Narrating Bereavement: Thematic and Grammatical Predictors of Adjustment to Loss

Lisa Capps
Department of Psychology
University of California, Berkeley

George A. Bonanno
Department of Counseling and Clinical Psychology
Teachers College, Columbia University

Traditional bereavement theories advocate thinking and talking about painful loss-related experiences. This study examined bereavement narratives of 44 individuals as predictors of adjustment over time. Narratives were solicited 6 months postloss, in a semistructured, 6-min interview. Bereaved individuals who more often recounted negative thoughts and feelings and referred to themselves in diminished agentive roles suffered more persistent grief-related symptoms 2-year postloss, as indicated by self-report and clinician ratings. Diminished self-agency predicted outcome beyond negative content. Additionally, readers presented with transcripts of the narratives reported feeling more inclined to avoid and less inclined to comfort individuals whose narratives more frequently manifest such negativity and agentive structuring. Discussion emphasizes the importance of analyzing grammatical structuring of distressed persons’ narratives to illuminate the construction of debilitating identities and world views, the potential of others’ evaluations of narrative to illuminate relevant interpersonal dynamics, and possible strategies for intervention.

The death of a life partner is a profoundly disruptive event. Yet the severity and duration of conjugal grief appear to vary greatly across individuals (Bonanno, Keltner, Holen, & Horowitz, 1995; Lehman, Wortman, & Williams, 1987). Essential aspects of adaptation to loss and factors that influence the grief process have been the subject of considerable theoretical debate, and more recently, empirical inquiry. Following Freud (1917/1957), traditional bereavement theorists
have suggested that a prevalence of negative thoughts and emotions early in the grieving process are essential to the work of mourning and that talking about these painful experiences is necessary for eventual recovery (Bowlby, 1980; Lazare, 1989; Lindemann, 1944; Parkes & Weiss, 1983; Raphael, 1983). Failure to express severe upset has been assumed to indicate pathology and to lead to long-term maladjustment (for reviews see Pennebaker, 1993a; Windholdz, Marmar, & Horowitz, 1985).

Although widely endorsed in the bereavement literature, this perspective on grief has received little empirical validation. Research suggests that severe distress may not be as widespread during bereavement as previously believed and that intensely negative reactions in the months following a loss tend to be associated with protraction, rather than resolution of symptoms (Bonanno & Kaltman, 1999; Bonanno & Keltner, 1997; Davis, Nolen-Hoeksema, & Larson, 1998; Lehman et al., 1987; Nolen-Hoeksema, McBride, & Larson, 1997; Wortman & Silver, 1989, 1990; Stroebe & Stroebe, 1993). Moreover, conveying positive affect and attending to positive aspects of a loss and surrounding circumstances are associated with well-being (Bonanno & Keltner, 1997; Davis et al., 1998; Folkman, 1997; Folkman, Chesney, Collette, Boccellari, & Cooke, 1996) and appear to help engender interpersonal support (Keltner & Bonanno, 1997).

While raising questions concerning the benefits of thinking and talking about negative aspects of bereavement in general, researchers have identified certain patterns of processing a loss that are particularly problematic. These include rumination, characterized by repetitious focus on symptoms of distress (Nolen-Hoeksema, Parker, & Larson, 1994), as well as avoidance and self-blame1 (Field, Bonanno, Williams, & Horowitz, in press; Folkman et al., 1996). There is ongoing debate, however, among theorists and clinicians concerning the relative merits of attributions that assume responsibility for negative experiences and thereby heighten one’s sense of self-control versus those that mitigate responsibility and diminish self-blame. In general, theory and research suggest that people maximize their own sense of efficacy by internalizing control over positive outcomes and by externalizing control over those that are negative (e.g., Baumeister & Newman, 1994; Crocker, Hannah, & Weber, 1983; Hastie, 1984; Taylor, 1983). It also has been suggested that minimizing responsibility for problems improves the likelihood of receiving support from others (Burger, 1989; Gruder, Romer, & Korth, 1978). This attributional schema may be problematic, however, if applied to a plethora of negative experiences, in that rendering them as uncontrollable may contribute to a pervasive sense of helplessness (Janoff-Bulman, 1979; Janoff-Bulman & Lang-Gunn, 1988). Thus, further research is needed to delineate the relative benefits of asserting as opposed to mitigating or denying agentive power over traumatic events in general, and with respect to specific circumstances such as conjugal bereavement.

