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Always Look on the Bright Side of Life: Making Bad News Bivalent

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ABSTRACT
Research on news deliveries has focused on monovocently good or bad news and their associated interactional trajectories. We examine American English video recordings of geneticists delivering genetic test results to families with children who have disabilities. We find that speakers offering bright sides against a backdrop of bad news work to achieve bivalent equilibrium—a state where speakers can reach agreement that the news is appropriately understood as a mix of bad with good elements. We propose that bivalent equilibrium facilitates affiliation through a two-step process that is distinct from affiliation to a monovocently positive or negative evaluative stance. Data are in American English.

Since its inception, conversation analysis has documented prosociality as a source of order in social interaction. Socially preferred actions—those that are generally “affiliative in character” and “supportive of social solidarity” (Heritage, 1984, p. 269)—include accepting invitations, granting requests for action, confirming requests for confirmation, and upgraded second assessments in response to first assessments. Preferred actions are delivered more frequently, quicker, and without accounts in conversation (Clayman, 2002; Heritage, 1984; Pomerantz, 1984; Pomerantz & Heritage, 2012; Sacks, 1987; Stivers et al., 2009).

Affiliation can also be achieved through providing endorsement of another’s stance (Stivers, 2008) in such sequential contexts as extended troubles tellings (e.g., Heritage, 2011; Jefferson, 1988; Jefferson, Sacks, & Schegloff, 1987), story/joke tellings (e.g., Jefferson, 1978; Sacks, 1974; Stivers, 2008), or third-party complaining (e.g., Drew, 1998; Drew & Walker, 2009; Traverso, 2009). In these cases, an interlocutor affiliates through adopting the same stance as the teller (e.g., that the event was funny, shocking, sad, etc.) at story completion (Jefferson, 1978; Sacks, 1974; Stivers, 2008). In the context of complaints, Drew and Walker (2009) further documented that interlocutors should match but not exceed the teller’s stance.

Converging evaluative stances are also relevant in news deliveries. Whether done as single TCU announcements or as multi-TCU tellings, they invite recipients to display both that the informing constitutes news and some assessment of the news as good or bad (Maynard, 1997, 2003; Terasaki, 2004b). There are resources in conversation to ensure that an informing will be news to the recipient (i.e., that it is not already known) such as pre-announcement sequences (Schegloff, 1988b; Terasaki, 2004b), and resources in the design of pre-announcements and announcements (or telling, if multiunit) that guide a recipient toward a particular evaluation—typically one that is affiliative and thus matched to the teller’s (Maynard, 1989a, 1989b, 1997, 2003; Sacks, 1974; Schegloff, 1988a; Terasaki, 2004b).

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News deliveries across ordinary and clinical contexts are invariably discussed as “good” or “bad” (Maynard, 1997, 2003; Schegloff, 1988a; Terasaki, 2004a). “Participants achieve a mutual sense of some event-in-the-world as good or bad news,” (Maynard, 2003, p. 116). Maynard’s seminal work has demonstrated that these types of news are delivered differently—e.g., good news is more “exposed,” while bad news is “shrouded” in the news delivery sequence (2003). Yet, with both types of news, the news recipient should nonetheless offer a response to the news as news and then, following an elaboration of the news, should assess the news (positively or negatively; Maynard, 1997, 2003). Transitioning out of good versus bad news is different, however. Following good news, Maynard says, speakers can simply shift to other topics. Yet, “the sequelae to bad news in conversation suggest that it is impermissible to make a transition from such deliveries to other types of talk without first putting a positive face on the bad news” (2003, p. 177).

In bad news and troubles tellings, more generally, research has shown that interactants consistently work to move conversation toward something positive to facilitate closure. Prior literature has talked about these turns to positive news as “shoring” (McClenahen & Lofland, 1976), “optimistic projections” (Jefferson, 1988), “looking on the bright side” (Holt, 1993), and “good news exits” (Maynard, 1997, 2003). We find a broad range of ways that parties execute a move away from the negative and/or toward positive aspects of the situation: Parties may recast a bad situation as a blessing in disguise, offer a “glass half full” interpretation, or they may minimize the downsides of what they consider an overly pessimistic perspective. In these situations, parties dispute the negative valence of another’s assessment of the situation. Alternatively, the literature includes cases in which speakers invoke something positive, which may or may not be related to the otherwise negative situation. Maynard distinguishes between remedy announcements, bright-side sequences, and optimistic projections as three means to transition out of bad news (2003, pp. 177–182). The major theme across these various ways of transitioning away from bad news is that such shifts facilitate topic or even interaction closure (Holt, 1993; Jefferson, 1988; Maynard, 2003). Moreover, these shifts are treated as not part of the news delivery sequence per se but part of the “sequelae” that facilitate participants’ movement away from the bad news (Maynard, 2003).

