Making sense of experiences in suicide helpline calls: Offering empathy without endorsing suicidal ideation

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Abstract
The question of how people make sense of experiences in relation to health is central to medical sociology and lies at the heart of suicide helpline practice. This article draws on a corpus of 900 audio-recorded suicide helpline calls to examine how call-takers respond to the challenge of reframing callers’ suicidal ideation while still treating their experiences as legitimate. Conversation analysis of a subselection of calls revealed two call-taker practices, involving the framing of the caller’s suicidal ideation as (1) being ambivalent or (2) having legitimate feelings in a difficult situation. While callers resisted the former, ‘feeling formulations’ laid the interactional foundations for exploring alternatives to suicide. This may be because call-takers’ empathy increased their rights to subtly negotiate callers’ experiences. By focusing on recipients’ contributions in these critical interactional moments, the article widens the sociological approach to examining sense-making of health experiences as a thoroughly social process.

Keywords
conversation analysis, empathy, experience, helpline, sense-making, suicidal ideation
INTRODUCTION

The question of how people make sense of experiences in relation to health is central to medical sociology (Lawton, 2003; Williams & Jones, 2017). An important aspect of this is how people negotiate the medical legitimacy of their experiences (e.g. Gill et al., 2010). In suicide preventive communication, reaching a new understanding about the person's experiences, which does not endorse suicide, is a core task. A challenge for persons who respond to others' suicidal ideation is to reframe their stance of hopelessness, while still treating their experiences as legitimate (cf. Horne & Wiggins, 2009). This task is faced by call-takers in suicide helpline communication, which has since the 1950s comprised an important resource in the wider set of suicide prevention services (Hunt et al., 2018; Mishara & Daigle, 2000). Thus, suicide helplines are a setting that allows for an examination of sense-making of health experiences in critical moments.

Sociological work in the 1960s acknowledged that persons who communicate suicidal ideation on helplines (Sacks, 1967) and in suicide notes (Douglas, 1967; Jacobs, 1967) draw on social norms to make sense of their experiences: The persons agreed that human life has an unquestionable worth, but argued that they were exceptions. Like many subsequent studies on how people explain suicidal ideation (e.g. Owens et al., 2008), these findings focus on one party's reasoning rather than on joint sense-making. Suicide preventive research, mainly from a psychological perspective, has examined call-takers' responses and identified intervention styles linked to positive call outcomes—such as being supportive, empathic, and respectful (Gould et al., 2007; Mishara et al., 2007). However, this research relies on idealised communication models—not sense-making in the face of the specific interactional challenges tied to suicidal ideation where call-takers may need to be empathic while also disagreeing with callers.

The current study seeks to highlight the social nature of sense-making by examining how call-takers on a suicide helpline reframe callers' suicidal ideation. By analysing how interactions unfold in real situations, other studies have unpacked processes of change, for example, in therapy or helplines (Peräkylä, 2019; Shaw & Kitzinger, 2013). A small, but growing, number of studies on interactional exchanges in suicide prevention similarly shows the stepwise way in which professionals can contribute to helping a person in crisis to safety, when words are all they have (DiDomenico, 2015; Iversen & Kevoe-Feldman, 2021; Sikveland et al., 2019; Stokoe et al., 2020). Unlike idealised models of suicide preventive communication, this research has the potential to contextualise call-takers' practices in the face of suicidal ideation. In addition, it widens our understanding of sense-making of experiences in relation to health and illness.

EXAMINING SENSE-MAKING AS COLLABORATIVE WORK

Goffman's concepts of frame and footing have been used to explicate how people understand their experiences and participate in situated encounters. The concept of frame highlights that meaningful experiences are vulnerable to transformations (Goffman, 1974, p. 448). For example, a medical frame on suffering can be replaced by a psychological frame, with different participatory roles for professionals and clients (Peräkylä, 1989). In contrast to a simplistic understanding of interaction as a dyadic activity between speakers and hearers, the concept of footing includes complex participatory roles in the form of a person's stance towards, or framing of, what they are saying (Goffman, 1979, p. 5).

However, because the concepts of frame and footing focus on a speaker's point of view, their usefulness for understanding sense-making in interaction is limited. Studies in conversation
analysis (CA) have therefore developed Goffman's work to show how people collaboratively build meaning (e.g. Goodwin, 2006). CA is an approach that analyses in detail how people use conversational practices in context and the interactional import of these practices: how one party's utterance sets up constraints for others and how the other parties then conform to or resist these constraints (Sidnell & Stivers, 2014). Work in CA has shown that when a participant in interaction displays a stance, such as uncertainty, others can affiliate or disaffiliate with this stance, thereby ratifying or challenging the other's position (Stivers et al., 2011). CA studies on stance and affiliation have focused on action recognition, for example how recipients can treat an assessment as a decision or as seeking unity (Stevanovic and Peräkylä, 2014). In contrast, the current article uses the concepts of stance and affiliation to examine what I call experience recognition (Iversen, 2018), that is, how recipients, by responding to a person's stance concerning their experiences, contribute to framing those experiences in different ways. Thus, CA's close examination of actions-in-interaction makes possible the investigation of sense-making of experiences as a thoroughly social phenomenon—in the current study, how helpline participants together make sense of experiences of suicidal ideation.

