Stability and ambiguity: Managing uncertain moments when updating news about mom's cancer

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Abstract

Drawn from a series of 54 phone calls over a 13-month period, excerpts are analyzed from five phone calls involving family members talking through a mother's diagnosis and treatment for cancer. In three of these instances, occurring across three phone calls in a two-day period, the son delivers and updates news to his (recently) divorced wife about the stability of 'mom's' condition. As emerging news is shown to be an upshot of prior informings, including reconstructions from other family members' and health professionals' reportings, several distinct features and problems enacted through these cumulative 'news delivery sequences' are identified. Behaving 'as if' mom would soon be dying, announcing and elaborating upon the news is shaped by (a) *inherent and practical ambiguities associated with uncertain illness trajectories (e.g., arranging travel plans), and* (b) *displayed frustration and fatigue at being a primary family member preoccupied with mom's changing health status. Responding to and assessing news updates is also problematic. Displaying concerns for mom and the son, yet also distancing from reported troubles, require different interactional solutions. The achieved character of social relationships (e.g., closeness and distance) is thus evident as speakers demonstrate being variably affected by the news. Understanding the social organization of family cancer journeys requires both episodic and longitudinal examinations of fundamental quandaries of communication in everyday life: managing relationships during periods of illness, practical decision making and plans, and the ongoing volativity of illness diagnoses by lay persons.*

Keywords: *cancer; conversation analysis; family interactions; lay diagnosis; news delivery sequences; social relationships.*

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M: Hello.
S: Hi?
M: Hi.
S: How ya doin'?
M: ↑O::h I'm doin' okay. = I gotta–
(0.6) I think I'm radioacti:ve. = ↑Ha::.
S: He– uh $Why's that.$

These opening moments of a telephone call between a son (S) and his mother, (M) occurred the day following mom's diagnosis with lung cancer. This call provided the initial opportunity for them to speak with one another about her first-hand news, although both had discussed (at some length) her diagnosis with 'dad' (her husband). As S greets and M reciprocates with *Hi*, their familiarity is revealed through reliance on voice rather than names for identification (see Schegloff 1968, 1986; Hopper 1992). We begin with three fundamental observations drawn from this brief exchange between two family members.

First, and most generally, conversations such as these evolve in tandem with clinical encounters. Patients diagnosed with cancer, as well as their family members, invest a considerable amount of effort visiting and speaking with medical professionals to discuss ongoing treatment and care options.[1] For most lay persons, however, the majority of their daily existence unfolds outside of clinical settings (e.g., in home environments) before and following interviews, physical examinations, and therapy regimens. It is during these variable periods of time (from days to years) that patients, family members (kin), friends, and acquaintances update one another about good and/or bad news in which the patient's illness is a focal issue. There is an urgent need, therefore, to broaden the scope of health communication research beyond professional–lay interactions comprising illness care settings and into home environments, including phone conversations (see Heritage and Sorjonen 1994; Rootman and Hershfield 1994; Beach 1996; Maynard 1997, in press).[2]

Second, S's inquiry is responded to by M as requesting not just any update, but specific news regarding M's recent diagnosis and treatment. As S solicits information that is M's to offer, and positions himself as recipient of her forthcoming description, his 'How ya doin'?' initiates a departure from the canonical 'How are you/Fine' inquiry and response setting-up first topic of the call. In responding to S's inquiry with a hearably reflective '↑O::h I'm doin' okay', M premonitors bad news (Jefferson 1980) by displaying troubling orientations to ongoing treatment. Latched onto this complete utterance, her 'I gotta– (0.6)' claims the next turn even though it is cut off.

The extended pause then provides an opportunity for M to consider how to revise her immediately prior response with an alternative description, 'I thing I'm radioacti:ve=↑Ha::.'. Produced as a troubled report followed by hearably 'mocking' laughter, and in lieu of directly addressing a feeling or emotion, M's characterization makes light of her situation. She thereby exhibits her troubles-resistance (Jefferson 1984a) and manages the delicacy of her troubling circumstances (see Peräkylä 1995). In response, while S shares in M's laughter with 'He– uh $Why's that.$', he also provides a serious response to her self-description. It is clear that S is not yet fully informed about mom's treatment regimen, which she has begun so quickly following the cancer diagnosis. Thus, he displays his not knowing that M is making reference to a shot she had in preparation for an upcoming bone scan (which mom proceeds to elaborate upon as the conversation continues). What S does have available, however, is how M employs medical terminology ('radioactive') to describe her internal, personal condition.[3]

Third, the foregoing excerpt provides only a glimpse of how talk about cancer troubles emerges between a diagnosed mother and her son. It also begins to reveal how S, as the *recipient* of M's descriptions, is in a position to relay the information he has received about M's condition to other parties. How, for example, does S display himself as a primary and thus consequential figure in the family (see Maynard, in press)? Understandably, parties delivering and receiving the news are differentially influenced by the course and progression of a patient's illness. Increasingly intimate relationships with the diagnosed individual, such as informing and being informed about a loved one's cancer, are recognizable through frequent and careful monitoring of the medical and family situation (e.g., changes in diagnosis, treatment, and orientations to coping with good and bad news). Being 'in the know' is thus a *relative* term (at times quite literally, as with the son and mom), since one upshot of keeping in touch with others' health predicaments is enhanced and shared knowledge about cancer's development. Further, the more that is known and understood about a specific 'cancer journey' (Kristjanson and Ashcroft 1994), the more 'personal' the consequences. In the ways deliverers and recipients of ongoing news are variably entitled to address the circumstances *as their own*, i.e., as not just 'keeping in touch' but 'being touched by' ongoing developments, these participants display *being in the very cancer journey reported on*.

Analysis begins by overviewing what Maynard (1997, in press) has identified as the interactional organization of 'news delivery sequences' (NDSs). By identifying how speakers display being affected by the news, conceptual notions such as 'distance and closeness' become anchored

within real-time interactional achievements. Distinctive features of news delivery sequences among friends and acquaintances can then be compared with how family members talk about mom's cancer and related life circumstances.[4]

By next describing how son's discussion with his mom creates ambiguities about how long she is going to live, his urgency to travel home to be with her and family is apparent. A chronological examination is then offered of excerpts from three phone calls wherein S *delivers* and *updates* troubling news to his (recently) divorced wife (G) about M's illness and 'stability'. Inherent ambiguities are identified when reporting and responding to uncertain cancer news, arranging travel plans, and delicately managing an estranged but friendly relationship.

Integrating episodic and longitudinal investigations

Historically, the analytic tendency of conversation analytic investigations has been to focus on social actions comprising the organization of 'episodic' moments of ordinary and institutional interactions (e.g., see Atkinson and Heritage 1984; Drew and Heritage 1992; Maynard 1997, in press: chapter 3). Analyses of single cases and collections of recurring sequential phenomena identify discrete actions (e.g., telling and receiving stories, initiating repair, marking 'change of state', closure of prior and movement toward next topics), across a variety of speakers and social environments, in order that generic practices constituting these involvements might be identified (e.g., see Heritage 1984; Schegloff 1986, 1987, 1992; Sacks 1992; Beach 1993, 1996, in press; Beach and Dixson 2001).

