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The Morality of Anxiety: Emotion and Credibility in Helpline Interaction

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Research in discursive psychology examines naturally occurring interactions to see how people deal with psychological matters, such as emotions. In the current article, we use examples from a study conducted in a helpline setting to illustrate how discursive psychology provides insights into the moral dimensions of anxiety. Although individuals may use expressions of worry to emphasize the seriousness of a problem in their lives, they also counter a hearing of their problem as existing solely in their mind—that is, as anxiety. Our findings show that callers work to maintain credibility while presenting themselves as anxious and that call takers can support them by acknowledging anxiety as an external force that can overpower individuals, even when they are aware of its nature. By demonstrating how the morality of attributing a problem to the subject can be negotiated through interactional practices that distribute responsibility, this study highlights the value of analyzing emotion in naturally occurring interactions.

Keywords: anxiety, conversation analysis, discursive psychology, helpline, suicide prevention

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Anxiety is a widespread problem with anxiety disorders being the most common mental illness in the world (Yang et al., 2021). From a psychological perspective, it is understood as "associated with preparation for possible, upcoming negative events" and may involve worry, avoidance and physical reactions (Craske et al., 2011, p. 370). Although anxiety disorders are connected to medical states such as severe depression and suicidality (Horwitz & Wakefield, 2012), it is also seen as an experience with important functions as it prepares people for real challenges (Granek et al., 2025). This double role of anxiety—as both functional and dysfunctional—is present in classifications of anxiety disorders (e.g., The *Diagnostic and Statistical Manual of Mental Disorders*, fifth edition; American Psychiatric Association, 2013) as well as in interviews with people who experience anxiety disorders (Esala & Del Rosso, 2019), where anxiety is seen as unproblematic unless it involves responding incorrectly, unreasonably, or disproportionally to events in the world.

The way in which anxiety is attributed to external events as well as to problems within the person highlights the ambiguity of the concept and the key role of culture in deciding if there is a real-world justification for the anxiety (see Horwitz & Wakefield, 2012). In psychology, this has been discussed as a problem of differentiating between various kinds of pathological anxiety, and distinguishing pathological from normal

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anxiety (e.g., Chen et al., 2025). A discursive approach, by contrast, provides an understanding of how people in their everyday lives talk about, display, and deal with anxiety as a justifiable experience. Research in discursive psychology (DP) has shed light on how people in social interaction present as credible actors by establishing objective grounds for their emotions (e.g., Edwards, 1997; Edwards & Potter, 2017; Edwards, 2007; Potter, 1996)—being justifiably anxious rather than prone to worry. This work has shown how emotion terms are involved as people perform various kinds of social actions, for example, ascribing blame, excusing, or presenting motives for behavior (Childs & Hepburn, 2016). In this article, we use examples from suicide preventive helplines to look at the implications of this work, often referred to as subject–object relations (e.g., Edwards, 1997; Edwards & Potter, 2017), in how callers and call takers make sense of anxiety.

The Morality of Worry

One of the critical contributions of DP in studies of psychology, communication, and social interaction is its investigation of the morality of emotion, that is, how people treat emotions in terms of what is normal, expectable, and proper (Edwards, 1997, p. 7). For example, Locke and Edwards (2003) showed how Bill Clinton, under grand jury cross-examination about his contacts with Monica Lewinsky, presents his own upset as caused by Lewinsky's behavior and her upset as grounded in her disposition to easily become upset. DP has thus shown how emotions can be worked up as irrational personal dispositions or as sensible reactions to an external situation (e.g., Edwards, 1997, p. 178, 1999, 2005). This research builds on Smith's (1978) classic study of how a group of friends come to construct a person ("K") as "mentally ill," building this as a factual account by describing how "K" displays the wrong kind or the wrong amount of emotion. Edwards (1997, p. 187) further showed how arguing spouses in couples therapy can build their credibility by establishing emotion, such as anger, as a personal inclination or a legitimate result of others' actions. Subjective and objective stances thus relate to credibility and entitlement and a subjective stance, such as worry, can undermine the establishment of a description as referring to objective circumstances. However, it can also be treated as a sensible reaction to an unsafe reality (see Edwards, 1997, p. 51).

DP research has shown how anxiety and related emotions, such as fear, worry, uncertainty, and concern, are mobilized in institutional interaction, often in ways that counteract a hearing of the speaker's problem as anxiety. For example, in calls to a welfare service, callers and call takers treated service contacts based on worry as inapposite (Flinkfeldt, 2020). In this sense, people who succumb to worry rather than seeking solutions can be seen as irresponsible. Other studies show people working to display appropriate worry. For instance, Locke (2003) showed that sport athletes who were interviewed about their performance talk about a certain amount of anxiety as natural and good as long as they are able to control their emotions. In a study of a child protection helpline, Potter and Hepburn (2003) showed that the callers' display of worry for children in their proximity work to legitimize seeking help by treating a problem as serious. Similarly, in a study of fetal ultrasound scans, Frezza and Ostermann (2021) showed that pregnant women justify their worry as based on previous information indicating deviation from normality.

