

MANAGING OPTIMISM

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Examining how family members talk through a loved one's cancer on the telephone reveals, as a central concern, the interactional construction of hopeful and optimistic responses to uncertain and potentially despairing cancer circumstances. I refer to such recurring moments as "managing optimism" in talk about cancer. This chapter focuses on an initial collection of seven excerpts wherein optimism emerges as a resource for family members as they update, assimilate, and commiserate about cancer diagnosis and treatment. These materials are drawn from a set of 54 recorded and transcribed phone calls comprising the first natural history of a family talking through cancer, from Mom's initial diagnosis until her death, some 13 months later.

¹ It was Robert Hopper who coined the phrase "managing optimism" to depict a wide range of moments for dealing with bad and uncertain news by remaining "hopeful" about his health condition. This description first emerged within weeks following a diagnosis of colon cancer, during one of a series of phone calls with me wherein his illness trajectory routinely (though not exclusively) became an explicit topic for discussion. Following his summary of what doctors had told him about ongoing test results, attention was given to the inherent (and often frustrating) uncertainties of medical knowledge, including doctors being unwilling and apparently unable to lay out, in specific terms, just what his prognosis for overcoming cancer's debilitating effects might be. In the face of more basic yet unanswered questions - How long do I have to live? What probability for healing exists? What impacts will further treatments have? - our talking about cancer diagnoses and impacts routinely shifted to being optimistic, reassuring, at times even upbeat about the ambiguities such bad news entails. And it was in response to our being hopeful together that Robert stated something like "Managing optimism. That's what I'm calling what we're doing, as a practical achievement."

² 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 ex-wife, the ex-wife's 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 St. Louis, a graduate student who covered the Son's classes during travel, and a variety

Only phone calls #1 (involving Dad and Son) and #2 (Dad, Son, and Mom) of the corpus are examined, interactions drawn from a collection of more than 100 instances where speakers engage in optimistic collaborations.

Unique opportunities are provided when health-related family conversations are closely inspected over an extended period of time.³ As Kubler-Ross (1969) observed years ago in reference to "different stages that people go through when they are faced with tragic news--defense mechanisms in psychiatric terms, coping mechanisms to deal with extremely difficult situations ... The one thing that usually persists through all these stages is hope" (p.138). In the data that follows, preliminary insights into such phenomena such as "defense/coping mechanisms" and "stages" can be tied to specific social actions. More recently, in his ethnographic study focusing on the "social meanings of death" in three hospital wards dealing with seriously ill patients, Perakylt (1991) referred to "hope work" as a predominant set of practices whereby patients are "getting and feeling better" (curative and palliative care) or "past recovery" (where hope per se is dismantled). In contrast, focus here rests not with medical staff working with their patients in institutional settings, nor attempts to legitimate medicine by professionals, but with laypersons speaking together on the telephone within their home environments (though, as in call #2, Mom is in the hospital when Son phones from his home).

As with Perlikyld's (1991) findings, it is not necessary for "hope" to be explicitly named. At times "hope" is invoked in situated and thus revealing ways in the data examined herein. And though not a single instance of the word *optimism* has yet been identified, speakers' actions are shown to display a sense of expectancy, even assurance, about a hopeful future.

As a preview of more complete data to follow, consider the following seven excerpts:

1. SDCL: MALIGNANCY #1:6-7
Dad: So hhh n:o:: I would hope by Monday or Tu:esday
2. SDCL: MALIGNANCY #1:7
Dad: hhh But (0.2) she did have two nice things ha:ppen today.

of other calls involving routine daily occurrences (e.g., the payment of bills, leaving messages on phone answering machines).

⁴Only alluded to in this chapter, research focusing on longstanding concerns with social aspects of death and dying (e.g., see Sudnow, 1967; Kubler-Ross, 1969, 1974; PerSkyla, 1991, 1993, 1995; Holt, 1993), troubles-telling sequences (e.g., see 980, 1984a,b, 1988, and [chapter in this volume]; see also Sacks, 1992), and interrelationships in the delivery and receipt of good and bad news (e.g., see Maynard, 1996, 1997, in press) are more fully addressed in related and ongoing papers (e.g., see Beach, in press b; Beach, 2000 a,b; Beach & Hopper, 2000).

3. SDCL: MALIGNANCY #2:2-3
Mom: No there's nothin to say. >You just-< hh I'llI'll wait to talk to Dr. Leedon today.= He's the cancer man, and =
4. SDCL: MALIGNANCY #2:2-3
Mom: My only hoe- I mean- (.) my only choice.
5. SDCL: MALIGNANCY #2:5
Son: Well where's our magic wand Mom.
6. SDCL: MALIGNANCY #2:5
Man: hh Is find a reason to keep fighting and (.) to keep being hopeful.
7. SDCL: MALIGNANCY #2:12-13
Son: See, (there] there's a small battle= Mom: (())
Son: =That we've won.=

Only Excerpts 1, 4, and 6 reveal "hope/hopeful" as being invoked, and then in similar yet contrasting ways: in Dad's reference to medical procedures (1), a personal reflection on Mom's ill-fated circumstance (4), and her display of perseverance and tenacity (6). Yet the other instances are also somehow related to hopeful and optimistic orientations: As Dad lightens prior and serious discussion (2), Mom waits and relies on news from the cancer doctor (3), Son invokes and Mom responds seriously to "magic," and Son's later attempts to edify and simply cheer Mom up (7) in response to a story she initiates.