While the search for generic practices across diverse speakers and environments underlies the encompassing research project on family cancer (see the following section on 'Data'), thereby creating a foundation for understanding how assorted families talk through cancer and related illness dilemmas, the present study investigates portions of the first 'longitudinal' collection of conversations occurring throughout the evolution of a family member's cancer. Specific social actions involved in delivering and receiving news are examined amongst a constant set of participants (Son and his former wife), in the same environments (their home phones), as the course of M's illness and S's travel plans are reported, altered, and reconfigured over time. These materials will be shown to be 'context-sensitive' to the local circumstances, concerns, and relationships of the parties monitoring M's health condition, thus complimenting and extending Maynard's (1997, in press) collection of 'episodic' moments in which news gets delivered and receipted. In a fundamental sense, analysis reveals how family members dealing with

cancer interactionally work through personal, professional, relational, and temporal quandaries.

Data: The "Malignancy Calls"

The materials examined herein are drawn from a corpus of fifty-four recorded and transcribed phone conversations, occurring between family members whose wife (mother, sister, daughter-in-law) was diagnosed as having lung cancer, eventuating in complications and death nearly 13 months later.[5] These data are referred to as the 'Malignancy Calls', and represent the first natural history (i.e., from initial diagnosis to death) of a family's ongoing interactional attempts, via local and long-distance telephone calls, to understand and deal with cancer and its consequences developmentally. Beginning with the son's first phone call to his dad, and throughout, these calls reveal the social and emotional impacts upon family members (but also selected friends, acquaintances, and service representatives) as they deal with the uncertain (but often inevitable) trajectories of terminal cancer.

All phone calls were recorded by the son at his residence, and were subsequently submitted to the San Diego Conversation Library (SDCL) under guarantee of anonymity. Permission to conduct research on these materials has been granted by the family, contingent upon delaying initiation of research on these calls for a period of five years. To date, over ten years have transpired since mom's death. This article represents one of several initial investigations (see also Beach 2000b, in press; Beach and Lockwood 2001) focusing on enhancing understandings about family interaction most generally, including the interactional practices, trials, and tribulations communicated by family members dealing with cancer as they attempt to make sense of, and somehow deal with cancer's consequences.

News delivery sequences (NDS's)

Working with a corpus of over 100 recorded and transcribed good and bad news deliveries (drawn from a wide variety of speakers, topics, settings, and predicaments), Maynard (1997, in press) has observed that while news informings display universal features (several of which are addressed in the following excerpts), such features are neither dependant on the events themselves nor rigidly enacted. Rather, news deliveries and their receipts are part of a generic news delivery sequence, through which participants assemble matters or events in the world as *news-for-them* of a particular kind. Produced contingently in real time, news delivery sequences get coenacted within and across turns-at-talk through the mutual articulation of in-course interactional adjustments.

Bad news events have been described as

> a rupture to the fabric of daily existence … a vehicle for understanding the social organization of the objective-seeming features of everyday life. Bad news can dissolve the obdurate orderliness of the social world. (Maynard, 1996: 4–5)

Understanding how news gets managed exposes 'social relationships' as enacted through how speakers (i) contingently display differential knowledge of the circumstances described, (ii) describe the event by explicitly naming it or not (e.g., both the cancer itself and its diagnosis), and (iii) construct the valence accorded to the 'news', for example, through lexical choice and prosodic markings such as intonational contours (see Freese and Maynard 1998; Beach 2000a; Schegloff, 1998). These relationships are 'reflexive' in that 'they are, in practice, behaviorally accomplishing the visibility of those relations' (Maynard, in press: ch. 5, p. 3).

Following Button and Casey's (1985) initial observation that speakers may pursue particular news with an Itemized News Inquiry (INI) (e.g., 'How is Dez anyway?'), or more general information through a Topic Initial Elicitor (TIE) (e.g., 'What's new with you?'), Maynard (1997) has shown how good or bad 'news delivery sequences', frequently occasioned by itemized news inquiries and topic initial elicitors, are generally comprised of four key actions:

(1) News Delivery Sequence (Maynard 1997)
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

Determining who the *main consequential figures* are is central for discerning the nature of relationships among deliverers and recipients of the news, as well as third parties who are being referenced.

1. *News about distant relationships*

In excerpt (2), for example, both L and M construct a distant relationship with 'old Mrs. Cole':

(2) H4Ba/Holt:X(C)1:1:1:2 (Maynard, in press: ch. 5, p. 7)
1 L: 1→ OH:uh:m (0.6) ↑Old Missiz Co:le is very ill d'you
2 member Philip Co:le, Carol's: (.) husba:n [d?
3 M: 2→ [↑Oh ↓ye:s?

4 Ye–:s.
5 (.)
6 L: 3→ She had a stroke in Cary last wee [k.
7 M: 4→ [↑Oh: ↓dea–:r.
8 L: 3→ And she seems t'be faili:ng
9 (M): °°( )°°
10 (0.7)
11 M: She's ↑ (quite'n) old lady wasn't she.

It is by reference to Phillip Cole (line 2) that M is provided access to, and recognizes the relevance of (2→), the eventual bad news that Old Mrs. Cole had a 'stroke' last week and 'seems t'be faili:ng' (3→). Following her 'standardized' assessment (Maynard 1997) of the news (4→), M further reveals her limited relationship with the ill person by soliciting confirmation (line 11) that Mrs. Cole was indeed an 'old lady'.

In example (3), J and L display shared yet limited knowledge about a third party apparently diagnosed with 'cancer':

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

In response to J's specific inquiry about 'Gay Martin' (INI→), L announces some 'good news' in (1→) and J responds in a mildly surprised manner (2→). Next, L elaborates (but in a nondefinitive manner) with some 'bad news' about 'I thin:k ∨ cancer' (3→), which J assesses with some sadness (4→).

Notice that speakers in example (3) display some familiarity and concern with 'Gay Martin's' condition by marking the news as worthy of inquiring, reporting, and briefly commenting upon. That neither L nor J display that or how, as deliverer and recipient of the news, they may be affected by Gay Martin's having cancer is evident through both the standardized receipts and assessments provided by J (2→, 4→), and L's cautious report that she has 'cancer'. In (3→), L's hesitation also displays uncertain knowledge, revealing 'distance' from the person and associated cancer problems. Thus, both speakers construct the news as events happening to someone else which are not consequential for themselves.

By so doing, neither L nor J *claim ownership* of the news as persons embroiled in the illness circumstances being reported on.

However, and in contrast to excerpt (1), it should also be noted that in excerpts (2) and (3) talking about Old Mrs. Cole and Gay Martin were not the reasons for the calls. Rather, in example (2), L's 'OH: uh:m' is a just-remembered and mid-conversation announcement, and J's query about Gay Martin in example (3) emerges in the course of the call. These moments thus stand in marked contrast to many of the news delivery sequences in the Malignancy Calls corpus (including those examined herein), which do not exhibit this by-the-way flavor, simply because the purpose of calling often involves updating and discussing mom's condition.

