

## Between Dad and Son: Initiating, Delivering, and Assimilating Bad Cancer News

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The opening moments of a phone call reveal how a father informs his son, for the 1st time, that his mom's tumor is malignant. An extended phone opening reveals how delaying talk about the mom's condition allows for important interactional work: Displaying resistance to announce the bad news directly, projecting and anticipating the valence of forthcoming news prior to its announcement, and delicately sharing ownership of a serious health condition at the outset of a family cancer journey. Enacting a biomedical demeanor, replete with technical language and withholdings of emotional and personal reactions, subsequent delivery and reception of the bad news is managed *stoically*—a normalized resource employed by consequential figures when managing and coping with dreaded news events. By closely examining how family members talk through cancer on the telephone, the scope of health communication research is extended beyond clinical settings into home environments, progress is made on the noticeable absence of interactional studies in psycho-oncology, and diverse implications arise for understanding how lay persons diagnose and manage illness dilemmas.

In a written reflection of his mother's death 10 years earlier, a son depicts calling his father on the phone and being informed that "mother had cancer":

My father answered. I remembered thinking almost immediately that something seemed wrong. Then he told me that my mother had cancer ... When the call ended, my mind was reeling ... I looked around the room for something to focus on. My eyes fell on the recorder. I realized it had been on the whole

time ... I decided to leave the recording device on that telephone, and there it stayed until my mother died.

The description “something seemed wrong” recalls a hint of trouble at the outset of the call, and “my mind was reeling” begins to reveal the impact of having heard and attempted to assimilate such bad news following the call’s completion. Equally striking are the son’s realization that the initial conversation had unknowingly been recorded, and his decision to continue recording phone conversations “until my mother died.”

The son’s decision resulted in a collection of 60 local and long distance phone calls—a series of conversations I characterize as the malignancy corpus (see the Data and Method sections). These data represent the *first natural history* of a family’s interactional attempts to understand and deal with cancer and its consequences developmentally, from initial diagnosis to death some 13 months later. Beginning with the son’s first phone call to the dad and throughout, ordinary interactions are revealed as primary resources for managing complex social, emotional, and medical–technical concerns throughout the progression of a terminal illness. Such phone calls also allow for written reconstructions, as with the son’s, “something seemed wrong,” to become anchored within real time, coenacted, and finely coordinated features of naturally occurring conversations between family members.

This article closely examines a pivotal set of moments in the family’s delivery and reception of bad cancer news: The opening 1½ min of the first call in which the dad informs his son, for the first time, that “It is malignant.” These interactional moments warrant investigation for three compelling reasons. First, understanding how families talk through cancer is an omnipresent but unexplored area of health and illness. Among conversation analytic studies, it is normative to initiate more extended inquiries by first examining the detailed organization of single cases (see Beach & Dixon, 2001; Hopper, 1989; Mandelbaum, 1989; Pomerantz, 1990; Schegloff, 1986, 1987). The working assumption is straightforward: To the extent a single case can be laid bare, subsequent observations will be anchored in warrantable claims rather than underspecified assumptions about social order. Second, so doing provides a comparative foundation for analyzing larger collections of phenomena. This move toward generalization is accountable for each single case, simultaneously disclosing the organized nature of distinct communication patterns transcending speakers, topics, and cultures (i.e., the rules and technologies of interactional conduct as addressed by Sacks, 1984a, 1992). Third, there is a distinction between claiming a commonsense interest in bad cancer news, and making explicit how such primordially significant moments are comprised of organized and evolving communicative practices.

Central to the ensuing analysis are the actual moments when the dad (D) announces and the son (S) responds to the diagnostic news. This excerpt occurs ap-

proximately 40 sec into the first call (see Appendix for transcription conventions).<sup>1</sup>

(1) SDCL: Malignancy 1:1

24 D: .hh The tum:or: that is the: uh adrenal gla:nd tumor tests positive. = It is:  
malignant.

26 S: O:kay? =

Three striking features might be summarized at the outset. First, by enacting technical language employed by medical practitioners, dad's announcement provides biomedical characterizations of this multifaceted news. Second, with "It is: malignant" dad attempts to both clarify and provide the upshot of this information for son's hearing. In this way, dad addresses son as a family member void of the experience of talking directly with the doctor who (as will be shown) initially delivered the news to dad and mom. Note that dad also refrains from referring to the problem as "cancer." Third, in responding to dad's news with "O:kay?=" son is neither agreeing with dad nor treating his news as good; for example, when the literal equivalent of "okay" is synonymous with "everything is all right" (see Beach, 1993, 1995). Nor is son hearably displaying emotion or marked concern. Rather, son acknowledges dad's prior description and moves to ask a subsequent question about the location of mom's tumor (analyzed next).

In (1) notice that just as dad addresses details and facts about mom's diagnosis, so does son respond in kind by pursuing a biomedical issue (i.e., tumor location). Readers may conclude that these stoic moments depicted in (1) are somewhat atypical, strange, or even indifferent: How could family members withhold substantial expression of personal and emotional reactions to mom's diagnosis? On the contrary, however, Maynard (in press, Ch. 5, p. 1) observed that "the stoic response is characteristic when bad tidings are presented to a person who is of central consequence in the news ...." Maynard evidenced how speakers may work to avoid emotional displays through *stoic orientations*, actions that are routinely recruited by "main consequential figures" (p. 2) as devices for coping with bad news events. His observations thus extended Goffman's (1961, p. 55) descriptions of circumstances surrounding crying and displaying emotional outbursts, thus "flooding out," just as Heath (1986) revealed how emotions are apparent in practical (real time) interactions during medical encounters.

This analysis extends Maynard's (e.g., 1996, 1997, in press) work on news delivery sequences (NDS's) to reveal how a dad and son, as primary and consequential family members, collaborate in producing the following delicate actions: (a) initiat-

<sup>1</sup>Although the son writes about "father and mother," the phone call corpus reveals "dad and mom" to be more commonly employed and informal person references. Thus, these names are designated as speaker identifications for the son's parents in this article and throughout the transcribed corpus.

ing, forecasting, and working up to the bad news; (b) delivering and responding to mom's diagnosis; and (c) assimilating news about the malignancy (i.e., clarifying, receiving, and gradually realizing the consequences of such news). Particular attention is given to social actions comprising their "stoic" responses, in part as coping devices for dealing with bad and otherwise ambiguous news about mom's cancer diagnosis. Analysis will also focus on how the son (as news recipient) works to avoid flooding out by withholding emotional reactions to the bad news.

Before turning directly to analysis of the first call, a description of the data corpus and method are first provided, followed by an overview of how this investigation is situated within extant work on communication, cancer, and the organization of bad and good news events in everyday life.

## DATA AND METHOD

The malignancy corpus consists of 60 recorded calls occurring over a 13-month period, between 6 family members and more than 20 additional interactional participants. Recorded by son at two residences during this 13-month period, calls range from 10 sec (a wrong number) to approximately 30 min in length ( $M = 9$  min and 30 sec). Complete transcriptions of the phone calls were generated employing a transcription system created and refined by Jefferson (Atkinson & Heritage, 1984; see also Appendix).