However, the callers to the child protection helpline were careful to describe circumstantial—objective—grounds for their worry (Potter & Hepburn, 2003). Likewise, in a study of internal radiation exposure tests after the Fukushima disaster, Nishizaka (2017) showed how patients and health professionals orient to a distinction between appropriate and inappropriate worry. Thus, previous research shows that people display worry to show that a problem is serious, but they also counter an understanding of themselves as habitual worriers: that their anxiety only comes from the subjective source of their own minds. These ways in which people manage credibility can be understood as an orientation to the morality of worry: a need to establish that worry is a justified emotional state in their situation.

Institutional Responses to Psychological Distress

Previous DP research on how worry is managed in institutional settings shows that both professionals and clients treat information as removing the grounds for worry (e.g., Flinkfeldt, 2020; Nishizaka, 2017). For instance, Beach et al. (2005) demonstrated how doctors orient to fear or worry as making relevant (biomedical) information in discussions about cancer. However, studies also suggest that providing information in

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response to worry can be a missed opportunity wherein practitioners fall short of addressing clients' emotional stance (Beach et al., 2005). A few studies have shown how professionals can address clients' or patients' worry by "sharing the emotional burden," for example, using declarative statements absolving them of responsibility for acting in the wrong way (e.g., Iversen & Kevoe-Feldman, 2024; Sansone et al., 2022).

Helplines stand out in this context because people often present being anxious or worried as their reason for calling. A study comparing help seeking for potentially suicidal friends and family in emergency versus helpline calls (Iversen & Kevoe-Feldman, 2024) shows that emergency dispatchers treat callers' displays of uncertainty and worry as recruitments of help for the suicidal person, that is, as pointing to an objective, serious, real-world problem. In helpline calls, however, uncertainty can also be treated as related to the caller's emotional problems, warranting exploration of the caller's subjectivity and not help to the suicidal person.

Such subjective approaches to psychological distress are common in counseling and psychotherapy, where practitioners often redirect clients' focus from external complaints to their own behavior and personality (e.g., Antaki et al., 2005). In line with a morality of worry, research has shown that attributing problems to people's subjectiveness risks positioning them as lacking competence (Holstein & Miller, 1990). Although attributing someone's disproportional emotional reaction to a pathological cause can be a culturally provided means of exempting them from moral responsibilities, it also undermines their status as credible social actors whose descriptions of the world have an objective foundation. Studies have shown that practitioners can mitigate this risk in different ways, for example, by attributing seemingly inappropriate emotional responses—such as sadness in response to positive life events—to childhood experiences, thereby distancing individuals from their reactions and allowing them to maintain an identity as rational actors (Thell, 2020).

In the current article, we contribute to this research by investigating how people orient to and manage the morality of worry in helplines—a setting wherein worry is treated as a subjective problem. We show that despite the calls' emotional focus, callers and call takers still orient to anxiety as a moral problem by providing objective grounds for their worry and by issuing self-blame for irrational anxiety. We also show how call takers can treat callers as anxious but credible people by (a) constructing their reactions as normal and (b) distinguishing between knowing that one is acting unreasonably and being able to act differently. Showing the details of how call takers can acknowledge callers' irrational emotions while addressing them as credible is useful in real-life clinical settings wherein practitioners need to manage the moral aspects of anxiety.

Methodological Background

Our examples come from a study of calls from callers 60 years and older to three Swedish suicide preventive helplines, audio recorded in 2018–2019, 2020, and 2024. The helplines are run by nonprofit organizations, taking approximately 100,000 calls annually, to provide support to people with needs ranging from acute crisis to social contact (Kevoe-Feldman & Iversen, 2022; Iversen et al., 2022). Helplines are a suitable setting to study the management of anxiety because a major task is to explore why the callers are contacting the helplines and how to move forward (see Danby et al., 2005). The helplines under study differ from a professional setting because the call takers are volunteers, considered to be fellow humans rather than experts (Iversen et al., 2022).

