking turn (in this case, line 001).

Although rare, a portion of the calls that were examined for this study included a variation of this initial turn format. In addition to the response to the summons and institutional identification, this alternative turn design includes a solicitation question, "Can I help you?", which more explicitly frames the interaction as one between a help provider and a help seeker:

Extract 4.4: #042_0274

001 CT: Hello: this is HelpNow.

002 Can I help you?

In line 001, the call taker produces a greeting and institutional identification as a compound turn. This is followed by a problem/request solicitation in line 002 ("Can I help you?"). Research on consumer-oriented help lines has documented a similar practice in a call taker's opening turn. For instance, Baker, Emmison, and Firth's (2001) research on computer support help lines documented practices such as "How can I help you?" or "What can I do for you this morning?", which presume that the caller is in need of some type of assistance. It is important to note the difference in sequential implicativeness in this design as compared to the aforementioned, more typical format (simply "Hello this is HelpNow", without any problem solicitation).

Here the action format creates a constraint for what can be produced as the conditionally relevant next action (a reason for calling). A possible interactional consequence of such a turn could be truncated openings since the caller's problem is solicited *prior to* the occurrence of other possibly canonical opening sequences (e.g. greeting sequence, "how are you" sequence). While the presumption of "needing help" might indeed hold for many of *HelpNow's* callers,

the use of this practice is generally discouraged in an effort to allow the callers themselves to define the terms of the call (also known as a “non-directive” approach, see Chapter 3).

Callers’ first turn

While the call taker’s initial turn design (and its underlying institutional logic) is important, it is perhaps more interesting analytically to examine how callers *respond* to this opening move. For even if a practice is implemented across all calls to *HelpNow*, its callers may still opt to either produce an aligning course of action or initiate a different, divergent course of action (though the latter would be highly marked and not constitute an “equal” alternative). This sequential position, the caller’s initial turn, is a crucial one for both callers and call takers as they begin to jointly construct the type of call that is being entered into. It is possible that, from this initial turn, the call taker may get a sense of whether the call will consist of, for instance, a situation requiring emergency intervention, a conversation with an emotionally distraught caller, or an interaction with a caller who “just wants to talk”.

The following pair of cases (Extract 4.5 and Extract 4.6) illustrates some of the mundane ways in which callers may present themselves as different types of callers. Each case begins in a similar fashion with the call taker producing an answer to the summons (phone ring) and then an institutional identification (“This is HelpNow”). It is after this point, however, where the callers take their first turns, that the two calls begin to diverge from one another:

Extract 4.5 [021_0193]

001 CT: Hello. (.) This is HelpNow,
 002 (0.2)
 003 CL: →Yeah I would just like to talk for
 004 →just a little while?,
 005 CT: Alright,
 006 (0.3)

Extract 4.6 [038_0266]

001 CT: Hello.
 002 (.)
 003 CT: This is HelpNow.
 004 (0.4)
 005 CL: →This is Sama:ntha. Who's this,
 006 CT: →Hi Samantha. This is Gina.
 007 CL: Yea: I had a feeling it was
 008 yo:u.(...)

In Extract 4.5, in line 03, the caller produces a turn that includes a formulation of a projected activity (“I would like to talk”) along with the minimization ‘just’ prior to “a little while” and “like to talk”. This construction works to present the caller’s business as non-urgent (i.e., not suggesting one is at imminent risk for self-harm). Additionally, the caller’s turn in lines 003 and 004 makes available a pre-characterization of the caller’s reason for calling (see Chapter 5). In line 005, the call taker responds by granting the caller’s request to proceed with the call.

Extract 4.6, in contrast, depicts a caller who presents herself quite differently. In line 004, the caller uses her initial turn to first identity herself by

name (“This is Samantha”) and immediately moves to inquire about her interlocutor’s identity (“Who’s this”), indicating she does not recognize the call taker. In line 006, the call taker then produces a greeting (incorporating the caller’s name) and then provides a reciprocal identification (and fitted-next action with regard to her prior inquiry) with “This is Gina”. The caller suggests she may have initially recognized the call taker’s voice (“I had a feeling it was you”), thereby demonstrating her knowledge of particular call takers, such as Gina.

In the subsequent sections of the analysis, I focus on three types of interactional identities that emerge through the opening phase of the calls in the collection: First-time callers, regular callers, and return callers. I do not consider the factual veracity of these categories (i.e., determining whether or not a given first-time caller has in fact never called before by examining call records) but instead focus on the interactional practices through which each party constructs a “presentation of self” (Goffman, 1959) that is either taken up or challenged by their interlocutor.

It is important to mention that each of these identity categories is important from an *institutional* point of view in addition to a scholarly one. My observations as a *HelpNow* call taker indicate that these identity categories are commonly invoked during crisis-center trainings as a way of socializing new call takers into procedures for dealing with different types of callers (and the possible risk-related implications of each). A further way these identities are made meaningful for the institutional members is via regular center management meetings. At these

meetings, it is common for administrators to discuss details of notable recent calls - including their status as new or regular callers.

Lastly, equivalent labels for *each* of these three identity categories are encoded within a drop-down menu in the call-report software that call takers must complete after each call (see Chapter 3). What this amounts to for a call taker when they go to complete the call report is that they must (among many other on-screen fields) categorize the caller as being one of several different types of callers who tend to use the service. These labels include “hang up” (when the caller hangs up upon the call being answered), “silent caller” (when the caller is on the line but does not say anything), and three labels that roughly align with the categories to be presented in the subsequent analyses (first-time caller, return caller, and regular caller).³⁸ In the sections that follow, I give an overview of the sets of practices callers used to present themselves as particular types of callers as well as their interactional consequences for how call takers go about managing the call.

Presenting oneself as a first-time caller

Some callers may be dialing up *HelpNow* for the very first time. Although it is almost impossible to know on a “factual” level whether or not any caller had truly never called before (at least, without looking at actual call records), we can look at how callers display an orientation towards the institution in the very first moments of the call for insight into this issue. The caller practices discussed here

³⁸ See the Figures in Chapter 3 for screen shots of select portions of the call report interface.

also provide call takers with an initial sense of the *type* of call both parties have just entered into (e.g., the degree of urgency). Two practices will be presented from a sub-collection of 25 calls where callers present themselves as first-time callers³⁹: First, a practice for disclosing one's name that displays no assumption of recognition; and second, a pre-characterization turn that makes available to the call taker an initial characterization of the caller's reason for calling.

Practice #1 – Formulation of caller-initiated personal identification

A cornerstone of the *HelpNow* help line, like many other crisis lines (Lester, 1977), is the expectation of caller anonymity. In light of this, it is rare for call takers to ask for a caller's name (there are exceptions which I discuss later on). At the same time, callers themselves may choose to initiate a disclosure of names in the opening through a *name-disclosure formulation*. When callers do provide names, typically only a first name is given (thus preserving some veil of anonymity).⁴⁰ Aside from these general considerations, the particular practice examined here involves callers disclosing their name using a particular type of formulation (e.g., *My name is X*) that presumes no recognition from the call taker (Shaw & Kitinger, 2007).

³⁹ Note: The total cases from each of the three identity-related sub-collections analyzed in this chapter does not equal 115 (the total number of calls in the data set) because some calls did not neatly fit into one of the categories.

⁴⁰ Although crisis services are typically advertised as being anonymous, it is common practice for caller ID technology to be available in most call centers. Whether or not callers have any awareness that their phone number (and often the head of household's name) is accessible to the call taker is difficult to discern.

Extract 4.7 below illustrates how (and where) a caller may initiate this action within the opening phase of the call:

Extract 4.7 [43_0298]

001 CT: Hello?
 002 (0.3)
 003 CT: This is HelpNow.=
 004 CL: =Ye- (0.2) Hi.
 005 (0.2)
 006 CL: → U-my name's Dennis and I
 007 don't have an emergency,
 008 I just wanted to talk for
 009 a while?
 010 (0.8)
 011 CT: Oka:y,

This excerpt shows how a caller begins a call by offering his name (unsolicited by the call taker) in a way that presents him as a first-time caller. Starting in line 004, latched onto the call taker's institutional identification, caller begins and abandons a turn ("Ye-") before producing a greeting ("Hi"). After a gap in 005 (where the caller may also produce identification, begin the reason for calling, or defer to the call taker's possible solicitation of a reason for calling), the caller proceeds to provide his first name ("My name's Dennis") using a format which suggests he presumes no recognizability on part of the call taker and may be calling the line for the first time (Shaw & Kitzinger, 2007). Thus, in using this personal identification form, the caller enacts an interactional identity as a first-time caller.

In the next instance, Extract 4.8, a caller's personal identification occasions a similar self-identification from the call taker:

Extract 4.8 [067_0409]

001 CT: Hello.
 002 (0.3)
 003 CT: This is HelpNow.
 004 (0.8)
 005 CL: → H:- hi:ya my name is Andrew and I
 006 just wanted to talk for a lil' bit.=
 007 CT: → Hi Andrew. Okay:h. My name is Kate.
 008 (0.4)
 009 CL: Hi Kate.

In line 005, the caller produces a greeting (after a self-repair) and, in the same unit, produces his personal identification that does not claim recognizeability ("my name is Andrew"). He also adds a formulation that characterizes his reason for calling ("I just wanted to talk for a lil' bit"). Later, in the final unit of the call taker's turn (line 007), the call taker treats the caller's self-identification as making a reciprocal move relevant by disclosing her own name ("My name is Kate"). This case provides an illustration of how a proffer of a name by a caller can engender a reciprocal proffer by the call taker. In this way, both parties move to the next portion of the call having constructed a more "personalized" climate through the exchange of first names.

The next instance, Extract 4.9, illustrates a similar sequential environment in which personal names are reciprocated:

Extract 4.9 [027_0215]

001 CT: Hello.
 002 (0.2)
 003 CT: This is HelpNow.
 004 (0.4)
 005 CL: Hi:..
 006 (0.2)
 007 CT: Hello:..
 008 (0.6)
 009 CL:→ (uh/hi) my name's Ma:tt.
 010 (0.2)
 011 CT: Hi Matt this is Gina.

This extract shows another case of personal names being reciprocally exchanged. After exchanging greetings (lines 005 and 007), the caller produces a personal identification that does not claim recognizeability ("My name's Ma:tt"). This format thus constructs the caller as a first-time caller. After a gap (line 010), the call taker again redoes her greeting, though this time incorporating the caller's name ("Hi Matt") and incorporating her own name ("this is Gina"). Here the caller is shown to provide her name in a post-greeting position.

Other calls in the collection feature callers who do *not* volunteer their names. While securing the caller's first name is not a required task for call takers, call takers may display an orientation towards pursuing it for a variety of reasons. For instance, securing a name allows the call taker to use it to address the caller more explicitly throughout the call (e.g., "That sounds really difficult to deal with,

Jim”⁴¹), to create a more personalized call environment for the caller, as well as to enter further information into *HelpNow*’s call log software. In any case, this particular practice through which some callers disclose their name can be linked to the first-time caller identity category.

Practice #2: Pre-characterizing a reason for calling

A second practice used to enact a first-time caller identity in openings is a *pre-characterization* of the caller’s reason for calling *HelpNow* (which I analyze in Chapter 5). A pre-characterization projects a larger multi-unit telling and makes relevant a go-ahead response from the call taker (e.g., “Sure”) to forward the larger multi-unit telling that is projected (Schegloff, 2007). In addition, as I show below, the action enacts the caller’s uncertainty as to whether their reason for calling fits within the scope of *HelpNow*’s institutional mission. As a result, the caller’s use of this practice enacts the identity of someone who has never called before and does not possess adequate knowledge of the institution.

In Extract 4.10 below, the caller utilizes a pre-characterization that makes available minimal information about his projected reason for calling:

Extract 4.10 [Crisis_021_0193]

001 CT: Hello. (.) This is HelpNow,
 002 (0.2)
 003 CL: →Yeah I would just like to talk for
 004 →just a little while?,

⁴¹ Also see Clayman’s (2010) analysis of the use of address terms in political news interviews as a way of doing “speaking from the heart” (p. 173 – 179).

005 CT: →Alright,

While I will return to this case to discuss how callers present their crises or problems (see Chapter 5), the pre-characterization is analyzed here strictly in terms of what it accomplishes the call opening. In lines 003 – 004, the caller's pre-characterization is designed with the minimization 'just' and the temporal construction 'a little while', alluding to a certain *type* of reason for dialing the line that is non-urgent in nature (e.g., not suggesting one is at imminent risk for self-harm).

In addition, the caller's use of the verb 'to talk' explicitly identifies a *type* of activity that they are requesting to proceed with. Raymond (2013) has described this type of action format as *explicit action formulation* since the very composition of the action includes a word that is typically used to refer to that class of action (e.g. "I would like to *request* something"). In his analysis, this type of action format displays the speaker's lack of entitlement to do the projected action. Callers who utilize this format, then, may be enacting a lack of entitlement to what may become the focal activity of the call. By enacting a lack of entitlement via this explicit action formulation format, the caller displays a lack of institutional knowledge as to whether the projected matters are appropriately fitted to the institutional mission of the help line.

As a part of this particular caller's broader pre-characterization, no specific troubles or topics have been nominated to serve as the focus of the interaction that will constitute the basis for the call. In line 005, in response to the pre-characterization, the call taker's granting ("Alright") affords the caller the opportunity to continue with the projected activity ("to talk").

In short, Extract 4.10 shows how the work of presenting one's reason for calling may be initially launched as part of a larger course of action that projects an expanded sequence. The caller first launches a pre-characterization (including an explicit action formulation) that makes available minimal information about *why* he called the line (in terms of a larger desired activity, "to talk"). In treating this action as making relevant a go-ahead response ("Alright"), the caller invites the caller to proceed with the more specific troubles he wishes to present in the call.

Callers' use of an explicit action formulation may also vary in terms of how they display an orientation to various known or anticipated contingencies. Curl and Drew (2008) examine how request formats may indicate attentiveness to two core assumptions: first, the degree to which the speaker finds themselves to be entitled to produce the request (or to the thing being requested); and second, the contingencies associated with the recipient's ability to fulfill the request.

Extract 4.11 shows another instance of a caller's pre-characterization that incorporates an explicit action formulation with low-entitlement design features:

Extract 4.11 - [066 0408]

001 CT: Hello. This is HelpNow.
 002 (0.3)
 003 CL: Um yes hello?
 004 CT: Hi:..
 005 CL: Um hi:..
 006 (0.6)
 007 CL: →Um (.) I was hopin' to talk with

008 →someone.
 009 (0.2)
 010 CT: Okay. What's going on,

In line 005, the caller redoes her greeting and (after a gap) produces an explicit action formulation (“I was hopin’ to talk with someone”). This action articulates the type of activity that is projected to follow (“talk”) and a non-specific reference to the desired recipient (“someone”).

While the caller’s explicit action formulation (“talk”) suggests a characterization of the call as more informal and non-urgent, the use of the construction “I was hoping” suggests a lack of entitlement to the action. Next, after a gap (line 009), the call taker gives a go ahead (“Okay”) and issues a topic proffer (“What’s going on”) that demonstrates some orientation to what the caller projected to follow (“talk with someone”). In short, this case shows a how the design of a caller’s pre-characterization can display an orientation to the possible contingencies involved in the call taker’s ability to take the call. Furthermore, it provides further evidence for how callers may display uncertainty about the institution and thus enact a first-time caller identity.

Yet callers may also produce pre-characterizations in ways that are more entitled. In Extract 4.12, the caller deploys a pre-characterization with high-entitlement design (yet without proceeding directly to their focal problem presentation):

Extract 4.12 - [108 0582]

001 CT: Hello. This is HelpNow. Can I
 002 help you,

003 (0.6)

004 CL: →Hi I wanna talk to somebody.

005 (0.2)

006 CT: .hh HI you can talk with me. This

007 is Sarah.

008 (0.9)

009 CL: Yeah:. My life is (). And I-

010 everything I've done to fix it isn't

011 working, (...)

This case shows a caller initiating a pre-characterization in a high-entitlement format. In line 04, the caller begins with a greeting (“Hi”) and then produces a pre-characterization (“I wanna talk to somebody”). The latter action is designed with an explicit action formulation (“talk”), a display of high entitlement (the form ‘I want to’), and specifies a general recipient (“somebody”). While it is possible to view this pre-characterization less indicative of a caller with no knowledge of the institution, it might still suggest a first-time caller identity given that the caller chose to pre-announce their reason for calling this way rather than introduce it right away.

After a gap (line 005), the call taker produces a reciprocal greeting and then a granting response designed with declarative syntax (“You can talk...”). This latter action identifies the call taker as a recipient capable of assisting the caller. In lines 006-007, the call taker also produces a personal identification

(“This is Sarah”)⁴². It is possible that this action orients to the uncertainty (and perhaps impersonal character) that is reflected in the caller’s nomination of “somebody” as a possible recipient. In this way, the call taker works to construct a more personable and comfortable call atmosphere for the caller early on in the call.

These two practices, caller-initiated personal identifications (in the “My name is X” format) and pre-characterizations of their reason for calling), were found to be regular ways in which callers enact the first-time caller identity category. With the first practice, caller-initiated personal identification, the caller discloses their name in a way that displays no assumption of recognizability. The second practice, pre-characterizations, involves the caller presenting an initial characterization of their reason for the call and thus the *kind* of call that is about to be entered into. The design of their pre-characterization displays callers are displaying uncertainty about whether they can proceed with their desired activity. In the next section, I shift the focus to practices for enacting a *regular-caller identity*.

Presenting oneself as a regular caller

HelpNow’s call takers go through a comprehensive help line training to be prepared for a variety of different callers, crises, and risk-related circumstances. Although these individuals must be prepared for callers who may be highly distressed (and possibly require intervention by police and psychiatric

⁴² It is also possible that this turn suggests possible recognition (i.e., the call taker displaying recognition of the caller).

professionals), they are also trained to deal with many moderate and low risk circumstances. In particular, a subset of low-risk calls come from individuals who call the line on a regular basis. Many of these callers suffer from serious mental illness or other chronic health problems. As new call takers are taught during the training, *HelpNow* (and possibly other help lines) serve as their “anchor” in a life where much is uncertain (see further discussion in Chapters 2 and 3 regarding what scholars have termed as “chronic callers”).

While the prior section focused primarily on the practices used by *callers*, this section will focus on broader practices that require callers *and* call takers to jointly construct (and validate) a *regular caller identity*. Two discursive practices have been observed across a collection of 46 calls⁴³ involving callers who present themselves as regular callers. These practices are as follows: First, regular calls may utilize a particular format where they provide their first name in a way that embodies a claim to their identity being a recognizable one (e.g., *This is X*); second, call takers may initiate “how are you” sequences in a manner that claims recognition of regular callers. These two practices demonstrate how both callers and call takers incrementally negotiate who they are to one another and, if appropriate, potentially arrive at a more “personalized” help line experience.

⁴³ Note: The total cases from each of the three identity-related sub-collections analyzed in this chapter does not equal 115 (the total number of calls in the data set) because some calls did not neatly fit into one of the categories,

Practice #1 – Format of personal introduction (and inviting recognition displays)

One of the first ways in which callers may present themselves as regular callers is the manner in which they announce their identities at the earliest point in the call opening. While callers who present themselves as first-time callers may also offer their name in this position (the caller's initial turn), those who present themselves as regular callers utilize a particular name-disclosure formulation which *presumes* recognizability (Shaw & Kitzinger, 2007). This type of action format implicates both the memory of the call taker on the call as well as the larger institutional memory of *HelpNow* (in some cases, regardless of *which* call taker ends up answering the call). In using this format, the caller makes relevant a display of recognition by the call taker in the next position (Baker, Emmison, & Firth, 2001; Schegloff, 1979, 1986). For example, in Extract 4.13, the caller uses her first turn to establish a regular-caller identity using this type of name-disclosure formulation:

Extract 4.13 – [015 0169]

001 CT: Hello.
 002 (0.2)
 003 CT: This is HelpNo[w.]
 004 CL: → [It's] Jessica.
 005 (0.2)
 006 CT: → Hi:.
 007 (0.5)
 008 CT: [This i]s:-
 009 CL: [Well:]
 010 [(1.0)]

011 [((CL mumbles to someone nearby))]
 012 (0.2)
 013 CT: Hello:?
 014 (0.2)
 015 CL: Yeah who is this.
 016 CT: Oh sorry this is Gina.

This instance features a caller who formulates her personal identification in a way that presumes her recipient *should* recognize her simply based on her first name. In line 004, the caller produces a personal identification (in terminal overlap with the call taker's turn) with "it's Jessica", an utterance format that presumes recognizability and thus presents herself as someone who has called before (and who call taker may recognize by name).

Next, the call taker produces a greeting ("Hi:") which is characterized with prosodic stress and hearable as embodying a claim of recognition. After a half-second gap in line 007 (where a reciprocal greeting is relevant from the caller), both parties simultaneously take the floor in lines 008 and 009. As the call taker begins (and then abandons) a reciprocal personal identification (line 008), the caller launches what could be the beginning of her reason for calling (line 009).

Later on in line 15, the caller asks "Yeah who is this" suggesting that even though she presents herself as a regular caller (and the call taker would seem to recognize the caller), she does not recognize the identity of her call taker. This provides some support for how the epistemic asymmetry may play out in call openings. In this case, the call taker recognizes the caller (and the caller having presumed that to be possible), yet the converse is not reciprocated as the caller

shows they do not recognize their interlocutor in the same way. More generally though, this case shows that caller can use the name-disclosure format, proposing a regular-caller identity, and the call taker then validates this identity by claiming recognition of the caller.

In the next case, Extract 4.14, the call taker does extra interactional work to treat the caller's name-disclosure formulation (and *identity*) as a familiar one:

Extract 4.14 - [089 0475]

001 CT: Hello:: >[HelpNow.]<
 002 (0.4)
 003 CL:→ Hi::.. This is Samantha¿=
 004 CT:→ Hi: Samantha::.
 005 (0.5)
 006 CL: Who's this,=
 007 CT: =This is Judy,
 008 (0.2)
 009 CL: Hi Judy,
 010 (0.2)
 011 CL: I'm just having
 012 a- (hhh) (1.0) not that great
 013 day today an (.)

After the call taker's initial turn, the caller responds with her own greeting ("Hi::").

In the same turn, the caller produces a self-identification that features tri-marked intonation ("This is Samantha?,"), exhibiting some expectation to be recognized by the call taker. The call taker's uptake (line 004) is produced immediately after the caller's turn and also incorporates the caller's name ("Samantha"). This turn

by the call taker enacts a strong claim of recognition of the caller's identity, thus aligning with the caller's presumption of her own identity being a recognizable one. Both Extract 4.13 and Extract 4.14 feature a formulation of the caller's self-identification that presumes some recognition; yet the latter case exhibits the call taker as performing further interactional work (i.e., using the caller's name) in claiming alignment with the caller's embedded presumption (i.e., that their identity, as a "regular", is a recognizable one).

Some regular callers may produce a personal identification in a way that downplays its status as a focal action. In Extract 4.15, the call taker orients to a unit of talk *other* than the personal identification as a more actionable move (Note: unfortunately, the first few seconds of this call are missing):

Extract 4.15 - [019 0191]

001 ((the CT's initial turn is missing from the recording))
 002 CL: →(Yeah) it's Jessica. I'm not
 003 goin to the therapist no more.
 004 (0.2)
 005 CT: → You're not going to the therapist
 006 anymore?

In line 002, after the call taker presumably produces an answer to the summons and an institutional identification (positioned here as line 001), the caller acknowledges the prior move ("Yeah"), presumably to confirm *HelpNow* to be the institution she intended to contact. In the same turn, she produces a personal identification formulated to presume recognizability ("it's Jessica") and then continues with a report regarding her therapist.

After a gap (line 004), the call taker treats the caller's report as the actionable component of her turn (presumably her reason for calling) and attends to it by producing a full repetition of the report in lines 005 – 006 ("You're not going to the therapist anymore?", cf. Chapter 6 on repetition-based turns). This case illustrates a different sequential environment in which the caller can implement a personal identification (in this case, one in which it is adjacent to a presenting problem). This also has consequences for call takers as they need not treat the caller's personal identification as a bid for recognition but as secondary to another more actionable unit within their initial turn.

Practice #2 – 'How are you' inquiries and displays of recognition

The prior section focused on a practice that callers may use to disclose their names and indicate that they take themselves to be recognizable to the call taker, thereby presenting themselves as a "regular". A further way in which a more personalized call can be constructed in call openings is through the deployment of "how are you" sequences (e.g., Schegloff, 1979, 1986). For regular callers and call takers alike, this practice is utilized to (re)establish a relationship (i.e. following earlier interactions) and, more generally, renew a sense of rapport with the caller leading into the body of the call. In this way, "how are you" sequences are a resource for constructing a more personalized call with regular callers despite the more impersonal, institutional circumstances of their interaction.

