ON “REALIZATION” IN EVERYDAY LIFE:
THE FORECASTING OF BAD NEWS AS A SOCIAL RELATION

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Forecasting is a strategy for delivering bad news and is compared to two other strategies, stalling and being blunt. Forecasting provides some warning that bad news is forthcoming without keeping the recipient in a state of indefinite suspense (stalling) or conveying the news abruptly (being blunt). Forecasting appears to be more effective than stalling or being blunt in helping a recipient to "realize" the bad news because it involves the deliverer and recipient in a particular social relation: The deliverer of bad news initiates the telling by giving an advance indication of the bad news to come; this allows the recipient to calculate the news in advance of its final presentation, when the deliverer confirms what the recipient has been led to anticipate. Thus, realization of bad news emerges from intimate collaboration, whereas stalling and being blunt require recipients to apprehend the news in a social vacuum. Exacerbating disruption to recipients' everyday world, stalling and being blunt increase the probability of misapprehension (denying, blaming, taking the situation as a joke, etc.) and thereby inhibit rather than facilitate realization. Realization and lack thereof are features of social psychology; social practices and interactional organization are implicated in individual cognition. My data include more than 100 narratives about the delivery and receipt of bad news.

A recurrent feature of delivering "bad news" is that it is often forecasted in ways that are not separable from its telling. I use a collection of bad news narratives to address the interactional work of such forecasting, and I compare it to two other strategies involved in conveying bad news—being blunt and stalling. The narrative evidence exhibits how, compared with these strategies, forecasting appears more effective in procuring a recipient's realization of the bad news. Realization refers to knowledge of the news as demonstrated in announcing, hearing about, understanding, accepting, or acting on some altered feature of the social world in a way that indicates cognitive apprehension of the feature. In line with theoretical and empirical challenges to the possibility of differentiating solitary minded activity from social process, the research here suggests that individual cognition is intimately connected to prior intersubjectivity as achieved through the embodied praxis of talk and social interaction (Garfinkel 1967; Joas 1985; Schegloff 1991; Levine, Resnick, and Higgen 1993).

Dictionaries suggest two definitions of forecasting: (1) to serve as an advance indication of something to come; and (2) to estimate or calculate beforehand. By and large, those who must deliver bad news often fore-
cast the news in the first sense. That is, they prepare their recipients by indicating in advance what it might be. As compared with stalling, which gives a recipient no information, and being blunt, which gives the recipient new information all at once, forecasting in the sense of preparation more effectively provides for recipients’ realization because it enables recipients’ own forecasting of the news in the second sense. That is, they can estimate and predict what the news will be, such that when the news actually arrives it does so in a prepared social psychological environment. Thus, while I discuss forecasting as a deliverer’s strategy for conveying bad news, it ultimately facilitates a recipient’s realization by involving deliverer and recipient in a relational structure of anticipation.

Accordingly, my concern is not just with “bad news” per se, but with the organization and recognition of the ordinary social world. Sociologies of everyday life propose that mundane experience depends upon required mutual adherence among society’s members to a set of primordial presumptions, which Schutz (1962) calls the attitude of daily life (ADL). Following Schutz, Garfinkel (1963: 198) argues that the “perceived normality” of events in the everyday world is a function of participants’ adherence to these presumptions. In sustaining the shared presumptions, that is, members experience the world in terms of resistance, recalcitrance, obduracy, and structure (Zimmerman and Pollner 1970). And, in a way that clarifies how presumptions of the ADL involve socially interactive work rather than cognitive states, Sacks (1984) argues that the experienced “ordinariness” of the mundane world is achieved partly through practices of conversational narrating and reporting. Interference in the achievement of ordinariness and disruptions to perceived normality render events as atypical, unlikely or unpredictable, incomparable, with indeterminate cause, lacking a relationship to some means-end scheme, and/or without moral stature. A person will experience such events as relatively disorienting, confusing, senseless, and anomic.

Because the presumptions of the ADL and the perceptions of normality they sustain form an unquestioned, albeit ongoing and produced, backdrop for actors’ everyday projects, such presumptions and perceptions present difficulties for inquiry. For this reason, the early ethnomethodological program (Garfinkel 1967) was ripe with attempts to examine the stability of everyday social scenes by asking “. . . what can be done to make for trouble” (Garfinkel 1963:187). The research strategy involved a variety of now well-known “breaching” experiments, such as standing very close to a person while maintaining an otherwise normal conversation, or saying “hello” at the termination of the conversation. Other manipulations were more complex, such as playing a recorded, but faked, interview involving an inept medical school applicant, eliciting a subject’s assessment, and then providing information about the “applicant” that contradicted the subject’s assessment (Garfinkel 1963:198, 228–235; 1967:57–65). In these situations, subjects showed marked consternation, anxiety, indignation, and/or bewilderment because of the threat to perceived normality, and such experiments demonstrated a variety of practices involved in the production of everyday order.

More recent ethnomethodological work largely dispenses with experimental breaches and seeks more naturally-occurring and spontaneous disruptions in the fabric of everyday life (Pollner 1987; Clayman and Maynard 1995). My inquiry is roughly in this vein. Bad news events, as we shall see, represent “natural” ruptures of that fabric. In varying degrees, participants experience confusion and anomie as a result of the assault on the ordinary, typical, predictable, moral world of everyday life. Therefore, close scrutiny of experiences involving bad news and participants’ attempts to reassemble a meaningful world should reveal everyday social structures. Indeed, the data will show in what ways the phenomenon of “realizing” everyday scenes involves participants in an intricate coordination of practical actions and, conversely, how realization can be inhibited when such coordination is absent.

THE LITERATURE ON BAD NEWS

 Investigators have published many articles and monographs on bad news. The clinical literature, largely authored by professionals who must frequently deliver such news,
tends to be anecdotal and includes recommendations about how the task can be better managed (Buckman 1984, 1992 #11; Maguire, Fairbairn, and Fletcher 1986). Some social science research literature employs quantitative analyses (Lipton and Svarstad 1977; Svarstad and Lipton 1977; Lind et al. 1989), but most is ethnographic (Glaser and Strauss 1965; Quint 1965; Sudnow 1967; McClennen and Lofland 1976; McIntosh 1977; Clark and LaBeff 1982; Evans 1983; Taylor 1988; Charmaz 1991; Edgar 1994).

Although my analysis relies heavily on both the clinical and the research literatures as sources of narratives about bad news experiences, otherwise these literatures share several limitations that I aim to address. First, investigators largely concentrate on the presenting of bad news; studying how recipients receive the news is incidental and/or separated from the analysis of strategies for delivery (Sudnow 1967; McClennen and Lofland 1976; Svarstad and Lipton 1977). Suggesting that a "variety of social and psychological considerations" as well as the manner of presentation affect recipients’ response to bad news, Glaser and Strauss (1965:127–35) analyze "general" tendencies and universal stages in the adjustment process (depression, denial, acceptance, preparation) in a way that detaches this process from specific features of the participants’ talk and interaction. In contrast to this literature, my aim is to examine exactly how recipients of bad news respond in situ to different methods of delivery.

A second characteristic of prior studies is that they tend to be confined by occupation or substance. Regarding the occupational focus, McClennen and Lofland (1976), in fact, distinguish two kinds of bad news bearers—"those who enact the role in their private lives (amateurs), and those who perform it as part of their work or occupation" (p. 252). Although there are a few exceptions that involve private and informal interaction (Clark and LaBeff 1986; Schegloff 1988; Holt 1993; Maynard 1994), the literature on bad news overwhelmingly refers to professional contexts, including law enforcement (Charmaz 1975; McClennen and Lofland 1976; Clark and LaBeff 1982), medicine (Glaser and Strauss 1965; Quint 1965; Sudnow 1967; Svarstad and Lipton 1977; Taylor 1988; Lind et al. 1989; Maynard 1989; West and Frankel 1991), and pastoral counseling (Clark and LaBeff 1982). Research on bad news confined by substance includes articles dealing with one particular "bad news" topic, such as death (Glaser and Strauss 1965; Sudnow 1967; Charmaz 1975; Clark and LaBeff 1982; Holt 1993), cancer (Quint 1965; McIntosh 1977; Lind et al. 1989), developmental disabilities (Lipton and Svarstad 1977; Svarstad and Lipton 1977; Maynard 1989, 1991c, 1992), legal entailment (McClennen and Lofland 1976; Darrough 1984), sexual orientation (Ponse 1976; Edgar 1994), or intimate relationships (Clark and LaBeff 1986). In contrast, my study includes not just professionals who bear bad news, but private persons as well, and I include instances of all of the above substantive topics plus others. My purpose is to understand bad news experiences across the categories of roles and topics. As a rupture to the fabric of everyday life, bad news episodes have generic properties that these particularized studies have not addressed. By examining generic features of these experiences, however, I am not seeking an abstracted understanding of bad news events; rather my purpose is to direct inquiry so as to expose the details and hence the concertedly achieved organizational facets of the everyday world.

