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Responses to crying in calls to a mental health information line

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Cet article analyse un corpus de conversations téléphoniques provenant d'un service d'assistance britannique spécialisé dans les questions de santé mentale. Il illustre comment la psychologie discursive (discursive psychology) approche les émotions dans les interactions sociales et en particulier dans les interactions institutionnelles. Il considère en particulier la manière dont les personnes travaillant dans ce service d'assistance réagissent quand les appelants se mettent à pleurer. Leurs réponses prennent la forme d'une formulation de l'expérience des appelants et réalisent un certain nombre de tâches interactives: (a) monstration de l'empathie, (b) maintien d'une position neutre sur la cause des pleurs, et (c) orientation de l'interaction vers ce qui constitue la raison d'être du service d'assistance, à savoir fournir des informations sur les questions de santé mentale. En outre, un marqueur épistémique du type "it sounds as though..." ancre la formulation dans le discours de l'appelant.

Mots-clés:

Réponses à des pleurs, empathie, psychologie discursive, interactions institutionnelles

1. Discursive psychology

Discursive psychology is best described as an approach to research, rather than a singular analytic method. As a way of introducing this particular field of research, Edwards & Potter (2001) discuss three features of discourse which are taken as core principals of discursive psychology. First, discourse is seen as action-oriented; as the primary medium through which actions are carried out. For example, a factual account may be assembled in a manner through which it can perform an action such as inviting, or blaming. This is different to notions such as Speech Act theory (Austin, 1962) where specific words are linked to specific actions. Second, discourse is considered to be situated. On one hand, an utterance is occasioned by previous talk, and in turn sets a preference for what sort of utterance should follow next (whether it does follow or not). On the other, it is situated rhetorically, such that discourse may be examined for what other alternatives it may serve to counter or resist. Third, discourse is constructed and constructive. It is constructed in the sense that it is constructed to perform specific rhetorical work from a vast range of lexical, metaphorical, phrasal etc. resources available to all speakers. Discourse is held to be constructive in that versions of the social world; past and current events, internal phenomena, social processes etc, are all constructed and made live in discourse.

Picking up from the philosophical tradition of Wittgenstein (1953) and the conversation analysis tradition of Sacks (1992), interactional elements such as words, phrases, idioms, etc are seen as interactional resources available to speakers as ways of engaging in the everyday business of social life, rather than as unique labels which name states or processes. Descriptions of psychological or emotional events are seen as assembled from an indefinite number of alternatives. In this sense, such descriptions are socially constructed (Potter, 1996). Discursive psychology does not deny the existence of internal experience; rather it suggests that issues of internal experience are practical ones that participants themselves address in their communicative practices. Discursive psychology (henceforth DP) studies those practices, focussing on the organization of interactions and communications that relate to psychological matters (Edwards, 2004). DP asks what speakers themselves are doing in talk when using constructions that highlight individual accountability, that invoke psychological or emotional states, or when deploying selections from the range of psychological 'predicates' that people have available. How is a 'psychological' practice such as remembering something displayed in talk? How does a speaker display upset or anger? How are such things receipted, aligned with, or challenged?

Such an approach to the study of psychology as it appears in interaction begins to "rework our disciplinary understanding of the nature of psychology" (Potter, 2005: 25). Psychological terminology and displays are respecified in a way that moves away from a focus on labels and reactions, to a focus on their role as communicative resources which are designed for interactional purposes (Edwards, 1997). This contrasts with the mainstream cognitivist paradigm within psychology, where psychological terminology and displays are seen as expressing the internal processes or experiences of the individual. DP inverts this approach by beginning with the use of psychological discourse in naturally occurring data, and by examining how the assumptions of associated internal processes and experiences are managed and oriented to in the talk (Edwards & Potter, 2005). As Potter & Edwards (2003: 171) write, one of the main themes within discursive psychological work has been the examination of people's use of the "psychological thesaurus"; the repertoire of words, phrases etc used in talk about internal psychological / emotional processes and experiences. A pervasive theme with DP research has been the ways in which speakers manage the relationship between subjective experience and the objective world. Thus, words and phrases such as 'angry', 'upset', 'your jealous stage' are examined for the interactional business they carry out. DP does not aim to define correct usages of these terms, but rather to examine how, when, and to what end they are used in interaction.

In recent years, discursive psychology has been widely used in the analysis of institutional talk; that is interactions of a specific service or organisational

nature such as calls to helplines (Potter & Hepburn, 2003; Hepburn & Potter, 2007), police interrogations (Stokoe & Edwards, 2007; Stokoe & Edwards, 2008), and mediation services for neighbour disputes (Edwards & Stokoe, 2007). This work has built upon a wealth of conversation analytic research into institutional interactions (see Drew & Heritage, 1993, for an initial introduction) and helpline interactions (see Firth, Emmison & Baker, 2005, for a review), as does the current paper. The aim of DP here is to explicate the work carried out through the use of psychological terminology in institutional interactions, and indeed how the business of the institution itself may be achieved through the use of such terminology. For example, Potter & Hepburn (2003) examined how in the opening sequences of calls to a UK child protection helpline, callers were constructed (either by themselves or by the call-takers) as being 'concerned' or as 'having concerns'. These "Concern Constructions" (197) allowed members of the public to display an appropriate stance towards the actions they went on to report, while also helping to manage the fundamental asymmetry between caller and call-taker, where one has access to information about potential child abuse, and the other has knowledge of child protection procedures, legal issues, and the likelihood of social services intervening in a case.

2. Previous work on crying receipts and empathy in interaction

In the last few years a small but growing body of work on the interactional organization of crying and responses to crying has been produced (Hepburn, 2004; Hepburn & Potter, 2007). This has built upon a more extensive field of work on responses to displays of emotions (e.g. Goodwin & Goodwin, 2000) and to troubles telling (e.g. Jefferson & Lee, 1981; Jefferson, 1988), and has emerged alongside a small body of more recent work on the ways in which empathy is achieved in talk-in-interaction (Beach & Dixson, 2001; Ruusuvuori, 2005; Wynn & Wynn, 2006).