In Extract 4.16, the call taker deploys a “how are you” to further enact her recognition of the caller:

Extract 4.16 - [041_0273]

001 CT: Hello: this is HelpNow.=Can
 002 I help you?
 003 (0.2)
 004 CL: →Yeah it's Jessica.
 005 CT: →OH HI: Jessica.=How ya doin. This
 006 is Karen.
 007 (0.4)
 008 CT: (Heh) lousy.

In line 004, the caller produces an acknowledgement token (possibly orienting to the call taker's problem solicitation or confirming the institutional identification before it) as well as a name disclosure formulation that presumes (“It's Jessica”). Next, in line 005, the call taker uses an “Oh” preface, suggesting a sudden realization (Heritage, 1984b), and then a greeting, both of which are produced with increased volume. The call taker then addresses the caller by name at the end of the unit before rushing through to initiate a “how are you” sequence (with the informal construction “How ya doin”) and a reciprocal personal identification (“This is Karen”). Each of these turn-design features bolsters the call taker's claim to recognize who the caller is (as well as strong affiliation by initiating an immediate “how are you” sequence after redoing their greeting incorporating the caller's name). All in all, this case demonstrates how the “how are you” sequence may accomplish a more “personalized” opening to the interaction.

In Extract 4.17, the call taker utilizes a “how are you” to enact their claim of the caller being a regular:

Extract 4.17 - [003_0090]

001 CT: Hello.
 002 (.)
 003 CT: This is HelpNow.
 004 (0.4)
 005 CL:→ Hi::.. This is Ta:sha.
 006 CT:→ Hi. Good morning Tasha. How are
 007 → you today,
 008 CL: Okay. (...)

In line 005, the caller produces her own greeting (with stretched production) and a personal identification (formulated to presume recognition). In lines 006 - 007, the call taker redoes her greeting (“Good morning”) in a more personalized fashion that incorporates the caller’s first name. The final unit of the call taker’s turn consists of a “how are you” query and is formulated to include the indexical formulation “today”. This “how are you” formulation targets the caller’s state on this *particular* day (as opposed to a longer period of time) and as a result, conveys a sense of having access to some of the caller’s past circumstances from earlier interactions. In this way, the inclusion of “today” implicates the recipient as someone the call taker has spoken to before (potentially even on a regular basis) and invites the caller to produce an “update” (regarding their well being, ongoing problems, etc. – see further discussion of updating in Chapter 5). In sum, this call taker presents herself as someone who, regardless of whether the caller shows they remember, has spoken to her in earlier calls to *HelpNow*.

The issue of displaying recognition may at times pose certain challenges for call takers. While a regular caller may remember his/her interactions with a call taker (and, possibly, *only* that call taker, cf. Shaw & Kitzinger, 2007), call takers may struggle with remembering the personal circumstances (and voices) of hundreds of callers. This suggests a type of what Drew & Heritage (1992) refer to as “institutional asymmetry” in that the two parties (the professional and the lay person) have differential access to particular domains of knowledge. This issue is especially relevant in Extract 4.18, where the call taker struggles to place the voice of an individual who presents herself as a regular caller:

Extract 4.18 - [009_0119]

001 CT: Hello this is HelpNow.
 002 (1.5)
 003 CT: He[llo?]
 004 CL: → [Hi:]: Dina:..
 005 → (0.8)
 006 CT: → Hi:..
 007 → (1.0)
 008 CT: → I'm sorry wh(hh)o i- Is- I
 009 → don't- I sort of don't recognize the
 010 → voice. I've got some (.) problems on
 011 → our [li:ne.]
 012 CL: [()]
 013 → (0.2)
 013 CT: → [Pardon?]
 014 CL: → [(Yeah)] we go ba::ck. This is Carrie.

015 CT: → Oh HI: Carrie. How are you.
 016 → (1.0)
 017 CT: → How are you do:[ing.]
 018 CL: → [()]
 019 CL: → .h I'm doing good. Overall I'm doing
 020 → good.< [(I am good.)]
 021 CT: → [I'm glad.] I am so glad.
 022 CL: An:d um (.) I got relocated. I walked
 023 off my job in Almont.
 024 CT: .hhh Oh [my goodness! (.) What happened,?]
 025 CL: [()]

In line 001, call taker produces an answer to the summons and institutional identification. After a 1.5 second gap (line 002) that projects a problem on the caller's end, the call taker redoes her summons answer with final rising intonation (line 3), presumably to check to see if anyone is on the other end of the line. Just after she begins this utterance, the caller produces a greeting along with a first name that displays her recognition of the call taker ("Hi Dina:.", with falling intonation that conveys greater epistemic certainty).

This turn by the caller suggests that she has spoken with the call taker before and, moreover, that they have spoken enough for the caller to recognize her simply based on the sound of her voice. After a gap (line 005), the call taker issues a reciprocal greeting with prosodic stress, thereby enacting a *claim* of recognition yet without *displaying* it (e.g. the call taker *saying* the caller's name). The absence of such a display may suggest that the call taker has encountered some trouble in identifying the caller's identity (and/or remembering her name)

based on the sound of her voice alone (and the conversational evidence that they have spoken previously).

After a gap in line 007 (where self-identification by the caller is relevant), the call taker takes the floor and apologizes for her transgression (“I’m sorry”). Continuing in lines 008 - 009, she begins to ask for the caller’s identity (which she then abandons) and then produces an account. This action begins with “I don’t” which is then restarted and reformulated with “I sort of don’t”, with the latter formulation making her claim more tentative.

In lines 010 – 011, she goes on to account for failing to recognize the caller by citing technical difficulties with the telephone line.⁴⁴ The call taker begins to produce “That’s alright” in terminal overlap with CL’s turn, accepting her apology. The call taker then initiates repair (“Pardon”), presumably targeting the caller’s (uninterpretable) utterance from line 012. Simultaneous with this repair initiation, the caller goes on to emphasize the extent of their relationship (“we go back”) before providing her first name (“This is Carrie”). It is worth noting that this name disclosure is formulated in a way that presumes recognizability (and thus something the call taker *should* remember).

The call taker immediately provides a strong, affective response: An “Oh” preface (Heritage, 1984b) suggesting a sudden realization, a prosodically-marked greeting (formulated with her name, Carrie), and a final TCU that initiates a “how are you” sequence. This latter action is characterized with a notable

⁴⁴ Based on my participant observations as a call taker in the crisis center during this particular call, it later became clear there in fact was no issue with the phone technology at all.

prosodic emphasis on “are” that may be hearable as further displaying that she recognizes the voice that goes with the provided name. A gap occurs in the next position where a type-fitted response is relevant from the caller, thereby projecting a problem.

In line 017, the call taker redoes her inquiry, this time with another strongly affiliative stance (with stress on “doing”). Although the caller comes in in line 018 in terminal overlap with the last beat of the call taker’s production of “doing”, the first discernable portion of the turn is not until 019 (after a gap) when she provides a response to the “how are you” query (“I am good. Overall I’m good”). In 021, the call taker takes the floor to receipt this response (in overlap with caller’s repeat of “I am good”) with a series of sequence-closing assessments (“I’m glad” and “I’m so glad”). Interactionally, in redoing her response with the second assessment, the call taker can be heard as stressing her satisfaction in hearing the caller’s positive report. Additionally, these actions work to embody her affiliative stance towards the caller and the history they have shared together (possibly in light of the recognitional troubles displayed earlier in the opening). In other words, by producing an empathic positive assessment, the call taker shows the caller that she does in fact remember her and thus can show greater affect in response to her report that she is doing “good”.

This case offers additional insight into how “how are you” sequences may be deployed and managed to invoke institutional identities and caller/call taker relationships. This call taker demonstrated a difficulty in displaying her recognition of the caller and subsequently accounted for it (i.e., blaming the

telephone line). Upon eventually being told the name of her recipient, the use of a prosodically-marked greeting and “how are you” initiation worked to accomplish relational work by renewing a more personalized relationship with the caller.

While “how are you” sequences may not be a regular feature in calls to *HelpNow*, they are a key resource for how callers and call takers may construct (and validate) a regular-caller identity and (re)establish a more personalized institutional relationship at the beginning of the call.

Presenting oneself as a return caller

The two identity categories that have been discussed thus far are not the only identity categories that emerged during analysis of *HelpNow* calls. As I have shown so far, while first-time caller identities may be instantiated by displaying minimal knowledge about the institution (e.g., how it typically operates, the identities of its call takers, etc.), regular-caller identities may be enacted by incorporating specific presumptions in their talk about what a call taker ought to remember (i.e., the ability to identify the caller). A third identity category, the *return-caller identity*, involve important differences from these two previously discussed categories (first time and regular caller identities).

Callers may present themselves as *return callers* by incorporating particular epistemic claims into their talk. Thus, based on the distinctive features of each, these three identity categories can be positioned on an epistemic gradient that depicts callers’ epistemic status with regard to the institution. More specifically, this includes their knowledge about the institution’s mission,

protocols, and members (including familiarity with specific call takers and presumptions about them holding personalized knowledge about the caller's circumstances). In broad terms, based on the prior analyses, the first-time caller identity can be positioned as being *low* in these terms while the regular-caller identity would be positioned as being *high* (see Figure A).

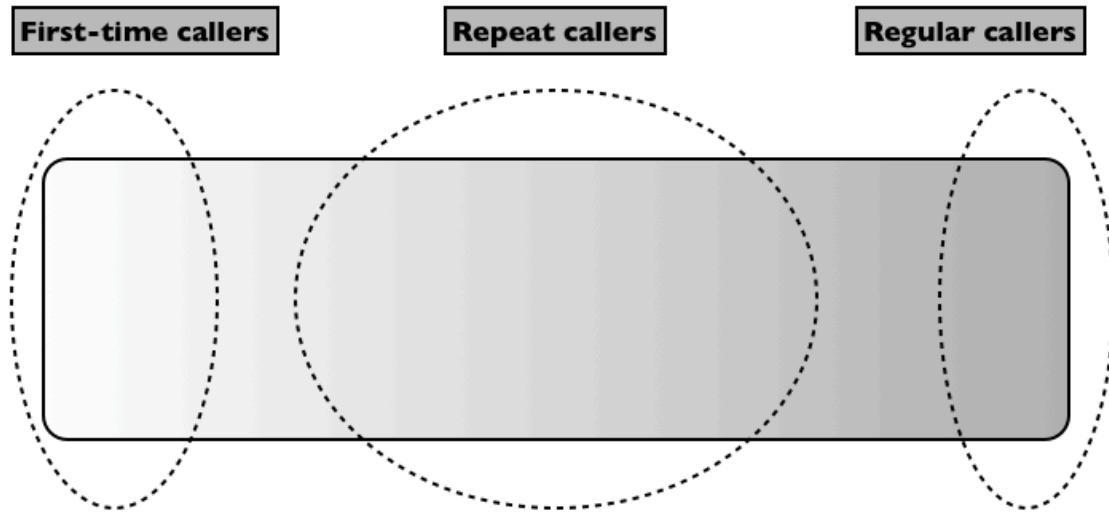


Figure A – Three identity categories as mapped on an epistemic gradient ranging from *low epistemic status* with regard to the institution (first-time callers, left) to *high epistemic status* with regard to the institution (regular callers, right).

The core practices that enact return caller identities convey that these callers possess institutional knowledge regarding *HelpNow*, yet do *not* presume *personalized* knowledge on part of its call takers (i.e., that call takers will remember details about them and/or their personal circumstances). Callers who present themselves as return-callers would seem to occupy a type of epistemic middle ground between the (relatively) opposite epistemic poles of first-time caller and regular-caller identities. Based on a third subset of calls, the analysis suggests that those who present themselves as repeat callers can do so by explicitly reporting having called *HelpNow* previously. However, at the same time, these callers do not design their actions in call openings as presuming any recognizeability on the part of call takers. Moreover, they do not display recognition of the specific call takers who answer their calls. The return-caller identity is a transitional category that, in terms of the epistemic gradient shown above, lies somewhere between first time callers and regular callers. Thus,

callers who initially may present themselves as first-time callers in their first calls to *HelpNow* may eventually adopt practices analyzed here as being associated with the repeat caller identity or regular caller identity.

Two practices will be examined from a larger collection of 8 calls⁴⁵ where callers present themselves as return callers. The first practice involves callers reporting that they have called the line before. Although this practice appears to be primarily designed to account for the current call, it can also be shown to accomplish the further interactional job of presenting the caller as a return caller. The second practice related to the return caller identity consists of callers referring to *other* call takers (i.e., not the one they are on the phone with) in a way that does *not* presume the current call taker will recognize them. This thereby suggests some uncertainty on the caller's part about how the institution operates.

Practice #1: Reporting having called previously

The first practice involves callers using the opening to explicitly report that they have called *HelpNow* previously. At this point in the opening, some callers may make available a possible account for the current call. In doing so, they present themselves as someone who may hold *greater* epistemic access to the institutional mission and procedures of the help line than those who may be

⁴⁵ Note: The total cases from each of the three identity-related sub-collections analyzed in this chapter does not equal 115 (the total number of calls in the data set) because some calls did not neatly fit into one of the categories.

calling for the first time. In Extract 4.19, within the first few seconds of the call, a caller mentions having called earlier:

Extract 4.19 - [0763]

```

001   CT:   Hello: (.) this is
002           HelpNow.=
003   CL:   =Hello
004           (0.4)
005   CL:   .hhh [yeah] hi I called=
006   CT:           [(hi)]
007   CL:   =earlier:: I (.) need to
008           talk about something

```

This extract shows how, in accounting for their current call, a caller can display an orientation towards their status as someone who is *not* calling *HelpNow* for the first time (i.e., not a first-time caller but a *repeat* caller). In line 003, the caller produces a greeting and, after a gap in line 004, continues to produce a general acknowledgement token (“yeah”) and a second greeting (“hi”).

In lines 005 and 006, the caller reports that he “called earlier”, presumably to indicate he had dialed the help line earlier that day. In performing this action at this location in the opening, the caller makes available a possible account for the current call (e.g., it makes inferable that the current call may be following up after the earlier call, or they were disconnected, etc.) and presents his problem as an ongoing one. In addition to accomplishing this accounting work, the action makes it available to the call taker that he is someone who has called the line before (a return caller). With regard to epistemics, the caller’s use of this practice

embodies *some* institutional knowledge (i.e., in claiming to have called before) while also *not* presuming personalized knowledge (i.e., no presumption that the caller is recognizable to the call taker). Further examples of this practice will also be shown in the analysis of the second practice below.

Practice #2: Using non-recognitional person reference forms to refer to other call takers

A second practice callers may use to enact a return caller identity involves specific lexical choices with regard to person reference. In particular, callers can use non-recognitional reference forms when referring to another call taker they had previously spoken to. Schegloff and Sacks (2007 [1979]) propose two preferences in formulating person reference in English: recognition and minimization. With regard to *recognition*, there is a preference that the form of reference chosen by a speaker is one that will be recognized by the addressee. An example of *recognitional* reference forms, or formulations that are designed for recognition, are personal names (e.g., “James”) and specific descriptors (“the woman from the store”). With regard to minimization, there is a preference for choosing the most minimal form (e.g., the first name “Stephen” being preferred to the lengthier “Stephen who teaches my night class”). Another way of describing these two preferences is (a) do not give *too little* information than would be required for understanding (“don’t under tell”) and (b) do not give *too much* information than would be required for understanding (“don’t over tell”)(Enfield, 2013, p. 439; cf. Schegloff, 2007a).

In contrast to recognitionals, formulations that are *not* designed for recognition (*non-recognitionals*) can take a variety of forms such as general expressions (e.g., “a woman” or “someone”) or specific descriptors (“a woman who lives around here”). In the English language, a default format informed by these two preferences is ‘first name only’ (Enfield, 2013; cf. Stivers, 2007). This typically leads to the use of personal names upon initial reference to a person in interaction. However, this earlier research also suggests that any formulations that *depart* from the most minimal form available are for “cause” and thus “doing something special” (Schegloff & Sacks (2007 [1979)).

In the *HelpNow* calls, these types of person-reference practices emerge in the ways that callers presenting themselves as return callers refer to a call taker they have spoken to in an earlier call (e.g., “A woman named Jan”). In using a *non-recognitional reference* and *non-minimal* descriptor, the caller departs from the preference for minimization to convey the presumption that the caller may not know the referenced person (thus requiring a more complex description as part of the reference). In terms of epistemics, this practice embodies *some* institutional knowledge (i.e., in demonstrating to have called before and knowing of another call taker) while also not presuming *personalized* knowledge (i.e., there is no presumption that the call taker will recognize the caller or the other call taker).

Extract 4.20 shows this practice in action when a caller refers to another call taker he had spoken to previously by means of a non-recognitional reference formulation:

Extract 4.20 - [037-0261]

001 CT: He- (0.2) hello this is
 002 He:lpNow
 003 (1.2)
 004 CL: Hi:. I called earlier: (.)
 005 and spo:ke to a woman named
 006 Su:san::.
 007 (0.5)
 008 CL: .hh I just ha(d)- going through a
 009 ba:d day today: and she to:ld me:
 010 (.) I could call ba:ck
 011 (0.4)
 012 CL: .hhh if I wasn't feeling better:

This extract shows how a reference form can embody an epistemic claim that establishes a return-caller identity. In line 004, the caller takes their first turn to produce a greeting followed by a report that does key identity work for this part of the call. Several characteristics of this report construction warrant close attention. In indicating she “called earlier”, the caller makes it clear she has been in touch with *HelpNow* prior to this call.

Continuing in lines 005 – 006, the caller adds that she spoke to a particular female call taker (“a woman”). She then produces a non-recognitional reference form with “a woman named” as a preface to a personal name (“Su:san::”). This particular reference form (as opposed to a recognitional and minimal form like “Susan”), suggests that the call taker being referred to may not be known by the addressee. Additionally, it embodies a claim to holding some institutional knowledge (i.e., with having called before and knowing the name of

another call taker) while also potentially claiming to know *more* than their recipient (i.e., “I know this call taker but you might not”).

In line 007 there is a half-second gap where the call taker could produce uptake (for example, to claim recognition of the referenced call taker). In lines 008 – 010, the caller expands her account to include several more specific details that link the prior call to the current one. In line 009, she references having had a “bad day” and then indirectly quotes the prior call taker (Susan) as having told her she could call back again later on. This case shows how the use of a non-recognitional reference formulation (along with reporting one has called in the past) can work to establish a caller as a return-caller, or someone who has called the line before but not to the extent that they are a “regular” (which would involve the display of greater institutional knowledge and the expectation of personalized knowledge about their circumstances).

A second instantiation of this practice can be seen in extract 4.21 below. Similar to prior case (extract 4.20), the caller uses a non-recognitional reference formulation to present himself as someone who has called *HelpNow* in the past:

Extract 4.21 – [022-0195]

001 CT: Hello.
 002 (.)
 003 CT: This is HelpNow,=
 004 CL: =(Oh-)
 005 (.)
 006 CL: HelLO.
 007 (0.2)

008 CT: Hello?
 009 (0.2)
 010 CL: Hello. Is Ja:n there?
 011 CT: Um:: no::. (.) You called HelpNow:,
 012 (0.3)
 013 CL: Pardon me?
 014 CT: This is HelpNow.
 015 (0.2)
 016 CL: I was talking to someone by the name
 017 of Ja:n. I'm ga:y: an- sw- I was very
 018 comfortable talking ta her. I was
 019 wonderin (0.2) she's not there now?

Here the caller uses a non-recognitional reference formulation on the way to doing accounting work regarding her current call to the help line. In line 010, the caller produces a greeting and, in the next TCU, requests a specific call taker by using a recognitional reference form ("Ja:n"). In comparison to the rest of the data (and my own observations as a help line practitioner), it appears to be extremely rare for a caller to immediately request a call taker by name this early in the opening. In using this format, it is ambiguous as to whether the caller actually meant to call the help line (given the difficulties displayed in the first few seconds of the call) or actually dialed the help line to specifically talk to a call taker he had spoken with before. If the latter is the case, the caller would be presenting himself as someone who has knowledge of other call takers at the help line and thus has used the service before.

In line 011, the call taker produces the dispreferred type-conforming response “no” (Raymond, 2003) and repeats the institutional identification she initially presented earlier in the call (line 003). Based on this response (and the insight that callers requesting particular call takers is a rare occurrence), the call taker displays an understanding of the caller’s action as indicating a mismatch with the institution (and thus not possessing knowledge about how the institution typically works). This treats the caller as possibly having called the wrong number (i.e., attempting to reach someone personally as opposed to an institution like *HelpNow*). Following a gap (line 012), the caller’s produces a repair initiator (“Pardon me?”). These two lines suggest the caller has experienced some trouble in hearing or understanding the institutional identification provided just prior (line 011). In the case of problems with understanding, it would suggest the caller does not recognize the institution and thus has dialed the wrong number. In line 014, the call taker once again redoes an institutional identification (“This is HelpNow”).

Next, in lines 016 - 019, the caller initiates a multi-unit turn that further accounts for his earlier request for another call taker while also backing down from his earlier presumption about his recipient. In line 016 – 017, the caller redoes his reference to the other call taker by using a non-recognitional reference form as a preface to a personal name (“someone by the name of Jan”). In doing so in this particular sequential environment, the caller displays that *HelpNow* was indeed the location he intended to call. Additionally, it displays a downgraded expectation that the call taker would recognize the referenced call

taker by name. By “backing off” his earlier presumption that the call taker would recognize the name, the caller could also be displaying some uncertainty about how the institution operates.

The caller goes on to account for his current call by disclosing his sexual orientation (“I’m gay”) and specifies that, presumably because of this personal characteristic, he was very comfortable talking with Jan (lines 017 – 018).

Subsequently, the caller produces a negatively-formatted declarative statement with interrogative intonation, inviting confirmation that Jan is not currently available at the *HelpNow* call center. For this case, then, the caller’s actions related to referring to another call taker and reporting that he has called before each contribute to the larger accounting work he performs to justify his current request.

To summarize, this section has focused on return caller identities and how two main interactional practices (and the epistemic claims they embody) are used to constitute these identities in talk. As a type of epistemic middle ground between the first time and regular caller identities, return callers display having access to *some* institutional knowledge while not presuming the recipient’s access to *personalized* knowledge. One practice for accomplishing this is, as part of accounting for the in-progress call, reporting having spoken with *HelpNow* call takers in the past. A second, related practice consists of callers using non-recognitional reference forms to show they do *not* presume the referenced person will be known by the call taker. In doing so, these callers display some uncertainty about how the institution operates (i.e., whether or not call takers

know each other). With both of these practices, callers enacting return-caller identities can be seen as doing different identity work than callers who present themselves as regular callers or first time callers.

Conclusion

In this chapter, I considered how callers and call takers co-construct a number of interactional identities in the very first few moments of the call. First, I examined several interactional practices through which callers may present themselves as first-time callers to *HelpNow*. Two specific practices were discussed in this section: first, using a particular format for caller-initiated personal identifications (“My name is X”), and, second, pre-characterizing their reason for calling. On a broader level, each of these practices – alone or in combination - may also contribute to call takers’ inferential work regarding the *kind* of call it is likely to amount to (i.e. urgent or non-urgent).

Second, practices for enacting regular caller identities were also examined. Two specific practices utilized by both callers and call takers were discussed in this section: First, callers using a particular format for disclosing their names that conveys an expectation of being recognized by call takers (*This is X*); and second, call takers launching “how are you” sequences to claim recognition of callers presenting themselves as regular callers. Each of these practices shows how callers and call takers must negotiate whether a more personalized help line call is possible to achieve.

Third, I examined a set of practices that callers may use to present themselves as return callers. First, I analyzed a practice that callers may use to indicate that they have called the line before (e.g., “I called earlier”). Second, I analyzed callers’ use of non-recognitional reference forms to demonstrate that they do *not* presume the referenced call taker will be recognized by the call taker they are currently speaking to. As a type of epistemic middle ground between first time caller identities and regular caller identities, callers presenting themselves as return callers display some uncertainty about how the institution works.

