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ARTICLE

The subjective and objective side of helplessness: Navigating between reassurance and risk management when people seek help for suicidal others

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Abstract

Social psychologists interested in interaction have demonstrated that help-seeking is a fruitful area for understanding how people relate to one another, but there is insufficient knowledge on how people navigate emotional involvement in help activities. Drawing on discursive psychology and conversation analysis, this article examines third-party calls to a crisis helpline, with emergency calls as a point of comparison, to see how participants manage emotional involvement related to callers' concerns for others. The analysis unpacks how participants orient to helplessness—callers' uncertainty and inability to move forward—as justifying a focus on the at-risk person or on the caller's emotions. While dispatchers at emergency centres work to get pertinent information to send help, call-takers at the crisis helpline are trained to offer emotional support. In the latter case, a caller's displays of helplessness may be treated as a sign of danger for the person at-risk, but it can also be taken as a disposition to worry, warranting a focus on the caller's emotional state. Showing how participants manage this challenge as they navigate 'whom to help', the paper contributes to research on the accomplishment of subjectivity and objectivity and demonstrates the utility of this framework in suicide prevention.

KEYWORDS

conversation analysis, discursive psychology, helplines, help-seeking, object-side, subject-side, suicide

INTRODUCTION

Social psychologists have demonstrated that a discursive approach to help-seeking sheds light on the intricate work that people perform as they establish that help is warranted (Potter, 2012; Tennent, 2021a; Weatherall & Stubbe, 2015). As prior research demonstrates, seeking help even in emergency and helpline calls is not straightforward, placing call-takers in a position of having to determine whether a caller's request for help is genuine and relevant to their service (Antaki & Bloch, 2020; Weatherall et al., 2016). This can be a challenge because callers sometimes make indirect requests for help, for example, in domestic violence cases with a co-present perpetrator (Stokoe & Richardson, 2023). Studies in conversation analysis (CA) and discursive psychology (DP) have offered a rich empirical ground for understanding how people manage such interactional challenges by explicating the practices through which help becomes the relevant focal action in the interaction (cf. Bloch & Leydon, 2019). In the current study, we build on this research to examine how third-party callers seek help for suicidal others.

Suicide preventive research has acknowledged that persons at risk of suicide may not seek help themselves and that suicide prevention, therefore, must target those who meet at-risk persons (Bryan, 2021; Mishara et al., 2005). This research shows that for people close to suicidal others, the needs of the at-risk person can be difficult to distinguish from one's own. Based on interviews and surveys, these studies have approached the needs of the at-risk person and the person seeking help as psychological matters (Mishara et al., 2005; Pereira & Campos, 2022), thereby overlooking the interactional challenges involved as people voice their concerns for suicidal others.

By examining the natural unfolding of emergency calls and crisis helplines with persons calling about a non-present (third) party, we offer knowledge about how people navigate emotional involvement as they establish what is happening and to whom. Research on helpline support for third parties—people calling for a non-present other—is still scarce, but a recent US-based study suggests that third parties represent 25% of callers (Gould et al., 2022). Crisis helplines are often staffed by volunteers and offer emotional support and someone to talk to as their key service (Markham et al., 2020). This contrasts with emergency lines, where call-takers are expected to assess risk and send help to individuals in need (Kevoe-Feldman & Iversen, 2022). By comparing these two settings, we show how others' suicidality is made sense of in institutional settings that focus on supporting the caller emotionally versus sending help to the at-risk person.

In particular, we contribute knowledge on the role of callers' helplessness in terms of their uncertainty and inability to resolve their problems. Research on interaction in emergency and helpline calls has shown that people deal with uncertainty as a problem regarding knowledge and entitlement to ask for help (Fele, 2014; Tennent, 2021b). We advance this research by unpacking how third-party callers and call-takers navigate the epistemic and emotional elements linked to uncertainty and inability. By demonstrating how the participants deal with subjective involvement in descriptions of potentially objective danger, we develop social psychological research on the relation between subject and object—self and other—(cf. Edwards, 1997; Edwards & Potter, 2017) in help-seeking and help-giving. Finally, we discuss the usefulness of this framework in suicide prevention involving third parties.

Establishing suicidality as interactional work

Previous research on help-seeking has shed light on the interactional work required to decide who the involved parties are to one another and what help is needed (Whalen & Zimmerman, 1990). The topic of suicide risk behaviour may accentuate the delicacy and difficulty of this interactional work since one of the challenges of suicide prevention is interpreting a link between behaviour and suicidal intention (Gunnell & Ashby, 2004; Owen et al., 2012; Wasserman, 2004). In his foundational work on calls to the Los Angeles Suicide Prevention Center, Sacks (1967: 220) highlights how callers and call-takers are careful in interpreting suicidality; they orient to the possibility of third parties being misguided when they describe behaviour as suicidal. The following example is a case in point where the call-taker's

question to a third-party caller is dealing with the seriousness of the situation. The caller orients to uncertainty on how to interpret the at-risk person's mood, initially accrediting it as 'part of an act.' (case from Sacks, 1967: 211).

Former girlfriend in regard to an avowed suicidal man	
S1	Do you know if he's had this kind of mood before?
C1	Not like that, no. But I mean as I tried to mention before, at first I thought that this was all part of an act.