2. *Sharing knowledge and concerns about third parties*

In excerpt (4), L's 'Oh ˆ dea:r' (line 7) reflects stimulated recall about Geoff, giving rise to her specifically querying about him (INI→). As L proceeds to announce something 'wretched' in (1→), S reveals her prior knowledge by assisting L with a 'word search' and simultaneously producing 'gout':

(4) (H17B/Holt:88:2:3:1—Maynard 1997: 96–97)

1	S:		Oh: Leslie sorry (.) beh to bother you? °h[h
2	L:		Oh: right]
3	S:		ˆCould you a::sk Ski:p if– °hmhat– when you go: to
4			this meeting tomorrow °hm could'e give Geoff:
5			Haldan's a↓pologies through sickness?
6			(.)
7	L:	INI→	ˆYe:s:. Yes. Oh [ˆdea:r what's the ˆ ma] tter with Geeoff.
8	S:		[Uh I m e t)]
9			(.)
10	S:	1→	Well'e he's got this wretched um (0.3) he's got this
11		1→	wretche[d
12	L:	1→	d go[ut.h
13	S:	1→	gout.]
14	L:	2→	Oh: v ye[s. .hhhh
15	S:	3→	An' he–eh he: he's right flat on iz ba:ck.]
16	L:	4→	Ah:::. Poo:r Geoff

Although L had displayed being informed of Geoff's 'gout', in (2→) she responds by treating as news its association with the 'sickness' (see Maynard 1997: 126). And following S's further elaboration on Geoff's condition (3→), L provides a sympathetic assessment with 'Ah:::. Poo:r Geoff'.

Contrasted with excerpts (2) and (3), L and S reveal shared knowledge about the third party, and their concerns about Geoff are more apparent: Geoff's sickness is emphasized with the 'wretched' description offered by S (lines 10 and 11), followed by 'he's right flat on iz ba:ck' (line 15). And the assessment in L's prosodically and lexically marked 'Ah: : : :. Poo:r Geoff' (line 16) is offered with some intensity. In these ways, L and S construct themselves as affected by the updated news about Geoff's 'gout', but only insofar as they recognize the difficulties he appears to be faced with in coping with this medical condition.

3. *Consequential and primary figures in the news*

The variably 'distant' associations with another's health problems, as summarized in the foregoing, can be contrasted with those where the deliverer and/or recipient of the news is a consequential and/or primary figure in the events being reported on. Maynard (in press: ch. 5) has observed the tendency for third parties to produce *narratives* about their experiences when announcing and/or elaborating the news. One instance follows:

(5) H0S8B (Maynard, in press: 10)

1	L:	1→	.hh Well I've ↑written to you in the letter
2			Katharine's: ↓face is still hurting he:r?
3			(.)
4	M:	2→	↑Oh ↓dea:r. =
5	L:	3→	= So uhm: she's going t'see our doctor when she comes
6			ho [me
7	M:		[( )
8			(0.3)
9	L:	3→	.hh An' I'll get her fixed up with a de:ntist too:.
10			(0.7)
11	M:	4→	Oh w't a ↓nuisance isn't ↓it. Is it ↓ey:e tee:th?

By referencing an already written letter to her mother or 'mum' (M), L mentions a problem that Katharine (L's daughter) was having with her face. That such a problem was worth reporting demonstrates L's own involvement and thus relationship with Katharine. Following M's receipt (2→), a standardized *oh*-prefaced assessment (Maynard 1997), L expands with a narrative (lines 5 to 6 and 9) in which she portrays herself as a *caregiver*: Katharine will see 'our doctor when she comes home', *and* she (L) will arrange a visit with a dentist as well.

Notice also that *before* inquiring about Katharine's teeth, M's 'Oh w't a ↓nuisance isn't ↓it' (4→) addresses L's predicament and experiences. In these ways, L and M have collaborated in displaying concern about Katharine (the primary figure), but also in revealing L *to be a consequential figure in the news situation being updated and assessed.*

4. *Summary: News delivery sequences and 'relational' issues*

To summarize excerpts (2) to (5), a glimpse is provided of how it is possible that the delivery and receipt of good and bad news are involved in the achievement of distance and relational intimacy. More '*distant*' relationships are marked by straightforward delivery and receipt, whereby participants in the newsreporting episode refrain from showing any consequentiality for them. The displayed resources for understanding, and the inclination to identify with others' health status, are limited. The '*closer*' the relationship with the person figuring most prominently in the news, the more apparent are participants' methods for displaying concern and being affected by the circumstances reported on.

Other 'relationship' issues become relevant when examining distance and closeness in the delivery and receipt of news. One 'barometer' of intimacy, for example, is a greater liklihood that identification with a situation is revealed through actions tailored to that persons' circumstances (e.g., through sympathy, compassion, excitement, willingness to help through caregiving). To varying degrees, deliverers and recipients of news exhibit the importance of their relationships to primary figures being talked about, and the very predicament(s) they are describing, in the ways they display being entitled (Sacks 1992) to speak from personal experience about circumstantial details. Similarly, 'relational history' becomes apparent as reportings are anchored within prior and shared experiences with primary figures in the news, and with those who have established relationships with these newsworthy individuals. It also should not be overlooked that as primary yet absent persons are being discussed, it inevitably remains for the news participants themselves to manage their relationship with one another.

As will become evident in the family phone calls examined in the following, these interrelated issues are consequential for how updated news about mom is delivered and responded to over time.

Family updates: Monitoring and tracking 'threads' of news

Phone call #3 in the Malignancy Calls corpus (between the son, mom, and dad) begins with mom informing the son that she does not want to be put on 'life support', is in considerable pain, and 'can't go on':

(6) SDCL: Malignancy #3:1–2

M: U::m (2.4) the ↑pa:in is just– (1.4) unre:al. =
S: =Okay. =
M: =There's no way=I can't go on.
S: Okay.
M: So:(1.1) >I said to dad maybe I'm being te:rribly naive but–< pt I want them to stop the pain.
S: [Ok:ay.
M: [°( )°] Now i:f:=a::(1.5) if they can do that, you know I can sit there for five to ten da:ys an– .hh I don't know. = I mean I: just don't know. I'm– I:'m (.) not done it, so >I don't kno:w<.
S: O:ka [y.
M: [I could sit the:re and they can– they'll ja:m me with mor:phine and I'm,
(.) [((°dreamy voice°))] =
S: [And you can float for a while, °heh°?]
M: =°Yeah°. .hhhh (°) the pain. Then I have trouble ta(h)lking°. ((voice breaks))
S: Oka:y. hhh

As M describes her pain and desires to have 'them' stop it (line 6), and the uncertainties associated with such a treatment decision (lines 8 to 14), S continually acknowledges with 'Okay' as he monitors and identifies with (line 16) her elaboration. In this excerpt, however, M not only references problems with pain but *experiences* it as her utterance in lines 17 and 18 demonstrate.[6]

From excerpt (6), and the considerably more encompassing interactional environment and background from which it was drawn, it is not surprising that family members concluded that it was quite possible that mom might die in the next few days.[7] With understandable urgency, therefore, it was mutually decided that the son was to travel home as soon as possible (from the Midwest to the West Coast) to be with mom and family. Specifically, he states that he would rather visit mom now than attend her 'memorial service'. This decision, influenced in part by normal matters such as budget and scheduling, triggered a series of calls over a two-day period, ten of which are included in the corpus. Following call #3, the son speaks with five different airlines to determine the least expensive prices for traveling at such short notice (see Beach and Lockwood, 2001). He also has an extended discussion with his aunt (mom's sister) about mom's condition (e.g., how the 'doctors' are treating her considerable pain with morphine), advice regarding travel (the aunt

is a stewardess), and how the family (including both of them) was coping with uncertainties and troubles regarding the apparent and looming inevitability of mom's death.