A third characteristic of the bad news literature is that it has addressed what I call "forecasting" under a variety of other rubrics. For instance, Glaser and Strauss (1965) examine "gradual" or "gentle" disclosure to families of dying patients, whereby medical personnel "create suspicion and prepare a family member for full disclosure as soon as he reaches the hospital" (pp. 147–48). Clark and LaBeff (1982) analyze the "oblique" delivery of death announcements, through which the deliverer aims to prepare the recipient with some kind of "lead in" or "gradual unfolding of the facts" (pp. 372–73). McClennen and Lofland (1976:257) argue that disclosure’s first stage is a "preparatory" one in which bearers "presage" their bad news. Similarly, Taylor (1988:115–16) refers to a "preamble" with which surgeons gradually introduce terms such as "serious illness" before informing about breast cancer. Prior researchers, then, have at least
mentioned strategies of delivery that resemble forecasting, but they have not fully defined or explained the phenomenon. For instance, when researchers suggest that some kind of preparation is a "stage" or "phase" of delivery (McClanehan and Lofland 1976; Clark and LaBeff 1982; Taylor 1988), they imply that forecasting always occurs, and they minimize or ignore other strategies. Thus, presaged presentations are not compared with other strategies in terms of their influence on the recipient. Furthermore, even though Glaser and Strauss (1965:148) discuss "coaxing" families into "awareness," and like other researchers (Clark and LaBeff 1982) allude to the relation between "leading in" or preparing a recipient for bad news and realization, this relation has not been explored in any systematic way. My task is to perform a sustained examination of the connection between "forecasting" bad news and the realization of the news. This involves comparing forecasted bad news with other strategies for delivery and including various kinds of bad news (death, disease, relationship dissolution, etc.) delivered by people with diverse relationships to the recipient (lay, professional, etc.).

A final characteristic of prior research draws the previous three together: Analyses have been preoccupied with bad news as such. I examine bad news events as a vehicle for understanding the social organization of the objective-seeming features of everyday life. Bad news dissolves the obdurate orderliness of the social world. As participants act to restore that orderliness, their practices for achieving the socially real become available for analysis.

DATA AND METHODS

The data for this analysis comprise over 100 narratives on bad news experiences. Some years ago, I began investigating patterns of discourse in delivering diagnostic news (Maynard 1989) and, subsequently, in gathering videotapes and audiotapes of news deliveries in various settings, I sometimes interviewed subjects about their previous experiences, which they often remembered vividly. I have also asked students in my classes to recount their bad news experiences, and as I reviewed the literature on bad news, much of which is ethnographic, I gleaned additional stories about participants' experiences. Finally, I compiled various journalistic accounts (newspaper stories, autobiographical articles and books, and "true crime" books) of news delivery about murder, disease, and death. In all, I have assembled 33 narratives from my own interviews, 60 from ethnographies of medical, legal, family, and other settings or situations where bad news is given, and 20 journalistic stories.

Where relevant, I supplement narrative data with transcripts of recorded bad news deliveries. The purpose of employing narrative data (and for collecting it in the first place) is that recordings and transcripts, while reliably providing behavioral data (what was said or how somebody glanced or moved, etc.), do not as frequently indicate the inner experiences of participants (e.g., their attitudes, beliefs, thoughts, or feelings) as the news delivery progresses. To develop propositions about the social psychology of bearing bad news, narrative data is more useful than behavioral data. Social psychology, as I use this phrase, refers to the observable interactive behavior that indexes and induces cognitive understandings for the participants.

Methodologically, my approach to this data is akin to grounded theory (Glaser and
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1 I use only what I consider to be "primary" narratives from these ethnographies—stories in the subjects' own words. Regularly, ethnographers analyze primary narratives and then report what "often," "typically," "generally," or "frequently" happens in the giving and receiving of bad news. While I sometimes refer to these other statements (i.e., ethnographers' typifications) to support my own analysis, I do not use "typical" or other such stories as data.

2 From ethnographic and journalistic sources, I use narratives that had enough of the "context" of the telling for me to ascertain how the news delivery was set up. For example, some narratives only describe the recipient's reaction ("I was shocked when I heard the news") and do not say how the news was presented. I excluded such partial narratives from my collection. On the other hand, some bad news tellings, particularly those involving the dissolution of relationships (Clark and LaBeff 1986), transpire over a long period of time rather than within one constrained episode—this makes it difficult "to pinpoint the exact time the news was delivered" (p. 251). My narrative collection does not include such protracted tellings.
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Strauss 1967) and analytic induction (Znaniecki [1934] 1968), as modified by Lindesmith (1947), Cressey (1953), and others (Charmaz 1975; Emerson 1983:93–99; Katz 1983). My analysis of the narratives involved two phases—an “initial” and then a “focused” one (Charmaz 1983). My approach during the initial phase, using a small number of narratives, was one of discovery. Regular strategies by which presenters delivered bad news and recipients responded to it began to emerge from the data. As much as possible, I performed what Silverman (1993:76) refers to as “internal analysis” of the textual material, attending to the participants’ “in vivo codes” (Charmaz 1983:115); it was from participants’ narratives that the terms “stalling” and “being blunt” emerged, whereas “forecasting” was the term I used to encompass a variety of techniques used by presenters to prepare recipients for bad news. Through comparing examples, I began to notice that strategies for bad news delivery seemed to correlate with patterns of receipt. As my coding became more focused, I used my initial categories to examine the larger collection of narratives, which helped to build and clarify initial categories and their relationships to one another (Charmaz 1983:117). Crucial here was dealing with variations and discrepant cases (Becker 1958), and also employing previous literature to check my preliminary analyses. Variations, discrepant cases, and previous literature are particularly important to my discussion later in this paper of historico-cultural contexts and local interactional contingencies.

FORECASTING AND REALIZATION

Forecasting can involve vocal and nonvocal interactive practices. These practices are interrelated, but for purposes of discussion, I will treat them separately.

Nonvocal Forms of Forecasting

Forecasting can be removed temporally and spatially from the actual telling of bad news. For instance, when a person has died at the hospital, professionals may first call family members at home, tell them there is a “serious problem” (Clark and LaBeff 1982:369; also see Sudnow 1967:118, 127–28), and ask them to come to the hospital, thereby enacting what Boden and Molotch (1994) term “the compulsion of proximity.” Or when loved ones are already on the scene, news-givers may isolate recipients (Sudnow 1967:126), as when nurses take family members to the hospital chapel (Clark and LaBeff 1982:375) or a physician takes them “somewhere where it is private and discrete” (Clark and LaBeff 1982:373). Physicians regard a dying patient’s room as a taboo place for informing, preferring hallways over their own offices and spaces that are private rather than public. Glaser and Strauss’s (1965:153) term “disclosure space” is an apt one for bad news deliverers’ arranging of the physical environment.

Of course, forecasting involves behavioral cues other than spatial management, as when a teller’s nonvocal comportment indicates the nature of a forthcoming announcement. Sudnow (1967:120–22) noticed that surgeons coming to a waiting room with bad news to deliver provide a show of solemnity. This contrasts with the appearance of those who have good news to deliver, who walk rapidly and smile at their recipients.