By mentioning, 'At first I thought' the caller shows that her calling for help is not based on disposition to worry, thus producing her concern as warranted (cf. Jefferson, 2004a; Sacks, 1967); rather than looking for signs of suicidality, she had to accept that the suicidal behaviour was not an act (cf. Smith, 1978). Work in DP has conceptualized how members manage subject-object relations in this way (Edwards, 1997: 61; 2007). While a subjective stance, such as uncertainty or worry, can undermine a description's objective status, it can also be treated as a sensible reaction to an uncertain reality (cf. Edwards, 1997: 51). Orientations to experiences as subjectively or objectively based are relevant for studying how third-party callers and call-takers establish the central problem.

Studies that have examined the subject-side of help-seeking have shown that callers invoke worry or concern to demonstrate the call's seriousness and appropriateness for the institution (Nishizaka, 2017; Potter & Hepburn, 2003). This research has predominantly shown how worry is connected to knowledge, and the emotional side tends to be downplayed; worry is treated as unnecessary when knowledge has been gained (Flinkfeldt, 2020). Although there is less work on institutional responses to uncertainty as an emotional stance, a recent study in palliative paediatric care noted that doctors' and nurses' reassurance is a valid response when parents are uncertain about their children's treatment (cf. Sansone et al., 2022).

Entitlement and help-seeking

Help-seeking is strongly connected to entitlement. For instance, in medical encounters, patients work to establish their problems as worthy of medical attention and doctors generally attend to 'doctorable' problems as easily managed with medical competencies (Heritage & Robinson, 2006). Similarly, research on emergency calls has shown that the help provided is conditional on callers' establishment of the right to seek help: Callers need to report what they have observed, their categorization of the observed and their status vis-a-vis the observation (cf. Fele, 2014; Sharrock & Turner, 1978; Whalen & Zimmerman, 1990, p. 477). Fele (2014) demonstrates that a caller's uncertainty can be grounds for call-takers dismissing emergency calls. However, if uncertainty is justified as the best knowledge available in a serious situation, requests for emergency assistance can still be treated as valid.

Credibility is also conveyed as a type of entitlement to help others, specifically those who have a relationship with one another. Relationships, such as parent–child, married partners and friends, are part of membership categories that carry commonsense knowledge about the social and moral normative activities of different kinds of people (Sacks, 1972). Sacks (1972) has shown that first-party callers phoning a crisis line orient to the obligation of intimates to offer help: they treated *the absence* of close others as a reason to feel suicidal. Research on a victim support helpline also shows that relatives orient to this norm by accounting for why they cannot provide help (Tennent, 2021b). In addition, call-takers may receive requests for advice but lack professional mandate to give it (Antaki & Bloch, 2020). In this sense, people who seek or offer help need to establish entitlement related to stance (how they design help-related actions) and status (who the interlocutors are to one another; Clayman & Heritage, 2014). If they fail, the call-taker might respond with requests for clarifications rather than deal with the reported trouble (Whalen & Zimmerman, 1990).

Thus, prior research has shown how people seeking help present their cases, show entitlement to ask for help and provide it (Bloch & Leydon, 2019). While this research has identified how membership categories provide callers with rights and responsibilities to know about the situation, ask for and provide help, less is known about how people manage emotional involvement and the reporting of objective facts in settings where emotional support is valid. By examining how participants navigate between third-party callers' entitlement to get help and support for the at-risk person and their own emotional distress, our study sheds light on subject-object relations in two institutional settings with different tasks related to suicide prevention. Such nuances of seeking help for others is an under-investigated area that could lead to valuable insight on methods for improving suicide prevention through third parties.

DATA AND METHODS

We draw on 30 third-party calls to a Swedish crisis helpline and 10 third-party suicide calls to a US 911 emergency call centre. The Swedish helpline differs from many US crisis lines since the latter often aim to intervene in cases of high suicide risk. By contrast, the Swedish helpline is more like the UK Samaritans (cf. Mishara & Weisstub, 2010) and does not have a rescue policy. Instead, the guidelines instruct call-takers to encourage callers to contact emergency if needed (cf. Kevoe-Feldman & Iversen, 2022). The institutional guidelines in 911 calls prioritize collecting information about the caller's location and the nature of the emergency to dispatch the appropriate form of help. Regarding suicidal callers, the policy instructs call-takers to dispatch response units quickly and talk with the person until help arrives. Thus, while we do not compare national differences, the institutional differences make Swedish crisis helpline calls and US emergency calls suitable for studying how call-takers responding to third-party callers navigate between emotional support to the caller and support to the at-risk person.

Callers to helplines are usually first-party callers who phone to talk about their troubles (e.g., Pollock et al., 2012). Callers to emergency lines are generally first or second-party callers, where the second-party caller is phoning to help someone unable to speak for themselves (Clawson et al., 2003). Third-party callers must work to establish who needs assistance and how they know about the emergency (Whalen & Zimmerman, 1990).

The focus on emotional support and help to the at-risk person emerged during data sessions where we initially analysed third-party calls from different settings inductively. Rather than seeing emotions as inner objects that influence behaviour, we investigate discursive practices as primary (Stokoe et al., 2012), situating them within the social, physical, and institutional contexts of what is going on for participants (Potter, 2012). The examples were transcribed in detail, using CA conventions (Jefferson, 2004b) that enable analysis of interactional details such as overlap, sighing, crying and intonation, which is important when people communicate and respond to descriptions and displays of experiences (Stivers et al., 2011). We then used CA and DP to analyse aspects of turn design and action sequences where the nuances of alignment or misalignment with institutional goals became manifest (Sidnell & Stivers, 2013). Finally, we have examined how participants communicated and responded to stances. In the Swedish examples, the transcripts include idiomatic translations into English.

