

# Dealing with callers' racialised talk in suicide preventive helplines: Accomplishing (anti)racism in the context of unconditional support

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## Abstract

This article investigates how mental health counsellors on helplines in Sweden deal with racism from callers who self-categorise as non-racialised. Previous studies have identified racism as a problem in health care interactions, but there is limited knowledge about the features of racialised talk and how staff respond. In this study, we use conversation analysis and membership categorisation analysis to examine racialised talk in 17 audiorecorded calls, a subset of 458 calls to suicide preventive helplines. The analysis shows that racialisation functions as a resource for callers to make sense of their mental health difficulties. This speaks to the complexity of responding to racism in a mental health setting, as counsellors must see to callers' needs, and calling out racialised talk may alienate callers. Call-takers manage this problem in three ways: (1) questioning racialised talk, (2) supporting the callers' stance in a way that makes it ambiguous if call-takers are coproducing racism or affiliating with callers' lives being difficult and (3) supporting callers' problems as mental health issues

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while resisting a potentially racist trajectory. The study offers direct insight into the workings of racism in health care and how practitioners can balance health care users' needs for support with an antiracist position.

#### KEYWORDS

anti-racism, conversation analysis, crisis helpline, racism, unconditional support

## INTRODUCTION

This article examines how suicide helpline counsellors respond to racialised talk from callers who self-categorise as non-racialised in an institutional context necessitating unconditional support. Racialised talk implies talk that produces 'race' and racialisation (Chun & Lo, 2015). In Global North contexts, explicit racialised talk is often seen as unacceptable, although not unheard of (Hamed, 2022), and is often described as subtle and ambiguous (Nazroo et al., 2020). Since health care staff's duty is to care for users, challenging users' racialised talk may be difficult, especially in the absence of institutional support (cf. Ahlberg et al., 2022; Cottingham et al., 2018; Storm & Lowndes, 2021). Suicide prevention accentuates the challenges of handling racism because of the high stakes and vulnerability of users.

Suicide preventive helplines are an important resource in the wider set of suicide prevention services (Gould et al., 2007; Mishara & Daigle, 2001) and are often staffed by trained volunteers (Pollock et al., 2010). This is the case in the Swedish helpline in this study, which, like the UK Samaritans (cf. Mishara & Weisstub, 2010), is based on the idea that talking to another person can prevent suicide. Callers are considered experts, while call-takers are anonymous friends who can assist the callers in exploring their situation (Iversen & Westerlund, 2022; cf. Pollock et al., 2013). Thus, a key feature of the helpline is unconditional support in situations where every word might matter.

While research studies point to the prevalence of racialised talk in health care interactions (Ahlberg et al., 2022), few studies have examined how racialised talk is responded to by staff beyond documenting their experience of racism (cf. Giddings, 2005; Hagey et al., 2001; Lampley-Dallas et al., 2001). Racialisation is what Stokoe (2015, p. 443) calls "hard-to-capture cases" in social life. This has led researchers to opt for, for example, interviews *about* racism rather than attempting to document racist practice as it occurs. In contrast, we draw on conversation analysis (CA) to examine challenges within helpline calls (cf. Bloch & Leydon, 2019; Iversen & Kevoe-Feldman, 2024). Conversation analytic studies demonstrate how talk unfolds, turn by turn, and have shown that when people talk about troubles in their lives, it is relevant for recipients to demonstrate understanding, for example, with agreement or supportive assessments (Jefferson, 1988). Thus, if they disagree when callers relate their mental health problems to racialised others, call-takers break interactional and institutional norms and risk alienating callers. By examining racialised talk in helpline interactions, we offer a unique insight into the workings of racism in institutional settings (cf. Kapadia, 2023), in particular, we show how 'race' may work to make sense of mental health problems, and how recipients of racialised talk respond. Our findings may be used to inform antiracist institutional guidelines, currently lacking in (mental) health care settings.

## RESPONSES TO RACISM AND RACIALISED TALK IN INTERACTIONS: A SHORT OVERVIEW

Previous studies on health care staff's responses to racialised talk are scarce (Hamed et al., 2022). Existing studies are mostly interview-based and show that racism tends to be rendered invisible and that minoritised staff experience depletion due to racism and lack of support (cf. Cottingham et al., 2018). *The few studies that focus on antiracist interventions in health care* (Hassen et al., 2021) *point to a lack of both conceptualisations of racism* (Hamed et al., 2022) *and a common antiracist language* (Hassen et al., 2021).

Studies have also examined the prevalence of colour-blind racism in health care, that is, the existence of racialised views while overt racialised talk is minimised as a way to avoid accusations of racism (cf. Bonilla-Silva, 2002; Rapley, 1998; Xie et al., 2021). Research studies from Sweden analysing health care staff's experiences of racialised talk show that while it is commonplace, racism is obfuscated as staff emphasise neutrality and equality to argue against the existence of racism (Hamed, 2022). This obfuscation of racism results in a resignation culture where a response to racism is negligible (cf. Cunningham & Scarlato, 2018).

Studies of responses to racialised talk outside health care settings have shown how accusations of racism are discussed, reported and contested (cf. Joyce & Sterphone, 2022). For example, Whitehead (2015) investigated how radio-hosts interrupted racialised talk or provided callers with an opportunity to recognise it. Stokoe (2015) analysed interactions between mediators and prospective clients in the UK, showing how responses to racism, ageism and sexism range from 'deleting' them, that is, ignoring their occurrence, to challenging them through admonishment. Other interactional studies show that minoritised people use 'common sense knowledge' to decide whether to report and contest racism (Xie, 2023; Zhang, 2023). Studies also show that bystanders sometimes pay a high price for antiracist interventions, since confronting racism can breach social taboos (cf. Durrheim et al., 2014). Recipients of racialised talk have to assess whether the talk is racist and, if so, whether to challenge it, while they concurrently need to manage the risks of escalation associated with doing so (Essed, 1991; Stokoe, 2015; Tadic, 2023; Whitehead, 2015).

These studies highlight that by investigating how racialised talk unfolds, we can see how speakers and recipients adjust their actions based on the previous utterance. The particular area of suicide prevention in our study contributes to existing knowledge by demonstrating how racialised categories are talked into being in relation to mental health problems and how practitioners meet challenges connected to providing unconditional support without endorsing racism.

## DATA AND METHODS

The study examines audio recordings of 350 calls to the Swedish suicide helpline with 108 calls to The ageing line as a comparative data set. The helplines are run by a non-profit organisation, taking approximately 85,000 calls annually, to provide support to people with needs ranging from acute crisis to social contact. The call-takers are volunteers, who received a 3-day training on suicide risk factors and communication, mainly based on motivational interviewing. Callers are anonymous, which limits the information about users, but volunteers' estimates show that the most common reasons for contacting the helpline are suicidal thoughts (49%), sadness (41%), anxiety (24%), and loneliness (17%).

The calls were recorded in 2018–2020, following ethical approval (Dnr 2017/510) and informed consent from all participants. Volunteers received written and oral information and provided written consent. Callers who contacted the helplines met a prerecorded message informing them of the research, that participation was voluntary, how they would consent to being recorded and how they could withdraw participation. They were also directed to a website for more information. If the caller consented, the call was recorded, but would be deleted if the caller told the volunteer or researcher to do so.

All 458 calls have been listened through for the use of racialised words or categories. We strived for a maximally inclusive approach in the initial selection, resulting in 17 calls where callers who self-categorised as non-racialised used racialised categories as they talked about their problems. Fourteen of the calls came from the suicide helpline and three calls from the ageing helpline. While our findings are based on the calls to the suicide helpline, the ageing line calls support the consistency of patterns over different settings where unconditional support is an institutional ideal.

The 17 calls were analysed using CA supported by membership categorisation analysis (MCA). CA and MCA partly overlap, as both stem from Sacks's (1992) theorising and enable close analysis of how social relationships are built and maintained in interaction. As recently argued by Shrikant and Sambaraju (2023, p. 2) "the specifics of interaction and the constitution of race and racism are inseparable and should be analysed as such." Membership categorisation refers to how social categories are made relevant in interaction, and how interactants bind predicates (i.e. attributes, such as looks or disposition) and activities (e.g. dancing or drinking coffee) to such categories (Stokoe, 2012). Individuals who can be presumed to possess features bound to specific categories may then be heard to belong to those categories, and held accountable for acting in category-appropriate ways (Tadic, 2023).