With guarantee of anonymity and a request to wait a minimum of 5 years to initiate research on these calls, I was encouraged by the family to investigate them as a resource for generating insights about the trials and tribulations of families dealing with cancer.<sup>2</sup>

Conversation analytic methods are employed (e.g., see Atkinson & Heritage, 1984; Drew & Heritage, 1992; Sacks, 1992), which gives priority to locating and substantiating participants' methods for organizing and thus accomplishing social actions. This mode of analytic induction is anchored in repeated listenings of recordings in unison with systematic inspections of carefully produced transcriptions. It is an explicit and working feature of this research method that participants continually and intrinsically achieve, through an array of interactional practices,

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<sup>2</sup>Formal permission has been granted by the family and approved through appropriate Human Subjects Committee reviews. Family members include the son, father, mother, daughter, aunt, and grandmother. The corpus also includes an assortment of other conversations between the son and his (separated) wife, her brother, representatives from various airlines (when seeking flight information and reservations), an academic counseling office receptionist, a receptionist at an animal boarding kennel (when making and canceling reservations for his dog during his travel), a woman the son had begun dating, an old friend from the midwest, a graduate student who covered the son's classes during travel, and a variety of other calls involving routine daily occurrences (e.g., the payment of bills and leaving messages on telephone answering machines).

displayed understandings of emergent interactional circumstances. The overriding goal is to identify patterned orientations to moment-by-moment contingencies of interaction comprising everyday life events.

In addition, limited background information regarding this family's cancer dilemma does exist. Such information includes son's written reconstructions of this 13-month period, a single excerpt of which appears at the outset of this article. (Although not specifically addressed in this analysis, a series of informal and ongoing discussions with son has also aided in the clarification of such details as speaker identifications, timelines and durations between calls, and general description of such matters as his mom's medical history, ongoing health problems, and treatments for diagnosed cancer.)

### BAD NEWS, COMMUNICATION, AND CANCER

Although it has been repeatedly noted that a cancer diagnosis significantly alters social relationships (see Beach, *in press-c*; Kristjohnson & Ashcroft, 1994; Maynard, 1996, 1997, *in press*), research on how families interact throughout cancer diagnosis, treatment, coping, and care is in its infancy. In a recent and extensive review of communication within a vast body of literature comprising "psychosocial oncology," Beach & Anderson (2002) concluded that there exists a "noticeable absence" of interactional research focusing on communicative activities throughout cancer journeys. With few exceptions (e.g., see Beach, 2001a, 2001b, *in press*; Lutfey & Maynard, 1995; Maynard & Frankel, *in press*), grounded understandings of the interactional organization of social activities associated with cancer are not available within the social and medical sciences. Thus, cumulative knowledge about communication and cancer-related incidents is theoretically rich but empirically underspecified: Little is known about how cancer patients, family members, and health professionals organize their interactions when talking through a host of illness predicaments.<sup>3</sup>

When contrasted with bad news events among friends and acquaintances (see Beach, 1996; Holt, 1993; Maynard, 1996, 1997, *in press*), a central question for this study might be stated as follows: What, if anything, is distinctive about how

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<sup>3</sup>Related studies focusing on communication and illness reveal similar findings. In Beach's (1996) examination of how family members talk through problems with bulimia, for example, a review of nearly 300 research studies revealed that although family communication was the single best predictor of eating disorders and caregiving problems, "not a single study was found that directly examined interactions between either family members expressing bulimic concerns or grandparent-grandchildren conversations on any set of health-care topics" (p. 19). Similar conclusions were drawn by Lutfey and Maynard (1998) in their analysis of how a physician delivers bad news in an oncology setting: Prior research on illness, death, and dying "emphasizes abstract, internal experiences of individuals who confront mortal or chronic illness ... typifications and generalizations" (p. 1), which essentially has overlooked how illness is communicatively managed.

this dad and son deliver and receive bad cancer news? Informing and being informed about bad news events, such as a loved one's diagnosis of cancer, have been described as a "rupture" to everyday life experiences (Maynard, 1996, p. 4). By exposing the delicate practices through which bad news gets informally worked up for announcing, receipted, and understood as bad news, the data analyzed herein extend limited yet important prior research.

For example, Holt (1993) revealed patterns underlying how friends and acquaintances structure "death announcements" during routine phone calls. In occasioning and delivering such delicate news, speakers not only work to announce and receipt another's death, but eventually coproduce "bright side" sequences in which inherently bad news is balanced with hope and optimism about the future (see also Beach, *in press*). One implication of Holt's study is the need to examine how recipients close to the news organize bad news events—interactions such as those enacted by dad and son in this investigation.<sup>4</sup>

In a related study, Maynard (1996) examined over 100 narratives drawn from bad news experiences generated from interviews, students' reconstructions, published stories, and journalistic accounts. Attention is given to different strategies for delivering bad news (i.e., forecasting, stalling, and being blunt), as well as impacts alternative approaches had on recipients' abilities to realize, come to grips with, or misapprehend the news. In the ways that forecasting offers some warning or advance indication of bad news without keeping recipients indefinitely suspended or being too abrupt, it was found to aid recipients' realizations that their world is being fundamentally altered. Equally important is understanding how deliverers and recipients work together when handling the consequences of such bad news. This inquiry extends this narrative evidence by anchoring reported notions of bad news deliveries and receipts in real time contingencies of practical action between family members. Key actions—such as how various cues and clues comprise forecasting as a "relational structure of anticipation" (Maynard, 1996, p. 109)—and how realization might be understood as a mutually elaborated process embedded within approaching, announcing, and assimilating bad news can be addressed through close examination of the dad–son interaction.

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<sup>4</sup>Regarding her data, Holt (1993) observed, "my corpus consists of ten examples in which a teller announces the death of an acquaintance to someone who was not particularly close to the deceased. Also, none of those who have died were under sixty years of age. Thus it would be interesting to be able to compare instances in this collection with examples where the deceased was younger or was close to the recipient of the news in order to discover whether the sequential pattern identified herein is similar in those cases" (p. 211). This study seeks to offer such a comparison in that it is the wife–mother who is diagnosed with cancer.

### Occasioning the News

Moving beyond individuals' self-reported and written narratives to analysis of a large corpus of recorded and transcribed good and bad news deliveries, Maynard (1997) substantiated a basic interactional pattern comprising NDSs. Although not rigidly enacted across diverse speakers, topics, settings, and predicaments, the following social actions get achieved:

- TIE = Topic initial elicitor (e.g., How's things?)  
 INI = Itemized news inquiry (e.g., Is something up?)  
 ↓  
 1 → Announcement  
 2 → Response  
 3 → Elaboration  
 4 → Assessment

Extending Button and Casey's (1985) work on how topics get initiated, an NDS may be pursued with a particular news inquiry (INI; e.g., "How is Dez anyway?") or more generally (TIE; e.g., "What's new with you?"). Only two abbreviated instances are overviewed in Excerpts 2 and 3, a preview of the kinds of actions involved as son solicits and dad delivers news regarding mom's condition.

In (2), following J's specific inquiry about "Gay Ma[r]tin" (INI→), L announces some good news (1→):

- (2) (H26B/Holt:088:1:8:4 – Maynard, 1995, p. 5)  
 1 J: INI → How is Gay Ma[r]tin ]  
 2 L: 1 → [a-a-a-] Well she's (.) ^out'v^ hospit'l  
 3 1 → v no [:w,]  
 4 J: 2 → [Is ] [she]  
 5 L: 3 → [ a ]nd uh- you know it is: it is I thin:k v cancer  
 6 J: 4 → .tch v (w)e-:-:o:-:ll

Next, J responds in a mildly surprised manner (2→), L elaborates with some bad yet ambiguous ("I think") news about "cancer" (3→), and J assesses the news with some sadness (4→). In these ways J and L portray Gay Martin as an acquaintance about whom limited information is known. Notice also that neither J nor L treat the news as particularly consequential for them or for their social relationship with Gay Martin.