The Regional Ethics Board approved the data collection for the suicide helpline and participants consented to having their calls recorded (Dnr 2017/510). Human Subject Review and the participating emergency dispatch centre approved the data collection for the 911 calls. All identifying information, participants' names, institutional affiliation and location information are redacted to protect their identities.

ANALYSIS

Third-party callers' problem reports in emergency and crisis helpline calls involve displays of helplessness—being unable and uncertain of how to move forward. While demonstrations of helplessness justify reaching out to each respective support service, they carry an inherent ambiguity: Being helpless can be treated as an objective fact, stressing the seriousness of the situation for the suicidal person, but it can also be treated as a subjective problem, warranting emotional support to a caller in distress. Throughout the analysis, we consider how callers and call-takers manage this interactional problem, establishing the activity as recruiting help for the at-risk person or emotionally supporting the caller. We start with two sections showing the straightforward focus on the at-risk person in emergency calls and the more ambiguous recruitments in helpline calls. After this, we focus on helpline calls, showing how call-takers navigate different needs and then how participants misalign over the focus on the at-risk person or callers themselves.

Recruiting help as a third party

When a third-party caller contacts emergency service about a possible suicidal person, the call participants work to establish how the caller came to know about the problem. In Extract 1, the caller deploys a family relationship as a membership categorization device (Sacks, 1972) to describe how she came to learn about the emergency and her authority for calling. Our focus is on how the call-taker then treats this call as a request for help to the at-risk person.

Extract 1 Suicide text—Emergency call

01	DIS:	Police 911, this line is
02		recorded. Where is your emergency?
03	CLR:	↑↑I got a call from my aunt=.shih=that she
04		told me that my mom had texted my family
05		te~lling her that she was committing su~icide,↑↑
06		.shih ↑↑And I haven't been able to get ahold of her
07		all morning.=Her phone just keeps ringing
08		and [I'm not home.↑↑
09	DIS:	[Right, °so your mom, <your mom texted
10		your aunt> saying that she was going to commit suicide?°
11	CLR:	Yeah. [And I'm not home.
12	DIS:	[Where does your mom live?

As part of her reason for calling, the caller begins by reporting her inability to reach her possibly suicidal mother, 'I haven't been able to get hold of her all morning' (lines 6–7) before calling for help. The extreme case formulation 'all morning' (line 7) contributes to her display of helplessness since it demonstrates her total efforts without any results (cf. Pomerantz, 1986). She further accounts for her inability to provide help herself ('I'm not home' line 8) and limited knowledge about the at-risk person's current state ('Her phone just keeps ringing' line 7). Throughout the report, she is hearably emotional with a wet sniff from crying (lines 3, 6) and a raised and wobbly voice (lines 3–6; cf. Hepburn, 2004).

The caller's emotional delivery, her mother being suicidal and her display of helplessness—having exhausted all options—accounts for her call to enlist professional help (cf. Hepburn & Potter, 2012). Edwards (1999: 276) has shown how a person's display of emotions can be treated as signs of who they are or as related to the events that caused the emotions. In the current situation, the caller's

emotions are unattended to, thereby being treated by both the caller and call-taker as a normal reaction to the emergency. The caller's crying does not prevent her from presenting vital information (cf. Wheatherall, 2021); she offers straightforward details of what she knows without interpretation ('I got a call from my aunt', line 3 'she told me' lines 3–4, 'my mom had texted' line 4). Thus, she orients to the importance of getting the facts right. The report 'telling her that she was committing suicide' (line 5) projects an in-progress matter that increases a sense of urgency regarding her mother's suicidal intentions. Thus, the call-taker's uptake, focusing on the needs of the at-risk person by re-confirming how the caller learned about her mother's suicide threat (lines 9–10) and asking for pertinent information required for dispatching assistance, are fitted actions to the caller's problem report (line 12). Extract 1 exemplifies the recipient design of a request for help for a third-party suicidal person, fitted to the emergency call-taking agenda of intervening with practical help to prevent suicide.

In Extract 2, the caller also conveys elements of uncertainty about the intentions of her 'son' (line 3) and inability to do more herself, thereby justifying her call for help.

Extract 2 Call Son suicidal—Emergency Call

01	DIS:	(location) Nine one one. Where is your emergency.
02	CLR:	Hi? I believe it is unit five Mercer Stree:t. It is
03		my: son ((son's name)) my name is ((mothers name)), I
04		live in ((state)) and he attends Union State College.
05		.hh He is with his girlfrie:nd in an apar:tment an'
06		it's across from ah- I b'lieve it's uh:m above uh:
07		insurance or 'er real estate uh:m I belive it's Mercer
08		Street apartment fi:ve¿ Uh:mm=hh it's owned by ((redacted name:))
09		uh:m I can't remember her last name but he has texted
10		suicidal thoughts an:d there's a lot of commotion I
11		don't know what he's trying t'do but I think he's
12		trying t- to hurt himself.
13		(0.2)
14	CLR:	An' [he's ( )]
15	DIS:	[Okay. So he-] (0.2) He's:- is it- does he li:ve ah:t
16		Union State College¿