Calls were recorded following ethical approval (2023-06158 01) and informed consent from callers and call takers. The examples in this article are based on an analysis of 72 formulations of anxiety (the Swedish term *ångest*, literal "angst") drawn from the complete corpus of about 1,200 helpline calls. The whole corpus was transcribed with a secure version of the AI tool Whisper,[1] and the researchers transcribed sequences featuring anxiety talk using Jeffersonian conventions (see Appendix A). This enabled analysis of interactional details such as overlap, sighing, crying, and intonation, which are important when people communicate and respond to descriptions and displays of experiences (Stivers et al., 2011). Rather than seeing emotions as inner objects that influence behavior, we use conversation analysis and DP to investigate discursive practices as primary, situating them within the social, physical, and institutional contexts of what is going on for

[1] The transcription was enabled by resources provided by the National Academic Infrastructure for Supercomputing in Sweden at Uppsala Multidisciplinary Center for Advanced Computational Science, funded by the Swedish Research Council through Grant Agreement No. 2022-06725.

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callers and call takers (Sacks, 1967; Stokoe et al., 2012). The transcripts are presented with English translations only, and the original Swedish can be found in Appendix B.

Anxiety in Helpline Interaction

This section shows how callers and call takers orient to the problem indicated in previous research: to establish that the callers are credible actors while they are also categorized as people with anxiety.

In Excerpt 1, the caller (CL in the transcript) has initially mentioned anxiety as her reason for calling ("I have anxiety °that makes me (.) °crawl out of my own skin now.°°"). As the cause of her current anxiety, she has described a recent event wherein an ex-partner has exposed her to "silent abuse" (suddenly withdrawn from contact) but has also described living with anxiety for many years. The excerpt starts with the call taker (CT in the transcript) asking an alternative question about the occurrence of her anxiety (Lines 42–43):

Excerpt 1

```
42  CT:  Does it come in episodes or (.) do you feel that it is
43       evenly distributed y'know [°like:°
44  CL:                            [It comes in episodes.
45  CT:  It comes in episodes then.
46  CL:  Yeah.
47  CT:  Hrm! and this kind of (.) .h thing has triggered your
48       anxiety:h,
49       (.)
50  CL:  Mm:.
51  CT:  Mm.
52       (1.4)
53  CL:  .hhh [>Yeah but it] is probably- how- It is 'cause<
54  CT:       [hrm hrm!     ]
55  CL:  I get anxiety from living under <death threat>
```

The question topicalizes anxiety as the caller's main problem and, by picking the alternative "episodes" (Line 42), the caller accepts the assumption that anxiety is a recurrent problem in her life (Line 44). Although the call taker's upshot formulation (Lines 47–48) links the anxiety to the external event of silent abuse, characterizing it as "this kind of thing" (Line 47) assumes that this is one among many things that could have "triggered" (Line 47) anxiety. Thus, the participants work up a version that makes it relevant to focus on the caller's subjective problem (anxiety) rather than the objective situation (silent abuse).

However, after minimally acknowledging this interpretation, the caller goes on to name a different cause of the anxiety, that is, "living under death threat" (Line 55). This is offered as a contrast ("Yes but," Line 53) to the call taker's interpretation. The versions are not necessarily incompatible—the death threat can be understood as causing fluctuating anxiety affected by other circumstances. However, rather than

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treating anxiety as a disproportional reaction, the contrastive format of this turn resists the focus on anxiety as the caller's problem and frames it as a reasonable reaction to living under death threat: Rather than acting irrationally, the caller presents herself as a credible person with justified anxiety.

In Excerpt 2, the caller has also launched anxiety as an initial topic ("I=n(.)eed to ta(.)lk=a bit=I have e:hrm! .HH really strong anxiety."). Here, she is accounting for why she is calling by saying that the anxiety has increased in intensity. Thus, similar to the previous case, the anxiety is initially treated as a constant problem that fluctuates.[2]

[2] "LAT" on Line 13 is an abbreviation of "Living apart together" translated from the Swedish *Särbo*.

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Excerpt 2

```
06  CL:  It's just the anxiety has accentuated
07       a lot now towards the e::nd here and
08       (0.7)
09  CT:  °M [m.°
10  CL:     [If it is in preparation for fo- the easter too
11       one feels like (2.4) demands too
12       that (.) well (1.5) .Hhh ↑I guess I should invite
13       over my LAT too and (0.4)
14       we will y'know eat and also I have y'know (0.4) tsk.
15       (0.4) a daughter who is turning  ((around 60))
16       no:w (.) now the ((date))and=uh (1.4) >she
17       is not well either and< (1.0) it gets
18       hard like to h. (0.5) plan things h.
19       (1.0)
20  CT:  M:m.
21       (0.9)
22  CT:  I understand.=But do you feel like you have (0.5)
23       °#e::° like ↑pressure↑ on you to (1.1) °plan
24       things and- or is it [you yourself who puts it°
25  CL:                       [Yeah
26       (0.9)
27  CL:  Ah! No it (0.9) a lot falls on me=they
```

The caller offers a potential explanation of her anxiety in a list construction with the category "challenging things to plan" binding the items together (Lines 17–18; Lerner, 1994). Although inviting over one's partner (Line 12) might not in itself be hard, having it listed together with Easter planning (Line 10) and an unwell daughter (Lines 14–16) displays a sense of being overwhelmed, which can justify anxiety. The hypothetical format, "if it is" (Line 10), invites the call taker's view by producing the explanation as a possible suggestion rather than an established fact.

