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Doing “Care Work” in Emergency Service Calls

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Doing “Care Work” in Emergency Service Calls

Abstract: Sending help when needed is the central role of emergency service call takers, but providing help during the call is also an important part of the job. The “care work” call takers do may assist callers with physical and emotional safety and enhance their resilience as they deal with ongoing emergencies prior to the arrival of the police. This conversation analytic study of a collection of 24 emergency telephone calls reveals the interactional techniques call takers use to accomplish care work and shows how they integrate care work into their communication within the call.

Keywords: emergency service calls; conversation analysis; care work; emotions; interactional competence

Introduction

Sending help when needed is the central role of emergency service call takers, but providing care is also an important part of the job. Care can be provided by assisting with safety or medical issues during an urgent emergency, and may also be done by assisting an emotional caller to calm down so that they can communicate during the call. However, not all call takers successfully manage their interventions with callers. For example, K. Tracy and S. Tracy (1998) analyzed instances where call takers behaved rudely with emergency service callers, and S. Tracy (2002) analyzed instances where callers were offended by the call takers' routine questions. These findings suggest that the work of call taker involves emotional labor (Hochschild, 1983). While emotional labor focuses on how the individual works on their own emotions in order to manage specific actions or displays of emotions for others, care work in the interactional context of emergency telephone calls (911 calls in the United States) focuses on call taker's actions to care for the caller by assisting them with their emotional state or with the physical safety of themselves or others. For example, J. Whalen and Zimmerman (1998) and S. Tracy and K. Tracy (1998) examined how 911 call takers must often work to manage the caller's emotions in order to successfully conduct an emergency service call. In a study of a successful crisis negotiation call S. Tracy and Huffman (2016) analyzed the interactional behaviors used by a caller who acted as an intermediary between a potential school shooter and the police. They showed how she was able to convey compassion to the shooter through a variety of interactional techniques (see also Garcia, 2017; Vecchi, 2009). J. Whalen and Zimmerman (1998) found that displays of emotional upset at times impeded the ability

of callers to communicate with the call takers and/or the call taker's ability to understand what the callers were saying (Kevoe-Feldman, 2019). This can happen with relatively mild or extreme displays of emotion (see J. Whalen & Zimmerman, 1998; J. Whalen et al., 1988). J. Whalen and Zimmerman (1998) identified using directives, providing reassurance, displaying compassion, and reflecting back emotion while maintaining control of the call as techniques for managing callers' emotional displays. Tracy, S. and K. Tracy (1998) found that some call takers used advice-giving to manage callers' emotions.

Kevoe-Feldman (2019) notes that emotional labor or attention to callers' emotions may be a necessary component of successful emergency service calls under some circumstances. A caller who is not emotionally distraught could potentially become so if the call is not well handled. While this could certainly be a problem which could affect the delivery of service, it could also have residual effects on the caller or the call taker. S. Tracy and K. Tracy (1998) found that distressful emotional situations during the calls can cause problems for the call takers. In addition, 911 callers, who are typically calling because they or a third party is experiencing a serious problem that requires help, may also experience lingering effects as a result of the traumatic situation. These effects may be compounded or exacerbated by a poorly managed 911 call, or conversely, may be mitigated by a call taker who does effective care work while conducting the business of the call.

In this paper I examine how emergency service call takers do care work to support callers and/or enhance their ability to function effectively as they deal with an ongoing emergency before the police arrive on the scene. This care work can foster "micro-resilience"; organizational behaviors (ways of talking) that assist or support caller's resilience as they are dealing with an ongoing emergency (Buzzanell, 2018).

Previous research on resilience has addressed micro, meso and macro levels of organizational communication (Buzzanell, 2018). Beck's (2016) definition of resilience specifies that it has to do with actions or characteristics of people or groups coping with stresses:

Resilience is an umbrella term used to characterize general processes of successful stressor management, adaptation, or a combination of personal or social characteristics that allow an individual, relationship, or social group to deal with serious stressors and/or unexpected events in a manageable way. (Beck, 2016, p. 371)

Buzzanell (2018) notes that resilience cultivated in an interaction can extend beyond that encounter and impact longer term resilience. In the context of urgent emergency situations which result in telephone calls to the police, it is therefore possible that the nature of the interaction the call taker has with the caller can impact not only that caller's ability to cope with the ongoing emergency and to foster their resiliency on a moment-by-moment basis, but may also have long term effects on their recovery from the situation. In this paper I address the first part of this question--the ways in which the actions the call taker takes during the telephone call can assist and support the caller in the moments they are dealing with the ongoing emergency, thus promoting the micro-resiliency they need to overcome the stressors and risks inherent in the current situation.