In institutional settings such as 911, the location of the emergency is essential for the provision of service, and in this case, the call-taker seeks the location as the first order of business (line 1). Like Extract 1, the caller indicates she is removed from the emergency, which accounts for her helplessness in terms of inability to provide help or provide more detailed knowledge (cf. Tennent, 2021a). Moreover, we notice how the caller is careful to distinguish between what she knows ('he has texted suicidal thoughts' lines 9–10) and what she thinks ('I don't know what he's trying t'do' lines 10–11) about her son's potential threats. While the caller's display of uncertainty about her son's intentions could undermine the report's facticity (Edwards, 1997: 57), it is attended to as an object-side matter—what it says about the situation for the at-risk person—as the call-taker works to confirm an address to send responding officers (data not shown).

Thus, these two examples from emergency calls show how callers are epistemically cautious about getting the facts right and their display of helplessness—inability to act or know how to act and uncertainty of the situation—as a way to legitimize asking for help. Their problem reports are responded to in relation to implications for the at-risk persons as call-takers ask questions that will enable them to send appropriate help. In the next section, we turn to helpline calls, an institutional setting where sending proper help is not a service. We will see how similar displays of helplessness become ambiguous as to whether they are treated as relevant to describing an objectively dangerous situation or warrant a focus on the experiencing subject.

Ambiguous recruitments

The first example comes from the opening of a comparatively straightforward call, which closes after 5 min with a recommendation from the call-taker to contact emergency services, thus focusing on help to the at-risk person. We start with the caller's initial problem presentation.

Extract 3a Personal development course—Helpline call		
01		**(0.7)**
02	CLT:	Välkommen till ((organization)) h.
		Welcome to ((organization))
03		**(0.8)**
04	CLR:	>Ja hejsan,<
		>Yeah hi,<
05		**(0.6)**
06		[e::: mitt- (.) Hej mitt
		[e::: my- (.) Hi my
07	CLT:	[Hej.
		[Hi
08	CLR:	namn e ((borttaget))=>ja ringer
		name is ((redacted))=I'm calling
09		angående en< (.) kompis som har under
		about a< (.) friend who has during
10		eftermiddan skickat lite konstiga essemess=
		the afternoon sent a bit strange texts=
11		=>eller konstiga=konstiga< men han har (.) .h
		=>or strange=strange< but he has (.) .h
12		(0.4) >nämnt i slutet att han inte står ut<
		(0.4) >mentioned in the end that he can't stand it<
13		å tänker begå självmo::rdhh.
		and plans to commit suici::dehh.

The caller specifies his motivation for the call as having received 'a bit strange texts=or strange strange' (lines 10–11). The assessment 'strange' problematizes the friend's texts, but the caller's orientation to uncertainty is how he avoids a specific interpretation (cf. Iversen & Evaldsson, 2020). Hedging 'strange' with 'a bit' further contributes to the cautious delivery. Research has shown that people orient to uncertainty in cases where explanations can make them sound prone to draw far-fetched or prejudiced conclusions (Edwards, 2005; Jefferson, 2004a, 2004b; Wooffitt, 1992). The repair, which lands in a version devoid of evaluation, 'he mentioned in the end that he can't stand it and plans to commit suici::dehh'. (lines 12–13), shows an orientation to the priority of offering what he knows, not interpretations. Thus, his initial problem report focuses on the objective, factual elements of the situation—what his friend has done.

In the emergency calls, we saw how, at the possible completion of the caller's report, the call-taker treated the report as a request for service to the at-risk person by asking information-seeking questions about that person. In contrast, the helpline call-takers generally wait for callers to make explicit requests. In this call, the call-taker produces a continuer at line 14 below, thereby withholding a turn at talk to allow the caller to continue (cf. Schegloff, 1982).

Extract 3b Personal development course—Helpline call		
14	CLT:	°**Mm**°,
15	CLR:	E::: och ja har försökt nå: den här
		E::: and I have tried to rea:ch this
16		personen men- men e:: både med essemess nu
		person but- but e:: both with texts now
17		å telefo::n å även ringt hem till han=han
		and pho::ne and also called home to him=he
18		bor fortfarande hemma,
		still lives at home,
19		**(.)**
20	CLT:	**M:[m.**
21	CLR:	[Men får inte tag på honom=>så ja lite
		[**But ((I)) can't get hold of him=>so I kind of**
22		tänkte hur man (.) va kan man mer
		thought how one (.) what more can one
23		ag(h)er(h)a lik(h)som.
		d(h)o ki(h)nd of.

Referring again to the at-risk person, the caller shifts to a less specific reference form, moving from 'friend' to 'this person' (line 16), thereby casting himself as a more distant acquaintance (cf. Sacks & Schegloff, 2007). By distancing himself, the caller plays down his emotional and epistemic access to the at-risk person. Like the caller in Extract 1, he reports his failed attempt to contact the at-risk person (lines 15–18; 21), showing how he acted responsibly in an urgent situation, but is unable to do more. Thus, by including a compact and detailed description of his knowledge and its limits, the caller formulates a problem focusing on the at-risk person. The call-taker produces another continuer and in overlap, the caller concludes the problem as 'but I can't get hold of him' (line 21) and explicitly asks, 'what more can one do' (lines 22–23). This question is ambiguously designed: On the one hand, the caller presents his subjective process ('so I kind of thought'), which frames the question as reflective, relaxing the requirements for an answer. On the other hand, the caller's problem presentation demonstrates helplessness in that he has exhausted all his options and his knowledge, which recruits the call-taker to help (Kendrick & Drew, 2014).