An interactional resource tied to joint sense-making in institutional settings is formulations. A formulation is a second version of what someone has said (Drew, 2003), which the client can confirm or disconfirm (Heritage & Watson, 1979). In Goffman's (1974, p. 10f) words, formulations can be seen as a way of reframing experiences and events. Formulations can, to different extents, affiliate with, or take on board, the client's stance. By focusing on elements in the client's experience that are in line with organisationally relevant tasks and activities, formulations can also help to invoke the institutional agenda (Hutchby, 2005). In the helpline under investigation, formulations are related to principles of motivational interviewing (MI), where reflections (i.e. statements that capture the implicit meaning of what the client has said) are key parts of the approach (Miller & Rose, 2015). In particular, the call-takers have been trained to formulate 'life-talk', that is talk about reasons for living (Ortiz, 2014). This means that call-takers should scan callers' talk for signs of ambivalence, which are seen as a chance to explore reasons to live by 'eliciting self-motivational statements' (Miller & Rose, 2015).

Although suicide helplines differ from therapy because of the short-term relationship, anonymity, and lack of face-to-face contact (Mishara et al., 2007), call-takers have a similar task as therapists in engendering a transformation of the caller's emotions or the referent of the talk (cf. Peräkylä, 2019; Weiste, 2015; Weiste et al., 2015). Several studies have shown how formulations are used in therapeutic settings to this end. For instance, formulations in therapy can be designed as puzzles or exaggerations, thereby inviting refutations or accounts (Sliedrecht et al., 2016; Weiste & Peräkylä, 2013). Therapists can also challenge clients in ways that offer an alternative view, but still invite confirmation (sometimes called interpretations; Weiste, 2015). In a study of online chat counselling, Stommel and van der Houwen (2013) found two kinds of formulations that counsellors used to propose an alternative view of the client's account: emphasising the positive aspects of a client's account and formulating the client's account in terms of feelings (Stommel & van der Houwen, 2013). Stommel and van der Houwen found that both formulations yielded client resistance. Studying a similar practice, Weiste (2015) found that clients treated therapists' disagreements as supportive if they validated clients' experiences and respected clients' firsthand knowledge. This research highlights the need to study clients' different responses to formulations in relation to the potential tension between empathy and offering an alternative view.

In the current study, I examine two practices similar to the ones that Stommel and van der Houwen (2013) describe: formulating what the caller says as ambivalence or formulating the caller's account as difficult feelings in a severe situation. The analysis shows that call-takers'
formulations of callers’ suicidal ideation in terms of ambivalence were met with callers’ resistance. While there were no examples of formulations followed by a direct change of stance, formulations of the callers’ stance as legitimate feelings in a difficult situation seemed to afford call-takers with increased rights to reframe experiences by primarily displaying empathy (cf. Heritage, 2011). By explicating the different trajectories of these formulations, the article underlines the suicide preventive relevance of the sociological study of experience recognition, made possible by the concepts of stance and affiliation.

DATA AND METHODS

This article draws on a corpus of 900 audio recordings of calls to the Swedish suicide helpline, collected during 2018–19. The helpline is run by a non-profit organisation and takes approximately 31,000 calls each year. The call-takers are volunteers, who are trained during a three-day workshop that includes information on suicide risk factors and communication, mainly based on motivational interviewing. The study has been approved by the Regional Ethics Board [2017/510], and both call-takers and callers consented to having their calls recorded. To understand the institutional agendas indexed with formulations (Deppermann, 2011), I also collected ethnographic data by shadowing volunteers during 30 days over the year, participating in the introductory workshop and in further call-taker training. I have presented and discussed preliminary analyses with coordinators and volunteers.

The analysed collection of cases was selected in a two-step process. Initially, I listened to 350 calls, chosen from cohorts of calls with different lengths (e.g. 1-min calls, 5-min, 10-min, 15-min, etc.). Then, I selected 60 calls and transcribed them because they included variation found in the 350 calls regarding the callers’ problem presentations (e.g. anxiety, loneliness, suicidal ideation) and call trajectory. The transcribed calls’ mean length was 40 min (ranging from 5 min to 3 h). These calls included 199 formulations of the callers’ subjective experience. The analysis focuses on a subset of these subjective formulations, which included the call-taker offering a different view than the caller, as this is an interactionally tricky but institutionally relevant practice.