In sum this work has attempted to show the ways in which troubles and emotions are displayed and oriented to in talk, and how empathy may be achieved through talk. Jefferson (1988) described the ways in which talk about troubles were entered into, worked up and maintained, and then closed down, while Jefferson & Lee (1981) showed that advice was rejected when it followed a troubles telling, as requests for advice and the telling of troubles are different conversational projects. They demonstrated that speakers engaged in troubles telling treated responses which demonstrated emotional reciprocity as appropriate, while responses which embodied advice were not. Beach & Dixson (2001) found that when problematic or difficult issues were revealed in medical history interviews, interviewers used formulations of the prior talk to demonstrate an understanding of the situation before changing topic or selecting specific issues for discussion. Displaying an understanding through

formulations of the patient's various issues, which are grounded in the patient's own talk ("You said.....") is described by Beach & Dixon as a way of displaying empathy while interviewing. Conversely, Ruusuvuori (2005) argued that finishing patient sentences during medical consultations was a method for displaying empathy, as this collaborative telling of the patients' situations also demonstrated an understanding of the situation. Ruusuvuori also argued that maintaining an emphasis of the patients' experiences was crucial to the production of empathy, as opposed to interviewers demonstrating understanding through telling personal stories of their own experiences. Although Beach & Dixon do not discuss such a focus on patient experience it is arguable that their data also demonstrates this, with interviewers grounding their understanding in the patient's talk rather than e.g. in disclosures of personal experiences.

Some work exists where researchers claim to show empathy being achieved in interaction in response to crying by their interlocutors. Manzo, Heath & Blonder (1998) interviewed survivors of stroke and their spouses using interview schedules designed to elicit displays of upset, and site conversation analysis as their analytic method. While this may have resulted in less naturalistic than most conversation analytic studies, Manzo *et al.* fail to incorporate the crying into their data transcripts, preferring to simply state that crying occurred. In their analysis, Manzo *et al.* claim that empathy had been achieved interactionally, yet they do not show how this empathy is achieved nor do they ground their analysis firmly in the participants' talk. Wynn & Wynn (2006) also claim to demonstrate empathy in talk in interaction using conversation analysis, in talk between psychotherapists and their patients. Unlike other interaction research into empathy, the authors argue that a turn at talk can only be claimed to achieve empathy if the co-interlocutor can be seen to orient to it as such. Wynn & Wynn fail to provide a clearly detailed and sound analysis of such orientation in their data however, and also do not incorporate crying into their data excerpts when it occurs, again choosing to simply state that it did occur.

In order to capture various features of crying for transcription and analytic purposes, Hepburn (2004) developed an extension of Gail Jefferson's transcription system to encompass audible elements of crying. She documented seven features of crying using data from a UK based child protection helpline: whispering (where talk is extremely quiet), sniffing, tremulous voiced vocalisations (where the voice starts to break or wobble), high pitch vocalisations, aspiration (a breathiness in talk perhaps due to an attempt to keep talking while sobbing), sobbing, and silence (usually due to an inability to talk, and/or the recipient allowing time for the crying speaker to recover). Hepburn's analysis of crying in interaction also noted that crying appeared similar to laughter in transcripts, but that it is oriented to differently

by recipients. Crying was not something to be shared in, was disruptive and allowed for through silence, and was responded to with sympathetic receipts, or empathetic receipts which acknowledged that crying may be a display of internal upset. Hepburn & Potter (2007) also found that in these child protection calls, call-takers employed regular practices when callers cried. Once features of crying appeared (including various speech disturbances such as quiet or high pitch, or full scale sobbing) call-takers typically responded with two elements. They offered a formulation of the caller's psychological or emotional state, and they also offered further features of talk that attended to the complex mixture of rights involved when providing such formulations. Hepburn & Potter refer to these two-element constructions as "empathetic receipts" (89). These receipts were used to acknowledge the caller's state and worked to guide the caller out of crying.

Hepburn & Potter (2007) state that empathy is typically defined in the literature as "the imaginative sharing of someone else's experiences" (99), while the understanding of another person's situation often falls under definitions of sympathy. Hepburn & Potter do acknowledge though that there is much overlap in the various academic definitions of sympathy and empathy, and quote the model of empathetic communication by Schumann *et al.* (1997) as one of the most influential recent approaches to empathy from an interactional perspective. This model stresses the importance of an accurate understanding of the other person's situation, and the effective communication of this understanding back to the person.

3. Analysis

In the last few years a small but growing body of work on the interactional organization of crying and responses to crying has been produced (Hepburn, 2004; Hepburn & Potter, 2007). This has built upon a more extensive field of work on responses to displays of emotions (e.g. Goodwin & Goodwin, 2000) and to troubles telling (e.g. Jefferson & Lee, 1981; Jefferson, 1988), and has emerged alongside a small body of more recent work on the ways in which empathy is achieved in talk-in-interaction (Beach & Dixson, 2001; Ruusuvuori, 2005; Wynn & Wynn, 2006).

3.1 Materials and method

The study is focused on a corpus of 168 calls to MIND Infoline, a UK based charitable helpline which aims to provide information on mental health issues and services available in England and Wales. Call-takers are employees of the line, and receive detailed training to enable them to provide callers with clear information on mental illness (e.g. they can explain what the symptoms of schizophrenia may be) and also on how to access the mental health services of the UK national health service. MIND Infoline is one of a number of

services running from a helpline centre in a large UK city. Five members of staff take calls and answer emails while a full time supervisor assists and monitors them. The staff sit in an oval arrangement and can see each other at all times, and the supervisor will regularly 'listen in' to calls.