Following the call with his aunt, the son conversed with his recently divorced wife (G) at least three times. The next three excerpts are drawn from these three calls. In each excerpt, the son delivers and elaborates news about his travel plans and mom's condition. On three different occasions, S reports that mom has been 'stabilized'. Each excerpt will be analyzed on its own merits, and cumulatively, as attempts to monitor and track updated news about mom.

Ambiguities about mom's stability

In excerpt (7), S's announcement to G (1→). that he may not be coming home occurs as first topic following their phone greeting (lines 1 to 11). Analysis begins with the delivery of S's news (lines 12 and 13), and will return to the phone opening in a later discussion:

(7) SDCL: Malignancy #11:1

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 1  S:        Hello ↑Doug here.
 2  G:        I ↑lov:e yo:u :.
 3  S:        ↑Hi::.
 4  G:        I wanted to tell you tha:t. =
 5  S:        =Well tha:n [ks.
 6  G:                    [°(You're the one.°)
 7             (0.2)
 8  S:        .hhh Thanks. hhh
 9  G:        °You're the (      ) one, I [know that.]
10  S:                                    [.hhh      ] Thanks.
11  G:        (°              loved him.° )
12  S:   1→   .hhhh hhhh Well there's a po::ssiblility I might
13             not be ↑coming now.
14  G:   2→   °Why?°
15  S:   3→   pt Oh– hh .hh [Because–  ] pull t [well? =
16  G:   2→                 [°(      )° ]       [(hrough)?°
17  S:   3→   =↑Not pulling throu::gh but at least s:ta:bilized=an:d
18             of course I can only be gone so: lo:ng.=So .hhh if it
19             looks like she's gonna (.) hang in for another (0.2)
20             couple of wee:ks? then I'll wanna wait a couple of
21             weeks but,=
22  G:   4→   =Oh my $g(h)o [::d.$
23  S:                      [Ye:ah ri:ght, .hh uhm, hh So >that's
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24		in fact < that's what I thought this pho:ne call was, =
25		I'm– I'm waiting, (.) to hear from, =
26	G:	=( ) Did they call you last ni:ght?
27	S:	Yeah.
28		(1.2)
29	S:	Yeah we– e– u::m– pt a:nd she's gotta .hhhh a doctor
30		who's gonna see her this morning, ((continues))

Prefaced with a sigh (1→), S displays a sense of frustration and fatigue associated with making (and altering) travel decisions to California (where his family and G reside). He is not yet reporting directly on mom's circumstances (see 3→), but does reveal himself as a family member caught up within mom's uncertain illness trajectory and thus implicated in emerging dilemmas occasioned by her changing health status. And as mom does not get referenced throughout this excerpt, he treats G as having some prior knowledge about mom's health and as a person affected by S's ongoing predicament. He thus proceeds as though G was a part of his travel plans, which explains his updating efforts.

In (2→), G queries '°Why?°', yet next proffers a guess as a knowing recipient: the reason for S possibly altering his plans may be that mom might 'pull through', a description standing in contrast to her dying (in which case S would not be postponing his visit). This is not an apt description, however, as S's immediate correction to 's:ta:bilized' in (3→) indicates. While mom's stability is comparatively good news, especially given the unstated alternative (dying), it creates other ambiguities which S must now deal with (lines 18 to 21). Specifically, a delicate balance is constructed between how long mom has to live, how long he can be gone (e.g., from work), and problems with discerning exactly when to travel home.

In reporting these looming decisions to G, S depicts himself as embroiled in a quandary of interwoven professional and personal commitments. Because there is no way of knowing for sure just how long his mom might live, the fluctuating circumstances he is faced with cannot be remedied by locking in plans and schedules.[8]

It is *not* in response to S's update that mom is stabilized that G offers 'Oh my $g(h)o::d.$' in (4→), which is one routine device whereby bad news recipients display themselves as consequential figures relative to the bad news (Maynard, in press). Rather, G's expletive assessment of the news exhibits being affected by the news about mom, including both surprise and her own 'my-world' realization of the seriousness of mom's condition (a person with whom G also, as former daughter-in-law, has a relational history). Most prominently and ironically, however, G's 'Oh my

$g(h)o::d.$' shows appreciation for *S's dilemma*, i.e., the distressing and consequential impacts of such news for S whose daily affairs (e.g., plans, schedules, expectations) are correspondingly in flux. Notice that her assessment is contiguous to the description of *his* dilemma (lines 18 to 21), not the earlier depiction of mom's condition (line 17). She is momentarily *being with* S as inevitable tensions between 'fluidity' and 'need for closure' emerge and get confronted, including S's making decisions on the cusp of mom's changing health status.[9] It is clear that *mom's* stabilization does not necessarily simplify *S's* daily affairs, nor his abilities to cope with her illness (e.g., pain, suffering, and the prospect of death). Rather, mom's stabilization *complicates* S's own situation, as portrayed in the narrative account of the dilemma he is in: he can only be gone for so long, and if mom is going to 'hang in' for a while he needs to wait, 'but …' (and what remains unsaid is the contrast to her not hanging in, i.e., dying).

As an expletive rather than a substantive evaluation, G's 'Oh my $g(h)o::d.$' does not formulate the target of what it is assessing. Nevertheless, S is able to not only show agreement (line 23) but *own* the quandary he is attempting to deal with. Central to an understanding of these paired and key moments is not overlooking that—and how—G inserts a laughter token in the middle of her invocation of '$g(h)o::d.$' as a resource for managing a delicate orientation to S's reporting. Jefferson (1984a, 1984b) has shown that laughter produced by *tellers* of troubles indicates their *resistance* to the predicaments reported. In this moment, coming from a troubles *recipient*, G's laughter is designed to *lighten* the expletive assessment, thereby displaying that it is ultimately S's trouble, not her own, that is being addressed. Although G demonstrates that she is affected by the troubling news (i.e., those surrounding mom's illness and mom's condition), she simultaneously *distances* herself from those very troubles.

