School of Communication 530: Conversational Interaction

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Course Description

The materials for this class are comprised of a sampling of phone calls in the San Diego Conversation Library (SDCL) entitled "The Malignancy Series" -- a corpus of 60 recorded and transcribed conversations, over a 13 month period, involving family members who have been informed that their mother's tumor has been diagnosed as "malignant". The calls begin with Dad "delivering the news" to Son and ongoing conversations with other family members (including the Mom/patient) and friends as the cancer develops. Final recordings were made as Son has traveled home awaiting Mom's death. *This study, the first natural history of a family talking through cancer from initial diagnosis until death, was funded by the American Cancer Society under the title "Conversations about cancer: Understanding how families talk through illness". (#ROG-98-172-01).*

This examination of "conversations about illness" may usefully be contrasted with the close examination of medical interactions, which have typically focused on the institutional character of professional/lay communication most generally, and particularly doctor/nurse/practitioner-patient relationships. Topics ranging from problems in creating mutual understandings, soliciting complete medical histories, constructing and responding to "stories", describing problems and displaying empathy, delivering good and bad "news", interrelationships between "biomedical" and "psychosocial" models of treatment and diagnosis, and making referrals have received considerable attention. Across these studies, participants' relative "power" and "status" have been addressed as "asymmetrical". For example, when considering such phenomena as "lay vs.technical knowledge", "questions and answers", and "overall constraints" associated with medical diagnostic interviews or therapy/psychiatric sessions, how medical professionals display and patients deal with medical authority, and the imposition of agenda-relevant actions, has been given systematic attention and is certainly deserving of further inquiry. With the ACS grant, attempts are being made to identify a parallel and "essential problematics" for families in the midst of a cancer dilemma.

While class activities will involve lectures and discussions on extant literature, the bulk of our time and efforts will be given to "informal data/listening sessions" -- repeated, rigorous, and grounded attempts to identify and substantiate patterns of human conduct-in-interaction. The grist for our mill, then, are naturally occurring phone calls submitted to repeated listenings and, with transcriptions, inspections of ordinary family concerns. The overriding focus of the class will be to begin to discover -- literally for the first time -- the kinds of interactional patterns families co-generate when working through medical concerns, and to reveal interrelationships between casual and clinical encounters. Emphasis will be given to close examinations of single instances as well as analysis of "collections" of interactional phenomena.

Text:

Two xeroxed packages (readings and syllabus/transcriptions) available at Aztec Book Store (second floor); reserve readings on first floor of Love Library. (Readings may also emerge as class progresses, and will be placed on reserve on an ongoing basis.)

Grading & Evaluation:

Midterm Examination	-- 45%
Final Examination	-- 45%
Participation	-- 10%

	100%

Exams & Participation:

Each exam involves a one-month take home exercise, focusing on close analysis of selected moments from the phone call corpus. Handouts for each exam will be provided, describing the data to be analyzed and procedures to be enacted. Class sessions will be devoted to data sessions directly related to the take home exercises, so you are strongly encouraged to come to class expecting that each day will aid you in your independent analyses and writing efforts.

Class participation is evaluated according to: Regular and prompt attendance; preparation (i.e., display of careful and critical examinations of readings, data); constructive, thoughtful, and detailed involvements in class discussions and activities; individual innovativeness and motivation.

Beginning with the third absence, final grades will be discounted 1/3 grade (e.g., B+→B).

Beach/COM 530: Conversational Interaction
(Preliminary Topics/Readings)

I. History & Overview of Psychosocial Inquiries

A.   Historical Sketch: Social Aspects of Illness, Death, & Dying

David Sudnow (1967). Introduction (pp.1-11); On bad news (Ch.5, pp.117-152). In
        Passing on: The social organization of dying. Englewood Cliffs, NJ: Prentice-
        Hall, Inc.

Elisabeth Kubler-Ross (1969). Attitudes toward death and dying (Chp. 2, pp.11-37.). In
        On death and dying. New York: Macmillan Publishing Co., Inc.

B.   Introduction: The Noticeable Absence of Interactional Research

Beach, W.A. (2001). Introduction: Diagnosing lay diagnosis. Text, 21, 13-18.

Irving Rootman & Larry Hershfield (1994). Health communication research: Broadening
        the scope. Health Communication, 6(1), 69-72.

Wayne A. Beach & Jennifer Anderson (2003). Communication and cancer? Part I: The
        noticeable absence of interactional research. Journal of Psychosocial Oncology,
        21/3, 1-23.