The helpline's website explains that it aims to offer "information, support, and understanding" and that it seeks to "empower people, enabling them to make informed choices"¹. The main functions of the line then are to provide information about mental health issues, to provide information on support services that are available, and to do this in a supportive and friendly manner. Callers range from mental health professionals who need contact details of services in other areas of the country, to members of the public with mental health problems. Call-takers are trained to provide information only, and giving advice on any matter is prohibited. Aligning with complaints against other services or organisations is also prohibited, although callers regularly complain against services and other institutions in the calls, and often do request advice and opinions from the call-takers.

Individual calls are occasionally electronically recorded at the helpline to aid with staff training and development. For the purposes of the author's PhD research, all calls were recorded for a two week period in summer 2007. Callers were played a recorded message explaining this before being connected, and information was given of how they could contact the line without being recorded. All call-takers provided consent individually to have their calls recorded, and all chose to not be informed as to when recording would take place. Detailed transcripts were made of a number of these calls following the transcription conventions for conversation analysis developed by Jefferson (2004) and the extension for transcribing crying developed by Hepburn (2004). A table explaining the transcription symbols used can be found in appendix. The analysis worked primarily with the audio recordings, the transcripts are principally of use to aid the reader to appreciate the analytic choices involved. The analysis of the resulting observations is presented below. Callers are identified in the transcripts as Caller, and call-takers as MIW (MIND Infoline Workers).

While it is not uncommon for callers to display upset in some way, this analysis for this study focussed on the six calls in the corpus where callers cried; that is where they produced two or more of the audible elements of crying documented by Hepburn (2004). The analysis focuses on the interactional environment of the crying, and centres in particular on the call-takers' responses.

¹ Full information can be found online at <http://www.mind.org.uk/About+Mind/Mindinfoline/>

3.2 *Illustrating the discursive psychological approach*

An example of the discursive psychological approach to analysing talk about subjective psychological or emotional states is offered here. This will serve as an introduction to the main analysis, by demonstrating how a commonly used and available psychological concept (in this case 'worry') is analysed when it appears in interaction. A short extract is provided from a call where the caller has asked for the number of her local MIND branch, so she can complain to them about two organisations she had been receiving assistance from.

Call 1: Benefits Problems – Extract 1

1	MIW	They've (.) decided that they
2		can't help you (.) >because< (.1)
3		>obviously somebody's< <u>away</u> or
4		something is that <u>right</u> .
5		(.2)
6	CALLER	Y:EH
7		(.3)
8	MIW	So it's >worrying you now<.=Okay
9		d'you want me to <u>s:ee</u> .hhh what
10		<u>else</u> is <u>available</u> to <u>give</u> you some
11		<u>benefits</u> advice (.) in the
12		((Name of City))=area then.
13		(.3)
14	CALLER	Yeah.

At this point in the call the MIW has begun a formulation of the caller's dealings with an organisation that the caller has been complaining about (the transcripts run to many pages and calls cannot be replicated in full here). The MIW says they "can't" help (rather than e.g. won't) and constructs this as due to someone being "away or something", when the caller had earlier said that the person supporting her was on sick leave, and that the organisation had "thrown the towel in". The formulation however treats the organisation as being unable to help, which is less accountable as 'throwing the towel in', and this is offered to the caller for checking on line 4 ("is that right"). After a short gap the caller agrees, and after another short gap the MIW extends the formulation to construct a resulting internal state of the caller on line 8 ("So it's >worrying you now<"). This is the first time that the notion of worry has been introduced in the call, and its use in the construction of the caller's internal state carries out very specific interactional work. Specifically, it moves away from notions of complaint i.e. the caller is constructed as worried rather than e.g. frustrated, annoyed, fed-up etc. This is important for the progression of the call as MIW's are not permitted to voice agreement with such complaints against other organisations. Also, the notion of 'worry' is one that a call-taker on a mental health helpline can actually address, by putting the caller in touch with relevant organisations that may help. Conversely, how to have state benefits reinstated is not an issue that can be addressed by the call-takers. Thus, constructing the organisation in question as being unable to help, and the caller as worried as a result, allows the MIW to offer assistance that

matches this formulation of the caller's situation; providing contact details of organisations that may help. As mentioned, the provision of such details is the primary function of the line.

3.3 *Crying receipts in MIND infoline calls*

Having discussed how the use of psychological terminology may serve an institutional purpose, we move to the analysis of the ways in which MIWs respond to crying. The following extract comes from further into the same call as extract 1 above. The MIW has provided the number of the caller's local MIND branch, and also the number of MIND's national press office which the caller had asked for. BG in the transcript refers to a person in the caller's background, and much of BG's talk was not loud enough to be captured for the transcript, and this is represented below as blank space surrounded by parentheses.

Call 1: Benefits Problems – Extract 2

1 MIW Yeah. but you=w- you do have a
 2 ↑right to make a complaint to
 3 whichever organisation you wish:.
 4 .hh so >if you [wan]t< to make a
 4 CALLER [°yeh°]
 6 complaint against >the< ((organisation))
 7 or ((organisation)), you can do, (.)
 8 you >just need to do it< through
 9 them directly.
 10 (.3)
 11 CALLER O:kay=then.=
 12 BG =([])
 13 MIW [°A'right< ↑just before you go¿]
 14 BG >Threaten and< stop their money [(])
 15 CALLER [y:eah]
 16 MIW °kh .hhh coh° Can I ask where you
 17 found this number from. >did you say
 18 the yellow< pa:ges.
 19 CALLER Ye[ah]
 20 BG [(We're without) our money
 21 ([])]
 22 MIW [Okay. Thanks: very=much then.
 23 go[od luck with that.] [yeah]
 24 CALLER [Because it's] ↑not >that [y' s]ee
 25 we've got trouble with< m:oney an' these
 26 (.2) (w:rit-) [°have< threaten'd to stop] it.
 27 BG [(])]
 28 (.6)
 29 BG Yea:h, that's us [(])]
 30 MIW [Who's threa-]
 31 ↑who's threat[ened to ↓stop it.]
 32 BG [(])]=
 33 CALLER =°↑oh°° ↑↑~SOCIAL:~
 34 (1.3)
 35 BG ([])
 36 MIW [°Right so d'you need< some in]dependent
 37 advice then.
 38 (.2)
 39 CALLER °°↑mm°° >WELL I DON'T< ~know,~
 40 (2.2)