In (3) son calls long distance and requests a particular update (INI→), which grandma (GM) treats as a solicitation of information about mom (1→):

- (3) SDCL: Malignancy 35: 2  
 13 S: INI → .hh Is something up?  
 14 GM: 1 → Well your mother came home on Friday yesterday.  
 15 S: 2 → O::h.  
 16 GM: 3 → Uh- Friday.  
 17 S: 4 → Wow. Well that's good.

Here grandma displays that updated news about the mother was hers to deliver (1→), even though such information was about “your mother”—a familial reference that explicitly names son as a primary figure. With “came home” grandma invokes shared yet unstated knowledge (i.e., about the hospital), which son’s “O::h.” (2→) receipts as a change-of-state in his understanding (see Heritage, 1984) but not a source for confusion or misunderstanding. Following grandma’s correction (3→), son upgrades with marked surprise (“Wow”) and positive assessment (4→).

In the previous data excerpts (2 and 3), by displaying differential knowledge about the events being reported and reactions to such news, speakers enact their social relationships with one another and the absent third parties (i.e., Gay Martin and mother). The following, and more extended analysis, compliments Maynard’s (1997) extensive collection of episodic moments by investigating how talk about cancer gets initiated during a phone call—opening moments of a longitudinal collection of family conversations addressing family cancer. A transcription of the opening moments of the first phone call between dad and son, approximately 1½ min, appears next:

- (4) SDCL: Malignancy 1:1–2 ((1:24))  
 ((Ring))  
 1 D: Hello.  
 2 S: Ola::.  
 3 (0.5)  
 4 D: (.h) Como esta:? =  
 5 S: = A:hh bien, bien? y tu::?  
 6 D: A:::hh (pt) yeah. \$ he heh heh \$ [ w h ] atever. =  
 7 S: [(tsh)-]  
 8 = Ran out already, h [ uh ] ?  
 9 D: [Ra::n] out. We:ll, >late in the da:y<  
 10 [ my::, ]  
 11 S: [Ya gotta ] get past the como es↑ta: Pop come on.=  
 12 D: = Ah°gch°. We(ll) (0.7) °.hh° la:te in the day.°hh°= ((00:15))  
 13 S: =Yeah I guess:, I’ll forgive you this[ time. ]  
 14 D: [ °(.hh)° ]Q:kay.  
 15 S: [ °See to it-° ]



- 16 D: [I'll be sh ]arper tommorow. =  
 17 S: => See to it it doesn't happen again. <  
 18 D: O:ka(h)y.  
 19 S: What's up.  
 20 (0.6)  
 21 D: pt(hh) They ca:me ba:ck with the:: hh needle biopsy  
 22 results, or at least in part:.  
 23 S: °Mm hm:° ((00:30))  
 24 D: .hh The tum:or: that is the:: uh adrenal gla:nd  
 25 tumor tests positive.=It is: malignant.  
 26 S: O:kay? =  
 27 D: = .hhh a::hh(m)=  
 28 S: = That's the one above her kidney?  
 29 D: Yeah-  
 30 (0.3)  
 31 S: °pt° Oka:y, ah gee I didn't even re:alize there was a  
 32 tu:mor there. I knew sh[ e had a ↑pr ]oblem. =  
 33 D: [ We::ll okay.] ((00:45))  
 34 S: = I thought it [was, ]  
 35 D: [ May-] (.) ma:ybe I'm not saying it  
 36 right. .hhh There is- I don't know that there is a  
 37 tumor there. They nee:dle biopsied the adrenal gla::nd.=  
 38 S: = O:°[kay.°]  
 39 D: [ I gue]ss °that's what I should say° .hhh and tha:t  
 40 one came back testing positive.  
 41 S: Mm:k(h)a:y, ((01:00))  
 42 D: pthh They di:d u:hh double needle biopsy of the(0.2)  
 43 lu:ng. .hh That one they do no:t have the results on.  
 44 (0.6)  
 45 S: °Je:[sus°]  
 46 D: [ pth ]h So: the doctor was in there tonight about  
 47 (.) sevenish: .hhh And he said ba:sically that >ya ((01:24))  
 48 know< ye:s she has a malignant tu:m- um she has a  
 49 mali:gnancy i:n: the: adrenal gland. =>He said< .hhh  
 50 ((continues))

## FORECASTING BAD NEWS: "THE SPANISH LESSON"

As noted earlier, it is not until lines 24 and 25 that dad actually informs son "It is: malignant." Yet from the outset of the phone call (lines 1–18), beginning with son's initiation and dad's response to a Spanish greeting, it is clear that the bad news associated with mom's diagnosis (19 →) is repeatedly foreshadowed:

- (5) SDCL: Malignancy 1:1  
 ((Ring))  
 1 D: Hello.  
 2 S: Ola:.  
 3 (0.5)  
 4 D: (.h) Como esta:? =  
 5 S: = A:hh bien, bien? y tu:?  
 6 D: A:::hh (pt) yeah. \$ he heh heh \$ [ w h ] atever. =

In response to dad's "Hello," son offers a second "Hello" with "Ola:." (line 2). This response invokes dad's familiarity with son's voice, and by extending the greeting sequence in Spanish invites dad to participate in a playful "language game" (Beach, 2000a; Wittgenstein, 1958). Following his pause (line 3), dad next displays both recognition and acceptance of son's invitation with an appropriate "(.h) Como esta:? =" (i.e., "How are you?"). Because "How are you's" are typically initiated by the caller (see Hopper, 1992; Schegloff, 1968, 1979, 1986), it is of some consequence that dad first queries son with "(.h)Como esta:? ="

First, as the news about mom is dad's to deliver, his acceptance of son's invitation to greet one another in Spanish accomplishes several key actions. By expanding the Spanish greeting sequence, dad does not treat the news as sufficiently urgent to directly announce it then and there. Rather than immediately talking about mom's diagnosis, dad momentarily suspends consideration of any technical and medical details.

Second, as recipient of the not-yet-delivered news, notice also that son's initiation of the Spanish greeting sequence has effectively transposed, and thereby postponed, outrightly asking dad, "How are you?" Although "How are you's" are more frequently utilized by intimates rather than strangers in routine phone openings, as is the case with dad and son, son has (no doubt unintentionally) created an opportunity to first announce (line 5) "=A:hh bien, bien? y tu:?" (i.e., "Good good and you?"). Comparable with "How are you" → "Fine. How are you" exchanges, son's altogether routine response functions to perpetuate an unproblematic orientation to the opening moments of this phone call. To respond otherwise (and in contrast), marked responses (e.g., through pauses following "How are you's," failures to reciprocate greeting-inquiry, or by premonitoring and projecting possible problems as with "pretty good I guess") may indicate problems or "special circumstances of some sorts" (i.e., divergences from routines). These and related types of sequential ambiguities typically reveal that something is up, an orientation that son's actions actively avoid at this juncture in the call.