The analysis draws on M/CA work on how turns are designed and actions relate to one another sequentially. In particular, we examined helpline workers' and callers' turns in terms of alignment and affiliation. These are two levels of cooperation in interaction. Alignment occurs at the structural level of interaction by facilitating the initiated activity, and aligning responses thus accept the presuppositions, topic and action agendas, as well as match the design of the first turn (Stivers, 2008). Affiliation, on the other hand, refers to cooperation at the level of action and stance. Affiliation endorses the other participant's project and stance-taking, for example, by agreeing with assessments or displaying understanding (Stivers, 2008).

Data excerpts have been transcribed using Jeffersonian notation, which includes linguistic and interactional details such as intonation, breaths, overlaps and timed silences (Hepburn & Bolden, 2012). A transcription key can be found in Appendix A. The transcripts are presented with English translations only, and the original Swedish transcripts can be found in Appendix B.

## FINDINGS: HOW IS RACIALISATION RESPONDED TO?

The analysis shows that responding to racialised talk is a challenge because calling out potentially racialised talk may alienate callers in need of mental health support. We found three ways in which call-takers manage this problem: (1) Questioning racialised talk, (2) Supporting the callers' stance in a way that makes it ambiguous if call-takers are co-producing racism or affiliating with callers' lives being difficult and (3) Supporting callers' problems as mental health issues while resisting a potentially racist trajectory.

## Questioning: Problematising racialised talk

This section examines two calls where callers use racialised categories and build antiracist positions as unreasonable, naïve or overly sensitive, which call-takers respond to as problematic. In both cases, the callers continue to produce racialised talk.

The first example starts as the caller uses a racist category, and the call-taker resists this by treating his talk as irrelevant to the helpline's agenda. We join the participants after initial greetings. In overlap with the call-taker's elicitation of a problem (line 7), the caller starts to project a story about his problems as being insecure (line 8). The interviewer asks him to specify (line 11), and the caller starts an extended turn (lines 12–23) where he uses the racist category *n\*\*\*\*\** to exemplify his problems:

### Excerpt 1a

07 CT: [What can I help you with.

08 CL: [He:::yh (1.0) .h uh:m I'm insecure=e:::::hh  
 09 (1.5) uh:::m as hell.

10 (0.5)

11 CT: Oka:y? About [what?

12 CL: [M:::m (1.0) .h uh:::::m a::::::::::bou:::th  
 13 (0.5) uh:::::m for example like I have always=  
 14 =uh:::mh (0.5) .hh uhm=hated=uh:::::↓:::::::::::m=  
 15 or not always=but=uh:::::hh (1.0) .hh  
 16 I have always=uh:::m hated uh:::::::::::m  
 17 <n\*\*\*\*\*>, .h but then at the same time I: ha:ve .hh  
 18 forced myself to uh:::m like (.) .h e=n\*\*\*\*\*=  
 19 =because uh:m I have been raised with that uh:::m (1.1)  
 20 uh:::::::::::m=hhhh. one=uhm=has to like=uh:::m (0.3) everyone  
 21 and I have gotten it so hard uh:::m (0.3) imprinted=  
 22 =i:::::n=uh:: (1.1) .hh the head ever since=uh:::::m  
 23 .HH I was little=It comes from my=uh::: (0.5)

The caller unpacks his insecurity by offering an example: having always hated “*n\*\*\*\*\**” (line 17) but been raised to like everyone (lines 16–20). The delivery prevents the call-taker from responding, with outstretched vowels (lines 12–16, 20, 22) and pauses only within turns (lines 14, 17, 19, 21). Since the evaluation is subjectively focused, the caller can be heard to use the

racist category in a story about his own disposition—who he is—rather than elicit agreement (cf. Edwards & Potter, 2017). For instance, the repair (line 15) does not focus on the category as problematic but on the complexity of always hating but forcing himself to like “n\*\*\*\*\*” (line 18). While the category term is preceded by an outstretched “uhm” (line 16), it is explicit rather than subtle, as is otherwise common when people produce potentially racialised talk (cf. Zhang & Okazawa, 2023). The hesitations in the caller’s talk together with the explicit racist slur can be heard as conveying the caller’s commitment to using the slur even while recognising that doing so will likely be heard as racist (cf. Lerner, 2013). This stresses the dilemma the caller is explicitly expressing—simultaneously feeling hatred towards a particular category of people while being taught that “one has to like everyone”.

A second category emerging is the antiracist, described as “one has to like everybody” (line 20), which is easy to refute (as this may seem unreasonable or naïve). Furthermore, antiracism is implicitly portrayed as coercive (“hard imprinted in the head,” line 20). Rather than aligning with the caller’s right to progress his story, the call-taker starts talking in overlap, actively working to stop the progression of the caller’s turn (cf. Schegloff, 2000):

### Excerpt 1b

24 CL: .hh [Yes what th- I have just  
 25 CT: [>But hey wait=wait can I-  
 26 [just sa|y< one thing.=>listen you have [call- ]  
 27 CL: [Yeah, ] [Yeah:, ]  
 28 CT: called to (0.3) ((organisation))  
 29 the suicide line and what you’re saying to me  
 30 i:::s (.) what you don’t like.  
 31 (0.5)  
 32 CT: .hhh it [gets you know a b]it  
 33 CL: [ eYes ]  
 34 CT: strange .hhh That’s y’know not really tha:t I’m here for  
 35 to (.) sit and discuss with you.

By asking the caller to wait (line 25), the call-taker treats his behaviour as out of order (cf. Kevoe-Feldman & Iversen, 2022), while requesting permission to talk (lines 25–26) orients to the delicacy of interrupting (cf. Hutchby, 2008). The call-taker orients to the caller’s turn as incomplete, but competing for the turn, she treats addressing the already-evident racism as more important than the expectation of withholding a response until he is finished (cf. Schegloff, 2000). It is thus an explicit step away from the ideal of unconditional support.

After the caller grants the right to continue (line 27), the call-taker informs him where he has called (lines 28, 29) and formulates his talk: “what you’re saying to me is what you don’t like” (lines 29–30). Avoiding recycling the caller’s racist category, this implicit contrast calls his action into question. The vagueness allows the caller to back down and offer a remedial action without explicitly naming the offence as racist.

The caller, however, does not take this opportunity, and the call-taker offers an assessment (“strange,” line 34), which is a mild reprimand because it can be heard as communicating a lack of understanding rather than a complaint (cf. Iversen & Evaldsson, 2020). Together with the minimiser “a bit” (line 29), this mitigates the hostile action of a (direct) first-party complaint. Still, the call-taker holds the caller accountable, drawing on institutional restrictions (lines 34–35) to justify her resistance. Hereby, she orients to his use of the n-word as related to discussing views—that is, not a helpline activity—rather than part of disclosing mental health problems. The call-taker thus challenges the caller’s action on the basis of institutional relevance as opposed to racist character. This forestalls the racist action-in-progress without incurring the risks associated with directly characterising it as racist (cf. Stokoe, 2015; Whitehead, 2015).

After a short gap, the caller provides a contrastive turn (“No but”) which agrees with the call-taker’s description of the institutional restriction but withholds that his problem is helpline-relevant.

### Excerpt 1c

- 36 (0.4)
- 37 CL: .hhhhh No:: but [that]’s one of uh:::: .hh the problems=
- 38 CT: [No. ]
- 39 CL: =liste:::n hh. I’m not suicidal=
- 40 =but [I:] (.) .hhh uh:: nee[:::::d I’m i:n
- 41 CT: [No] [(but one can talk about pract-)
- 42 CL: .hhh <a depression>.
- 43 (0.4)
- 44 CT: Ye:s,
- 45 (0.4)
- 46 CL: Yes.
- 47 (0.6)
- 48 CT: °Mm.°=
- 49 CL: =.hh=But I just wanted to b- (.) .hh ↑I just thought I start
- 50 somewhere.↑

Responding to the call-taker's challenge, the caller downplays his previous example's import for his calling and projects unpacking of other problems. As he says he is not suicidal (line 40), the call-taker comes in overlap (line 41), treating various problems as legitimate for the helpline. After the caller names depression as a reason for calling (line 42), the call-taker gives him room (line 43) and encourages him to talk using continuing intonation (line 44). However, he merely confirms ("yes") with turn-final intonation (line 46). He then continues to justify his previous talk (lines 49–50). His voice is raised, displaying upset and orienting to the call-taker's actions as problematic and his own as reasonable.