41 CALLER [°~Mmm.~°]
 42 MIW [.hh] yeah. .h I- I know it's difficult
 43 =obviously it's frustrating if: if
 44 somebody's threatening to s: to stop
 45 your benefits an' it's worrying you.
 46 .hhhh ah but unfortun'y cos we can't
 47 give advice in that area. .hh but the
 48 local mind might be a really good place
 49 to s[tart, because] they do offer
 50 CALLER [okay then.]
 51 MIW benefits advice an' they're n:ot
 52 connected. .hhhh [a:hh]
 53 CALLER [Okay then]
 54 yeah I'll deal with 'em,

The caller begins a new project in overlap with the MIW's pre-closing turns on line 24. While the delivery of the new project is somewhat troubled, the caller is clearly saying that there is 'trouble with money' and that there has been a 'threat to stop it'. When the MIW then comes in on line 30 it is with a question as to the source of this threat. The caller's response is delivered with a number of features typical of crying (Hepburn, 2004); a high-pitch squeak sound (°°↑o°°), high-pitch delivery of the lexical item (↑↑~SOCIAL:~?), and with tremulous or crying vocalisation. The turn itself is also grammatically incomplete, and the silence of 1.9 seconds which follows may be in part due to the MIW expecting more information to come (e.g. who the caller means by 'social'), as Hepburn's recent analysis of episodes of crying shows that they often contain silences which allow for delays in callers' talk. The MIW's following turn ">Right so d'you need< some independent advice then." is a move towards the helpline's core practice of providing contact details of relevant services. Specifically, asking the caller if she needs some "independent advice" indexes organisations not affiliated with social services, and thus a candidate source of solution. Uptake of this by the caller would allow for the MIW to then offer the contact details of relevant organisations which offer this advice. The crying itself or any upset it may be displaying is not responded to.

The caller's slightly delayed reply in line 39 ">WELL I DON'T< ~know~." is prefaced by a quiet whimper (°°↑mm°°), and a long delay is left before both speakers come in again. This delay may again be due to the MIW expecting delay in the caller's talk. When both speakers come in together, the caller's turn is a whimper, and the MIW begins with ".hh yeah." which is hearable as an acknowledgement following the caller's 'I don't know'. The MIW continues with ".h I- I know it's difficult" (l.34) which carries out a number of functions for the MIW. It is hearable as the MIW formulating the caller's perspective and this formulation allows the MIW to remain neutral on the issue of the complaint against social services, while still aligning with the caller that something is difficult. This is carried out by referencing the general situation as difficult, rather than, for example, referencing an organisation as causing the difficulty.

Attached to this is the rest of the formulation, "obviously it's frustrating if: if somebody's threatening to s: to stop your benefits an' it's worrying you." The term 'obviously' grounds the formulation in the caller's previous talk and crying, and also addressing the callers rights to provide the principal description of their situation (their "epistemic authority" (Heritage & Raymond, 2005: 15)) in a way that "I know it's difficult" does not. The use of "it's frustrating" (rather than e.g. 'you're frustrated' or 'you're feeling frustrated') is hearable as describing the general situation; a move which typically allows the speaker to avoid assigning characteristics to individuals (Edwards & Potter, 1993). Thus it avoids any direct description of the caller while still displaying empathy by providing a candidate emotion that the caller may be experiencing; in this case 'frustration'. Using such terminology also marks the caller as having displayed that they are experiencing some upset', and the MIW s having receipted it, supporting the formulation as an empathetic one.

Although there is a transition relevant place (a place where another speaker may start or restart speaking) in line 45 at the end of the formulation, the caller does not come in at that point. Indeed the structure of the formulation is such that it does not project or require further talk. The formulation is then followed by a second move towards the business of the line in terms of moving the caller towards an organisation that can provide help; ".hhhh ah but unfortun'y cos we can't give advice in that area. .hh but the local mind might be a really good place to start". A specific organisation (the local MIND) is described as potentially being a good next option for the caller, and as the contact details of that organisation have already been given, the call is then moved towards closing once again.

The above analysis shows that in response to caller crying during the delivery of a complaint, the MIW deploys a formulation of the caller's experience. This formulation is hearable as describing the general situation, and allows the MIW display empathy and to align with the notion of 'difficulty', while remaining neutral on the cause of the difficulty. This formulation, which does not require or project further talk, then provides a space within the interaction to move towards the business of the line. Also, the formulation is only delivered after the caller cries rather than after any of her other complaining turns throughout the call (data not shown here). This marks the crying as quite different, and as requiring a more specialised response.

The next extract is taken from a call where the caller has been describing her father-in-law's illness, and the treatment he has been receiving from health services. Before this point in the call, the caller has been describing a series of times when various services or health workers have chosen to postpone or delay treatments. We join the call at a point where the caller is discussing very recent events, where an ambulance has been called to take her father-in-law to hospital.