After acknowledging the caller's account and allowing for elaboration (Lines 19–21), the call taker pursues an understanding of the problem as having inner causes. Starting the alternative question with "but" (Line 22) indicates a contrastive version to the caller's, and so the call taker can be heard to invite the caller to reconsider her suggested explanation for the anxiety (see Iversen, 2021). In using "feel," both alternatives include a subjective problem—thus none of them accepts the caller's version completely—but the second version clearly locates the source of the problem within the caller (Line 24). The caller resists the subjective element by answering with "No," then stating "it falls a lot on me" (Line 27) as an objective fact.

Thus, in both these cases, the participants initially build versions of anxiety as a disproportionate reaction to external problems. This is in line with an interview-based psychological understanding of anxiety as an incongruity between the person's reaction and events in the world (Esala & Del Rosso, 2019). However, the cases exemplify the DP insight that for participants in interaction, emotion is approached as a credibility issue: The callers resist being ascribed unreasonable anxiety, claiming that anxiety is justified given their circumstances. Thus, even in a situation wherein callers have presented anxiety as their main problem, they pursue talk about their difficult life situations. In the next section, we further highlight the management of the morality of anxiety as a participant's problem by focusing on call takers' practices that can accentuate or share the moral burden of anxiety.

Managing Anxiety: Knowledge and Ability

In the helpline calls, call takers respond to callers' anxiety using numerous practices, such as providing information, asking callers to breathe, and refocusing callers' attention. While some of those practices can be understood as information oriented, similar to the practices for dealing with anxiety in previous research (Flinkfeldt, 2020; Beach et al., 2005), call takers' practices in the helpline calls also include emotional support. For instance, the following turn from the call taker is delivered after a long segment with information about the evolutionary roots of anxiety.

Excerpt 3

```
16  CT:  [Even if the b- body feels like (.)
17       you are afraid, try to think that (1.0) <"This
18       is just like the body prepares me
19       so that I can (.) act based on a threat (.)
20  CT:  And now there isn't any threat.">
```

The call taker provides advice by enacting a future situation wherein the caller is experiencing anxiety and is reassuring herself that the experience is not what it seems to be (Lines 17–18; see Sandlund, 2014). However, rather than just addressing the caller as someone with unreasonable reactions, the call taker makes the caller's limited agency relevant by saying that the caller should "try to think" (Line 17; see Edwards, 2008). She thereby counteracts a future in which the caller might blame herself for not succeeding. The call taker thus orients to anxiety as an objective force within the caller and her subjective rational self as potentially not as powerful as the anxiety. In essence, this is a delicate balance between acknowledging the caller's irrational emotions while addressing her as credible. The call taker treats knowledge (that

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the anxiety is unreasonable) as potentially useful but distinguishes this from the caller'sability to act on this knowledge.

The distinction between knowledge and ability is visible in call takers' practices and callers' responses to them. For instance, a common way of responding to callers' anxiety is to ask them what they usually do—the callers' strategy—when they experience anxiety. Such questions orient to anxiety as a persistent feature in the callers' lives, which they are able to manage. In this sense, they align with helpline guidelines, which recommend treating callers as capable experts (Kevoe-Feldman & Iversen, 2022). In Excerpt 4, for example, the call taker asks if the caller has any "tricks" to manage anxiety, after having responded empathically (data not shown) to the caller's description of anxiety.

Excerpt 4

```
28  CT:  [Do you have any tricks so that you can stop
29       it from breaking out? Do you have any: .hh
30       come up with something yourself that you do?
31  C:   .hh >HHH.< I try: to:: (1.4) °Uh:m°
32       even if: the stre:ngth wanes so terribly
33       I .hhh try: to v- (0.8) be able to
34       get dressed and go ou:t a while.
```

The term "tricks" (Line 28) assumes that the way of managing anxiety is related to outsmarting her body. The caller produces a heavy sigh (Line 31), displaying difficulty to talk and a problem orientation of the following talk (Hoey, 2014). She then orients to the possibility of failure by beginning to respond with "I try" (Line 31; see Edwards, 2008). This transformative answer (Stivers & Hayashi, 2010) thus resists the assumption that coming up with a trick is the same thing as stopping the anxiety from breaking out. The caller repairs to a clause foregrounding the difficulty, "even if the strength wanes so terribly" (Line 32), before she offers a possible solution as "get dressed and go out" (Line 34). The use of "try" and "be able" (Line 33) further stresses that although the caller knows what she should do, it is a question of ability in a situation wherein she is hampered by anxiety (see Flinkfeldt, 2017).