Openings in interaction – whether conducted face-to-face or via mediated technologies - remain a key juncture in which interactants negotiate the relevant identities and relationships for the interaction they are entering into. As other help line researchers have repeatedly established (e.g., Potter & Hepburn, 2003, 2004), the call openings of an organization like *HelpNow* are critical for assessing the needs of the caller and providing appropriate assistance. Consequently, the use of the different interactional practices discussed in this chapter play an important role in shaping (and reflecting) identities and relationships relevant to the institutional circumstances of the call.

Chapter 5: Presenting the crisis or problem in the call

Call takers at crisis lines must be prepared to manage a wide variety of crises. Callers may be calling with situations involving relationship problems, bereavement, substance abuse, suicide, or other mental health issues (Lester, 1977; Gould, Kalafat, Munfakh, Kleinman, 2007; Kalafat, Gould, Munfakh, Kleinman, 2007; cf. Chapters 2 and Chapter 3). On the other hand, callers must face the interactional task of *how* to go about presenting their reason for calling to the call taker. For many callers, especially those who have never called a crisis line before, exactly how to proceed with this part of the call may be a source of uncertainty. Should they initially provide a concise description of their current psychological state or proceed with a more extensive telling that explains what led to their current situation? Will they need to give more background for the call taker or can they presume some institutional memory of their personal circumstances? This chapter focuses on the interactional practices through which these types of issues are dealt with and conveyed to call takers following the opening of the call (i.e., where they account for *why* they have called this help line at this particular time).

Investigating problem presentation practices of crisis lines is important for two key reasons. First, it provides insight into how callers and call takers jointly establish an understanding of the callers' crisis or problem ("troubles") that will shape the interactional business of the call. For call takers, this is an especially important interactional problem since they need to quickly get a sense of the

severity of the caller's circumstances.⁴⁶ Second, how callers present their troubles demonstrates their orientation to the perceived boundaries of the institution and its mission, i.e., what the help line is there for. Arriving at a deeper understanding of these issues has the potential to enhance research and practice regarding crisis intervention as well as other types of help lines or mental-health services where these issues may be dealt with.

This chapter will proceed as follows. First, I give an overview of prior literature on problem presentation practices on various types of telephone help lines. Second, I examine three primary sequential positions in which callers launch their problem presentation, including in the environment of pre-characterizations, "how are you" inquiries, and the anchor position ("first topic slot"). Third, I describe a set of discursive practices that callers (and call takers) use to jointly negotiate the problem-presentation stage, including troubles-centered "headlines" and more extended, multi-unit tellings. Next, I relate these practices to underlying epistemic issues (related to "doing updating" and "doing informing") and how callers design their talk for particular kinds of recipients. To conclude, I summarize the findings discussed in the chapter and suggest some implications of this work.

⁴⁶ Additionally, this initial impression of the caller's crisis or problem can inform how multiple, simultaneous call-taking demands are handled. Call takers may need to prioritize any individual call with respect to other on hold or incoming calls.

Prior literature: Legitimizing the call for help

Prior literature has discussed callers' methods for presenting their reason for calling across a variety of help lines. Some of the earliest research on this topic is Whalen and Zimmerman's (e.g., 1987, 1991) study of 911 lines. For this institution, "help" is primarily conceived of as dispatching some type of third party (police, ambulance, fire dept., etc.) to aid citizens with some type of emergency. The overall structural organization of 911 calls consists of the call taker beginning with a solicitation of a problem (e.g., "What's your emergency?") followed by the caller utilizing one of three turn formats to present their request for emergency support (Zimmerman, 1992). First, callers may produce direct requests for service (e.g. "Would you send the police to..." or "I need the paramedics please"), while not specifying the specific type of "policeable" trouble or medical emergency that is involved to warrant their request. Second, callers may utilize a report format in which a specific trouble or problem is named, often using types of inferably policeable categories, such as "house break in" or "vehicle accident." Examples of this format include "I'd like to report an accident" or "Someone just vandalized my car." A third turn format involves an extended description or narrative format where a series of events is recounted that culminates in a possibly policeable trouble. While this research is insightful for understanding the dynamics of 911 emergency work, it relies upon a limited notion of "help" - specific to 911 contexts - that may not hold for other institution-specific services, resources, and agendas.

Recently, scholars have investigated a more diverse range of telephone

help lines to reveal how callers' problem-presentation practices may both shape and reflect the larger institutional mission of the help line. For instance, Emmison and Danby (2007) examined a children's counseling help line in Australia. Their analysis revealed that callers' problem presentations are regularly composed of two distinct actions. The first action component consists of an announcement of a trouble or problem that the caller has encountered (e.g., "My friend just got kicked out of home...") while the second component involves the specific reason for why the call was made ("And we don't know what to do"). Similarly, Shaw and Kitinger (2007) examined interaction on a child birth help line and found a two-pronged structure of problem presentations: first, a unit that foreshadows a problem (e.g., "I'm interested in having a baby...") and second, a unit that provides a more succinct statement of the problem either via an overt complaint ("I've now got to the stage where I'm reaching stumbling blocks") or a complainable ("I have been trying to work with a midwife for a few months now"). Across each of these help lines, these multi-part formats constitute an interactional practice that call takers must closely attend to as they work at understanding the caller's reason for calling.

In a related study, Feo and LeCouteur (2013) examined the relationship between broader institutional policies and callers' problem-presentation activities in the context of a counseling-centered help line in Australia. This help line, specifically catered to men's counseling needs, is grounded in an institutional philosophy emphasizing solution-centered counseling. In practice, this means that counselors primarily treat their institutional role as providers of advice or

information. However, the male callers were found to typically resist this orientation by avoiding overtly requesting advice and instead elaborating on their problems through extended, multi-unit tellings.

Each of these studies (Emmison & Danby, 2007; Feo & LeCouteur, 2013; Shaw & Kitzinger, 2007) reveals the relationship between a help line's institutional mission and the nature of callers' problem presentations. While the early research on 911 calls set the stage for research on help line interaction, the boundaries of what constitutes "help" on such lines must be broadened to better consider how callers' problem-presentation practices may both shape and reflect each institution's unique services, resources, and agendas. The current study aims to extend the literature on help line problem presentations by examining how this part of the call is worked out in light of the institution-specific opportunities and constraints of *HelpNow*. The remainder of this chapter will consist of three analytic sections that will document the findings related to these issues, including the sequential positions, interactional practices, and epistemic considerations. I begin with an analysis of the sequential environments in which callers regularly launch their problem presentations.

Where: Launching the problem presentation

An analysis of the *HelpNow* calls has revealed three sequential positions in which callers typically initiate their problem presentations (i.e., "reason for calling"). First, callers may produce a pre-characterization of their crisis or problem in the early moments of the call opening. In this position, the caller's

conduct may give the call taker an initial sense of the type of call they are entering into. A second sequential position is in the environment of “how are you” (henceforth HRU) inquiries. In these cases, callers may provide a non-normative response to the HRU that makes available a possible troubles telling that is typically forwarded by the call taker (Jefferson, 1980; Schegloff, 1968). Alternatively, callers may provide a normative, troubles-resistant response (Jefferson, 1980) and immediately pivot into a problem-presentation. A third sequential position in which the problem presentation is launched is in the anchor position or “first topic slot”. Each of these positions will be explicated in this section.

First environment: In anchor position following pre-characterization sequences

The first sequential position in which callers may begin their problem presentations is during the sequences that constitute the call opening. Here callers may initiate a *pre-characterization sequence*. These sequences have three core features: First, they project a subsequent problem presentation; second, they make a go-ahead response relevant in next position (e.g., “Sure”); and third, they convey an initial characterization of the type of trouble the caller is experiencing (and thus has called the line to request assistance with). These pre-characterizations are typically forwarded by call takers (i.e., via a go-ahead response) prior to the caller proceeding to present their crisis or problem. In

Extract 5.1 below, a caller initiates a problem presentation immediately following the completion of a pre-characterization sequence:

Extract 5.1 - [021-0193]

001 CT: Hello. (.) This is HelpNow,
 002 (0.2)
 003 CL: →Yeah I would just like to talk for
 004 →just a little while?
 005 CT: →Alright,
 006 (0.3)
 007 CL: →(I um) I've had this situation most of my
 008 life where I just (0.2) feel like I can't
 009 go out,

While I will not provide a full analysis of the pre-characterization sequence in this case (see the analysis in Chapter 4), its overall import for understanding the caller's reason for calling merits further discussion. In lines 003 – 004, the caller's pre-characterization is designed with the minimization 'just', the full infinitive 'to talk,' and the temporal construction 'a little while' – all alluding to a certain *type* of reason for dialing the line that is non-urgent in nature (e.g., not suggesting one is at imminent risk for self-harm). Up to this point, no specific troubles or topics have been nominated to serve as the focus of the interaction.

In line 005, in response to the pre-characterization, the call taker's granting ("Alright") affords the caller the opportunity to continue with the telling of the personal circumstances that will be the focus of the permitted "talk" (line 003). In line 007, the caller goes on to provide a next component of the course of action by beginning to detail the problem he wishes to present to the call taker.

His formulation ambiguously frames his troubles as “a situation”. Furthermore, with “most of my life”, a variant of an extreme case formulation (Pomerantz, 1986), he indicates his problem is both chronic and serious in nature. Towards the end of this TCU, he reveals his “situation” to be one related to feelings about going out in public (“I feel like I just can’t go out”).

This case shows how the work of presenting one’s reason for calling may be initiated as a larger course of action achieved via an expanded sequence. Here the caller first launches a pre-characterization that makes available minimal information about *why* he called the line (in terms of a larger desired activity, “to talk”). After a “go ahead” from the call taker, the caller elaborates on the more specific troubles he wishes to discuss (troubles which, by presenting them in this sequential position, he presumes as being legitimate for this particular help line). In Extract 5.2, a caller produces a problem presentation following another instance of a pre-characterization:

Extract 5.2 - [066-0408]

001 CT: Hello. This is HelpNow.
 002 (0.3)
 003 CL: Um yes hello?
 004 CT: Hi:..
 005 CL: Um hi:..
 006 (0.6)
 007 CL: →Um (.) I was hopin’ to talk with
 008 →someone.
 009 (0.2)
 010 CT: →Okay. What’s going on,

011 (1.0)
 012 CL: Ah: just (0.8) just always feel
 013 like I'm struggling all the time.

In line 005, the caller redoes her greeting and, after a gap (line 006), produces a pre-characterization ("I was hopin' to talk with someone"). The design of this action specifies "talk" as the projected activity, suggesting a characterization of his reason for calling as more informal and non-urgent. After a slight gap in line 009, the call taker gives a go ahead ("Okay") and produces a topic solicitation (Button & Casey, 1984; 1988/1989), "What's going on", that demonstrates some orientation to what the caller characterized to follow ("talk with someone").

In line 011 there is a gap where the caller could produce a response to the topic solicitation, projecting a problem on the part of the caller. In lines 012 – 013, the caller produces a problem presentation that consists of (after a self repair) a minimization marker ('just') and time related extreme-case formulations ("always", "all the time") indicating the severity of his problem, i.e., "struggling". At this point, it is possible to step back and highlight the larger sequential trajectory that spans the caller's line of action in this extract (specifically, the pre-characterization from lines 007 – 008 and the later problem presentation in lines 012 - 013). By virtue of producing a pre-characterization that is granted by the call taker, the relevance of a focal problem presentation is renewed and projected. This case provides further evidence for call openings (and the position immediately following their completion) as being a recurrent sequential environment for callers presenting (minimal) details about their crisis or problem.

Extract 5.3 is another instance of this phenomenon with a caller pre-characterizing their problem in this same sequential position:

Extract 5.3 - [108-0582]

001 CT: Hello. This is HelpNow. Can I
 002 help you,
 003 (0.6)
 004 CL: →Hi I wanna talk to somebody.
 005 (0.2)
 006 CT: →.hh HI you can talk with me.
 007 This is Sarah.
 008 (0.9)
 009 CL: Yeah:. My life is in hell.
 010 (.)
 011 CL: And I- everything I've done to
 012 fix it isn't working, (...)

Here a caller uses their first turn to produce a pre-characterization that makes projectable their reason for calling to follow next. In line 003, the caller produces a greeting (“Hi”) and continues with a pre-characterization that takes the form of a direct request to speak with someone (“I wanna talk to somebody”). In line 006, after a brief gap (line 005), the call taker produces a reciprocal greeting (“Hi”) and identifies herself as someone who can provide the requested service (“you can talk with me”). In line 007, the call taker adds another TCU that provides her first name (“This is Sarah”), presumably to redo her identification with her own name and make her offer of assistance more personal. By doing so, similar to the prior

two extracts, the call taker treats the prior action as preliminary to a focal presentation of help-related matters.

Next, after a gap (line 008), the caller proceeds with producing a problem presentation. Beginning in line 009, the caller acknowledges the call taker's prior turn (presumably immediately prior personal identification) with a minimal agreement token ("Yeah") and then produces an extreme case formulation ("My life is in hell") that negatively assesses the state of her life as a whole. After a gap, the caller continues in lines 011 – 12 (beginning with an *and*-preface). She further reports that all of her abilities for solving or coping with this problem have been unsuccessful (with "everything" indicating an extreme-case formulation). Stepping back, it is possible to see the larger sequential trajectory spanning the caller's pre-characterization (line 004) and the later problem presentation (lines 009 & 011-012). Like the prior cases, the production and forwarding of the pre-characterization action project the relevance of a focal problem presentation next.

In summary, call takers may be given an initial sense of the nature of a caller's reason for calling by virtue of the information made available through a pre-characterization turn. While the position of these pre-characterizations lies in the call openings, they serve as a bridge into the problem presentation. This position makes it projectable that what will follow will be an extended turn regarding the caller's crisis or problem. This then renews the call taker's routine task of assessing whether or not the specific troubles are fitted to the purview of

HelpNow.⁴⁷ In the next section, I discuss general-state (“how are you”) inquiries as a further environment in which a caller’s reason for calling may be introduced.

Second environment: Anchor position (including response to a reason-for calling solicitation)

A second environment in which callers may produce their reason for calling is what is typically referred to as the “anchor position” (i.e., first-topic slot) in the canonical literature on telephone openings (Schegloff, 1986). Throughout most of these instances, general state inquiries are omitted and callers quickly move into the presentation of their crisis or problem. As discussed in Chapter 4, *HelpNow* assumes an institutional ethos that *resists* pre-mediating how a call may unfold through the use of general problem solicitations (e.g., “How can I help you?”) and instead leaves it up to callers to frame the type of “help” that may be needed (also see the ethnographic background about *HelpNow* discussed in Chapter 3). Despite this policy, it is not uncommon for callers to display some hesitation and uncertainty as to how to best advance to the primary business of the call (i.e., the reason for the call).

Extract 5.4 shows how a caller may initiate a problem presentation immediately following the institutional identification in the call taker’s opening turn:

⁴⁷ While I do not include any in this dissertation, there are some cases within the collection where call takers turn away the caller based on this issue. However, most of these cases do appear to be related to so-called “nuisance” or “prank” callers (Brockopp, 2012b; cf. Danby, Harris, & Butler, 2015).

Extract 5.4 – [012-0138]

01 CT: Hello::. (0.2) This
 02 is HelpNow.
 03 (0.6)
 04 CL: °Hi:. °
 05 (0.3)
 06 CL: →°Um. (0.3). I feel
 07 miserable.°
 08 (0.5)
 09 CL: °I- I'm going through a
 10 really bad time mentally?°

As this case shows, a caller swiftly moves into their reason for calling. In line 04, after a gap, the caller produces a greeting (“Hi”), which both acknowledges the call taker’s prior institutional identification (lines 02) and makes relevant a return greeting from the call taker in the subsequent position. In line 05, where a return greeting is relevant from the call taker, the caller produces a turn-holding device (“um”)⁴⁸ and then proceeds to initiate her problem presentation (“I feel miserable”). It is also important to point out the gap in line 08 where the call taker could produce uptake, possibly occasioning the caller’s launching of her problem presentation.⁴⁹

⁴⁸ In ordinary conversation on the telephone, “uhm” has been found to be a common component in the reason for calling (RFC) turn (see Schegloff, 2007).

⁴⁹ It is possible that the whisper-like intonation of the caller’s talk here may lead to hearing troubles for the call taker but the absence of repair initiation (and later turns that display understanding of the caller’s initial conduct) make this a difficult claim to ground.

Extract 5.5 features another instance of a caller producing their problem presentation in anchor position:

Extract 5.5 – [054-0338]

001 CT: Hello.
 002 (.)
 003 CT: This is HelpNow.
 004 CL: YES (hel)- uh-
 005 ((clears throat))=
 006 CL: →=Good afternoon.
 007 [Um]
 008 CT: →[Go]od afternoon.
 009 (1.2)
 010 CL: →I: work for th- are
 011 you on the phone with
 012 someone else?
 013 CT: No: I'm not.
 014 (0.3)
 015 CL: →Okay:..=Well I work for
 016 →state government.=And it's
 017 →just- m:y office is so
 018 →messed up now, I feel like
 019 →nobody knows who does what
 020 →anymore?

Here the caller and call taker exchange greetings prior to the caller producing the beginning of her reason for calling. In lines 04 and 05, the caller produces an acknowledgement (“YES”) of the institutional identification from the call taker (line

003) and then (after clearing her throat) moves to produce a greeting using a form more unconventional for *HelpNow* calls (“Good afternoon”). There is a gap in line 009 where a next turn from the caller could be produced. In line 013 she begins and then abandons her telling to check whether the call taker is concurrently engaged in another call, which is presumably occasioned by the gap in line 009 following the call taker’s reciprocal greeting (where it is possible the caller expected her to produce a further action such as a problem solicitation). After the call taker confirms she is not on another call (line 013), the caller restarts her previously abandoned construction (“I work for th-”) and continues on with her problem presentation regarding her state government job. In sum, this case offers a further illustration for understanding how problem presentations can come about in this (post-greeting) position.

Extract 5.6 is a third instance that shows how problem-presentations occur in this sequential environment. However, in contrast to the last two cases, this one involves the call taker using a formal problem solicitation form (“Can I help you?”) as a part of their first turn:

Extract 5.6 – [068-0413]

001 CT: Hello:. This is HelpNow.
 002 Can I help you?
 003 (1.2)
 004 CL: Oh hi:.
 005 (0.2)
 006 CL: →Um:: (1.0) I’m a little
 007 →bit concerned about my

008 →father:, (.) uh::,

Despite this case beginning with a non-typical first turn from the call taker (with the more service-oriented solicitation question, “Can I help you?”), the problem presentation on the part of the caller comes off in a manner consistent with other “anchor position” instances. After a gap suggesting some type of trouble (line 003), the caller enacts a sudden realization with the change of state token “Oh” (Heritage, 1984), presumably related to realizing the prior turn was in fact the proper start of the call (i.e., not part of the consent-related recording that preceded the call). After this “Oh”-preface, the caller produces a greeting token with some verbal stress (“Hi:.”). Next there is a series of spates of silence (line 005 and 006) and turn-holding devices (“Um” in line 006) before the caller launches her reason for calling with what Potter and Hepburn (2003) termed a *concern construction* (lines 006 – 008).

To summarize, the description of the caller’s reason for calling *HelpNow* may be initiated in the anchor position. Each of the cases examined for this environment have focused on the transition from the first moments of the call to presenting the main crisis or problem that caller is calling about. I next look to the third environment, those surrounding HRU inquiries, where callers often present themselves as repeat or regular callers.

Third environment: Second position in HRU sequences

In addition to the prior two environments, callers and call takers may work through a number of other routine sequences that may also serve as opportunities to present details regarding their troubles. *General-state inquiries*

(i.e., “how are you” sequences or simply HRUs) are one of four “canonical” sequences that are typically accomplished in the openings of ordinary telephone calls (Schegloff 1968, 1979, 1986; cf. Sacks, 1975). In *HelpNow* calls, these HRU sequences represent a sequential opportunity through which problem presentations may be projected, launched or pivoted into (see Chapter 4 for a more in-depth discussion of the placement of these sequences within the larger opening phase of the calls).

Prior research on HRU sequences in medical settings holds important insights for understanding how HRUs are dealt with during *HelpNow* calls. Primary-care physicians may design HRU questions as a way to solicit general, non-institutional evaluations of their patients’ well being as opposed to problem presentations specific to the medical visit (Heritage & Robinson, 2006; Robinson, 1999). This type of format may resemble how HRUs are composed in ordinary conversation in that they consist of open-ended questions that target a general evaluation of the recipient, e.g., “How are you?”, “How are you doing?”, or “How are you feeling” (Heritage & Robinson, 2006, p. 96).

However, the import of the physician’s HRU question may also depend on *where* it is produced within the visit relative to the opening of the visit. On the one hand, a HRU inquiry launched *during* the opening phase makes relevant a conventional HRU response (e.g., “Fine”; cf. Sacks, 1975). In contrast, a HRU occurring after the completion of the opening invites a recipient response that is more related to their reason for seeking medical care. Yet in addition to the design features and sequential placement of these questions, there may still be a

potential for ambiguity in how patients take doctors to “mean” them (i.e., as solicitations of medical business or general evaluations, see Heritage & Robinson, 2006).

Another important feature of HRU inquiries in ordinary conversation – the most mundane variety of this sequence – is that they typically invite general, non-expansive, and non-problem focused responses. This further, non-institutional, normative component of HRUs may thus contribute to the ambiguity that recipients (patients) experience when they must respond to them in medical settings. In the following extract from Heritage and Robinson (2003, p. 97), a patient produces a conventionally neutral response to the doctor’s HRU inquiry:

Extract 5.7 - [P3:108:17]

01 DOC: Hi:::..=
 02 PAT: =Hi:..
 03 (2.5)
 04 DOC: .h You a:re_
 05 (0.2)
 06 PAT: Shelly Lottie.
 07 DOC: Shelly Lottie?=
 08 PAT: =Mm h[m,]
 09 DOC: [I']m Clark Norrick.
 10 PAT: H(h)i(h).
 11 DOC: →How ya doin'.
 12 PAT: →Okay,
 13 DOC: →.hh Bu:::t,=h (.) can't be too good.
 14 PAT: →Nah=h (.) my throat hurts.

In this case, a HRU inquiry is produced as the doctor is beginning to sit down after he has brought the opening to completion. In line 12, in response to the doctor's inquiry, the patient produces "Okay", which conveys a "no problem" response. This pragmatically complete response thus displays an orientation to the question as unrelated to medical business and returns the speaking floor to the doctor. In line 13, the doctor further pursues a problem presentation by undercutting the patient's "no problem" response. Next, in line 14, the patient moves to produce a medically-relevant response ("...my throat hurts").

On the other hand, patients may also treat HRU questions in terms of *both* sets of possible relevancies (i.e., general evaluation of state of being and medical-related problem presentation). This is accomplished by producing a general, "troubles-resistant" response immediately followed by more expansive units that present their medical business. This is shown in Extract 5.8 below (taken from Heritage & Robinson, 2003, p. 97):

Extract 5.8 - [N:12:04]

01 DOC: How you doin'.

02 PAT: We:ll, pretty good. I-

03 I just ha:d=uhm (1.0)

03 uh:: >I=had s'm-< funny

04 symptoms, (...)

This extract demonstrates how a patient may respond to a doctor's HRU inquiry in a way that displays their orientation to the dilemmatic nature of HRU questions in this particular institutional context. By initially responding to the doctor's question with a grammatically complete unit of talk ("Well, pretty good."), the

patient displays an (initial) orientation to the question as a non-institutional question response. However, in lines 02 – 03, the patient proceeds to continue with an additional unit of talk that constructs the beginning of a problem presentation. To summarize, the analysis of HRU inquiries in medical settings shows the possibly dilemmatic nature of this action in institutional settings compared to its canonical, non-problem soliciting usage in ordinary conversation.

Two HRU-response trajectories have emerged in the *HelpNow* calls. In the first trajectory, callers respond to the HRU inquiry first with a general formulation of state (e.g., “I’m alright”) and in the second trajectory, with a more specific report related to their troubles. In the first trajectory, call takers often display recognition of a caller’s identity as a *regular caller* early in the call opening (and, in some cases, *immediately* following the use of such displays for enacting a more personal caller-call taker institutional relationship, see Chapter 4). This action is then met with a general formulation of state (e.g., “I’m Alright”, etc.) and followed by an immediate expansion that begins to unpack the caller’s troubles (i.e., what prompted their call). No cases featuring more conventional HRU responses (e.g., “Fine”, “Good”) have been observed in the collection. Therefore, callers would appear to treat the HRU inquiry as unavoidably invoking the institutional agenda of the call (i.e., describing problems and getting help).