First I will review previous research on the interactional organization of 911 calls. I then describe the data and methods and present the analysis of a collection of 911 calls in which the call takers use a wide range of techniques to accomplish care work. I will show that the

interactional competence required to perform effective care work in emergency service calls requires not only fluency with the various interactional techniques for accomplishing it, but the ability to effectively place or position these techniques within the ongoing flow of interaction in the call. Finally, calls in which care work was absent are analyzed to show how the trajectory of the call can be affected by the failure to do care work when needed.

The interactional organization of emergency telephone calls

Emergency telephone calls play a key role in the provision of help from police, fire and ambulance services and have been fruitfully studied by previous researchers using the conversation analytic method (e.g., Kevoe-Feldman, 2019; Larsen, 2013; Monzoni, 2009; Paoletti, 2009, 2012; Tracy, S. & K. Tracy, 1998; M. R. Whalen & Zimmerman, 1990; Zimmerman, 1984). Previous conversation-analytic research on emergency service calls has examined the interactional organization of the calls, including how they are begun (e.g., Cromdal et al., 2012a, 2012b; Zimmerman, 1984, 1992a), and how callers formulate their first turn in which they describe the problem or make a request for help (e.g., Riou et al., 2018; M. R. Whalen & Zimmerman, 1990). Participants in emergency service calls routinely display an orientation to the time sensitive nature of emergency service calls by producing concise opening sequences followed by an interrogative series in which the call taker questions the caller to obtain the information necessary to provide service (Riou et al., 2017; M. R. Whalen & Zimmerman, 1987, 1990; Zimmerman, 1984). When necessary, call takers will verify the need for service (Larsen, 2013; M. R. Whalen & Zimmerman, 1990). While callers may occasionally assume that receiving help is a given (e.g., Garcia, 2015; J. Whalen et al., 1988; see also Paoletti, 2009; Zimmerman, 1992b), most callers display an orientation to the need to justify their request for service

by conveying its status as a “policeable problem” (M. R. Whalen & Zimmerman, 1990; see also Cromdal et al., 2008; Tracy, K. & Anderson, 1999).

Methods and data

In this paper I use a conversation analytic approach, which is a qualitative method of studying interaction (e.g., Garcia, 2013; Heritage & Clayman, 2010; Schegloff, 2007; Sidnell, 2010). This approach developed out of the theoretical perspective of ethnomethodology which investigates how participants accomplish social action, social organization and social order (Garfinkel, 1967).

Conversation analysts study naturally occurring interactions and investigate the techniques and procedures used to accomplish social action in specific contexts. Talk is studied in its interactional context, in order to observe how participants respond to the formulation and placement of speakers’ actions.

The data analyzed in this paper are part of a larger collection of 96 calls collected from the internet for a study of interactional procedures in emergency service calls (on collections of conversation analytic data, see Sidnell, 2010). The calls were publically released by a range of 911 call centers throughout the United States. Some calls were located through newspaper articles or other media accounts, and others were found through internet searches. These calls were pre-existing public records which were released to the media and hence the IRB determined they were exempt. The 96 calls in the collection were analyzed to identify the subset of 24 calls that were relevant for this analysis of care work. In these 24 calls call takers did a good job assisting callers who were dealing with an ongoing urgent emergency situation. Techniques used by each call taker were identified and compared with those used by other call takers; techniques which were used routinely were included in the analysis reported in this paper. The role of conversation

analysis in this process of identifying care work was critical. The interactional context of the techniques used and the callers' responses to them--in conversation analytic terms, 'oriented to evidence' (Arminen, 1999)--were used to document the effectiveness of the techniques. Calls involving urgent emergencies in which call takers did not use care work techniques to assist callers were not included in this collection of 24 calls; they are analyzed in the last section of the paper as examples of absent or inadequate care work.

I transcribed the audio recordings of the calls using the conventions of conversation analysis (Jefferson, 2004). Simplified versions of the transcripts are used in this paper for ease of reading. Symbols used include underlining to indicate stress or emphasis, colons to indicate a sound is drawn out, capitalization to indicate loudness, degree signs to indicate decreased volume, brackets to indicate simultaneous speech, and numbers in parentheses to indicate approximate length of pauses. Pseudonyms are used for all identifiers in the transcripts. In the sections that follow I will first analyze the interactional techniques used to accomplish care work and then show how timing, placement and location within the ongoing interaction are critical for the success of these techniques.

Techniques for accomplishing care work in 911 calls

Call takers used a range of techniques to accomplish care work to assist or support callers in their emotional management, physical safety, or ability to handle the ongoing emergency. In some cases the call takers provided this assistance because emotions were displayed, at other times they preemptively worked to lower stress levels in order to maintain caller's level of self control. Actions such as providing reassurances, expressions of empathy, or coping techniques for stress reduction can assist callers in emotion management. Other techniques, such as providing

compliments or other sources of distraction can also serve as methods of emotional support. Care work can also be done through providing instructions, such as for medical care or ensuring the caller's safety in the midst of an ongoing emergency situation.