When anticipating news, it seems that recipients are anxious and intent observers of the setting, and are so regarded by tellers. In fact, physicians observe that family members, when waiting on an emergency ward, attempt to look into rooms where staff members are working on the patient and try to hear their talk. The family thereby can glimpse the patient, hear how staff regard the situation, and may become suspicious that bad news is forthcoming. A hospital chaplain has said:

Example 1:

They’re reading your face, and there’s no way you’re going to go out with a smile on your face. They can tell by your face. . . . They’ll read your face and they’ll say, “Oh, my God,

3 Often, it is not possible for a deliverer of bad news to manipulate the setting except in the grossest sense. Coroners’ deputies, for instance, over the telephone or at a family’s home often have to inform family members of a death and cannot further manipulate the physical environment of the news delivery (Charmaz 1975; also see Clark and LaBeff 1982:370).
he’s dead” or something like that. (Clark and LaBeff 1982:374)4

This “reading” of a knowledgeable person’s physiognomy can create discomfort for those who indeed are aware of the news, but who may not be in a position to tell it. Nurses sometimes wish the attending physician to tell bad news to a family member and must stonewall recipients until the physician arrives.5

In scrutinizing their environment, recipients employ at least three nonvocal resources. First, it is clear that a teller’s demeanor can be communicative. For instance, in Florida in 1989 it was discovered that in 1979 two infants had been mixed up at birth and sent home from the hospital with the wrong families. Nine years later, when one of the girls was dying of heart disease, genetic testing showed that she was unrelated to either one of the parents who raised her. These parents began the search that culminated in their finding their biological daughter. The girl had been raised by Robert Mays, who then had to inform her of her relationship to the other couple. When the girl came home from school on the fateful day, Mays reported, “She noticed a look of concern on my face and asked what was wrong. I just sat her down on the edge of her bed and told her” (Leisner 1989). A college hockey coach who had a heart transplant recalls that after his original heart became diseased and he had had some testing, he saw the doctor come in his hospital room with a “serious look on his face” (Lucas 1989). And a physician (Quill 1991:465) who had to tell a female patient that she tested positive for the HIV antibody remarked that his patient asked him, when he walked in the room with the results, “Is it AIDS?” and that she “could read the answer” on his face. Accordingly, it can be said that the bearers of bad news “give off” impressions (Goffman 1959) that may unintentionally provide indications of what is to come. For a final example, even when stonewalling family members, nurses often convey the news through impressions that “leak” through (Goffman 1959; Clark and LaBeff 1982:375).

A second nonvocal resource for recipients is to interpret a news giver’s identity information. That is, the arrival of a particular type of person in a specific setting can forecast what news they are bringing (Sudnow 1967:119). As a category of persons, police officers are prone to being revelatory in this way, as are military officers and some others (Clark and LaBeff 1982:370).

Third, the person does not have to be a professional; he or she can be someone familiar, and the place of the person’s visit or its time within the history of a relationship can be informative. For instance, after an 18-year-old man accidentally killed himself while examining a gun, his friend had to go to the deceased’s family with the news. He reported, “I haven’t been around for a while, so when Jon’s mom saw me, she knew something was wrong” (Singer 1988). Also consider the late night telephone call:

Example 2:

I got a phone call about twelve fifteen after midnight and to get a call that late, my friends don’t call that late and it’s either going to be a wrong number or something’s happening. And so I answer the phone and it was my younger sister calling. MY family doesn’t call to just chit chat. And when you get a call that’s THAT late then you know something’s up. . . . (Narrative #11)

Indeed, the younger sister was phoning to say that their mother, who was visiting a foreign country, had been hospitalized with pneumonia and that “it didn’t look very good.” In general, it seems that a bad news bearer’s arrival, either in person or by telephone, at a recipient’s home or work raises a question. That question is, “Why this person now?” which is usually answered with a sense that something is wrong.

In a variety of nonvocal ways, then, and whether intentionally or unintentionally, deliverers can forecast the bad news to come. From observing such behaviors as the ar-
ranging of a disclosure space, controlled or uncontrolled physical demeanor, and displays of identity, recipients gain advance indications, project that "something's up" and discern that bad news is on the way. Additionally, the presenter's nonvocal cues are often coupled with vocalizations.

Vocal Forecasting Strategies

Pre-announcements. These are devices by which a news giver can discover whether a recipient already knows some news-to-be-told. That is, pre-announcements act as a precursor to some news and yet withhold it; after a recipient's subsequent request—a "go ahead" signal that completes a pre-announcement sequence—the news is announced (Terasaki 1976:28). While pre-announcements can be minimal and provide few clues as to the nature of the news (e.g., "have you heard?"); some pre-announcements clearly foreshadow that the news is "awful," "bad," "sad," or "terrible."\(^6\)

Example 3:

Janey's mother said, "I've got some rather sad news" [pre-announcement]. From this statement, Janey knew that something real bad had happened. The first thing she thought was that her grandmother, who had been ill, had died, but she knew that it could not have been her father or brother. Janey asked, "What?" [go-ahead signal]. Janey's mother answered, "Grandpa died this morning" [announcement]. (Narrative #24; square brackets indicate turn-types)

Other pre-announcements, even when vague, still manage to convey the nature of the forthcoming news, perhaps in part through the serious and concerned tone of the presaging utterance. For instance, here is an account of how a gay man began the disclosure of his homosexuality to his parents:

Example 4:

At dinner one night during Christmas break, I said, "There is something that I want to tell you two, and I want you to be an active part of my life, and feel that without telling, you won't be." (Edgar 1994:10)

Or a teller may speak ironically and jokingly, yet still convey seriousness and difficulty. A security analyst and vice president of Merrill Lynch, in the position of predicting company earnings and rating the company accordingly, reported that when she is about to lower or raise her evaluation, she calls the Chief Executive Officer a few minutes before this information is to become public. "If it's a drop," she said, "I usually say something like we're about to find out if we're just fair-weather friends" (Bartlett 1988).

Prefacing. A variation of the pre-announcement is prefacing, a device that seems to preclude a proposed recipient's "go-ahead" utterance. If one is reasonably sure that the recipient does not know the news, it may be situationally relevant to simply signal what is coming and proceed directly with the announcement.

Example 5:

Uh this was two years ago, I was a sophomore, it was reg week in the dorms. And it was on a Friday. I remember on a Wednesday a friend of mine in Milwaukee got in a Moped accident, uh she just hit her head on the curb going about ten miles an hour, no big deal. Or so they thought. And I came into my room on Friday, and my roommate was sitting in there with a few people from the dorm. And I opened the door, he said, "Oh Mark, I've got some bad news, uh Kate's dead." (Narrative #2)

Apologizing, as a prelude to delivering bad news, seems to work as a forecast. Here is an excerpt from a telephone conversation, in which June has called Edward to invite him and his wife, Iris, to come over for drinks. Edward leaves the phone briefly to consult with Iris. When he returns, this ensues:

Example 6:

Edward: June,
June: Yes?
Edward: I must apologize, the answer is negative. (Heritage:01:13:2, normalized transcript)

Edward subsequently gives an account for the rejection, saying that Iris is feeling "a little under the weather." However, this explanation occurs after the bad news, which in this case is a rejection of the invitation. Before giving the rejection, Edward's apology forecasts the news to come. In general, because of the way that such "dispreferred"
actions, such as rejections, are delayed and preaced (Heritage 1984b:267), it might said that these actions are regularly forecasted.

Leading apologies are often used to convey bad news more serious than the rejection of an invitation, however. Here is an instance of a neurologist talking to a patient in New York Hospital:

Example 7:

This combination of cerebellar dysfunction in one arm and corticospinal tract dysfunction in the other . . . (shakes head, raises eyebrows, looks at patient). I'm sorry you know it's stronger than any other laboratory test we have. It's—there's no other disease but multiple sclerosis that will do it. (Physician in PBS special, "The Brain"; see also Maynard 1991a:163–64)

In this instance, the apology is accompanied by other gestures that help forecast the news. If these gestures and apologizing seem minimal, nevertheless the news itself occupies a later and prognosticated position in the announcing utterance. Despite the rapidity with which the news arrives after the apology, it does so in what I earlier called a prepared social psychological environment.7

Logic and syllogism. Some bad news deliverers, as Clark and LaBeff (1982:374) note, provide "elaborate" reports—listing a logical sequence of progressive events and the attempts to deal with them:

Example 8:

We [nurses] saw them privately and indicated that there had been some complications and that she had started bleeding. We told them what we had done for her in terms of starting an IV, giving whole blood, and everything we did in spite of all our efforts were unable to save her. She passed away. (Clark and LaBeff 1982:374)

Anspach's (1993:97–98) research offers an example of a resident who, wanting to encourage parents to withdraw life support from a struggling infant, employs an elaborated report. In talking to the parents, the resident lists test results (electroencephalogram, CAT scan, liver functioning), the baby's lack of improvement, consultations with other experts, the medical staff's own efforts to do "everything" for the child, and other factors that logically suggest discontinuing the support mechanisms.