In sum, this example shows how the caller produces a blatantly racist utterance embedded in a story about mental health problems. The utterance is not pointed out as racist but as problematic because of its irrelevance, while the caller persists that it is relevant. In the next case, the call-taker goes further by topicalising the caller's talk as a case of problematic racialisation. The example comes 1 hour into a call concerning the caller's traumatic upbringing. The caller has just described himself as picky about romantic partners, saying that he wants something more than the average Swedish person. He goes on to describe a night out when he met someone he found attractive:

### Excerpt 2a

01 C: and then the:::n like those two flirted and  
 02 they were coloured=and well=I am a bit .h (.)  
 03 >I: hope that you get humour now and don't  
 04 hang up the phone< I am a bit <invertedly  
 05 racist> 'cause I prefer coloured people  
 06 >it almost seems like,<  
 07 (.)  
 08 CT: M:m:,  
 09 C: Someone has said that to me that well I maybe have a bit  
 10 n\*\*\*\* spiritual within me=I- I-=do you understand I  
 11 [am (0.4) uh:: well I am that way. .h=[A- and I am

The caller introduces a racial attribute as an afterthought ("and they were coloured" lines 1–2), treating 'race' as necessary for the story, preempting inferences that he routinely identifies people through 'race' (cf. Whitehead, 2009). He then elaborates on his romantic preferences (lines 2–6). Similarly to the previous case, the caller implicitly casts opposition as problematic, and the characterisation of an overly sensitive, humourless antiracist position promotes an innocuous hearing of his projected action (cf. Augoustinos & Every, 2007;



Durrheim et al., 2014; Lerner, 2013). The caller's self-categorisation, "invertedly racist" (lines 4–5), is hedged with "a bit", which mitigates his incumbency. The caller then quickly unpacks this as "I prefer coloured people" (line 5), epistemically downgrading this as a self-observed fact ("it almost seems like" line 6), downplaying his responsibility for those preferences (cf. Edwards & Potter, 1992).

The caller's racialised assessment of romantic partners can be understood in relation to the helpline as an institutional context for self-reflection. Therefore, a preferred response from the call-taker is to treat the assessment as understandable (cf. Iversen, 2021). The unmarked acknowledgement token ("mm" line 8) resists common ground while not explicitly misaligning, giving the caller a chance to back down from his claim (cf. Whitehead, 2015).

However, the caller pursues the telling by drawing on an unspecified third party's explanation ("Someone has told me," line 9), further downplaying his responsibility and stake in the description of himself and presenting his preferences as recognisable (cf. Smith, 1978). The characterisation "n\*\*\*\*\* spiritual" (line 10) is uttered in English as a known category. This idiomised way of talking implies a joint understanding of what he is referring to (Drew & Holt, 1988), and is difficult to resist as its vagueness makes it hard to name exactly what is resisted (Sacks, 1992, p. 5).

The call-taker responds in overlap:

#### Excerpt 2b

- 13 CT: [Mm [H- Hey- do you know that it's not  
 14 quite nice to say coloured,  
 15 (.)  
 16 CL: ↑No but so ho- say like youh!↑ .h [(but you] but)  
 17 CT: [Black. ]  
 18 (0.3)  
 19 CL: >Right but=uh< I don't know uh[h!  
 20 CT: [Well yes.  
 21 CL: >Right but the important is what one:< means.=  
 22 CT: =Yes.=

The call-taker orients to interrupting by explicitly calling his attention ("Hey" line 13; Schegloff, 2000). She then questions the used category term "coloured" (line 14) in ways that orient to the delicacy of questioning. She does not classify the term as racist, instead downplaying the severity of the characterisation as "not quite nice" (lines 13–14). While this treats

the term as morally problematic, the call-taker orients to its use as based on lack of knowledge rather than ill will (line 13).

It is notable that although the call-taker does not directly sanction the use of “n\*\*\*\*\*” (line 19), she only intervenes after the caller’s use of that term, rather than more immediately after the term “coloured” to which she actually objects. This can be understood as the call-taker being prepared to give the caller the benefit of the doubt after the use of “coloured” but then withdrawing that when the caller used an unequivocally racist term thereafter (cf. Whitehead, 2015). Meanwhile, pointing to “coloured,” as the problematic term avoids a more directly confrontational objection to the n-word by producing a mitigated objection to the former.

The caller’s response initially seems to align with the call-taker’s question by taking an ‘unknowing’ position: “No,” “so ho-,” and “say” (line 10) can be heard as asking the call-taker to tell him what words to use. The call-taker treats it this way by giving an alternative racialised descriptor (“Black,” line 17). However, the caller’s cut-off, exclamatory delivery and incomplete turn-shape display upset and disruption (Hepburn & Potter, 2012), treating the call-taker’s action as out of order.

The caller’s “right” (line 19) then conveys a knowing stance, and the contrast marker followed by a no knowledge claim enforces his independence in deciding what words to use. The call-taker retains her position (“Well yes” line 20). The caller then treats the call-taker’s correction as marking words instead of aligning with his action trajectory (line 21). Specifically, he assumes that she knows what he means. Like the previous example, the caller orients to the call-taker’s action as out of line, keeping him from progressing helpline-relevant actions.

The two cases show callers using racial slurs and constructing an antiracist position as problematic as they tell stories about who they are. Call-takers who adopt an anti-racist position will be vulnerable to being heard as just another part of the problem. The call-takers halt the progression of the callers’ stories, in the first case more indirectly with reference to institutional restrictions, and in the second referring explicitly to the terminology as morally problematic. Although this questioning of callers’ talk is in both cases done in hedged ways, callers withhold their right to talk as they do. This demonstrates the difficulty of taking an antiracist position to resist racial slurs in an activity characterised by callers’ right to tell their stories.

## **Ambiguous emotional support: Obfuscation of racialised talk**

This section shows call-takers taking a radically different approach, providing emotional affiliation after callers have said something that can be heard as racist. However, their support is vague in relation to its target as it may, on the one hand, be heard as supporting racist views but, on the other hand, as supporting callers in their struggles.

The following example occurs about 36 min into a call where the caller has linked her mental health problems to her ex-boyfriend, characterised as a non-citizen “without papers” and involved with drug-related crimes. As we join the call, the caller has described that despite wishing to just lie in the dark, she has pulled up the curtain. The call-taker endorses this, linking the need for light to the category “northerners” (line 3):

**Excerpt 3a**

- 01 CT: Of course, (.) We aren't born to  
02 lie in t- in the dark and especially  
03 not us northerners=we need a bit of light.  
(11 lines omitted)
- 15 CT: I think that [uh that (it's enough)  
16 CL: [But do you know that they uh can  
17 manage,=they are like cockroaches them.=h Bl[acks.  
18 CT: [°Who?°  
19 (.)
- 20 CL: Who sell drugs a::nd (.) [send home  
21 CT: [Right  
22 CL: money to their par[ents and they] go  
23 CT: [((coughs)) ]  
24 CL: they go over the sea: and everything.  
25 (.)
- 26 CL: .hhh Mum thinks that it's hell that I  
27 would meet one of those.  
28 (0.4)  
29 CL: .shnehhh

The category “northerners” (line 1) implies vulnerability for everyone living in the north, where sunlight is scarce during winter. Still, the word choice “born to” (line 1) and the reference to a broader “we” can be heard as implying a biological foundation. In a few omitted lines, the caller agrees but contrasts needing light with how bad she feels. As the call-taker starts suggesting that only a little effort is needed (line 15), the caller produces the racist talk “they are like cockroaches them. Blacks.” (line 17), linking lack of vulnerability to a racialised categorisation. The simile “cockroaches” is an inference rich characterisation: cockroaches have been used as racist slur connected to war propaganda, where it has legitimised atrocities against ethnic groups (Ekman, 2019). The caller can be heard as linking her assessment to the call-taker’s first assessment about who is vulnerable (line 3), and a preferred response from the call-taker is, therefore, to offer recognition or a second assessment (Pomerantz, 1985). The indexical

“they”/“them” (lines 16, 17) without first defining the referent, presupposes that the call-taker can make the inference. However, the call-taker initiates repair (line 18), treating the referent as unclear and potentially challenging the assumption of shared knowledge (cf. Schegloff, 1997). As the call-taker withholds an aligning response (line 19), the caller is given the opportunity to back down (cf. Stokoe, 2015).