1The tendency toward self-blame in response to negative life events is thought to stem from a systematic bias in attributions of causality toward greater personal control (Kelley, 1971).
Recently, researchers have begun to consider personal narrative as a means of understanding adaptation to the death of a life partner, particularly in relation to constructs concerning the psychological and interpersonal consequences of various ways of thinking and talking about loss. A narrative approach is warranted on theoretical grounds given the notion that individuals who have experienced the death of a partner repeatedly revisit this occurrence and associated circumstances over the course of their lives and the fact that narrative is among the most pervasive and powerful human resources for recalling and reconstructing personal experiences in both private and public domains (e.g., Bruner, 1986, 1990; Goffman, 1959; McAdams, 1996; Ochs, 1997; Ochs & Capps, 1996; Polkinghorne, 1988; Ricoeur, 1988).

Narrative analyses were used in the study of bereavement in the Roshomon Project (Folkman, 1997), in which groups of investigators with distinct theoretical perspectives each examined 30 men’s accounts of their experiences at the time their partners died of AIDS in an effort to predict adaptation 1 year postloss. Nolen-Hoeksema et al. (1997) examined the narratives in an effort to detect ruminative and sense-making processes. Consistent with their prior work, negative, ruminative thinking, as well as self-examination and analysis of the meaning of loss, were associated with psychological distress 1 year later. Stein, Folkman, Trabasso, and Christopher-Richards (1997) parsed the narratives to identify goal appraisals and goal process. They found that the proportion of positive appraisals (i.e., positive evaluations of beliefs, emotional states, and goal outcomes) predicted psychological well-being and the formulation of long-term goals and plans both at the time of the loss and 1 year thereafter. Positive appraisals were also positively correlated with positive morale, and positive states of mind were negatively correlated with depressive mood. Pennebaker and colleagues (e.g., Pennebaker, 1993b; Pennebaker, Mayne, & Francis, 1997) used a computer-based, word-count program previously applied to written accounts of traumatic events as a means of tapping affective and cognitive processes. Cumulative results of this research suggested that increased use of causal and insight-oriented lexicon over days of writing was associated with improved physical health and that expression of negative emotions over positive emotions was associated with higher rates of illness (Pennebaker et al., 1997). The application of this program to Roshomon bereavement narratives, however, did not yield a definitive pattern (Pennebaker et al., 1997).

Although prior narrative studies have yielded important insights, for the most part they have investigated language to capture underlying psychological processes, rather than looking at the structuring of narratives as a means of delineating identities and world views in the making. A basic tenet of this investigation is that language not only reflects, but constitutes emotions, actions, identities, and moral positions (e.g., Bruner, 1990; Gergen & Gergen, 1997; Ochs, 1988; Ochs & Schieffelin, 1979; Silverstein, 1976; Whorf, 1937). Narrative is uniquely suited to the task of meaning making in that it provides a means not only of referring to events, but also of exploring and evaluating their significance (Labov, 1972;
Labov & Waletsky, 1968). That is, the act of narration entails taking one or more evaluative stances toward narrated events, for example, by connoting characters’ emotions, knowledge, and beliefs, establishing causal connections, attributing responsibility, and appraising circumstances in terms of their implications for protagonists’ and tellers’ well-being (Ozyurek & Trabasso, 1997; Ricoeur, 1984; Stein & Levine, 1990; Stein, Trabasso, & Liwag, 1993, 1994; Taylor, 1993). Narrators’ evaluative stances are actualized both through what they say and how they say it; that is, not only through choice of lexicon, but also through discursive and grammatical structure (Capps & Ochs, 1995a, 1995b).