Coping techniques for stress reduction and emotion management

Call takers offered callers coping techniques such as instructions to take deep breaths or to think about something other than the upsetting situation. These techniques were used when caller's anxiety appeared to rise or when communication was impeded by the caller's behavior.

For example, in Excerpt 1 a caller has just been robbed at gunpoint. When the call opened there was screaming in the background, and there were some signs of disjointed communication in the call up to this point. The caller is able to answer some of the call taker's questions, but when the call taker asks about the gun, she starts crying while talking, indicating an increase in emotional upset:

Excerpt 1: Excerpt 17: Women Robbed at Gunpoint

CT: female; C: female

64 CT: they ran to the left down oak street? what were they wearing?

65 C: they went in the back alley one had a grey hoody on the other

66 had a black hoody

67 (0.2)

68 CT: did they have a gun?

69 (0.2)

70 C: yes ((crying))

- 71 CT: they did?
- 72 C: yes ((crying))
- 73 CT: okay just take some deep breaths for me okay? what kind of gun
- 74 was it was it a pistol was it a rifle?
- 75 (0.2)
- 76 C: (I don't know) it was a it was a pistol .hh hh .hh it was (like) it was
- 77 a maybe um three eighty ((crying while talking))
- 78 CT: it was a three [eighty]
- 79 C: [with] a silencer

When the call taker asks whether the robbers had a gun, the caller is able to answer the question but it sounds like she is crying as she says it (line 70). The call taker requests confirmation of this answer (“they did?” line 71), and the caller confirms her answer, again sounding as if she is crying (line 72). The call taker responds with “okay just take some deep breaths for me okay?” (line 73), and immediately continues with her next question “what kind of gun was it was it a pistol was it a rifle?”; lines 73-74). The caller’s voice is still distraught as she responds in lines 76-77, but not only is she able to provide the information requested, she provides even more information about the gun than she was asked for (it was a “three eighty... with a silencer”; lines 77, 79). The coping mechanism provided served to remind the caller to calm herself down.

Providing reassurance

Callers exhibiting stress about an urgent ongoing situation may be reassured or calmed by reminders that help is on the way, and subsequently able to switch from displaying stress to reorienting to their role by answering the call taker's questions.

In Excerpt 2 a caller is tearfully reporting the kidnapping of a five year old girl. The emotion in her voice conveys her concern that she cannot remember what the kidnapper was wearing ("I don't know it was in the car [()]"; line 141). The call taker immediately responds with reassurance "[it's okay] it's okay it's okay " (line 142), followed by a reassurance that help is on the way ("we got everybody on the way already okay?"; line 143).

Excerpt 2: 5 Year Old Girl Kidnapped

CT: male; C: female ((caller sounds stressed and emotional throughout the call))

139 CT: what was he wearing

140 (0.2)

141 C: I don't know it was in the car [()] ((emotion in voice))

142 CT: [it's okay] it's okay it's okay

143 we got everybody on the way already okay?

144 C: like a brown shirt may be? (0.3) I think like a tank top maybe?

145 or something? .hh

146 CT: oka:y um

The response of the caller to the reassurance the call taker provided shows that it may have helped her calm down. As soon as the call taker provided reassurance, the caller responded with information about what the kidnapper was wearing ("like a brown shirt may be? (0.3) I think like

a tank top maybe? or something .hh” lines 144-145). Prior to the call taker’s intervention, she was not able to provide information about the suspect’s clothing (line 141).

Expressions of empathy

I found that expressions of empathy can function as care work in 911 calls. Expressions of empathy were accomplished through offering to stay on the phone with the caller while they waited for help or by indicating that the call taker and the caller were on the same team or shared the same emotions about the situation. For example, in a call from a mother whose adult daughter is missing, the call taker expresses empathy: “I understand that you’re (0.2) that you’re upset right now (0.2) um I would be too.” She thus validates the mother’s concern over her missing daughter. In another call a call taker uses an empathetic statement to assist a twelve year old caller as she hid from a burglar in her house. The call taker says “try not to cry okay I know it’s hard!”; thus giving her instructions about how to maintain her safety (by keeping quiet so the burglar will not discover she is there), while acknowledging the emotions which led her to cry and expressing empathy with the challenges of suppressing her crying under the circumstances. Another common way of expressing empathy with the caller is to reassure the caller that they will stay on the phone.

Providing compliments

Compliments were used to support callers who were exhibiting stress by distracting them from anxiety, or to encourage them when coping well under stressful circumstances. This technique was occasionally used with adult callers, but most often was used with children. In Excerpt 3 a

four year old boy has called the police because his mother has collapsed and is unconscious (Gavin, 2011).