Call 2: Father-in-Law's Illness – Extract 1

1 CALLER They said he needs sorting out; .hhhh
 2 tk The ambulance turned ↑up (.) and
 3 said well (0.3) if we take him he'll
 4 just end up sat in casualty for five hours.=
 5 MIW =T.hhh
 6 CALLER .hhhh So they haven't ↑took him.
 7 MIW Mm hm.
 8 CALLER Khhhhoh (.) .hhhhhh [I thought that-]
 9 MIW [Sounds like an ex]tremely
 10 °e-° (0.1) frustrating an- and upsetting
 11 situation ce:rtainly.
 12 CALLER It really ↑I mean I'm- I'm ↑↑sort'f at
 13 #a-# a loss (.) of who to ~co- who who who
 14 do you get~ to so(h)rt t(h)HIS out; you
 15 [kn↓ow I] mean
 16 MIW [Mm hm.]
 17 CALLER nobody seems to want to take the .hhhhhh
 18 the sort of responsibility for it.=
 19 MIW =°.hh okay° .hh >mn certainly sounds
 20 lik-< extremely difficult situation .hh
 21 especially if you feel that he needs the
 22 support immediately.
 23 CALLER Yeah
 24 MIW and obviously his physical health has to
 25 be looked into as well
 26 CALLER [Yeah it's all ()]
 27 MIW [.hhh and they're saying] that (.3)
 28 they're saying >they're not going to
 29 look at his physical health 'til his<
 30 mental health. [.hhh] and
 31 CALLER [Yeah]
 32 MIW obviously >there's probably a< sense
 33 of urgency with his physical health as well::
 34 CALLER Yeah
 35 (0.6)
 36 MIW Ahm (0.9) w:↑e're not (.8) ↓medically
 37 qualified here obviously .hhh

The caller's description of the encounter with the ambulance crew contains much subtle work which marks the crew's actions as complainable. She begins with an actively voiced turn from the ambulance staff (whom she had called to take her father-in-law to hospital) in which they claim that taking him to hospital would be of no benefit ("well (0.3) if we take him he'll just end up sat in casualty for five hours."). In line six the caller makes an explicit description of the actions of the ambulance staff ("So they haven't ↑took him.") to which the MIW responds with an acknowledgement token only ("Mm hm."), treating the caller's turn as still in progress (Schegloff, 1982). The actively voiced turn, and the juxtaposition of the physical presence of the ambulance ('the arrival of help') which declines to then take the person to hospital, are hearable as a complaint against this service, yet it is not oriented to as such, or indeed as news-worthy in any way, by the MIW.

I would describe the caller's pronounced, heavy out-breath which follows in line 8 as display of frustration (it is notable that this display follows the mere

continuing "Mm hm" from the MIW). When both speakers then speak in overlap, the MIW holds the floor with her formulation of the caller's situation; "Sounds like an extremely °e-° (0.1) frustrating an- and upsetting situation ce:rtainly". The MIW deploys this formulation only after the caller's breathy display, rather than after the descriptions of the complainable issues where a continuer ("Mm hm") was used. This marks the display as to be responded to rather than any of the turns containing the complaint itself. The use of "sounds like" in the formulation grounds the formulation in the caller's previous display and talk, and respecting the caller's epistemic rights over full description of the situation. The use of the extreme case formulation 'extremely' aligns with the caller's display of upset as it serves as a display of the MIW's stance on the issue; that she understands the situation as an extremely frustrating and upsetting one (Edwards, 2000). As in the first extract above, the turn is designed as an empathetic response, aligning with the caller's display, while avoiding any explicit affiliation with potential complaints against services.

When the caller comes in again it is with what seems to be the beginning of an agreement "It really" yet this project is dropped in favour of a display of upset. The upset is done in lexical terms ("I'm ↑↑sorta at #a:# loss"), and also through the crying features in her turn. The MIW provides a slightly different form of her formulation which replaces 'frustrating and upsetting' with 'difficult'. Both formulations describe the "situation" rather than the caller, and the second formulation is expanded with the "if you feel" indexing the caller and a more specific candidate internal state of hers (l.21). This is a substantial addition to the earlier delivery of the formulation alone (which was responded to with a display of upset), and the MIW continues with a number of aligning and empathising turns. However, the move to the business of the line has not yet been made, and where the call continues below, another version of the MIW's formulation is used.

Call 2: Father-in-Law's Illness – Extract 2

36 MIW Ahm (0.9) w:↑e're not (.8) ↓medically
 37 qualified here [obvious]ly .hhh
 38 CALLER [Ri:ght]
 39 MIW >I mean we cover< the whole of England
 40 and Wales .hhh >we're a< general
 41 information service. [.hhh] ahm tk it
 42 CALLER [Mm hm]
 43 MIW does sound like- extremely difficult
 44 situation, .hhh so the G.P. has
 45 referred him to the psychiatric
 46 ↓services, .hhh but have yet (0.5) y-
 47 to- >have< yet to receive the referral.
 48 =is that ri:ght.=
 49 CALLER =Y:eah .hhhh ahm the ambulance said
 50 what the G.P. needs to do is (.) ahm
 51 (0.5) ad- °m-° (0.9) you know arrange
 52 for a w↑ard to take him at the hospital=
 53 MIW =Mm hm
 54 (0.3)

55 CALLER Ahm but the G.P. is not ↑doing that.
 56 (0.4)
 57 MIW .hhh and have you spoken to the G.P.
 58 toda:y and expressed how how this is
 59 developing, and how- .hhhhh (0.3) >the
 60 situation's becoming< increasingly wors:e.

As the MIW moves into a description of the line, the version of the formulation which appeared in lines 19 to 20 above is recycled on lines 41 to 44 ("it does sound like- extremely difficult situation"). The MIW then gathers further information about the immediate state of the home situation before asking about a source of help on lines 57 to 60. Not only is there a candidate solution source proffered here (the G.P.) but also a candidate item to say to them ('the situation's becoming increasingly worse'). The recycled formulation thus serves as a kind of place-holder between the move from describing the line and the delivery of advice after gathering necessary information. As with all of the formulations examined so far, it delivers an empathetic and aligning turn while remaining neutral on the cause of the displayed upset, it contains an epistemic marker ('does sound like') which grounds the formulation in the caller's talk, and moves the interaction towards a space where the business of the line can be conducted (in this case directing the caller to their general practitioner or 'G.P.').