Wayne A. Beach & Jennifer Anderson (2004). Communication & Cancer? Part II:
        Conversation Analysis. . Journal of Psychosocial Oncology, 21/4, 1-22.

Wayne A. Beach (in press). Understanding how family members talk through cancer. In
        B. Whaley (Ed.), Advancements in Communication Theory & Research.
        Lawrence Erlbaum Associates.

C.   Overview & Perspectives: Psychosocial Research in 'Family' Cancer

Linda J. Kristjanson & Terri Ashcroft (1994). The family's cancer journey: A literature
        review. Cancer Nursing, 17(1), 1-17.

J. Michael Gotcher (1993). The effects of family communication on psychosocial adjustment of cancer patients. Journal of Applied Communication Research, 21, 176-188.

II. The Delivery and Reception of "Good and Bad News"

Wayne A. Beach (2002). Between dad and son: Delivering, receiving, and assimilating bad cancer news. Health Communication, 14, 271-298.

Wayne A. Beach (in press). Between mom and son: Talking about "the verdict". Chapter 4 in A natural history of family cancer: Interactional solutions to medical problems. Hampton Press, Inc.

Douglas W. Maynard (1996). On "realization" in everyday life: The forecasting of bad news as a social relation. American Sociological Review, 61, 109-131.

Douglas W. Maynard (1997). The news delivery sequence: Bad news and good news in conversational interaction. Research on Language and Social Interaction, 30, 93-130.

III. Interactional Uncertainty

Wayne A. Beach & Jeffrey S. Good (2004). Uncertain family trajectories: Interactional consequences of cancer diagnosis, treatment, and prognosis. Journal of Social and Personal Relationships 21/1, 8-32.

Beach, W.A.. (2001).Stability and ambiguity: Managing uncertain moments when updating news about mom's cancer. Text, 21, 221-250.

Babrow, A. S., Kasch, C. R., & Ford, L. A. (1998). The many meanings of *uncertainty* in illness: Toward a systematic accounting. *Health Communication, 10,* 1-23.

IV. Hope and Optimism as Interactional Achievements

Elisabeth Kubler-Ross (1969). Hope (Ch.13, pp.138-156). In On death and dying. New York:Macmillan Publishing Co., Inc.

Anssi Perakyla (1991). Hope work in the care of seriously ill patients. Qualitative Health Research, 1, 407-433.

Elizabeth Holt (1993). The structure of death announcements: Looking on the bright side of death. <u>Text</u>, 13, 189-212.

Wayne A. Beach (2002). Managing optimism. In Phil Glenn, Curtis LeBaron, & Jenny Mandelbaum (Eds.), <u>Studies in language and social interaction</u>: <u>In honor of Robert Hopper</u>. (pp.175-194). Mahwah, NJ: Lawrence Erlbaum Associates.

V. Talk About Troubles on the Airlines & Miscellaneous Activities

Wayne A. Beach & Alane S. Lockwood (2003). Making the case for airline *compassion fares*: The serial organization of problem narratives during a family crisis. <u>Research on Language and Social Interaction</u>. 36/4, 351-393.

Some Related Readings

Wayne A. Beach (1996). Editor's Preface and Introduction (pp.ix-xvii); Finding bulimia (Ch.1, pp.1-19); Interaction and social problems (Ch.5, pp.101-112). In <u>Conversations about illness: Family preoccupations with bulimia</u>. Mahwah, NJ: Lawrence Erlbaum Associates, Inc.

Wayne A. Beach (1995). Preserving and constraining options: "Okays" and `official' priorities in medical interviews. In G.H. Morris & R. Cheneil (Eds.). <u>The talk of the clinic: Explorations in the analysis of medical and therapeutic discourse</u> (pp.259-289). Hillsdale, NJ: Lawrence Erlbaum Associates, Inc

Joerg R. Bergmann (1992). Veiled morality: Notes on discretion in psychiatry. In Drew & Heritage (Eds.), <u>Talk at work: Interaction in institutional settings</u> (pp.137-162). Cambridge: Cambridge University Press.

Graham Button & Neil Casey (1984). Generating topic: The use of topic initial elicitors. In J. Maxwell Atkinson & John Heritage (Eds.), <u>Structures of social action:</u> <u>Studies in conversation analysis</u> (pp.167-190). Cambridge: Cambridge University Press.

Graham Button & Neil Casey (1988/89). Topic initiation: Business-at-hand. <u>Research on Language and Social Interaction</u>, 22: 61-92.

Paul Drew and John Heritage (1992). Analyzing talk at work: An introduction. In Paul Drew & John Heritage (Eds.), <u>Talk at Work: Interaction in Institutional Settings</u> (pp.3-65). Cambridge: Cambridge University Press.