In Extract 5.9 below, a caller produces this type of general formulation of state and subsequently pivots into her problem presentation:

Extract 5.9 – [104_0572]

001 CT: Hello:.. This is HelpNow. Can
002 I help you?

003 (0.6)
 004 CL: Yeah it's Julianne.
 005 (0.2)
 006 CT: →OH HI:: Julianne.=How are you.
 007 →This is Sarah.
 008 (1.4)
 009 CL: →I'm doing alright um I went
 010 →to see my doctor yesterday:¿

In this case, the caller and call taker jointly construct the general state inquiry sequence as an entry point into the problem presentation. In line 006, the call taker initiates a HRU sequence immediately after she has displayed her recognition of the caller's identity with an Oh-prefaced repeat of the caller's name ("OH HI Julianne"). Said differently, the call taker uses the HRU as a way of enacting that they know one another.

Next, in line 008, there is a gap that projects a problem on the part of the caller. It is possible the caller is uncertain about which action to respond to (the call taker's greeting, self-identification, or HRU) or whether the call taker's HRU is to be treated as a conventional HRU inquiry or a solicitation of her reason for calling. In line 009, the caller begins her responding turn with a fairly unconventional response form ("I'm doing alright"), thus displaying an orientation to avoiding giving a conventional, no-problem presentation (e.g., "Fine"). Next, the caller produces the initial TCU of her reason for calling ("um I went to my doctor yesterday"...). In doing so, the caller treats the HRU inquiry as making

relevant a general state formulation as a distinct action before pivoting into a troubles-related report.

Callers may also use this sequential position to launch problem presentations by means of less conventional HRU responses, such as, troubles-centered responses or the beginning of a full troubles telling. In doing so, callers may either project a subsequent troubles telling or use the response position to pivot into a focal presentation of their crisis or problem. Extract 5.10 includes a caller who, in responding to the call taker's HRU inquiry, produces a turn consisting of a non-normative HRU response that is immediately followed by a troubles-related report:

Extract 5.10 - [096-0502]

001 CT: Hello: this is HelpNow.
 002 Can I help you?
 003 (0.2)
 004 CL: This is Jessica.=
 005 CT: =OH:=HI Jessica.=It's
 006 →Karen. How are you.
 007 (0.6)
 008 CL: →.hh Not very well::, I've
 009 →had a bad we:ek.=
 010 CT: =O[h:. >I'm] sorry to< hear=
 011 CL: [Um: : :]
 012 CT: =that.
 013 (0.2)
 014 CL: It was like the fourth ti:me

015 that they have failed to
 016 take me to the psychiatrist.=
 017 They didn't even have me in
 018 their records (for trade)?

This case provides further evidence of how callers may treat HRU sequences as an opportunity to pivot into a presentation of their crisis or problem. In line 004, the caller produces a personal identification as her first turn, which prompts an immediate display of recognition by the call taker in line 005 (“OH:=HI Jessica”). The call taker then continues her turn to reciprocate the personal identification (“It’s Karen”, a format typically used to index prior relations – see Chapter 4) and launch a general-state inquiry (line 006) in a way that displays her recognition of the caller as someone she has spoken with in the past.

In line 008, after a gap, the caller gives the unconventional response “Not very well.::” (produced with continuing intonation). This is followed by an account (“I’ve had a bad week”), which makes inferable the reason that she is in her current psychological state. Immediately following this, in lines 010 and 012, the call taker produces an expression of sympathy (Pudlinski, 2005), responsive to either the latter assessment in the caller’s prior turn or the general, negatively valenced formulation of her well being conveyed by the turn as a whole. This sympathetic move from the call taker occurs in turn-initial overlap (Hayashi, 2013) with the caller’s deployment of the turn-holding device “um” (in 011). In line 014, after a brief gap, the caller reclaims the floor to continue her account related to her bad week. In sum, this caller treats the HRU inquiry as doing the institutional work of both eliciting a report of her current state as well as her

reason for calling. Doing so allows her to present herself as having troubles early on in the call and thus quickly establish that she has legitimate grounds for calling *HelpNow*.

In a second type of HRU-response trajectory, callers may omit a normative response to the HRU inquiry altogether and proceed straight into producing a troubles-related report. In doing so, callers treat the HRU inquiry as a direct and immediate solicitation of their troubles. Extract 5.11 shows how a caller may utilize the HRU as this type of opportunity as her response swiftly moves into a description of her problem:

Extract 5.11 – [013-0146]

001 CT: Hello.
 002 (.)
 003 CT: This is HelpNow.
 004 (1.0)
 005 CL: (°Mm°) (.) (yeah,) It's Samantha.
 006 (0.3)
 007 CT: Hi::.
 008 (.)
 009 CT: →How are (you doin') today.
 010 (0.3)
 011 CL: →Well (.) I ain't going ta therapist
 012 →no more.

This extract shows how a caller may withhold a conventional response to the call taker's HRU inquiry by instead proceeding to give a report. In line 005, the caller identifies herself by first name with the format "It's Samantha", displaying a

presumption that she will be recognized as a regular caller (see Chapter 4). After a gap (line 006), the call taker produces a greeting token (“Hi::”) followed by the initiation of a variation of a general-state inquiry that specifically targets her *current* state or circumstances (“how are you doin today”). In lines 011 - 012, the caller produces a response that resists the general format of the call taker’s question (i.e., soliciting a current mood or psychological status) and instead issues a *well*-prefaced turn (projecting a non-straightforward response, see Schegloff & Lerner, 2009) announcing she is no longer seeing her therapist anymore. This case, unlike the previous one, shows that the HRU sequence may not always be treated as a distinct, opening-related action in its own right. Instead, the caller may forego providing a conventionalized response to a HRU question and instead proceed to reporting the troubles that occasioned the call.

Three sequential environments have been examined closely: First, following a pre-characterization of the caller’s crisis or problem in the early moments of the call opening; second, the anchor position or “first topic slot”; and third, in the environment of HRU inquiries. In the next section, I shift from a focus on sequential location to compositional details of the specific communicative practices callers use to characterize their problematic circumstances.

How: Practices for the problem presentation

The presentation of personal troubles is a central component in how callers account for calling the crisis line. Regardless of whether the caller has already provided a pre-characterization in the opening phase, the problem

presentation constitutes a key juncture for the caller to contribute details regarding the specific personal troubles they (or a third party) may be experiencing. Analysis has revealed two types of turn formats that callers may use for problem presentation, each with different consequences for how the call taker may enact their reciprocity. These formats include first, troubles-centered “headlines”, produced as single-unit turns; and second, extended, narrative tellings that may or may not culminate in a formulation of a clear crisis or problem.

First practice: Troubles-centered headlines

One format which callers may use to present their troubles is by leading with a *troubles-centered headline*. Most instances of this practice are caller initiated and not prompted by the call taker’s use of a general-state inquiry (e.g., “How are things going”) or any institutionally-endorsed prompt (e.g., “How can I help you”).⁵⁰ Several distinctive features of this practice have been observed. Most centrally, this practice consists of a straightforward formulation of the caller’s psychological state and/or the larger precipitating event(s). Callers take a stance towards the described state or event as something they are currently struggling with. More specifically, these headlines consist of variations of the general format “I am X”, with X being a reportable psychological state or symptoms of distress (other variations include “I am feeling X”, “I’m having a X day”, etc.).

⁵⁰ Exceptions to this generalization will be discussed later in this chapter.

This practice can be seen in Extract 5.12, just after both parties have exchanged greetings and first names:

Extract 5.12 – [039-0267]

001 CT: Hello.
 002 (.)
 003 CT: This is HelpNow.
 004 (1.4)
 005 CL: Hello,=my name's Sam.
 006 CT: Hi Sam, (.) this is
 007 Tina.
 008 (0.7)
 009 CL: Hi Tina:,
 010 (3.0)
 011 CL: I'm anxious today Tina,=
 012 =really ba:d.
 013 (0.2)

In this case, a caller uses a troubles-centered headline to make available his reason for calling. In line 009, the caller redoes his initial greeting while also incorporating the call taker's name that they had disclosed earlier ("Hi Tina"). Next, in line 010, there is a 3.0 second gap where the call taker could advance the current activity (e.g., by producing problem-solicitation question or a general-state inquiry). In line 011, the caller produces a headline-formatted TCU ("I'm anxious today Tina") along with a latched adverbial construction ("really bad."). While the first component of the caller's turn follows the aforementioned general turn design ("I am X"), the caller does further interactional work to extend the

headline with this increment and modify the intensity of his reported anxiety.

The caller also adds the temporal marker (“today”) that foregrounds the status of his feelings or symptoms as currently affecting him. He also incorporates the call taker’s first name at the end of the unit, extending the turn at a point of grammatical completion. Clayman (2012) has examined the related phenomenon of *continuative address terms*. He notes certain regularities in prosodic design. According to his account, the address term is typically produced with level or slightly-rising intonation (of which the latter applies here). In the current extract (5.12), an intonational pattern (similar to that analyzed by Clayman) can be observed when the caller produces the call taker’s name and hence extends his speaking turn beyond its initial TCU.

After this juncture (i.e., where the address term is produced), the caller latches on the increment “really bad” (line 012). While this increment is characterized by prosodic stress on the first lexical item (thereby accentuating his distress to the call taker), the final terminal intonation suggests his turn may be projectably complete. For this call, then, the caller presents his reason for calling by using a minimal telling similar to an announcement format.

In the next case, Extract 5.13, the caller’s talk includes this headline practice as well as further syntactic resources to chain together several psychologically-oriented components:

Extract 5.13 – [070-0419]

001 CT: Hello. This is HelpNow.
 002 (0.8)
 003 CL: Can I talk with you,

004 (0.2)
 005 CT: Yes::.
 006 (0.4)
 007 CL: I feel all (.) .hhh gross and (ugly)
 008 and stuff an' (0.2) ((sniffle))
 009 and um (.) I just don't feel good.
 010 (0.2)
 011 CT: Can I- (.) can I ask your first name?

This instance shows how a caller may present their problem or crisis in a headline-based format while also making use of compound-TCU resources. In line 007, the caller begins her headline with the construction “I feel all”. This projects a feeling-related assessment that represents a more global characterization of her current state. After a beat of silence and audible inhale, the caller continues the assessment with “gross and ugly and stuff an-”. From the call taker’s perspective, the caller’s three-part list provides further details regarding the caller current state. The list is completed with the generalized-list completer “and stuff” (Jefferson, 1991; Lerner, 1994), leaving it up to the call taker to infer what could follow logically from also feeling “gross” and “ugly”.

Next, the caller produces the conjunction “and” (transcribed as “an’”) thereby projecting more for the current turn and indicating her presentation is incomplete. Continuing in line 08, after a gap and sniffle (further contributing to the caller’s fragile and emotionally-unsteady intonational quality), the caller adds a more global, ‘and’-prefaced summative characterization with “I just don’t feel good”. At a general level, this extract demonstrates how, even in using a single

TCU format, callers may present their troubles in a manner that is less straightforward (and potentially more acute) than the basic “I am X” format. To do so, callers may utilize grammatical and prosodic resources to produce their presentation of the crisis or problem (e.g., the increment “really bad” in Extract 5.13).

The prior extracts have demonstrated that callers may utilize a headline format to immediately present a characterization of their current psychological state. However, some callers may also deploy this practice in a less straightforward fashion by using idiomatic expressions and avoiding emotion-specific language. In the case appearing below, Extract 5.14, a caller produces a troubles-centered headline that formulates his hardship more vaguely as related to his “havin’ a hard time”:

Extract 5.14 - [010-0123]

001 CT: Hello: this is HelpNow.
 002 Can I help you?
 003 (1.2)
 004 CL: Hello:?
 005 CT: Hello.
 006 (0.5)
 007 CL: (eh)
 008 (0.4)
 009 CL: My name is Sa:m,
 010 CT: Hi Sam. This is Karen.
 011 (0.5)
 012 CL: Hi Karen.

013 (0.4)
 014 CL: I'm just (.) kinda havin'
 015 a hard ti:me:..
 016 (0.8)
 017 CL: [()]
 018 CT: [Havi]n' a hard time?

This case shows a caller's use of this practice in a way that deviates slightly from the earlier extracts that resembled the format "I am X". In line 014, the caller makes available the headline-based TCU "I'm just (.) kinda having a hard time" (also built on the stem "I am"). Beyond the minimization tokens 'just' and 'kinda', the construction "having a hard time" suggests the caller is personally experiencing difficulty and that this struggle is a current one (with the verb 'have' in the present-progressive tense). Thus, troubles-centered headlines are constructed in a way that emphasizes the caller's distress and projects further unpacking in subsequent turns.

In this section, we have analyzed the troubles-centered "headline" format that may be used by callers when presenting their crises or problems. As the chosen extracts have shown, callers may use this practice to make available their current psychological state. In each instance, the headline projects further unpacking regarding the specific circumstances (e.g., the precipitating event) of their current psychological state. In the next section, I proceed to examine extended, multi-unit tellings as another format through which callers may present their crises or problems.

Second practice: Extended, multi-unit tellings

Another recurrent practice that callers use for problem presentations is extended, multi-unit turns such as extended telling sequences (Schegloff, 2007, p. 37 – 42). In some cases, callers' problem presentations are treated by call takers as projecting a more extensive unpacking of the circumstances surrounding their decision to call. Furthermore, callers' use of multi-unit tellings creates unique opportunities to assess the extent of the background knowledge that may be necessary for understanding callers' troubles.

Multi-unit tellings may be particularly well suited for callers in light of call takers having little to no background knowledge about the caller's troubles or life circumstances. If positioned on an epistemic gradient (Heritage, 2012), call takers occupy a 'K-' position in relation to the caller's own life world while callers themselves occupy 'K+' position. The extract below shows how one caller (who has initially presented himself as a *first-time caller* up to this point of the call⁵¹) initiates his problem presentation by first undertaking a larger "overview" telling:

Extract 5.15 – [043-0298]

001 CT: Hello?
 002 (0.3)
 003 CT: This is HelpNow.=
 004 CL: =Ye- (0.2) Hi.
 005 (0.2)

⁵¹ This caller does initiate a pre-characterization sequence prior to this segment with the turn "...I don't have an emergency, I just wanted to talk for awhile;" which, while makes available a particular type of call trajectory, does not provide any specific details about the nature of the caller's troubles (other than being "non-emergency" related).

006 CL: U-my name's Dennis and I
 007 don't have an emergency, I
 008 just wanted to talk for
 009 a while?
 010 (0.8)
 011 CT: ↑Oka:y,
 012 (1.2)
 013 CL: (Alright) I'm (1.0) .hhh
 014 <just ta> give you an overview
 015 real quick (is) (0.5) I have
 016 uh (0.2) ex girlfriend who (0.8)
 017 had lived like (0.3) three::
 018 or four: units away from my
 019 condominium?
 020 CT: Mm hm.
 021 CL: And um: (2.0) we've (.) gone
 022 out for (.) ten years (shh-)
 023 (0.3) er eight year[s.=She]'s=
 024 CT: [Mm hm.]
 025 CL: =bipolar .hhh and anorexic.
 026 (1.0)
 027 CL: (tsk) She moved awa:y, (0.4)
 028 and she came back home
 029 just recently,
 029 (0.2)
 030 CT: Mm hm.=
 031 CL: =BACK to her condo.=I don't

032 know if she calls it home
 033 or not. .hh But she's also
 034 a hoarder.
 033 (0.3)
 034 CL: And >she's tak- gotten rid
 035 of< a:ll her furniture and she
 036 just hoards everything in boxes.
 037 CT: Mm hm.=
 038 CL: =She's near death. She's seventy
 039 five pounds. (...)

As this case shows, a caller may do extra interactional work to show they are engaged in producing an extended-turn format problem-presentation. In lines 006 – 009, the caller produces a first name formulation and a pre-characterization (“I just wanted to talk for a while?”). After a go ahead from the call taker (“Okay”), the caller produces the confirmation token “Alright” and a subsequent TCU designed in a way that makes a multi-unit turn projectable next (“give you an overview real quick”).

In lines 018 – 019, he comes to the end of a description of his ex girlfriend (including where she lived in relation to his condo) and designs the end of his utterance as part of an ongoing turn with final-rising intonation. By characterizing his action as an “overview”, he makes his turn hearable as background and therefore preliminary to some other reportable crisis or problem. Further, by qualifying his projected action as “real quick”, he orients to the time-sensitive nature of the service he is calling by moving quickly from the background to his institution-specific crisis or problem.

As uptake in line 020, the call taker produces a continuer (Schegloff, 1982), demonstrating her understanding of the current talk as incomplete and ongoing. Next, in line 21, the caller continues by constructing his turn as a continuation of the prior unit (“and um:”) and presents further details regarding his prior relationship with the ex-girlfriend. As the caller continues with his multi-unit telling related to this woman, the call taker gives further uptake in the form of continuers (024, 030, 037) to indicate her understanding of the current status of talk.

Extract 5.16 features another instance of a multi-unit format of a caller’s problem presentation:

Extract 5.16 – [104-0572]

001 CT: Hello:. This is HelpNow. Can
 002 I help you?
 003 (0.6)
 004 CL: Yeah it’s Julianne.
 005 (0.2)
 006 CT: OH HI:: Julianne.=How are you.
 007 This is Sarah.
 008 (1.4)
 009 CL: I'm doing alright. Um (.) I went
 010 to see my doctor yesterday:¿
 011 (0.2)
 012 CT: O-kay,
 013 (1.2)
 014 CL: An’ I said you gotta do somethin

015 damn you
 016 (0.5)
 017 CL: You gotta do: somethin for me.
 018 (0.4)
 019 CT: O:ka:y,=
 020 CL: =And he said (.) >he said< I heard
 021 that you was in an emergency
 022 room last month. I said well (0.3)
 023 I can't um- (0.2) wait for you
 024 (.) cuz (0.4) you um (.) been
 025 really busy and (1.2) for the
 026 past three months:¿ (hh)

In the opening moments of this call (lines 001 – 007), the caller presents herself (and is recognized as) a regular caller. In line 009, the caller produces a response to the call taker's initiated general state inquiry with "I'm doing alright" and then goes on to produce a further TCU related to her recent doctor's visit with slightly rising intonation. In designing her talk with this intonational contour, it is possible that she is inviting confirmation from the call taker (i.e., in that she might remember something about prior conversations related to her doctor-related circumstances). After a gap (line 011), the call taker produces uptake with the token "Okay" which, at the minimum, acknowledges the caller's initial

reporting regarding her doctor and displays her reciprocity to a projected unpacking of the initial report.⁵²

Next, in line 014, the caller continues her turn with an *and*-prefaced TCU that constructs her talk as a continuation of her earlier turn. In lines 014 – 15, the caller reports what she said to her doctor and, after a gap where there is no uptake from the call taker (line 016), redoes this turn again with a slight reformulation (e.g., use of the second-person pronoun ‘you’, replacing “damn you” with “for me”). This second formulation also features stress on ‘me’, placing greater emphasis on the as yet unspecified medical business related to the caller’s visit to her doctor.

In line 019, the call taker again produces the general acknowledgement token “Okay”. This is followed in line 020 with the caller latching on a continuation of her multi-unit turn that presents further details regarding her visit. As the caller goes on to elaborate, she mentions being dissatisfied with her doctor’s availability. There is also a larger action trajectory through which this issue is presented by the caller. Similar to the previous case, this instance shows how callers may opt to use a multi-unit telling format (versus a troubles-centered headline) that interactionally positions the call taker as a recipient of an extended telling.

In the third extract showing this practice in action, Extract 5.17, a caller begins to utilize a troubles-centered headline but abandons it before any specific

⁵² It is possible that her response also confirms her access to some of the caller’s previously shared life circumstances and thus invites the projected “update” that is to follow. I will return to the subject of “updating” later in this chapter.

psychological state or symptoms are presented. The caller then continues with a multi-unit telling which eventually culminates in a reattempt at articulating her current state in relation to her upcoming social plans:

Extract 5.17 – [094-0487] (* = Not on recording)

001* CT: (Hello this is HelpNow)
 002* CL: (Hi this is Katherine)ne.=
 003 CT: Oh hi Katherine. How are
 004 you.=This is Jenny.
 005 (1.0)
 006 CL: Hi Jenny. .hh I:: .hh
 007 I:: (0.3) I h- I'm kind
 008 of, hh (1.5) (just) caught
 009 between a s- (0.3) a r-
 010 (.) I d'know.
 011 (0.2)
 012 CL: I mean:: (.) .hh I'm::-
 013 (0.8) I had said that
 014 I was going to come for
 015 bingo::. And (.) um:: (0.5)
 016 .hhhhhh hhhhh=in the place
 017 where (0.3) Denise and Jerry
 018 and Neal do reach up speak
 019 out.
 020 (0.2)
 021 CT: O-kay,
 022 (0.8)

023 CL: So they're gonna pick me up
 024 early.
 025 (0.2)
 026 CL: .hh And then I stay with
 027 Neil, (0.2) an::d um:: (0.5)
 028 ya know an' stuff like that
 029 (0.2)
 030 CL: .hh I guess it's going
 031 out of my comfort
 032 zo:ne,=
 033 CT: =.HH[O:h:::]
 034 CL: [that's both]ering me.=
 035 CT: =Mm hm,

In lines 006 – 010, the caller produces a greeting incorporating the call taker's name and then, through a number of restarts and within-turn pauses, begins to produce a troubles-centered headline. In lines 007 – 009, the caller starts to formulate her state with what is projectable to be the idiomatic expression "caught between a rock and a hard place". Yet after two false starts, she abandons it and produces the epistemic hedge "I d'know". Prior research by Weatherall (2011) has documented how "I don't know" can function as a pre-positioned epistemic hedge that shows the speaker is not fully committed to the epistemic status of what comes next (cf. Beach & Metzger, 1997). In this particular case, this practice further contributes to the caller's displayed uncertainty as to how to describe her current mental state. After several

abandoned attempts at an evaluation of self, it is also hearable as conveying that she is confused or disoriented mentally.

In line 11, the call taker does not provide any immediate uptake and thus does not treat it as a possibly complete characterization of her current state. Next, after a gap (line 011), the caller begins describing her upcoming social commitments with several friends. In lines 012, she begins her TCU with “I mean”, projecting the talk that follows to be a self-repair that sequentially deletes the prior (abandoned) headline. In lines 13 – 19, she goes on to explain her prior commitment to “come for bingo” and mentions the names of several individuals in describing where the bingo was to be held. In line 21, after the caller’s turn has come to a possible point of completion, the call taker produces a minimal acknowledgement token “Okay”. In doing so at this point (i.e., when there is not yet a presented problem or crisis), the call taker has again renewed a type of turn taking that is typical of multi-unit tellings.

The next section of the extract features the caller moving closer to a clearly articulating a help line relevant problem. In lines 23 – 24, the caller produces a further TCU introducing the detail that her friends will be picking her up and places stress on the timing of this scheduled pick up (“they’re gonna pick me up early”). While this unit is delivered with a final terminal intonation, it still does not present an institutionally-relevant crisis or problem. After another gap (line 025), the caller again produces an ‘and’-prefaced TCU that further extends her telling regarding her social plans (lines 26 – 28).

In line 29, there is a further gap where the call taker produces no uptake followed by the caller extending her turn again to provide a more explicit report of her psychological state (lines 30 – 32). In providing the account “I guess it’s going out of my comfort zone”, the caller offers a formulation of the type of psychological distress the caller is currently dealing with. In line 33, immediately after the caller’s prior turn, the call taker produces a change-of-state token to enact a sudden realization. This move is presumably related to the critical information provided by the caller just prior and claims she now understands the problem. In lines 34 - 35 the caller completes her TCU and the call taker responds with a latched on minimal agreement token (“Mm hm”) that treats the telling as not yet complete.

To sum up, this extract demonstrates how the use of extended-turn formats for the problem presentation phase of the call is something that call takers must monitor closely. As callers gradually construct their tellings unit-by-unit (with intermittent recipient displays of alignment from call takers), the issue of determining what relates to their crisis or problem can remain an ongoing task for call takers. At some point during the production of the telling, call takers may be able to infer, based on the presented circumstances, what it is that led the caller to call at the current moment. In this way, the collaborative enactment of multi-unit turns may also be deeply related to how call takers apply the inferential frameworks specific to this institution. During the course of a caller’s multi-unit telling, call takers may generate inferences about how a caller’s multi-unit telling

is appropriately fitted to *HelpNow*'s institutional mission (i.e., to assist those facing distress or mental-health crises).