As a whole these moments reveal "managing optimism" to be a practical matter for family members, talk that is shown to be designed in alternative (at times even humorous) ways while working through troubling illness circumstances. Analysis proceeds by giving attention to the interactionally achieved and contingent features of each successive moment, in its natural and emergent order, to discover what might be learned about how speakers' manage various optimistic concerns.⁴

⁴ This analytic exercise is part of a more encompassing project, designed to capture not just patterns of interactional conduct co-enacted by family members facing cancer but also three interrelated sets of activities: a time-line sense of chronology for family members undergoing cancer's development; a grounded understanding of how conversations get progressively constructed from prior interactions, as resources forming the basis for organizing here-and-now problems and their solutions (see Beach, in press b); and (as noted) an extension and elaboration of the observed tendency for "good" topics to arise out of otherwise "bad" and troubling matters (see, e.g., Jefferson, 1984a, Perfikylli, 1991, Sacks, 1992, Maynard, 1997).

INTERACTIONAL FEATURES OF "MANAGING OPTIMISM" Hope and Uncertainty

Regarding Medical Diagnosis and Procedures

We begin with the initial instance, where "hope" is explicitly mentioned in the midst of talking through a family member's cancer. In Excerpt 8 as follows, Dad continues by reporting to Son a doctor's description of procedures for treating Mom's cancer. In Line 3, these procedures include contacting a cancer specialist and conducting "this

bo:ne scan thing tomorrow.":8)SDCL: MALIGNANCY #1:6-71Dad:= hhh He said he would have scambody else look in on2her:. = He also co:ntacted this cancer specialist so3he will be in Monday. (.) hhh And they will do this4-+bone scan thing tomorrow. So hhh n:o:: I would hope5-3by Monday or Tu:esday (0.7) pt they have <pin:ned6-3do::wn>(0.7) the particulars of what they're after.7-i>Now they may not have< the course of action all8figured out, but [hhhh9Son:[[7mhm l =10Dad:= They'll at least kno:w. (.) hh And maybe this11--is just simplistically in my mind >but they'll12-lknow< hhh what ki:nd? they're dealing with.13That way they should know hhh how quickly does14-+it spread (.) what is- (0.7) what can be done to:15to stop it >you know< hh radiation [or chemotherapy or

Following "i would hope" in Line 4, Dad makes reference to two basic features of cancer treatment: when something might be known and "what they're after." Immediately next, however, he disclaims by stating ">Now

they may not have< the course of action all figured out," which is quietly and briefly acknowledged by Son. Dad then proceeds by elaborating his lay understandings of what he was hopeful about, namely, bottom-line concerns with identifying the cancer and attempting "to stop it" with radiation or chemotherapy.

Several features of Excerpt 8 are interesting but not unusual throughout the "Malignancy" phone calls. First, this excerpt represents the initial display of hopeful conduct-in-interaction. These actions

follow Dad's initial and extended delivery, and Son's receipt and assimilation, of bad news regarding Mom's cancer (see Beach, in press, 2000b-c; Maynard, 1996, 1997, in press). Second, a delicate and countervailing balance exists between "hope" and "uncertainty." Notice again that Dad's expression of hope (Line 4) is mitigated with a next-positioned caveat: a "course of action" (Line 7) replete with incomplete knowledge. Third, Dad must inevitably rely on, and report about, what doctors have told him about their specialized knowledge. It is clear that Dad's source of hope is anchored in the involvement of assumedly competent medical providers, professionals who are expected to do everything possible while devising a plan for halting the insidious progress of Mom's cancer. However, his attempts to describe doctors' suggested treatment options to Son (e.g., "this bo:ne scan thing" in Line 4, and later to "simplistically in my mind" in Line 11), reveal Dad's lay attempts to understand complex medical procedures and the technical expertise comprising bone scan procedures. Qualified and simplified moments such as these, involving lay constructions of medical knowledge and procedures, are given considerable attention by family members throughout the course of Mom's cancer. Inevitably, each identified moment reveals some problems in offering medical descriptions, but also optimism about ongoing treatment and diagnosis.