In noticeably delicate moments in medical interviews, for example, laughter by patients may indicate their own impropriety or embarrassment about a trouble they have reported (see Haakana, in this issue; Beach and Dixson 2001). In moments like these, patients are not *inviting* shared laughter, evidenced in part by providers refraining from laughing. Similarly, in excerpt (7), S does not laugh in response to G's '$g(h)o::d.$'. In overlap, with 'Ye:ah ri:ght', he ratifies the stance G has constructed with respect to the news, thereby accepting her assessment and the distancing mechanism within it. This action, which preceeds his reporting that he was waiting for a phone call to receive a current update of mom's condition, also re-confirms and emphasizes the intensity of *his owned experience as a central figure in the news he has delivered* (see Raymond 2000). In stating that he thought this was another phone call

that he was waiting for, he elucidates the urgency of the situation he is faced with and his preoccupation with it (lines 23 to 25).[10] Consequently, the present call with G is placed in temporal perspective: not as unimportant, but as comparatively less in touch with 'current news' about mom's condition, the very issues prior talk with G had been about. As S shifts attention to a (potentially) incoming call, further evidence is revealed that the situation is a serious one, a predicament in which S is a prominent figure as news develops and gets disseminated, and that additional and relevant news is forthcoming. It is these matters which G next queries about (line 26), thereby further collaborating on talk about the ensuing troubles which S further summarizes here by reporting a 'doctor who's gonna see her this morning'.

Ongoing volativity of mom's condition

The next day G calls S, in response to a message from him she had 'finally' gotten on her phone recorder. She reports that the message wasn't clear ('chopped'), and that she had called to find out what had happened. Several moments later and within the first minute of this phone conversation, G's 'What's up' solicits news about mom's condition, which S next delivers:

(8) SDCL: Malignancy #17:2

1	G:	INI→	What's up?
2	S:	1–3→	We:ll (.) the:y've sta:bilized 'er again. =A:nd ba:sically
3			what they said i:s .hhh keep your le:sson pla:ns
4			current:, a:n don't unpa:ck your ba:g comple:tely. =But–
5			(.) I don't need ta sho:w up: quite ↑(ch)yet.=So:=
6	G:	4→	=< O:h my g(h)o::d. >
7			(0.3)
8	G:	4→	You poor thi::ng. hhh
9			(0.4)
10	S:		pt So tha:t's: =↑really all I can tell ya.
11	G:		(°W(h)ow–°) How long (they) think she's gonna hold o::ut?
12			She still in the hospital?=
13	S:		=Ye:ah, yeah. She's still in the hospital. They don't
14			kno::w. 'Could be a couple a weeks?

This segment, a mixture of good news about mom's stabilization yet ongoing bad news about S's travel predicament, can essentially be parsed as a four-part news delivery sequence. Because S latches (=) his continuation (line 2), G's response to S's announcement is missing but not

noticeably absent. Next, S moves to elaborate his news (lines 2 to 5), which is then assessed twice by G (4→).

By initiating his reporting with 'the:y've stabilized 'er aga:in.=' (1→), S treats as unnecessary the need to specify that 'they've' (treated collectively and anonymously) is in reference to medical staff caring for his mom. Such indexical and medical references occur frequently in this corpus (e.g., see lines 2, 3, 11, and 12 of excerpt [8], and excerpt [9], which follows). Further, as a focal issue in the news update, 'stabilized' is repeated from the prior phone call (see excerpt [7], line 17). With 'again' S adds emphasis to the volatility of mom's condition, a qualification implying the omnipresent threat of her *instability*.

Having provided the gist of his news for G, S next reports basic features of 'what they said' (line 3) by leaving 'they' unexplicated. Produced as hearably grim yet wise advice that was given to him, S depicts not necessarily what 'they' *actually* said (see Beach, in press) but a version directly reflective of a situation he had articulated in a prior call: that he will need to coordinate his teaching responsibilities while remaining ready, to travel home at a moment's notice. The conjoined phrases, 'keep your le:sson pla:ns current:, a:n don't unpa:ck your ba:g', are idiomatic expressions (e.g., Drew and Holt 1988, 1998; Beach 1996). In ordinary conversations, it has been shown that speakers routinely employ formulaic constructions when attributing figurative meanings to situations they are attempting to summarize and/or complain about, while also pursuing affiliation and alignment from recipients. These social actions are also occasioned in excerpt (8): as S collapses an update about mom with a description of his travel situation, he makes his troubles available for G's response. He then provides the practical upshot of this news (lines 4 and 5) by stating 'I don't need ta sho:w up: quite ↑(ch)yet'. With 'sho:w up:' the details and importance of his actual reasons for traveling home are glossed. However, 'quite ↑(ch)yet' succinctly retains the impending nature of the situation he is imparting, an ongoing and unresolved circumstance in which S's travel plans are contingent upon updates about mom's health status.

In (2→), G's '<O:h my g(h)o::d>' shows her involvement in and being affected by S's precarious situation. She also knowingly treats the news as an *update* carried over from a prior call. Once again (see excerpt [7], line 22), G employs this expletive assessment as a second-party recipient for whom the news is consequential. Further, marked by the small laughter token '(h)' in 'g(h)o::d', she displays that while the news affects her, she is nevertheless not in the quandary that S reports (i.e., as the *primary* consequential figure). Her sympathetic assessment is thus directed at S's own involvement in the situation and the effects it appears to be having on him.

This is followed by silence (line 7), and S's lack of response is treated by G as evidence of the turmoil he must be experiencing. With 'You poor thi::ng', she shifts attention from her own concerns (line 6) to sympathy for S's well being. Marked by another delay (line 9), by stating 'pt So tha:t's:=↑really all I can tell ya' S continues what his earlier 'So:' (line 5) appears to have been initiating. His word-repeat, and the utterance it is embedded within, essentially proposes closure to further talk on this topic. Any further elaboration would be available only from S's narration about his experiences (see Schegloff 1998), which he has introduced as a primary figure dealing with the news. He thus treats as unnecessary the need to explicitly and further acknowledge the dilemma he is squarely in the midst of. By remaining silent, S is enacting 'being in' a difficult situation about which little more can be said at the moment.

But there is more here, actions which are revealing about the nature of relationship between S and G. In line 10, S's 'pt So tha:t's:=↑really all I can tell ya' shifts focus *away* from himself and his experiences of the situation, and (as noted) *toward* the news and the finality of its reportage. By not further elaborating on the situation and how it is affecting him, and by not displaying 'letting go' (Jefferson 1988: 428), he effectively *declines* what may have been an invitation to intimacy from G. Jefferson (1988) has described how news recipients frequently exhibit affiliation following a troubles-telling, or what Maynard (1997, in press) terms an 'elaboration', and that is clearly what G has offered in line 8 with 'You poor thi::ng'. Yet her affiliative display was *not* treated by S as an opportunity to produce 'emotionally heightened talk, "letting go", and/or turning to or confiding in the troubles/recipient' (1988: 428). In marked contrast, S noticeably refrains from such talk by avoiding disclosures about his dilemma and finalizing his news delivery. Though a poignant moment, an opportunity for further intimacy (including additional commiseration) is passed by.

What plausible explanation might be provided for S's actions? One speculation is that his avoidance of intimacy is reflective of the ongoing status of their 'divorced' relationship. The following, from excerpt (7), is the phone opening between S and G:

(9) SDCL: Malignancy #11:1

1	S:	Hello ↑Doug here.
2	G:	I ↑lov:e yo:u:.
3	S:	↑Hi::.
4	G:	I wanted to tell you tha:t.=
5	S:	=Well tha:n[ks.
6	G:	[°(You're the one.°)

```
 7                (0.2)
 8  S:            .hhh Thanks. hhh
 9  G:            °You're the (      ) one, I [know that.]
10  S:                                       [.hhh       ] Thanks.
11  G:            (°                 loved him.° )
12  S:    1→      .hhhh hhhh Well there's a po::ssiblity I might
13                not be ↑coming now.
```

Here, too, S passes on repeated opportunities to pursue intimacy. He first withholds reciprocation of G's 'I love you' (line 3). As this phone opening unfolds, G does not implore but hearably pursues more than what S continues to offer (see lines 4, 6, and 9) as he thanks her, but noticeably does not respond 'in kind' with endearing compliments.