We disaggregate these phenomena focusing on “bright sides” in our examination of genetics consultations involving the delivery of exome sequencing test results to families of children with disabilities. Through the lens of these data, we argue that turning to the bright side may work not only as news exits but may also be part of the news delivery sequence—whether in the telling or reception. Moreover, we propose that in the context of bad news, prosocial behavior can be either direct affiliation or can first include achieving bivalent equilibrium. We conceptualize this as the point that participants jointly treat as the “right” balance between negativity and positivity.

Taking the additional step of introducing a bright side following a negative news delivery can, we argue, construct the news as bivalent. This additional step is both framed and understood as augmenting the prior negative stance rather than undermining or transitioning away from it. In this context, the news remains fundamentally bad—this is uncontested—but it has a silver lining. With a bright side, the parent or clinician emphasizes a positive dimension but nonetheless reinvokes the negative backdrop. In proposing a bright side in the bad news context, speakers offer interlocutors a path toward affiliation that is unique—the speakers could have converged on the monovalent bad news. Instead, the new path facilitates convergence on an evaluation of the news as bivalent. We conceptualize bivalent equilibrium as finding the right balance between the negative and the positive but also involving convergence on that point. Thus, we talk about “achieving” bivalent equilibrium to accentuate this process. We see bivalent equilibrium as distinct from affiliation but as a key aspect of prosociality. Bivalent equilibrium allows parties to interaction not only to achieve affiliation (which could be achieved through convergence on a negative evaluation as well) but to agree on the specific grounds for the joint evaluation. Moreover, we argue that introducing a silver lining suggests, retrospectively, that there was sufficient preparedness to hear, understand, and reflect on the news as not only negative but with positive elements. In many monovalent bad news delivery situations, the news may be too raw, upsetting, or devastating to appreciate nuances.
As such, the bivalent news presumes a level of readiness to negotiate the nuances, which can form the basis for further affiliation.

The concept of bivalent equilibrium resonates with Peräkylä’s (1991) “hope work” insofar as clinician and patient adopt (and negotiate) stances regarding the patient’s current and future health. The balancing act between negativity and positivity also connects to Lehtinen’s (2005) findings that in genetic news deliveries, clinicians work to balance securing understanding of the information provided, on the one hand, with what the implications are for the patient on the other. Finally, as Maynard and Frankel (2003) have discussed in their single case analysis, good news can have an “edge” due to unexplained symptoms, what they term “symptom residue.” More broadly, uncertainty is known to be pervasive in genetics news deliveries (Pilnick & Zayts, 2014; Sarangi & Clarke, 2002; Stivers & Timmermans, 2016). Reducing uncertainty therefore is common in achieving bivalent equilibrium: A bright side softens an uncertain diagnostic dark side.

In this article, we build upon existing literature to make three distinct contributions. First, we argue that speakers may design bad news not only as “bad,” they can alternatively construct it as “bivalent” through a reliance on the practice of turning to a bright side. Second, we argue that bright sides are not exclusively resources for exiting bad news, positioned after the close of the news delivery sequence, but can constitute an integral part of news delivery. Third, we show that in the context of bad news, interactants can achieve affiliation in a distinct way through reaching bivalent equilibrium—the state where participants converge as neither too optimistic nor too pessimistic in their stance to the news. As we show, this allows interactants not only to affiliate through convergence on an evaluative stance but also through a readiness to be reflective about the news.

In what follows, we argue that the bright sides in these data are key to the achievement of a bivalent stance that is only dimly positive. Moreover, they can be, but are not always, part of news delivery closure. Equilibrium is not the starting point but an outcome of the interaction. We distinguish three ways to reach bivalent equilibrium: First, speakers preemptively frame the bad news as having an upside before the other party has indicated a stance toward the news as bad. Second, speakers may rely on bright sides to calibrate an overly pessimistic (and rarely, an overly optimistic) evaluation of the news by the other party. Third, speakers elaborate an already positive evaluation with a bright side, but offering the bright side invokes a downside. In all of these cases, speakers work to specify what is good in the bad news. The consequence is that although bright sides are common in closing contexts, we argue that their main interactional effect is to secure bivalent equilibrium (and ultimately affiliation) among parties. The bivalent nature of the news uniquely allows the parties to agree both on the evaluation they should jointly have of the news and to display that they are ready to reflect on this news and move forward with it. In this clinical context, bright sides can constitute dramatic shifts in the tenor of the interaction because they have the potential to change the valence of the parties’ collective evaluation from purely negative to bivalently negative and positive.

Data and method

We draw from a corpus of 44 video-recorded consultations (C1–44) of families who had undergone exome sequencing by one of eight geneticists at a large academic clinic and were visiting to receive their results. The test was done to try to identify a genetic cause for their child’s disability (e.g., intellectual disabilities, excessive joint elasticity, deafness) or other clinical problem (e.g., cancer or seizures). These visits typically lasted between 30 and 60 minutes. When families were scheduled to return for the results, a genetic counselor alerted our research team. We introduced the project, received consent from families and gathered demographic information prior to the counseling session. Four families declined to participate in our study. All procedures were IRB approved.