Shifting from Bad to Good News

For approximately 1 minute following Excerpt 8, Dad continues by describing to Son how Mom's original neck problem, some 35 years ago at 25 years of age, was a slow growing lymphatic cancer. He then raises the possibility that Mom's current cancer may also be slow growing, which bone scan results will aid in determining. In Excerpt 9 which follows, Dad summarizes what is essentially a bad news description of how Mom was doing. His portrayal escalates in its telling, from Mom's "co:nfirmation and resignation" + "I just hurt too b:ad to be anything else" + "something drastic.":

9) SDCL: MALIGNANCY #1:7
 1 Dad: A:: yeah hhh (.) But she seemed to be doing (.) >as I 2 said< pt hh at this point it was mostly (0.5)
 3 co:nfirmation and resignation. 4 Son: [Mhmm:.]
 5 Dad: [Cause she] said, hhh I just hurt too b:ad to be
 6 anything else (0.2) >ya know.< It ha::d to be
 7 som- (0.7) something drastic. 8 Son: Mhm.
 9 Dad: And she was really having some problems with pa:in 10 today. She had
 hh one and a half (0.2) >percodans<
 11 in her and it wasn't hardly slowin' it down.
 12 Son: -+ Mmm wow.*
 13 Dad:-+.hhh But (0.2) she did have two nice things ha:ppen 14 today. She was on
 her way do:wn and hhh and was
 15 tkinda, depressed or concer:ned I guess with having
 16 >to go down< for these needle biopsies and Will? 17 showed up.

In Line 12, following Dad's progressively distressing update, Son's "°bhm wow.°" displays a shift from acknowledging Dad's description-in-progress (i.e., with "Mm=m:" and 'maize') to quietly assessing it as troubling news. This response is treated by Dad as Son's unwillingness to comment further, and not inviting Dad's further elucidation of Mom's painful condition. Immediately following Son's "Mnun wow. °," Dad initiates transition to a new but related topic with his pre-announcement "But (0.2) she did have two nice things ha: ppen today." As an upshot of Son's "closure implicative' action, this "conversation restart" (see Jefferson, 1984b, p. 193; see also Jefferson, 1996; Sacks, 1992) reveals how Dad's insertion of "good news" is on-topic, yet designed by him to ease the burden of previously articulated grievous circumstances about which enough had been said (at least for now).

Notice also that Dad's "tkinda, fl _pressed or concer:ned" (Line 15) was inserted following his pre-announcement, yet before announcing the good news that "will? showed up." Here, as with how Dad and Son collaborate on reporting bad news as a prelude to announcing good news, the close proximity of Mom's reported mood, immediately prior to an old friend showing up for a visit, reveal how everyday life is comprised of tightly interwoven relationships among bad and good circumstances. It also illustrates how the valence of social occasions are subject to change and alteration, literally on the cusp of interactional time (see Maynard, 1997, in press).

The shift from bad to good news evident in Excerpt 9 is also similar to Holt's (1993) findings involving death announcements by tellers, particularly to recipients not especially close to the deceased. In

each of the 10 instances she examined, the tendency to treat the death of an intimate or acquaintance as bad news nevertheless eventuated in movement to a "bright side sequence" revealing some positive stance toward the news (e.g., deceased persons: worked until the time of death, died peacefully and in so doing solved problems associated with prolonged illnesses and caregiving tasks, or had the opportunity to say goodbye to people providing for a funeral that is less dismal). Holt observed that "there seems to be a strong link between bright side sequences and topic termination" (p. 208), not uncommonly termination of a phone call. In Excerpt 9, two exceptions can be noted. First, Dad transitions not just to a closely related topic, but to a decidedly positive orientation to updating news. His actions reveal how the shift from bad to good news is as an apparent resource for facilitating closure to a discussion that Son initially, and next Dad, treated as a delicate matter. Second, in Excerpt 9 not only is good news about friends' unexpected visits elaborated, but the phone call continues for more than 15 minutes. This is not surprising, however, because this is the first phone call between Dad and Son regarding Mom's malignant diagnosis. Perhaps even more important, however, is that a loved one's cancer is consequential for family members. Recipients not close to the deceased needn't be directly concerned about primary family troubles (Beach, in press). Family members routinely (often closely) monitor the course and progression of a loved one's illness, experience anxiety regarding the future, and grieve together for the possible or probable loss of a family member with whom extensive history is shared.

DELICATE BALANCE BETWEEN HOPE AND CHOICE

In two contrasting yet related interactional environments, Dad and Son have been shown to collaborate in "managing optimism" regarding Mom's cancer: In Excerpt 8, "hope" was explicitly named and commented on by Dad; in Excerpt 9, talk about good news emerged out of prior bad news descriptions. In both instances, Dad was reporting on prior incidents involving medical staff and procedures, the latter focusing on how Mom was doing including problems with pain medication. These two instances were drawn from the first phone call.

A more extended instance appears in the following Excerpt, but in this case during the second phone call, the very next day, between Son and Mom. A revealing glimpse of Mom's construction of her own cancer dilemma is evident in three ways: as she relies on medical procedures and providers as sources of information and thus attributed (but not named) hope, as "hope" gets mentioned but quickly corrected by her in favor of "choice" regarding radiation and chemotherapy, and as "keep fighting" gives rise to "being hopeful":

10) SDCL: MALIGNANCY #2:2-3

(Mom has just informed Son that her cancer has been diagnosed as a very fast growing "adenoma type"-an update from call #1, where Dad was not aware of the general cancer classification, nor whether Mom's cancer was slow or fast growing. Mom has just reported that since very few people respond well to treatment, and those who do live five years or less, "It's real bad".)