Related to logical elaborations is the use of syllogism, as described by Gill and Maynard (1995). In clinics for developmental disabilities, psychologists may (1) present testing results and other evidence of a child's delayed development to parents, and (2) define mental retardation as typically involving those same delays. These are like premises of a syllogism that indicate a diagnosis and (3) lead the parents to conclude that the diagnosis applies to their child. That is, rather than declaring, "Your child is mentally retarded," or "your child has mental retardation," the clinician (1) produces the child's test results, (2) suggests, "that's what we call mental retardation," and thereby (3) invites the parents to deduce that their child is retarded.

REALIZATION

Forecasting, I argue, is an effective way of leading the recipient of bad news from a state of relative ignorance to a state of knowledge in the situation where the news is to be given. The recipient's realization, as we shall see, is demonstrated especially in a display of understanding such as venturing a guess pronunciation of the news. As stated earlier, forecasting fosters realization through giving advance indications of bad news in a way that allows recipients an opportunity to estimate or calculate that news in advance. After recipients guess at or venture the news, deliverers are in a position to confirm or disconfirm recipients' displayed presentiments.

Confirmations of Guessed or Ventured Bad News

While McLenahan and Lofland (1976:257) have proposed that presaging bad news can elicit a recipient's own discovery of the news, because "the facts will 'speak for themselves,'" it is possible to be more precise. By pre-announcing bad news, by prefacing it, or by presenting a logical sequence, bearers of bad news reveal information from which recipients can make inferences. The
deliverer can thus induce the recipient to actually pronounce the news (Schegloff 1988).

Example 9:
1. D: Did you hear the terrible news?
2. R: No. What.
3. D: Y'know your Grandpa Bill's brother Dan?
4. R: He died.

In this example, D gives a first clue as to the news he bears through a pre-announcement at line 1 indicating that it is "terrible." Then D gives a second clue, a naming or identification of the news' subject (line 3). Thus, there are clear vocal forecasts in this episode that allow R to guess accurately at the news in line 4; then D confirms (line 5).

A deliverer’s forecasting clues and indications engage a recipient's commonsense knowledge of the world, the participants' "recipient-designed" mutual knowledge, and "their orientation to the occasion of the conversation" (Schegloff 1988:444). In promoting the use of commonsense, mutual, and local knowledge, a deliverer's clueing, in fact, can be rather extended. In the next example, Charlie informs Ilene, who wanted a ride, that a planned trip to Syracuse has been canceled. Referring to a third party, he starts the news delivery by reporting particular circumstances (lines 1 and 3):

Example 10:
1. Charlie: She decided to go away this weekend.
2. Ilene: Yeah.
3. Charlie: So that you know I really don't have a place to stay.
4. Ilene: Ohhhhh.
5. (2 second silence)
6. Ilene: So you're not gonna go up this weekend?
7. (2 second silence)
8. Charlie: No I don't think so. (Trip to Syracuse, normalized transcript)

After hearing this report, Ilene at line 4 produces an elongated "oh," a "change of state token" that indicates "discovery" or "realization" (Heritage 1984a:337), and, following a slight pause in line 5, she herself ventures the bad news (line 6). Rather than announcing the trip's cancellation, Charlie now merely has to confirm Ilene's inference (line 8).

The practices of clueing, guessing, and confirming also occur in institutional settings—particularly medical ones—where professionals must convey bad news (Glaser and Strauss 1965; Sudnow 1967; McClenahen and Lofland 1976). Sometimes this appears inadvertent through a doctor's nonvocal comportment and verbal allusiveness (Jacobs 1969:5). However, the clueing-guessing-confirming pattern can be accomplished more purposefully and explicitly through a "perspective-display series," a sequence of turns that operates interacionally to "co-implicate" the recipient's perspective in the presentation of diagnoses (Maynard 1992). Schematically, the series consists of three turns: (1) Clinician's query about patient's opinion (perspective-display invitation); (2) recipient's perspectival reply or assessment; and (3) clinician's confirming report and assessment. Clinical use of this series derives from a generic conversational strategy for giving one's own report or assessment in a cautious manner by first soliciting another's opinion (Maynard 1991b). The parts of this series are italicized in the next excerpt:

Example 11:
I can't speak highly enough of Mr. C. He was very gentle and kind and didn't hurry me even though it was a busy clinic with lots waiting. He let me get dressed, then he sat me down, held my hand and asked me what I thought was wrong. When I said "cancer," he said that I was right but that I shouldn't feel too worried as the lump was very small and there wasn't any lumpiness under my arms, which is a good sign. (Fallowfield 1991:44, italics added)

Narrative evidence strongly suggests that inducing recipients to first pronounce the news is related to their realization. For example, coroner's deputies regularly attempt to control death announcements so that it is a relative who first refers to the deceased as "dead." "Several deputies," reports Charmaz (1975), "remarked that having the survivors themselves say it made the announcement more meaningful to them, and the death more 'real'" (p. 313).

Disconfirmations

Forecasting does not always result in an observable guess or a correct guess. After her mother's pre-announcement of having "sad
news” in example 5 above, Janey initially thought that her grandmother had died. She did not venture this news, and her mother produced the announcement that it was Janey’s grandfather. In the next example, Patti Ann McDonald reports finding out that her husband, a police officer, had been the victim of a shooting. She was staying at her sister Julie’s house. Three months pregnant, Patti Ann was taking an afternoon nap when she heard Julie, her husband Kenny, and their children coming into the house.

Example 12:

For a moment, the house was noisy, and I was half-awake, but confused. Why were they home now? They’d said they wouldn’t be home for another hour. What happened? Then Julie shushed the children and had Kenny send them out again. I came downstairs as the front door was closing. Julie asked me to come into the family room. She had a strange, worried look on her face. What could be so bad? “Patti Ann, I have something to tell you,” my sister said. “Sit down. Something’s wrong.” My father, I flashed. He’s had a heart attack! “Steven’s been shot,” Julie said quietly. (McDonald, McDonald, and Kahn III 1989:7, italics in original)

These and similar narratives demonstrate that forecasts of various sorts do occasion inferencing on the part of a bad news recipient. Furthermore, if recipients are occasionally wrong, they nevertheless are only partially so. That is, in examples 3 and 12, recipients correctly infer that the projected news is bad and that it concerns a family member. Therefore, the prepared social psychological environment in which the official news arrives provides at least the contours of the news, and it is as if the deliverer is correcting an aspect of the recipient’s conception. The following example is from a woman’s story of taking care of her neighbor’s cat, who died while the neighbor was away:

Example 13:

She pulled up and I was standing by her door and I, you know, I was like, “Hi.” You know I don’t even know why I was pleasant. I was like, “Shady is not okay.” She’s, you know, she says, “Oh is she sick?” you know, and I’m like, “No she died.” (Narrative #18)

As Schegloff (1988) argues, there may be delicate mechanisms for “steering” incorrect guesses about bad news toward more accurate alternatives.8 Thus, recipients may be able to offer a correction themselves, such that a deliverer maintains the position of confirming rather than stating the bad news.

Summary: Forecasting and Realization

That forecasting induces the recipient to anticipate and preformulate the bad-news-to-come is evident when recipients guess the bad news correctly (whether or not they are the ones who pronounce): At the very least, recipients get a “feeling” about what is wrong, and they often claim knowing the news in advance of its official delivery—the point at which the deliverer either states the news or confirms the recipient’s guess.

Example 14:

Last October my grandma was in the hospital with brain cancer and she had had brain cancer for awhile. But she’d been in the hospital for a couple days and I was aware of that and it was at class one day and I got home and my roommate had a message that I was supposed to call home. I kind of had a feeling that’s what it was, and my mom’s the one that told me. (Narrative #3)

This subject’s message to call home seemed to trigger an awareness of her grandmother’s hospitalization and allowed her to anticipate the news. In the next example, the subject receives a forecast of bad news and initially entertains two possibilities, that something had happened to her dad or to her grandmother.

Example 15:

I was in a psych class . . . and I got a note in the middle of class that there was a family emergency and that I was supposed to leave. And my mom worked at the medical school, so I went over there right away. And this is around Thanksgiving time and I knew my dad was gonna go pick up my grandma . . . and I know my grandma’s sick and my dad had been sick, so as I was walking over to the medical school the first thing I thought was that my dad died.