In particular, the analysis focuses on formulations that invited agreement: formulations that treat the caller as ambivalent about suicide (28 examples) and formulations that treat the callers’ suicidal ideation as an emotional stance (15 examples). The examples were transcribed in detail, using CA conventions (Jefferson, 2004; see Appendix S1) that enabled analysis of interactional details such as overlap, sighing, crying and intonation, which are important when people communicate and respond to experiences (Stivers et al., 2011). Using CA, I analysed how these formulations were positioned in interactional sequences and how participants set up and responded to constraints, for example with grammatical and lexical choices. I focused particularly on how callers communicated and responded to stances (cf. Sidnell & Stivers, 2014). The excerpts are shortened for word-limit and anonymity reasons. When possible regarding participants’ anonymity, I have placed additional data in Appendix S2, where the original Swedish wording can also be found.

ANALYSIS

In the following sections, I present examples where call-takers respond to callers’ suicidal ideation by formulating callers’ stance towards suicide in two different ways: as being ambivalent or
as feeling suicidal in a difficult situation. In examples of formulations of being ambivalent, there is a pattern of caller resistance to reconsider their stance towards suicide. The trajectory is less straightforward after feeling formulations, but they seem to be a practice for call-takers to display empathy of callers’ difficult situation while not endorsing suicidal ideation.

**Formulating suicidal ideation as being ambivalent**

In this section, I analyse excerpts from two calls in which call-takers invite callers to reconsider their stance of hopelessness by formulating their inner state as ‘being ambivalent’. Callers resist

**Excerpt 1**

```plaintext
07  CLR: .shih I’m trying to see::, (. ) a- a- a a
08       in a a- a brighter time <forward,>
09  CLT: Mm:
10  CLR: .h Bu- but I ca:n’t do it.
11  CLT: Mm,
12  CLR: >It is y’know<=
13  CLT: =No_ but th[e::n
14  CLR: [Yeah- I-
15      (2.0)
16  CLT: .h Then you’r e y’know not quite sure
17       how you’r e gonna do.
18      (1.3)
19  CLR: No I’m n- That’s y’know why I’m ↑ calling.
20      (0.5)
21  CLT: [Myes::]
22  CLR: [But i-] if I knew that I was su:re (. ) then I
23       would y’know have done it a long time ago like.
```
MAKING SENSE OF EXPERIENCES

Excerpt 2

18 CLR: [So it’s like, hmhh like (I) said I- I’m
19 ↑do:ing all I can-am _able [to do
20 CLT: [Mm:::
21 CLR: but I schhh=find nothing,
22 CLT: Mm.
23 CLR: .h So.
24 (1.0)
25 CLT: .hMm,
26 (1.0)

this by claiming that they already know that they are ambivalent. Excerpt 1 starts eleven minutes into a 16-min call, but the participants were previously on a call, so they have been talking for half an hour. The caller has described in detail how he plans to end his life (see Appendix S2). He is in the process of summarising his problem and has just said that he is trying to let go of his thoughts on suicide but cannot.

The description of trying and failing (lines 7–8, 10) demonstrates that the caller agrees with, and is trying to follow, a general suicide preventive agenda (i.e. picturing a brighter future), but that he cannot manage. Thus, the caller’s stance is that suicide is his last resort (cf. Sacks, 1967). The call-taker invites the caller to continue (lines 9, 11) but as the caller is heading towards what is likely a conclusion (line 12), the call-taker produces a turn, starting with a contrast (‘No but’, line 13). This is cut off, but fulfilled after a pause (line 15) as a formulation of the caller as ‘not quite sure’ (line 16). Thus, the call-taker formulates the caller’s version of trying (from line 7) in terms of ambivalence, which is, from a mental health perspective, more positive than hopelessness. The call-taker explicitly refers (‘then’, lines 12, 16) his understanding to the caller’s story, thereby respecting the caller’s authority in describing his experiences (cf. Weiste et al., 2015). However, the contrast (‘but’, line 13) indicates that this is an alternative view to what the caller is expressing, not recognised by the caller. Thus, while the formulation makes relevant confirmation (Heritage & Watson, 1979), the contrastive elements imply that if the caller agrees, he should reconsider the stance that he ‘can’t do it’ (line 10).

After a pause that indicates a non-straightforward response, the caller offers a confirming receipt, repaired to an account (line 19). Using ‘ju’ (translated to ‘y’know’), this account refers to shared knowledge, thereby treating the call-taker as not having appreciated the caller’s knowledge (Heinemann et al., 2011). While the caller accepts the grounds of the formulation that he is ambivalent, his orientation to already knowing this serves as a way to resist the action, inviting him to reconsider. In overlap with the call-taker’s receipt, the caller elaborates with a hypothetical account (‘if...then’, lines 22–3), stressing that he is aware that he is not sure, and that this is a problem in itself. Accordingly, although he confirms the call-taker’s formulation, he does not move towards an exploration of ambivalence or self-motivational statements (see Miller & Rose, 2015). The caller sticks to this stance during the rest of this call. After two more minutes, not
Excerpt 3