The next extract is taken from a call where the caller has been complaining about how a relative has been treated by the local mental health services, and has displayed some upset throughout the call. Just before the extract begins, the caller has asked the MIW why they have chosen to work at the helpline.

Call 3: Brother's Illness

1 MIW tk ↑becaus:e ah:m eh=>y'know<=it's
 2 int'resting an- and=it's (.) y'know
 3 (.) it's t- #°a°# it's something
 4 that .hh mi:nd as an organisation .hh
 5 (.) are doing to ↑try an y'know
 6 (.) impr↑ove people's (.) knowledge
 7 ↑of: (.4) mental health. As >you
 8 were saying< earlier there isn't
 9 .hhh a lot of people (.4) #that-#
 10 that know about it (.) so
 11 >we're trying< to [kind of]
 12 CALLER [So you're] ↑saying
 13 that (.1) you actually ca:re about it.
 14 (.4)
 15 CALLER 'cos ~#↑everyone doesn't care.#~
 16 (1.0)
 17 MIW my↑eah.
 18 (2.1)
 19 MIW tk I- it ↑is incredibl' ↓frustrating
 20 and I do understand how upsetting it
 21 must ↑be for you.
 22 (.2)
 23 MIW .hhhhhhhhhhh
 24 CALLER °shih° thuh ~#(↑bas like- (.) can't

25 even live li↑:fe)#~
 26 (.4)
 27 CALLER °° .shih hhhh .shih°°
 28 (1.8)
 29 CALLER .hhh=.shih
 30 (1.0)
 31 CALLER khuhh.
 32 (.4)
 33 MIW ↑O↓kay.
 34 (1.0)
 35 MIW .hhh it's=it- clearly very upsetting
 36 for you .hh >I'm just< wondering if::
 37 (.) if maybe .hhh #a:hm# (.2) >as you
 38 were saying< you're only eighteen.
 39 maybe childline; have you (.) you
 40 know j'st to talk things ↑through with
 41 somebody. .hhh=
 42 CALLER =.SHIH ~°I'm ↑not a ch↑i↓:ld am I.°~
 43 MIW ↑No but- ↓>I mean< I think they still.
 44 kinda deal with young adults:,

Line 15 above contains a display of upset during the delivery of a complainable ("~#↑everyone doesn't care.#~"). The MIW agrees with this in line 17 ("my↑eah.") after a long gap, and then after a further, longer gap of 2.1 seconds, offers a formulation similar to those in the previous calls. Unlike the formulations in the previous calls, the one beginning on line 19 above is occasioned by a complaint about other people in general rather than about service providers or organisations, and the MIW initially uses a different emotional / psychological term ("tk I- it ↑is incredibl' ↓frustrating"). As it follows an agreement with the caller's description of un-named others, this formulation affiliates with a specific complaint. The MIW is hearable as acknowledging that it is indeed the case that 'everyone doesn't care' and as describing this as something frustrating. While this is the clearest agreement with a caller's complaint in the above extracts, it is, in institutional terms, the easiest for the MIW to agree with as it does not refer to any specific individuals or service providers. A display of stance on the complainable is also in operation here again through the use of the ECF 'incredibly', and again the caller does not offer agreement or disagreement with the assessment element of the formulation.

The MIW continues her turn with "and I do understand how upsetting it must ↑be for you." This is an empathetic turn in that it claims an understanding of the caller's situation, although again the epistemic rights of the caller to ultimately describe their situation are acknowledged through the use of 'must be for you' on line 21 (e.g. compared to alternatives also available to the MIW such as 'how upsetting it is for you'). The caller then comes in with more talk delivered within a display of upset on lines 24 to 25; "°shih° thuh ~#(↑bas like- (.) can't even live li↑:fe)#~". This is followed by a number of sniffs and crying sobs with lengthy gaps between them from lines 26 to 31. On line 33 the MIW comes in with "↑O↓kay.", and after a pause of one second, offers another

formulation; ".hhh it's=it- clearly very upsetting for you". Once again this type of formulation appears after a display of upset, and performs the same work as those in the previous extracts. Also as before, the MIW's stance is displayed with the help of 'very', and the formulation provides an interactional way into the business of the line, as immediately after the formulation, the MIW invokes a candidate source of support for the caller (Childline).

The final extract comes from a call where there is an episode of crying which is not followed by a formulation of the caller's situation or internal state. The caller has been discussing her son, who she says has mental health problems which have led to him getting into great financial debt.

Call 4: Son's Debt Problems

1 CALLER he thinks the only th:ing he
2 can do is. (1) declare himself
3 bankrupt but [y'nejed three
4 MIW [>right<]
5 CALLER hundred and thirty pounds to do
6 that he [hasn't]
7 MIW [Mm hm:]
8 CALLER ~got ↑it~
9 MIW Y:eah.
10 CALLER ~ahm~
11 (1)
12 MIW .hhhh
13 (.5)
14 CALLER ~Can mihh~ .hh ~can ↑mind (.) ↑help,~
15 (1.1)
16 CALLER ↑at ↑↑all
17 MIW .hhhhh[hh]
18 CALLER [is] ~there an↑ything you could
19 suggest.~ (.) >S'anybody< he could ↓see
20 to, (.) [advise him:]
21 MIW [.hhhh ahm]
22 (.2)
23 MIW °w- w:-° Well (.) ~ahm~
24 (.7)
25 MIW ~°he-°=he's~ ↑he has already s↓poken
26 to the most appropriate people regarding
27 the f:inances. .hhhh
28 CALLER [Yeh]
29 MIW [ah] like Debtline .hhh (.) Cit'ens Advice.
30 >but< ↑where abouts is he. .hhhh
31 CALLER He's (.) at (.) ↑I don't know the postcode.