Excerpt 3: Four Year Old Boy Calls For Ill Mother

CT: Female; C: male

- 1 CT: is your mommy (0.3) awake yet?
 2 (0.7)
 3 C: she can't speak. she kind of- she passed out (0.2) there's
 4 nobody here to take care of (0.2) her
 5 CT: okay that's fine you are doing an EXcellent! job did you know
 6 that?

The call taker provides reassurance (“okay that’s fine”; line 5) in response to the child’s statement that his mother has “passed out” and “there’s nobody here to take care of (0.2) her” (lines 3-4). She then compliments him on how well he is doing (“you are doing an EXcellent! job did you know that?”; lines 5-6). The tone of voice the call taker uses here is enthusiastic and encouraging. This compliment both provides reinforcement for the caller’s behavior during the call and distracts him from his concern over his mother’s condition.

In sum, there are a variety of techniques used in these data for performing care work in the context of emergency telephone calls. However, simply knowing and using the techniques will not result in the success desired. What is critical for the competent performance of care work is careful placement of these techniques within the ongoing flow of interaction, including

the fluid integration of care work with other work of the call. How this integration work is done is the subject of the next section.

Timing and placement of care work

In order to do care work which helps callers accomplish micro-resilience, call takers must not only know how to use the care work techniques described above, they must be able to use them in effective locations within the call. The analysis in this section will demonstrate how timing and positioning within the flow of the interaction are key to the success of these care work techniques. Call takers must also successfully integrate care work with the routine work of the 911. The difference between success and failure will hinge on the interactional competence of the call taker in knowing how and when to implement each technique.

Doing care work through withholding engagement with caller

J. Whalen and Zimmerman (1998) note that providing instructions for how to give medical care is part of the job of 911 call taker. Instructions, typically formulated as directives or suggestions, were given to help callers maintain their physical safety and provide medical care to others. Successful instructions were integrated with care work when necessary.

At times successful care work was done by ignoring emotional issues, as in Excerpt 4 where the call taker ignores the mother's screams while giving birth. Refraining from responding to emotional displays can be helpful to callers in certain circumstances. In Excerpt 4 a man has called 911 because his wife has begun delivering their baby while they are enroute to the hospital (Croteau, 2019). The call taker instructs the father to tell his wife to take deep breaths (line 69).

Excerpt 4: Man Helps Wife Deliver Baby

CT: male, C: male

69 CT: yeah just tell her to take deep breaths and

70 ((sounds of screams in background))

71 C: yeah

72 CT: alright and=

73 C: =head come out please

74 CT: ah (0.2) okay

75 C: yes.

76 (0.8)

77 CT: alright. (0.5) .h alright so put one put One hand under her the the

78 child's head okay?

79 (0.3)

80 C: o:ka::y

81 (0.2)

82 CT: so put one [hand]

83 C: [(wait] for)

84 CT: yeah they're on the way! I just need you I just need you to support

85 the head okay?

86 C: oh my god (look boy)

87 CT: yep

88 (0.3)

- 89 C: baby come ou:t yes
- 90 CT: yep just put one hand underneath okay? and just keep it- (keep)
- 91 holding its head up okay?
- 92 (0.2)
- 93 C: (little boy)
- 94 (0.4)
- 95 CT: and make sure to support the head
- 96 C: ()
- 97 CT: Is the head the part that's showing?
- 98 C: Oh my God! (it come out!) ((sounds excited))
- 99 CT: okay, (0.4) is it the whole child? eh can you see more of the child
- 100 now
- 100 C: yes yep yep

In an ordinary conversation, excitement over a birth in progress would typically be shared, but in this emergency call the call taker stays focused on delivering care. When the father informs the call taker that the baby's head has come out (line 73), the call taker acknowledges receipt of this information ("ah (0.2) okay... alright (0.5) .h alright" (lines 74 and 77), and then uses "so" to transition to further instructions ("so put one put one hand under her the the child's head okay?"; lines 77-78). This instruction is provided in the form of a directive, followed by a request for confirmation ("okay?"). After a brief pause, the caller provides the requested confirmation ("o:ka::y"; line 80). Throughout the exchange the caller expresses excitement as he reacts to the ongoing birth "oh my god (look boy)" (line 86), and "Oh my

God! (it come out!)”); line 98), while the call taker stays focused on his job of giving instructions to assist the father in the delivery. Refraining from providing expressions of empathy may be helpful on this occasion because it may keep the father focused on the call taker’s instructions. In this call, two potentially serious medical issues remained (the umbilical cord was wrapped around the baby’s neck, and the baby was not yet breathing). Because the call taker was successful in providing instructions while at the same time continually refocusing the caller away from his emotions about the event and back to the task at hand, both of these two problems were quickly solved successfully (not shown).