CLT: But it still sounds like it oscillates within you,
CLR: Horribly—and that battle [is ]
CLT: [ ‘Ca] use you bought flowers and then[:] [:]
CLR: [Exact]ly!=
CLT: =you’ve like . hhh had hope in some way when you di[ d th a: t.]
CLR: [Exactly, ]

(.)
CLT: M[m:: ]
CLR: [Exac] tly, I’m trying y’know to force things=[I’m ] putting out things that
CLT: [Mm:, ]
CLR: remind me of . hhh beautiful memories in my life [that I] might get to experience
CLR: . h[h and so on]
CLT: [Yes you’re ] doing you’re doing really many—You are y’know doing really many good things.
CLR: Absolutely=[and I] know thi:s is y’know
CLT: [Mm:: ]
CLR: things I [(..) u] nderstand th a:t= y es _but . hh
CLT: [Mm:, ]
CLR: it’s y’know li::ke merchandising=I’m trying y’know (. ) [to ] sell, (. ) to myself that
CLT: [Mm::]
CLR: there is hope (. ) . h[h but I don’t see it.
shown here, the call-taker initiates closing by saying, ‘You’ll do what you think is right, but I don’t think we will come much further’.

Excerpts 2 and 3 show a similar example of a caller’s resistance after a formulation of ambivalence. The exchange takes place 45 min into the call (47 min in total). Excerpt 2 shows the caller’s conclusion about his situation and Excerpt 3 the call-taker’s formulation of this experience.

In lines 18–21, the caller formulates his problem as an upshot of his previous telling and, as such, he makes relevant a response that shows the call-taker’s understanding of his problem (Raymond, 2004). Similar to Excerpt 1, the problem formulation, ‘I’m doing all I can, but I find nothing’, subscribes to a norm that suicide is generally wrong, and indicates that the caller has been acting accordingly, but failed. The call-taker provides an empathic ‘Mm:::’ (line 20) as the caller describes doing all he can, but only a minimal response (‘Mm’, line 22) that encourages the caller to continue after he describes failing. By projecting an unstated upshot with a stand-alone ‘So’, the caller indicates that there is a conclusion to infer from the previous talk that the call-taker has failed to make (line 23; cf. Raymond, 2004). After pauses and a minimal response (lines 24–6), the call-taker offers her understanding of the caller’s experience in a formulation (Excerpt 3, lines 27–8):

The call-taker’s formulation of the caller’s stance as ambivalent (lines 27–8) has several features in common with the formulation in Excerpt 1. The call-taker displays mediated access to his experiences by referring to the caller’s telling (‘It sounds’) but offers her formulation as a contrast (‘but’ and ‘still’). Hereby, she indicates a different conclusion than the caller’s. Specifically, ‘oscillates’ is an optimistic take on the caller’s conclusion of finding nothing (line 21; cf. Stommel & van der Houwen, 2013). Thus, she is inviting the caller to reconsider his stance of hopelessness.

The caller immediately provides a confirmation (line 29), which is a relevant response to a formulation (Heritage & Watson, 1979). However, rather than projecting a reconsideration of the situation, this confirmation includes a negative evaluation (‘Horribly’), so while the call-taker treats oscillation as positive, the caller treats it as a problem (a ‘battle’). By confirming in this way, the caller also treats the formulation as something he already knew (cf. Heritage & Raymond, 2005). Accordingly, like the caller in Excerpt 1, this caller accepts the grounds of the formulation (that he is oscillating), but resists the invitation to reconsider his stance of hopelessness.

The call-taker does not wait for the caller to elaborate but starts to provide accounts for her formulation (lines 30–1, 33–4). This shows that she does not understand the caller as in agreement with her. The caller further confirms and offers examples to support what the call-taker is saying (lines 32, 35, 38–9, 41–2). However, the rapid and overlapping turn-taking shows how the participants compete for the turn-space (Schegloff, 2000). This indicates that the participants have different projects: the caller is confirming to show that he already knows what the call-taker is saying, while the call-taker is arguing that the caller is not really suicidal. Their different framings of the caller’s situation become explicit as the caller makes a contrast between what he knows he should do and his reality, where his efforts do not pay off (lines 52–5). Thus, the caller treats the call-taker’s formulation of him being ambivalent as valid, but part of the problem, contributing to his story of hopelessness, rather than a move towards change. After the excerpt, the caller pursues an explanation of his state as hopeless, saying in the end of the call, ‘we’ll see what happens’ to which the call-taker responds, ‘Yes, it’s you who has to be done thinking, whether you should seek help for example’.