Third, and related, it should neither be overlooked nor discounted that son possessed some knowledge and thus background of mom's tenuous predicament prior to this call, even though he had not yet heard the updated and eventual bad news

from dad (see also discussion of line 19, next).<sup>5</sup> Specifically, mom had previously been diagnosed with cancer at an early age (and thus was predisposed to a possible recurrence), son knew she was recently undergoing tests, and he reports being informed and thus knowing that biopsy results were due on or near the date he called dad. Activities involving waiting for biopsy results are a common feature of cancer informing among families and friends who closely monitor a loved one's condition and diagnosis (see Beach & Anderson, 2002; Kristjanson & Ashcroft, 1994). With these considerations in mind, son's initiation and extension of the Spanish greeting sequence can itself be understood as a stalling resource (Maynard, 1996), effectively putting dad's possible announcement (and thus son's hearing) on hold. In this way, son collaborates in delaying consideration of possible and impending news, one series of orientations to "business as usual" essentially warding off potentially anxious and expected trepidations associated with this family's inevitable "business at hand" (see Beach, 1996; Button & Casey, 1988–1989).

Returning to dad's (line 6), "A:::hh (pt) yeah. \$ he heh heh \$[wh]atever.=," dad first searches for an appropriate response ("A:::hh") but quickly moves to pronounce, with recognition ("yeah."), one or both of two distinct possibilities: An apparent inability to continue in Spanish or an unwillingness to produce "fine" in light of his knowledge about, and experiencing of, mom's circumstances. Because it is not clear that dad understood all or portions of son's prior "=A:hh bien, bien? y tu::?," his offering of a candidate extension of the greeting sequence in English (e.g., "How do you say 'fine' in Spanish?") may not have been possible. Even if dad did understand he may, then and there, have faced the problem of (a) extending the ritual greeting or (b) responding literally with "fine," which he clearly did not do. What can be more directly discerned, however, is that through "\$he heh heh \$[wh]atever." dad essentially disqualifies himself from the greeting with laughter marking his difficulty and finalizes his utterance in hearably dismissive fashion.

Furthermore, it is now clear that dad's prior "(.h)Como esta:?" (line 4), produced as a native English speaker with obviously restricted Spanish competency, and a husband–father preoccupied with mom's medical condition, was more fully engaged in expanding a ritualistic greeting than actually employing a TIE (Button & Casey, 1995) designed to solicit general information and news from son.

### "Late in the Day": Premonitory Bad News

In lines 7 and 8, son initiates a series of playful admonishments by treating dad's "A:::hh (pt) yeah. \$ he heh heh \$ [ w h ] atever. =" as revealing limited Spanish abilities:

<sup>5</sup>This information was obtained by reading son's reflections, and several forms of personal communication with him including face-to-face conversations, phone calls, and e-mail exchanges.

- (6) SDCL: Malignancy 1:1  
 6 → D: A:::hh (pt) yeah. \$ he heh heh \$ [ w h ]atever. =  
 7 S: [(tsh)-]  
 8 = Ran out already, h[ uh ]?  
 9 → D: [Ra::n] out. We:ll, >late in the da:y.<  
 10 [ My- ]  
 11 S: [Ya gotta ] get past the como es ↑ta Pop come on.=  
 12 → D: = Ah°gch°. We(ll) (0.7) °.hh° la:te in the day. °hh°=  
 13 S: =Yeah I guess:, I'll forgive you this [ time. ]  
 14 D: [ °(hh)° ]Q:kay.  
 15 S: [ °See to it-° ]  
 16 D: [ I'll be sh ]arper tommorow. =  
 17 S: = > See to it it doesn't happen again. <  
 18 D: Q:ka(h)y.

In line 9, dad's "[Ra::n] out. We:ll, >late in the da:y< [my::,]" first repeats and offers agreement by emphasizing son's prior description, yet with a hint of fatigue moves quickly to excuse and possibly explain his actions. His elaboration is aborted, however, as son overlaps by further chiding dad's Spanish failure (line 11). Marked by an unavailing search and a sigh in "= Ah°gch°. We(ll) (0.7) °.hh° la:te in the day. °hh°" (line 12), it is at this moment that dad unequivocally bids to terminate play involving both the Spanish extension and the reprimanding son is initiating and pursuing.<sup>6</sup> Although he does not at this moment report on mom's current and impending troubles, his line 12 can be seen and heard as premonitoring such troubles for the first time, thereby revealing the dual relevance of "a tension between attending to the 'trouble' and attending to the 'business as usual'" (Jefferson, 1980, p. 153).

Nevertheless, in lines 13 to 18, son further delays exit from "play/business as usual." He first offers qualified "forgiveness" (line 13), in response to which dad offers a mock apology (lines 14 and 16). In addition, in a lower and hearably serious tone, prosodically marked and meaningfully so (see Beach, 2000a; Couper-Kuhlen & Selting, 1996; Freese & Maynard, 1998; Schegloff, 1998), son next sanctions dad's actions (line 17) and dad offers his assurance (line 18).

<sup>6</sup>It is perhaps not coincidental that the lexical terms *ran out* and *late in the day* are themselves tailored descriptions reflecting the very circumstances son and dad are caught up in and preoccupied with: mom's life-luck "running out" and her life per se being "late in the day." Furthermore, as dad later employs "sharper tomorrow," might this also be tailored to soon-to-be-announced biopsy results (see Beach, 1993a, 1996; Jefferson, 1996; Sacks, 1992)? Such actions portray a preoccupation with the very predicament they will soon, and explicitly, address: mom's life possibly running out, uncertainty regarding the later stages of her life, and its ensuing but unknown character. Even son's "Ya gotta get past the como esta pop" (line 10) may itself reflect problems in working through this local and cocreated interactional environment: getting past the phone opening and its attending "play" relevancies, and moving directly to discussion of mom's condition.

In the face of dad's displayed inability to speak Spanish, possible preoccupation with not being "Fine," and unwillingness to even playfully be admonished, son's continuations may come off as unnecessarily domineering. An alternative characterization, however, recognizes the overbuilt nature of his pursuit as anxious and compensatory: In response to dad's three contiguous responses exposing dismissal and progressive fatigue in the midst of attempted play (lines 6, 8, and 12), it is apparent that son is orienting not just to the presence of a trouble but the imminence of soon-to-be-reported bad news (see Jefferson, 1988). His actions, therefore, reflect situated attempts to enact stepwise progression toward actually hearing—not just anticipating—troubling news about mom (see Jefferson, 1984a). Similarly, as noted, dad also collaborates in producing postponement.

#### Summary: Forecasting and Stepwise Progression Toward Bad News

In the opening moments of the first phone call in the malignancy corpus, and prior to the first delivery and receipt of diagnostic news about mom, dad and son coenact an extended phone opening revealing hesitancy to move directly to news for whom dad was the bearer and son the recipient (see Jefferson, 1984a, 1984b). Although clues were provided by dad that the as yet unarticulated news was bad, his premonitoring (see Jefferson, 1980) of forthcoming trouble did not lead him to announce the news without son's assistance. Yet dad did aid son in anticipating the negative valence of upcoming news. Just as the greeting sequence initiated and pursued by son might itself be understood as stalling, it is notable that he did not outrightly guess what the news might be—a common feature of conjecturing in the midst of bad news (see Schegloff, 1988). Although dad could have delivered the news at any given point, he does not; bearers of bad news often complicate recipients to pursue it (Maynard, 1992, 1997; Schegloff, 1988). Here, son was complicated by dad to ask about "it" (addressed in line 19 next). Thus, it is not dad (who possesses the news) who announces it, but son who calls to receive the news that will be shown to actually inquire about an update on mom.