Instead, the caller unpacks her categorisation with a three-part list: “sell drugs,” “send home money” and “go over the sea,” completed with “and everything” (lines 20, 22, 24). Not offering a new category treats the categorisation “Blacks” as not requiring any further repair, despite being partially delivered in overlap. Lists are rhetorical devices for describing patterns as they orient to something the items have in common (Lerner, 1994). While sending money home could be seen as positive, here it is connected to crimes that exploit vulnerability. In this sense, “Blacks” are characterised as exploiting others and supporting ‘their own’ (cf. Rytter, 2018 on racist notions of welfarism). During this categorisation work, the call-taker’s actions are ambiguous: she aligns and treats the construction as known (“Right” line 21), but she refrains from endorsing it with agreement (line 25). This vagueness makes it possible to hear her as acknowledging the problems of drug dealing, especially since “Blacks” was produced partially in overlap.

The caller continues to elaborate, invoking a third party to provide an upshot. The category “mum” (line 26) is strongly associated with caring (Flinkfeldt, 2017), so the claim that her mother thinks it is “hell” that she would meet “one of those” not only corroborates the racist standpoint but also links it to her current mental health troubles. The introduction of “mum” also makes available another categorial focus, and after a short gap, the call-taker responds with an assessment that treats the ascribed view as typical for mums:

### Excerpt 3b

- 30 CT: I believe (.) <actually> (.) that all mums  
 31 (.) think that.  
 32 (1.2)  
 33 CT: ((coughs)) Sorry  
 34 (.)  
 35 CL: No that’s (°°okay°°)  
 36 (.)  
 37 CT: .hh You know what as a mum >I’m a mum myself<,  
 38 (.)  
 39 CT: I would also think (.) that (.) it would

- 40           be v- really bad because I would be, (0.5)  
41           closest to you of course my own child.  
42           (0.7)  
43   CT: One is y' know.  
44           (0.5)  
45   CL: Hhhhhhh. (.) snhikh  
46           (.)  
47   CL: But at the same time they survive.  
48           (.)  
49   CL: Th[ey they take care of each other and he .h  
50   CT:       [M:m:.

Based on categorial incumbency, the call-taker supports the assessment attributed to the caller's mum. However, the indexicals "that" (line 31) and "it" (line 39) leave the referent implicit, thus making it ambiguous—and deniable—that the support concerns the racialisation. She then elaborates on mums' partiality to their children, thus avoiding advancing a racist argument and keeping the ambiguity of the referent in play. In response, however, the caller continues to use the indexical "they" in a racist trajectory (having already established a racialised referent) beginning in line 47.

#### Excerpt 4

- 24   CL: And there were y' know often tho::se=uh (0.5)  
25           well lots of immigrants then. °>hrrm:<°  
26   CT: Yes  
27           (1.0)  
28   CL: In those groups, and then- they are so:  
29           so disturbing in some way.  
30   CT: Yea:h  
31           (0.3)

- 32 CT: [ Yea:h ]
- 33 CL: [.hhye:s]
- 34 CL: Yea:h, certainly.
- 35 (0.6)
- 36 CL: .hhh [No so tha::t
- 37 CT: [Yea:h, that is no- that is a (.]
- 38 .hh sad development.
- 39 CL: Ye::s. It i:s [indeed.

Excerpt 4 is from our comparative data set (the ageing line), showing corresponding practices in a helpline focussing similarly on unconditional support (but less high-stake as its theme is not explicitly suicide). In this case, the caller has described recently moving from a rural village and has launched a complaint about gang fights in her new town. We join them as the caller continues her story:

The mentioning of “immigrants” is hedged and preceded by “well” (line 25), treating it as delicate. The caller then binds immigrants to the previously mentioned criminal gangs, and adds a negative assessment: they are “so disturbing” (line 29). With “in some way,” the assessment is produced as something the caller has not given much thought to, hence managing her being heard as a possible racist in saying such a thing (cf. Whitehead, 2009). Notably, the indexical “they” here may refer to ‘immigrants’, but also to “those groups” in a broader sense.

Similarly to Excerpt 3, this ambiguity may facilitate affiliative uptake, as a supportive stance may be deniable in supporting racist viewpoints. The call-taker aligns (“yes,” lines 26, 30), but gives no second assessment. However, the caller agrees in line 34 (“Yeah certainly”), thus orienting to the call-taker as agreeing with her own stance. The caller’s response amounts to equivocal rather than strong support, as an (upgraded) second assessment would show (Pomerantz, 1985). The call-taker then assesses the depicted situation as a “sad development” (line 38), with the indexical “that” again obfuscating what, specifically, is deemed sad. The equivocality is possibly fitted to the ambiguity of what is being supported, as full support might be hearable as supporting racism, and the call-taker manages the dilemma by offering weak affiliation, thereby both supporting the caller in relation to the troubles at hand and somewhat resisting the caller’s racist action.

Whereas the first section shows call-takers topicalising callers’ talk as problematic, excerpts 3 and 4 show them supporting callers’ stance in ways that obscure what is supported. Callers’ responses in both sections highlight the problems with both strategies: in the first case, the callers treat the call-takers as acting incorrectly, withholding the right and relevance of racialised talk. In the second, the callers treat call-takers as in agreement with them and can continue a racialised trajectory. In the final analytic section, a third way of dealing with racialised talk seems to pave the way for empathy without reinforcing racism.

## Subtle resistance: Making racialised talk a helplineable problem

In this section, call-takers respond to callers' potentially racist utterances with subtle resistance, mildly disagreeing with callers' racialisation of a problem while treating their problems as institutionally relevant.

Excerpt 5a starts 24 min into a call to the suicide helpline, where the caller has described social isolation. Immediately prior, the caller has commented on financial difficulties, with affiliation by the call-taker. In lines 9–10, the caller links isolation to where she lives, which she categorises as an “area of exclusion” (line 10):

The call-taker aligns with the ongoing problem formulation by providing continuers (lines 11, 12). The caller then characterises her neighbourhood as “very dense with immigrants” and makes the assessment that “it is hard to make connections” (lines 13, 15). This assessment is ambiguous—it can both be heard as referring to a general difficulty in making connections, or to such difficulties in relation to immigrants specifically. The call-taker confirms (“Oh but it is,” line 16), where her use of indexicals can be heard as referring to either of these hearings.

Her response is similar to the responses in Section 2, making use of the caller's ambiguity: she could be taken to support the stance that it is generally difficult to “make connections” but also that immigrants are the cause of this problem. The call-taker provides room for the caller to elaborate, and when she does not, offers an alternative take where immigrants are instead bound to the possibility of “good networks” (line 22):

### Excerpt 5a

- 08 CL: [And then it's very ha::rd to break  
 09 CL: ot of an isolation=and I live in ((city))=  
 10 =one of [these] (.) .hh uh:: <a:reas of exclusio:n,>=  
 11 CT: [Mm. ]  
 12 CT: =M:m,=  
 13 CL: =Very dense with immigrants and such=[and it]=it is ha::rd  
 14 CT: [M::m, ]  
 15 CL: to make connections,  
 16 CT: Oh but it i::s.