1 Mom:-)And uh: >I don't know what else to Ttell you.< 2 (1.0)
 3 Mom: ((coughs))
 4 Son:~*.hh hhh Yeah. (0.2) um- ((coughs)). Yeah, I
 5 don't know what to say either.
 6 Mom:~+No there's nothin to say. >You just-< hh I'll17 I'll wait to talk to Dr.
 Leedon today.= He's the
 8 cancer man, and =
 9 Son: = Um hmm.
 10 Mom:-1See what he has to say, and (0.4) just keep goin'
 11 forward. I mean I might be real lucky in five
 12 years. It might just be six months.
 13 (0.4) 14 Son: Yeah.
 15 Mom: Who knows.⁰
 16 Son: Phew:: 17 Mom: Yeah.
 18 Son:~+.hh hhh (0.4) Whadda you do: with this kind of
 19 thing. I mean- (.)
 20 Mom:~* >Radiation chemotherapy.< 21 (1.2)
 22 Son: Oh boxy. 23 Mom: Yeah. 24
 (0.5)
 25 Mom:~* My only h_pe- I mean- (.) my only choice.

26 Son: Yeah.
 27 Mom: -9It's either that or just lay here and it'll kill me.
 28 (1.0)
 29 Mom:-4 And that's not the human condition. 30 Son: No. (1.0) I
 guess (not.)
 31 Mom:- [No.] (.) So that's all I can
 32 tell you.

It appears, at least initially, that Mom and Son collaborate in exiting from the topic of cancer. Both speakers utter "i don't know" (see Beach & Metzger, 1997), first in Line 1 as Mom claims she has nothing further to tell, and next in Lines 4 and 5 as Son affirms that, as recipient, he does not know what to say. In this sense there is indeed "nowhere else to go" (Jefferson, 1984b, p. 191), and Lines 1-5 bring closure to further talk about the seriousness of Mom's prognosis.

Yet Lines 1-5 also demonstrate a transition to talking with her cancer doctor, which Mom initiates in Line 6. As the conversation unfolds, it becomes clear that the insufficient knowledge they claim, and display an inability and/or unwillingness to talk further about, is tied only to Mom's prior diagnosis (most notably the anguish Mom's immediately prior news makes available) and not her ongoing treatment. Three features of particular relevance to "managing optimism" emerge in Lines 6-32.

First, Mom's "No there's nothin to say." is one form of an extreme case description (see Pomerantz, 1986), employed here to emphasize her position and to terminate her diagnostic update for Son's hearing. Next, notice that Mom's "I'll wait to talk to Dr. Leedon today.=

He's the cancer man," (Lines 7-8) implicates her having "cancer" without explicitly stating it. This is but one instance representing a larger collection where the word *cancer* is noticeably absent and, at times, apparently and actively avoided. In this moment, where Mom clearly has been diagnosed with cancer but fails to directly state it, she is nevertheless left with the task of formulating herself as a sick person. One practice for doing so, which Mom employs here, is to make reference to a provider--patient relationship in which she is involved. Thus, the professional expertise of "cancer man," provides one solution to directly stating "I have cancer." And by stating "see what he has to say," (Line 10), Mom situates herself as recipient for obtaining any new information the doctor might impart. Only the doctor has the expertise to announce any new, potentially good, and more or less definitive news regarding her acute medical condition. A central feature of "just keep goin' forward." (Lines 10-11), therefore, involves waiting for the doctor and whatever news he might disclose. As updates about Mom's terminal illness evolve, this is but one instance of how "faith" in your doctor is grounded in moments where "waiting" is explicitly stated, whereas the possibility of hopeful news is only implied.

Of course, there is no guarantee that any update of her condition will amount to whatever "good news" might imply. This is revealed straightforwardly through Mom's self-repaired "i mean I might be real lucky in five years. It might just be six months." (Lines 9-10). When 5 years is considered fortuitous, just what might constitute good news is an altogether relative notion here. (As noted previously, Mom's death occurred 13 months following diagnosis.) Clearly, in Lines 14-17, uncertainties surrounding such an illness trajectory make it problematic for Son and Mom to do more than "assimilate" the quandary they are caught up within.

Second, in response to Son's query in Lines 18-19, " Whadda you do: with this kind of thing. i mean-," Mom immediately and quickly replies ">Radiation chemotherapy. <." By forwarding medical procedures as forms of treatment regimen, Mom also avoids addressing what Son may very well have been pursuing: more personal issues involving her coping (e.g., fears, anxieties, anger) with what appears to be a terminal diagnosis. Whether Son was in fact soliciting and thus inviting Mom to talk further about her feelings remains unclear. What is apparent is that by responding in this manner, Mom is "managing optimism" through steadfast reliance on medical protocol that, for now, is put forth as critical to "just keep goin' forward."(Lines 10-11).