Nevertheless, it is with continued surprise that G initiates a stepwise shift and further queries S about mom's condition (lines 11 and 12). Her wondering about 'How long (they) think she's gonna hold o::ut?' closely resembles her 'pull through' (see excerpt [7], line 16). But it is clear in S's response (lines 13 and 14) that while mom's being in the hospital is easily confirmed, 'They don't kno::w' references medical professionals' uncertainties about which path to living or dying his mom might journey on (i.e., when, where, and how mom might live or die).

Narrating and managing optimism about mom's delicate health status

Later that same day, G called S to speak about a number of matters, including an update about S's mom. Immediately prior to the excerpt below, S had informed G that he had told his parents that she was moving. When G inquired, S informed her about their reaction. Next, G moves to query S about his parents and, more specifically, 'Talked to your mom?' (line 1):

```
(10)  SDCL: Malignancy #18:11
 1    G:  INI→  Your parents? Talked to your mo:m?
 2    S:        No:.=>I talked to my fa:ther<.=
 3    G:        =°Hm:°.
 4              (2.0)
 5    S:   1→   [No  mom  mom's ] mom's in the hospital.
 6    G:        [(°  your fa:ther?°)]
 7    G:        >Well that's when you said that I thought–<=
 8    S:   1→   Although the:y ↑think she might come ho::me?
 9              (0.2) Uhm, pt I mean (.) se– since– sh– once– once
10              they stabilize her, they don't need her in the
11              hospital again. .hhh Uhm I guess what it is now is
```

it's in all of her lo:ng bo:nes, an they're– they're–
afraid that .hh her bo:nes are gonna just start
breaking. = hh .hh Uhm =
G: 2→ = °Uh huh?°
(0.5)
S: 3→ So they're gonna– (0.4) what they think they're gonna
do is– > is do her out patient, you know let her < spend
the nights at ho:me, .hh an' then take her into the
hospital during the days for radiation (.) .hh uh on
her legs. hh That's the next thing. (1.0) But I haven't
talked to her yet, I have no idea.
G: 4→ pt .hhh Well anyway an' I thought about jus' saying
that I'm staying with a friend of Ma:rk's.

After stating that he talked not with his mom but father, which specifies his father as the source of any updated information, G's 'Hm:' (line 3) reflectively acknowledges yet awaits for news which S may deliver. Following an extended pause (line 4), S announces that mom's in the hospital. Left unstated are reasons *why* her hospitalization precluded S from talking with her. And to insure that G adequately hears his informing, S repeats mom's name until the overlap with G's talk is resolved and thus 'in the clear' (Schegloff 2000).

Something about S's informing triggered a 'thought–' by G (line 7), which is cut off and left unspecified as the son announces his news (in lines 8 to 14). With some difficulty and uncertainty, S next provides background information about her hospitalization. His orientation is reflective of the very treatment protocol, and troubling diagnosis, offered by the medical professionals he is attempting to depict. He begins with 'the:y ↑think she might come ho::me?', an intonationally marked and hearably upbeat attempt to offer possible but not unequivocal good news about mom's condition. Moments such as these reveal practices which 'manage optimism' about difficult health circumstances (Beach in press). But notice that his next 'I mean' preceeds a series of dysfluencies and false starts (line 9), an initiated repair that her coming home is contingent on 'once they stabilize her'. Of particular interest here is the delicacy involved in first reporting what medical professionals '↑think', then moving to qualify that what has just been stated is (more or less) innacurate, perhaps even an embellishment overstating S's own optimism. While her stability will lead to a release from the hospital, and is treated in part as an eventuality by S, such a desired outcome is not a guarantee. This is revealed in S's next utterance (lines 11 to 14), prefaced by his 'I guess', where he reports that 'they're' afraid of mom's bones breaking.

This announcement by S is a striking example of inherent difficulties that emerge when updating news about another's health condition. There is an obvious and delicate balance between attempting to accurately report *about* ongoing treatment by medical professionals, yet maintaining a stance whereby hoped-for good news (i.e., mom coming home, stabilization) is not altogether abandoned. This problem is exacerbated when uncertainties about mom's condition are omnipresent, revealed in part when examining the indexical references employed by S when referring to medical personnel (*they*, *they're* in lines 8, 10, 12, and 17). Uncertainty is a key element as S describes both the work medical personnel are attempting to accomplish (stabilize her, get her out of the hospital to outpatient status), *and* their thoughts and fears (e.g., see 'afraid' in line 13).

By quietly responding with '= °Uh huh?°' in (2→), G displays that she has been attending to S's announcement yet withholds any surprise or concern. Next, notice that S pauses (line 16) before elaborating his news. At this moment it is not possible to discern whether S treats G as having produced a minimal response exhibiting lack of interest, a restrained orientation to having heard the serious uncertainties and consequences which he has constructed, or is simply awaiting further commentary by G. What can be observed in (3→), however, is that S's next 'So'-prefaced move to elaborate the upshot of his prior news delivery (see Drew 2000; Beach and Dixson 2001) once again addresses matters involving 'what they think they're gonna do' (lines 17 and 18). Striking similar to (1→) in lines 8 to 10, S *repairs* his reporting from what 'they're gonna' do to 'what they *think* they're gonna do'. By so doing, S takes care to accurately report news for G's hearing *and* retains the treatment uncertainties inherent to cancer therapy.

In extending his prior description about the hospital (line 11), it is also interesting that S defines *for* G what 'out patient' means (lines 18 to 20). Additionally, prefaced with a 'you know let her' (line 18), S attributes shared knowledge about patient care to G while implicating her as aligned with medical procedures. By stating 'you know let her< spend the nights at ho:me, .hh an' then take her into the hospital during the days for radiation', S demonstrates the taken-for-granted and unproblematic *authority* accorded medical staff, i.e., professionals who 'let her' and 'take her'.

As S moves to closure on his elaboration of medical procedures for treating mom, 'That's the next thing' (line 21) situates the described medical procedure (i.e., radiation for her legs) as an event-within-a-series. The relevance of news *updates* are thereby substantiated as a routine upshot of closely monitoring mom's cancer journey. So too are inherent

uncertainties of medical treatment made relevant. Unfolding events are constantly shifting and thus in flux. As apparent in excerpt (9), even medical staff are reported as facing ongoing ambiguities throughout cancer care.

These omnipresent themes are further apparent as S closes his elaboration with 'But I haven't *talk*ed to her yet. I have *no* idea' (lines 21 and 22). This is yet another display of S's closing his reporting by repeating key words, in this case 'talked' (lines 1 and 2), employed at the outset of this news delivery sequence (see Schegloff 1998). It is also curious that S qualifies the news he has updated, received from his father, as valuable information which is nevertheless removed from the actual source and scene: his mother. Thus, having delivered several details about mom's treatment and condition, he disclaims his knowledge with 'I have no idea' (see Beach and Metzger 1997). There is a possibility that what S has just reported is already outdated and thus inacurate, a distinction which further exemplifies the quandary S, as family member and news-deliverer, is immersed within.