As the earlier work on 911 calls has shown (e.g., Whalen & Zimmerman, 1990; Zimmerman, 1984), these extended presentation practices are an important resource through which callers can explain, for instance, how they came to know of their problem or how it came to impact their psychological well being. Extended tellings can also be useful for presenting personal circumstances that are more ambiguous or complicated in nature, as well as for explicating why a personal situation is relevant to the specific institution the caller has contacted (cf. Emmison & Danby; Feo & LeCouteur, 2013). Callers to *HelpNow* may design their problem presentations as multi-unit tellings rather than a troubles-centered headline to deal with similar interactional pressures.

Epistemics & identity: Updating versus informing

Callers and call takers may display orientations towards specific domains of knowledge during their interaction on the help line. A related area of research, social epistemics, refers to how interactants display and manage their rights and obligations to specific domains of knowledge in social interaction (Heritage, 2013). *Epistemic status*, a key notion that has emerged in this research, refers to what interactants assume each other to know (and not know), given who they are and who they are to each other (Heritage, 2013). In help line interactions, callers and call takers may display a recurrent orientation to these epistemic considerations, specifically to what (if anything) is remembered from prior calls

(Shaw & Kitzinger, 2007). As a result, this sense of *institutional memory* can be seen as a critical resource for participants and potentially consequential for how the call unfolds.

In the *HelpNow* calls, callers may enact a particular epistemic status through what I refer to as “updating”, or the practice of giving updates on one’s crisis or problem, daily accomplishments, or general life circumstances.⁵³ In doing so, callers implicitly convey call takers’ general familiarity (i.e., epistemic status) with these aspects of their life (cf. Drew & Chilton, 2000). This, as I later show, is in contrast to the interactional accomplishment of “informing”, the action of reporting a problem or reason for calling in a way that does *not* incorporate any such presumptions.

“Doing updating” involves callers producing a report that *presumes* call takers’ familiarity with their life circumstances. In his early lectures, Sacks (1992: Vol. 2, p. 438) discussed a general preference in interaction for not telling recipients what they already know. This notion, typically discussed under the broader notion of *recipient design*, highlights participants’ orientations to designing their talk for particular recipients (especially their epistemic status). Thus, in framing their problem presentations as doing updating, callers may show they are oriented to issues of recipient design and that some call takers may not need full explication of background related to their personal circumstances.

As discussed in Chapter 4, the identification/recognition sequence represents one opportunity for callers and call takers to display their epistemic

⁵³ For a related discussion of relationship “tracking”, see Morrison (1997).

(and relationship) status within the opening of the call. Additionally, callers' problem presentations may be designed to accomplish these identities. For this reason, I reference the earlier distinction between *regular caller identities* and *first time caller identities*⁵⁴ to demonstrate how epistemic considerations can work to further embody these identities. Thus, the central focus of this section is the practices callers utilize to display their orientation to the call taker's epistemic status as they work together to negotiate what each person is assumed to know.

In the sub-sections below, I analyze two previously examined interactional practices (troubles-centered headline & multi-unit turn formats), as well as call takers' responses to them, to further show how these identities may be constructed (and renewed) in the environment of problem presentations. The following general features of these practices will be discussed: First, headline formats and second, multi-unit formats, both of which enact *updating* via the incorporation of less background detail to presume call takers' prior epistemic access; and third, headline formats, and fourth, multi-unit formats, both of which enact *informing* via a greater background detail to convey an orientation to giving greater background (i.e., presuming no epistemic access) for call takers.

⁵⁴ In Chapter 4, I defined *first time caller identities* as referring to callers who present themselves as individuals who are new to calling *HelpNow*. On the other hand, *regular caller identities* referred to callers who presented themselves as individuals who call on a regular basis and thus display a presumption to be recognized by staff.

1. “Doing updating” via headline format

Callers may design troubles-centered headlines to frame their problem presentation as an updating (versus an informing). To do so, callers design their presentation in a way that incorporates little background detail. This is a way of presenting their headline (and possible topic) that includes a presumption that the recipient holds prior knowledge regarding the caller’s personal circumstances. Most often, this involves the headline incorporating personal information in a manner that presupposes prior epistemic access. For instance, Extract 5.18 shows how the caller’s announcement of a particular detail presupposes prior knowledge on the part of the call taker:

Extract 5.18 – [098-0508]

001 CT: Hello this is HelpNow.
 002 Can I help you?
 004 (0.6)
 005 CL: Eh- yeah.=It’s Samantha.
 006 CT: Oh HI: Samantha, this is
 007 Karen. How ya doin,
 008 (0.6)
 009 CL: →Alright. I got rida my
 010 →G-Y-N doctor.
 011 (0.3)
 012 CT: OH::h.
 013 (0.8)
 014 CT: That’s new this week,
 015 isn’t it?

016 (1.2)

017 CL: Yep.

018 CT: Yeah:. What happened.

019 (1.5)

This case shows how callers and call takers collaborate to create a sequential environment where the caller can proceed to “do updating” (i.e., produce an update-oriented reason for calling). From lines 006 – 007, the call taker displays her recognition of the caller’s disclosed identity and then initiates a HRU sequence. In line 009 - 010, the caller produces a normative response (“Alright”) and then continues with a troubles-centered headline.

The latter action here announces the caller’s choice to cease seeing her gynecologist and includes little background details. This turn design conveys the caller’s presumption that the call taker already has epistemic access to the fact that she has been seeing a gynecologist (and potentially that there have been prior problems with him/her).

In line 012, the call taker produces an affectively marked “Oh” receipt, which embodies a claim of understanding and treats the caller’s report as news. Next, after a gap in line 013, the call taker displays her recollection of the relevant circumstances by inviting the caller to elaborate with “That’s new this week” and inviting confirmation (“isn’t it?”). This response (lines 014 – 015) treats the caller’s current report as hearable in relation to other, prior reports and possibly suggests that they speak on a weekly basis. As a result, this headline-designed problem presentation works to further enact – and validate – the caller as a regular caller. In sum, this instance shows how callers can design troubles-

centered headlines that presume prior epistemic access in order to provide, as a regular caller, an update on previously-known circumstances.

2. “Doing informing” via headline formats

Callers may also design troubles-centered headlines in a way that frames the problem presentation as an *informing* (versus an updating). To accomplish this, these headlines incorporate greater background details in a way that presents the crisis or problem in a more general fashion. This type of turn design displays the callers’ orientation to not presuming any prior epistemic access to the caller’s personal circumstances. In other words, these headlines feature an orientation towards *presenting* personal information as new as opposed to *presuming* personal information as part of institutional memory. In Extract 5.19, the caller’s use of the headline format displays the caller’s orientation to the call taker having no prior epistemic access by presenting their crisis or problem as new information:

Extract 5.19 – [010-0123]

001 CT: Hello: this is HelpNow.
 002 Can I help you?
 003 (1.2)
 004 CL: Hello:?
 005 CT: Hello.
 006 (0.5)
 007 CL: (eh)

008 (0.4)

009 CL: My name is Sa:m,

010 CT: Hi Sam. This is Karen.

011 (0.5)

012 CL: Hi Karen.

013 (0.4)

014 CL: I'm just (.) kinda havin'

015 a hard ti:me:.

016 (0.8)

This case shows how informing as a course of action can be implemented using the headline-formatted problem presentation. In line 014, following a gap where the call taker passes the opportunity to take a turn, the caller produces the beginning of a problem presentation using a headline format ("I'm just kinda havin' a hard time:."). However, unlike the prior updating headline, the caller presents their reason for calling as a single TCU *informing*. The design of the action incorporates a greater background detail in a way that does not presume the call taker to know something about him or the problem he is about to present. By presenting his problem presentation in this way, as an informing, the caller constructs himself a first time or repeat caller.⁵⁵ In brief, this extract depicts a headline that is designed to not presume any prior epistemic access on part of the call taker. Next, I move on to examine the multi-unit turn format as a further

⁵⁵ It is difficult to determine which of these two interactional identities would specifically be relevant here. However, the use of this practice makes it clear that they are *not* a regular caller (i.e., that *presumes* institutional/personalized memory).

way in which problem presentations may do informing or updating and moreover, further manage a caller's interactional identity.

3. *“Doing updating” via multi-unit turn formats*

In addition to a headline format, callers may utilize a multi-unit turn format in order to frame their problem presentation as an updating. As with headline formats, this involves the caller incorporating particular grammatical resources into their problem presentation. To do updating, callers incorporate more less specific details or background (“I quit my doctor yesterday”) to convey the presumption that their recipient has prior knowledge regarding their personal circumstances. Thus, some degree of epistemic access is taken for granted.

Nonetheless, prior to proceeding with their extended telling, callers can display some hesitancy about whether such institutional and personalized memory can be presumed at all. This task may be accomplished via yes/no interrogatives that target the call taker's epistemic status regarding the caller and their personal circumstances. Such a question may be occasioned in a call when a call taker has not provided clear interactional evidence to suggest they recognize their recipient as someone who has called before (i.e., a return caller or regular caller). It is these questions that confirm to the caller what kinds of presumptions they may be able to form as they produce their multi-unit formatted update.

In Extract 5.20 below, this type of question is deployed after each party has exchanged first names, yet prior to the caller presenting anything specifically related to her problem presentation:

Extract 5.20 – [030-0231]

001 CT: Hello.
 002 (0.2)
 003 CT: This is Help[now,]
 004 CL: [Hel]lo.
 005 CT: (0.2)
 006 CL: Who are yoo:u,?
 007 CT: Hi this is Gina.
 008 (0.2)
 009 CL: Pardon me?
 010 CT: Gina
 011 (0.2)
 012 CL: Hold on hold on. Let me lower
 013 the TV a little bit.
 014 (0.2)
 015 CL: .hh This is Maa:ry.
 016 CT: Hi Ma:ry:..
 017 (0.5)
 018 CL: Did I talk to you ever before,?
 019 CT: I believe so,
 020 CL: →I still have problems with my chil-
 021 →(.) .hh with my grandchildren, my
 022 daughter (.) .hh my daughter ha- .hhh

023 sa:- I stopped paying for her phone
 024 be-°cause° (.) .hh she didn't tell me
 025 to pay?
 026 CT: Mm hm,=
 027 CL: =A:::n uh I haven't heard from her for
 028 .hhh six wee:ks, .hhh A:::nd the (grant)
 029 children are being adopted, .hh I just
 030 (sent) little Ja:mes it's his birthday
 031 on the fifteenth of July,
 032 CT: Oka[y:,
 033 CL: [.hh had two trucks for him and two
 034 trucks for (.) .hh his brother,

In line 18, the caller produces a yes/no interrogative to invite the call taker to display whether or not she remembers speaking with the caller in the past. Based on this turn, the caller has not heard any compelling evidence that the call taker recognizes her as a regular caller (an identity invoked with the caller's "This is Mary" name-disclosure format in line 015, see Chapter 4). In response in line 19, the call taker produces a non-type conforming response "I believe so", which hesitantly confirms she remembers the caller. While this response tentatively confirms the call taker's memory, it does reserve some deniability in case it is later revealed she does not actually remember a particular detail from a prior call.

In line 20, the caller begins her multi-unit format problem presentation. Her initial unit in this telling ("I still have problems with my...") includes the lexical item "still," invoking prior interactions with the call taker in which the ongoing "problems" were presumably discussed. This indicates that the problems she

goes on to describe are occurring at the present time, just as they have in the past. The design of this element presumes the call taker's understanding that the problems had already been going on. In this way, the design of the caller's telling incorporates less background details (lines 020 – 021).⁵⁶ Additionally, the caller's problem presentation further enacts her regular caller identity. All in all, this case demonstrates how callers may frame the multi-unit problem presentations with high granularity and relatedly premised upon call takers already having epistemic access to the caller's personal circumstances.

4. *“Doing informing” via multi-unit turn formats*

Lastly, callers can utilize the multi-unit turn format to frame their problem presentation as informing (rather than updating). In contrast to its use for doing updating, this variation involves incorporating a degree of generality to the (potential) topics conveyed via their problem presentation. This presents their crisis or problem in a broader manner that presumes no or little background (i.e., about its history, possible causes, etc.). In the extract below (shown earlier in this chapter as Extract 5.15), a caller performs extra interactional work to frame their problem presentation as an informing (i.e., for this recipient):

Extract 5.21 – [043-0298]

001 CT: Hello?

002 (0.3)

⁵⁶ Interestingly, the caller goes on to incorporate greater background into the subsequent TCUs in her turn (lines 22 – 25, 27 – 29). Although I will go into great detail to speculate why this might be, it is worth pointing out since the initial TCU seemed to presume prior background about her grandchildren.

003 CT: This is HelpNow.=
 004 CL: =Ye- (0.2) Hi.
 005 (0.2)
 006 CL: U-my name's Dennis and I
 007 don't have an emergency, I
 008 just wanted to talk for
 009 a while?
 010 (0.8)
 011 CT: ↑Oka:y,
 012 (1.2)
 013 CL: (Alright) I'm (1.0) .hhh
 014 <just ta> give you an overview
 015 real quick (is) (0.5) I have
 016 uh (0.2) ex girlfriend who (0.8)
 017 had lived like (0.3) three::
 018 or four: units away from my
 019 condominium?
 020 CT: Mm hm.
 021 CL: And um: (2.0) we've (.) gone
 022 out for (.) ten years (shh-)
 023 (0.3) er eight year[s.=She]'s=

This case provides evidence for the case that multi-unit turns may be used as a vehicle for informing (as opposed to updating). After the caller and call taker work through a pre-characterization (see Chapter 4) in lines 006 – 011, the caller moves to produce his subsequent TCU as the beginning of a projectably multi-unit turn (“give you an overview real quick”). Put differently, by characterizing his

action as an “overview”, he frames his current unit of talk as background information that is unknown to the call taker and necessary for understanding the projectable telling of his current crisis or problem. In doing so, the design of his problem presentation incorporates greater background details and displays his orientation to not making any presumptions about the call taker’s prior knowledge on the issue and thus enacts an interactional identity as a regular caller. Thus, this instance shows how callers may design their multi-unit formatted problem presentations in a way that displays an orientation to their recipient not having any previous knowledge of what they are about to communicate.

To summarize, this section has examined how *HelpNow* callers and call takers display their orientation towards specific domains of knowledge during the problem presentation stage of the call. Concepts related to social epistemics were applied in an effort to illuminate specific features of problem presentations that contribute to the interactional accomplishment of updating or informing. When callers *do updating*, using either a headline or a multi-unit turn format, the problem presentation includes very little background details (e.g., “I quit my doctor yesterday”), thereby presupposing that the call taker has previously encountered and remembers the caller’s relevant personal circumstances. In these types of calls, both participants are oriented to issues of memory, specifically what issues (if any) can be remembered from any earlier help line telephone encounters. In this way, updating is most often linked to calls where callers enact a regular caller or repeat caller identity.

On the other hand, callers who design their problem presentations to *do informing* - also via either headline or multi-unit formats – include a different design feature. Instead, callers compose their problem presentation in a way that displays an orientation to the call taker holding no prior epistemic access to their personal circumstances. To accomplish this, callers incorporate greater background detail (“Let me give you an overview”) into troubles-centered headline formats or multi-unit turn formats. Overall, this section has shown how the epistemic differences regarding problem presentations revolve around presumptions made of call takers’ personal memory.

Conclusion

In this chapter, we considered various dimensions of the problem presentation portion of *HelpNow* calls. First, we have examined several different sequential environments in which problem presentations are regularly launched. Analysis revealed several environments where this is done including surrounding pre-characterizations, HRU inquiries, and the anchor position. Each of these sequential contexts affords different opportunities for callers to begin presenting their reason for calling the help line.

Second, we have looked at two practices that are used to accomplish the presentation of the caller’s problem or crisis. These included troubles-centered headlines (e.g., “I feel really down”) and extended, multi-unit tellings. These practices create different interactional possibilities for the call taker as they monitor whether the crisis or problem is within the purview of the institution’s

larger mission. While the headline format typically foregrounded a type of psychological state or precipitating event, multi-unit telling configurations interactionally position call takers as recipients in a larger, narrative-oriented course of action that may only feature a clear crisis or problem at its culmination.

Third, we examined how some of the aforementioned problem-presentation practices relate to underlying epistemic issues including “doing updating” and “doing informing”. In the case of updating, callers design their problem presentations in a way that presupposes the call taker’s knowledge of their personal circumstances. In the case of informing, however, callers orient to the call taker holding no prior epistemic access to their personal circumstances. Callers and call takers must work together to coordinate whether they are engaged in an informing or updating in relation to the caller’s crisis or problem.

All in all, the problem presentation is a critical site for understanding calls made to *HelpNow*. In it callers must present their current crisis or problem so that the call taker can assess whether it is within the purview of the institution’s mission and the type of help that is most appropriate. This chapter provides a clearer picture of how these issues are navigated at *HelpNow*.

Chapter 6: Rising-intoned repetition as an institutional practice for inviting elaboration from callers

This chapter explores call takers' use of repetition, or the practice of repeating – either partially or in full - what the caller has said when they are responding to callers' problem presentations. The task of getting callers to talk about their issues and negotiate the type of help they need is of fundamental importance to the call takers' work and *HelpNow*'s larger institutional mission (see Chapter 3 & Chapter 5). Callers typically begin with callers disclosing their crisis or problem; however, a more challenging step is often getting the caller to elaborate on these oftentimes very personal and emotionally delicate issues.

Much of the institutional work of *HelpNow*'s call takers emphasizes the enactment of "active listening" (which I explain in more detail below) and identifying elements of the caller's talk that hold therapeutic relevance. Yet when callers are not very forthcoming with details about their crises or problems, the call taker may struggle to accomplish this institutional work and, relatedly, assess the severity of the caller's situation. My observations as a *HelpNow* call taker revealed that repeating a caller's prior words is a commonly taught technique for inviting further talk from callers. Nonetheless, an analysis of this interactional device in practice has shown that call takers' deployment of this repetition does not typically achieve the intended institutional ends.

In contrast to prior scholarship that has examined repetition in ordinary conversation (e.g, Schegloff, 1996, 1997; Stivers, 2005), the repetition practices observed in calls made to *HelpNow* are characterized by unique compositional

features, action trajectories, and broader institutional agendas at work. Two types of forms of repetition are important to distinguish. On one hand, *full-form repetition* consists of a full repetition of the target unit in the caller's prior turn. On the other hand, *partial-form repetition* consists of only a portion of the target utterance being repeated. Both of these types of repetition constitute the target practices that will be the focus of analysis in this chapter.

As an institutional backdrop to *HelpNow*, three broader features must be reviewed to setup the analysis of repetition during calls (also see Chapter 2). First, call takers at *HelpNow* are trained to recognize the role of *active listening* in their work. This notion, which is also heavily emphasized in other mental health and counseling related professions, refers to how the "listener" in an interaction (i.e., call taker or mental-health professional) continually demonstrates to the current speaker that they are actively attending to the speaker's talk and, in doing so, make them feel comfortable enough to continue if they wish. While I will not provide a comprehensive review of the ways active listening can be accomplished in the dynamics of social interaction (see Chapter 2), the link between this concept and the current chapter's focus on repetition will be an important theme that cuts across the analyzed empirical cases.

A second issue to highlight here, closely linked to *HelpNow*'s broader emphasis on active listening, is how repetition practices fit within call takers' broader repertoires of techniques for communicating with callers. Like other help lines (Butler, Potter, Danby, & Emmison, & Hepburn, 2010; Feo & Le Couteur, 2013; Pudlinski, 2005), *HelpNow* discourages call takers from providing explicit

assessments of the caller's personal circumstances or the delivery of any advice.⁵⁷ *HelpNow*'s institutional policy, generally speaking, is to facilitate an interaction that privileges callers' own personal autonomy to highlight existing social support or coping resources and further develop their own problem solving skills. In this sense, call takers are required to conduct themselves in a way that exhibits a sense of professional cautiousness (Drew & Heritage, 1992). Thus, call takers are trained to communicate with callers in a way that maintains a distinct neutral position with respect to the caller's personal concerns or opinions. Instead of evaluations or advice, call takers are thus encouraged to draw from techniques that display active listening, such as using "encouragers" (i.e., continuers), asking questions, paraphrasing, and repeating the caller's prior words, to name a few.

The latter two of these techniques bear resemblance to what is discussed in the prior literature on *formulations* in therapeutic settings. Generally, these involve the practice of proposing a version of what a client has described in a prior turn in order to make relevant the client's confirmation or disconfirmation (Antaki, 2008; Antaki, Barnes, & Leudar, 2005).⁵⁸ A number of different variations of this action have been proposed (see Antaki, 2008), yet it is most important to highlight how call takers' repetition practices in *HelpNow* calls are *different* from

⁵⁷ While this rule applies to most circumstances that may arise, exceptions to this general rule are typically made in cases where someone may pose harm to themselves or others (cf. Callahan, 2009). In these cases, call takers may adopt a firm and more authoritative stance.

⁵⁸ While a number of different scholarly definitions of formulations exist (e.g., Davis, 1986; Heritage & Watson, 1979; Garfinkel & Sacks, 1970), for the sake of brevity I focus exclusively on how the term has been used in discourse-centered literature on psychotherapy.

formulations. Most simply, this contrast rests upon call takers' repetition practices primarily consisting of a virtually precise reproduction of the caller's prior talk (either a portion of a turn or in full).

A third notion important to setting up this chapter's focus is *therapeutic relevance* (Antaki, 2010; Antaki, Barnes, & Leudar, 2005; Hutchby, 2002). This has been used as an analyst's term to refer to what a client (caller) has described about their emotions, specific precipitating events, or anything else the mental-health specialist (call taker) deems relevant to their broader *therapeutic agenda* (Buttny, 1996; Davis, 1986; Vehviläinen, 2003; cf. Roter & McKneils, 2003) or institutional mission. In prior literature (e.g., Hutchby, 2002), this term has been used to describe counselor's professional orientations to advancing therapeutic goals for a given client (i.e., in that specific session or across different sessions). This principle represents an additional consideration in terms of the institutional logic call takers may apply when repetition practices are used during *HelpNow* calls.

The structure of this chapter will proceed as follows. First, I review prior literature on repetition across different sequential environments. Next, I focus on the sequential and compositional features of full-form repetition, non-contiguously placed full-form repetition, and partial-form repetition, highlighting callers' resistant responses with regard to each. Third, I discuss larger institutional implications of these findings for HelpNow's call takers and training procedures. Finally, I conclude by summarizing the key findings and implications of the chapter.

Establishing criteria for the analysis of repeats

Firm criteria are necessary for delineating repeat-related actions from other forms of repetition in interaction. There is extensive research focused on repetition drawing from a wide range of analytic perspectives (see Kim, 2002 or Norrick, 1987 for a review). However, for the purposes of the current chapter, I will only focus on a subset of repetition practices in ordinary conversation. Since this analytic focus is similar to Schegloff's (1996a) paper, I adopt the same inclusion/exclusion criteria in order to differentiate between the phenomenon in my data and other forms of repetition practices. My focus in this chapter is solely on the use of repetition in initiating actions (first-pair parts). I explicate Schegloff's criteria below to further frame the analysis that follows later in the chapter.

First, broadly speaking, repetition can be defined as produced "by someone *other than* the initial speaker of the repeated utterance" (p. 177, my emphasis). This places clear analytic focus on repetition as produced in *others'* talk (i.e., those other than the initial speaker of the utterance). Second, repetition typically occurs in one of three sequential positions: first position, second position, or third position. In second position, this includes repetition that is responsive to an initiating action (e.g., an answer to a question). In third position, repetition-related turns may register or otherwise be responsive to a prior, second-position action following a sequence-initiating action; and in first position as an initiating action itself. My focus in this chapter is on first position use of repetition. Schegloff's third criterion is that repetition shall only be considered

when it is not followed by further talk from the same speaker. This excludes, for instance, the repetition practice of “targeting a next action” (Schegloff, 1996a), where the speaker of the repeat is repeating the target utterance as a preliminary to further turn-constructual units within the same speaking turn.

A fourth criterion is related to what Schegloff (1996a) calls “virtually identical” repetition, which will also be considered in the current study. This type of repetition consists of instances when some portion of the target utterance’s composition is reproduced in the repetition. This, as Schegloff argues, need not require a strict sense of what is or is not being repeated, thus allowing the inclusion of “transformations geared to deixis, tense shift, speaker change, etc., as well as changes or prosody” (p. 525). Paraphrases or substantial reformulations, however, are excluded from this analysis for two reasons: First, because the repetition-based actions relevant to this chapter are fairly distinct from reformulation-related phenomena; and second, to further differentiate the current study from earlier research where these forms have been discussed (e.g., Tannen, 1987a; 1987b; 1989). In sum, each of these four criteria informed the types of repetition-related phenomena to be examined in the current chapter.