Coordinating style of communication with identity of caller

At times call takers performed shifts in interactional style to coordinate with or better match the communication style or identity of the caller. For example, different interactional techniques were typically used with child callers than with adult callers. Some techniques used to accomplish this coordination include shifts in tone of voice to indicate empathy, encouragement, or urgency as the situation requires. The call taker shifts from a professional or institutional talk role to a "friendship/familial" role to provide emotional support and ensure the child’s physical safety. They may also use listener responses such as minimal responses and other reciprocity markers or requests for confirmation (such as “okay?” at the end of a turn) to elicit agreement or confirmation of comprehension of the call taker’s statements.

In Excerpt 5 a five year old child is calling 911 because she has discovered that her parents have been shot. When the phone rings, the call taker does not know who is calling, and uses a standard institutional talk opening to respond to the ringing of the phone (M. R. Whalen & Zimmerman, 1987). She says “nine one one where’s your emergency?” (line 1). There is a

pause (line 2), and then the caller says “.h um hello” in a “sing song” tone of voice (line 3).

When the child produces this first turn she provides a voice sample through which the call taker is able to understand that she is speaking to a child; this identity makes her atypical opening turn accountable.

Excerpt 5: 5 Year Old Girl's Parents Shot

CT: female, C: female

- 1 CT: nine one one where's your emergency?
 2 (0.3)
 3 C: .h um hello ((sing song))
 4 CT: ->hello ((sing song--tone of voice immediately changed to “child talk
 5 mode”---friendly)) (0.2) is everything oka:y? ((sounds concerned))
 6 (0.2)
 7 C: um (0.5) my mommy and daddy?
 8 (0.2)
 9 CT: un hunh?=
 10 C: =I think there's a bullet on the floor and=
 11 CT: =there's a
 12 wha:t?
 13 C: and there's uh- there's bloo:d? coming out of my dad's mouth and
 14 he fell off the be:d

The call taker displays an orientation to the identity of the caller as a child in her next turn. Instead of a typical ‘what’s the problem there’ question to initiate an interrogative series, she first returns the child’s greeting (line 4). Greeting exchanges are atypical in 911 calls (M. R. Whalen & Zimmerman, 1987; see also Cromdal et al., 2008). Notice that the call taker mirrors the child’s “sing song” intonation as she says “hello” in line 4. She thus establishes a friendly, conversational tone for the call rather than a typical business-like 911 call. She follows her greeting with an informal query (“is everything oka:y?”; line 5). Note that this question has a preference for a “yes” answer (Pomerantz, 1984; Sacks, 1987), thus presupposing that there is no problem, while the “what’s the problem there” formulation call takers typically use presupposes that a problem exists. When the caller begins her response (“um (0.5) my mommy and daddy?”; line 7), the call taker produces a continuer (line 9), thus displaying that she is listening to what the child is saying and soliciting further talk. The child then begins communicating a police-relevant problem in line 10. In sum, the tone of voice and the shift to a conversational style of communication are effective care work techniques for this exchange with a child caller.

Coordinating care work with situation and reactions of caller

A twelve year old girl who was home alone heard a burglar entering her house. She hid in her bedroom and called 911. The call taker obtained the information needed to send help, and also helped the caller manage her emotions and behavior during the call while waiting for the police to arrive. These actions both helped the call taker get needed information and increased the safety of the caller (by helping her stay quiet and hidden). The call taker also provided emotional assistance to the caller which likely reduced, at least in the moment, the traumatic nature of the events. Newspaper articles indicated the child suffered symptoms of stress after the

incident (Green, 2010), but during the call she was able to accomplish “micro-resilience” (Buzzanell, 2018) with the assistance of the call taker.

In Excerpt 6 the call taker used a variety of techniques to help the caller stay calm, communicate clearly, and hide from the burglar. She used techniques such as compliments, reassurance, instructions, coping techniques, and empathetic expressions to help the caller be resilient in the moment. Note how sensitive her timing and placement are to what is going on with the caller.

Excerpt 6: 12 Year Old Girl Home Burglarized

CT: female; C: female

- 174 CT: the officer kno:ws that you’re in your room? so they’re going to
 175 come and find you oka:hy?
 176 C: ((sniffs))
 177 CT: just stay right there.
 178 C: ((sniffling; crying sounds))
 179 CT: okay take deep breaths okay?
 180 C: ((sniffling))
 181 CT: think of something really fun okay?
 182 C: ((sniffling))
 183 CT: try not to cry okay I know it’s hard! (1.5) do you have a stuffed
 184 animal? or something you could hold on to? ((sympathetic
 185 tone of voice)) (0.2) only if you can do it without moving though
 186 okay

187 (0.2)

188 C: yeah it's on the floor

189 (0.1)

190 CT: okay it's okay (0.2) it's okay you got me here with you okay

191 (0.2)