In Extract 4, we see a similar account from a person who also has identified as a friend to a person who has sent her suicide texts:

Extract 4 Facebook—Helpline call		
15	CLR:	E::: och nu har ja inte fått tag på honom
		E::: and now I haven't been able to reach him
16		idag, .shih oche: (0.8) jag (.)
		today, .shih and: (0.8) I (.)
17	CLT:	**M.**
18		**(0.5)**
19	CLR:	**.shih**
20		**(1.2)**
21	CLR:	Vet inte riktigt va ja ska gö:ra=om det
		Don't really know what to do=if there
22		finns nåt sätt att liksom (2.3) e::
		is some way to like (2.3) e::

23		agera eller så här, **act or so,**
24		**(1.2)**

Like Extract 3a/b, this caller reports having tried and failed to contact the at-risk person and conveys uncertainty about how to manage this situation. We find this two-part display of helplessness similar across emergency and crisis helplines. There is, however, a difference between the institutional settings in how call-takers engage with callers. Specifically, in helpline calls, call-takers encourage callers to elaborate, which then invites callers to bring their subjective stance into the problem descriptions: 'so I kind of thought' (Extract 3b, lines 21–22), 'don't really know what to do' (Extract 4, line 21). Callers foregrounding their subjective stance makes the focus of the call more ambiguous as to whom needs help; it implies that the report is potentially a version among others (Edwards, 1997: 178; Smith, 1978), projecting that there is more to explore about the callers thinking and (not) knowing before addressing the at-risk persons' situation. In the following section, we will see how call-takers in the helpline setting work to unpack this situation.

Navigating callers' needs

We begin with Extract 5a, a continuation of the call from Extract 3a/b. Towards the end of the caller's problem presentation, he asks, 'what more can one do kind of' (Extract 3b, lines 22–23), producing his turn as complete, making relevant the call-taker's next move.

Extract 5a Personal development course—Helpline Call (Continue from Extract 3a/b)		
24		**(1.4)**
25	CLR:	**tch. E::m**
26		**(0.6)**
27	CLT:	Jah:: (.) <de e ju jättejättejättesvårt>=hur **Well (.) <that's of course really really really hard=how**
28		gammal e din kompis asså han e mynd[ig **old is your friend, that is, he is a le[gal adult**
29	CLR:	[Ae ja e ju f- (.) **[Well I am y'know f- (.)**

Initially, the call-taker remains silent (lines 24–26), allowing more space for the caller to continue. Then she offers assurance in the form of an upshot assessment of the caller's reported trouble ('That's of course really really really hard' line 27). With this extremized assessment, the call-taker focuses on, and legitimizes, the caller's subjective stance. Her response thereby enacts the institutional business of the helpline, aligning with the caller as someone needing support rather than recruiting advice or help to deal with the at-risk person. In addition, the assessment can be heard as orienting to the institutional unpreparedness for dealing with the caller's problem (cf. Antaki & Bloch, 2020). She then asks demographic questions about the at-risk person (lines 27–28). Such questions are part of an emergency call-taker's routine questions, which are relevant for interventions and first responders. In this sense, after dealing with his question's emotional import, the call-taker attends to its implications for the at-risk person. The caller delays his answer to this question by first accounting for his relationship with the person at-risk (of which we see the beginning in line 29).

After a few minutes of talk where the caller has accounted for his relationship to and worries about the at-risk person and his inability to get to him, the call-taker provides a summarizing assessment of the situation, then suggests contacting the police and social services as an alternative:

Extract 5b		
01	CLT:	Nej de e ju väldit tuff situation för dej
		No it's of course a really tough situation for you
02		måste ja säga (1.3) e::: å de e svårt å
		I must say (1.3) e::: and it's hard to
03		veta hur du ska göra men mene: (.) asså å
		know how you should do but bu:t (.) y'know and
04		å sen beror de- (.) sen så är de ju mycke
		and then it depends- (.) then it's of course a lot
05		hur (.) stor din oro ä=ä de verkligen så
		how big your worry is=is it really what
06		som du tror så kan du ju alltid koppla in
		you think then you can always involve
07		polis å socialtjänst å=
		police and social social services and=
08	CLR:	=A ja tänkte kan man göra de att dom kan
		=Yeah I thought can you do that that they can
09		[bara knacka-
		[just knock
10	CLT:	[De e absolut-
		[That's absolutely-

The call-taker's assessment focuses on the caller, 'a really tough situation for you' (line 1) and reorients to her previous assessment about the difficulty of handling the situation (line 3). Thus, the call-taker offers a description of the caller as helpless, involving inability to act and uncertainty. When she provides a possible suggestion, 'you can always involve police and social services' (lines 6–7), this is conditioned on the caller's emotional state (line 5) and his judgement (lines 5–6). Her epistemic qualification, 'is it really what you think' (lines 5–6) takes an agnostic stance to whether the caller's worry is actually pointing to an objective reality (cf. Edwards, 1997: 170). The call-taker also orients to her lack of professional entitlement to provide advice and offers her suggestion as *in principle*, 'you can always' (line 9), not personalized (cf. Antaki & Bloch, 2020). This is non-intrusive and claims no expert rights as it constitutes the call-taker as a mere reporter on advice (Silverman, 1997: 171). Thus, while she offers a careful suggestion, the general format avoids responsibility for saying what to do in this high-stakes situation. The caller's helplessness is thus treated both as a subjective state warranting acknowledgement and as *potentially* relevant for the at-risk person's objective needs.