The evaluative dimension also plays a central role in how narratives are interpreted (i.e., evaluated) by interlocutors or readers (Goodwin & Goodwin, 1987; Ozyurek & Trabasso, 1997). Goodwin and Goodwin (1987) demonstrated that evaluations and assessments are crucial in the shaping of conversational interactions in that interlocutors respond to each other’s assessments of events. Similarly, in their study of responses to written narratives, Ozyurek and Trabasso (1997) found that readers do not simply recapitulate narrated events. Rather, they engage in an intersubjective enterprise in which they make inferences about the causes and consequences of events, the goals and emotions that motivate actions, characters’ traits, and so on (Graesser, Millis, & Zwaan, 1997; Kintsch, 1994). It appears, then, that readers, like conversationalists, are drawn into the evaluations conveyed in narratives and that they are compelled to respond with evaluations of their own. When presented with first-person accounts, which are also thought to be most evocative, co-tellers and readers generate evaluations of the narrator himself or herself (Segal et al., 1997).

Through analysis of bereaved individuals’ narratives shortly after loss as predictors of longer term adjustment, this study assesses the adaptiveness of negative thoughts and emotions and of self-construals in diminished agentive roles. Despite debate over the advisability of assuming versus deferring control, no prior analysis of adjustment to loss has focused on bereaved individuals’ use of grammatical constructions that establish agentive force. Linguistic practices involved in the ascription of agency have received considerable attention in studies of scientific (Bazerman, 1988; Biber, 1988; Latour, 1987), legal (Atkinson & Drew, 1984; Cobb, 1994; O’Barr, 1982; O’Barr & Conley, 1985), and therapeutic discourse (Aronsson & Cederborg, 1996; Buttny, 1993). This work delineates a variety of grammatical and rhetorical strategies for deemphasizing as well as highlighting one’s role in the achievement of a particular outcome (see also Capps & Ochs, 1995a, 1995b; Duranti, 1994; Pomerantz, 1978; Rymes, 1995). One may explicitly state that one felt out of control (“I felt out of control”).2 Alternatively, one may use grammatical forms that convey diminished agency, such as negatives (“I just couldn’t seem to do it”), passive constructions (“the fighting overwhelmed me”), nominalization of emotions (“the feelings of betrayal and deceit

---

2All quotes in this article are taken from the bereavement narratives analyzed.
started up again”), ellipses (in which the actor is omitted from the construction; “there was the alcoholism”), and verbs of necessity (e.g., “had to” and “got to”) that render behavior as compelled by external forces rather than volition.

Certain grammatical structures that convey diminished agency have specific implications for the study of bereavement. These include the use of hypothetical past constructions and generic forms of self-reference, which pertain to self-blame and distancing, respectively. Hypothetical past constructions connote diminished agency in that they imply failure to act (rather than making the neutral claim that some action could or could not possibly have occurred). Davis and colleagues (Davis et al., 1996) have also implicated hypothetical or “counterfactual” constructions in a process of self-blame. They proposed that such constructions begin with the supposition that a given outcome need not have occurred and then generate unrealized hypothetical acts or circumstances under which the outcome may not have happened (Davis et al., 1996; see also Kahneman & Tversky, 1982). The use of impersonal forms of self-reference (“you can think you’re going to have a happy life, and then you get a curve ball”) not only de-emphasizes personal agency through generalization (Quirk, Greenbaum, Leech, & Svartvik, 1985), but may serve as a distancing device. In support of this hypothesis, clinicians have noted that individuals in dissociative states tend to refer to themselves in this manner (F. W. Putnam, personal communication, May 3, 1999).

This study is also the first to solicit readers’ evaluative responses to transcripts of bereaved individuals’ narrative accounts of loss, specifically in terms of their reported inclination to avoid or comfort narrators. As mentioned, traditional bereavement theories emphasize bereaved persons’ need to repeatedly talk about painful reactions to loss. There is growing evidence, however, that the repeated communication of negative states can be difficult for “would-be listeners” and may actually drive away persons who may otherwise offer interpersonal support (Bonanno & Keltner, 1997; Coyne et al., 1987; Kiecolt-Glaser et al., 1987; Pennebaker, 1993b; Shortt & Pennebaker, 1992; Strack & Coyne, 1983). By testing associations between these inclinations and the valenced thoughts and emotions and self-agentive stances contained in the narratives, this study affords further insight into processes that may mediate associations between language practices and adaptation to loss.