The return of results visits that we recorded follow a previous consultation, in which a pediatric geneticist ordered exome sequencing to determine whether there is a genetic basis for the child’s condition. Using blood from the child and typically both parents, exome sequencing analyzes the
protein coding portion of the child’s genetic material (the exome) with a focus on genes that are known to be associated with one or more of the child’s symptoms. Despite the test’s sophistication, only a third of the cases yield a molecular variant associated with the patient’s symptoms (Lee et al., 2014). Although this is an impressive success rate in the context of genomic testing, clinicians and parents alike often work to identify what is “actionable” based on the results of the testing (Stivers & Timmermans, in press).

Moreover, even when the test provides a diagnostic result, the clinical actionability is still limited. Most disabilities cannot be reversed. Treatment at best staves off further deterioration (e.g., reducing seizure frequency). Thus, although some test result sessions produce what clinicians and families treat as “good news,” many result in news that is not particularly good—no genetic cause was found; a possible genetic cause was identified but only inconclusively; a genetic cause is located but it does not translate into a diagnosis; a genetic cause was found, but the prognosis implies a continued difficult or worsening situation such as cognitive regression, increasing symptoms, untreatable symptoms or a terminal condition; or a finding suggests a previously unknown diagnosis. This news is overwhelmingly bad in the sense of creating a disruption in everyday life “to the extent of jeopardizing participants’ sense of what is real” (Maynard, 2003, p. 11).

In line with conversation analytic methodology (Goodwin & Heritage, 1990; Heritage, 2010), we reviewed all consultations for potential instances of turns to the bright side, of which multiple instances could occur in a single consultation. In the process of creating a collection of bright side instances, we began broadly and iteratively refined what constituted an instance of the phenomenon (Schegloff, 1996; Sidnell, 2013). Our collection included only cases in which a party—parent or clinician—offers an assertion of a positive aspect of an otherwise negative situation. Specifically, we did not include cases in which parties disputed whether the bad news was actually good news (i.e., outright disagreement over the valence of the news); nor did we include cases in which parties minimized the negativity of the bad news (e.g., claiming that it could be worse). We also excluded situations in which a speaker identified something unrelated to the bad news as good news. Ultimately, the collection included 63 instances of turns to the bright side clustered in 27 consultations.

**Analysis**

Turns to the bright side work toward the convergence of parties’ evaluative stances as bivalent. Affiliation achieved in this way contrasts with affiliation that is monovalent, negatively or positively. We argue that this way of working toward affiliation is unique because it not only involves two or more parties adopting a common evaluation—as other cases of affiliation do—but makes concrete the grounds for the evaluative stance such that speakers display their readiness to reflect on the news. This may be particularly important in situations where one person is responsible for imposing news on another, is providing unexpected bad news, or is at odds over how to evaluate the news. Turning to the bright side in these situations elevates the importance of affiliation, temporarily deprioritizing progress to a next component of the activity or interaction. Both physicians and parents offer bright sides. Although as we discuss, clinicians are slightly more likely to offer bright sides, the design and function are largely the same. Most of the bright sides offered by both clinicians and parents involve reducing diagnostic uncertainty.

**The design of bright side turns**

In these news deliveries, not all clouds have silver linings, but every silver lining has a cloud. The bad aspect of the news may be explicitly marked as “unfortunate” or, considering that the purpose of the testing is discovering a genetic cause, it may be implied by the presentation of not finding a cause or discovering additional problems. Two constitutive features of turns to the bright side are that they (a) build a contrast with this dark side, and (b) identify a positive element of the otherwise dark situation without negating the evaluation of the news as bad. Just before Example 1, the pediatric
geneticist explained that the mutation they found is a probable cause for the child’s problems but that other children with this mutation had different symptoms. He also indicated that while unlikely, they should do cancer monitoring in light of this mutation. The mother asks whether more can be done, to which the clinician responds that it cannot (summarized in lines 1–2, 4). The physician assesses this aspect of the news as “not great.” (line 6).

Example (1) C29

The physician returns to actionability with a rhetorical question about whether something specific can be done now (lines 21/23–25). This news is dark—they have a result introducing no solutions and new worries. After receiving the news at line 26, the mother offers a bright side as a conclusion. She highlights the already implied news component with the bright side So at least now we know where it comes from. Although she requests confirmation from the physician for something within his primary epistemic domain, the mother articulates a component of the news delivery that was left unarticulated by the clinician. Without the contrastive design of this turn, “we know where it comes from” is unvarnished good news. Yet, with the contrast element “at least,” the utterance evokes the dark side.

The bright side as part of news delivery is also clear in Example 2. This infant is deaf and has cognitive delay. Unfortunately, in this visit the geneticist reported that the exome test revealed no explanation for these problems but identified two serious incidental findings that give the parents new unanticipated worries. The mother first summarizes this aspect of the bad news (lines 2–4), but she then offers as a bright side That means there’s a lot we ruled out today. This bright side is introduced with But, which again works to differentiate this bright side element from the dark side (Mazeland & Huiskes, 2001) but nonetheless conveys that it is not purely bright but that it lies against a dark backdrop. Here too, the bright side was initially unarticulated.