The caller quickly picks this up as advice in line with his previous thinking (line 9), and the call-taker confirms (line 10). By referring to the call-taker's suggestion as responding to his previous thoughts, the caller treats advice as the service he was seeking. Soon after this exchange, the call is terminated. A key feature in this helpline call is that while the call-taker invites subjective talk, acknowledging the emotional import of the caller's situation, the participants continuously return to the at-risk person's well-being throughout the call. Through the call-taker's suggestions and caller's acceptance, the focal action centres on a request for advice over caller support.

In contrast to the above example, we will now examine two cases where the caller and call-taker misalign over whom to help. First, we examine the call previously seen in Extract 4. Here, the caller is pursuing a focus on the at-risk person, while the call-taker treats the call as concerned with the caller's emotional state. We join the call as the caller describes the difficulty of talking to the at-risk person about seeking professional help:

Extract 6a Facebook—Helpline call		
01	CLR:	å då han svara bara ”näej” .hh kort sådär.
		and then he just answered “no” .hh short like that
02		**(0.5)**
03	CLT:	Mm:, [mm nä för de: de ä ju hans liv så
		Mm:, [mm no ‘cause i:t it's y’know his life so
04	CLR:	[mm å .shih
		[mm and .shih
05	CLT:	för dej/där e de ju viktigt att du tar (.) hand om
		’cause there it's y’know important that you take (.) care of
06		dina känslor du- du e[blir ju väldigt engagerad
		your feelings you- you e [get y’know very invested
07	CLR:	**[mm**
08	CLT:	i de här=mår jätte[dåligt av de tydligen
		in this=feel really_[bad about this apparently
09	CLR:	**[Mm,**
10		**(0.5)**
11	CLR:	**Mm:,**
12		**(.)**
13	CLT:	Så du måste va lite rädd om (.) om dej själv
		So you have to be a bit cautious with with yourself
14		för han [uttrycker kanske inte
		‘cause he might not be [expressing
15	CLR:	**[A:a,**
16	CLT:	(.) de som du lägger i de.
		(.) what you’re putting into it.
17		**(0.8)**
18	CLR:	Nä:e,
		N:o,

While the caller has described her friend's resistance for help as a sign of how bad he feels (of which we see the end in line 1), the call-taker treats the caller's helplessness in affecting him or knowing what to do as the caller's emotional problem. The call-taker's, ‘mm mm No ‘cause it it's y'know his life so’ (line 3) pushes back on what the caller possibly criticizes about her friend choosing not to have professional help, and then, in the same turn, shifts the focus to the caller's mental state. When the call-taker says, ‘You get y'know very invested in this, feel really bad about this apparently’ (lines 6–8), she focuses on what the caller has said about the at-risk person regarding what it says about the caller (cf. Edwards, 2007). Pointing out that the caller is subjectively involved and giving advice about managing her feelings (lines 5, 13), she treats this, rather than the at-risk person's situation, as the helplineable problem. Unlike what we saw in Extracts 1 and 2, the caller's helplessness is thus treated as illegitimate emotions rather than sensible reactions in an urgent situation (cf. Edwards, 1997: 170).

The caller aligns with the call-taker's assessment but does not take the chance to elaborate on her experience. As the call-taker continues (lines 13–16), she questions the validity of the caller's report. That is, by distinguishing between what the at-risk person expresses and what the caller is ‘putting into it’ (line 16), the call-taker treats the caller's worry as misguided (cf. Sacks, 1967). Her tactic of offering another perspective is something volunteers at the helpline train for and implement when they work to get callers to see another side of a story (Iversen, 2021). The caller agrees and says that she recognizes that being with her friend takes a lot of energy (data not shown) but then produces a contrast starting at line 2:

Extract 6b Facebook—Helpline call		
02	CLR:	Ja blev bara så oroli nu, (.) för att
		I just got so worried now, (.) 'cause
03		nu känns de verklien <extre::mt> just
		now it feels really <extre::me> y'know
04		att han skrev (.) dom där grejerna (.)
		that he wrote (.) those things (.)
05		e::: och (.) sen (.) inak- tivera sin facebook.
		e::: and (.) then (.) deac- tivated his facebook.
06		**(0.7)**

The caller agrees that she must take care of herself, but she works to redirect the focus back to the at-risk person by pursuing an emergency agenda 'cause now it feels really extreme' (lines 3–4) and repeating factual examples: 'he wrote those things' (line 4) and 'deactivated his Facebook' (line 5). By grounding her subjective state in objectively changed circumstances, she ascribes her emotions to the external reality of her friend's heightened suicide risk, not her own disposition to worry (cf. Edwards, 1999). Thereby, the caller resists the project of focusing on her emotions. As this call continues, the caller seeks advice on whether she should attempt to knock on her friend's door or call the police while the call-taker tries to redirect the caller to talk about her emotional state (data not shown). The caller and call-taker thus misalign over whether her helplessness is objectively motivated by the risk of her friend ending his life or a subject-side problem that warrants emotional exploration.