The extracts from the two calls show one way of managing the problem of showing understanding without endorsing suicidal ideation. By referring to callers’ versions and, at the same time, contrasting these versions to formulations of ambivalence, the call-takers can be heard to
Excerpt 4

16  CLR: I d#on’t want (. ) [th#em ] to s#ee-=: that
17  CLT:                                ["No::." ]
18  CLT: No,
19       (0.7)
20  CLR: S:o (. ) under (1.0) b#ut (0.3) .hhhh HH. (1.3)
21      .snhih (1.0) .hh **wh(h)y"** can’t I #enDu:re.
22      (0.9)
23  CLT: So it feels like it has gone so far so that it
24   feels like the only way ou:t=is it so.
25  CLR: .hhhh hh.
26       (3.5)
27  CLR: .shnih
28       (0.8)
29  CLR: No I know of course that I ca:n’t.
30  CLT: "No"=
31  CLR: =I ca:n’t of course do that. .shnih I ca:n’t of
32      course do th#a-=t t#o~ m#y; children ***like***.
33  CLT: No.
34       (0.7)
35  CLR: .hNoh
36       (.)
37  CLT: It’s a bit- bu:t you felt [like it]
38  CLR:                                [And   ]#it~’s like a~
39       (. ) fo:x tra::p o[r- ]or what to: say you know
40  CLT:                                [Mm.]
41  CLR: .hh so like that (. ) .shih (1.0) one #i::s (1.4)
42      yeah one is y’know tra:pped #i[n (. ) existence like
43  CLT:                                [Mm.]
44  CLT: Hm:. hrm hrm
45  CLR: .h HH. Ha:ve:: to keep going probably .hhhhhh
46      though sometimes I need someone to t#a::l k to hh
indicate that if the callers agree with the grounds upon which these interpretations are made, they need to revise their stance of hopelessness. However, while the callers confirm the formulations, they resist reconsidering by claiming to already know about being ambivalent. Thus, the call-takers’ formulations of ambivalence fail in offering a more healthy alternative to hopelessness. It is notable that both calls end with call-takers disengaging by saying that the future is up to the callers themselves. These excerpts thus show challenges involved with offering an alternative view while still being empathic in the face of suicidal ideation. Below, I will show a different formulation that frames the callers’ problem in terms of feelings.

Formulating suicidal ideation as feelings

In this section, I show that call-takers’ formulations of suicidal ideation as feelings in a difficult situation can work to treat callers’ stance as legitimate while downplaying its implications. Excerpt 4 comes two and a half minutes into a 16-min call; thus, the caller is in the process of unpacking, rather than concluding, his problem. From the start, the caller has been displaying pain and discomfort with strained, creaky voice and wet sniffs. He describes not being able to cope with his situation: being alone with his children after their mother died. We enter the call when the caller is just finishing describing a way to end his life without his children finding his body in a state that would be scary for them. This detailed description is omitted for anonymity reasons. In line 16, ‘that’ is indexing blood and ‘them’ is referring to his children.

Excerpt 5

11 CLR: And preferably (. ) Huh . preferably
12 I’d y’know want to just escape it all.
13 CLT: Yes.
14 (0.7)
15 CLT: It feels so: (0.4) [heav]y.
16 CLR: [Mm,]
17 CLT: Yes.
18 CLR: Mm.
19 (1.9)
20 CLR: And it feels like (1.2) it feels like (2.4) I
21 want ( . ) to go to (0.5) the psychiatric
22 emergency and get admitted,
23 (0.3)
24 CLT: Yes,
The caller is reporting thoughts and feelings that the call-taker may not be able to support without risking endorsing suicide—describing a way to end his life that would not scare his children. The call-taker softly responds with turns (lines 17, 18) grammatically aligned to the caller, saying that he does not want his children to see blood (line 16). Thus, the call-taker does not attempt to offer an alternative view at this point. After a pause, the caller begins to offer a conclusion (‘so under’, line 20), which may be heading towards a summary of where the caller plans his suicide (‘under’ was previously mentioned in relation to this, data not shown). He abandons this line in favour of a why-question, where he holds himself accountable for not enduring (lines 20–1). By expressing self-blame, he treats enduring as the norm with which he wishes, but fails, to comply (cf. Sacks, 1967). This is a defensive stance, anticipating a judgemental response. It is also reminiscent of how the callers in the previous section presented themselves as trying and failing.

Similar to how the formulations in the previous section acknowledged the callers’ firsthand knowledge of their experiences, the call-taker’s ‘so’ (line 23) marks that he is inferring his formulation from the caller’s talk (cf. Raymond, 2004; Weiste & Peräkylä, 2013). However, this formulation lacks the contrastive beginnings present in the previous section’s excerpts, and so it avoids their competing character. Instead, the formulation uses terms that treat the caller’s situation as extreme (‘gone so far’, ‘the only way out’, lines 23–4; cf. Heritage & Watson, 1979; Pomerantz, 1986). In this way, the call-taker displays empathy by intensifying the emotional import of the description (cf. Peräkylä, 2019).