Example (2) C25

The physician returns to actionability with a rhetorical question about whether something specific can be done now (lines 21/23–25). This news is dark—they have a result introducing no solutions and new worries. After receiving the news at line 26, the mother offers a bright side as a conclusion. She highlights the already implied news component with the bright side So at least now we know where it comes from. Although she requests confirmation from the physician for something within his primary epistemic domain, the mother articulates a component of the news delivery that was left unarticulated by the clinician. Without the contrastive design of this turn, “we know where it comes from” is unvarnished good news. Yet, with the contrast element “at least,” the utterance evokes the dark side.

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Contrast in Example 2 is established with *But*. However, in our data bright sides are typically initiated with the adverbial phrase *at least* (as in Example 1). *At least* occurs in 81% \((n = 51)\) of bright sides. Contrast is also provided through other means such as *nevertheless*, or *if we look at it positively*. In principle, bright sides can range from relatively bright to relatively dim. *At least* specifically marks the bright side as only marginally positive. This is already apparent in contrasting Example 1 in which the bright side is quite dim—that they know where it comes from—with Example 2, where the bright side is that “a lot” of diagnoses were ruled out. Bright sides thus represent a salvaging of something positive in an otherwise negative situation.

**The position of bright side turns**

We noted already that bright sides are consistently positioned following negative news. They cluster near the end of news-delivery sequences, as we would expect given the well-established finding that a move to something positive is a common resource for topic or interaction closure (Holt, 1993; Jefferson, 1988; Maynard, 2003). For instance, in Example 2 the mother offers a summative understanding check of the unfortunate findings of the test and then turns to her understanding of the positive element of the results. Thus, our data support prior work in this respect. However, bright sides are not only found in closing environments and may be part of the news delivery sequence. As we will argue, closure may be secondary to affiliation.

In Example 3, the bright side appears early in the consultation (1 minute into the visit). The clinician has opened the visit and announces his news with: *So I think we might have found what she has* (line 10). This is part news announcement and part pre-telling (Jefferson, 1978). As an announcement, it reveals that the clinician has a diagnosis to offer. The lab finds a causal variant in only 30% of cases, and the mother would have been told this during counseling, so “finding something” is already a news announcement. Furthermore, this mother, like many parents in our study, was desperate to find out what ailed her child (she noted “I’ve been waiting six years”). So, possibly finding out what she has is a meaningful, highly anticipated piece of news. However, the clinician also does it as a pre-telling by projecting a fuller telling and making relevant a go-ahead from the mother. The valence of the news is not revealed initially. The clinician then indicates the negative dimension of it as he continues to identify this as the end of a journey (lines 25–27). Implicit in this careful remark—careful both for its preliminary position and its design—is the point that the end of a journey also could mean the end of hope. This child has developmental delays and difficulty speaking. A genetic finding often forecloses on a cure and makes the prognosis concrete.

**Example (3) C35**

01 DOC: So that's why we then proceeded to do:
02 whole exome sequencing [because at that=
03 MOM: [Mm hm,
04 DOC: =point what it allows us to do i:s .h
05 even though we propose specific diagnoses
06 and genes that we would be interested In,
07 .hh in the end it- the study tells us what
08 genetic changes are there, and we try
09 to correlate it with her f: for the history.
10 So I think we might have found what she has.
11 #hm hm# ((throat clearing))/(0.5)
12 MOM: =It i:s but=hh (.) at least it will help me
13 DOC: Are we ready? Do you wanna hear this?

((10 lines not shown))

24 DOC: Because sometimes it's difficult when
25 you have uh diagnosis .hhh cuz you-
26 (he c- it's kinda-) kinda like an end of
27 urgen- (end- st-)of a journey, right?=;
28 =I mean it's:=
29 MOM: =It i:s but=hh (.) at least it will help me
30 tuh know what I'm up against?==
31 DOC: =Okay good.
In the context of the dark side of this news, the mother responds by turning to the bright side of receiving a diagnosis: “at least it will help me uh know what I’m up against?” Following this, the clinician continues with the delivery of the next component of the news—the genetic diagnosis (data not shown).

If closure does not fully account for the function of turning to the bright side, what does? When speakers turn to the bright side, we argue they are working to secure bivalent equilibrium as a resource for securing affiliation in the bad news context and articulating the grounds for a bivalent evaluation. If participants can converge on the right balance of positive and negative valence, then they can affiliate with one another about the nature of this news. In what follows, we shift away from the internal design and broad positioning to a closer examination of sequential position. We examine three main types of bright sides: framing, calibrating, and elaborating.