8 The delicacy of such steering lies in how different ways of rejecting a guess can indicate if the guess needs to be revised upward (because the bad news is better than the guess) or downward (because it is worse).
and then I thought no, no, something’s wrong with my grandma or something like that. And I went over to the medical school and my mom was there. She said the hospital called and said my dad was in the hospital, but they didn’t give her any other information. And just by the look on her face and how I was feeling—I—we both knew that he was dead but we didn’t know—no one told us. So we had to wait at our house until my brother came back because my brother was with him. . . . When he came in, just the look on his face, we knew. And he just said, well, he died. (Narrative #12)

When the subject learns that it was her father who was in the hospital, her own feelings, plus cues from her mother and later from her brother, precipitate her knowing what had happened in advance of the brother’s actual presentation of the news.

Sometimes this sense of knowing is so strong that the news delivery itself seems almost mechanical:

Example 16:

I have a friend who had a brother who was in a lot of trouble all the time over a period of a year. And I got a call from my friend and she said, have you talked to Mary, and she sounded upset. And I said no, and she sounded so upset immediately in my brain it turned into, uh-oh, what’s going on. And she said, “It’s Davy.” And immediately I said, “Is he dead?” And she said, “Yeah.” . . . But like I knew it before she said it. It was really strange because it was almost as if the conversation was just a play, because I knew what was going to happen, and I just went through the ritual of the conversation. (Narrative #15)

In this example, it is as if the recipient had already perceived an alteration to the social world, and from within that perception, she is distanced from the conversational ritual that otherwise might have introduced the different world.

STALLING, BLUNTNESS, AND MISAPPREHENSION

Forecasting bad news is an alternative to two other strategies: stalling and being blunt. While recipients who receive forecasted bad news still report being shocked by the news, stalling and being blunt cause even more disorientation for a recipient. Narrative evidence suggests that this is because forecast-
Example 18:

I knew he was losing weight rapidly so I felt I knew there was something the matter. I was not told anything. The doctor said it was trapped wind and I believed him. I wish someone had told me what was wrong. No one gave me any help. They seemed to skip over things and never tell me anything. (Seale 1991:950, italics added)

Another form of incorrect inferencing occurs because, in the face of stalling, a potential recipient who senses something is amiss is invited to make guesses. We have seen that forecasting also involves guessing on the part of a recipient, but when a deliverer stalls rather than forecasts, the cues are more ambiguous, so it is more likely for the ventured “thought” to be wrong:

Example 19:

The doctor came in and said “Her cheekbones are high and her eyes . . . it could be her German ancestry.” You know he hemmed and hawed. I thought she was blind or something. He finally said it was Down’s Syndrome. (Darling 1979:133, italics added)

In this example, the erroneous guess, blindness, as compared with the actual news favors a perhaps less pervasive disorder than the real one. More generally, when recipients guess incorrectly as a result of stalling, it is not in a haphazard way, but in a normalizing fashion. With disabled children, parents who have been stalled are initially likely to define or explain abnormalities as unimportant, as evidence of idiosyncrasy, as temporary, and so on (Darling 1979:138–39). Similarly, when a party in an intimate relationship wishes to break it off, stalling seems to be a frequent strategy, partly out of guilt about hurting the other’s feelings (Clark and LaBeff 1986:260). As a result, the other party continues with “business as usual”:

Example 20:

. . . because in each letter he would say things like “Oh, I can’t wait. I’ve been looking at apartments. There’s a real nice one in Dallas.” And I would write him back and say, “Well, don’t look too hard now because I’m really not sure on the time and all that,” when in my mind I was saying, “no, I don’t want to get married to you!” (Clark and LaBeff 1986:259)

Finally, stalling induces a potential recipient of bad news to interpret cues as a reason to hope for the best when in fact the situation is beyond hope, or when it might be more appropriate to expect the worse.

Example 21:

A man that I had worked for in business had become ill, and he wasn’t at work for a few days. And his son called the office one day to say that he was in the hospital and was having some difficulty with his heart. And he called back a few times during the morning to say things were getting worse. So a couple of other people from the office that had worked with D for several years went down to the hospital.

And we went into a room where his family was—his wife and a son and a daughter and his mother. And a chaplain from the hospital was there. We went in the room and joined them and they were keeping vigil and saying some prayers in hopes that things would improve. And . . . a doctor who was working on him came into the room, and he sat down next to D’s wife and began by saying this is where we’re at right now. This is what we’ve done up to this point. And he started to explain in great detail what was happening and what kind of treatment . . . Myself, I was feeling very hopeful that he was going to explain what the next step was. But in his fairly elaborate description of what was going on, D’s wife stopped him and said, “Doctor, is my husband alive?” And my own feeling at that time was shock. I thought, how could she even ask that. Of course he’s alive. And his response to her was, “No he’s not.” And D’s wife’s reaction, she was fairly calm as if she kind of knew, expressed concern for the mother [and] the children, [who] became very emotional and upset. But in that telling it was almost like a misleading, like we were going in another direction. (Narrative #19, italics added)

In this example, the wife of the deceased had a sense of what was happening, despite what seems to be a stall in delivering the news.9 On the narrator’s part, the doctor’s “elaborate” explanation allows optimistic inferences that are out of keeping with what has actually happened. Thus, stalling can exacerbate a counterpart to normalization, which is the tendency for denial.

9 More accurately, the doctor’s tactic here seems to forecast the news for the wife, even though it is more like a misleading stall for the narrator. In my discussion, I consider that a single tactic can operate variously, depending on the circumstances of and the parties to an informing.
**Self-blame.** Parents of developmentally disabled children are sometimes suspicious that something is wrong and yet can get no news from professionals. In such circumstances, Darling (1983) indicates that parents may develop “pathological reactions, such as blaming the baby’s delayed development on their own inadequacies as parents” (p. 106). One mother, after months of sensing that something was wrong with her child and being told nothing by professionals other than that the baby was not “up to other babies her age,” went with the child to a specialist:

*Example 22:*

[S]he took one look at her and said “Turner’s syndrome. You do have a defective child.” I was relieved. Because from that first day in the nursery I knew I had trouble. And all of that time I had accused myself, blamed myself, whipped myself. I was up all night and all day. I knew that a child who got what he needed would be contented, would be peaceful, would be happy. . . . And I thought what am I doing wrong? Where am I failing? I tried harder and harder and harder until I ended up in the hospital. (Jacobs 1969:14)

It is not possible for potential recipients to realize features of their world when deliverers stall, withholding information they know, and this seems to be why recipients express relief, no matter how bad the news, when they are finally told. This indicates that it might be worse to live in an ill-defined or ambiguous everyday world, such as that which sufferers of chronic pain experience (Hilbert 1984), than in one where something has changed for the worse but can be named and mutually recognized through interaction. At least one no longer need blame oneself for, nor deny, bewildering cues, gestures, and other signs of possible collapse in one’s everyday world and can come to know that world anew.

**Being Blunt**

It might seem that straightforward telling of bad news, as opposed to withholding, would automatically facilitate realization. However, not just any sort of straightforward telling works effectively to assist the recipient’s apprehension. Sometimes deliverers just drop bad news on a recipient with little or no forewarning.

*Example 23:*

In some forms, the blunt announcement sharpens the blow of a disclosure by forcing a direct confrontation of the truth with little or no preamble. . . . For example, one doctor walks into the patient’s room, faces him, says, “It’s malignant,” and walks out. (Glaser and Strauss 1965:124, italics in original)

According to Lind et al. (1989), physicians, after operating on a patient for a biopsy, frequently give patients the bad news of a malignancy while they are still in the recovery room.

*Example 24:*

I was coming out of anesthesia [for a biopsy] and I had had a very, very bad cold. . . . I had a hard time breathing coming out of anesthesia, so they called respiratory therapy, and I was being given all this stuff. And then I had theophylline injects just to get me breathing again. Then the surgeon comes in and said, “Oh, by the way, it’s positive.” And of course I’m dying again, you know. (Lind et al. 1989:5)

After a patient is told of her disease, she may face the prospect of having to deliver the news to others. The difficulty in doing this may result in a blunt delivery:

*Example 25:*

Interviewer: Did anyone come with you to the hospital to see Mr. B?
Patient: No, I went on my own. I hadn’t told anyone that I was going, as I hadn’t told them about the lump even. I didn’t want them to worry and I thought that it was just going to be something simple anyway.
Interviewer: So what did you tell them when you got back from the hospital?
Patient: Well—oh dear, it was awful—I didn’t know how to start. They were all sitting down watching television after supper and I just blurted it out. Everyone was upset, especially my daughter and my husband went very quiet. He said that he felt hurt that I hadn’t told him. (Fallowfield 1991: 45–46)

As this patient’s observations about her family show, recipients who are told in a blunt fashion regularly become “upset” and “hurt.”
I discuss later the emotional consequences of bad news tellings. First, I discuss three types of misapprehensions related to blunt deliveries: believing the bad news is a joke, blaming the messenger, and maintaining ordinariness. I argue that forecasting the bad news can help in counteracting these misapprehensions.