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 *Work in progress (Beach 2000) is focusing on a collection of similar moments where "few words are enough" in the course of assimilating bad news (e.g., Jesus, Oh boy, Oh wow, Phew, Yuck).

Third, it is her resoluteness that Son's delayed and assimilating "oh be : y." response seems to address (Lines 21 & 22), which Mom next affirms en route to an explicit yet fleeing reference to "hope": "my only hope-I mean(.) my only choice." This is a curious self-repair, where "hope" and "choice" are at once treated by Mom as interwoven yet distinct, an explanation for which might be gleaned from prior discussion: In light of her 5-year prognosis as a best case scenario for life expectancy, any hope emerging from radiation and chemotherapy is restrictive; such treatment options offer little certitude nor assurance of healing her cancer. Thus, in this utterance, "hope"

and the optimism it may engender appears to give way to "my only choice.," which is itself clearly restrictive and further legitimizes her decision making (see Pomerantz, 1986). It is not really a preference but an ill-fated necessity that Mom is orienting to. Addressed in no uncertain terms in Lines 25 and 27, Mom displays an essential unwillingness to be passive while allowing the cancer to "kill me. ," which Son aligns with here (Line 26) and following Mom's elaborated "And that's not the human condition." (Lines 29 & 30). Further, it is by reference to basic human instincts for survival that Mom expresses her willingness to be treated through radiation and chemotherapy.

In the final utterance of Excerpt 10, Mom's "so that's all I can tell you." (Lines 31-32) repeats "tell you" from Line 1, where Mom stated ">I don't know what else to tell you. <." By so doing she exhibits her departure from this portion of an extended storytelling, which her cancer experiences entitle her to reveal (see Sacks 1984, 1992).⁶ One consequence is that, through word repeat, her story ending is punctuated in a manner not providing further access to Son who, as story recipient, does not further pursue what his "Whadda you do: with this kind of thing. I mean-," (Lines 18-19) may have been designed to address (e.g., Mom's personal feelings). Nor can he address the scenic particulars constructed in Excerpt 10 by himself; as it is clearly Mom's story to tell.

Invoking and Responding to "Magic"

What Son does do, however, is proceed with his own story, informing Mom that he is aware of how the medication she is on can make her depressed. Mom then informs him that her diagnosis is "very serious" because the cancer has metastasized. (These data are not included here; 31 Lines were deleted between Excerpts 10 and 11, which follows). Next, Son takes the initiative to shift

⁶ Schegloffs (1999) analysis of "word repeats at turn endings" reveal a similar resource: Tellers display their entitlement to initiate closure to stories only they are capable of narrating.
orientation to cancer problems by invoking "magic":

11) SDCL: MRLIGNANCY #2:2-3

1 Son:-Well where's our magic wand mom.
2 Mom:-\$It- he\$ (.) Beats the hell out of me. ° 3 (1.2)
4 Mom:--)'I guess the o:nly thing: (.) I: can do: is (.) 5 after
I'm done reeling from this. 6 Son: Mmhm.
7 Mom: -.hh Is find a reason to keep fighting and (.) to keep being 8 hopeful. (0.5)
You know that- that's about all you
9 can do. >That's all a person can do.<
10 Son: How can you do: that. (0.2) That's [gotta]= 11 Mom: [We::
11]
12 Son: =be tough. >I mean-< I don't mean to sa:y that 13 sounding like a
14 Mom: Here comes your Papa:.. 15 Son: A:h hh.

In Line 1 Son achieves two key actions. First, through "our" he assumes ownership of Mom's illness predicament by making them out to be problems that can be faced together (see Beach, 1996). This is but one relational and commiserative display of being "with" (see Beach, in press-b; Goffman, 1963, 1971; Mandelbaum, 1987) that was obvious yet implicit in prior discussion. Next, "magic wand" offers more than wishful thinking. It also injects a sense of humor and brightness into a serious health scenario, one that is literally no laughing matter, and (based on prior actions) apparently a set of dire circumstances preventing Mom from being capable of uplifting herself

In responding with "\$It- he\$ (.) Beats the hell out of me. °" (Line 2), Mom in turn accomplishes two key actions. First, her initial attempt at laughter (\$), though quickly aborted, nevertheless treats Son as having made an effort to invite such laughter through his magical reframing of such critical topics. Curiously and next, however, Mom acts as recipient of her own telling situation by producing a despairing and "recognizably serious response" (Jefferson, 1984a, p. 346). By so doing Mom again appears unable and/or unwilling to take the trouble lightly and thus act in a troubles-resistant fashion (Jefferson, 1984b, 1988). Rather, and understandably so, she is totally engrossed in (and ensnared by) her diagnostic dilemma.

But there is more here, a poetic and delicate preoccupation evident in her unwitting and quietly tailored "*Beats the hell out of me. " (see Beach, 1993, 1996; Hopper, 1992;

Jefferson, 1996; Sacks, 1992; see also chap.