In addition, the formulation of the caller’s state of mind as feelings manages to offer empathy without endorsing suicide. The call-taker uses ‘feels’ in a marked way, by emphasising the word (line 23) and by repeating it (line 24). Edwards (1999) has shown that people can draw on the semantic character of emotion as a contrast—for example contrasting feelings to rational thought and intentional, deliberate reasoning. Accordingly, the term ‘feels’ invokes a subtle contrastive aspect of emotion discourse: The call-taker treats feeling suicidal as a legitimate and understandable reaction to the caller’s circumstances. This can be a way to transform the referent (cf. Peräkylä, 2019)—from the caller’s inability to continue living to his feelings of inability. The call-taker finishes with a tag-question, thereby making clear that the formulation is an understanding check and that the caller is the authority on his experiences.

The caller produces a deep sigh (line 25), followed by silence (lines 26, 28) and a wet sniff (line 27). This makes his feelings available to the call-taker (cf. Hoey, 2014; Jenkins & Hepburn, 2015). The delay also projects a non-straightforward response (Heritage, 2015). He then offers ‘No’, and an account that replaces ‘feels’ in the call-taker’s turn, with saying, ‘I know of course that I can’t’ (line 29). While delay and disconfirmation usually indicate resistance to the constraints set up by a previous turn, this caller’s turn can be understood differently. His initial display of feelings goes along with the call-taker’s feeling formulation. The projection of a non-straightforward response is also relevant in relation to the action of changing stance (Stokoe et al., 2020), from hopelessness and self-blame to arguments against suicide. Furthermore, the stress on ‘know’ contrasts feeling suicidal to knowing that he cannot act on his feelings. Accordingly, the caller is heading towards what can be considered self-motivating statements to continue living: having to continue for his children (lines 31–2). In contrast to the previous section’s examples, the call-taker is in a position where he can softly confirm the caller’s assertion (lines 30, 33), rather than trying to convince him about a competing version.

After offering room for elaboration, the call-taker makes explicit the contrastive element in ‘feels’, both with ‘but’ and with the contrastive stress on ‘felt’ (line 37). Thus, with this contrastive feeling formulation, the call-taker explicitly treats feeling suicidal as not covered by the moral
condemnation of parents who end their lives. The call-taker is thus offering a version that removes the blame from the caller. In addition, the call-taker's shift to the past tense ('felt') takes into account the caller's move from talking about not enduring to knowing he cannot end his life.

The caller overlaps with a turn that completes the call-taker's formulation and elaborates the feeling: like being in a fox trap (lines 38–9). In this sense, he takes on board the call-taker's feeling formulation, while orienting to his moral obligation as having to go on. He then downplays the seriousness of his feelings, 'sometimes' needing to talk to someone (lines 45–6). Treating his experience as a temporal state for which there is a remedy is a stark contrast to detailing how he will end his life. This is an excellent opportunity for the call-taker since talk is exactly what he can offer. Thus, we can see that the call-taker manages to display empathy without endorsing suicide. Hereby, the call-taker displays understanding of the caller's situation and rid[s] him of the need to convince the call-taker. This may be an explanation for why the caller can move to talking about other solutions than suicide. As the call continues, the call-taker says at several points, including when they close the call, that feeling suicidal is different from acting on these thoughts, and the caller says, 'It was good just to talk to someone'.

The next excerpt shows another example where the call-taker formulates the caller's state of mind in terms of feelings. This is also in the beginning of a call, and the call-taker has previously repeated the caller's description of having anxiety. The caller elaborates by saying that she wishes to escape it all (lines 11–2):

Supporting a wish to escape can be heard as endorsing suicide, and so the call-taker cannot easily affiliate with the caller's stance. The caller's description involves the elements of 'preferably' and 'want' (line 11), which could be targeted as they leave open ambivalence. That is, 'preferably' suggests the existence of other, though less preferred, options, and talk about wanting things is a way to not fully commit to them really happening (cf. Flinkfeldt, 2017). However, the call-taker does not draw on these potential openings for formulating the caller's experiences in terms of ambivalence. Instead, the call-taker produces a feeling formulation. This formulation offers an interpretation (cf. Peräkylä, 2019) by using terms that treat the caller's state of mind as feelings and with the assessment 'so heavy' (line 15). Both the terms 'feels' and 'heavy' are stressed, which highlights their importance. The call-taker thus displays her understanding of the caller's state of mind as serious. Similar to the previous case, the feeling term holds a potential for an alternative (Edwards, 1999). The caller offers weak agreement (lines 16, 18). After a pause (line 19), she continues to elaborate by saying that she wants to be admitted. Notably, she recycles 'feels' from the call-taker's formulation. This gives the call-taker several options, such as exploring this feeling or asking about the possibilities to seek psychiatric help. The call continues with talk about treatment and managing one moment at a time. The call-taker repeatedly stresses the caller's difficult situation and the legitimacy of her feelings.

In the two examples, we see that by making sense of the caller's suicidal ideation as feelings, the call-takers can offer empathy, while not endorsing suicide. There is no proof that the feeling formulation is the one aspect that gets callers to move from suicidal ideation to talking about solutions that do not involve suicide. However, we see that, unlike the case of ambivalence formulations, feeling formulations are not competitive and met with responses that treat the call-takers as not having understood. This may be because by affiliating with the stance that the experience is severe, the call-taker treats the caller's state of mind as legitimate. This differs from the ambivalence formulations that imply a more positive take than the callers suggest.