Prior literature on repetition in interaction

In this section, I review earlier literature related to repetition as a practice for doing action (and in turn, make relevant certain kinds of responding actions). As a phenomenon, rising-intoned repetition may be ambiguous in terms of what recipient response is conditionally relevant. Questioning repeats are polar

(yes/no) interrogatives (Raymond, 2003), which minimally require confirmation or disconfirmation as a relevant response. However, participants may also orient to them as requiring more, such as elaboration (e.g., confirmation plus elaboration or simply elaboration alone) (Raymond, 2013). In the end, the action import of any given repetition-based interrogative will depend on the sequential environment in which it occurs and, ultimately, must be worked out interactionally among the participants.

Prior research indicates that there are two general sequential environments in which this practice is used. First, the practice has been documented in the environment following an initiating action, such as questions. Second, the practice has been observed in the environment of informings, such as news announcements or other types of tellings. Across each of these environments, the following actions may constitute relevant responses: “Confirmation,” “elaboration,” or “confirmation + elaboration.” I begin by giving an overview of prior literature that has addressed the first of these two environments, i.e., rising-intoned repetition following sequent-initiating actions.

Rising-intoned repetition in the environment of sequence-initiating actions

The first environment scholars have examined repetition to occur in is following sequence-initiating actions. This may include repetition used by a recipient following such actions as questions, requests, invitations, and others that initiate a course of action. Much of what is known about repetition in this environment comes from research about how interactants carry out repair in

ordinary conversation. Repair, according to Schegloff, Sacks, and Jefferson (1977), refers to sets of interactional practices for managing troubles or problems related to speaking, hearing, or understanding in talk (cf. Kitzinger, 2013). More specifically, *other-initiated repair* refers to a recipient initiating a repair sequence by targeting something in the prior talk (typically in the immediately-prior turn) as being problematic in terms of speaking, hearing, or understanding. The speaker initiating the repair often leaves the task of providing a solution for the repair to the speaker who produced the trouble-source turn (“other-initiated self-repair”).

Following a sequence-initiating action (e.g., a question), rising-intoned repetition may be used as a practice for accomplishing other-initiated repair. When the recipient repeats (part of) a trouble source, they display greater access to what was previously said when compared to some other repair initiation forms (e.g., *open class repair initiators* such as “What?”). In Extract 6.1 below, the practice of rising-intoned repetition is used to target a prior utterance as problematic:

Extract 6.1 – [from Robinson 2013: 261-262]

- 01 Bob: How's your heater been working
 02 these last few weeks.
 03 Moe: →My heater?
 04 Bob: →Yeah=in your car.
 05 Moe: Thuh bu:s?
 06 Bob: Yeah=or do you use it that (m[ich.)
 07 Moe: [Oh: yeah
 08 Bea: Was last night the first time you met

In line 03, Moe produces a phrasal TCU that repeats a portion of Bob's prior turn with final rising intonation (along with a shift from "your" to "my"). By only repeating a single word from Bob's prior turn ("heater"), Moe targets it as problematic in terms of his understanding. As an action, it minimally makes relevant confirmation (e.g., "Yeah") yet it could also be responded to with elaboration and/or clarification related to the targeted referent. In line 04, Bob produces a confirmation ("Yeah") and then elaborates by producing more specific details regarding the location of the target referent ("in your car").

In ordinary conversation, the type of response that is due following rising-intoned repetition in this and other sequential environments may not always be a straightforward matter (Robinson, 2014). In this particular case, Moe's repetition could potentially make two different actions relevant next: confirmation or confirmation *and* elaboration/clarification on the topic (Bob eventually chooses the latter). Hence, this case shows how the rising-intoned repetition practice (i.e., a polar interrogative form) can be used following a sequence-initiating action as a practice for doing repair and thus responded to as such.

Robinson & Kevoe-Feldman (2010) have examined how repetition can be used as a practice to target an action *as a whole* as problematic. For instance, Extract 6.2 below (taken from Robinson & Kevoe-Feldman, 2010) shows the recipient of a sequence-initiating action using a rising-intoned repetition to reproduce the target turn in full form. Just prior to the extract, Ida has mentioned to Vic that she had seen a mutual friend of theirs from college:

Extract 6.2 - [CH:5352]

01 VIC: W' =that->what tuh hell< (did)

02 that girl do with her life di'
03 she graduate?
04 (0.2)
05 IDA: Y:es. she uhm (0.3) she's w(h)aitting
06 <to get< (.) her c(h)ertification.=I
07 don't know if she's passed thu exam (.)
08 yet.
09 (0.3)
10 IDA: But she's substitute teaching.
11 (0.4)
12 VIC: m=Oh. okay,
13 IDA: A:n:d (.) yeah.
14 (0.4)
15 VIC: →'S=she pretty?
16 (.)
17 IDA: →Is she pretty?
18 (.)
19 VIC: →She=ever get good looking, er no.
20 IDA: I think she looks thuh sa:me? >I don'
21 know< it's a very (.)
22 [()]
23 VIC: [(I always thought she was in=an awkward stage)]
24 she'd grow out of but maybe not heh heh heh

targeting Vic's prior question ("Is She pretty?") in line 15. This repetition reproduces the entirety of the prior TCU with a final-rising intonation, thereby displaying strong access to what was said and targeting the action as a whole as a source of trouble (as opposed to a single word in the TCU). It is possible that Ida's repetition may be targeting the "out of the blue" nature of Vic's prior question. In line 19, Vic responds by providing a repair solution via a reformatted version of his question reflecting Ida's problem with understanding the prior formulation.

In sum, this instance provides insight into how repetition practices in ordinary conversation can be treated as having targeted the *entire* prior action as being problematic (versus, say, only a particular word) and may lead the speaker to produce a reformulation of the trouble source. In this way, full repetition may indicate that the prior action (i.e., that which is targeted by the repetition) is inapposite or "off" in some way. Additionally, this particular instance shows how, in post-question position, a repetition initiates a repair sequences and thus leads to delaying the recipient's subsequent response.

In each of these two extracts, rising-intoned repetition is used as a practice for implementing repair following a sequence-initiating action. However, it is important to point out that the particular *mechanisms* at work in each case – including repetition of prior talk and rising-pitch contours – are not exclusive to the environment of repair alone. As I discuss more below, such repetition practices may also be used as vehicles for implementing actions (potentially non-repair related) in the sequential environment of informings.

Repetition in the environment of informings

The second environment in which repetition occurs (and the one most relevant to the concerns of the current chapter) is following informing-related actions, such as *news announcements* (cf. Terasaki, 1976). In ordinary conversation, when information is produced by a speaker, its status as new information (“news”) may be reflected in the manner in which recipients design their initial responses to the action. These responses, what Jefferson (1981) referred to as “news marks”, display an understanding of some component of the prior turn as containing previously unknown information. Additionally, these responses display an orientation to the target turn as worthy of further topic-related talk. Similar to the prior sequential environment (i.e., sequence-initiating actions), repetition-based actions deployed here may make relevant confirmation (as the minimally required response), elaboration, or confirmation plus elaboration.

One way to mark the prior turn as news is to receipt it with a “pro-repeat” (Heritage, 1984; Jefferson, 1981; Schegoff, 1996a), a form that anaphorically refers to some of the earlier talk.⁵⁹ In the instance below, a pro-repeat form (“do they,” with slightly-rising final intonation) is used to receipt the prior turn as news as well as invite confirmation from the news deliverer:

Extract 6.3 – (NB:IV:3:1)

1 L: I’m gonna take them up to Anthony’s and dye them

⁵⁹ See Stivers (2005) for an analysis of pro-term repetition in response to questions.

2 because they dye uhb, the- perfect ma:tch.

3 E: →Do they,

4 L: →Yeah

5 E: Ah hah,

6 L: I mean sometimes you buy them at these places...

Here a pro-repeat design is treated as inviting confirmation of L's prior announcement. After L produces an announcement in lines 01 – 02, E initiates repair using a pro-repeat in the form of an interrogative and rising intonation. Given these features, E's action makes relevant confirmation (and possibly elaboration) from L next. In line 04, L delivers a minimal agreement token ("Yeah"), confirming the import of his earlier action (from lines 01 – 02) and displaying an understanding of the pro-repeat as making relevant a confirmation.

Next, in line 05, E's production of a variant of a continuer ("Ah hah") is characterized by slightly rising intonation. This move treats L's prior turn as having been incomplete and thus conveys E's reciprocity to further elaboration that is due on the topic. Put in a different way, E treats "Yeah" as not being a sufficient response. Following this in line 06, L goes on to elaborate further on the topic. On the whole, this instance provides insight into how the use of pro-repeat forms can resemble the types of interactional practices that are used to initiate repair (e.g., repetition, rising intonation). Furthermore, this case shows how, like other repetition-related phenomena, pro-repeat practices may be treated as making relevant confirmation or elaboration next (here both occur, though the latter presumably only because the former was treated as being an insufficient response).

Relatedly, Wilkinson & Kitzinger (2006) examined pro-repeats and other repetition practices as a means of displaying surprise in the environment of informings. In Extract 6.4 below, a caller on a UK home birth help line uses repetition and prosody to register the presented information as unexpected or astonishing (note: they are discussing breast feeding):

Extract 6.4 – [RT:471 Kitzinger BCC483

01 Clt: Even adoptive mothers can do it
 02 you kno:w.
 03 (.)
 04 Clr: →↑°Can they.°
 05 Clt: →Yup .hh
 06 Clr: °My goodness!°
 07 Clt: .hhh I:f they:y've (.) I mean it's
 08 much easier if they've already had
 09 a ba:by ((continues))

In this example, the call taker informs the caller about an activity being performed by a category of people not typically associated with doing that activity (lines 01 – 02). The call taker further marks the information as surprising with the use of the intensifier “even” (line 01). In response, the caller produces what Wilkinson and Kitzinger term a display of “ritualized disbelief” (line 04), initiating an insertion sequence to confirm the accuracy of the information imparted before displaying alignment towards the surprise with a surprise token. The call taker confirms the information with an affirmative “Yup”, thereby allowing the caller to then produce a full surprise display in the next turn (“My goodness!” in line 06). In this case, a

repetition is used as a practice for constructing an intervening turn occurring between an informing (i.e., the source of surprise, lines 01 – 02) and a turn including a surprise token (line 06). Thus, repetition-related practices can also be used in a post-informing environment to make relevant confirmation of something surprising to a recipient.

Some scholars have also discussed the possibility of other specific turn-design practices that may contribute to repetition-based turns as being heard as inviting confirmation or elaboration in next position. For instance, Jefferson (1981) distinguished between “*Oh*”-plus-partial repeats, where the repetition is preceded by an *Oh* token, and *free-standing partial repeats*, which do not include such a preface. In the case shown below, the former is produced and then met with confirmation:

Extract 6.5 (NB:I:1:17)

- 01 E: They charge too much Guy.
 02 G: →Oh do they?
 03 E: Yeh I think so,
 04 G: What do they cha:rge.

This case shows how rising-intoned repetition may be used as a practice to invite confirmation or elaboration from the recipient. In line 02, the recipient receipts the prior turn with an *Oh*-prefaced, pro-form repetition (“Oh do they?”).⁶⁰ This

⁶⁰ In contrast to what happens in this case, Heritage (1985) has suggested an “*Oh*”-preface may serve to modify the trajectory of these types of actions in different ways (see Heritage, 1985, p. 339 – 441; cf. Schegloff, 2007, p. 155). More specifically, he suggests that “*Oh*”-plus-partial repeat “more strongly projects recipient commitment to further talk by reference to the ‘news’ “ (p. 341) when compared to either an “*Oh*” or partial repeat that are free standing. While there is no clear consensus on these issues

instance of repetition is also produced with final-rising intonation, inviting further talk on the topic from the recipients. In line 03, E backs down from his prior epistemic stance in line 01 by emphasizing it as simply a matter of his personal opinion (“Yeah I think so,”). Furthermore, E treats G’s repetition as making relevant a confirmation (“Yeh”).

In the environment of informings, then, there are a common set of possibilities for relevant responses from recipients: First, for confirmation or disconfirmation; and second, for elaboration or confirmation and elaboration. However, since the repetition practices for each of these environments and actions are practically identical, participants may struggle with the ambiguity about which action is being implemented (and as a result, what is relevant in response). As Schegloff (1997) has noted, independent of the analyst’s point of view, interactants themselves may also have trouble recognizing the action import of a speaker’s use of repetition. Relatedly, Robinson (2013) has examined repetition in ordinary conversation, specifically partial-questioning repetition, while also considering its relationship to social epistemics and the problem of *action formation*.⁶¹ The latter issue refers to how interactants utilize a range of interactional resources (e.g., sequential position, interactional environment, bodily resources, etc.) to design conduct that is “recognizable by recipients as particular actions” (Schegloff, 2007, p. xiv).

in the literature, it underscores just how critical the resources of syntax and prosody may be in understanding how repetition practices may be recognized as implementing certain types of courses of action.

⁶¹ Although I do not engage directly with social epistemics in this chapter, I do address several epistemic dimensions of these calls in Chapters 4 and 5.

For the current study, this problem emerges as an interactional ambiguity between whether a call taker's repetition makes relevant, on the one hand, confirmation or rejection of a candidate hearing/understanding, or on the other hand, elaboration. While elements like unit composition and sequential position are all crucial for this larger (interactional) problem, as Robinson discusses, "they are not (always) sufficient resources for the production of recognizable social action" (p. 264). This suggests a type of duality of action that participants must deal with when responding to these types of repetition practices in interaction.

To summarize this review, repetition has been documented to be an interactional practice for accomplishing a range of social actions. Additionally, recipients of repetition may encounter ambiguity in terms of the specific *type* of action an instance of repetition is meant to accomplish. For these reasons, my analysis of repetition in *HelpNow* calls will focus less so on attempting to simply label each instance of repetition as implementing a particular action. Instead I will analyze each instance in terms of the *responding* action it is treated as making relevant next (i.e., how the caller displays an understanding of the repetition-based action in their responding turn). In the end, as call takers use these particular repetition practices, callers themselves must determine, based on the sequential environment and other possible factors, what action is being implemented and made relevant next: confirmation/disconfirmation, elaboration on the topic-nominated matters, or confirmation + elaboration. In the next section, I proceed to analyze the main repetition practices used at *HelpNow*.

Call takers' use of rising-intoned repetition practices

Two broad types of repetition practices, full-form repetition and partial-form repetition, have been observed in a larger collection of 26 instances of repetition. In this section, I examine the compositional features of the different repetition practices, the actions they are *treated* as doing by their recipients in the interaction (primarily, soliciting confirmation or elaboration), and callers' regular resistance to the interactional (and institutional) job the repetition practices are intended to implement. The repetition practices to be analyzed can be understood as falling on a continuum that includes *full-form repetition* on one end, which includes exact lexical repetition of the target turn (aside from adjustments due to deixis, tense shift, speaker change, etc.), to *partial-form repetition*, which involves reproducing anywhere from one to several words from a turn-constructive unit or TCU (Robinson, 2013; Schegloff, 1997; Stivers, 2005)⁶².

1. Full-form repetition

This subsection focuses on call taker's uses of full-form repetition, i.e., repeating the target turn in its entirety (aside from adjustments due to deixis, tense shift, speaker change, etc.). I examine the relationship of this type of repetition to the caller's immediately prior action, its sequential location within the call, and its lexical and prosodic features. The analyses that follow support two

⁶² TCUs are the building blocks of social action and the turns they inhabit. Several different types of TCUs are possible: single-word TCUs (e.g., "No"), phrasal (e.g., "Over there"), clausal (e.g., "But he didn't"), and sentential (e.g., "I'm going to the store"). See Schegloff (2007b) or Sacks, Schegloff and Jefferson (1974).

central claims about how full-form repetition is produced and responded to in *HelpNow* calls: First, call takers regularly use full-form repetition as a practice for eliciting elaboration from the caller regarding their crisis or problem; and second, callers regularly resist this course of action by instead responding with a minimal confirmation. However, before proceeding to these analyses, I provide a brief overview of prior research that has specifically examined full-form varieties of repetition.

Full repetition in ordinary conversation has received some attention in prior literature (Bolden, 2009; Schegloff, 1997; Robinson & Kevoe-Feldman, 2010). As discussed earlier in this chapter, Robinson & Kevoe-Feldman (2010) examined repetition as a sequence-initiating action. Their findings illustrated how repetition can be used in response to questions to target that action *as a whole* as problematic. While this phenomenon is specific to one type of sequential environment (second position of question-answer sequences), it provides some empirical support for how, in ordinary conversation, repetition of the entirety of a participant's prior utterance may be recognized as initiating repair and thus delay a response to the question.

More generally, it must be pointed out that the use of this particular form of repetition has been found to be relatively rare in ordinary conversation. In their analysis of full form repetition following sequence-initiating actions, Robinson and Kevoe-Feldman (2010) found only 20 instances across 80 hours of data from

ordinary conversation among friends and family.⁶³ This is compared to the current collection of 26 instances found across 15.7 hours of *HelpNow* calls (though the entirety of this data have yet to be examined systematically). Thus, it is notable how many cases were found in these crisis line calls.

Extract 6 includes an example of this practice as it typically occurs in the collection. The full repetition occurs following the initial problem presentation and is then met with a minimal response from the caller that resists the call taker's larger course of action:

Extract 6.6 – [CRISIS_0716]

001 CT: Hello:. (.) This is HelpNow.
 002 (0.8)
 003 CL: Hello:.=My name's Jim.
 004 (0.3)
 005 CT: Hi Jim. This is Jeany.
 006 (0.6)
 007 CL: °°Hi°° °Jeany°
 008 (2.2)
 009 CL: .hhhhh (.) hhhhhhhhhh
 010 °'ck°
 011 (0.2)
 012 CL: >I don't< feel good

⁶³ The collection included 140 American telephone calls, three American dinners, and 35 British telephone calls.

013 (Ashley/actually).=I

014 feel very dow:n.

015 (1.0)

016 CT: →You're very dow:n?

017 (1.0)

018 CL: →>Yeah.<

019 (3.2)

020 CT: Did something happen?

In lines 012 – 014, the caller produces a problem presentation that makes available a somewhat ambiguous negative characterization of his current state (“I don’t feel very good”), possibly referring to an aspect of his physical or mental health. This is then replaced with an upgraded and headline-formatted report of his psycho-emotional state (“I feel very down”).

In line 015 there is a considerable gap where the call taker could produce some uptake of the caller’s turn or the caller could continue with their telling. In 016, the call taker, presumably orienting to the opportunity to probe the caller and encourage elaboration, produces a repetition-based polar interrogative (“You’re very down?”). In terms of composition, this turn is designed with basic adjustments related to deixis (shift from first-person subject to second-person “you” and from the verb “feel” to “are”), prosodic stress on the word “down” that mimics the caller’s own intonational contour for the word, and final rising intonation. As an action, it targets the caller’s prior turn as being expansion relevant and invites the caller to say more on the topic.

In line 17, there is a 1.0 second gap, making a dispreferred response from the caller projectable. Next, in line 018, the caller responds with a quickly-produced confirmation with a minimal response token (“>Yeah<”). While this is technically an agreeing (i.e., preferred) response, the gap that precedes it (along with the choice of the minimal form and abrupt prosodic quality of “yeah”) conveys only a weak, and perhaps reluctant, agreement.

Next, there is a 3.2 second gap where the caller could elaborate on his reported circumstances. This response from the caller treats the call taker’s repetition as having initiated repair in that it confirms the prior repetition as *only a candidate hearing*. Moreover, this confirmation shows the caller’s orientation to the *form* of the call taker’s action, while withholding the *action* it is arguably designed to implement. Put differently, it is produced in a manner that projects no further elaboration. Each of these elements (rushed production, following a gap, only attending to its grammatical form) can be seen as contributing to the caller’s (possible) enactment of tacit resistance in response to the call taker’s repetition.

The next segment of the extract provides additional evidence for this analysis of the caller as being resistant to treating the prior repetition as soliciting elaboration. In line 20, after a 3.2 second gap (line 19), the call taker again pursues elaboration related to the caller’s earlier turn, yet this time does so more explicitly by producing a yes/no interrogative (“Did something happen?”). This action thus explicitly displays the call taker’s orientation to obtaining further details from the caller regarding their crisis or problem. This pursuit by the call taker provides further support for understanding the call taker’s earlier course of

action in using repetition to invite elaboration from the caller. By utilizing a different interactional form, the call taker further demonstrates her orientation to pursuing elaboration from the caller. Once faced with the caller's tacit resistance in response, the call taker proceeds to use a less ambiguous form to pursue further talk on the issue. All in all, this case shows some of the key compositional features of full-form repetition responses, how they can be positioned within the course of the call and how it may be met with callers' tacit resistance through responses that are delayed and that disattend call takers' larger course of action of soliciting elaboration or confirmation and elaboration.

Extract 6.7 includes another instance of full repetition. Here the caller uses her very first turn to launch a problem presentation right away:

Extract 6.7 – [019-0191]

001 CT: Hello. This is HelpNow.
 002 CL: →(Yeah) it's Jessica. I'm not
 003 →goin to the therapist no more.
 004 →(0.2)
 005 CT: →You're not going to the therapist
 006 →anymore?
 007 (0.2)
 008 CL: No:pe.
 009 CT: Why not. What happened.
 010 (0.3)
 011 CL: I just don't want to do it (...)

This case shows a full-form repetition in response to a more densely packaged initial turn from the caller. In lines 002 - 003, after the call taker's initial turn

identifying the institution, the caller presents herself as a regular caller (“Yeah it’s Jessica”) before swiftly moving to produce a second turn-constructural unit. She initiates her problem presentation by reporting she has ceased seeing her therapist. After a gap (line 004), the call taker receipts the prior turn with a repetition-based turn (lines 005 – 006). This action is composed of a full repetition with slight adjustments related to deixis and grammar (e.g., shift to the pronoun ‘You’, grammatical adjustments with “anymore”), as well as final rising intonation.

In line 007, there is a 0.2 gap that projects a dispreferred response from the caller. Next, in line 008, the caller responds by confirming the assumption conveyed in the call taker’s negatively-formatted interrogative. By responding with “nope”, the caller is utilizing what Raymond calls a “no elaboration”-type response. Such responses, according to Raymond (2013, p. 192), project turn completion and the closing down of the possibility of elaboration. In examining interaction in at-home medical care visits, Raymond found that the medical visitors responded to such “no elaboration” responses from patients by displaying an orientation to further talk as having been due. In this particular case, the caller uses the no-elaboration format to respond to the general *form* utilized by the call taker (rising-intoned interrogative) while withholding the response fitted to its *action* (inviting elaboration). Thus, the caller responds to the form while dissatisfying the larger course of action.

Similar to the prior case, the call taker then continues pursuing elaboration by following up with an alternate turn format. In line 09, the call taker reclaims the

floor to solicit an account via *Wh*-questions (“Why not. What happened.”). In doing so *immediately* after the caller’s prior response (line 008, with no gap between both turns), the call taker displays an orientation to her course of action as having been effectively resisted and redoes her solicitation (this time, without repetition). This case provides further evidence for how full repetition, used by call takers to solicit elaboration of problem presentations, can be met with tacit resistance from callers.

Taken together, extracts 7 and 8 show two sequential environments in which full-form repetition practices may be deployed. Call takers may deploy the practice early on during callers’ problem presentations as a method for both displaying their attentiveness (i.e., “active listening”) and inviting callers to continue talking about their personal circumstances. In these cases and others throughout the collection, full repetition is met with tacit resistance: callers’ responses are delayed, produced in a manner that project turn completion, and *disattend* the course of action by withholding further talk on the topic. In some cases, call takers’ subsequent questioning (i.e., post repetition resistance) further demonstrate their orientation to their prior use of full repetition as an institutional technique that seeks to pursue elaboration regarding callers’ problem presentations.

While some full-repetition practices include minimal adjustments to their target turn (i.e. deixis, tense, etc.), others may feature more overt types of modifications in the design of the target turn. These changes may involve lexical choice, syntax, or prosody. Depending on the extent of their modifications to the

target turn, they may or may not be treated as accurately repeating what the caller had attempted to convey. In this sense, despite resembling the original form, these repetitions can be taken to indicate disalignment with the caller's current course of action.