This extended phone opening thus reveals delicately managed and progressive portents of bad news. As dad and son essentially defer yet move toward dreaded issues surrounding mom's diagnosis, they collaborate in designing their talk cautiously and indirectly (Jefferson, 1980a, 1980b; Maynard, 1989; Peräkylä, 1995). Together, they delay moving to mom's biopsy results and, as an upshot of this forestalling,<sup>7</sup> son is positioned to discern information relevant to the valence of possible good or bad news. Although this interactional work occurs prior to the actual and

<sup>7</sup>Regarding how interactants approach the delivery and receipt of news, Maynard (1996, p. 31) observed that "exactly how participants form and respond to them is needing further investigation for the reason that one person's or culture's stall might be another's *forecast*."

first news announcement regarding mom's diagnosis, it should not be overlooked that and how dad and son appear to be coenacting shared ownership of an ongoing set of health conditions influencing dad and son as extended caregivers.

Stated more primordially, both son's "Ola:." and the actions it triggers, as well as dad's reluctance to announce the bad news directly, can be heard and seen as elemental defense mechanisms against bad news through which critical work is nevertheless achieved: Having not made an "undue fuss about the trouble," dad can now produce his initial reporting as a "troubles-resistant" teller by aligning his report with prior interactional resistance to announce the news directly (i.e., his dismissal and displays of fatigue); son is now "prepared to track it [with] an affiliative, 'troubles-receptive' hearing," being in a negotiable position to not only move the conversation toward the news on his own terms but (as addressed next) influence just "whose trouble it is and, thus, how it will be talked about" (Jefferson, 1980, p. 166).

#### ANATOMY: SOLICITING AND DELIVERING THE INITIAL NEWS

As noted previously, a business as usual orientation to the phone opening is displayed as dad withholds and son collaborates in delaying movement to the news. It was also observed that son's line 17, "See to it it doesn't happen again.," sanctioned dad's Spanish inabilities through a hearably serious tone. Additional work is being achieved here, however, as son initiates a shift in "footing" (see Clayman, 1992; Goffman, 1981): son's utterance can also be heard as "terminal" in that it essentially closes down activities comprising the phone opening—an implicit but recognizable proposal "to start the conversation afresh" (Jefferson, 1984b, p. 193), verified through both dad and son's next-positioned actions:

- (7) SDCL: Malignancy 1:1-2  
 17 S: = > See to it it doesn't happen again. <  
 18 D: Q:ka(h)y.  
 19 INI→ S: What's up.  
 20 (0.6)  
 21 1a→ D: pt(hh) They ca:me ba:ck with the:: hh needle biopsy  
 22 results, or at least in part.  
 23 S: °Mm hm:°  
 24 1b→ D: .hh The tum:or:: that is the:: uh adrenal gla:nd  
 25 tumor tests positive.=It is: malignant.  
 26 2a→ S: O:kay? =  
 27 D: = .hhh a::hh(m)=  
 28 2b→ S: = That's the one above her kidney?  
 29 D: Yeah-  
 30 (0.3)

- 31 2c→ S: °pt °Oka:y, ah gee I didn't even re:alize there was a  
 32 tu:mor there. I knew sh[ e had a -pr ]oblem. =  
 33 3→ D: [ We::ll okay.]  
 34 2d→ S: = I thought it [ was, ]  
 35 3→ D: [ May-] (.) ma:ybe I'm not saying it  
 36 ↓ right. .hhh There is- I don't kno:w that there is a  
 37 ↓ tumor there. They nee:dle biopsied the adrenal gla:nd.=  
 38 ↓ S: = O:°[kay.°]  
 39 ↓ D: [I gue]ss °that's what I should say °.hhh and tha:t  
 40 ↓ one came back testing positive.  
 41 ↓ S: Mm:k(h)a:y,  
 42 ↓ D: pthh They di:d u:hh double needle biopsy of the(0.2)  
 43 ↓ lu:ng. .hh That one they do no:t have the results on.  
 44 ↓ (0.6)  
 45 4→ S: °Je:[sus°]

For the first time in the phone opening dad's free-standing "O:ka(h)y." (line 18) facilitates son's continuation by acknowledging, yet also refraining from elaborating on possible implications of son's prior utterance. Once again, dad withholds from initiating transition to new topic—first informing. Furthermore, the prosodically serious and terminal construction of son's "See to it it doesn't happen again." is hearably projective of (i.e., carried over into and embedded within) a forbidding "What's up." (line 19).

As noted, the emergent and hearably serious tone of "What's up," following the preceeding and extended phone opening, reveals how son relies on his differential knowledge that indeed something was up with mom's condition as a consequential figure (Maynard, 1997, p. 94) both dad and son share considerable information about. It is this orientation that qualifies son's "What's up." as an INI designating news about mom as the primary reason for the call, even though it had not yet been articulated. In these ways, a sensitive news environment was constructed in which forthcoming topics would be delicately managed.

#### A Biomedical Announcement

Following a notable pause in line 20, it is clear that dad treats son's "What's up." as a direct solicitation of news about mom and offers a preannouncement (see Terasaki, 1976) in 1a→:

- (8) SDCL: Malignancy 1:1  
 19 S: What's up.  
 20 (0.6)

- 21 1a→ D: pt(hh) They ca:me ba:ck with the:: hh needle biopsy  
 22 results, or at least in part:.  
 23 S: °Mm hm:°  
 24 1b→ D: .hh The tum:or:: that is the:: uh adrenal gla:nd  
 25 tumor tests positive.=It is: malignant.

By not directly announcing the news, dad's utterance continues to project a likely valence of bad rather than good news. With "They ca:me ba:ck," an indefinite and thus deictic reference, dad moves to deliver the news to son as a knowing recipient capable of recognizing both who "they" might be and just what "ca:me ba:ck" alludes to.<sup>8</sup> In this way, dad's preannouncement sets the tone and scene for subsequent news, whereas also being "designed to handle a central contingency in the development of conversational news, which is recipient's prior knowledge of the occurrence to be reported" (Maynard, 1997, p. 95). In response, son's restrained "°Mm hm:°" (line 23) acknowledges yet also facilitates a more complete report.

As dad continues in 1a→ he employs the vernacular of medical science: By first mentioning "needle biopsy results," he enacts the responsibility and demeanor of bearing news by adopting technical terminology reflecting a distinct biomedical orientation. Next, dad qualifies with "or at least in part:" as an instruction that son hear the following announcement as incomplete (i.e., subject to update and change as additional results become available).

By stating "The tum:or:: that is the:: uh adrenal gla:nd tumor" in 1b→, dad's description attends to bodily–organic features (tumor = adrenal gland tumor). The insertion of "adrenal gland" specifies that (a) the tumor described is located within the adrenal gland, although only one of several possible tumors undergoing biopsy, and (b) bodily location is critical to understanding the diagnosis rendered. As an extension of 1a→, laboratory results are cited as clinical findings giving rise to the possibility of

<sup>8</sup>I also treat "They ca:me ba:ck" as but one indicant of the often impersonal procedures inherent to reporting often critically important lab results: Those performing the tests remain anonymous to most medical staff and lay persons' alike, just as little is known or understood about where body fluids and tissues (e.g., blood, urine, and tissues) are forwarded to nor the exact nature of the procedures being conducted. There is, then, an innate secrecy associated with removed and unseen, yet essential professionals' skills and actions. Furthermore, "ca:me ba:ck" also invokes a decided sense of powerlessness for patients, as results are often anxiously awaited for and yet emerge from mysterious labs on their own time tables, demand attention on their arrival, and are not infrequently consequential for patients, family members, friends, and medical staff who await them to assess and prescribe subsequent courses of treatment (and thus its impacts on quality of life). Although lab tests/results are routinely taken for granted as a normalized feature of medicine, such procedures are at times also treated as problematic by participants within the malignancy corpus: Addressing the frustrations and fears associated with waiting and uncertainties are themselves recognizable as interactionally achieved matters, and not simply individualistic or mentalistic coping strategies. For reasons and predicaments such as these, patients and their significant others often feel alienated within the "medical industrial complex" (see Cassell, 1985; Illich, 1976).



a diagnosis, and a rationale is invoked in which “tests positive” implies bad, whereas negative findings connote good news.<sup>9</sup> Immediately, dad’s “It is: malignant” is designed to minimize son’s possible ambiguity by both clarifying and emphasizing the seriousness of the diagnosis. Although dad further elaborates the language and description of traditional medicine, he once again qualifies by attempting to translate such information for son’s hearing: “It” refers back to what is now shared “tumor” knowledge, whereas “malignant” is assumed to be understood by son as “cancerous.”