13, this volume).⁷ Beginning with how the word "**Beats*" adds valence and thus pragmatic force to Mom's description, it stands in marked contrast to how magic wands are typically employed (i.e., through a simple "waving," which is sufficient to achieve magical consequences). And in unison with "*°Beats*" as a lexical choice reflecting the kind of force required to drive cancer out of her body, so does her extended utterance precisely characterize an unintentional sensitivity to the very troubles at hand: If a "magic wand" could heal an illness approaching hopelessness, it would literally exorcise a dark and foreboding force from "hell" that stifles rather than improves living.

Following his humorous attempt to uplift Mom's condition, Son next withholds further commentary to her tepid response (Line 3). But the despair evident in her reply is only momentary (see also discussion of Excerpt 12 in the next section). As revealed in Mom's next "I guess the o : my thing (.) I :: can do : is" (Line 4), she continues by specifying that there are uncertain and limited options for coping with cancer. This utterance is consequential in three key ways.

First, it prefaces her insertion "after I'm done *reeling* from this.," a bewildering formulation referencing her here-and-now reaction to a malignant diagnosis (what Dad had earlier and apparently portrayed as "*co:nfirmation and resignation.*" in Excerpt, Line 3).

Second, it also sets up Mom's ".hh Is find a reason to keep fighting and (.) to keep being hopeful." (Lines 7-8). Framed as an ongoing and practical matter, Mom sketches out a procedure for living with and through her cancer that exemplifies basic survival instincts underlying the "human condition" (see Excerpt 10, Line 29, earlier). As she constructs it, remaining hopeful requires motivated fighting, two interwoven yet distinct actions that facilitate the search for reasons to live.

Third, it is interesting that a key portion of Mom's "I guess the o : my thing: (.) I : can do : is" (Line 4) is repeated two more times in Lines 8-9: "You know that- that's about all you can do. >That' s all a person can do. <." Notice that whereas "can do" gets repeated, Mom's attempt to inform her Son evidences a movement from "I -+ you -4 person." In unison with her use of "me... I...I'm" in Lines 2-5, Mom's description becomes progressively less my-world centered as she endeavors to manage optimism in the face of bad diagnostic news. This stepwise shift,

⁷The phrase "Beats the hell out of me." may be added to the collection of "idiomatic expressions" as Drew & Holt (1988, 1998) have analyzed them (e.g., "it's gone tuh pot", "down the tubes"), in that it is an utterance occurring in a sequential environment clearly involving "complainable matters" (i.e., a serious cancer diagnosis). However, this interactional moment is unique in this sense. While Drew & Holt (1988) have shown that such complainable matters are routinely directed to others' treatments of them, here Mom's utterance is not treating her Son as the source of the trouble but the illness she is enduring and its varied consequences.

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beginning with a revelation of her experiences yet ending with a generic "person," accomplishes three critical and interrelated actions:

1. While falling short of magic, Mom reveals herself as doing "all" she can within her unique circumstances. She first discloses then normalizes her lived reality as an ordinary feature of illness management, an orientation common for others dealing with cancer predicaments (with whom she is now indirectly yet directly associated) as well,

2. By invoking third-person characterizations, Mom distances herself by utilizing "you" and "person" as devices for coping with the apparent inevitability of death. Through third-person references, her illness problems become less intimate and thus more easily managed at a time when, clearly, coming to grips with dying is inherently problematic,

- c) Mom is also designing her talk in consideration of Son's hearing, and even protection, from having to directly confront a hopeless terminal illness. She is not disattending his prior and attempted uplifting of the dire situation, but (as best as possible) being responsive to it. Though her current disposition can be explained as "reeling", it is only temporary: Her confusion will give way to a more determined and "hopeful" condition, a "fighting" perseverance that Son can himself be hopeful about.

Excerpt 11 draws to a close as Son continues by further pursuing just how Mom can remain hopeful (Lines 10 & 12), a solicitation that is preempted with Mom's announcement that "Papa" has just entered the room.

A Story and its Consequences: Fighting the Battle Together

As Mom exits from talking (not shown in Excerpt 11), Papa and Son continue talking for nearly 5 minutes about fixing cars together and an upcoming chili dinner Son has prepared for when Mom returns

home from the hospital. Son then requests to speak with Mom once again and announces his dinner plans to her. It is at this juncture that Mom initiates the following story about a "sign" the Son had placed in her hospital room:

12) SDCL: MALIGNANCY #2:12-13

1 M: >By the way< your sign `Do not take me' really worked.

⁸ While it may appear that "fixing cars together" is of little relevance to understanding the interactional management of cancer predicaments, quite the contrary is the case. It is revealing to examine just what everyday topics find their way into the midst of "cancer topics", how and when they appear and are terminated, that are seemingly not about cancer per se. For example, in this instance of "fixing cars together", is it coincidental that Dad and Son move together to talk about 1) something they are both knowledgeable about, that 2) they can thus (with some confidence) diagnose together - in stark contrast to technical matters of cancer diagnosis and treatment? Analysis of a larger collection of topic organization suggests otherwise.