In the first case below, Extract 6.8, a full-form repetition is produced at lines 065 - 066 and built off of the lexical content of the caller's prior turn in 061 – 063. Just prior to this excerpt, the caller has presented her reason for calling by announcing she will no longer be seeing her therapist. Following this report, the call taker inquires about why she has made this decision. In line 33, the caller is beginning to respond to this inquiry:

Extract 6.8 – [014-0148]

033 CT: Like I told you before
 034 she got me sick and I'm
 035 not goin no more. To her.
 035 (0.6)
 036 CL: She always come into work
 037 sick,
 038 (0.5)
 039 CL: Mm hm.
 040 CL: (3.2)
 041 CT: [(>That's not good<)]
 042 CL: [Uh:::]
 043 (0.2)
 044 CL: Let her get you sick.
 045 And see if you like it.

046 (0.4)

047 CT: No: I understand what

048 you're saying,

049 CL: Huh

050 CT: >I said< I understand

051 what you're

052 saying.=You don't want

053 to get sick from your

054 therapist.

055 CL: Well:, (.) my boyfriend

056 and my family told me

057 not to see her

058 no more.

059 (2.0)

060 CT: Mm:[:,

061 CL: → [A:nd (.) I don't

062 →wanna see nobody no

063 →more,

064 (0.5)

065 CT: →You don't wanna see

066 →anybody?

067 (0.8)

068 CL: →Nope.

069 (0.5)

070 CL: My (0.2) family doctor,

071 I (.) um: cancelled

072 her appointment on

073

Monday.

In lines 033 – 35 and 036 - 037, the caller produces an account in response to the call taker's earlier question as a way of justifying her decision to stop seeing her therapist. The call taker produces a minimal response (line 039) followed by a negative assessment (line 041). This leads to some confusion regarding the import of the call taker's assessment (lines 044 – 054). In line 055, the caller continues with her account by adding that her decision was also influenced by the wishes of the individuals who are close to her (her boyfriend and family members).

In line 60, the call taker produces a minimal response token followed by the caller moving on to a further problem she wishes to report: "And I don't wanna see nobody no more". This unit includes an *and*-preface, suggesting it is a continuation of the caller's problem presentation begun at the beginning of the call. Moreover, it qualifies as an extreme-case formulation (Pomerantz, 1986) by emphasizing the caller's desire to not see anyone anymore.

After a gap (line 064), the call taker produces a full-form repetition that features some modifications to the lexical content and syntax of its target turn. The construction is adjusted to "You don't wanna see anybody anymore?", with modifications to deictic markers ('I' to 'you') and lexical content (with substitution of the non-standard double negation from "nobody" with the more conventionalized "anybody"). This action also features a marked prosodic contour with stress on the initial phoneme of "anybody", emphasizing its negative polarity dimension, as well as final-rising intonation. It is possible that these modifications (especially the substitution of "anybody") serve to mitigate the

target assertion.

In line 67, there is a gap, projecting a dispreferred response from the caller. In line 68, the caller produces the minimal agreeing response “Nope.” This particular response form projects there to be no further elaboration to come and that her turn is complete. As an action, the response fulfills the minimal response required of a repetition-based polar interrogative form. However, it disregards the larger course of action that it may seek to implement: soliciting expansion (e.g., an account for her assertion). The delayed and minimal nature of the response (including disregard for the *action*) contributes to the caller’s enactment of tacit resistance. While it is not clear that the call taker’s modifications to the caller’s prior talk made any discernable change in the larger course of action (or its resistance), these design features of repetition nevertheless provide insight into further ways the practice may be put into action at *HelpNow*.

While the last case exhibited subtle modifications to full-form repetition (which may not modify the action to any noticeable extent), more overt changes may also occur such as subtle additions to the lexical content of the target turn. Extract 6.9 below shows a full repetition turn design that includes a modification that a caller treats as having introduced unwelcome changes to the action import of his prior turn:

Extract 6.9 — 0803

01 CT: Hello this is HelpNow.
 02 (1.2)
 03 CL: Yea=hi:.
 04 (0.3)

05 CT: Hi.
 06 (1.0)
 07 CL: Hey my name's Tom.
 08 (0.2)
 09 CT: Hi::. (0.2) uh:: my names Michael.
 10 (.)
 11 CT: hhhh
 12 (0.2)
 13 CL: Hey Michael.=
 14 CT: =Hey.
 15 (.)
 16 CT: hhhh
 17 (1.4)
 18 CL: →.hhhh (.) Michael I'm
 19 →havin' a hard time.
 20 (0.3)
 21 CT: →Ya having a hard time today?
 22 (0.4)
 23 CL: →Yeah:.
 24 (0.2)
 25 CL: →For a long time just not
 26 →today.
 27 CT: Yeah

This case depicts how a call taker may produce a response turn with a rising-intoned, full-form repetition in a way that incorporates modifications to the target turn (in this case, additional lexical items). In lines 18 – 19, the caller produces a

problem presentation that incorporates the call taker's name from the earlier exchange of names. After a gap (line 20), the call taker reproduces the prior talk in a virtually-identical fashion – with the exception of an added temporal component (“today”), which was previously unstated (though possibly inferable). Like the previous cases of full repetition, this instance occurs early on in the call and thus displays the call taker's orientation to the practice as a technique for advancing the call through inviting further talk about the problem presentation.

As an action, the call taker's response incorporates a candidate understanding of the caller's prior report. The lexical item “today” represents an addition to the original composition of the target turn and imposes a temporal duration for the caller's reported state that is more explicitly short term in nature. Thus, this formulation attributes “having a hard time” to his current and in-progress psycho-emotional state. In contrast, the caller's original formulation utilized the present continuous tense which may not be limited to such a narrow span of time and instead index a longer period (e.g., a week, a semester, a year).

In line 22, there is a gap that projects a dispreferred response from the caller. In line 23, the caller produces a confirmation via a minimal agreement token, “Yeah:.”. This response fulfills the minimal response requirement of the *form* of the call taker's turn (i.e., polar interrogative) while its unit-final intonation suggests no further talk to be forthcoming. As a result, the caller comes across as attending to the *form* of the call taker's turn while possibly disattending the larger course of action of inviting expansion and elaboration. This treats the call

taker's action as only making relevant confirmation and thus enacts passive resistance to the larger course of action being pursued by the call taker.

What happens next, however, provides clearer evidence that the caller was attending more closely to the repair-related features of the call taker's polar interrogative. After a gap in line 24 where the caller could have elaborated on his problem, the caller continues in lines 25 – 26 by taking the floor again to produce a correction ("For a long time not just today"). This move *rejects* the inferred temporal component of the call taker's candidate understanding that was added in his full repetition. Thus, while the caller initially resists the call taker's larger course of action by producing a delayed, minimal confirmation, he later reclaims the floor to redo his response to reject the additional component included in the prior talk. All in all, this case shows how call takers may introduce more overt changes via the full repetition practice. Furthermore, it demonstrates how callers may attend to these types of modifications as being incongruent with what was conveyed in their original turn.

To summarize this section, each of the four extracts analyzed in this section have shown how full-form repetition is used by call takers as a practice for responding to callers' presentations of their crises or problems (as well as "active listening"). Callers' responses to this practice are typically delayed, may be produced in a manner suggesting no further elaboration (e.g., "Nope"), and display that they are disattending to the course of action these repetitions implement.

Other cases have also depicted variations of the practice that incorporate modifications to the target turn, such as its lexical content, syntax, and prosody. While some modifications may not change the action import of the practice, other changes (e.g., overt changes in lexical content) may be oriented to by callers as being incongruent with the target turn. In other words, it is possible that more overt modifications may impede the action of the headline (i.e., projecting further talk about a crisis or problem). I next turn to examining how such repetition practices may be positioned in a fashion that goes against the normative structures of ordinary conversation.

2. Full-form repetition that targets non-contiguous TCUs

Callers' problem presentations that unpack their current crises or problems may extend into compound turns composed of multiple TCUs. During these tellings, call takers may choose to produce forms of uptake that demonstrate (and renew) their local interactional identity as telling recipients. Several of the extracts discussed earlier have shown how call takers may use repetition in this sequential environment, namely via repetition that targets the immediately prior turn-constructive unit. Extract 6.10 (previously shown as Extract 6.6) demonstrates this type of sequential relationship between a call taker's full-form repetition and the caller's immediately prior TCU:

Extract 6.10 — [CRISIS_0716]

001 CT: Hello:. (.) This is HelpNow.
 002 (0.8)
 003 CL: Hello:.=My name's Jim.

004 (0.3)

005 CT: Hi Jim. This is Jeany.

006 (0.6)

007 CL: °°Hi°° °Jeany°

008 (2.2)

009 CL: .hhhhh (.) hhhhhhhhh

010 °'ck°

011 (0.2)

012 CL: >I don't< feel good

013 →(Ashley/actually).=I

014 →feel very dow:n.

015 (1.0)

016 CT: →You're very dow:n?

017 (1.0)

018 CL: >Yeah.<

019 (3.2)

020 CT: Did something happen?

In this case, the call taker produces the full repetition “You’re very down” in line 16. This repeat targets the latter of two turn-constructual units in the caller’s prior turn. Therefore, this case illustrates a repetition that targets a unit that is contiguously positioned (aside from the gap in line 15) and prior to further talk being produced by the caller.

However, in 4 cases in my collection, similar repetitions actually target a *non-contiguous* unit in the prior turn. These cases go against what Sacks (1987) proposed as the “preference for contiguity” in conversation, which describes how

turns at talk within adjacency pairs are typically responsive to the immediately contiguous unit in a prior multi-unit turn. Therefore, by using repetition on a unit *other than* the immediately contiguous one, the speaker displays their *disattention* to subsequent TCUs. With respect to ordinary conversation, this phenomenon is unusual. Even if the call taker in each instance could be presumed to be targeting what is therapeutically relevant (i.e., reported emotions or other details that they deem relevant to the broader therapeutic agenda of the call), callers in most instances still respond by treating these as disaligning moves by their enactment of tacit resistance in response.

Robinson (2013), in discussing the sequential machinery of repair, has proposed the idea of the *repair-opportunity space*. As he argues, at each transition-relevance place in interaction, there are socially-organized opportunities – the repair-opportunity space – provided for repairing the prior talk. It is in this next-turn space where recipients may proceed with either initiating repair (Schegloff, Jefferson, & Sacks, 1977) or displaying their understanding of the prior conduct through producing some form of talk (e.g., a responding action, another initiating action, etc.). In this way, the next turn at talk “facilitates participants’ assessments of the need for repairing troubles with speaking, hearing, or understanding” (Robinson, 2014, p. 110). Furthermore, there is substantial research (e.g., Heritage, 1984b; Schegloff, 1992) documenting next turn talk to be a significant source of interactional evidence that interactants rely upon in order to accomplish and sustain intersubjectivity. That is, once this next-turn slot has passed, so has the conventional opportunity to initiate repair on

anything problematic (i.e., in terms of speaking, hearing, or understanding) in the prior talk.

Robinson's work holds key insights for the cases to be examined in this section. One of the central analytic claims of this chapter so far has been that callers respond to call takers' repetition with tacit resistance in only attending to the *form* used (polar interrogative) and only producing confirmation as a response. In the cases of non-contiguously placed repetition analyzed below, the call taker's full-form repetition is produced as delayed (i.e., in terms of timing) and non-contiguously positioned relative to the target TCU (i.e., targeting a TCU that is *not* the immediately prior TCU). Using Robinson's terminology, these instances of repetition are thus produced *after* the repair-opportunity space. Thus, the non-contiguous placement of repetition may further contribute to callers' resistant responses.

In extract 6.11 this type of full repetition occurs just after the call opening as the caller is beginning their initial problem presentation:

Extract 6.11 – 024-0211

```

001   CT:   Hello:¿
002           ( . )
003   CT:   This is HelpNow,
004           ( 1.2 )
005   CL:   Hello:,
006           ( 0.2 )
007   CT:   Hello¿
008           ( 0.5 )
009   CL:   >Hi<=my name's Jeff.

```

010 (0.4)
 011 CT: Hi Jeff. This is Lena.
 012 (0.9)
 013 CL: Hi Lena:,
 014 (2.5)
 015 CT: What's goin' on today.
 016 (1.0)
 017 CL: I just feel do:wn.
 018 (1.0)
 019 CL: →I just feel un-comfortable
 020 →with myself.=I just don't
 021 know (0.9) h::ow ta (0.8)
 022 .hh get out of it or (0.8)
 023 what to do about it.=ya know,
 024 →(0.4)
 025 CT: →You feel uncomfortable with
 026 →yourself?
 027 →(0.3)
 028 CL: →Yeah.
 029 (2.0)
 030 CT: →Tell me more.

Here the call taker produces a full-repetition turn in a sequential position that is non-contiguous with the TCU that it targets. In line 015, the call taker solicits the caller's reason for calling with a more conversational practice, "What's goin on" (compared to a more conventionally-institutional solicitation, such as "What can I help you with?", see Baker, Emmison, & Firth, 2001). In 017, the caller produces

an initial characterization of their problem using a headline-type format (see Ch. 5) that features unit-final intonation (“I just feel down.”). In line 018, there is a one second gap where uptake from the call taker is relevant. This projects a problem on the part of the call taker.

In lines 019 - 023, the caller reclaims the floor and produces an elaboration of his initial problem presentation. In line 019, the caller begins with a sentential unit (“I just feel uncomfortable with myself”) and, after its completion, is followed by compressed transition-relevance place before the onset of caller’s next unit (“I just don’t know...”). In terms of turn allocation, this “rush through” (Schegloff, 1982; 1987b; cf. Clayman, 2013) circumvents the possibility of turn transition by condensing the space in which the call taker might ordinarily launch a turn (i.e., in the possible transition-relevance place following the caller’s first TCU). Thus, the call taker is unable to take the floor to respond to the caller’s initial TCU without producing overlapping talk (Hayashi, 2013). After producing several further TCUs, in line 023, the caller produces the device “you know,” possibly to solicit uptake and/or agreement from the call taker. Following this in line 24, there is a gap projecting some trouble on the part of the call taker.

Next, in lines 25 – 26, the call taker takes the floor to produce a repetition (“You feel uncomfortable with yourself?”). In terms of composition, the turn is a rising-intoned polar interrogative that consists of full-form repetition, replicating an earlier unit from the caller’s larger multi-unit turn (lines 019-023). As an action, the repetition treats the caller’s discomfort with himself as therapeutically relevant, or as including specific emotions or precipitating events the call taker

deems relevant to a larger therapeutic agenda. In doing so, the call taker selects these elements as worthy of further topic talk.

The sequential position of the call taker's action is especially important to highlight here. The interrogative is not positioned in a sequential location contiguous to the target TCU (i.e., the target of the repetition is *not* the immediately prior TCU). Moreover, the subsequent TCUs produced *after* the targeted TCU (i.e., after "I just feel uncomfortable with myself") are, in a sense, sequentially deleted in light of the interrogative targeting the talk that occurred at an *earlier* (non-contiguous) point (i.e., prior to the immediately prior TCU). Thus, while the call taker targets something in the caller's prior talk that she deems to be most therapeutically relevant, she does so at the cost of displaying a disattention to more sequentially-local matters.

In line 27, there is a gap where a response is relevant from the caller, and which projects a dispreferred response. In line 28, the caller produces confirmation in response through a minimal agreement token ("Yeah."). While this response fulfills the minimum response requirements of a polar interrogative, the interactional form ("Yeah") and unit-final falling intonation project turn completion and no further elaboration on the matter. In doing so, this response displays attentiveness to the *form* of the call taker's move while downplaying the *action* it aims to accomplish. Thus, by only providing a delayed, minimal response next, the caller comes across as withholding elaboration and tacitly resisting the larger course of action pursued by the call taker.

In line 29, there is a 2.0 gap where the caller could further elaborate on his problem. Following this gap, in line 30, the call taker produces a follow-up probe (“Tell me more”) formatted as a directive. This is a more institutional or therapeutic-style probe than is typically used to invite elaboration in ordinary conversation (e.g., “Oh really?”, see Jefferson, 1981). By designing her turn in this way, the call taker implements a course of action that follows up on the caller’s initial problem presentation (lines 17 and 19 – 23) and further solicits elaboration that was initially attempted in lines 25 – 26. This move by the call taker supports the analysis of her earlier repetition as attempting to solicit elaboration. In sum, this case demonstrates how the non-contiguous placement of repetition (*after* the repair opportunity space) may further contribute to issues of disalignment related to the call taker’s larger course of action of soliciting expansion. Consequently, this type of sequential placement may further contribute to the tacit resistance enacted by callers in response.

Examining full repetition in non-contiguous positions shows how repetition may be used in ways that go against the normative structures of interaction (e.g., preference for contiguity). This usage, when compared to repetition practices in ordinary conversation, is highly unconventional. Call takers may very well be attempting to target what is therapeutically relevant in the caller’s telling, thereby nominating a therapeutically-relevant matter to be due for further focus and elaboration. However, this may come at the cost of the actions being produced non-contiguously and *after* the repair-opportunity space. In turn, it may be met with disalignment from callers as reflected in their resistant responses.

In summary, this section has explored an alternate sequential placement for full-form repetition practices. In being placed non-contiguously, full repetition goes against conventional structures of interaction (i.e., preference for contiguity). Next, I examine partial-form repetition, a variation of the phenomenon that only reproduces a select portion of the target turn.

3. *Partial repeats*

Partial repetition, or repetition that only re-uses a portion of the target turn's lexical composition, represents a further way in which call takers may respond to callers' problem presentations. This set of repetition practices may include from one to several elements of a prior turn-constructural unit (Heritage, 2014; Stivers, 2010). Participants need not reproduce the *entirety* of a turn or unit to be *heard* as doing repetition. Schegloff (1996a) underscores this point by emphasizing the mutability of *any* type of repetition-based turns:

"In this regard it should be noted that some turns are hearably and analyzably produced as 'repeats,' even if in one or more respects they actually fail to reproduce (either in whole or in part) their apparent, nonetheless retrievable, target. That is, exact matching to some prior utterance or utterance part is not a sole or strict criterion for recognizing these repeats as repeats (...). Recipients can hear that such turns were designed to be repeats even if, and for repair purposes especially if, they misrepresent their target in some important respect." (p. 525)

As Schegloff emphasizes here, the portion of the utterance being repeated may be modified yet still be recognizable as retrieving something prior for the purposes of performing a particular action. While Schegloff may not have been focusing specifically on partial repetition here, his larger argument about

repetition as a phenomena is helpful for understanding the link between repetition practices and the recognizeability of action.

The partial-repetition practices found in the *HelpNow* collection more closely resemble how repetition is typically used in ordinary conversation (see the earlier review of past literature), unlike their full-repetition counterparts. Several core features of partial-repetition practices will be examined here drawing from a sub-collection consisting of 8 instances. These features are as follows: First, the practice only targets a portion of the target turn (e.g., one to several lexical items); second, the instances in the collection represent early uptake, when the call taker is responding to (and encouraging elaboration regarding) the caller's initial presentation of their crisis or problem; third, the larger course of action pursued by call takers through this practice is often tacitly resisted when callers produce responses that attend to the interactional *form* (polar interrogative) rather than the *action* (soliciting elaboration).

In the first case, Extract 6.12, we see an instance that shows a partial repetition positioned early on in the call following the caller's initial problem presentation:

Example 6.12 — [039_0267]

```
001   CT:   Hello.
002           (.)
003   CT:   This is HelpNow.
004           (0.5)
005   CL:   Hello my name's Mike.
006   CT:   Hi Mike, (.) this is
```

007 Gina.
 008 (0.4)
 009 CL: Hi Gina:.
 010 (3.0)
 011 CL: →I'm anxious today Gina,=
 012 →=Really ba:d.
 013 (0.2)
 014 CT: →You're anxious?
 015 (0.4)
 016 CL: →I'm anxious.°Yeah.°
 017 (1.2)
 018 CT: →What's going o:n.
 019 (0.4)

Here the call taker uses the practice of partial repetition to nominate a topic for further elaboration in response to the caller's problem presentation. After the call opening, the caller presents his initial problem with "I'm anxious today Gina" (line 011) which is then upgraded via the through-produced increment "really bad" (line 012). In line 13, there is a gap where the caller could elaborate with further details about their prior report. In line 14, possibly orienting to the opportunity to probe the caller for further details, the call taker produces a rising-intoned polar interrogative. This construction incorporates partial repetition of the caller's reported state from line 011. As an action, the interrogative targets the topic of the caller's reported anxiety for further elaboration.

In line 15, there is a gap where an uptake is due from the caller, which thereby projects a problem. In line 16, the caller responds by repeating himself

(specifically “I’m anxious” from line 11). This unit is characterized with final-rising intonation and is also followed by the minimal agreement token, “Yeah” (produced in a whisper voice). In building a response like this, including an exact *redoing* of the turn that was targeted by the call taker (“I’m anxious. Yeah.”), the caller responds to the prior turn’s interrogative form by twice producing confirmation (i.e., first, via repetition of the target turn; and second, with the agreement token “Yeah”). This effectively withholds any further details about the problem.

Moving on, the call taker then pursues the line of action using an alternate, non-repetition based practice. In line 17, there is a gap where the call taker could further pursue elaboration or initiate a new course of action. Then, in line 18, the call taker deploys a general topic solicitation device (“What’s going on”). As an action, this accomplishes a more explicit route to pursuing elaboration from the caller and thus treats the caller’s prior response as resistant to this course of action.

This initial case of partial-form repetition shows several features of the practice, in addition to targeting only a portion of the target turn. First, it is used early on in the call as a method for responding to the caller’s initial problem presentation and encouraging them to elaborate on those matters. Second, after a gap, the caller tacitly resists the larger course of action by only responding to the minimal response requirements of the interactional form (a polar interrogative).

Instances of partial repetition may also occur at later points in the call and exhibit similar interactional features. Extract 6.14 includes a second case of partial repetition, which occurs nearly two minutes into the call. Up to this point, the caller has struggled with articulating a possible source or precipitating event that may have led to his distressed mental state (which he initially reports with “my mind is so overwhelmed I can hardly deal with it”). Immediately prior to the segment below, the caller has attempted to offer an analogous description of the types of emotions he is feeling (“Like kinda spinning around?”). The call taker then produces a minimal agreement token to align with this characterization (“Yeah::”). The start of the excerpt below features the caller again attempting to describe the feelings he is dealing with in a more concrete fashion:

Extract 6.13 [0707]

001 CL: I dunno how to explain
 002 how I feel. My mind just
 003 feels baa:d.
 004 (0.3)
 005 CT: M:m.
 006 (0.5)
 007 ??: .hhhh
 008 (0.8)
 009 CL: .hh (.) It's just very
 010 straa:nge.
 011 (0.2)
 012 CT: Yeah.
 013 (0.2)

014 CT: You said spinning?=I-Is it
 015 like- like you're dreaming
 016 can't wake up kind of
 017 thing?=Er
 018 (0.4)
 019 CL: No:. hhh
 020 (1.2)
 021 CL: I'm on a () of
 022 emotions.=It's just a lot
 023 ya know,?
 024 CT: Yeah. (.) All kinda pilin'
 025 up?
 026 (1.1)
 027 CL: Yeah
 028 CT: Mm.
 029 (7.5)
 030 CL: →.hhh I'm starting to feel
 031 →desperate though.=Emotionally
 032 →I'm really desperate.
 033 →(0.2)
 034 CT: →Desperate¿
 035 →(1.0)
 036 CL: →hh (.) yeah:.
 037 →(6.2)
 038 CT: →Is that something you'd
 039 →like to talk about more

040 (0.6)
 041 CL: We are talking about it
 042 now.

Here the call taker uses partial repetition as a way of targeting a specific portion of the caller's problem formulation, presumably for its therapeutic relevance and to further direct the telling to a more concrete understanding of the caller's mental state. The caller is engaged in elaborating on his problems in lines 01 – 03 and 09 – 10 while the call taker treats both as part of an ongoing course of action with minimal responses in lines 05 ("Mm") and 12 ("Yeah"). The call taker produces a formulation in lines 14 - 17 (based on the caller's characterization of his "head spinning" earlier in the call) which the caller rejects and then moves to offer his own formulation in lines 021 – 023.

In line 24, the call taker produces a minimal agreement token ("Yeah") followed by another formulation produced with final-rising intonation to invite a display of alignment or disalignment from her recipient. In line 26, there is a gap that projects a dispreferred response. Next, in line 27, the caller produces confirmation with a minimal agreement token, "Yeah". The call taker then responds to the caller with a continuer, "Mm", in line 028. This displays the call taker's orientation to the caller's response as incomplete and renews his own reciprocity to further elaboration. This is followed by a gap in line 29, where the caller could continue by providing further details regarding his feelings or the call taker could deploy a different probing technique to elicit further talk.