Several distinguishing features are apparent as dad relays to son his versions of what medical professionals have informed him about mom’s condition.

First, dad obviously does not begin by announcing that mom has cancer, and refrains from describing both how mom is feeling and his own emotions about very troubling news. Rather, as dad relies on technical and biomedical terminology, he enacts the voice of medical science and practice. By so doing, he essentially and momentarily disengages himself from the reporting. However, this is not to say that dad totally abandons his lay identity as husband and father. Rather, as a lay person attempting to summarize medical expertise he clearly does not possess, caught up in the process of reporting on medical procedures he obviously treats as necessary for producing a reasonable overview of mom’s condition, dad suspends his emotional reactions to mom’s diagnosis. His biomedical reporting, therefore, provides a resource for simply getting through a news reporting of this magnitude.

Second, dad’s biomedical demeanor is designed in consideration of son’s reciprocity as well. Repeatedly, dad’s actions are best understood as contingent and provisional alternatives for reporting, but not commenting on, potentially dire circumstances. By withholding any emotional reactions, dad also managing to instruct and clarify for son the incomplete yet serious nature of mom’s medical problems: dad’s “troubles resistant” attempts are designed to not unduly influence nor contaminate either the “news” or son’s hearing of, and reactions to, such information (see Jefferson, 1980b).

### Stoic Response: Clarifying and Sharing the Trouble

The impacts of dad’s emotional withholdings, achieved in part through close attention to technical details, are further evident as son responds with “O:kay?[+] That’s the one above her kidney?” (lines 26 and 28):

(9) SDCL: Malignancy 1:1–2

24 1b→ D: .hh The tum:or: that is the: uh adrenal gla:nd

25 tumor tests positive. = It is: malignant.

<sup>9</sup>The contrast between medical science and lay reasoning is once again evident as positive tests connote potentially bad news regarding cancer, whereas negative tests imply what is likely good news. The adverse is apparent in patients’ discourse as feeling good is positive, whereas feeling bad is negative.

- 26 2→ S: O:kay? =  
 27 D: = .hhh U::h(m)=  
 28 2→ S: = That's the one above her kidney?  
 29 D: Yeah.

This utterance is frequently commented on, especially by those inspecting the opening moments of “Malignancy 1” for the first time, as a curious and even somewhat strange reaction for a son having just heard that his mom was diagnosed with a malignant tumor. Numerous people have stated the expectation that an immediate “Oh my God!” or “Oh no!” would be “normal” here. Yet, analysis makes clear that the NDS in which son is involved is treated by him as hearably incomplete. As son responds in 2→ to dad’s announcement, his “O:kay?[+] That’s the one above her kidney?” withholds assessment by momentarily disattending dad’s “It is: malignant.” (see Beach, 1993, 1995). Having first heard dad’s description that there was a tumor within the adrenal gland (line 24), son moves to seek clarification regarding the tumor’s location in lieu of its diagnostic status and his affective or emotional response to it. Relying on his prior knowledge, and in reference to “one above her kidney,” son’s “location formulation” (Sacks, 1992; Schegloff, 1972) solicits understanding of place and its significance for the news just delivered by dad. By so doing son treats the news as complex and thus problematic in several distinct ways. First, by referencing “one” he displays recognition of having closely monitored dad’s prior description (see 11, lines 21–25), in which the biopsy results were characterized as both partial and focused on one of several tumors undergoing needle biopsy. Second, notice that as son seeks clarification by soliciting unspecified information about location (“above”), he does so by relying on the “kidney” as a known point of reference. It is possible, perhaps even likely, that this reference is carried over from a prior description he has heard from medical professionals and family members. Third, by attributing ownership of an organ, his use of the proterm “her kidney” invokes mom’s body for the first time in this phone call series.

It is notable that in 2→ son’s inquiry reveals himself as a fully competent family member capable of analyzing and sharing the trouble addressed.<sup>10</sup> Clearly,

<sup>10</sup>Concerning how speakers display to one another “their membership in a same community,” Schegloff (1972, pp. 91–92) observed nearly 3 decades ago:

Recognition involves, then, the ability to bring knowledge to bear on them, to categorize, see the relevant significance, to see in what capacity the name is used ... And a show of knowledge about a place may prompt an inquiry ... It is by reference to the adequate recognizability of detail, including place names, that one is in this sense a member, and those who do not share such recognition are strangers ... Where trouble occurs, it can be seen either that the speaker’s analysis was incorrect, or that the analysis was correct but the hearer is not a fully competent instance of the class of which he is (relevantly for the place term employed) a member. The occurrence of trouble can be most clearly recognized when the use of a place formulation produces a question or second question about the location of the initial place formulation.

even though son is not the bearer of updated news, he shares knowledge and concerns about it—his actions coauthor and thus shape both how the news gets initially delivered and gets addressed (if at all). Specifically, as son withholds assessment by inserting a locational query at this key moment in the delivery of news about mom, he is actually being with dad by attending to dad’s inclinations to technically work through news about mom’s condition. Here son displays a freedom and willingness to essentially interject with a clarification query, which nonintimates—strangers are highly unlikely and unable to do in response to such “malignant” news. He thereby accepts what is treated as a prior invitation by dad to align with dad’s stoic depiction of the bad news diagnosis.

In essence, by aligning with dad and withholding emotive reactions to such news, repeatedly negotiable opportunities are made available for determining “whose trouble it is and, thus, how it will be talked about” (Jefferson, 1980, p. 166). Through son’s solicitation of clarification at this pivotal moment (2→), he is demonstrating that he is capable of being responsive to dad’s invitation to deal with the news in stoic fashion, and thus withholding comments, emotions, or assessments about both mom’s condition and any personal reactions to bad cancer news. He also further establishes himself as a knowledgeable family member who is capable of sharing the trouble by soliciting relevant details about the news in progress.

### Communal Elaboration and Assimilation of the Bad News

The upshots of displaying a shared orientation to troubling news about mom are apparent as son and dad mutually elaborate relevant details:

(10) SDCL: Malignancy 1:2

- 31 3→ S: °pt °Oka:y, ah gee I didn’t even re:alize there was a  
 32 ↓ tu:mor there. I knew sh[ e had a ↑pr ]oblem. =  
 33 ↓ D: [ We::ll okay.]  
 34 ↓ S: = I thought it [ was, ]  
 35 ↓ D: [ May-] (.) ma:ybe I’m not saying it  
 36 ↓ right. .hhh There is- I don’t know that there is a  
 37 ↓ tumor there. They nee:dle biopsied the adrenal gla::nd.=  
 38 ↓ S: = O:°[kay.°]  
 39 ↓ D: [I gue]ss °that’s what I should say °.hhh and tha:t  
 40 ↓ one came back testing positive.  
 41 ↓ S: Mm:k(h)a:y,  
 42 ↓ D: pthh They di:d u:hh double needle biopsy of the(0.2)  
 43 ↓ lu:ng. .hh That one they do no:t have the results on.