The next example of this kind of solution-focused question occurs in a similar sequential environment wherein the call taker has responded to the caller's description of her difficult situation (data not shown).

Excerpt 5

```
08  CT:  What's your strategy now for the future then.
09  CL:  HHHH. .hh HHHHHH. I have no strat- I
10       don't know what I should do that's y'know what is
11       [I'm y'know so desperately (.) filled with an [xiety=
12  CT:  [No.                                          [Mhm:
13  CL:  =I don't know what to [do.
14  CT:                        [Mno.
```

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Similar to the previous example, the caller displays negative emotion and dispreference with a heavy sigh (Hoey, 2014). She then resists the capable position assumed by the question by starting to say that she does not have a strategy, repaired to "I don't know what I should do" (Lines 9–10). Although this is a "no-knowledge account" (see Stivers et al., 2011), its embeddedness in the turn and the modal verb "should" indicate that she does not invite information but frames the problem as lacking alternatives. It can thereby be heard as a display of helplessness (Iversen & Kevoe-Feldman, 2024). "That's y'know what" is the start of an account, with the common knowledge component "y'know" treating her incapacity as something the call taker has failed to appreciate. The account, "I'm y'know so desperately filled with anxiety" (Line 11), then links her helplessness to anxiety, which is hearable as both a cause and consequence of her inability.

Thus, the callers resist the call takers' solution-focused questions based on their inability to manage anxiety. Callers' pursuit of objective justifications for their anxiety in the previous section, as well as previous DP findings on the social undesirability of being someone who worries (e.g., Frezza & Ostermann, 2021), can help us understand such resistance as related to the heavy burden placed on callers: At the same time as they are treated as people whose reactions to the world are unreasonable or disproportionate, they are talking within a framework in which they are morally expected to be accountable for dealing with their reactions.

By contrast, a set of "normalizing" practices for responding to callers' anxiety involves call takers resisting the callers' treatment of their emotions as unreasonable. The caller in the following example has described her severe depression and anxiety in a self-deprecating way.

Excerpt 6

```
01  CL:  Like it's:: ((I)) can take y'know like
02       nothing=it is lik[e
03  CT:                   [Nyo:.
04       (2.1)
05  CL:  And I'm nervou::s about everything a::nd
06       (0.5) worried all the time and,
07  CT:  M:M:.
08       (2.2)
09  CT:  Yeah and of course (0.3) if one feels
10       incapable of managing on one::s own then
11       of course one gets worried=one gets (.)
12       .hh nervous about things 'cause it lies
13       like outside oneself in some way.
14       (1.0)
15  CL:  Yeah exactly. It [gets y'know
16  CT:                 [Yea:h.
```

Using extreme case formulations (Pomerantz, 1986), "nothing" (Line 2), "everything" (Line 5), and "all the time" (Line 6), the caller treats her worry as disproportionate. In addition, the negative description "can take y'know like nothing" (Lines 1–2; Schegloff, 2007, 19) implies a moral stance—that she should be able to stand things—and thus dismisses her own emotions as unjustified.

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The call taker is quick to align with the caller's telling using an empathic intonation (Lines 3, 7) and leaves room for the caller to elaborate (Lines 4, 8). Then the call taker treats the anxiety as reasonable ("of course"; Lines 9, 11) given the caller's feelings of incapability (related to depression, data not shown). With the hypothetical formulation ("if one feels"; Line 9) and generalized pronouns ("one," Lines 9–11, 13), the call taker also orients to the experience as sharable, not strange (see Svinhufvud et al., 2017). Thus, the call taker can be heard to reassure the caller that her anxiety, although difficult, is reasonable given her experience of feeling incapable to manage.

Our final example shows a caller explicitly orienting to her own responsibility for dealing with anxiety. Like in Excerpt 6, the call taker responds by gently resisting this moral stance and treating the caller's experience as something others are also going through.