2 S: \$Did it? \$

3 M: Totally confu:sed one girl. She looked, and she looked, 4 and she looked. Now this is a little oriental gal. _ 5 S: = Mm hm.

6 (0.4)

7 M: <And ah> (1.0) [she went out]

8 S: [Do not] ah (.) take oh (.) me 9 (.) [ha]

10 M: [She] went out and she brought in >ya

11 know< those things have liners? 12 S: Mmm hm.

13 M: She brought a li:ner of like a- of clear water in to 14 set it there.

15 S: Mm hm mm hm [hm]

16 M: [She] didn't- she couldn't quite figure 17 that whole thing out. >But she wasn't gonna touch it.< 18 S: Mmm. (.) Good.

19 M:--)' So that was kinda funny.

20 S:-3See, [there] there's a small battle= 21 M: [()]

22 S:*=That we've won.

23 M:~*\$Right, [right,] right\$

24 S:-> [\$hhh.\$]

25 -WAn(d) that's all ya can do is jus- just 26 --[rack up the]

small battles. 27 M:-3[Ri:ght ri:ght uh mm]

28 Well hhh Well okay. I'm gonna let you go:. 29 S: O[kay.]

30 ((Mom & Son move to phone closing.))

That Mom even initiated such a humorous story displays her attempt to lighten what had become, prior to Son and Dad's conversation, a very serious discussion of both her diagnostic condition and orientation to coping. Further, she also acknowledges Son's thoughtful effort to meet her needs, by his placement of a "'Do not take me'" sign, which stands in contrast to her prior tepid and momentarily despairing response to his "well where's our magic wand mom." (Excerpt 11, Lines 1-2).

Taken together, the actions built into this shift in topic mark a contrast in Mom's demeanor: They are remedial in just the ways Mom's initiation of this particular story appears designed to invigorate her earlier and displayed unwillingness and/or inability to take her troubles lightly, and to display appreciation for Son's ongoing concerns with her illness predicament.

This marked shift in Mom's disposition does not go unnoticed by Son.

In response to her reference to "little oriental gal." (Line 4), Son collaborates by personifying the girl's scenic reaction with a stereotypic "[Do not] ah (.) take oh (.) me (.) [ha]", a voiced switch in identity (see Beach, 2000a) he treats as humorous with his final "[ha]." Next, it is of particular interest that when Mom brings the story to a close (Line 19), Son relies on Mom's initiated story to revisit yet extend their earlier discussion (Excerpt 11): He retopicalizes and reframes Mom's immediately delivered story (i.e., fighting + battle, our magic wand -i~ we've won). In these ways, Son shows sensitivity to Mom's "keep fighting and (.) to keep being hopeful." while simultaneously treating this as a moment for reemphasizing that they are indeed facing the problems together.

Following Mom's aligned recognition and their shared laughter (Lines 23-24), Son's "An(d) that's all ya can do is jus- just[rack up the] small battles." (Lines 25-26) offers a prototypical summary that reinvokes "all ya can do." Apparently, this utterance overextends an otherwise well-taken point, however, as Mom interjectively moves to close down Son's contribution (Line 27) and end the phone conversation together (Lines 28-29).

CONCLUSION

Faced with a serious and uncertain cancer diagnosis, and thus in the very midst of emergent troubles and possible despair, family members rely on hope and optimism as resources for dealing with and attempting to ease burdens arising from the often harsh and restrictive impositions of such illness circumstances. Just as it has been observed that "research on the connections between hope and social psychological functioning" is minimal in cancer research, and that "maintain[ing] a sense of control" is an essential determinant of how cancer patients cope with their illness hopefully (Bunston, Mings, Mackie, & Jones, 1995, p. 79), so can it be noted that perhaps even less is known about what comprises "hope" and "control" as interactionally organized moments of practical action.

Although only calls # 1 and #2 of the larger corpus were examined, "managing optimism" was nevertheless evident across an assortment of social actions:

Acknowledging the importance of medical personnel by steadfastly relying on medical protocol and treatment procedures.

Lightening the discussion by shifting from bad to good topics.

Revealing how personal coping with cancer involves an inseparable relationship between hope and restricted choices.

Offering collaboration in facing Mom's illness together.

Humorously going even beyond hope by invoking "magic" when Mom

understandably displays an inability and deep preoccupation with not taking her troubles lightly.

Proposing "fighting" and "being hopeful" as basic survival instincts even when resistance to troubles is diminishing.

Doing "all you can do" to remain capable of hoping that healing might occur.

Clearly, then, such delicate instances are comprised of fine-grained subtleties through which the process of "managing optimism" is being achieved. Ongoing analysis of the larger collection of such moments (calls #3-#54) will

provide a useful and longitudinal perspective for framing how the interactional activities examined herein are themselves tied to, in fact constitutive of, key moments as Mom's cancer progressed and was treated until her death (e.g., see Beach & Hopper, 2000). Though yet further and critical implications require discussion, only four can be briefly articulated here.