44 ↓ (0.6)  
 45 4→ S: °Je:[sus°]  
 46 D: [pth]h So: the doctor was in there tonight about  
 47 (.) sevenish: .hhhh And he said ba:sically that >ya  
 48 know< ye:s she has a malignant tu:m- um she has a  
 49 mali:gnancy i:n: the: adrenal gland. = >He said< .hhhh  
 50 ((continues))

As son continues (lines 31, 32, and 34), he moves from seeking clarification of the tumor (2→) to displaying his realization about the “tu:mor there.”<sup>11</sup> Although son neither argues nor disagrees with dad’s prior news, he does persist by imploring and thereby further soliciting dad’s assistance in making clear the discrepancies between what he knew and what he realized (see Halkowski, in press; Jefferson, 1986; Sacks, 1984b). Even before son had completed his turn, it is worth noting that dad acknowledges the problem son has constructed, claims insufficient knowledge about what he has reported (see Beach & Metzger, 1997), and proceeds next to restate “They nee:dle biopsied the adrenal gla::nd.” (lines 33–37).<sup>12</sup> In response to son’s stated doubt and thus problem with tumor location, dad immediately backs off from his reporting by altering his description that a tumor existed within the adrenal gland. Of particular interest here is that dad’s remedial action occurs despite its likely accuracy (see Footnote 11). In this delicate way, dad displays sensitivity by giving priority to son’s stated uncertainties rather than pursuing the correctness of a technical description.<sup>13</sup> In so doing, dad addresses both the difficulty inherent to son’s hearing bad cancer news, and (as noted earlier) acknowledges that he possesses neither the medical expertise nor ability to fully articulate and defend such a position.

<sup>11</sup>Although not fully examined here, it is interesting that son’s “I didn’t even re:alize” (line 31) and “I knew ... I thought it was” (lines 32 and 34) represent reverse orderings of typical “at first I thought ‘X,’ and then I realized ‘W’” devices. Originally analyzed by Sacks (1984) and Jefferson (1986) and extended into patients’ narratives in primary care visitations (Halkowski, in press), these devices have been found to be employed by interactants to repair initial assumptions, provide mundane explanations for otherwise extraordinary events, and in essence to “normalize” how understandings evolve and are accounted for.

<sup>12</sup>Several doctors and surgeons have informed me that a patient’s adrenal gland might be needle biopsied for two primary reasons: (a) to assess the reasons for failure of function and (b) following an imaging that had revealed a growth, a procedure to determine (through biopsy) whether a tumorous enlargement is benign or malignant. Needle biopsies are also performed to mitigate risks and costs of open biopsies involving general anesthesia and deep incisions.

<sup>13</sup>Just as Maynard (1995) observation that “a recipient’s state of knowledge regarding the event figures in heavily in whether it is accorded newsworthy status” (p. 36), it should go without saying that the status of teller’s knowledge is clearly and equally consequential. Here, and elsewhere, dad disclaims his own knowledge as partial and thereby displays his lay understandings.

Having been accommodated in this manner, son quietly receipts and apparently accepts dad's corrected version with "= O:<sup>o</sup>[kay.<sup>o</sup>]" (line 38), an utterance produced in overlap as dad continues to qualify by restating "and tha:t one came back testing positive" (lines 39–40). In light of dad's updated reporting that a tumor did not necessarily exist in the adrenal gland, "tha:t one" nevertheless, and curiously, makes indirect reference to something that tested positive. Yet such details are decidedly not taken up by son as his voice breaks in "Mm:k(h)a:y," (line 41), an aspirated and affective recognition marking the news as unequivocally bad. Finally, following dad's elaboration that results of the lung biopsy were incomplete (lines 42–43), son assesses the news thus far with "°Je:[sus<sup>o</sup>]" in 4→. This utterance is discernable as a quietly delivered and sorrowful assessment. Best understood as a curious form of self-talk offered less to dad than reflecting son's own subdued statement of disbelief, son enacts a "response cry" (Goffman, 1981) encapsulating recognition of the trouble such news might foretell.<sup>14</sup>

From son's actions, culminating in "°Je:[sus<sup>o</sup>]" (4→), it is clear that assimilating "It is: malignant." is an altogether emergent and stepwise achievement toward his initial realization of the bad news. Such a rupture of daily existence is not entirely a matter of self-reflection and contemplation. Incrementally, son's actions reveal an absorption of the seriousness and potential consequences of dad's report, not just for mom, but also for himself as a concerned son whose "life world" is undergoing "fundamental alteration" (Maynard, 1996).

Although he initially and actively sought clarification of dad's announcement, son's cascading actions reveal an increasingly resigned and emotional assessment of mom's diagnosis. Specifically, by inspecting such practical actions as son's four "Okays" (lines 26, 31, 38, and 41), increasing impact of the bad news is evident. As dad's news delivery unfolds, son's "Okays" become less proactive (i.e., designed to place dad's prior actions on hold and move to his next concern) and more reflective of the "my-world" inevitability that, whether there was a tumor in the adrenal gland or not, a needle biopsy produced a positive–malignant result. In the face of such news, attention given to technical details can be supplanted with the tasks of hearing and coming to grips with a predicament each family member is variably yet deeply embedded within.

Following the initial delivery and receipt of news between dad and son, this analysis comes to a close as dad proceeds to report yet further details about what the doctor said regarding the adrenal gland (lines 46–49). Both the routine nature

<sup>14</sup>Invocations of deities—at times abbreviated such as "gees" (e.g., see son's "gee" in line 31) or "gosh," but also in fuller form as with "Jesus," "Jesus Christ," "Holy Christ," "God," "Goddamn," and more—are routinely apparent in environments in which speakers respond not just with surprise, but in which they lack control and may look favorably on "divine assistance" to remedy dire or potentially dire situations. This is the case even though speakers so uttering need not be aware of their invocations, and certainly need not profess religious nor spiritual beliefs in the very deity invoked (see Beach & Johnson, 1997).

of dad's reporting (i.e., the doctor making her rounds at "sevenish:") as well as dad's attempts to report "basically" what the doctor had said, are features of ongoing research focusing on speaking similar to the doctor. Related research (e.g., see Beach, 2001b, in press) has also revealed how it is not coincidental that talk about the doctor immediately follows the updating and reception of bad news. At or near critical junctures of interaction between family members, doctors get referenced as one set of resources for injecting some sense of stability into otherwise chaotic moments. Beyond the informational value of hearing how treatment regimens will be pursued by medical authorities, family members display hope and optimism about inherently uncertain and perhaps even dreaded future possibilities (see Beach, 2001b; Peräkylä, 1996).

## DISCUSSION

This analysis concludes with a discussion of implications for future research on family interactions, clinical encounters, and their interrelation in everyday life.