In the final example, this argument is strengthened as we see how the call-taker moves from a formulation that casts the caller's situation in a positive light (albeit not through emphasising ambivalence; Excerpt 6), to a feeling formulation (Excerpt 7). Excerpt 6 comes nine
Excerpt 6

00 CLT: .hhh But it still y’know (. ) sounds like you ha:ve.hh (0.6) °m#- e- i-° it- c-
02 hope about (. ) something si:nce .hhh you say that you ha:ve still (1.5) °e- c-° <certain (. ) strength and desire> though
05 i:t ma:y not have been any good this year
06 .hh [(.) y ]ou described that it still (. )
07 CLR: [Yea:h, ]
08 CLT: you usually can ha:ve some (0.8) .h
09 strength: to draw from,
10 (1.1)
11 CLR: Ye:s ( . ) exactly=I y’know don’t want
12 (1.1) .h h~h .h like to do like that but,
13 .h (. ) tsk. h~h ma~ny (times) it feels
14 like it is the only way.
15 (1.1)
16 CLT: °Mm::::°
17 (1.9)
18 CLR: To do that.
19 (1.0)
20 CLR: .hh .HHhhhhhhhh [HHhh. (°°°yes°°°)
minutes into a 30-min call. The caller has described losing all hope and motivation, and the call-taker has asked more about the caller’s situation. This is not shown as the focus is on what happens after the call-taker’s formulation (but see Appendix S2).

The call-taker starts with a contrastive ‘but’ (line 0) and links the caller’s thoughts on suicide to this year, thereby treating those thoughts as temporary. She formulates the caller’s stance as having ‘hope’ and ‘strength’ (lines 2, 4), and orients to her own mediated access (‘it sounds’, line 0, ‘you say’, lines 2–3, ‘you described’, line 6). Accordingly, by referring to the caller’s words while giving an optimistic version that describes the bad situation as temporary, the call-taker holds the caller accountable to reconsider his previous stance that he has lost hope.

After a pause, the caller strongly confirms, with ‘Yes exactly’ (line 11). He then goes on to distinguish between what he wants (to live on) and how he feels (that suicide is the only way, lines 11–4). Thus, similar to the callers in Excerpts 1–3, the caller confirms the call-taker’s formulation of him wanting to live, while also contrasting this to his suicidal feelings. When the call-taker offers no response, the caller pursues a response by only restating the vague reference to suicide (line 18) and reinforces his stance with a deep sigh (line 20; cf. Hoey, 2014). The call-taker comes in with another contrastive turn:

The call-taker’s formulation is explicitly contrastive (line 21), but unlike her previous formulation, this one stresses the seriousness of the caller’s situation and feelings. Linking feeling ‘completely down’ to the extreme case formulation ‘incredibly acute’ (lines 23–4; cf. Pomerantz, 1986) implies that the feelings are serious and legitimate. This can be seen as retreating from her previous, more optimistic, take on the caller’s situation, to affiliate with his stance (cf. Muntigl et al. 2013). However, the term ‘acute’ subtly implies that the grave situation is temporal. The call-taker’s ‘even’ (line 22) projects a ‘so’ (line 33), which comes after seven lines (omitted for anonymity reasons). The call-taker provides a tentative agreement, which indicates that his following response will be non-straightforward (line 32). The call-taker’s assessment (lines 33–4) treats the call-taker’s experience as general and therefore accessible to her. She reiterates the severity of the current situation and the legitimacy of not keeping ‘all thoughts right’ (lines 34–5). This formulation thus stresses the severity of the situation, its temporality, and the caller’s experience as emotional as opposed to rational.

The call-taker goes on to claim that the caller realises that the changes in his life are for the best (lines 38–9), thereby drawing on the caller’s distinction between what he feels and wants (Excerpt 6, lines 11–4). This formulation of realisation could run the risk of being heard as an optimistic version, but the call-taker displays sensitivity by treating realising as the exception (‘even’, ‘in some way’, line 38–9) to the caller’s general stance of feeling completely down. After a pause, the caller offers an affirmative response (line 42) and, after another longer pause, tentatively agrees (‘I guess’, line 44) that this is how he feels.