The caller's turns in lines 8 and 10 are delivered in tremulous or crying voice, as is the delivery of the question on line 14. There is also some disruption on line 14, with the first attempt of 'Mind' needing to be redone as the initial one is disrupted with a sob, and there are a number of pitch increases on lines 14 and 16 including a very high pitch finish on 'at all'. The example of crying here is indeed one of the strongest in the collection.

While the question of line 14 is syntactically complete, it is potentially pragmatically not complete, and it may be unclear as to what, up to the end of

that turn, was being asked. The MIW's response is indeed delayed, and line 14 is potentially hearable as a request for money (see the mention of a specific amount needed by the son in l.3 to 5), and this would be inappropriate for the line. Also, as mentioned, any pause is potentially left as time for the crying speaker to recover. As the question is extended it becomes a request for suggestions or advice. When the MIW does respond, it with some trouble i.e. with cut-off words, pauses and tremulous delivery, and unlike the previous responses to caller crying, a formulation is delivered of the previous attempts to remedy the situation. This formulation, also unlike the previous crying receipts, does not contain any psychological / emotional terminology. The MIW moves from this formulation into the business of the line on line 30; asking for the son's location so that a service search can be initiated. The caller aligns with this project on line 31, even orienting to the type of location information that the MIW needs for the search but did not explicitly ask for (the postcode). Thus, where caller crying occurs in the above extract, and it is not part of or preceded by a complaint, no empathetic formulation follows.

4. Discussion

Let me start by highlighting the social and institutional functions carried out by the formulations deployed by the MIWs.

4.1 *Providing an empathetic response*

In the analysis of crying receipts in calls to a child protection helpline, Hepburn & Potter (2007) discuss empathetic receipts as those which contain a formulation of the caller's mental state, and a candidate cause for this invoked mental state. The formulations produced by the MIWs above in receipt of caller crying are similar in that candidate internal states are produced and accounted for, although here this is done through descriptions of the situation, rather than the caller. 'Situation' may be explicitly done as for example in call 2; extract 1 above; "Sounds like an extremely °e-° (0.1) frustrating an- and upsetting situation ce:rtainly." or implicitly by saying e.g. 'It is frustrating' as in call 3; extract 2 above. Of course, both formats infer that the candidate state is one experienced by the caller. While the situation is what is being described as something frustrating, upsetting or difficult, the adjectives used imply that the situations are leading to frustration, upset, and difficulty being experienced. This is stated in stronger terms in some of the formulations e.g. "I do understand how upsetting it must be for you.", which indexes both the internal state of the caller and a quality of the general situation. These formulations tie together the internal experience and external (causal) world. A pervasive theme in discursive psychology has been to examine the ways in which speakers manage the relationship between the subjective internal

world, and the external, objective world (Edwards, 2004), and the MIW formulations are an exemplary case of such management.

Indeed, offering any description of the callers' experiences in the sensitive sequences above may lead to difficulty for the MIWs should the caller disagree. Heritage & Raymond (2005) showed how offering a description of an event or experience which the recipient has sole or shared access to may be difficult to manage in talk. Thus it is important that the formulations here are also similar to those discussed by Hepburn & Potter (2007) in that they contain epistemic markers, e.g. "it's=it- clearly very upsetting for you" (call 3, extract 2). Grounding the description in the callers' previous talk and/or displays allows the MIWs to manage this issue effectively; note that none of the formulations are challenged by the callers as incorrect or insufficient. A possible variation on this format can be found in call 1; extract 2. Here, in lines 42 to 45 the MIW says ".hh yeah. .h I- I know it's difficult=obviously it's frustrating if: if somebody's threatening to s: to stop your benefits an' it's worrying you." The 'obvious' here is hearable in two ways; first as obvious from the caller's talk and emotional displays that the situation is worrying her, and secondly as obvious in this type of situation where such a threat is present and it is worrying the person involved. Recall from extract one above that this caller has already been constructed as 'worried' by the MIW.

Finally, in relation to empathy, the formulations not only position the callers as having displayed that they are experiencing upset of some kind, but also the MIWs as having heard and acknowledged this upset, thus strengthening them as empathetic receipts of upset.

4.2 *Aligning while maintaining an institutional neutrality*

The formulations discussed here are deployed by the MIWs following displays of upset which occur during or close after a complaint about services. As mentioned, MIWs are not free to agree with such complaints and must remain neutral. Central to managing this neutrality is the MIWs' practice of describing situations in the formulations. The use of 'frustrating' and 'upsetting' in a description of a situation, mark such an internal response as understandable when in this situation, while also avoiding the placement of blame on any individual or service the caller may be complaining against. Such use of emotion terms is an exemplary case of the discursive psychological approach to the use of terms from the "psychological thesaurus". Furthermore, such formulations also avoid constructing any internal upset as being due to dispositions of the caller, as well as avoiding making any comment on the caller's level, or type of reaction to the situation e.g. that it is a correct or excessive reaction. Importantly, no comment is made on the source of the invoked frustration or upset, and in none of the calls do the MIWs offer

opinions on the service which callers are complaining about, or indeed even refer to the callers' talk as a complaint.

Another aligning device observable in the extracts above is that of a display of stance on the callers' situations, through the use of extreme case formulations, for example, ">mn certainly sounds lik-< extremely difficult situation" (call 2, extract 1: 19 to 20). The use of these ECFs marks the formulations as considered, and as a personal stance on the situation (Edwards, 2000) and thus help in these instances to align with the callers. Alignment is also achieved through such ECF's in that crying (an extreme response) is accounted for by the MIW's by constructing the situation as extreme.