**Excerpt 5b**

- 17 (0.7)
- 18 CL: Yes.
- 19 (1.2)
- 20 CT: >Even if the:re probably< (.) if it worked to t-
- 21 get contact then there would surely be
- 22 good ne:tworks, .hhh bu[t it is] ha:rd to ta:ke
- 23 CL: [ Yes, ]
- 24 CT: (0.4) it is hard to get those meeting places,
- 25 (0.3)
- 26 CT: >Where one [ can ge]t to know new people.<
- 27 CL: [ Yea::h. ]
- 28 (0.4)
- 29 CL: Yeah.=it should be like it is abroad=

The call-taker's alternative formulation of the situation (e.g., replacing "dense with immigrants" with "good networks" line 22) balances between challenging the caller's version and supporting her emotionally. This is accomplished by reframing a negative feature of the presence of immigrants (as formulated by the caller) as a positive one. The contrastive "even" (line 20) and hedges "probably" (line 20) and "surely" (line 21) establish the alternative view as based on low rights to know and assess the area. Her repair from "there probably" to "if it worked" stresses the uncertain and contingent nature of her version, thereby affiliating with the caller's stance that the situation is difficult. The alternative version is also embedded as she gives an assessment that supports the caller's stance, "it is hard" (line 22). Therefore, it is more relevant for the caller to respond to the support, than to the veracity of "good networks."

By offering tokens of agreement (lines 23, 27), the caller does not treat the call-taker as having disagreed with her. The caller's affiliative upgraded second assessment ("it should be like it is abroad" line 29), however, displays attentiveness to the disagreement by associating non-Swedishness with something desirable. Thus, the call-taker's mild approach when offering an alternative version enables the caller to take a stance opposite to the potentially racialised utterance as if she was not heading towards a racist trajectory in the first place. Accordingly, the call-taker manages to steer away from potentially racist talk as she offers a positive view of the category immigrants while treating the caller's difficulty of breaking isolation as a helplineable problem.



The next example also involves the call-taker offering an alternative view while supporting the caller's problem as helpline-relevant. We enter the call 4 minutes in. The caller has said that he does not think life is worth living, and the call-taker has asked how his thinking has developed. After describing the realisation that existence is only there to show what life is not about, the caller produces two distinct lists to support this claim (cf. Jefferson, 1990):

As in excerpt 3, the two lists (lines 3–7, 7–8) allude to a category—the quality binding the list items together (Lerner, 1994)—namely, bad things that make-up our existence. The inclusion of

### Excerpt 6a

- 01 CL: It [is] not about (.) [go:o:ing  
 02 CT: [No] [.hhh  
 03 CL: g[oing ] around being >whiney<=It's not about  
 04 CT: [hrmk!]  
 05 CL: (.) destroying=and it's not about  
 06 mix:ing different people with  
 07 each other=it's no:t about (0.5) .h .h about  
 08 eh (.) stealing (0.5) being criminal (.) destroying=  
 09 CT: =M[m:: ]  
 10 CL: [It's] not about that. It's not about [that.]  
 11 CT: [No, ]  
 12 CL: No.  
 13 (0.7)

the first list's last item, “mixing different people,” does two things. First, because of the associations with a list of apparently bad things, mixing people is hearable as bad. Second, its inclusion links other items of bad things to the mixing of different people. Thus, mixing people becomes a proxy for being whiney, stealing, destroying and being criminal. “Destroying” appearing on both lists ties the two lists together, and ties all the bad things on both lists to “mixing”. The way “mixing” is embedded between the two lists prevents a response specifically targeting its meaning (cf. Kitzinger, 2000). In this regard, the latching on line seven is significant, as it provides evidence that the caller is rushing from the first list to the second and thereby resisting providing a place for the call-taker to challenge the “mixing” item.

The call-taker aligns with minimal response tokens, “Mm” (line 9), marking an unproblematic receipt of the talk without projecting further talk (cf. Gardner, 1997). The caller concludes with an assessment that treats the listed items as part of the indexical “that” (line 10).

The indexicality assumes that the call-taker can infer the connection between the items. The caller's "No" (line 12) treats the call-taker's "no" (line 11) as agreement and reinforces his stance. The caller then goes on to elaborate, specifically focussing on differences between people as incompatible with harmony:

The caller starts with an assertive assessment (lines 14–15) with extreme case formulations ("can...not exist"; cf. Pomerantz, 1986). The rhetorical question ("just ask oneself" lines 15–16) further frames what he is about to say as apparent to everyone. The following questions can then be

### Excerpt 6b

- 14 CL: Harmony (.) can above all not exist >in a in a  
 15 in a-< on a pla:net where we have (0.5) >just ask  
 16 oneself the question<= .h >why do we have such different<  
 17 (.) countries=>why do we have< nations=>why do we have  
 18 so many rac-< ra- races .h >Why do we have so many<  
 19 la:nguages?  
 20 (0.5)  
 21 CT: Mm\_  
 22 CL: It does not add up.  
 23 (0.4)

heard to construct puzzles as a way to avoid making explicit claims, which would be vulnerable to criticism. In this case, "difference," is brought up in four why-questions that leave their uniting feature implicit. Different countries, nations and languages may imply a difference in understanding or even a problem related to markings of differences between people. However, there is also an element that produces the list as racist: "ra-races" (line 19) is linked to difference that makes harmony impossible. Tying a category to the non-existence of a livable future can be used to justify both suicide and mass murder (cf. Eglin & Hester, 1999). This is thus an extreme standpoint reminiscent of the description of "Blacks" as "cockroaches" in Excerpt 3.

However, the embeddedness makes the racist elements difficult to target and the caller's orientation to what he says as self-evident contributes to inviting agreement. The call-taker's lack of uptake (lines 20, 23) and flat "Mm" (line 21) resist such a trajectory (cf. Gardner, 1997), but do not overtly disagree with the caller's project in the way we could see call-takers doing in Excerpts 1 and 2. After concluding "It does not add up" (line 22), the caller draws out the implications of this:

The conclusion that peace is inconsistent with the existence of different "races" is delivered with three extreme case formulations, producing it as unavoidable (lines 24–26). The call-taker's non-response (lines 27, 29) and flat "M" (line 30) are different from his initial quick continuers that, while not supporting the caller, encouraged him to go on. They are indicative of tacit

**Excerpt 6c**

- 24 CL: That means y'know (.) on this planet we can  
 25 not have pea:ce,=.h It cannot have been peace an-  
 26 any time.  
 27 (0.6)
- 28 CL: During all- our existence.  
 29 (0.3)
- 30 CT: M:\_
- 31 CL: So that means y'know means y'know nothing else (like) e-  
 32 purely purely rationally, (0.6) nothing else than  
 33 that (0.3) no (.) this °must be hell.°  
 34 (0.7)
- 35 CT: °Mokay°  
 36 (0.4)

resistance—so the caller is doubling down on his stance here despite ample indications that the call-taker is not going to align with it (cf. Stokoe, 2015), and is thereby displaying a high degree of commitment to the stance (lines 28, 31–33). The so-prefaced conclusion (cf. Raymond, 2004) links back to the characterisation of existence as opposite to life—“this must be hell” (line 33), produced as a realisation (“no,” “must,” sotto voce, line 33), thus presenting this as based on rational reasoning (line 32). The characterisation “hell” legitimises eliminating either the situation or the experiencing subject—no one should have to exist in hell. Thus, the caller reorients to the argument that life with different ‘races’ is impossible (line 19; cf. Eglin & Hester, 1999). It is thus an alarming argument both in terms of its racist content and implications in terms of arguing for suicide.

After a gap, the call-taker receipts the caller’s turn with a soft “Mokay” (line 35), which tacitly claims understanding, but declines to show support or affiliation. In a Swedish study, Lindström (2018) shows that “okay” can be used as an agnostic epistemic marker—registering information without endorsing it as true or false. After a gap, the call-taker formulates the caller’s reasoning:

The turn-transition is not smooth but starts in overlap, thus stopping the progression of the caller’s project. The call-taker formulates how the caller talks “as if people are robots” (lines 37, 39). Formulations are common in helplines to show understanding and steer the call in line with a helpline agenda (e.g. talk about ambivalence or emotions; cf. Iversen, 2021). In this case, it is designed without epistemic hedging, downplaying the need for confirmation. Additionally,

**Excerpt 6d**

- 37 CT: .hhh [e: you/hey you] (.) you [talk a:bout people as  
 38 CL: [So it i- ] [Ye:s?  
 39 CT: if well people a::re robots, how a- are everyone in your  
 40 proximity like: (.) .h well robots or are there  
 41 people who you think are m: more hu[man].  
 42 CL: [Ye:s all- all of them  
 43 (.) even y'know (.) I noticed y'know with myself  
 44 y'know it's y'know very important that one e y'know  
 45 sta:rts eu:: always with oneself=if one wants to better  
 46 something then one must y'kno::w firstly start  
 47 with oneself,

the call-taker uses the formulation to set up a condition for a question, similar to how Hutchby (1992) has shown that “You say X, but what about Y,” can display scepticism.