First, working to be hopeful together can also produce its own interactional dilemmas in the midst of talking about other "dreaded issues" (Perlkylä, 1995). Further investigation is needed into how the management of family relationships is itself an ongoing and often problematic achievement, particularly when: a) doing the work of moving out of troubling topics (e.g., Dad's shift to good from bad news precipitated by Son's display that enough had been said); b) moving talk forward even though family members express that they do not know what to say (e.g., Mom and Son rely on few words when assimilating the news together); c) initiating, pursuing, and responding to intimate and personal topics (e.g., Son twice querying Mom about how she copes with her condition); d) uplifting and compensating for responses to such edification efforts (e.g., Son's invoking "magic" and Mom's delayed telling of a funny story to counter her prior tepid response to his displayed concerns); and e) in responding to Mom's story Son further attempts to make the point that small battles can be won together, which Mom interjectively initiates closure on by moving to end the call.

Second, even a cursory inspection of these materials reveals that the query "What makes a family, a family?" (e.g., see Gubrium & Holstein, 1990) is deserving of substantive, interactionally grounded answers. Such matters as how supporting and commiserating get interactionally managed, for example, are available to the extent they are anchored in family members' practices for working as a team: when taking turns at being hopeful, injecting humorous concerns into troubling circumstances, and working to protect one another from fears and anxieties so often associated with death and dying. In these ways, useful contrasts might also be made with interactions among acquaintances. This chapter has shown that "bright side sequences" are only one type of response available for family members dealing with cancer (see Holt, 1993), that

the proximity and interwoven nature of good and bad news is omnipresent, and that family members may display "doing being" a family by making another's problems their own in and through the ways they assimilate the news and grieve together (see Beach, 1996, in press).

Third, regarding talk about troubles (see Jefferson 1980, 1984a, 1984b, 1988; see chap. 12, this volume), these family members appear remarkably sensitive to limitations on serious topics, yet at times proceed to enact topic shifts without necessarily terminating talking about cancer per se. How this ongoing work gets

done also merits ongoing examination. Similarly, environments need to be more fully inspected when, following moments where Mom's ability to resist troubles essentially fails, she nevertheless "rebounds," that is, attempts to muster the energy required to rally her appreciation for Son's concerns and to remain hopeful and optimistic. Further, if and when such issues as "coping or defense mechanisms" are to be understood as interactionally generated and managed, as well as "stages" of grieving (i.e., denial, anger, depression, bargaining, acceptance; Kubler-Ross, 1969, 1974), they must be shown to be more than psychological states wherein individuals' experiences are ultimately the units of analysis. By inspecting how family members mutually coordinate their orientations to illness predicaments and various health concerns over time, it may become possible to describe and substantiate temporal shifts interactionally, that is, by elucidating the social actions comprising developmental aspects of coming to grips not just with "death and dying" but, even more broadly, all aspects of illness progression. A key feature of these discoveries will likely involve understanding how prior discussions, such as what "the doctors told them," are employed to constantly shape and update understandings about Mom's condition (see Beach, in press). Little has been said in this chapter about such "carry over" recurrences, even though the data make available such possibilities for analysis, albeit in limited fashion (e.g., as with Dad and Mom's references to "medical staff").

Finally, as described earlier (see Footnote 1), I did not invent "managing optimism" as a technical term for labeling social actions of the kind examined here. But it seems an apt description. Having been diagnosed with cancer, and just beginning to realize social aspects of talking with others about his diagnosis and treatment, it was Robert Hopper who observed the tendency to remain hopeful as uncertain and even bad news emerged. Given marked contrasts between self-reporting about versus enacting social actions collaboratively in real time, it is interesting (yet perhaps not surprising) to note that the kinds of interactional contingencies examined in this chapter extend considerably beyond those he identified in more general terms. Similarly, the experiences and interactional involvements of a cancer patient (with medical staff, family members, friends, and colleagues alike) are much broader than what any single phone corpus might capture. And so it should also not be

unexpected that Robert cited other kinds of encounters central to "managing optimism," only three of which I mention here, activities involving both those undergoing cancer and others talking with them about "it": a) acting "as though" everything is all right when it obviously is not, b) literally calibrating and coordinating just what and how something might be said, if anything, yet without appearing morbid about the illness, and c) when talk about the "same cancer" arises, but within different relationships comprised of varying degrees of background and intimacy, what problems (if any) emerge as attempts to discuss and describe the illness and its prognosis are modified (e.g., when disclosure is solicited and/or voluntary, withheld and/or pursued)?

Living with and through cancer, and an array of other chronic and lifethreatening illness (e.g., see Packo, 1991), occasions diverse circumstances where "managing optimism" is interactionally achieved. Only selected and comparably few instances have been introduced in this chapter. It is obvious and compelling, however, that the full social milieu of cancer quandaries, involving "what communicators do, not what scholars have validated" (Hopper 1981, p. 209), remain largely unearthed and thus taken-for-granted

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