4.3 *Moving to the business of the line*

It has been claimed above that the MIW's formulations create an environment in which a move can be made away from the callers' displays of upset (when these follow or are part of a complaint) and towards the business of the line; which is to provide contact details of relevant organisations. Callers do not orient to the formulations as requiring a specific response e.g. as assessments which need to be ratified or agreed with, although as seen in call 2; extract 1 (line 12), the caller begins what appears to be an agreement which is quickly abandoned "It really ↑I mean I'm-". Similarly, Drew & Holt (1998: 495) discuss "figurative expressions" (idiomatic phrases such as 'come to the end of her tether' or 'at the end of the day') as providing a short formulation, assessment, or gloss on the previous talk and which do not require a specific response, and which allow for subsequent topic transition. This transition is possible as while both speakers or the recipient may agree with the turn containing the figure of speech, that turn itself does not project further talk. The formulations analysed here also offer what may be hearable as a gloss or an assessment of the callers' prior descriptions, and the callers and MIWs do not orient to the formulations as requiring any uptake. As such, the formulations do not appear to project further talk, and it is this quality that allows for the transition from one project in the talk to another.

An issue here may be in describing what follows the formulations as a move to the business of the line. While the MIWs do not offer advice as part of their service, an advice-type turn follows close after the formulations in calls 1-3 above:

- Call 1, extract 2 (l.47-51): "but the local mind might be a really good place to start, because they do offer benefits advice..."
- Call 2, extract 2 (l.50-53): "have you spoken to the G.P. toda:y and expressed how how this is developing, and how- .hhhhh (0.3) >the situation's becoming< increasingly wors:e."

- Call 3 (l.37-41): "as you were saying< you're only eighteen. maybe childline¿ have you (.) you know j'st to talk things through with somebody."

These turns may be considered to embody advice as the MIWs are proffering candidate sources of assistance, and candidate actions to engage in with those sources (receive benefits advice, express how a situation is developing, 'talk things through'). Importantly, the sources offered are ones that the callers already have access to or are ones which the MIWs can direct the callers to and thus engage in the business of the line; providing the contact details of services. In their analysis of talk from both 'ordinary' home telephone conversations, and calls to commercial or helpline services, Jefferson & Lee (1981) found that advice was often rejected when it was offered at the end of a complaint or 'troubles telling'. Jefferson and Lee showed that speakers accepted advice more when it was delivered after a direct request, and was rejected in places where a 'trouble' was being described. They argued that participants describing a trouble, position their co-speaker as troubles recipient and not as advice giver. When advice is given in response to a troubles telling, the first speaker is then positioned as an 'advice recipient', as opposed to 'troubles teller'. The MIW formulations avoid such interactional difficulties by providing a more preferred response to a troubles telling (an empathetic receipt) before moving to advice giving. Indeed, Hepburn & Potter (2007) found that the empathetic receipts to caller crying in their child protection helpline calls often occurred in places where callers were unresponsive to call-taker actions such as advising. In the extracts above, the potential for such trouble is negated by offering the empathetic receipt before the advice-type response.

5. Conclusion

The above analysis serves as a demonstration of the discursive psychological approach to crying receipts in specific institutional interactions, and also serves to further the recently begun and small field of general research into crying in interaction. Through detailed analysis of sections of talk-in-interaction, responses to caller crying in calls to a UK mental-health information line have been shown as repeatedly following a similar format when the crying follows (or is delivered during) a complaint. These formulations serve a number of interactional functions which have been shown to be related to the institutional remit of those taking the calls.

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Appendix

Transcription Symbols

↑	Upward arrows represent marked rise in pitch. Two arrows denotes a more extreme rise.
↓	Downward arrows represent downward pitch shifts.
> <	Text encased in 'greater than' and 'less than' symbols is hearable as faster than surrounding speech.
< >	When turned outwards the encased speech is stretched or slower than surrounding speech.
>	A 'greater than' sign before talk indicates that it has a 'hurried' sounding start.
=	An equal to sign between sections of talk indicates that there is no hearable gap between them.
.	A period represents falling, end-of-sentence intonation at the end of a turn.
,	A comma denotes continuing or slightly rising intonation at the end of a turn.
?	Question marks represent a more extreme rising of intonation than a comma; a questioning intonation.
¿	Upside down question marks denote a rise which is higher than a comma, but lower than a question mark would denote.
<u>a</u>	The underlining of text represents a slight emphasis of the sound.
:	Colons after a letter represent a continuation or prolonging of that sound; multiple colons denote a longer continuation.
a	Text printed in bold type is hearable as more strongly pronounced.
A	Capitalised text denote increased volume.

° °	Text encased in degree symbols is quieter than surrounding speech. Double degree signs refer to whispered speech.
[]	Square brackets identify sections of overlapping speech.
()	Parentheses indicate trouble in deciphering what has been said. These may be left blank, or may contain a candidate hearing of the talk.
(())	A double set of parentheses contain a note or comment from the transcriber.
hhh	These represent an out-breath. The number of hs aims to capture the length of the sound.
.hhh	Preceded by a period these denote an in-breath.
~	Talk encased in tildes symbols denote a tremulous or tremulous delivery.
(.7)	Numbers in parentheses represent pauses in the talk, measured in tenths of a second. A period with no following number denotes a hearable pause of less than one tenth of a second.
#	Talk encased in hash symbols has a rough or coarse guttural quality.
-	A dash after a sound indicates that it had a 'cut off' or unfinished delivery.
.shih	This is used to describe a wet sniff.
Hhuh	Combinations of Hs and vowel sounds are used to capture sobbing.
tk / t	Combinations of 't' and 'tk' are used to denote a tongue click sound, often heard at the beginning of a turn at talk.