**Framing bright sides**

One primary pathway to achieving bivalent equilibrium is to set the frame for how the parties should collectively evaluate the news (21/63 cases). Setting the frame for evaluation is generally positioned after clinicians have provided a basic overview of the findings from exome sequencing but before an assessment of the news has been provided—thus within the news delivery sequence. In these cases, one party offers a bright side in the absence of any indication that there will be disagreement between the parties. Bright sides offer for reflection an element of the news that can be seen positively, whether done by clinician or parent. In Example 4, the geneticist has reported identifying a variant that might explain 8-year-old Adrian’s seizures and cognitive delays. However, it can lead to iron accumulation in the brain, thus requiring monitoring with MRIs. Just prior to the start of this extract, the mother has inquired about a type of seizures that she thought might have been the cause, and the clinician responds, part of which is shown starting at line 1.

**Example (4) C10**

01 DOC: So we checked specifically for those [genes.
02 MOM: [Yeah,
03 DOC: .h And everything was okay.
04 MOM: "Mkay." (/noding)
05 DOC: So at least we know he doesn’t have changes in those. ([types.)=which:
06 MOM: [Mkay.
07 DOC: .hh Y- I- I understand it's a little bittersweet.
08 MOM: Yeah,
10 DOC: I- You wish you had found something
11 (that we can do (a-bout it )
12 MOM: [I- mean but at least it was for me: like
13 con- Like- is it something or is it not.
14 Like I [would like to have the answer regardless. #so:_#
15 DOC: [Right.
16 DOC: Yeah.

Prior to this point, there has been news of a variant that was found, and the mother has said that she is glad they found something. However, she then asked about a possible diagnosis that she had been hopeful about because it would mean her son’s seizures are treatable. The clinician’s response (lines 1/3) provides the news that unfortunately they ruled out this diagnosis. This news has not yet been assessed but only acknowledged. In this context, the clinician offers a bright side: “So at least we know he doesn’t have changes in those,” suggesting that not having mutations is a positive outcome after all. The dark side is twofold: The mother’s diagnostic hypothesis is wrong, and thus the seizures may remain
uncontrolled. Moreover, the new prognostic information about possible iron accumulation could lead to an even more devastating outcome than previously realized. This bright side works to instruct the parent to see the news bivalently. This form of instructing interpretation resonates with other forms of institutional experts pushing others to “see” something differently than they otherwise might have (Goodwin, 1994, 1996). Framing bright sides allow speakers to achieve bivalent equilibrium where the parties agree that the news is neither entirely bad nor particularly good.

Although clinicians most frequently provide framing bright sides (13 vs. 8 instances), parents do so as well. Following clinicians’ explanations of test results, parents reason out their understanding of the news including what is bad about it, thus framing how they understand the import of the news, and then offering a bright side. In these cases, they do not instruct clinicians but show their interpretation of the news in the service of achieving bivalent equilibrium. In Example 5, a child who has abnormally thin hair, conical shaped teeth, and thin finger nails is evaluated. Geneticists have failed to identify a genetic cause. The parent offers her understanding that: “We cannot do anything to help her, right?” But she also then turns to the avoidance of a possible worse outcome—progressive mitochondrial disease. She requests confirmation that her understanding is correct—mitochondrial disease would have shown up (lines 11-12). Having clarified what the bad news is, Mom offers as a bright side another aspect of the news left implicit: So at least we know it’s not something serious that would cause something really harmful. With this bright side, the mother provides an evaluative summary that frames the import of the news as bad but with an upside, showcasing the nuanced nature of the news delivery. The bright side here is done as part of the news-delivery sequence, prior to an assessment of the news (which comes at line 19), rather than as a sequela (Maynard, 2003).

Example (5) C27

01 MOM: But uhm – (1.2) It doesn’t he- We cannot
02 do anything to h’elp her right?
03 MOM: [If her hair does not gro:w, it doesn’t gr‘ow.
04 COU: [No { }
05 COU: Not really t– as in terms of medical stuff.
06 MOM: Mm hm,

((4 lines not shown))

11 MOM: .hh (.) But– But if it was a mitochondriac m
12 disease, it would show here right?,
13 DOC: Mm h[m?
14 MOM: [So at least we know it’s not something
15 ek– serious that would cause like uh (0.2)
16 something really harmful,
17 COU: She doesn’t have sympto– any symptoms of
18 the mitochondria[1 (disease.)
19 MOM: [So we’re glad to hear th^at.
20 DOC: .tlk ^Yeah I– I agree:^I think that’s: a fair
21 way to think about it is [I think
22 MOM: [Yeah.