**Believing the bad news is a joke.** It seems that if a party delivers bad news bluntly, a recipient can hear it like a punchline:

*Example 26:*

This happened when I was a sophomore in high school. I had a really good friend in high school who was just really popular and then on Christmas I got a phone call that he had committed suicide. And then I started laughing. I thought it was a big joke. But it wasn’t actually. He hung himself in the basement of his home. (Narrative #8)

While example 26 does not relate an exact manner in which the telling occurred, bluntness in delivery is more apparent in the next example. A mother suddenly produces a “guess what” pre-announcement just as the daughter arrives home from school. Although this projects a news delivery, there is no foreshadowing of what type it is, and the actual news is presented abruptly. Furthermore, the mother’s affect is reported as being at odds with the message, an incongruence that Tesser and Rosen (1975:212–13) propose as inhibiting to communication.

*Example 27:*

I was a sophomore in high school, and as usual I always came back in the afternoon about 3:30, and it was just like any day. My mom was sitting in the kitchen facing out the window looking at the town we live in, and just as I was walking through the kitchen she just turned around and says to me guess what? And she was smiling, and I says what, and she says Grandpa E died. And she was smiling while she was saying this and I thought that was kinda contradictory. I thought she can’t be goofin’ around can she. So just her actual delivery by the way she was smiling and you know I thought no this can’t be true? And I just totally wouldn’t believe it until like an hour later somebody else called, and she was talking to them, and then I first realized, you know, that he actually did die. (Narrative #4)

The blunt announcement and the smiling led to the daughter’s inference that her mother might be “goofin’ around,” and inhibited the daughter’s realization of the grandfather’s death. She “wouldn’t believe it.”

Because bad news announcements are vulnerable to being taken as jokes, a deliverer may use a forecasting device to prevent this (Sacks 1972). Thus, a caller to a suicide prevention center prefaces his announcement of despair with “it’s no joke”:

*Example 28:*

Caller: And believe me, it’s no joke because as I say, I just don’t feel my life is worth anything at this point. (Sacks 1972:46)

In general, as a contrasting strategy to being blunt, forecasting devices, as in this example, may help recipients realize bad news by anticipating and proposing to contradict possible humorous interpretations.

**Blaming the messenger.** We know about this phenomenon from the practice among ancient Persian generals of killing messengers who brought bad news (Tesser and Rosen 1975:203). While I do not have an example of a blunt informing that results in messenger-blaming, there is indirect evidence for such a relationship in the stated orientations, beliefs, and practices of deliverers. Recall the situation of the security analyst whose tactics were described earlier. In performing financial evaluations of companies and deciding to downgrade a company’s rating, she is in some sense responsible for the news she must deliver. Accordingly, by prefacing the delivery of negative evaluations with a relationship formulation (“we’re about to find out if we’re just fair-weather friends”), she effectively asks the recipient (the CEO) to put their relationship above the news and any responsibility she has for that news.

Connected with this is that deliverers of bad news in fact often feel responsible, and even guilty, for the news they must present. Physicians, as Clark and LaBef (1982:371) remark, can view a patient’s death as their own failure. Thus, as mentioned, their procedures for forecasting or giving elaborate explanations picture death as a logical outcome of a sequence of events in which everything was done medically that could be. In this way, Clark and LaBef (1982:374, 377) ar-
gue, physicians can “cover” their performances and attempt to head off any condemnation that recipients might direct their way. In contrast, being blunt decreases the probability of realization to the extent that it fosters the recipient’s blaming of the physician in effort to eradicate the message by impugning its vehicle.

**Maintaining ordinariness.** A phenomenon that Sacks (1984) identifies is how people in the midst of catastrophic events maintain a sense that “nothing happened.” If we consider catastrophic events as, in a fashion, being their own announcement, they are perhaps the bluntest kind of informing in which one can experience. The sense of nothing unusual happening is reflected in participants’ statements of the form, “At first I thought it was X, then I realized it was Y”; the classic instance, as Sacks (1984:419) observes, is of witnesses to President Kennedy’s assassination who thought they heard backfires rather than gunshots. Here are two other instances, one of a plane hijacking, and one of a murder:

**Example 29:**

I was walking up towards the front of the airplane and I saw the stewardess standing facing the cabin and a fellow standing with a gun in her back. And my first thought was he’s showing her the gun, and then I realized that couldn’t be, and then it turned out he was hijacking the plane. (Sacks 1984:419, italics added)

**Example 30:**

A rural Sauk City man told the Angela Hackl murder trial jury Friday he heard three shots fired in the wooded area near his home and a noisy car leave the area a short time later the night the Lone Rock teen was brutally slain 27 months ago. Robert Wagner, who lives near the Pines, a teenage party area seven miles west of Sauk City, testified he did not contact police immediately because he thought the sounds were firecrackers touched off by drinkers in the wooded area. Wagner, a hunter, didn’t realize they were shots from a small-caliber pistol until he heard three days later that Hackl’s body had been discovered chained to a tree in the Pines. (Hackl Case 1989, italics added)\(^{11}\)

\(^{11}\) While catastrophic events may be their own blunt announcement, note that the narrators who experienced these events, by casting their stories

Maintaining ordinariness is related to normalization in that both tactics preserve a sense of the social world as usual, and objects within it as basically intact rather than as altered. But a temporal-perceptual element distinguishes maintaining ordinariness from normalization. Normalization refers to practices whereby potential recipients, having seen signs of anomaly, face deliverers who are “in the know” about the meaning of such signs and who delay telling them for an indefinite period of time. During this period, recipients work to define and explain such signs in ways that deny their importance. Such work contains as an essential element the phenomenon of *hopefulness*. In anticipation, recipients may entertain alternative possibilities, yet through hopeful definitions and explanations they come to favor normal interpretations. Maintaining ordinariness refers to a related set of practices, but is condensed to the momentary. Recipients instantaneously interpret signs of anomaly according to categories that fit with ongoing and benign or “innocuous” percepts of daily life (Jefferson 1985). The subsumption is so rapid that hope, as a conscious expectation for a desired state of affairs, plays little or no role in the interpretation. Expectations, as they flow from the recipient’s adherence to the attitude of daily life, may enter into an initial perception, but only subsequent to this initial perception do recipients engage alternative possibilities.

**DISCUSSION**

Forecasting, as an alternative to stalling and being blunt, provides some warning that there is bad news to come without keeping the recipient in a state of indefinite suspense. Instances of stalling show that when the recipient is waiting for the news, there is an extreme experience of indeterminacy and consequent anomie, like the states that Garfinkel (1967) finds occurring under purposefully manipulated conditions. Realization by the recipient is not possible when a
deliverer withholds telling what he or she knows, and this seems to be why recipients express relief, no matter how bad the news, when they finally are informed. At the same time, forecasting directly conveys the bad news without being so forthright and abrupt as to utterly disconcert and disorient the recipient. Similar to stalling, being blunt can aggravate a state of anomie, but in this case the possibility of realization is inhibited by the overwhelming rapidity and boldness of the presentation. Blunt informants appear to maximize the chances of panic (Glaser and Strauss 1965:143), going to pieces (Glaser and Strauss 1965:149; Lind et al. 1989:586), and otherwise being devastated. Accordingly, stalled and blunt informants exacerbate the senselessness concomitant to lack of typicality, predictability, causality, and morality that bad news portends in the perceived environment. Evidence of exacerbated anomie experiences emerges not only in recipients’ misapprehensions, but also in the emotional experiences they report. Narratives about stalled and blunt deliveries more regularly contain accounts of recipients’ feelings of hurt, anger, hostility, and indignation than do narratives that exhibit a forecasted bad news delivery. The misapprehensions that stalling and bluntness provoke, then, seem to emenate from desperate attempts by recipients to resolve anomie, while forecasting, in the way that it aids realization, simultaneously provides for a more settled and accurate apprehension of an altered lifeworld.