Next, in line 30, the caller reclaims the floor and produces a further characterization of his current state by describing himself as "desperate" (line 31)

(which is later upgraded to “really desperate” in line 32). Next, presumably orienting to the therapeutic relevance (and possible risk-related implications) of this characterization, the call taker targets the prior turn through partial repetition with “Desperate?”. This repeat is a single-word TCU, selecting only the word “desperate” and producing it with final-rising intonation. In terms of action, this repetition invites further elaboration on how the caller feels “desperate”.

In line 35, there is a gap where uptake is due from the caller, suggesting a problem on his part. The caller then produces a response that attends to the minimal response relevance of the *form* of the call taker’s prior action (a polar interrogative) in just producing the minimal agreement token, “yeah” (line 36). This unit is produced with unit-final intonation, projecting possible turn completion and possibly that no further elaboration is forthcoming (this usage may be similar to Raymond’s aforementioned analysis of “nope” as part of “no elaboration” responses). In any case, the caller’s action as a whole chiefly attends to interactional *form* as opposed to the call taker’s larger course of action. In this sense, the caller can be seen as withholding elaboration and tacitly resisting the action at hand.

Next, in line 037, there is a 6.2 second gap where the caller could provide additional details about his problems. In lines 038 – 039, the call taker again pursues elaboration on the topic but frames her action more explicitly as a yes/no interrogative question (“Is that something you’d like to talk about more”). This question further demonstrates the call taker’s earlier repetition-related course of action as an attempt to invite elaboration (which proved to be unsuccessful).

In a third case, Extract 6.14, we again see how partial repetition can be deployed as a practice for responding to the caller's initial problem presentation. However, unlike the prior two cases, this case includes a caller who responds to the repetition with elaboration about the targeted topical matters. Like the first case, this partial repeat occurs near the beginning of the call:

Extract 6.14 [099-0521]

001 CL: Hello:. This is HelpNow.
 002 (1.2)
 003 CT: .hhh This is Da:ve,=are
 004 you busy:?
 005 (0.2)
 006 CL: Hi Dave.=How are you:=
 007 No:.,
 008 (0.8)
 009 CT: [Are ye-
 010 CL: [This is Loraine?
 011 (0.2)
 012 CT: This is Loraine:.,
 013 (1.2)
 014 CL: →Well I'm I'm ok- eh:- (0.2)
 015 →I had a long da:y.
 016 (0.3)
 017 CT: →Long da:y,
 018 CL: →I went to ch- I went to chur:ch,
 019 →We went to my (0.4) () eye doctor
 020 →appointment

021 CT: Mm hm

This extract includes an instance of partial repetition being used effectively to invite further topic talk. In lines 14 – 15, the caller builds a response to the how-are-you inquiry initiated as part of the call taker's earlier turn (lines 06 – 07) where she displayed recognition of the caller's identity. The caller begins with a "well" preface and then begins to produce "I'm okay" before abandoning it. The caller then restarts his unit by reporting that he has had a "long day" (a euphemistic expression for having a difficult or stressful day), possibly projecting elaboration.

This report represents the first point at which the caller's problem(s) are presented (or at least inferable). In line 016, there is a gap where the caller could provide further details regarding his day (e.g., what happened to make it a "long day"). In line 017, the call taker orients to the caller's prior report as therapeutically relevant through the partial-repetition practice. The design of this turn selects and reproduces the caller's prior talk as a phrasal turn-constructive unit with slightly rising intonation ("Long day,"). As an action, it solicits expansion regarding the caller's matters and makes relevant either confirmation, elaboration or confirmation followed by elaboration.

Next, in line 18, the caller takes the floor and continues with further details about his day. This response displays the caller's orientation to the call taker's repetition-based action as encouraging him to continue (perhaps similar to a continuer, see Schegloff, 1982). All in all, this case includes an instance of repetition that is successful in inviting the caller to talk further about their initial problem presentation.

To sum up, similar to full repetition, partial repetition practices are routinely used in the *HelpNow* collection to probe callers and invite further elaboration about a particular, possibly therapeutically-relevant facet of their initial problem presentation. Generally, this interactional practice consists of repeating a select portion of the caller's prior turn at talk (ranging from a single word to a sentential TCU). While partial repetition is more analogous to the repetition practices that are conventionally used in ordinary conversation (compared to full repetition), callers tend to respond with tacit resistance by withholding elaboration in favor of minimal confirmation.

Institutional Implications

The prior analysis has implications for the types of practices call takers are trained to use during *HelpNow*'s call taker training. As discussed at the beginning of this chapter, the practice of repeating the caller's prior words is currently recommended as a technique for displaying that the call taker is actively attending to caller's talk ("active listening") as well as to encourage the caller to continue (elaborate). Additionally, the practice represents an institutionally permissible and sanctioned way of responding to callers' concerns instead of, for instance, providing advice, opinions, or assessments of the caller's situation. My findings suggest, however, that repetition practices may not be effective in accomplishing the institutional job they are supposed to do. Thus, these findings may hold recommendations for revising call taker trainings to better accomplish

call takers' immediate interactional tasks and, in turn, *HelpNow*'s larger institutional mission.

Conclusion

This chapter has analyzed the practice of repeating – either partially or in full - what the caller has said when call takers are responding to callers' presentation of their issues. The practice is institutionally recommended as a technique for embodying active listening and encouraging the caller to talk further while withholding overt assessment or advice. In practice, however, callers respond to repetition-based turns in ways that resist the call taker's larger course of action by withholding elaborating in favor of minimal confirmation. Thus, while both full-form repetition and partial-form repetition practices appear to serve similar institutional functions, the resistance they are met with from callers seems to suggest they do not meet the institutional mission of *HelpNow*.

Chapter 7: Conclusions

The central aim of this dissertation was to apply a communication-centered perspective in order to examine help seeking processes in the context of mental health, crisis intervention, and telephone help lines. As mental health researchers continue to investigate how those in need of mental health care seek out such resources, examining the role of communication is critical. By considering how the notions of crisis and suicide may be established and managed in social interaction, this study has documented some of the concrete communication practices that participants may deploy for these help-seeking purposes.

The goal of this chapter is to summarize and conclude the current study. First, I summarize the core findings of the dissertation. Second, I discuss implications of these findings for three key domains: crisis intervention and suicide prevention, language and social interaction, and communication studies more generally. Third, I go over some limitations of the study. Finally, I propose several directions for future research investigating communication on crisis lines.

Summary

In this dissertation, through a close examination of a corpus of help line calls, I described how participants jointly negotiate problems - which are both institutional and personal in nature - regarding distress and mental health. The findings of this study contribute to an understanding of communication processes on telephone crisis help lines. I showed how call takers go about managing

different phases of the call, specifically the opening and the problem presentation (“reason for calling”), as well as a specific techniques call takers use for responding to callers’ personal circumstances (repetition). Thus, the study provides an in-depth analysis of how crisis line representatives accomplish their institutional mission in facilitating the request and provision of help for callers. In the space below, I briefly summarize the main findings of the dissertation.

One finding of this dissertation is an assortment of communication practices through which different institutionally-significant identity categories (first-time caller, repeat caller, and regular caller) are co-constructed in calls. The following characteristics of these identity categories were discussed: *First-time callers*, who present themselves as calling for the first time; *regular callers*, who call on a regular basis; and *return callers*, who present themselves as having called the crisis line in the past (yet not to the extent of a “regular” by presuming specific knowledge on part of their call taker). As we have seen, each identity category is jointly negotiated through callers’ and call takers’ use of particular interactional practices. Ultimately, these practices propose different ways of knowing about and relating to *HelpNow* as a social institution. Furthermore, the enactment of these interactional identities may contribute to the inferential work call takers must perform with regard to what *type* of call is being entered into (e.g., urgent or non-urgent, someone who is okay with being temporarily placed on hold, etc.).

The specific communication processes through which callers present their focal problem on a crisis help line represent a second finding of the dissertation. I

examined multiple possible sequential environments and a set of interactional practices (single unit vs. multi-unit formats) through which callers and call takers accomplish this important stage of the call. This stage of the call was also shown to be a possible environment for further identity work as callers may frame their issue(s) in ways that either presume institutional memory on part of the call taker or orient to the need to include greater background to facilitate the call taker's understanding.

A third finding of the dissertation concerns call takers' use of repetition as an institutionally-backed interactional practice used to respond to callers' presentations of their crisis or problem. While in theory the technique is supposed to demonstrate call takers' "active listening" and encourage the caller to continue, a detailed analysis has shown little evidence that this is effective in practice. As we have seen, callers' responses to repetition-based turns are regularly delayed, designed with a minimal-response format, and as a result, resist the call taker's larger course of action of soliciting elaboration.

Implications

Implications for research on crisis help lines

This study contributes to the larger literature on help lines associated with crisis intervention and suicide prevention. One implication of this research is the application of conversation analysis as a research method for conducting research in this area. Instead of relying on macro-level correlational data, ratings of simulated interactions, or reactions from callers long after they have utilized

the crisis services, this methodological approach emphasizes looking at *actual* communication in its naturally occurring context of use. This enables the researcher to analyze the communication processes of crisis help lines as they actually occurred for the participants, i.e., in real-time, unprovoked by researcher protocols or artificial settings. In addition, conversation analysis provides an unparalleled look at the minute details of human interaction while also being firmly grounded in participants' own conduct. As a result, the research that results from CA demonstrates a process-oriented perspective on how callers and call takers organize their interactions on the crisis line as well as manage the turn-by-turn contingencies of requesting and providing help. Thus, the dissertation offers further support (beyond the seminal work of Harvey Sacks) for utilizing discourse-centered methods in the domain of crisis intervention and suicide prevention.

A second implication of this research is insight into how crisis line callers' prior relationships with call takers may be subtly invoked through the routine mechanisms of interaction, e.g., call openings (Chapter 4). This provides a richer perspective on what these institutionally-significant categories look like in action and how they are interactionally negotiated through talk. For example, the research examining calls with regular callers (i.e., "chronic callers", see Lester, Brockopp, & Blum, 2012) offers some insight into communication practices for managing what are typically long-term relationships with this population.

A third implication of the dissertation is more practical in nature and relates to how call takers are trained at crisis help lines. While much of crisis line

training typically relies on role-play (see Knickerboker & McGee, 1973; Mishara, Chagnon, Daigle, Balan, Raymond, Marcoux, Bardon, Campbell, & Berman, 2007), the transcripts developed for this study are based on naturally-occurring interactions and could be incorporated into training materials for crisis help lines. Similar research on help lines has been used to develop hands-on workshops for call takers that make use of real-life data in order to simulate new types of situations or issues they may encounter in the future (Stokoe, 2011).

Implications for research on language and social interaction

The findings presented in this study also contribute to the literature on language and social interaction (including conversation analysis, i.e., talk-in-interaction). One implication of the study is new insight into how epistemic asymmetries and institutional memory may be managed in institutional interaction. Whereas ordinary conversation has presumed a type of “equal participation” standard, institutional talk has been described as being “characteristically asymmetrical” (Drew & Heritage, 1992, p. 47). For instance, in the case of 911 calls, call takers possess greater knowledge related to what constitutes a legitimate emergency, when emergency resources are dispatched, and various call taking procedures (Whalen & Zimmerman, 1987; Zimmerman, 1992). At *HelpNow*, in addition to their institution-specific training, knowledge of protocols, etc., call takers also have computer-aided access to a vast repository of caller-specific information as well as their own memory of prior interactions

with particular callers.⁶⁴ My own professional competencies as a crisis line call taker at *HelpNow* suggest that call takers' ability to carefully display and manage what it is they know during calls is essential to preserving the non-clinical and anonymous-oriented tone of the service. All in all, this has implications for understanding rights to knowledge and the larger complexities of managing "institutional memory" in interaction.

A second implication of this research is new insight into role of relationships on help lines. In prior CA-based help line research, minimal attention has been given to the phenomenon of subsequent or repeat calls (Danby, Baker, & Emmison, 2005, p. 149; Murtagh, 2005, p. 292). Shaw and Kitzinger (2007) in particular offered a more comprehensive look at how this issue relates to issues of institutional memory, yet the study examined a help line with a single call taker. The current study examines a more complex institutional setting with multiple call takers where long-term relationships between callers and call takers are typical. Little research has addressed this specific type of long-term institutional relationship and it has the potential to reveal how the traditionally more cognitive notion of memory is actually something that is interactionally controlled and negotiated (cf. Mandelbaum, 2010). The

⁶⁴ It is important to point out how this institutional setup is different from the prior research relating to memory in help line interaction. In the case of Shaw and Kitzinger's (2007) work on home birth lines, the data that were analyzed focused specifically on the single call taker who was responsible for running the line out of her home. In contrast, *HelpNow* has over 100 call takers and thus callers may never get the same call taker if they call twice. Secondly, Pudlinski's (2005) research discusses some epistemic issues related to how many call takers know the callers outside of the help-line context. As mentioned earlier in the study (see Chapter 3), this type of relationship is strongly discouraged at *HelpNow*.

dissertation relates issues of epistemic access to the larger management of institutional relationships with particular callers, often involving several call takers across different shifts. Thus, the research establishes how important the notion of relationships may be to other emotional support telephone services and other types of “personalized” social institutions as well.

A final implication of the dissertation is insight into the highly malleable boundary between ordinary interaction and institutional interaction. The research provides further support for what Stokoe (2013) has referred to as a “soft institution”, or institutional contexts where the types of displayed orientations to institutional aims, identities, or inferential frameworks, may not be as apparent. Several of the interactional mechanisms examined in *HelpNow* calls resemble practices of ordinary conversation. For instance, we have seen how these calls may include the presence of how-are-you sequences (see Chapter 4, Chapter 5) and particular forms of repetition that resemble how repair is typically done in ordinary conversation (Chapter 6). It is possible that this is a product of calls being primarily fielded by non-professional volunteers (see Chapter 2) and the help line’s mission to offer a service that is non-directive, emphasizes active listening (see Chapter 3), and offers assistance with a wide range of mental-health issues and referrals. This is in contrast to crisis lines with more narrow functions and that are more strict in only budgeting call time for individuals who present themselves as suicidal. Ultimately, this underscores the constitutive role of language and interaction in how participants experience and navigate different social institutions.

Implications for communication studies research

This dissertation also holds implications for research in the broader discipline of Communication Studies. Broadly speaking, this community of scholars is interested in investigating the role of communication as it relates to a variety of forms, contexts and outcomes. I focus on implications related to the disciplinary sub-areas of interpersonal communication, organizational communication, and health communication.

One implication for interpersonal communication scholarship is that taking an interaction-centered approach can reveal how identities and relationships are constructed and worked out within actual situated encounters. The perspective adopted in the current study is that identities and relationships are dynamic, social accomplishments that are collaboratively established, managed, and even contested through participants' social conduct (Antaki & Widdicombe, 1998; Mandelbaum, 2003; Mokros, 2003). In this way, instead of presupposing and imposing the relevance of these categories on participants' interactions, detailed analyses revealed the specific communicative practices that were used by callers and call takers to implicate the relevance of identity and relationship-related issues. For instance, how-are-you sequences may be conducted in ways that index a regular-caller identity and shared interactional history (see Chapter 4). Similar identity and relationship implications can be introduced when callers frame their problem presentation as an "update", building upon a presumed shared background on the issue. Overall, this demonstrates how larger social

categories such as identities and relationships can be made observable in the dynamics of participants' own communicative activities.

The dissertation also has implications for organizational communication scholarship in providing new insights into “knowledge management”, or how organizational members (in this case, on crisis help lines) transmit and manage organizational knowledge (e.g., Canary & McPhee, 2011; Leonardi & Treem, 2012; Zorn & Taylor, 2004). We have seen that call takers at *HelpNow* carefully attend to the details of the interaction in order to manage their right to knowledge that is both institutional and personal in nature. Particularly in the case of regular callers, call takers may choose to deploy institutional knowledge about the caller's personal circumstances (e.g., a caller's first name, their chronic problems, etc.). Thus, the current research shows how issues of organizational knowledge sharing can be grounded in the details of organizational members' own communication practices.

A further set of implications comes from the innovative perspective that has been adopted here for investigating health communication and mental health. Scholarship in the tradition of health communication typically focuses on particular communication forms (e.g., social support, Segrin, & Passalacqua, 2010), within specific relational contexts (e.g., romantic couples in Knobloch, Knobloch-Fedders, & Durbin, 2011; parent/child dyads in Mokros & Poznanski, 1995; physician/patient relationships: Rotger & Hall, 2011), and as delivered through various organizational structures (Lammer, Duggan, & Barbour, 2003). The current study has implications for each of these foci in that its findings show

how each can be studied through the detailed analysis of crisis help line interactions. As we have seen, particular communication forms were employed (see Chapter 4, 5, and 6) to (re)construct both caller – call taker relationships and the mission and norms of the larger health organization (*HelpNow*).

Finally, the study holds implications for understanding what constitutes “doing mental health”. The analyses presented give some insight into how people co-construct mental health in everyday life, especially in specific institutional contexts where help for mental-health issues is sought and provided. Callers may make available a characterization of their current psychological state (e.g., “I feel down”) which may shape call takers’ sense of whether the issue is a legitimate one for *HelpNow* (“helplineable”). Call takers are then instructed to follow up with specific interactional techniques in order to get the caller to say more about their state and how (if at all) it relates to a specific crisis or problem. Although call takers may not be licensed clinicians, this approach indexes a dimension of clinical (therapeutic) reasoning that shapes how these calls may unfold. In a sense, call takers are trained to probe for a central cause or precipitating event that underlies a caller’s focal issue (e.g., feeling “down”).

In this way, crisis help lines such as *HelpNow* may emphasize a degree of specificity with regard to how callers ought to construct (“do”) mental health during calls. However, it is possible that the clinical reasoning that underlies call takers’ communication practices may not align with how callers themselves (i.e., those seeking assistance with mental health issues) understand the nature of their distress or the manner in which it ought to be communicated in order to

receive the help they are seeking. In other words, while a caller may call about feeling “down”, they may also be unable to articulate the central cause or precipitating event(s) that led to that state of distress (nor think that *either* are even necessary to utilize the service in the first place). At a more conceptual level, this could suggest that help seekers’ methods of formulating the self (i.e., self-presentation) may be at odds with the very outlets (social institutions) where these mental health services and other resources are at stake. In terms of understanding communication and help seeking processes, these are critical issues for crisis line practitioners and researchers.

Limitations

Several limitations exist with the current study. One limitation is that a small number of calls in the collection (less than 15) consists of callers who present themselves as being in highly-distressed states (e.g., crying) and/or with moderate to high levels of risk (e.g., suicidal ideation, talk of other forms of self-harm). It is possible that this was a product of the time of day when most of the calls provided for this study were recorded by *HelpNow*’s staff. Information from the help line’s administrators suggests that the majority of the calls were recorded in the mornings and afternoons (approximately 8 am to 4 pm) and very few recordings were made during the early evening and late evening shifts (from 4 pm to 11 pm) when more distressed callers tend to call. This is significant in that recording calls at different times of day (e.g., evenings) and on particularly heavy shifts (Friday night, Saturday night) may have yielded a larger collection of

calls from highly-distressed callers and thus played a greater role in the current study of communication on crisis lines. A second limitation of the study is that the number of examined cases for specific interactional practices (e.g., non-contiguously positioned full repetition) is quite low. Building larger collections of instances would be helpful for getting a richer sense of the phenomena under investigation and variations (if any) of a given interactional practice.

Future directions

Future directions for research will be framed in terms of both short-term goals (using the current data set) and the long-term goals (using different data to be collected in the future). In the short term, an area that is ripe for future research is how call takers display an orientation to certain issues as having greater potential for risk (i.e., for suicide or other forms of self harm). While there is much research on the *outcomes* of crisis intervention models (e.g., King et al., 2003; cf. Chapter 2), scholars have yet to analyze the manner in which these protocols are conducted in real time in situ. Future research would thus focus on precisely *how* help line call takers go about implementing and managing these types of risk-attentive procedures (e.g., via questions, assessments, and other actions) in a variety of sequential environments.

A second possibility for future research in the short term would be to examine how call takers close down calls under ordinary circumstances and how this may be dealt with differently when additional, competing calls come into the center at the same time. It is at these moments, when there are multiple calls that

may demand call takers' attention, that the issue of call triage becomes central (see Leydon, Ekberg, & Drew, 2013 for a discussion of call triaging in the context of openings to a cancer help line). For crisis lines in particular, one of the most challenging tasks is to decide when a call should be closed down in order to make oneself available for other incoming calls. For the purposes of this future research, it will be important to build collections that involve call takers closing down calls in ordinary circumstances (i.e., when only a single call is at hand) and closing down calls when there are competing incoming calls.⁶⁵

A third possibility for future research with the current data set is to focus on advancing theory and research on traditionally social-psychological topics such as "social support" (e.g., MacGeorge, Feng, & Burleson, 2011) and "self disclosure" (e.g., Derlega, Metts, Petronio, & Margulis, 1993). In working with the current materials, it is clear that call takers are trained to do interactional work to show "support" for callers, while callers themselves must work at "disclosing" personal information. While much of the literature on these topics has relied primarily on experimental methods, this research would be naturalistic in analyzing communication practices as they naturally occur in everyday life. In addition to the literatures on self-disclosure and social support, this research would also contribute to a growing body of literature regarding empathy

⁶⁵ Preliminary research on this issue indicates that several dozen recordings in the collection allow the researcher to hear the ringing of additional phones in the background. This provides some access to additional "summons" that call takers routinely attend to. In some cases, it has even been found that it is the *callers* that first display an orientation to the background ringing, and may even initiate the closing down of their *own* call so that the call taker may attend to it.

(Heritage, 2011; Pudlinski, 2005) and affect (Ruusuvuori, 2013) in talk-in interaction.

In the long term after obtaining new data, I could investigate how crisis call centers utilize different technologies to support their work on the telephone. *HelpNow* call takers are required to use the call-log software to enter details regarding each call. In many cases, this involves the call taker typing into the software while they are on the phone with the caller (e.g., to look up if there are past reports with individuals from that phone number). A great deal of research has considered how help line call takers may become involved in additional tasks (i.e., in addition to speaking with the caller), such as filling out call intake forms (Frankel, 1989), logging information into software programs (Whalen, 1995), or coordinating with co-present (and non-present) team members (Whalen & Zimmerman, 2005). This future research would thus extend this body of work by collecting and examining video data depicting the embodied nature of multi-activity taking place during crisis line calls.

A second area to be explored with new data involves the routine work of call takers as they answer calls. Without video data of the call taker's work area at the call center, little attention was given to the multi-modal aspects of their work. This includes various types of call management issues (e.g., checking caller ID) and computer-related activities (e.g., entering the details of a call into the call-log software) that call takers must engage in during a typical shift at the center.

A third area ripe for study in the longer term would involve examining video recordings of crisis call taker training sessions. Such materials would provide additional insights (beyond participant observation) into how new call takers are trained to manage crisis calls. Systematic observations concerning how call takers are taught this practice (e.g., through instruction, practice drills, role plays, etc.) could further enrich analysis of this issue.

Appendix A: CA Transcription Symbols

(reproduced from Kevoe-Feldman, 2009)

.	A period indicates a stopping fall in tone, not necessarily the end of a sentence
,	A comma indicates “continuing” intonation, not necessarily between clauses of sentences.
¿	An inverted question mark indicating a slightly rising inflection
?	A question mark indicates a rising inflection, but not necessarily a question
::	Colons indicates an extension or stretching of the sound
[]	Square brackets indicate the beginning [and ending] of overlapping talk
<u>going</u>	Underlining shows stress on the word or sounds
=	An equals sign indicates utterances that are linked or latched together with no beat of silence between
(0.)	Indicates a pause or gap in tenths of seconds Indicates audible aspirations or a period followed by
hh	.hh indicated inhalations inserted in the speech where they occur.
><	When part of an utterance is delivered at a pace quicker than the surrounding talk, it is indicated by being enclosed between “less than”

Appendix B: Example #1 of a crisis help line advertisement*

This is a screenshot of an online ad advertising the National Suicide Prevention Hotline (part of the federally-funded national suicide network, see Chapter 3).



* Note: The crisis line advertised above is unaffiliated with the research described in this dissertation.

Appendix C: Example #2 of a crisis help line advertisement*

This is a picture of a poster advertising a crisis line near a train station in Maplewood, NJ.



* Note: The crisis line advertised above is unaffiliated with the research described in this dissertation.

Appendix D: Example #3 of a crisis help line advertisement*

This is a picture of a sign for a crisis line located on a bridge in Lambertville, NJ.



* Note: The crisis line advertised above is unaffiliated with the research described in this dissertation.

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