Excerpt 7

```
00  CL:  What you should say and probably want
01       to say (and what one says) is that, (0.4)
02       .h "get a grip now and get- and go out."
03       (.)
04  CL:  Heh heh! .h [But it is y'know so
05  CT:               [£Hhm::£ No I I thi- I
06       w:ould likely not say that actually 'cause
07       [I   ] I- now- n- I'm not going to say=
08  CL:  [No:,]
09  CT:  =that I understand you 'cause it is
10       only you: know your situation y'know
11       but .hh but I can say like this that
12       .h there are many in your situation,
```

The caller orients to the morality of anxiety by attributing to the call taker a wish to tell her to "get a grip now," treating the anxiety as unjustified and the caller as responsible for getting rid of it (Line 2). This is delivered as reported speech and precedes a contrast wherein the caller projects an account for why this ascribed advice is unwarranted (Line 4). The caller is thus saying that she knows what she should do but is still unable to do this. We can note that what she knows she should do is the same "tricks" as the caller in Excerpt 4 mentioned—to "go out" (Line 2). The persistence of anxiety despite knowledge about what one should do can be understood as an orientation to pathological anxiety as not just an unreasonable emotion, but an emotion overtaking the individual.

The caller displays trouble resistance with a little laughter (Line 4; see Edwards, 2005), and the call taker reciprocates with a smiling-sounding breathy agreement token before he disagrees with the caller's reporting of his stance (Line 5). He does so carefully, with multiple repairs and by treating the situation in which he would or would not say something reproachful to the caller as hypothetical (Line 6). Notably, his claims about what he would do are epistemically hedged ("I thi-," "likely"; Lines 5–6). He then starts giving an account for why he would not reproach her by treating her situation as sharable

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(Line 12), although carefully noting her primary epistemic access (Lines 7, 9–10). Hereby, he manages to normalize her feelings while he avoids overstepping epistemic boundaries (see Svinhufvud et al., 2017). In particular, the call taker removes any responsibility from the caller to act in a specific way based on knowledge, treating her credibility as intact despite being overcome by anxiety.

In sum, this section highlights how callers and call takers can treat anxiety as an objective force and distinguish between knowledge and ability as a basis for remaining credible social actors while reporting feeling and acting in unreasonable ways.

Concluding Remarks: Anxiety and the Morality of Knowing

Our aim has been to show how a discursive approach can enrich our understanding of the ambiguity of anxiety (Horwitz & Wakefield, 2012) as a problem for people in their everyday lives. In real-life examples from suicide preventive helplines, we have shown how participants manage the moral question of whether anxiety is justified given the situation or stem from the callers' disposition to worry. Previous DP research examining how anxiety and related emotions are navigated reveals how individuals resist framing their difficulties in terms of anxiety (e.g., Flinkfeldt, 2020; Frezza & Ostermann, 2021). The present study extends this line of inquiry by illustrating how the moral dimension of emotion is managed in a setting wherein anxiety is explicitly the focus of concern. Although being categorized as pathological worriers could arguably exempt callers from moral expectations, we show that callers presenting as troubled by anxiety still work to maintain credibility by presenting objective grounds for their worry—circumstances that warrant worry—or by demonstrating awareness that they should feel or act differently.

Given the helpline's agenda of providing emotional support, the emphasis on subjective sources of anxiety is unsurprising. Call takers have limited capacity to address external stressors, such as living under death threat or facing high expectations from relatives. However, similar to settings such as counseling and psychotherapy, where practitioners may redirect clients' focus from external complaints to their own behavior and personality (e.g., Antaki et al., 2005), such approaches risk positioning the client as lacking competence (Holstein & Miller, 1990)—as not credible. In the present study, practices that normalize callers' anxiety appear to manage this problem in the same way as, for example, attributing seemingly inappropriate emotional responses to childhood experiences (Thell, 2020).

A key distinction between our findings and previous research on anxiety and worry (e.g., Flinkfeldt, 2020; Beach et al., 2005) is that, in the helpline context, knowledge is not necessarily treated as a remedy for anxiety. This has two implications. First, it underscores how psychological discourse operates differently across institutional contexts (see Potter & Hepburn, 2003). Second, it shows that managing anxiety is intimately connected to the morality of knowledge (Stivers et al., 2011). When call takers orient to knowledge about measures for reducing anxiety as a remedy, callers point to their inability to apply such measures (e.g., Excerpts 4–5), but when call takers frame callers' ability as limited, despite accurate knowledge, it seems to share the burden of anxiety (e.g., Excerpts 3, 6–7). The redistribution of responsibility for potentially blameworthy behavior has been noted in prior studies examining professionals' responses to anxiety as an emotional stance (Sansone et al., 2022). In the helpline setting, recognizing anxiety as a force that can overwhelm individuals despite them having knowledge about anxiety offers a means of temporarily sharing their distress by relieving them of personal responsibility for unreasonable emotions.