While the call-taker problematises the caller’s view of “people,” none of the alternatives connect to the racialised character of the caller’s complaint. Thus, he “sequentially deletes” the racist utterance (cf. Schegloff, 1987, 1992; Stokoe, 2015), instead using the categorisation “robots” to problematise an extreme and dehumanised view of people. This contributes to building the caller’s talk as ‘helplineable’ rather than a challenge related to the topic of ‘race’, as in Excerpt 2.

The WH-question “How are” is repaired to a polar question with the last alternative (‘are there people who are more human’) inviting a more optimistic description. Extreme case formulations (the inclusive “everyone” line 39 and exclusive “are there people” line 41) contribute to making the last option reasonable. Furthermore, the link to the caller’s everyday life (“your proximity”, line 40) moves from his abstract, existential and extreme terminology to concreteness and nuance.

The caller provides strong confirmation, with the extreme case formulation “all of them” (line 43). He then moves into a self-reflexive account, to which the call-taker responds with an encouraging continuer (line 49). The caller then expands on how he feels, accepting the call-taker’s shift from the objective to the subjective domain. Similar to Excerpt 5, the call-taker thus manages to redirect the conversation by encouraging helpline-relevant talk. This is different from the cases in Section 1, where the call-taker problematised the callers’ talk without offering a new direction. The examples can, therefore, be seen as showing a possible way forward when talking to persons who express racist views.

**CONCLUDING DISCUSSION**

This article contributes to new knowledge on racism in health care by uncovering ways through which racialisation is enacted in helpline users’ talk, and how staff navigate users’ racism in a

high-stake setting. In health care, the hard-to-detect and seemingly subtle racism has made it difficult to research and theorise (Hamed, 2022), with most studies focussing on documenting users' and, to a lesser extent, staff's experiences of racism, as well as measuring staff's racial bias and its association with health-care outcomes, diagnosis and treatment (Hamed et al., 2022; Hassen et al., 2021). Rather than seeing health care interactions as only signifying the interpersonal level and devoid of the structural nature of racism, Nazroo et al. (2020) argue that it is through interactions that the socio-structural aspects of racialisation are actualised in health care. As such, the article adds nuance to the concepts of subtle, colour-blind or obfuscated racism by uncovering interactional resources for users and staff to contribute to or resist racist trajectories.

We found that racialisation functions as a resource for callers to make sense of mental health difficulties and to explain suffering. While previous research studies show how 'race' and culture are used by scholars and professionals to explain mental health problems among minoritised people (e.g. Kapadia, 2023; Nazroo et al., 2020), we show how callers who self-categorise as non-racialised explain their vulnerability with reference to racialised others. A particularly worrying construction, which has not been identified in previous research studies on racism in health care, is the link some callers make between their problems, the power of racialised categories and the hostility of an antiracist position. This downplays the need for empathy with the other and, in its extreme form, legitimises elimination of self or the other (cf. Eglin & Hester, 1999; Ekman, 2019).

These findings showcase the complexity of responding to racism in a setting that necessitates support. In addition to the interactional preference to show empathy when people are describing trouble (cf. Jefferson, 1988), empathising with callers is an institutional mandate on helplines. By describing three ways of responding to racialised talk—topicalising racism, providing ambiguous support, and offering subtle resistance—we demonstrate possible interactional consequences of dealing with racism. This is important since previous studies on staff's experiences of racism from users have highlighted the difficulty and ethical dilemmas encountered in navigating racialised talk (Ahlberg et al., 2022). However, since most studies on racism in health care are either quantitative or based on qualitative interviews, they do not allow for a comprehension of actual interactional trajectories.

While previous studies on racism in non-health care settings show that practices such as withholding support and giving ambiguous support allow callers to back down from a racist trajectory (Stokoe, 2015; Whitehead, 2015), callers in our data pursued recognition of their stance and oriented to their entitlement to direct the focus of the call. This may have to do with the institutional principle of unconditional support and callers' anonymity in crisis helplines, and the embeddedness of racialisation in callers' understanding of their problems. Explicit resistance, such as the topicalisation of racism, did not generate a shift in stance but was treated as call-takers not doing their job. We also saw how call-takers obscured racist categories by using indexical terms, which enabled further racist talk. Thus, our study highlights the dilemma for health care staff when callers initiate racialised talk, balancing between the risk of alienating a vulnerable caller and legitimising racism (cf. Augoustinos & Every, 2007, p. 234; Durrheim et al., 2014).

A premature conclusion would be that call-takers should focus on supporting clients and leave antiracism outside the call. However, the way racialisation is bound up with mental health issues in callers' accounts suggests that addressing mental health issues can and should involve addressing racism. Just like it is possible to show empathy while subtly disagreeing that suicide is a solution to suffering (Iversen, 2021) or persuade suicidal callers in acute danger to seek help (Kevoe-Feldman & Iversen, 2022), arguing against a racialised understanding of callers' problems aligns with helplines' agenda of being there to listen while also offering a different perspective. A

vital element of such challenges is the treatment of callers' problems as real and helpline-relevant. Thus, the analysis has shown the potential of recognising callers' mental health needs while redefining their problems' connection to racialised categories. Such subtle resistance avoids the pitfalls of both topicalising racism and obfuscating antiracism (cf. Hamed, 2022).

Showcasing how health care staff respond to users' racialised talk is important as it uncovers the occurrence, functions and ethical dilemmas of racism in health care and has implications for further research and practices. The highlighted complexity of these interactions shows how racialisation may be embedded in people's understanding of illness and emphasises the need for research on methods for dealing with racism across health care contexts. Relating to the absence of institutional guidelines on how to respond to racism (Hassen et al., 2021), the findings provide a basis for developing guidelines and training for health care staff.

### AUTHOR CONTRIBUTIONS

**Clara Iversen:** Conceptualization (lead); Data curation (lead); Formal analysis (lead); Funding acquisition (lead); Investigation (lead); Methodology (equal); Project administration (lead); Resources (equal); Software (equal); Writing – original draft (lead); Writing – review & editing (lead). **Marie Flinkfeldt:** Conceptualization (supporting); Formal analysis (supporting); Investigation (supporting); Methodology (equal); Resources (equal); Software (equal); Writing – original draft (supporting); Writing – review & editing (supporting). **Sarah Hamed:** Conceptualization (supporting); Formal analysis (supporting); Methodology (supporting); Resources (equal); Software (equal); Writing – original draft (supporting); Writing – review & editing (supporting).

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There are no conflicts of interest.

### DATA AVAILABILITY STATEMENT

Data supporting this study are not publicly available due to participant confidentiality. Please contact [clara.iversen@uu.se](mailto:clara.iversen@uu.se).

### ETHICAL STATEMENT

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

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## APPENDIX A: EXTRACT FROM GAIL JEFFERSON'S (2004, PP. 24–31) TRANSCRIPTION SYMBOLS

Jefferson G (2004) Glossary of transcript symbols with an introduction. In Lerner, GH (ed.) *Conversation analysis: Studies from the first generation*. Amsterdam: John Benjamins Publishing, 13–31.