To sum up, in examples of formulations of being ambivalent, callers strongly confirm the grounds of the call-takers’ versions but resist the action, whereby the call-takers invite them to reconsider their stance. In examples where callers move from suicidal ideation to exploring other solutions than suicide, the trajectory is less straightforward. Still, such cases have some recurrent features. The important similarity between them seems to be that the callers’ experiences are framed as (1) feelings, (2) in a difficult situation, and (3) that they are subtly contrasted to the lasting decision of ending one’s life.
Excerpt 7

21  CLT: [But it- it is=I think it
22       sounds (.).] Even if you (0.5) >feel< (.).
23       completely down now=It is y’know so incredibly
24       hhhh a:cute then since it is (.> in some way<
25       this has happened which you had as some .hhhh e-

((six lines omitted for anonymity reasons, CLT refers to a drastic change in CLR’s life as an account for the current acute situation))

32  CLR: We’ll (.). Yes .hhhhhhhh
33  CLT: So it_is y’kno:::w (.). it is y’know really
34       hard to (0.5).hhhh h. to keep all thoughtshh
35       (. right (.)) in some way in one’s brain when
36       i:t (.). gets li:ke_that.
37       (0.4)
38  CLT: hhh Like:::, even if you (2.2) <reallise> in
39       some way this- that this is the be- †best maybe
40       for all of you.
41       (0.7)
42  CLR: Y#es.
43       (2.1)
44  CLR: .hhh We’ll_yes I guess it feels like that.
DISCUSSION

In using the concepts of stance and affiliation to examine how call-takers reframe experiences related to suicidal ideation, this article provides a new approach to answering the question of how people make sense of their experiences in terms of health and illness (cf. Williams & Jones, 2017). The analysis highlights that, as Goffman (1974) has argued, experience is vulnerable to reframing and shows how recipients can use this vulnerability as a resource in critical moments. Hereby, the study contributes to sociological suicide prevention research by complementing an ideal model of conversation (be supportive, show empathy and respect; Mishara et al., 2007), common in psychology, with detailed and contextually anchored real-life examples.

In medical sociology, CA has primarily been used for studying actions and activities (e.g. Gill et al., 2010; cf. Sidnell & Stivers, 2014). The study of health experiences has, instead, predominantly relied on interviews and interpretative analyses (Lawton, 2003; cf. Owens et al., 2008; Williams & Jones, 2017). While these approaches have the benefit of shedding light on the views of patients, this article shows that by drawing on CA to examine experience recognition—how people frame and reframe experiences (cf. Iversen, 2018)—we can understand sense-making of health experiences as a collaborative effort involving several participatory roles. In the current study, a single focus on callers would have provided insight into the reasoning involved in suicidal ideation (trying and failing as hopelessness), but not shown the meanings emerging from the encounter—how the participants together actually made sense of suicidal ideation. Thus, by acknowledging the details of how participants in interaction build their turns, accomplish a stance, and respond to one another, the conversation analytic approach opens a window to see how certain framings of an experience, such as hopelessness, can be supported or contested by other social meanings.

Specifically, the article demonstrates that framing a difficult experience in terms of feelings is a cultural resource that people can draw on to counter a framing of the experience as hopelessness, because feeling formulations treat the caller’s version as valid, but downplays its lasting implications (cf. Edwards, 1999). Showing this, the analysis unpacks the central aspect of empathy in call-takers’ responses: accepting the severity of the caller’s experience. This finding adds to research on how people negotiate the legitimacy of health experiences (e.g. Gill et al., 2010; Horne and Wiggins, 2009). By treating suicidal ideation as legitimate feelings in a difficult situation, call-takers’ feeling formulations demonstrated the access that afforded them rights to understand callers’ experiences and offer an alternative (cf. Heritage, 2011; Weiste et al., 2015). In contrast, when they suggested that the callers’ situations were more positive than the callers had realised, the callers pursued an explanation of their hopelessness. By showing how feeling formulations enable call-takers to display empathy while subtly offering an alternative view, the analysis adds to studies of formulations in counselling (e.g. Stommel & van der Houwen, 2013; Weiste & Peräkylä, 2013), and studies on how suicide preventive actions can be grounded in clients’ own definitions of their problems (e.g. Miller, 2013; Sikveland et al., 2019).

To conclude, the analysis of critical moments in suicide helpline calls, in which call-takers’ re-framing of callers’ experience is potentially a matter of life and death, showcases the way CA can help us understand how people make sense of experiences as a thoroughly social phenomenon. Rather than providing a basis to always recommend the use of feeling formulations in response to suicidal ideation, the findings explicate why this practice can engender a positive development while the formulations of ambivalence do not. By contextualising these sense-making practices, CA highlights that call-takers need to respond to what the callers do when they describe or display suicidal ideation. This perspective is important in many fields because it informs us about
the way various framings work in interaction. In particular, it highlights the practical relevance of a sociological perspective in suicide prevention.

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**AUTHOR CONTRIBUTIONS**

*Clara Iversen:* Conceptualization (lead); data curation (lead); formal analysis (lead); funding acquisition (lead); investigation (lead); methodology (lead); project administration (lead); resources (lead); software (lead); supervision (lead); validation (lead); visualization (lead); writing-original draft (lead); writing-review & editing (lead).

**DATA AVAILABILITY STATEMENT**

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

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**SUPPORTING INFORMATION**

Additional supporting information may be found in the online version of the article at the publisher’s website.

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