We hope to have shown the utility of a discursive approach to anxiety in two ways: (a) even in a setting wherein anxiety is a legitimate problem, participants in interaction manage moral issues of credibility, and (b) knowledge about what anxiety is and how it can be remedied is not treated as sufficient for reducing it. Thus, the study provides an interactional account of why therapeutic approaches that emphasize acceptance may be particularly valuable in the context of anxiety and shows in detail how practitioners can carry out such ideals. When people seek help for anxiety, attending to the subjective aspects of the problem should be accompanied by interactional strategies that distribute responsibility for managing the issue. In this moral landscape of disordered anxiety, understanding emotion as dislocated from reality warrants a corresponding

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flexibility regarding the anxious persons' ability to act based on this knowledge.

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(*Appendices follow*)

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Appendix A

Transcription Symbols (Jefferson, 2004)

Symbol	Description
[	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
word	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

Swedish Transcripts With Literal and Idiomatic Translation

Excerpt 1

42 CT: Kommer de i sjok eller (.) känner du att de e
Comes it in lumps or feel you that it is
Does it come in episodes or (.) do you feel that it is

43 jämnt fördelat så där [°att:°
Evenly distributed so there that
evenly distributed y'know [°like:°

44 CL: [De kommer i sjok.
It comes in lumps
[It comes in episodes.

45 CT: De kommer i sjok då.
It comes in lumps then
It comes in episodes then.

46 CL: Aa.
Yeah.

47 CT: Hrm! Å en sån här (.) .h sak har utlöst din
And a such this thing has triggered your
Hrm! and this kind of (.) .h thing has triggered your

(*Appendices continue*)

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48 ångest:h.,
angst
anxiety:h.,

49 **(.)**

50 CL: **Mm:.**

51 CT: **Mm.**

52 **(1.4)**

53 CL: .hhh [>(Amen de]e väl- hu- de e för att)<
Yes_but it is probably how- it is because that
.hhh [>(Yeah but it] is probably- how- It is 'cause)<

54 CT: **[hrm hrm!]**

55 CL: att ja får ångest av att leva under <dödshot>
that I get angst of to live under death_threat
I get anxiety from living under <death threat>

Excerpt 2

06 CL: De e bara ångesten ha accentuerats
It is just the_angst has accentuated
It's just the anxiety has accentuated

07 mycke nu på slute:: här å
much now at the_end here and
a lot now towards the e::nd here and
08 **(0.7)**

09 CT: **°M [m.°**

10 CL: [Om de är inför fo- påsken också
If it is before fo- the_easter too
[If it is in preparation for fo- the easter too

11 man känner liksom (2.4) krav också
one feels like (2.4) demands too
one feels like (2.4) demands too

12 att (.) ja (1.5) .Hhh ↑Ja ska väl bjuda
that I I should probably invite
that (.) well (1.5) .Hhh ↑I guess I should invite

13 hit min↑ hhh. särbor också å (0.4)
here my apart_living too and
over my LAT too and (0.4)

14 vi ska ju äta åssså har ja ju (0.4) tsk.
we should eat also have I JU
we will y'know eat and also I have y'know (0.4) tsk.

15 (0.4) en dotter som fyller ((runt 60)) år
a daughter who fills years
(0.4) a daughter who turns ((around 60)) years

16 nu: (.) nu den ((datum)) oche (1.4) >hon
now nu that and she
no:w (.) now the ((date)) and=uh (1.4) >she

(*Appendices continue*)

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17 mår inte bra heller å< (1.0) de blir
feels not well either and it gets
is not well either and< (1.0) it gets

18 jobbit liksom å h. (0.5) planera saker h.
workish like and plan things
hard/challenging like to h. (0.5) plan things h.

19 **(1.0)**

20 CT: **M:m.**

21 **(0.9)**

22 CT: Ja förstår.=Men känner ru att du har (0.5)
I understand But feel you that you have
I understand.=But do you feel like you have (0.5)

23 °#e::° som ↑press↑ på rej å: (1.1) °planera
like pressure on you and plan
°#e::° like ↑pressure↑ on you to (1.1) °plan

24 saker å- eller ä re [du själv som sätter den°
things and or is it you self who puts that
things and- or is it [you yourself who puts it°

25 CL: [Aa
[Yeah

26 **(0.9)**

27 CL: Äh! Na de (0.9) de vi:lar mycke på mej=dom
Ah! No it it rests much on me=they
Ah! No it (0.9) a lot fa:lls on me=they

Excerpt 3

16 CT: [Även om de k- kroppen känns som att (.)
Even if it b- the_body feels like that
[Even if the b- body feels like (.)

17 du e rädd så försök å tänk att (1.0) <"De här
you are afraid so try and think that This here
you are afraid, try to think that (1.0) <"This

18 e bara som att kroppen förbereder mej
is just like the body prepares me

19 för att ja ska kunna (.) agera på ett hot (.)
for that I will can act on a threat
so that I can (.) act based on a threat (.)