Finally, we examine a call from a caller presenting as a mother to a son who is not answering his phone. Like the other callers, the caller's problem report has been ambiguous: she has cried and said that she does not know what to do, which is common in calls with first parties and can be understood as constructing empathic opportunities (cf. Hepburn & Potter, 2012). On the other hand, she has also said that she wants help estimating her son's behaviour, which recruits the call-taker as a suicide expert. We join the call 4 min in when the caller reports that her son has sent her a suicide letter. In response, the call-taker initially offers an assessment, tending to the emotional side of the caller's experience (line 6). Our focus is on what happens next: how, without the caller making a request, the call-taker shifts his focus to the at-risk party when he says, 'I'm thinking like this' (lines 7–8):

Extract 7a Estimate—Helpline Call		
01	CLR:	I onsdags hade han skickat sitt första
		This wednesday he had sent me his first
02		självmordsbrev om hur han skulle göra å
		suicide letter about how he would do and
03		↑↑de har han inte gjo[rt förut å↑↑
		↑↑he hasn't do[ne that before and↑↑
04	CLT:	**[Mm**
05		**(0.7)**
06	CLT:	.hh e:: Nej de e inte rolit=.hh asså ja t- ja
		.hh e:: No that's no fun=.hh y'know I'm th- I'm
07		tänker så här att de e- som ja förstår
		thinking like this that it i- as I understand
08		dej så så ka:::n de här eventuellt va nåt akut och
		you it it this ca::n possibly be something acute and
09		e (0.4) Du får inte tag på honom på hans telefo:n
		e (0.4) You can't reach him on his pho:ne

10		förstår ja, **I take it,**

The caller's report is ambiguously related to the construction of an urgent situation by presenting an extreme action (sending a suicide letter) as the 'first' in a list (line 1). As the call-taker shifts focus to the at-risk person, he begins to unpack his interpretation of the caller's concerns carefully 'as I understand' (line 7), showing that his assessment is based on mediated information before assessing the situation as 'possibly something acute' (line 8). The call-taker's question then displays his move from giving support to offering advice about requesting emergency assistance. After establishing that the caller is helpless because she has not reached her son or can go to his home (of which we see the beginning in lines 9–10), the call-taker treats it as an object-side matter and cautiously offers advice, formulating it based on the caller's assessment:

Extract 7b Nurse—Helpline Call (continuation of Extract 5 above)		
19	CLT:	Näej, (.) euh (.) men om du bedömer att de här **No, (.) euh (.) but if you assess that this**
20		kan va:: (.) eh riktigt akut nu så ka::nske du **could be:: (.) eh really acute now then ma::ybe you**
21		borde (.) kontakta (.) polisen¿ **should (.) contact (.) the police¿**
22		**(0.6)**
23	CLR:	Å ä:: de då inte akut utan att han bara ligger å **And i::s it then not acute but him just lying there**
24		sover här, (.) **sleeping, (.)**
25	CLT:	**E:::[:**
26	CLR:	[Då blir de katasto::f vettu **[Then it becomes a catastro::phe y'know**

In lines 19–20, the call-taker advises, 'but if you assess that this could be acute now, then maybe you should contact the police?', treating the main problem as the at-risk person being in danger. Thus, similar to Extract 5b, the call-taker carefully designs his advice as contingent on the caller's judgement (cf. Antaki & Bloch, 2020). Notice, however, the 0.6-second gap (line 22) following the call-taker's turn. The caller resists with a counter scenario (lines 23–24), essentially rejecting the advice to contact police. She treats the situation as hypothetically non-acute, 'just lying there sleeping' (lines 23–24) and her taking up the call-taker's suggestion as hypothetically accelerating the gravity of the problem: 'Then it becomes a catastrophe' (line 26). Resisting the call-taker's advice, she orients to her own helplessness as an emotional problem to which there is no practical solution, thereby making available an opportunity for the call-taker to address her subject-side concern. As this call continues, the caller treats the call-taker as not having understood the purpose of her call (not shown). The call-taker pursues getting the caller to contact the police four more times, saying that they need to deal with her emotions at another time, while the caller continues to resist. By the end of the call, she agrees to 'get myself over there', words that orient to her independent agency to decide and the situation's lack of urgency.

Our analysis shows that in third-party calls about suicidal friends and family to emergency and helpline centres, the problem presentations are quite similar: Displays of uncertainty about what is happening and what the caller should do, as well as inability to do more, are part of demonstrating the callers having acted responsibly, the urgency of the situation and, consequently, the callers' entitlement to get help. Thus, displays of uncertainty and inability feature in the practice of doing helplessness. We show how such displays of helplessness are ambiguous in an institutional setting that mandates emotional

support and can be treated as an object-side matter—related to the at-risk person—and a subject-side matter—the emotional needs of the caller.