By closely examining how family members organize their interactions when addressing illness dilemmas, this study hopefully demonstrates what has been raised in *Health Communication* as "an urgent need to 'broaden the scope' of health communication research beyond illness care settings and into home environments" (see Beach, 1996; Heritage & Sorjonen, 1992; Holt, 1993; Rootman & Hershfield, 1994). Comparatively little is known about how patients, families, and other lay people communicate when attempting to make sense of and deal with pervasive medical predicaments outside of illness care settings; that is, within their home or work environments. This state of affairs can be summarized in near-paradoxical terms: The vast majority of our time is spent outside of medical contexts and professional-lay relations, yet we currently have only minimal knowledge of how lay people distinctively rely on interaction when diagnosing, treating, and producing ongoing care over time. Even though lay people are not formally trained to confront inherently biomedical problems, they routinely and informally make available their understandings and concerns to medical professionals, family members, and others (see Beach, 2001a).

Regarding NDSs, it is important to emphasize that social actions embedded within NDSs are extremely rich resources for communication research, and become available for analysis only when recorded and transcribed interaction is examined on its own merits. Just as the data analyzed herein represent only one NDS from over 100 such involvements over a 13-month period, it should be clear that such a corpus of phone calls provides a wide array of possibilities for investigating how families talk through cancer. Rather than adhering to a rigid script for elaborating and assessing bad cancer news, dad and son have been shown to collaborate in producing fine-grained orientations to how such news gets delivered, received, and eventually assimilated. The moment-by-moment details comprising their mu-

tual involvements are therefore impossible to determine in advance. Even though the valence of such news was forecast in their extended phone opening, it remained for dad and son to enact, on the cusp of interactional time, whatever premonitions and anticipations they may have experienced individually. Anchored in evolving and contingent practical actions, news delivery components thus “reflect dynamically concerted behavior of participants who offer and seek perceptibly relevant aspects of the news and concertedly provide for its suitable understanding and appreciation” (Maynard, 1997, p. 117).

As noted earlier, extant research on communication and cancer reveals a proclivity of theoretical explanations generated from empirical data grounded in individuals’ self-reports. However valuable individuals’ self-reports about cancer journeys might be, they provide only indirect and general assessments of omnipresent interactional engagements. Questions remain, therefore, as to whether and how perceptual orientations adequately capture family members’ procedures for coauthoring and socially constructing versions of cancer events over time. In contrast to considerable attention given to phone conversations for organizing and making sense of everyday life activities and events (see Hopper, 1992; Schegloff, 1968, 1986), it is notable that phone calls per se have not been utilized for closely inspecting diverse and complex interactions involving health and illness.

Examining how lay people communicate about health and illness in no way diminishes the need for researching clinical encounters throughout health prevention and management. On the contrary, considerable attention has been and needs to be given to talk within clinical encounters involving doctors, therapists, patients, family members, and significant others (e.g., see Beach, 2001a; Drew & Heritage, 1992; Heritage & Maynard, in press; Morris & Cheneil, 1995; Peräkylä, 1995). Studies of clinical encounters provide considerable insight into the construction and preservation of professional/lay relations—most notably social actions comprising the asymmetries that have been assumed to distinctly characterize them (e.g., see Beach, 1995; Beach & Dixson, 2001; Beach & LeBaron, 2002; Gill, Halkowski, & Roberts, in press; Heritage & Stivers, 1999; Robinson, 2002). Indeed, the delivery and receipt of diagnostic news has most commonly been associated with practitioner–patient communication in clinical encounters (Frankel, 1995; Heath, 1992; Maynard, 1992). Critical issues have been addressed, such as how “dreaded issues” get raised and addressed in AIDS counseling (Peräkylä, 1993, 1995), practices through which distinct phases of medical interviews get accomplished (see Heritage & Maynard, in press), patients’ narratives and explanations regarding clinical visits (Gill, in press; Gill & Maynard, in press; Halkowski, in press), relations among lay diagnosis and how patients navigate their ways through medical encounters (Beach, 2001a).

Specifically regarding delivering and receiving good and bad news in clinical encounters, as Heath (1992) and Maynard (1992) both observed, although practitioners routinely provide immediate opportunities to talk about the just delivered news,

patients avoid elaborating on the information conveyed unless their illness conceptions differ from the professional's opinion. Even on occasions as these, in which a disparate or even conflicting orientation to the news emerges during the consultation, their differential and asymmetrical status is maintained as patients affirm the objectified and scientific status invoked by practitioners. These stoic asymmetries might be usefully contrasted with how dad and son work together to clarify, elaborate on, and assess bad cancer news. Similarly, practitioners have been shown to produce assessments of a patient's health condition with brevity and only minimal encouragement to respond (see Jones, 2001), whereas patients themselves display passive understandings of their predicaments by withholding response or producing a downward-intoned grunt, "er," or "yeh" (Heath, 1992).

Finally, just as everyday life involves interactions before, during, and following clinical experiences, so too should research address the interwoven character of health communication as it evolves over time and across diverse settings:

- How do lay people's interactions about illnesses get organized prior to clinical visitations?
- In what specific ways do preclinical conversations influence discussions with medical professionals in diverse clinical environments?
- In unison with ongoing clinical encounters, as evident in the malignancy materials examined herein, how do lay people inform and update one another about evolving health conditions?

It is critical that these and related queries be employed as central empirical and theoretical resources for explaining routine communication about health and illness. To ignore their relevance promotes artificial separations between lay and professional involvements, across diverse settings, when illness journeys become a focal and interactional concern. These encounters, including the dilemmas occasioned by bad cancer news, embody a natural ebb and flow of everyday life.

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APPENDIX  
Transcription Symbols

In data headings, "SDCL" stands for "San Diego Conversation Library," a collection of recordings and transcriptions of naturally occurring interactions; "Malignancy 1" represents the title and number of call in the data corpus; page numbers from which data excerpts are drawn are also included; and line numbers represent ordering in the original transcriptions. The transcription notation system employed for data segments is an adaptation of Gail Jefferson's work (see Atkinson & Heritage, 1984, pp. ix–xvi; Beach, 1989, pp. 89–90). The symbols are as follows:

:	Colon(s):	Extended or stretched sound, syllable, or word.
<u>  </u>	Underlining:	Vocalic emphasis.
(.)	Micropause:	Brief pause of less than (0.2).
(1.2)	Timed Pause:	Intervals occurring within and between same or different speaker's utterance.
(( ))	Double Parentheses:	Scenic details.
( )	Single Parentheses:	Transcriptionist doubt.
.	Period:	Falling vocal pitch.
?	Question Mark:	Rising vocal pitch.
↑ ↓	Arrows:	Pitch resets; marked rising and falling shifts in intonation.
° °	Degree Signs:	A passage of talk noticeably softer than surrounding talk.
=	Equal Signs:	Latching of contiguous utterances, with no interval or overlap.
[ ]	Brackets:	Speech overlap.
[ [	Double Brackets:	Simultaneous speech orientations to prior turn.
!	Exclamation Points:	Animated speech tone.
-	Hyphens:	Halting, abrupt cut off of sound or word.
> <	Less/Greater Than:	Portions of an utterance delivered at a pace noticeably quicker than surrounding talk.
OKAY	Capitalization:	Extreme loudness compared with surrounding talk.
hhh	<i>hs</i> :	Audible outbreaths, possibly laughter. The more <i>hs</i> , the longer the aspiration. <i>hs</i> with periods indicate audible inbreaths (e.g., .hhh). <i>h</i> 's within (e.g., ye(hh)s) parentheses mark within-speech aspirations, possible laughter.
pt	Lip Smack:	Often preceding an inbreath.
hah	Laugh Syllable:	Relative closed or open position of laughter (i.e., hah, heh, or hoh)
heh		
hoh		