192 C: ((sniffing))=

193 CT: =they are right there by your house they're going to

194 take care of you they're going to come in and check on you okay

195 (0.2)

196 C: ((breathing))

197 CT: °oka:y°

198 C: ((breathing))

199 CT: you're doing a really good jo:b! you're super super brave.

200 C: ((breathing)) (I can hear them)

201 CT: okay good! that's a:wesome (0.3) okay (just) stay right there it's

202 okay

In line 177 the call taker gives the caller an instruction formulated as a directive: “Just stay right there.” At this point the police have arrived and can be heard outside the house, but they have not yet secured the home or apprehended the burglar. Advising the caller to stay hidden in her room is designed to increase the caller's physical safety. After this instruction, the caller can still be heard sniffing; the sound escalates somewhat to sound more like crying (line 178). The call taker immediately switches to providing coping mechanisms to help the caller

control her emotions (“okay take deep breaths okay?”, line 179). When the sniffing continues, the call taker suggests an action the caller can take to calm herself (“think of something really fun okay?”; line 181). When these efforts to help the caller calm herself do not cause the sniffing sounds to cease, the call taker provides a more specific directive (“try not to cry okay”; line 183). She first directs the caller not to cry, and immediately follows that with an expression of empathy (“I know it’s hard!”; line 183). The sniffing sounds do diminish (note the 1.5 second pause in line 183), but the call taker may still be concerned that the caller needs reassurance. The call taker provides another coping technique (“do you have a stuffed animal? or something you could hold on to? ((sympathetic tone of voice))”; lines 183-185). Even though it is not clear the caller can reach the stuffed animal, she does respond (line 188).

The call taker then provides reassurance that she is with her (“okay it’s okay (0.2) it’s okay you got me here with you okay”; line 190). When the caller’s sniffing is audible again (line 192), the call taker first offers reassurance that the police are there and will take care of her (lines 193-4), and then gives compliments (line 199) which may assist the caller in her micro-resilience--staying calm and confident while coping with the emergency. The caller was able to muffle and/or stop her crying, stay still and quiet in her room, and avoid escalated emotional upset which could have led to screaming; any of those behaviors could have alerted the burglar to her presence thus potentially putting her at risk. The caller’s continued resilience is thus jointly produced by her own self control and the assistance of the call taker.

Tailoring care work techniques to the identity of the caller and their reactions

In Excerpt 7 a five year old child has called 911 to report that her parents have been shot to death. The call taker uses many techniques to assist and support the caller, including topic shifts

(to provide distraction), compliments, reassurance, expressions of empathy, and shifts in style to match the identity of the caller. As the excerpt begins, the call taker asks “what made you wake up tonight?” (line 39). As the call taker responds to the information the caller provides, she uses a dramatic but “light” tone of voice, as if talking to a child about an interesting story she is telling, rather than describing traumatic events that have actually occurred (lines 42 and 44). These expressions of interest at first serve to keep the child talking and providing information.

Excerpt 7: 5 Year Old Girl’s Parents Shot

- 39 CT: o:ka:y. (now-) what made you wake up tonight?
 40 (0.2)
 41 C: there was (0.2) I think I heard a gun shot
 42 CT: you heard a gu:n! ((dramatically))
 43 C: yes and I see a bu:llet laying on the floor I think it’s a bullet
 44 CT: rea:lly!?! ((dramatically))
 45 C: um hm
 46 CT: who has a gun in the house
 47 C: I don’t (see) I’m scared
 48 CT: oh sweetheart I will not let anything happen to you
 49 (0.2)
 50 C: can you send the (deputies down)=
 51 CT: =I promise I will and you’re
 52 only five years old
 53 C: um hm

- 54 CT: you are so smart for five years old
- 55 C: um hmh
- 56 CT: WO:W! do you are you off school this week?
- 57 (0.1)
- 58 C: .h um (0.2) no I go to school next year
- 59 (0.2)
- 60 CT: you do:~ My gosh you're not even in kindergarten yet?
- 61 (0.2)
- 62 C: no.
- 63 CT: o:h! what's your doggie's name
- 64 C: Rita
- 65 CT: what kind of doggie is she
- 66 C: she's a la:b
- 67 (0.2)
- 68 CT: I my god I love those! those are so beautiful! (0.2) is she a black
- 69 lab or is she a yellow lab?
- 70 C: a black lab
- 71 CT: oh my you are so smart!
- 72 C: she has um brown eyes
- 73 (0.2)
- 74 CT: oh my goodness! how old is she?
- 75 (0.2)
- 76 C: she's like three years o:ld or (0.2) two years old I don't really

- 77 know
- 78 CT: wo:w! did you have- you can remember for a long time hunh?
- 79 C: yep
- 80 CT: oh my goodness! okay did you- was there anybody else in the
- 81 house besides you and mommy and daddy tonight? like an uncle or
- 82 anything
- 83 C: no there's no robber in the house ((sounds concerned))
- 84 CT: okay!, well I didn't think there'd be a robber! sweetheart. did you
- 85 have anybody staying over the night with- with you guys tonight?
- 86 (0.2)
- 87 C: un unh
- 88 (0.2)
- 89 CT: okay.