Perhaps not surprisingly, then, in (4→) G does not provide an assessment of news which S has just closed down and disclaimed. Rather, beginning with 'Well anyway', G shifts back to a specific moment and topic being discussed prior to her inquiring about S's mom (line 1).

Fundamentally, excerpt (10) reveals how a troubling news delivery can create difficulties for both participants. Throughout, G displays being uncertain about whether and how to deal with S's news, and S's delivery and own withholdings are shaped by her displayed ambiguities. Being 'in the cancer journey' thus involves numerous courses of action marked by shifting mixtures of good and bad news that must be addressed simultaneously. Patients and family members alike are implicated in tracking different diagnostic, treatment, and relational trajectories in real time. In this instance mom may get to go home (but only at night), even though cancer is in her bones, which requires that she receive inpatient radiation treatment during the day. Discerning whether or not (and when) to travel home is obviously troubling business, as is the management of an estranged yet friendly relationship in the midst of uncertain illness and family dilemmas.

Discussion

Increasing attention is being given to the 'psychosocial' impact of cancer on family relationships, including the central role of communication at various stages of cancer diagnosis and treatment (Baider et al. 1996; Kristjanson and Ashcroft 1994). Our review of the vast research in

'psycho-oncology' (see Beach and Anderson 2001; Anderson et al. 2001) reveals that 'communication' is described as the single most important factor influencing processes and outcomes of illness, death, and dying (e.g., quality of life, decision making, cancer care, family relationships, caregiver stress, depression and anxiety, social support). When attempting to work through the anguish and uncertainty of cancer, much of the literature promotes 'open, honest, and frequent' communication between patients and family members (Bloom 1996; Keller et al. 1996; Hilton 1994; Northouse 1994).

Examples of communication *per se*, however, are anecdotal, self-descriptive and expressive, reported about, and/or hypothetical. Investigations of 'uncertainty', 'decision making', and/or 'hope/optimism', for example, have been rooted in individuals' perceptual orientations.[11] Not a single study has been identified which attempts to address how these and related phenomena (e.g., being 'open and honest') are themselves *interactional* achievements throughout the cancer journey. Thus, surprisingly little is known about how patients and family members organize their conversations when talking through a host of illness predicaments.

This analysis has attempted to provide a temporal framework for grounding and tracing several news updates, and to identify details and contingencies comprising the social organization of news delivery sequences regarding mom's 'stability'. Close analysis of excerpts (7) to (10) focused on three news updates occurring in a period of two days. As the son informed his former wife (G) about mom's 'stabilization', key features were revealed which extend prior understandings of how news and social relationships are reflexively constituted over time. It should not be overlooked that phone calls routinely occur in a series, within short periods yet also across larger spans of time. When 'longitudinal' data are available for analysis, it becomes possible to situate analysis within social actions comprising emergent life circumstances for news participants. Each news update, locally produced and thus 'episodic' in its own right, can also be understood as uniquely configured as an upshot of previous informings. In this important sense, analysts can anchor their ethnographic understandings of prior family events not in individuals' interpretive reconstructions, but across key moments in phone calls which later (and obviously) become relevant 'background' influencing current talk-in-interaction (e.g., the ambiguity and urgency surrounding mom's treatment and possible death). It thus becomes possible to observe the changing face of news, on the cusp of interactional time *and* cumulatively, as health conditions, travel plans, and social relationships become progressively intertwined.

It has been argued that the discussion of unpleasant issues pertaining to cancer may disrupt and violate traditional communication patterns (Gotcher 1995). From the interactions examined herein it is clear that bad news events do indeed rupture and alter everyday life, dissolving the 'obdurate orderliness' as Maynard (1996: 4–5) has observed. It is also apparent, however, that those involved in reporting and receiving such news simultaneously devise ways of managing their relationships with one another *and* to the events being described. To the extent that speakers display limited knowledge about newsworthy events, and construct the news as happening to others, they exhibit their 'distance' to persons and their circumstances. In the ways speakers demonstrate being affected by the news, including their ability and willingness to narrate about events being discussed, their 'closeness' as primary and consequential figures caught up within the news being depicted becomes apparent.

Any inclination to artificially dichotomize 'distance' and 'closeness' is misleading, however, just as it must be recognized that such categorizations are themselves removed from actions co-enacted by news participants. In real time, as the analysis herein has attempted to reveal, any assessment of relational intimacy is barometric and mandates detailed consideration of often subtle interactional features. In the following, several essential features are addressed which begin to document how S and G, through the iterative production of news delivery sequences, managed their close yet estranged relationship as a recently divorced couple remaining in 'friendly' contact.

By means of summary, selected excerpts from five calls have been examined as a resource for understanding contingencies involved when monitoring and reporting on another's illness, and arranging travel plans, become recurring and predominant activities in everyday life. As a backdrop, several brief observations were offered about a son speaking with his mom for the first time following her cancer diagnosis, and in the very next call discussing her desire to stop the considerable pain she was experiencing. These excerpts provide a framework for understanding how the son was in a position to directly hear and inquire about mom's condition and wishes, and subsequently to deliver and update news about her treatment and diagnosis to his former wife (who was implicated in the son's travel plans). As a primary family member for whom the news was consequential, the son also was engaged in altering his plans for traveling home to spend time with his mom and family before she died. Such decision making was shown to be contingent upon discerning the timing of mom's death which is, inevitably, replete with uncertainties for medical professionals and family members alike.

Such uncertainties were attended to by the son as central features of his 'owning' the experiences, frustrations, and fatigue he displayed and reported to G. The personal and professional quandary he was embroiled within, as a primary family member, was repeatedly established as a direct consequence of how he dealt with ambiguities regarding mom's treatment and the dying process she (and thus other family members) appeared to be enduring. On first glance it may appear incongruous that mom's 'stability' represented both good and bad news for the son. Yet across excerpts (7) to (9) this theme was underscored, as the volativity of mom's health status created ongoing and unresolved circumstances for her son. Similarly, at times his efforts to accurately report to G what medical staff had told him (and/or his dad and mom), appeared in conflict with his inclination to describe her treatments and outcomes optimistically. Taken as a whole, the in-flux character of the son's reportings are visible manifestations of the instability associated with being affected as a primary figure in mom's cancer journey.

Just as the son displayed the need for closure in the face of an equivocal health and travel situation, so too did G orient to his news in delicate ways: as being affected by the news about mom, yet marking with appreciation and sympathy the dilemmas the son was describing. When producing her sympathetic assessments, G twice exhibited (with laughter) not an insensitivity to mom's health problems, but an affiliation with the son's family involvements. These dual orientations are perhaps reflective of the tenuous nature of dealing with any bad news received by a marital partner or significant other. As noted, G's own precarious status as the son's former wife also creates a situation where she demonstrated shared knowledge and history, yet was 'technically' no longer a family member.[12]

Both the son and G, in their own ways, exhibited being affected by mom's cancer. However, the son did not formulate himself as a cancer patient, nor did G construct herself but rather the son as the primary figure facing the consequences of mom's illness. Because these orientations emerged interactionally, problems exist when assuming that 'being in' and 'being with' another are mutually exclusive rather than delicately interwoven.[13] For example, at times both the son and G revealed themselves as 'being in' and thus adversely (although variably) affected by the news. Other moments involved G's attempts to be 'with' the son, which were receipted by him as an unwillingness to be 'in' a more intimate relationship with G.