[	Onset of overlap
]	The point at which two overlapping utterances end
=	Latching, no break or gap
(0.0)	Elapsed time by tenth of seconds
(.	Micro pause
<u>word</u>	Stress via pitch and/or amplitude
:	Prolongation of the immediate prior sound
↑↓	Shifts into especially high or low pitch
,?.	Punctuation marks are used to indicate the usual intonation
WORD	Louder sounds
°word°	Softer or quieter sound
wo-	Cut off
>word<	The bracketed sounds are sped up
<word>	The bracketed material is slowed down
.hhh	Inbreath
hhh.	Outbreath
wo(hh)rd	Laughter particles in word
.shih	Wet sniff
wo~rd	Wobbly voice
w#ord	Creaky voice
((word))	The transcriber's comments

## APPENDIX B: TRANSCRIPTIONS WITH SWEDISH ORIGINAL

## Excerpt 1a

- 07 CT: [Va kan ja hjälpa dej me.  
What can I help you with.
- 08 CL: [Due:::h (1.0) .h ä: Ja e osäker=e:::::hh  
He:::yh (1.0) .h uh:m I'm unsure/insecure=e:::::hh
- 09 (1.5) ä::: som fan.  
(1.5) uh:::m as hell.
- 10 (0.5)
- 11 CT: Åke:j? På va[då?  
Oka:y? About [what?
- 12 CL: [M::m (1.0) .h ä::::: på:::::a:::h  
M::m (1.0) .h uh:::::m a:::::bou:::th
- 13 (0.5) ä::::: till exempel som ja ha alltid=  
(0.5) uh:::::m for example like I have always=
- 14 =ä:::::h (0.5) .hh ä=hatat=ä:::::↓:::::=  
=uh:::::mh (0.5) .hh uhm=hated=uh:::::↓:::::m=
- 15 eller inte allti=men=e:::::hh (1.0) .hh  
or not always=but=uh:::::hh (1.0) .hh
- 16 ja har alltid=e::: hatat ä::::::  
I have always=uh:::m hated uh:::::m
- 17 <n\*\*\*\*>, .h men sen samtidigt så ha:r ja: .hh  
<n\*\*\*\*>, .h but then at the same time I: ha:ve .hh
- 18 tvingat mej själv till att e::: gilla (.) .h e=n\*\*\*\*>=  
forced myself to uh:::m like (.) .h e=n\*\*\*\*=  
=för att e: ja har blitt uppväxt med att ä:: (1.1)  
=because uh:m I have been raised with that uh::m (1.1)
- 20 ä:::::h=hhhhh. man=e=måste tycka om=ä::: (0.3) alla  
uh:::::m=hhhhh. one=uhm=has to like=uh:::m (0.3) everyone
- 21 å ja har fått de så hårt ä:: (0.3) impräntat=  
and I have gotten it so hard uh::m (0.3) imprinted=
- 22 =i:::::e:: (1.1) .hh huvudet ända sen=e:::::  
=i:::::n=uh:: (1.1) .hh the head ever since=uh:::m
- 23 .HH ja va liten=De kommer ifrån min=e::: (0.5)  
.HH I was little=It comes from my=uh::: (0.5)

**Excerpt 1b**

- 24 .hh [Ja va d- ja har bara ]  
 .hh [Yes what th- I have just
- 25 CT: [ >Men du vänta=vänta får ja-  
 [ >But hey wait=wait can I-
- 26 [bara säga< en s[ak.=>asså du har [ring- ]  
 [just sa]y< one thing.=>listen you have [call-]
- 27 CL: [Jea, ] [Jea:, ]  
 [Yeah, ] [Yeah:, ]
- 28 CT: ringt till (0.3) ((organization name))  
 called to (0.3) ((organization))
- 29 självmordslinjen och de du säger till mej  
 the suicide line and what you're saying to me
- 30 e::: (.) vad du inte tycker om.  
 i:::s (.) what you don't like.
- 31 (0.5)
- 32 CT: .hhh de [ blir ju lite  
 .hhh it [gets you know a bit
- 33 CL: [eJa ]  
 [eYes ]
- 34 CT: konstigt .hhh De ju inte riktigt de: ja e här för  
 weird/strange .hhh That's y'know not really tha:t I'm here for
- 35 å (.) sitta å diskutera me dej.  
 to (.) sit and discuss with you.

**Excerpt 1c**

- 36 (0.4)
- 37 CL: .hhhhh Na::j men [de e ett utav e:::: .hh problemen=  
.hhhhh No:: but [that's one of uh:::: .hh the problems=
- 38 CT: [Nae.  
[No.
- 39 CL: =asså:: hh. Ja e inte självmordsbenägen=  
=liste::n hh. I'm not suicidal=
- 40 =men [ja: ] (.) .hhh e:: behöve[::::r ja befinner mej i: ]  
=but [I: ] (.) .hhh uh:: nee[::::d I'm i:n
- 41 CT: [Näe ] [(men man kan tala om prakt-)]  
[No [(but one can talk about pract-)]
- 42 CL: .hhh <en depression>.  
.hhh <a depression>.
- 43 (0.4)
- 44 CT: Ja:,  
Ye:s,
- 45 (0.4)
- 46 CL: Ja.  
Yes.
- 47 (0.6)
- 48 CT: °Mm. °=
- 49 CL: =.hh=Men ja ville bara b- (.) .hh †Ja tänkte bara börja  
=.hh=But I just wanted to b- (.) .hh †I just thought I start
- 50 nånstans.†  
somewhere.†

## Excerpt 2a

- 01 C: å då så::: så liksom flörtade dom här två å  
and then the:::n like those two flirted and
- 02 dom va färgade=å ja=ja e lite .h (.)  
they were coloured=and I/well=I am a bit .h (.)
- 03 >j:a hoppas att du fattar humor nu å inte  
>I: hope that you get humor now and don't
- 04 lägger på luren< ja e lite <invertererad  
hang up the phone< I am a bit <invertedly
- 05 rasistisk> >för ja föredrar färgade mänsker  
racist> 'cause I prefer colored people
- 06 verkar de nästan som,  
it almost seems like,<
- 07 (.)
- 08 CT: M:m:,
- 09 C: Nån har sagt de till mej att ja ja kanske har lite  
Someone has said that to me that well I maybe have a bit
- 10 n\*\*\*\* spiritual i mej=ja- ja-=förstår ru ja  
n\*\*\*\* spiritual within me=I- I-=do you understand I
- 11 [e (0.4) e:: ja ja e sån. .h=[O- och [ja e  
[am (0.4) uh:: well I am that way. .h=[A- and I am

**Excerpt 2b**

- 13 CT: [Mm [D- du- vet du att de inte e  
[Mm [H- Hey- do you know that it's not
- 14 riktigt schysst å säga färgade,  
quite nice to say colored,
- 15 (.)
- 16 CL: ↑Nämen så hu- säg väl duh! ↑ .h [(men du men)  
↑No but so ho- say VÄL yoh! ↑ .h [(but you but)
- 17 CT: [Svarta.  
[Black.
- 18 (0.3)
- 19 CL: >Jaja mene-< Ja vet inte eh[h!  
>Right but=uh< I don't know uh[h!
- 20 CT: [Joo.  
[Well yes.
- 21 CL: >Jaja men de viktiga ä va man:< (.) menar.=  
>Right but the important is what one:< means.=
- 22 CT: =Jaa.=  
=Yes.=

**Excerpt 3a**

- 01 CT: De e klart, (.) Vi e inte födda för å  
Of course, (.) We aren't born to
- 02 ligga i t- i mörker å speciellt  
lie in t- in the dark and especially
- 03 inte vi nordbor=vi behöver lite ljus.  
not us northerners=we need a bit of light.
- (( 11 lines omitted))
- 15 CT: Ja tror att [e att (de räcker)  
I think that [uh that (it's enough)
- 16 CL: [Men vet du att dom e klarar  
[But do you know that they uh can
- 17 sej=dom e som kackerlackor dom.=h [svarta.  
manage=they are like cockroaches them.=h [blacks.
- 18 CT: [°Vicka?°  
[°Who?°
- 19 (.)
- 20 CL: Som säljer droger å:: (.) [skickar hem  
Who sell drugs a::nd (.) [send home
- 21 CT: [Aja  
[Right
- 22 CL: peng<sub>er</sub> till sina föräld[rar å dom åker  
money to their par[ents and they go
- 23 CT: [Khk! Khk!
- 24 CL: dom åker över ha:vet å allting.  
they go over the sea: and everything.
- 25 (.)
- 26 CL: .hhh Mamma tycker att de e förjäv<sub>l</sub>it att ja  
.hhh Mom thinks that it's hell that I
- 27 skulle möta en sån.  
would meet one of those.
- 28 (0.4)
- 29 CL: .shnehhh