However, when the call taker asks the question “who has a gun in the house” (line 46), the child reacts with fear (“I don’t (see) I’m scared”; line 47). This expression of emotion presents two problems for the call taker. First, it replaces an answer to her question so that the interrogative series is curtailed. Second, it signals the need for care work to protect the emotional state of the child and prevent escalation into an overflow of emotion which may further impede communication.

The call taker immediately switches from asking police relevant questions to performing several types of care work. First, the call taker addresses the child with an endearment term (“oh sweetheart”; line 48). This term not only expresses warmth and concern for the child, but also

demonstrates that the call taker has moved closer to the style of informal adult/child talk rather than talk in an institutional setting. In these data the use of a term of endearment being used to address a caller was extremely rare. Call takers do not typically use terms of endearment with adult callers, even when the caller is upset or emotional (for an exception, see Tracy, S. & Huffman, 2016).

Next, the call taker promises that she will keep the child safe (“I will not let anything happen to you”; line 48). This reassurance move is also an expression of empathy, as it expresses the direct concern of the call taker. The caller then appears to initiate a request for help (“can you send the (deputies down)=”; line 50). The call taker immediately responds to this request, formulating her reassurance as a personal promise: “=I promise I will ” (line 51).

Emergency telephone calls are typically monotopical, with getting the information necessary to send help being the focus of the call (Zimmerman, 1984). This call taker performs an abrupt shift in topic, what Holt and Drew (2005) call a “disjunctive topic shift.” This moves the topic away from the shooting to assist the child in staying calm and keeping her on the phone while they wait for the officers to arrive. The call taker’s topic shift in lines 51-52 initiates a lengthy distraction sequence. She initiates the distraction sequence with child-friendly topics that have no relationship to the crime (starting in lines 51-52 with “you’re only five years old”). The distraction sequence includes compliments (“you are so smart for five years old”; line 54). The call taker follows this with an enthusiastic exclamation (“WO:W!”; line 56) followed by a question elaborating on her age and smartness and extraneous topics such as “are you off school this week?”; line 56). The topic of school continues through line 62. The call taker then initiates another topic, again avoiding any reference to the crime that has occurred. She topicalizes the

dog that the child has already mentioned and guides discussion about this topic with a series of questions (lines 63-77).

After this extensive distraction sequence, the call taker transitions back to talk about the crime. The call taker first compliments the caller on how much she can remember about her dog (“you can remember for a long time hunh?”; line 78). The caller agrees with this statement (“yep”; line 79). Shortly after this second compliment, the call taker resumes asking questions to elicit information that may be helpful for the police when they arrive, or for the investigation of the crime (“was there anybody else in the house besides you and mommy and daddy tonight? like an uncle or anything” lines 80-82). The compliment to the child’s memory may be a way of setting up this question as an opportunity to show off her memory. This could be less likely to trigger further anxiety than a blatant reversion to the topic of the shooting (which could trigger her anxiety again). The caller answers immediately, but displays her understanding that the call taker is suggesting that there was a robber in the house (on inferences about prior questions, see Pomerantz, 2017). The call taker immediately provides reassurance, but then asks in a different way whether there were any other people in the house (lines 84-85).

In sum, the call taker does not simply run through a series of techniques to provide care work when she detects emotion in the caller. She carefully places the different techniques to accomplish the goal of keeping the child calm, and only attempts to get information when the child has become sufficiently calm. The location, sequential organization, and responsiveness to the caller’s actions is what makes it successful care work, not simply the repertoire of techniques used.

Failure to provide care work

Although the excerpts analyzed above illustrate the successful use of care work techniques in the collection of 24 calls with care work, there were some calls in the larger data set of 96 calls in which call takers failed to perform care work, even in situations where doing care work might have produced better results. For example, in Excerpt 8 below the caller is distressed because she is being followed and harassed by another driver as she tries to drive away from him. In this excerpt from the call, the caller is describing what the harasser is doing right now, and detailing an escalating series of threats (lines 1-2). She first states “he’s fo:llowing me...” and then announces a new action: “and he just THREW SOMETHING AT MY CAR!” (lines 1-2). Her narration of events as they happen both informs the call taker as to the nature of the problem, and also communicates her strong emotional reaction to the situation she is in. However, instead of responding with one of the care techniques described above, which could assist her in calming down so that she can communicate effectively during the call, the call taker performs what is in effect a topic change by ordering the caller to “stop ye:lling at me” (line 3).