DISCUSSION

Legitimately asking for help can be understood as involving displays of helplessness in various degrees—being unable to solve one's problem without the assistance of another (cf. Bloch & Leydon, 2019; Heritage & Robinson, 2006). Caller helplessness is accentuated in the high-stakes situation of people calling suicide preventive telephone services about others. Examining helpline calls and emergency calls, we show that callers' displays of uncertainty and inability to do more themselves justify help from others. In addition, we show how callers and call-takers come to establish such helplessness as primarily a subjective matter—requiring emotional support for the caller—or an objective matter—requiring help to the suicidal person. Our findings offer a contribution to the social psychological literature on help-seeking, applicable in suicide prevention involving third parties.

Related to interactional research (e.g., Bloch & Leydon, 2019; Fele, 2014; Sharrock & Turner, 1978; Whalen & Zimmerman, 1990), our findings advance the understanding of the emotional side of help-seeking (cf. Hepburn & Potter, 2012). Most studies on emotions such as uncertainty or worry have shown that institutional settings prioritize the epistemic side of clients' problem reports, focusing on the actionable aspects of the problem (e.g., Flinkfeldt, 2020; Potter & Hepburn, 2003). While participants in the emergency setting (Extracts 1 and 2) build displays of helplessness as recruitments of help for the at-risk persons (cf. Beach et al., 2005), participants in helpline calls are more ambiguous in treating uncertainty as an epistemic element, related to the nature of the emergency, or an emotional problem, needing reassurance or further exploration. For example, callers make visible their subjective process when asking for help (Extract 3b, lines 22–23, Extract 5a, line 21), and call-takers attend to the situation of the callers before turning to the at-risk person's situation (e.g., Extract 5c line 1; Extract 7a, line 6). Thus, like Sansone et al. (2022), we found that people sometimes treat reassurance and exploration of emotions as valid responses to uncertainty. However, while a focus on the subjective side may be straightforward in the context of doctors and nurses responding to uncertain parents (Sansone et al., 2022), our study shows that emotional support as the only institutional response related to potentially suicidal others can be problematic. We see this in the cases with misalignment (Extract 6 and 7) and where reassurance and risk management are deeply entangled in callers' problem reports and call-takers' responses. In all cases, both aspects are attended to, while participants at some point prioritize one or the other: exploring the caller's uncertainty and worry (Extract 4) or planning a way to help the at-risk person (Extract 5).

One of the critical contributions of discursive psychology is its demonstration of how emotions can be worked up as irrational personal dispositions or as sensible reactions to an external situation (e.g., Edwards, 1997: 178; 1999). For example, Edwards (1997: 187) shows how anger as a personal inclination or a legitimate result of others' actions can be 'rhetorically potent contrasts between alternative descriptions' in couples' counselling. Our analysis draws on and advances this research by showing how subjectivity becomes a practical problem in institutional settings that involves interpretations of needs rather than managing the incompatible goals between parties in conflict. On the one hand, the differences in responses to helplessness we have identified demonstrate the roles that institutional settings can have. While third-party calls to emergency services are treated as callers asking for particular help about an objective situation, part of the work in helpline calls is to assist third-party callers in the subjective work of deciding what to do. A similar problem (receiving suicide communication from a person who cannot be reached) is treated as a subjective (the caller's) or objective (the at-risk person's) matter related to different institutional tasks, much like how problems in medicine are responded to in terms of their 'doctorability' (Heritage & Robinson, 2006). On the other hand, how the problems come to be responded to cannot simply be referred to different institutional frameworks. The similarities regarding callers' problem reports and our cases where callers and call-takers misalign (Extracts 6 and 7), stress

that regardless of institutional focus, dealing with emotion—as pointing to a subjective or objective problem—is an interactional problem that is not pre-decided but something that the parties in interaction must work out together.

Suicide risk is difficult to interpret, even for skilled professionals (cf. Gunnell & Ashby, 2004; Wasserman, 2004). Previous findings based on interviews and surveys show that people avoid interpreting suicide communication as sincere (Owen et al., 2012) and that even for third parties themselves, the needs of the at-risk person may be difficult to distinguish from their own (Mishara et al., 2005). Our study stresses the importance of not assuming that help-seekers will necessarily act according to institutional delimitations. Instead, call-takers in both emergency and helpline calls must be prepared to respond flexibly to callers (cf. Kevoe-Feldman & Iversen, 2022), in the same way as call-takers who respond to callers whose ability to produce direct requests might be restricted (cf. Stokoe & Richardson, 2023). Helpline volunteers need training in identifying and pursuing more and less intrusive steps to protect third parties, including direct help to the at-risk person as well as advice and emotional support to the caller (cf. Gould et al., 2022). By drawing on a social psychological framework to examine third-party callers' helplessness, the current study contributes to shedding light on the problems facing suicide prevention workers in mobilizing the network of suicidal people, both as experiencing subjects and reporters of risk. We hope to have shown the usefulness of approaching helplessness not as a result of inner or outer causes but as a social accomplishment.

AUTHOR CONTRIBUTIONS

Clara Iversen: Conceptualization; funding acquisition; writing – original draft; investigation; methodology; writing – review and editing; formal analysis; project administration; data curation; software; validation. **Heidi Kevoe-Feldman:** Conceptualization; writing – original draft; methodology; writing – review and editing; formal analysis; software; validation.

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CONFLICT OF INTEREST STATEMENT

There is no conflict of interest.

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.

ETHICS STATEMENT

This research has been approved by the Swedish Regional Ethics Committee [2017/510].

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