It was also shown that problems may exist when news participants attempt to solicit, acknowledge, and/or avoid intimacy with one another. Repeatedly, G provided displays of affection or sympathy which were not reciprocated nor pursued by the son. By closing down his news

delivery following a sympathetic assessment by G, for example, the son essentially declined G's invitation. Rather than disclose further details about his problems, the son passed by these opportunities and the possibility of receiving additional commiseration from G. Whether these moments may be reflective of the estranged relationship between G and the son or not, they document how the information that news delivery sequences are designed to address is thoroughly 'relational' as a communication enactment.

The three news delivery sequences examined in this paper are only a small sample of over one hundred news delivery sequences occurring between mom's diagnosis and her death (i.e., throughout fifty-four phone calls over a thirteen-month time period). Profuse opportunities to elucidate related, and equally significant moments of family life thus exist. For example, ongoing work is addressing the diversity of these news delivery sequences, including how news delivery sequences are recruited to address changing circumstances in the progression of mom's cancer, how news gets carried over from one occasion to the next, and ways speakers collaborate in 'assimilating' the news. Within these news delivery sequences, but also occurring in other kinds of sequential environments, are a wide variety of interesting and relevant *interactional* phenomena—hope and optimism, talking about medical professionals, offering lay explanations for technical (medical) descriptions, socially constructing emotions (see also Beach and Le Baron in press), dealing with uncertainties associated with death and dying, grieving, caregiving, telling stories about everyday life activities that appear (but only on first glance) to have little to do with 'cancer' *per se* (e.g., about cars and dogs)—only several of which were hinted at herein, and to name only a few of considerably more analytic possibilities.

The future is inevitably uncertain and thus replete with temporal quandaries. Cancer patients, family members, and medical professionals alike invest considerable time in-the-moment attempting to make 'best guesses' about 'what the future will hold'. The 'Malignancy Calls' allow for grounded and serial understandings of how such uncertain and troubling moments are co-enacted by family members. Such a corpus also functions as a solemn reminder: even though it can now and retrospectively be surmised that speakers' assessments about mom's dying (i.e., at this juncture of her illness) occurred approximately 1 to 2 months after her diagnosis, she did not actually die until 10 to 11 months later. Repeated inspections of these interactions provide revealing illustrations of the volativity of illness diagnoses, impacts on practical decision making and plans, and the interactional work involved in acting 'as if' a family member's active dying was underway.

Notes

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1. This also applies to a host of other health problems, as the other articles in this special issue signify. Also, it is important to note that, of course, not all family members invest the same amount of time and effort discussing a loved one's condition with medical staff.
2. For example, in a case study analyzing how a grandmother (also a registered nurse) constructs allegations and her granddaughter avoids ownership of bulimic behaviors face-to-face, Beach (1996) reveals a series of interactional patterns laying a foundation for understanding the 'essential problematics of caregiving' (e.g., setting up and pursuing the existence of another's health problem, overcoming another's resistance to the admitting 'problem' and seeking medical assistance, failed attempts to offer unsolicited advice regarding medical problems, avoiding ownership by discounting and making a case that the alleged problems are unrealistic, and do not deserve the attention being given to them (1996: 19). In these ways, problems inherent in the interactionally organized nature of talk about bulimia are empirically addressed, including the problematic nature of caregiving as an interactional achievement.
3. A more detailed analysis of this and related interactions between mom and son can be found in Beach (2000a, 2000b).
4. Holt (1993), for example, reveals 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 co-produce 'bright side' sequences wherein inherently 'bad' news is balanced with *hope* and *optimism* about the future (see also Beach, in press). Regarding her data, Holt (1993) observes:

   > 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. (1993: 211)

   The present study seeks to offer such a comparison in that it is the wife/mother who is diagnosed with cancer.
5. 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 travels), 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 of other calls involving routine daily occurrences (e.g., the payment of bills, leaving messages on phone answering machines).
6. This excerpt is included here only to provide readers with a background for framing and understanding subsequent, and more closely examined, interactional moments involving news delivery sequences. Obviously, considerably more can be said about troubling interactional environments such as these than is addressed here. For example,

this excerpt is drawn from collections of related moments where diverse activities are accomplished: how an ill person specifies, and others respond to, preferences for treatment (e.g., no life support and pain management); how activities such as 'uncertainty' and 'pain' might be understood as social constructions (e.g., see Capps and Ochs 1995); and how references to medical professionals are achieved, in this case involving 'them' as authorities whose technical skills and knowledge allow for the possibility of 'stopping' pain.

7. It is not known whether the families' 'lay diagnosis' about the potential immediacy of mom's dying concurred with medical professionals' opinions or not.
8. In the face of these uncertainties, however, there are distinct certainties: mom is seriously ill, S is committing to travel and be with her (and family), and that his so doing is an upshot of (a) careful monitoring of the situation, which (b) necessitates that plans, schedules, and even expectations remain unpredictable and thus changeable.
9. The dilemma faced by S is further exemplified when, less than one minute later, S reports to G that because 'they won't know anything for a little while yet' he's in an 'awkward spot here'. Because everything is arranged to travel home, 'if I end up staying I'll feel a little weird'.
10. There is an additional possibility here, namely, that S's explanation amounts to an *accounting* for something he has done (e.g., his orientation to the ringing phone or summons, and/or the manner in which he produced his immediately prior narrative for G). Following the descriptions he offered to G in note 9 he eventually reports ' 'Cuz I am very wigged out', and understandably so. This may add significantly to creating an interactional environment that was first *for them* replete with difficult and delicate moments, several of which have been analyzed thus far, including lines 12 to 14 where S may (or may not) be heard to be accounting for his behaviors.
11. Framed as a central feature of illness experiences, Babrow, Kasch, and Ford (1998: 1) review alternative orientations to ways that 'communication is thought to be essential to the construction, management, and resolution of uncertainty'. While individual-psychological models of uncertainty are most prominent, and the management of medical uncertainty is socioculturally and historically significant, limited contributions in the areas of linguistic and discourse analyses are noted. Atkinson (1984, 1995), for example, has examined how hematologists express and qualify degrees of uncertainty regarding the believability of various sources of information (e.g., clinical experience, published research).
12. There are clearly other, salient ethnographic considerations not taken into consideration here. For example, details regarding G's prior and ongoing relationship with S's mom and dad are unknown, as are the exact contingencies surrounding her divorce.
13. While 'laughing at' and 'laughing with' have been clearly distinguished (see Glenn 1997), moments involving being affected by news reveal orientations in which both deliverers *and* recipients of news appear to calibrate their closeness and distance to the person and/or events being described.

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