Excerpt 8: Caller Threatened by Aggressive Driver

- 1 C: he’s fo:llowing me and he () he cut me off .h and he just
 2 THREW SOMETHING AT MY CAR!
 3 CT: okay stop ye:lling at me (1.2) what kind of car ‘r you in?
 4 (0.2)
 5 C: are you GOING TO HELP ME or NO:t! I’m scared
 6 ()
 (0.1)
 7 CT: you’re ye:lling at me. what kind of car you

- 8 [in (answer my)]
- 9 C: [well you're no] help you're [no help]
- 10 CT: [(what kind)] of car are you in

Notice that the call taker in Excerpt 8 does not succeed in getting the caller to tell her what type of car she is driving, information which would help police locate her when they arrive on the scene. When Excerpt 8 is contrasted with the successful care work interventions described in this paper, the role of care work is made visible. For example, in Excerpt 1 above the call taker's question about the weapon used in the crime was preceded by a stress reduction technique ("okay just take some deep breaths for me okay? what kind of gun was it was it a pistol was it a rifle?"; lines 73-74). Similarly, in Excerpt 2 above when the caller was too distraught to answer a question about the kidnapping suspect's clothes, after the call taker provided reassurance ("[it's okay] it's okay it's okay we got everybody on the way already okay?"; lines 142-143), the caller was immediately able to provide the information requested.

Discussion and conclusions

In sum, the call takers in these data use a wide range of interactional techniques to accomplish care work, including giving instructions, reassurances, expressions of empathy, coping methods for stress reduction and emotion management, compliments, and distraction when needed. Many of the call takers in these data display a high level of interactional competence as they obtain the information needed to send help to callers while at the same time doing care work as needed to assist the caller in protecting their own safety and emotional self control. The interactional competency displayed by the call takers was not simply their use of these techniques, it was in

the timing of their actions and the locations in which they placed them in the interaction. This interactional competence relies on an ability to interpret the caller's behavior and responses in the context in which they occur. The success of these care work techniques was evident through how the callers responded to them. Callers were able to maintain or regain emotional control, answer questions, or otherwise act in ways that improved their safety or the safety of others on the scene. Although call takers no doubt differ in their degree of competence with these skills, many call takers skillfully interwove these two aspects of the work of this type of organizational communication, finding places for the questions they needed answered without impeding their efforts to help the caller stay safe and as calm as possible. When correctly implemented, these techniques can assist callers by fostering resilience to stresses and risks occurring in the moment in an ongoing emergency.

There are several further research topics suggested by this analysis. First, it is likely that these efforts to help callers stay safe during the call may also contribute to their resilience in the future. In the context of urgent emergency situations which result in telephone calls to the police, it is therefore possible that the nature of the interaction the call taker has with the caller can have an impact not only on that caller's ability to cope with the ongoing emergency and to foster their resiliency on a moment-by-moment basis, but may have a long term effect on their recovery from the situation. Further research on the long term resiliency of callers and how that may be tied to the care work done by call takers remains to be done.

Second, in the calls with child callers, call takers often used multiple care work techniques effectively, including shifting to a more conversational mode of interaction, adjusting tone of voice, and using compliments and topic shifts to provide emotional support and distract the child from the ongoing emergency. A systematic study of 911 calls with child callers should

be conducted in order to discover how care work differs with child callers as opposed to adult callers, and which techniques are most effective with child callers. Although several of the excerpts in these data show call takers doing a great job of providing care work to child callers, there were only a few such calls in this collection, and a larger sample of such calls should be obtained. We should not assume that call takers 'naturally' do a better job of care work with children, or even an adequate job, without research that systematically compares a random or representative collection of 911 calls with child callers to those with adult callers.

Third, the results of this analysis of care work have implications for the training of call takers which should be examined in further research. This analysis suggests that in order to maximize the success of emergency calls, the procedures used to select and train call takers should ensure that call takers have the type and range of interactional skills needed. It could be argued that 911 call takers are in fact medical personnel--they not only send help, they provide help, including help with medical, psychological, and physical safety issues. There is an argument to be made for having a medical subspecialty, analogous to a type of nursing or counseling degree, for 911 call taker certification. This could include professional training in these areas of care work and the advanced communicative competencies required for successful performance of care work, along with the technicalities of 911 call center, police procedures and the interactional organization of emergency service calls. The training counselors receive in regard to careful and precise listening and retention of information communicated along with their training in emotion management and sensitive handling of client's interactions would well serve 911 callers. Further research should investigate whether and how the interactional competence and success of handling of 911 calls, both those handling urgent emergencies and

those handling more routine matters, differs significantly when trained counselors are working as 911 call takers rather than citizen or police officer call takers.

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