The foregoing evidence suggests that strategies of forecasting, stalling, and being blunt form the independent variable and that recipient realization is the dependent variable in the analysis of the interactional handling of bad news. While this is roughly accurate, there are significant complexities that must be taken into account for proper appreciation of this equation. I treat these complexities under the rubrics of historic-cultural variation and local interactional contingencies. My overall argument is that strategies of delivery, rather than being context-free and abstract resources, are accomplished features of any particular informing episode. Furthermore, while realization is something news deliverers facilitate or inhibit in recipients, a recipient’s realization is very much a matter of the relationship between participants as it is constructed through their interactional practices of presenting and hearing the news.

**Historico-Cultural Variation**

A question about this account of the forecasting-realization equation is whether it applies historically and cross-culturally. In medicine, reviews document a general change in attitudes from the time of Hippocrates until the present day, so that in the United States at least, there is currently more pressure for physicians to disclose the facts of illness to patients than in previous times (Maynard 1991a; West and Frankel 1991). In the case of cancer, an often-cited finding is that in the United States, the medical profession has radically altered its position in regard to telling patients the diagnosis of this dreaded disease. Whereas in 1961, 90 percent of physicians surveyed said they preferred not to reveal the diagnosis to cancer patients (Oken 1961), a replication in 1979 shows 97 percent of respondents are willing to do so (Novack et al. 1979). However, this is far from becoming a trend cross-culturally. In a number of countries (Holland et al. 1987), physicians continue to avoid telling patients about their cancers because of the harm such telling is assumed to cause.

Historical and cross-cultural evidence, accordingly, indicates that in some times and places medical informants regularly conceal bad news. This evidence might imply that not all societies, when dealing with disease, are as preoccupied as others with the problem of realization or conveying and attaining knowledge of the condition. Therefore, it might be that healers in these environments are like Simmel’s (1950) “secret societies,” seeking to conceal facts from others in certain circumstances for internal purposes of sociation, cohesion, and boundary definition that would also protect outsiders (patients and their families) from potentially detrimental knowledge. A close look at the cross-cultural evidence, however, presents a more complicated story. The prohibition against revealing a diagnosis of cancer is far from absolute, even in cultures where official taboos still exist, and these taboos serve different purposes from those that Simmel (1950) relates to secrecy. For one thing, if physicians do not tell the diagnosis to pa-
tients, they regularly do tell family members instead; family members may then choose to deliver the news themselves (Long and Long 1982; Gordon 1990; Beyene 1992). Furthermore, when this happens, as in Ethiopia, it seems that a deeper concern is with overcoming the suddenness of disclosure rather than with disclosure per se. "The situation is discussed among friends and relatives," says Beyene (1992), "to decide the appropriate time and the least frightening way of breaking the news" (p. 330). For example, Ethiopians regard the evening as an inopportune time for informing because it might mean a long and sleepless night for the recipient, whereas breaking bad news in the morning at the person’s home allows friends to keep the person company, to prepare food, and otherwise help the recipient cope with the news.

Even when potential informants are verbally silent about cancer, they may regard recipients as nevertheless knowledgeable. In Japan, for instance,

**Example 31:**

One man told us that he thought his mother knew she had cancer. "She knew, but she did not talk about it (Shitte imashita kedo, kuchi ni wa dasanakatta)." The woman [in another interview], whose brother died of cancer said, "He was a surgeon, so he knew. But it seems he did not really want to be told." (Long and Long 1982:2105)

Similarly, investigators find that Italians may distinguish between "knowledge felt deeply inside" and that which is more "superficial" or open (Gordon 1990:282). Both physicians and lay people in Italy believe that even when cancer patients are not officially told of their diseases, they nevertheless come to know the situation. The "real taboo," argues Gordon (1990:289–90), may be against public acknowledgment of the condition, for that can entail a kind of "social death" wherein the individual is prematurely separated from the social unit.

In all, cross-cultural accounts suggest that the main reason for not telling patients their cancer diagnoses may be to prevent depression and preserve hope. Thus, the crucial matter in some cultures is not that the direct delivery of bad news is prohibited, but that the delivery is properly staged, the quality of social relationships in which the informing occurs is maintained, and the realization occurs through other modes than verbal and cognitively logical ones (Good et al. 1990). Therefore, while there may be times and places wherein healers work hard to avoid giving bad news, cultural taboos may be more concerned with the proper means whereby recipient realization can occur. In emphasizing the affinity between a recipient and both the immediate family and the larger group, these cultures exhibit an understanding that realization can be enhanced by coordinating the efforts of other parties in addition to the healer or physician. Indeed, if staging is seen as a kind of forecasting, some cultures appear to urge a particular social psychological form, in this instance forecasting as a social relation for bearing bad news.\(^{12}\) By the same token, these cultures eschew bluntness and stalling because the latter strategies isolate recipients, leaving them on their own to decipher the meanings of signs and symptoms. It is this extreme anomic discomfort for recipients that seems to be avoided in some cultures, not a recipient’s knowledge or realization of bad news per se.

**Discerning the Strategies of Forecasting, Stalling and Bluntness**

That there is historical and cultural variation in beliefs about informing processes naturally leads to a consideration of what the strategies of forecasting, bluntness, and stalling are as actual social practices. While the narrative data demonstrate instances of these particular strategies, exactly how participants perform and respond to them is a topic needing further investigation, as one person’s or one culture’s “stall” might be another’s “forecast.” An instance of this is seen in example 21, wherein a doctor’s detailed explanation about “where we’re at” and “what we’ve done” with regard to a heart patient leads the narrator, a latecomer to the scene,
initially to feel hopeful and then misled because the patient had already died. The man’s wife, having stood a longer vigil, was able to discern a different trajectory to the physician’s talk and anticipate the news with the question, “Is my husband alive?” Thus, the doctor’s way of informing operated like stalling for the narrator and more like forecasting for the wife.

Indeed, in cultures where physicians may be enjoined from directly telling bad news to a patient, tactics of stalling, together with other features of the social situation, can nevertheless cue the patient in a forecasting kind of way. An Italian woman recalls how she learned about her cancer:

Example 32:

Several days later I was with my husband when the results arrived. The professor turned to speak only to my husband—and I, I remained there frozen, petrified in that gesture. He called my husband, but he should have also called me.

From that I understood. (Gordon 1990:284)

Here, the physician’s very manner of avoiding the patient paradoxically works as a forecasting indication of her condition, and helps her realize it.

Just as stalling and forecasting can fuse together, depending on the circumstances and the participants’ perspectives, all three strategies can exist in juxtaposition and overlap. We have seen how stalling¹³ may exacerbate a way of stalling (Davis 1963:67), real uncertainty also contributes to delays in delivery, particularly in cancer cases (McIntosh 1977:45).

¹³ A bearer of bad news may stall the delivery of it for many reasons, either intentionally or unintentionally. In example 32, stalling may have been related to cultural values about how doctors should inform cancer patients. In some cultures, as we have seen, the tactic is thought to foster hope. Furthermore, among the chronically ill, Charmaz (1991:110–19) found that avoiding disclosure can prevent undue (and sometimes stigmatizing) attention to the sufferer’s health. Another reason for stalling, at least among physicians, is the lack of training in regard to the “hows” of presenting bad news (Maguire 1986). Other professionals, such as nurses, are prohibited by formal and informal rules from giving bad news because it is their superiors’ job (Quint, 1965; McIntosh, 1977:75). Additionally, professionals may regard breaking bad news as the “dirty work” of their occupation and therefore entirely devalue the task (Davis 1963:30). And even when physicians gain sure knowledge of a disease, like polio, they may feign uncertainty as

recipients’ tendency to deny the news as they try to normalize the situation. This normalization, in turn, can reinforce hopeful expectancies on the part of potential recipients:

Example 33:

The child was a twin, whose sister was stillborn. After the birth, the parents were told, “The other baby’s fine,” and the mother “didn’t realize that anything could still go wrong.” The baby was hard to feed, but the mother “thought it was just because she was a premie.” When the baby was 6 months old, the mother began to realize that her daughter “was not holding things like other babies,” but again attributed the slowness to her prematurity. When, at the baby’s regular 6-month checkup, the pediatrician suggested the possibility of cerebral palsy, the mother “just broke down completely in his office.” She said that she “just couldn’t believe it.” (Darling 1979:139)