20 Å nu finns de inget hot.">
And now exists it no threat
And now there isn't any threat.">

(*Appendices continue*)

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Excerpt 4

28 CT: [Har du nåt knep så du kan hindra
Have you any trick so you can hinder
[Do you have any tricks so that you can stop

29 att de bryter ut? Har du nån: .hhh
that it breaks out Have you any
it from breaking out? Do you have any: .hh

30 kommit på nånting själv som du gör?
come on anything self like you do
come up with something yourself that you do?

31 CL: .hh >HHH.< Ja försö:ker å:: (1.4) °Öh:°
I try and
.hh >HHH.< I try: to:: (1.4) °Uh:°

32 även om: kra:fterna avtar så hemskt
even if the_forces decrease so terribly
even if: the stre:ngth wanes so terribly

33 så .hhh försö:ker ja å v- (0.8) kunna
so try I and can
I .hhh try: to v- (0.8) be able to

34 klä på mä å gå u:t en stund.
dress on me and go out a while
get dressed and go ou:t a while.

Excerpt 5

08 CT: Va har du för strategi nu för framtiden då.
What has you for strategy now for the_future then
What's your strategy now for the future then.

09 CL: HHHH. .hh HHHHHH. Ja har ingen strat- ja
I have none strat- I
HHHH. .hh HHHHHH. I have no strat- I

10 vet inte va ja ska ta mej till de e ju de som
know not what I should take me to that is JU that which
don't know what I should do that's y'know what is

11 [ja e ju så förtvivlat (.) ångest [fylld=
I am JU so despairing angst_filled
[I'm y'know so desperately (.) filled with an[xiety=

12 CT: [Äaj. [Mhm:
[No. [Mhm:

13 CL: =ja vet inte va ja ska [hitta på.
I know not what I will make up
=I don't know what to [do.

14 CT: [Mnä.
[Mno.

(*Appendices continue*)

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Excerpt 6

01 CL: Liksom de e:: tål ju liksom
Like it is tolerates JU like
Like it i::s ((I)) can take y'know like

02 ingenting=de e lik[som
nothing=it is lik[e

03 CT: [Njä:e.
[Nyo:.

04 **(2.1)**

05 CL: Å ja e nervö::s för allting å:::
And I am nervous for everything and
And I'm nervou::s about everything a::nd

06 (0.5) orolig hela tiden å
worried whole the_time and
(0.5) worried all the time and

07 CT: **M:M:.**

08 **(2.2)**

09 CT: Ja å de e klart att (0.3) känner man
Yes and that is clear that feels one
Yeah and of course (0.3) if one feels

10 att man inte klarar s:::ej själv så
that one not manages one self so
incapable of managing on one::s own then

11 ä de klart man blir orolig=man blir (.)
is it clear one gets worried one gets
of course one gets worried=one gets (.)

12 .hh nervös för saker för de ligger
nervous for things for they/it lie
.hh nervous about things 'cause it lies

13 liksom utanför en på nåt sätt.
like outside oneself in some way.

14 **(1.0)**

15 CL: A precis. De [blir ju
Yes precisely It gets JU
Yeah exactly. It [gets y'know

16 CT: [Ja:.
[Yea:.

Excerpt 7

00 CL: De som du borde säja och säkert vill
That which you should say and surely want
What you should say and probably want

(*Appendices continue*)

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```
01        säja  (och som   man säjer) de att, (0.4)
          say     and which one says   it that
          to say (and what one says) is that,(0.4)

02        .h "ryck upp dej      nu  och ta   de- å   gå ut."
             pull up  yourself now and take it  and go out
          .h "get a grip now and get- and go out."

03        (.)

04  CL:   Heh heh! .h [Men de e ju så
          Heh heh! .h [But it is y'know so

05  CT:               [£Hhm::£ Näj ja ja tr- ja
                      [£Hhm::£ No I I thi- I

06        s:kulle nog inte säja de faktiskt för att
          w:ould likely not say so actually 'cause that

07        [jag ]ja- nu- n- ja ska   inte säja
          I     I   now n  I  skall not  say
          [I   ] I- now- n- I'm not going to say

08  CL:   [Nä:e,]
          [No:,]

09  CT:   att (°ja°) förstår   dej  för  att  de e
          that I     understand you  for  that it is
          that I understand you 'cause it is

10        du: känner ju bara din  situation
          you feel   JU only your situation
          only you: know your situation y'know

11        men .hh men ja kan säja så   här  att
          but     but I  can say  so   here that
          but .hhbut I can say like this that

12        .h de e många i din situation,
          .h there are many in your situation,
```

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