The mother’s bright side generalizes to not having something serious or really harmful. The counselor, in response, does not agree on these terms but addresses this with respect to the primary alternative serious diagnosis—mitochondrial disease. The narrower terms of the counselor’s agreement is positively assessed in line 19, with the high pitch on “th^at,” specifically attending to the shift in terms by the counselor across lines 17–18. The physician’s response is broader. His agreement, due to the position after the counselor’s response and the mother’s assessment, leaves open whether he is agreeing with the counselor or the parent. The unpacking of “I think that’s: a fair way to think about it” suggests that he cautiously endorses the mother’s consideration of the child as not having anything serious or harmful.
Framing bright sides are distinctive from other types because they are positioned as part of summative evaluations. When performed by clinicians, they instruct parents in how professionals see the news and suggest that parents should see it similarly. Framing the news in this way works to achieve bivalent equilibrium and ultimately gives parents an opportunity to affiliate. Conversely, when parents initiate a framing bright side, they self-narrate what they understand and how they view the news. The So prefaces of Examples 4 and 5 show the bright side turn to be designed as directly following from the prior news. Parents thus also work to achieve bivalent equilibrium and ultimately to affiliate.

Framing bright sides, like other news, invite agreement or other means of stance convergence. In Example 5, following the mother’s bright side, the counselor implies agreement, asserting that “She doesn’t have symptoms … of mitochondrial.” which supports the mother’s position of not having something serious without going quite as far as the parent had, and the clinician explicitly agrees with the mother subsequently (lines 20–21). In Example 4, when acknowledgement but not agreement is forthcoming at the end of the bright side (line 7), the clinician makes his stance more explicit, first asserting that the news is understandable as “bittersweet” and then framing it as a B-event insofar as the stance represents the parent’s perspective (Labov & Fanshel, 1977). Thus, in the aftermath of the framing bright side, the clinician and parent further negotiate a bivalent stance toward the news. Ultimately, the parent then does adopt a similar stance (12–14), to which we will return in the next section. What is unusual about framing bright sides is that as news they are not monovalent, and thus a “good” or “bad” assessment is not viable. Rather, these bright sides enable bivalent equilibrium, which is typically achieved through agreement or acceptance.

**Calibrating bright sides**

Bright sides are also used when one speaker has taken a position suggesting that the valence of the news is overly negative (or, very occasionally, positive). A second party’s bright side can be understood as a counterweight, working to calibrate the first party’s stance toward the news (31/63). This micro-adjustment of what is good in a bleak situation is the hallmark of a calibrating bright side. Like framing bright sides, clinicians offer calibrating bright sides more frequently than parents (19 vs. 12 instances). Whereas framing bright sides show that bright sides can constitute part of the news, calibrating bright sides show how speakers work not only to secure affiliation, which could have been achieved through agreement with the monovalent position offered by the first speaker, but rather bivalent equilibrium. In framing cases, the point is to offer a silver lining to generally negative news when a stance has not yet been explicitly taken. Moreover, one party asserts both the negative and the positive valence. In calibrating cases, one party takes a negative evaluative stance, and the second speaker relies on a turn to the bright side to nuance a jointly held position toward the results—not too positive but not completely negative.

For instance, returning to Example 1, we observed the clinician adopting a stance that the offered news is not great, introduces more worries, and that nothing can be done. Against this negative backdrop, the mother offers the bright side that they know what caused the disability, recalibrating the tenor of the physician’s evaluation from entirely negative to bivalent. She does this at a point in the interaction where an assessment of the news is relevant. She thus augments the news with the bright side, working to shift their collective stance.

Similarly, in Example 3, the clinician explained that the provision of a diagnosis might be difficult for the parent because it constitutes the end of a journey, implying the end of hope for a cure, for instance. Like Example 1, in this context, the mother offers the bright side that while the news may be difficult, it will help her “tuh know what I’m up against?” The mother’s bright side again offers a counterweight to the clinician’s dark side. And in Example 4,
following the physician’s framing bright side and the mother’s lack of positive uptake, the clinician invokes the dark side with his mention of the result being “bittersweet.” In this context, the mother offers a bright side, and this one is calibrating—it offers a positive counterweight to the physician’s negative.

The calibration work that the bright side performs is evident not only in the contexts in which they are initiated but also in subsequent turns. For instance, in Example 6, the mother has adopted a deeply negative stance with her request for confirmation “But nothing helps us now.” uttered with low volume and with falling prosody. This is confirmed by the physician (lines 3–5). The father mitigates this negativity with the bright side (line 10) “Well at least we did it,” (i.e., exome sequencing). This bright side is extremely dim. The only positive element is having done the test rather than anything particular that came out of it.