Even though in example 33 we do not know the pediatrician’s exact manner of delivering the bad news, the indications are that he was gently suggestive in a forecasting manner rather than boldly forthright in presenting the diagnosis (he “suggested the possibility of cerebral palsy”). Nevertheless, in the context of an initial stall (“the other baby’s fine”) and the mother’s resultant normalized beliefs about her child, the disclosure appears to have been experienced as being blunt. Thus, the bluntness of the informing is not necessarily an inherent characteristic of the deliverer’s manner but is relative to the contingently ordered context of delay in which the delivery ultimately occurs and to the set of beliefs a recipient holds during this delay.¹⁴

¹⁴ As Charmaz (1991:30–31) has shown, waiting is often a component of seeking a medical opinion, and during this period a person may expect good news, may believe that reassurance will be forthcoming that the “symptoms or earlier tests mean nothing.” A patient describes her feelings on learning she had Hodgkin’s disease:

I was in such a daze. I didn’t believe that it was happening to me—because when I went to the doctor, I said, “I don’t know why I’m here. There’s nothing wrong with me.” Maybe that’s why it came as such a shock when the doctor said I had Hodgkin’s. (Charmaz 1991:31)

Similarly, Fallowfield (1991) found that
Accordingly, whether any delivery exhibits features of forecasting, stalling, or bluntness is dependent upon how participants, in interaction with one another, invoke and elaborate their knowledge of one another and their situation so as to hide, provide, and discern cues about their world. Consider how even the most terse vocal message can be part of a situational context that is utterly communicative to a recipient. A husband who was waiting for his wife to arrive home at a local airport after a brief trip knew that her return involved one change of planes in Denver. While awaiting her arrival, he heard the phone ring, and answered the phone, according to his own account, with a "casual hello."

Example 34:

The caller sighed heavily and said (without reciprocating my hello), "I'm in Denver." I immediately identified the caller as my wife, and I knew from her sigh, the tone of her voice, her lack of reciprocity, and the violation of the mutually understood expectation that she wouldn't call before I picked her up at the airport that she had bad news. She informed me that her plane had been late and this led to her missing her connecting flight by three minutes. (Narrative #31)

Here, the utterance "I'm in Denver" merely reports the caller's location (Drew 1984). As a report, it does not name the type of news it projects. Nevertheless, the narrator claims knowing that the caller, his wife, "had bad news."

In another narrative, the recipient of bad news notes how, although she is not a "superstitious person," she sometimes gets the "feeling that something is wrong or that something has happened to someone close to me." Having these feelings one Saturday, she decided to call her mother:

Example 35:

Mother: Hello.
Me: Hi Mom. It's Katie.
Mother: Hi. I was going to call you tonight.

women who experience an "extreme sense of shock when they hear the diagnosis" of cancer are those who were either unaware of the seriousness of their symptoms or denied their import. In these ways, she suggests, the women were "unprepared for the bad news" (p. 40).

Your grandfather fell and broke his hip. He's in the hospital having surgery right now as we speak. (Narrative #32)

The narrator, having had the prior feelings and knowing the family situation, was not so surprised by this otherwise bluntly delivered news, and in fact reported being mostly concerned about how her mother was "holding up." So again, the character of any given message is ultimately related to, and cannot be divorced from, its context of production.

While forecasting, stalling, and being blunt, then, are recognizable strategies that differently affect the realization of bad news, historico-cultural variation and local contingencies show that these strategies cannot be considered as disembodied techniques. Rather, strategies of forecasting, stalling, and being blunt are indelibly produced and heard according to the particularized circumstances, relationships, practical signaling, and cue-reading that parties in an informing deploy and embody in action and in interaction with one another. Accordingly, while I propose that different devices for conveying bad news influence a recipient's realization, those strategies themselves must be understood as contingent accomplishments (Garfinkel 1967). Furthermore, to the extent that strategies or devices affect a recipient's apprehension or realization of news, this is, in part, a matter of social relationship. Both stalling and bluntness isolate a recipient from the news deliverer and leave recipients on their own to decipher the meaning of events, whereas forecasting binds the two parties together in what was earlier referred to as a structure of anticipation. Realization and lack thereof are features of social psychology. In line with Mead (1934), Volosinov (1973), Vygotsky (1986), and others, the key point is that social practices and interactional organization are implicated in individual cognition. Or, in Joas's (1985) terms, "practical intersubjectivity" provides for the individual actor's own perceptual formations.

CONCLUSION

Forecasting, in contrast to stalling or being blunt, helps a recipient to realize the bad news being told; this three-fold array of informing strategies shows us something of how people,
Like the actors in a Schutzian (Schutz 1962) scenario, go about assembling experienced concrete features of daily life. Because the telling and receiving of news of all kinds, whether bad, good, or indifferent, is integral to how human actors as social creatures interact to make the world of daily life available to themselves and others, studying such exchanges provides access to the attitude of daily life as an actual and embodied activity. Bad news, in particular, represents a strong breach or rupture in the routine order of everyday life, and thus is rich in displaying how actors sustain their sense of the real. Indeed, this study suggests the possibility of a deepened understanding of the phenomenon of realization-as-locally-concerted-activity. What I have called forecasting derives from narrative evidence of participants’ vocal cueing and clueing strategies, such as the use of pre-announcements, prefaces, logic, and syllogism. Narratives also exhibit nonvocal practices for intentionally and unintentionally presaging bad news. Recipients are skilled at reading identity and demeanor, pinpointing the meaning of occurrences (e.g., telephone rings) according to temporal configurations, discerning the import of various kinds of physical gestures, and drawing on commonsense knowledge of their local worlds. Participants employ these strategies, practices, and skills according to developing lines of action and interaction, not in some mechanical and fixed way. With bad news at least, forecasting implies that realization in everyday life requires not only transmission of otherwise one-sided knowledge. For realization to occur most effectively, actors may need to perform collaboratively in a myriad of detailed ways, complementally anticipating a forthcoming official pronouncement about some lifeworld event, object, or inhabitant.

Realization refers to the acquisition of knowledge through announcing, hearing about, understanding, accepting, and thus beginning to enter new social worlds. Realization of the social world in this sense is not a philosophical notion, as if the fundamental problem in daily life were to resolve metaphysical questions about the nature of objects, including bodies and selves, that form the social world. Schutz (1962) did not argue that adherence to the attitude of daily life enabled the realization of some intersubjective, mundane experience for the sake of having an objective world as an end in itself. Rather, joint adherence is for the sake of engaging that world in a practical way. Put differently, participants uniformly address the nature of the world under the auspices of a “pragmatic motive” (Zimmerman and Pollner 1970:83). For example, parties take for granted a “reciprocity of perspectives . . . [leading] . . . speaker and hearer to assume their mutual experiences of the interaction scene are the same even if they were to change places” (Cicourel 1974:34), only to get on with the business at hand, not to resolve metaphysical questions about the nature of matter. Similarly, if forecasting bad news, such as the death of a loved one, aids recipients in realizing that their world has undergone a fundamental alteration, it is not because contemplation of life and death is facilitated. While reflection about death may certainly accompany the experience, under some circumstances tellers strive to avoid such contemplation in both themselves and their recipients (Charmaz 1975). Instead, in at least two ways, the forecasting of death announcements assists in handling the most practical problems, namely how to get on with life now that it has unfavorably changed. If recipients of bad news can become virtually incapacitated when presented with the information either bluntly or in a delayed manner, forecasting may prevent such recipient loss of control (Glaser and Strauss 1965:142–43, 149, 151–52). In death-tellings, moreover, forecasting does not just prevent “scenes”; it can help relatives begin “to settle the patient’s affairs and consider what life will be like after his death” (Glaser and Strauss 1965:168).

Forecasting appears to aid realization and the management of practical problems because it constitutes an orderly relationship between the deliverer and the recipient of the news through which they join in the giving and receiving process. Forecasting, as a social psychological phenomenon involving parties to a bad news event, is something that the deliverer initiates to give an advance indication of the bad news to come. The recipient helps consummate the forecast by demonstratively calculating the news in advance of its final presentation. The new reality that is thereby proposed is accomplished
by a concerted effort, or, to use the ethnographic phrase, as a deeply collaborative, orderly achievement.

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