Jean-Francois Duval (July, 1997). Elisabeth Kubler-Ross: The final stage. <u>Shambala Sun</u>,

Arthur W. Frank (1969). <u>The wounded storyteller: Body, illness, and ethics</u>. Chicago: The University of Chicago Press.

Richard M. Frankel (1995). Some answers about questions in clinical interviews. In G.H. Morris & R. Cheneil (Eds.). <u>The talk of the clinic: Explorations in the analysis of medical and therapeutic discourse</u> (pp.233-258). Hillsdale, NJ: Lawrence Erlbaum Associates, Inc.

J. Michael Gotcher (1995). Well-adjusted and maladjusted cancer patients: An examination of communication variables. <u>Health Communication</u>, 7, 21-33.

Jay F. Gubrium & James A. Holstein (1990).What is family? & A new perspective: Social constructivism (Chps. 1 & 2, pp.1-34). <u>What is family?</u> Mountain View, CA: Mayfield Publishing Company.

Christian Heath (1992). The delivery and reception of diagnosis in the general-practice consultation. In Paul Drew & John Heritage (Eds.), <u>Talk at work: Interaction in institutional settings</u> (pp.235-267). Cambridge: Cambridge University Press.

John Heritage & Sue Sefi (1992). Dilemmas of advice: Aspects of the delivery and reception of advice in interactions between health visitors and first-time mothers. In Paul Drew & John Heritage (Eds.), <u>Talk at Work: Interaction in Institutional Settings</u> (pp.359-417). Cambridge: Cambridge University Press.

Gail Jefferson (1984a). On stepwise transition from talk about a trouble to inappropriately next-positioned matters. In J. Maxwell Atkinson & John Heritage (Eds.), <u>Structures of social action: Studies in conversation analysis</u> (pp.191-222). Cambridge: Cambridge University Press.

Gail Jefferson (1984b). On the organization of laughter in talk about troubles. In J. Maxwell Atkinson & John Heritage (Eds.), <u>Structures of social action: Studies in conversation analysis</u> (pp.346-369). Cambridge: Cambridge University Press.

Charlotte M. Jones & Wayne A. Beach (1995). Therapists' techniques for responding to unsolicited contributions by family members. In G.H. Morris & R. Cheneil (Eds.). <u>The talk of the clinic: Explorations in the analysis of medical and therapeutic discourse</u> (pp.49-70). Hillsdale, NJ: Lawrence Erlbaum Associates, Inc.

Charlotte M. Jones & Wayne A. Beach (in press). "I just wanna know <u>why</u>": Patients' attempts and doctors' responses to premature solicitation of diagnostic information. To appear in Madeline Maxwell (Ed.), <u>Diagnosis as Cultural Practice</u>, Mouton de Gruyter Publishers (2002).

Don Lattan (July, 1997). Second thoughts. <u>San Francisco Chronicle</u>.

Karen Lutfey & Douglas W. Maynard (1998). Bad news in an oncology setting: How a physician talks about death and dying without using those words. <u>Social Psychology Quarterly</u>, 61, 321-341.

Douglas W. Maynard (1988). Language, interaction, and social problems. <u>Social Problems</u>, 35, 311-334.

Douglas W. Maynard (1992). On clinicians co-implicating recipients' perspective in the delivery of diagnostic news. In Drew & Heritage (Eds.), <u>Talk at work: Interaction in institutional settings</u> (pp.331-358). Cambridge: Cambridge University Press.

Douglas W. Maynard & Richard M. Frankel (in press). On the edge of rationality in primary care medicine: Bad news, good news, and uncertainty. In John Heritage & Douglas W. Maynard (Eds.), <u>Practicing medicine: Structures and process in primary care encounters</u>. Cambridge: Cambridge University Press.

Anssi Perakyla (1993). Invoking a hostile world: Discussing the patient's future in AIDS counseling. <u>Text</u>, 13, 302-338.

Anita M. Pomerantz (1984). Giving a source or basis: The practice in conversation of telling `how I know'. <u>Journal of Pragmatics</u>, 8:607-625.

Emanuel A. Schegloff (1988). On an actual virtual servo-mechanism for guessing bad news: A single-case conjecture. <u>Social Problems</u>, 35: 442-457.

Antonella Surbone (1996). The patient-doctor-family relationship: At the core of medical ethics (Ch.19, pp.389-405).. In L. Baider, C.L. Cooper, & A. Kaplan-DeNour (Eds.), <u>Cancer and the family</u> .

NOTES