Example (6) C19

| MOM: °But nothing helps us now.° |
| (0.8) |
| tikh Not at this point because this |
| specific change there’s not enough |
| DAD: [(Got it.)/(nodding)] |
| actually .hh benefit. (.) to do A B or C. right?=
| DAD: =Right. |
| (0.2) |
| DAD: °Okay, Well at least we did it, I’m glad we did it.= |
| DOC: °What I think what it is reassuring is that |
| a lot of those other genes (0.2) are |
| out of the question.=
| DAD: =Right. So that=(at least we’ve:)
| DOC: [So a lot of other conditions= |
| DAD: [Right_ |
| DOC: =that have a lot of complications have been ruled out. |
| which is .hh to me [( |
| MOM: [So w- But wait. So it’s unclear. |
| No other- Nothing else. H- He’s not carrying |
| any other gene for any other crazy (diagnosis.) |

In this case, the bright side does not immediately produce equilibrium between parents and clinician. Instead, just as the father’s bright side shifted the valence incrementally more positively, the physician also works to shift the father even more positively. Thus, the physician remains engaged in achieving equilibrium. He contests the dimness of the father’s bright side in lines 11–13. Instead of taking solace from simply doing the test, the clinician argues that ruling out genes is reassuring, revealing the grounds for a more positive joint evaluation. This move is successful insofar as the father agrees in line 14 and then goes on to initiate another bright side, though this is left incomplete, and the mother also articulates for confirmation, a positive candidate understanding (lines 20–21). The end situation does not change—the child cannot be helped—but some potential diseases have been excluded. Moreover, through the calibration work and the initial resistance to that, the parties (at least father and physician) arrive at a place where they have reached evaluative equilibrium and articulated the rationale for doing so, jointly treating the news as bivalent—negative with a silver lining.

In Example 7, the dark side is articulated by the mother and the bright side by the clinician. The child has a progressive, untreatable condition, which both the mother and clinicians knew prior to exome sequencing. The genetic test could still have raised the possibility that the child’s prognosis would be better than expected or that a new treatment might be possible. Unfortunately, the test confirmed her condition as untreatable and progressive.
Example (7) C43

Prior to this extract, the clinician has stated that the daughter is not likely eligible for clinical trials. In this context, the mother paints a bleak picture across lines 1–3—"it’s terminal," “it’s dementia, “the loss in vision,” and a concern for what else she must prepare for—which the physician then responds with “it’s: the neurologic stuff” (lines 7–8). The clinician’s bright side works to inch the mother from her despairing position to one that remains quite dark but where a treatment could possibly be deployed on a compassionate-use basis (the grounds for a brighter joint position). Furthermore, both prior to and just after the bright side the clinician is careful to indicate that this bright side should not elevate the parent’s hopes. Rather, he states I can’t promise you anything and I hope it works. Then, in line 22, “We have more hope (.) now than we used to." His optimism is qualified and measured.

In Example 7, the mother does not offer immediate agreement, but following the clinician’s slight turn expansion with “I hope it works.” (lines 18–19), she does indicate qualified agreement (line 21) and more fulsome affiliation at line 23, suggesting that they have arrived at evaluative equilibrium—no longer the monovalenced negative stance that the mother had adopted but a bivalent stance incorporating the physician’s positive angle. They thus reach affiliation through first negotiating bivalent equilibrium.

**Elaborating bright sides**

Calibrating bright sides involve a second party nudging a first party away from an overly negative monovalent stance toward a more balanced bivalent position. Bright sides are also found when one party has offered an evaluation that is positive, and the other party amplifies and specifies the news but in doing so evokes the dark side of the news. These cases support our claim that bright sides identify the grounds for a more nuanced stance. In these cases, the bright side is positive but not monovalently so. It evokes the negative backdrop, thus modulating the good news and insisting on a bivalent evaluation of the situation. As with other types of bright sides, both clinicians and parents offer elaborating bright sides. However, elaborating bright sides are less frequent than either framing or calibrating types, and parents are more likely to offer them than clinicians (8/11).

Elaborating bright sides are also distinctive from other bright sides because they are typically positioned at the point in the news delivery where the assessment is being provided. Framing and
calibrating bright sides generally appear earlier in the news-delivery sequence, as we have discussed. For instance, in Example 8, a 6-year-old girl has intractable seizures and developmental delay. The father assesses the news they have received as “good” (line 1) and accounts for this by explaining that she had been thought to have a mitochondrial disorder, referred to as “cytochrome oxidase” in lines 3–4. In response, the physician agrees (“Right.”) and then clarifies that the alternative disease would be degenerative (line 10). He then offers a bright side as a conclusion that not having a mitochondrial disorder is “better news.” (lines 14–15). This bright side is also part of the news delivery sequence, but what is being negotiated is the assessment that has already been proffered: “good.” The clinician modulates that with his elaboration, but in this case the modulation is to maintain the positive element while not losing sight of the negative backdrop. Specifically, “better” invokes the dark side of the news—that although she could have had a degenerative disease, her condition is not “good” but only better.

Yet, this is not the end of valence assessment; the parents further stipulate the upside. Following the geneticist’s initial bright side, the father (a physician) further specifies that another positive element of the news is that the exome result may help them select a seizure treatment (also done as an elaborating bright side: “So at least it’ll help us to select a biotin”). Finally, at line 26, the mother adds yet another bright side: “So now we know she’s not a mito kid.” in the context of not having to avoid certain medications anymore.