**Excerpt 3b**

- 30 CT: De tror ja (.) <faktiskt> (.) att alla mammer  
That I believe (.) <actually> (.) that all mothers
- 31 (.) tycker.  
(.) think.
- 32 (1.2)
- 33 CT: Khk! Khk! (.) khk! Ursäkta  
Khk! Khk! (.) khk! Sorry
- 34 (.)
- 35 CL: Ä de gör (°°inge°°)  
No that's (°°okay°°)
- 36 (.)
- 37 CT: .hh Vet du va som mamma >ja ä mamma själv<,  
.hh You know what as a mother >I'm a mother myself<,
- 38 (.)
- 39 CT: Ja skulle också tycka (.) att (.) de skulle  
I would also think (.) that (.) it would
- 40 va j- väldit tråkit för ja skulle vara, (0.5)  
be v- really bad because I would be, (0.5)
- 41 dej närmast såklart mitt eget barn.  
closest to you of course my own child.
- 42 (0.7)
- 43 CT: De e man ju.  
One is y'know.
- 44 (0.5)
- 45 CL: Hhhhhhh. (.) snhikh
- 46 (.)
- 47 CL: Men samtidit så överlever rom.  
But at the same time they survive.
- 48 (.)
- 49 CL: Do[m dom tar hand om varann å han .h  
Th[ey they take care of each other and he .h
- 50 CT: [M:m:.

**Excerpt 4**

24 CL: Å de va ju ofta såna hä::r=eh (0.5)  
And there were y'know often tho::se=uh (0.5)

25 ja mycke invandrare rå. °>hrrm:<°  
well lots of immigrants then. °>hrrm:<°

26 CT: Ja  
Yes

27 (1.0)

28 CL: I dom här grupperna, å då- dom e så:  
In those groups, and then- they are so:

29 så stö<sub>u</sub>riga på nå vis.  
so disturbing in some way.

30 CT: Ja:  
Yea:h

31 (0.3)

32 CT: [ A: . ]  
[Yea:h]

33 CL: [.hha:]  
[.hhye:s]

34 CL: Aa:, verkligen.  
Yea:h, certainly.

35 (0.6)

36 CL: .hhh [Nej så de::  
.hhh [No so tha::t

37 CT: [A:, de där ä in- de där ä en (.)  
[Yea:h, that is no- that is a (.)

38 .hh tråkig utveckling.  
.hh sad development.

39 CL: Ja:: De ä: [ju de.  
Ye::s. It i:s [indeed.

**Excerpt 5a**

- 08 CL: [Å då ä de väldit svå::rt å bryta  
[And then it's very ha::rd to break
- 09 CL: sej ut ur en isolering=å ja bor i ((stad))=  
out of an isolation=and I live in ((city))=  
10 =ett sån [här] (.) .hh e:: <u:tanförskapsråde:,>=  
=one of [these] (.) .hh uh:: <a:reas of exclusio:n,>=  
11 CT: [Mm.]  
12 CT: =M:m,=  
13 CL: =Väldit invandrartätt å så=[å de=de e svå::rt  
=Very dense with immigrants and such=[and it=it is ha::rd  
14 CT: [M::m,  
15 CL: å knyta kontakter,  
to make connections,  
16 CT: Jamen de e:: de.  
Oh but it i::s.

**Excerpt 5b**

- 17 (0.7)
- 18 CL: Jaa.  
Yes.
- 19 (1.2)
- 20 CT: >Även om dä:r antagligen< (.) om de gick att g-  
>Even if the:re probably< (.) if it worked to t-
- 21 få kontakt så skulle re säkert kunna finnas  
get contact then there would likely/surely be
- 22 fina nät:verk, .hhh me[n de e] svå:rt att ta:  
good ne:tworks, .hhh bu[t it is] ha:rd to ta:ke
- 23 CL: [Jaa, ]  
[Yes, ]
- 24 CT: (0.4) de e svårt att få dom mötesplatserna,  
(0.4) it is hard to get those meeting places,
- 25 (0.3)
- 26 CT: >Där man [kan lä]ra känna nya människor.<  
>Where one [can ge]t to know new people.<
- 27 CL: [Ja::.]  
[Yea::h.]
- 28 (0.4)
- 29 CL: Aa. =de skulle va som de va i utlandet=  
Yeah. =it should be like it is abroad=

**Excerpt 6a**

- 01 CL: De [handlar inte om (.) att [gå:å:  
It [is not about (.) [go:o:ing
- 02 CT: [Nä [hhh  
[No [hhh
- 03 CL: g[å omkring å vara >gnällig<=De handlar inte om  
g[oiing around being >whiney<=It's not about
- 04 CT: [hrmk!
- 05 CL: (.) att förstöra=å de handlar inte om  
(.) destroying=and it's not about
- 06 att blanda: olika människor me  
mix:ing different people with
- 07 varandra=de handlar i:nte om (0.5) .h .h om  
each other=it's no:t about (0.5) .h .h about
- 08 eh att att (.) stjåla (0.5) vara kriminell (.) förstöra=  
eh (.) stealing (0.5) being criminal (.) destroying=
- 09 CT: =M[m::
- 10 CL: [De handlar inte om de. De handlar inte om [de.  
[It's not about that. It's not about [that.
- 11 CT: [Näe,  
[No,
- 12 CL: Nej.  
No.
- 13 (0.7)

**Excerpt 6b**

- 14 CL: Harmoni (.) kan dessutom inte existera >i en i e  
Harmony (.) can above that not exist >in a in a
- 15 i e-< på en plane:t där vi har (0.5) >bara ställa  
in a-< on a pla:net where we have (0.5) >just ask
- 16 sej frågan<=.h >varför har vi så olika<  
oneself the question<= .h >why do we have such different<
- 17 (.) länder=>varför har vi< nationer=>varför har vi  
(.) countries=>why do we have< nations=>why do we have
- 18 så många ras-< ra raser .h >Varför har vi så många<  
so many rac-< ra- races .h >Why do we have so many<
- språ:k?  
19 la:nguages?
- 20 (0.5)
- 21 CT: Mm\_
- 22 CL: De går inte ihop.  
It does not add up.
- 23 (0.4)

**Excerpt 6c**

- 24 CL: De innebär asså (.) på den här planeten kan vi  
That means y'know (.) on this planet we can
- 25 inte ha fre:d,=.h De kan inte ha funnits fred nå-  
not have pea:ce,=.h It cannot have been peace an-
- 26 någon gång.  
any time.
- 27 (0.6)
- 28 CL: Under all- våran existens.  
During all- our existence.
- 29 (0.3)
- 30 CT: M:\_
- 31 CL: Så de innebär ju innebär ju inget annat (som) e-  
So that means y'know means y'know nothing else (like) e-
- 32 rent rent rationellt sett, (0.6) inget annat än  
purely purely rationally, (0.6) nothing else than
- 33 att (0.3) näe (.) de °måste va helvetet.°  
that (0.3) no (.) this °must be hell.°
- 34 (0.7)
- 35 CT: °Mokej.°  
°Mokay°
- 36 (0.4)

## Excerpt 6d

- 37 CT: .hhh [ö: du du] (.) du [pratar o:m människor som  
.hhh [e: you/hey you] (.) you [talk a:bout people as
- 38 CL: [Så de e-] [A:?  
[So it i- ] [Ye:s?
- 39 CT: att jamen människor ä:: robotar, hur ä- ä alla i din  
if well people a::re robots, how a- are everyone in your
- 40 närhet som: (.) .h jamen robotar eller finns det  
proximity like: (.) .h well robots or are there
- 41 människor som du tycker ä m: mer mä[nskliga].  
people who you think are m: more hu[man.
- 42 CL: [Ja: alli- allihopa  
[Ye:s all- all of them
- 43 (.) till å me asså (.)ja upptäckte ju hos mej själv  
(.) even y'know (.)I noticed y'know with myself
- 44 asså de är ju väldi viktigt att man e ju  
y'know it's y'know very important that one e y'know
- 45 bö:eu:: allti hos sej själv=om man vill förbättra  
sta:eu:: always with oneself=if one wants to better
- 46 nånting så måste man ju:: först å å främst börja  
something then one must y'kno::w firstly start
- 47 hos sej själv, .hh asså  
with oneself, .hh y'know