Example (8) C3

01 DAD: In any case So go- But this is good because
02 it's uh: on many levels at least on Michaela’s
03 level: she's been labeled with a cytochrome
04 oxidase ((thing) which=has been questioned=)
05 COU: [Yeah,]
06 and questioned a[nd .hh
07 DOC: [Right.]
08 MOM: And she [didn't have ( ).
09 DOC: [And which is= And which is by the wa:ssy
10 it's- it's a bit of a-- of uh degenerative disorder,
11 the mitochondrial [disease or something [that can progress,
12 DAD: [Uh huh,]
13 MOM: [Yes,
14 DOC: So it's- .hhh if you look at it from this perspective:
15 it's better news.
16 DAD: Yeah./{(Mom nodding})
17 (0.3)
18 DAD: So at least it'll help us to- select a biotin
19 (an’) she doesn’t then need to be on
20 phenobarb:ita[l: and all those uh-
21 DOC: [Right.
22 MOM: And we were avoiding uhm (1.0) .tlk
23 DAD: Okay.
24 MOM: [a lot of medications because of possible
25 DAD: [and then- (                   )/{(mumbled))
26 MOM: mitochondrial [So now we know she’s not a mito ki:d.
27 DOC: [Right.
28 COU: [Mm hm,

Across this and other cases of elaborating bright sides, we see a consistent amplifying of and reflection on what the parties agree to be positive elements of the news. In C2, the child has developmental delay and is wheelchair bound. His parents have been looking for 18 years for an explanation. Exome sequencing shows an extremely rare mutation that locks in those symptoms without a clear path for improvement. Still, at the end of the consultation, the mother asserts that she is glad to have found the cause, and the physician specifies this as providing “a little bit of closure” and then offers a bright side as an expansion with “At least it kind of .hh puts an end to this constant searching. For an answer.” The bright side’s specification of ending the search for an answer brings to the surface two aspects of the dark side: First, the question to which this is an answer is what caused this child’s disabilities; and second, the long and difficult diagnostic odyssey they have been on (Timmermans & Buchbinder, 2010). The “at least” makes explicit that the bright side is still dim relative to the dark backdrop.
These bright sides elaborate and refine the grounds of their bivalent equilibrium. Through these elaborations, the parties refine their shared stance toward this news—that it is bivalent—and the basis of this bivalence. As this evaluation is collaboratively specified, they reach affiliation on the bivalent stance.

Discussion

It is striking how bleak some of the clinic visits are in our data, yet families and clinicians alike work to identify and bring into the interaction bright sides. In our study, news deliveries sometimes involved significant changes in expectations for the disabled child patient—for instance, the identification of a new problem with new associated treatments and prognoses. In cases where the news was relatively less transformative, parents continue the odyssey of finding the cause of their child’s disability. Yet, across these diverse news contexts, bright sides constitute a reflection on the news—a more nuanced consideration of what has been delivered. By identifying the grounds for a shared evaluation, bright sides propose that the parties are ready and should engage with this nuanced reflection. When speakers foreground an element of the news that was previously implied (e.g., “at least we did the test” or “at least now we know” or “but now we know she’s not a mito kid”), they jointly reflect on this aspect of the news and introduce grounds for a bivalent news evaluation, suggesting a readiness to consider the nuances. Rather than hopelessly bad, the parties introduce genomic test results as having a silver lining, which may give them a ray of hope to continue a challenging caregiving journey.

Disaggregating bright sides from other shifts to the positive, we find that while bright sides are undoubtedly used in transitions to new topics and closure, they may be analyzed as primarily working to achieve bivalent equilibrium. Once this position is agreed upon, the parties achieve affiliation. Bivalent equilibrium and affiliation are relevant to closings: It may be a principle of human social interaction to achieve some degree of affiliation prior to closure. For instance, disagreement typically generates sequence expansion (Schegloff, 2007, pp. 151–168). In a bad news context, proffering a bright side works to augment a prior speaker’s negative stance rather than counter it. Thus, a bright side offers another way in which speakers can reach affiliation—they can agree that it is bivalent. Thus, even when the speaker of the bright side does not counter the other speaker’s position, they still reveal self-monitoring of stance.

Our introduction of the term bivalent equilibrium is important because it highlights that news can be not only monovalently good or bad but also combinations such as mostly bad with some good. Second, it opens up the possibility that there is another layer of order in evaluative interactional contexts. In particular, there may not only be a preference for affiliation (e.g., through matched stances) but also an accountability for evaluating news and situations with an “appropriate” balance between positivity and negativity. Speakers and recipients alike monitor their stances for positive/negative valence, and reaching equilibrium involves slight shifts in the level of positivity or negativity. The bivalent evaluation can be a product of negotiation: In the calibration and elaboration...
cases, a speaker has taken a position and the other speaker works to either revise that position to be more moderate (calibration) or works to refine the grounds for the bivalent position (elaboration). In framing cases, there is no need for negotiation, but a party self-monitors bivalence for that “right” balance between a negative and positive evaluation. Importantly, bivalent evaluations represent not a compromise position but a more nuanced position.

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