**HYPOTHESES**

1. On the basis of prior research, it is hypothesized that bereaved individuals’ expression of negative thoughts and feelings concerning their relationship with the deceased and the loss itself would predict more grief-related symptomatology over the course of 2 years.

2. Given the general tendency to minimize responsibility for negative outcomes, it is hypothesized that expression of negative thoughts and feelings will
be correlated with use of lexical and grammatical structures that render the self in diminished agentive roles.

3. Given the need to maintain a sense of self-efficacy in the face of distressing events, it is expected that individuals who more frequently rendered themselves in diminished agentive roles would suffer more severe grief-related symptomatology over time, above and beyond the influence of negative thoughts and feelings. In light of prior work, it is expected that the use of hypothetical past constructions and generic forms of self-reference would be particularly problematic.

4. On the basis of prior research, it was expected that narrative accounts that more frequently included the expression of negative thoughts and feelings would elicit in readers frustration and the impulse to avoid and would curb the impulse to comfort. It is expected that the same pattern of responses would be elicited by individuals who more frequently represented themselves in diminished agentive roles.

METHOD

Participants

Individuals whose spouses had died within the previous 3 to 6 months were re-recruited for participation in a longitudinal study of conjugal bereavement via newspaper advertisements, posted notices, and referrals from medical and religious organizations throughout the San Francisco Bay area. The recruitment materials identified the need for paid volunteers who would discuss their recent loss so that “more could be learned about the grieving experience from a scientific standpoint.” Respondents were screened by telephone and invited to participate if they were between 21 and 55 years of age, had been married or living with the deceased for a minimum of 3 years preceding the death, and had not experienced any serious mental or physical disorders or substance abuse during the time. Participants were paid $10 per hour.

The 44 individuals who participated ranged in age from 24 to 55 years of age ($M = 47.4, SD = 8.3$); 64% were women, 75% were White, 11% were African American, and 14% were from other ethnic groups. On average, participants had been married to the deceased 16.4 years ($SD = 12.1$), had 15 years of education ($SD = 2.0$), and had a family income of $57,000 ($SD = $43,000). Of the original 44 participants, 40 (91%) remained in the study through 14 months postloss, and 35 (80%) remained in the study through 25 months postloss. Missing data due to clerical errors or incomplete responses resulted in slightly uneven sample sizes for different analyses at different assessments. Analyses of demographic and outcome variables revealed no meaningful differences between participants remaining in the study at each data collection and those who dropped out.
Overview of Procedures

Between 3 and 6 months following the death of their spouse, participants completed a standardized questionnaire yielding demographic information and the Somatic Complaints Survey, a widely used self-report measure of somatic symptoms (Marmot et al., 1991; Stansfeld, Smith, & Marmot, 1993). A structured grief interview was conducted approximately 6 months postloss ($M = 5$ months, 18 days), and an open-ended narrative interview was conducted approximately 2 weeks after the structured interview ($M = 17$ days). Both interviews were conducted at the University of California San Francisco Medical Center by trained doctoral candidates in clinical psychology. The questionnaire concerning somatic complaints and the structured grief interview, which served as the basis for evaluating adjustment to the loss, were repeated at 14 and 25 months following the death of the spouse.

Structured Grief Interview

The grief interview was designed to capture the total disruption in daily functioning that can be directly attributable to grief over the death of a spouse (Bonanno et al., 1995). Following the format used for the Structured Clinical Interview for the *Diagnostic and Statistical Manual of Mental Disorders* (Spitzer et al., 1990), the structured grief interview was designed to enable clinicians to reliably determine the presence or absence of grief-related symptoms. Each of 30 items that constitute the survey focused on one symptom in particular and included a set of standardized queries designed to elicit specific information concerning onset and severity. The instrument also included strict guidelines for determining whether the criterion for each symptom was met (Bonanno et al., 1995; Horowitz et al., 1997). The total clinician-rated score represented the total number of grief-specific disruptions in functioning. These included grief-related cognitive intrusions (e.g., unbidden memories and images of the deceased), behaviors that delay or minimize the finality of the loss (e.g., an inability to part with the deceased’s possessions), and difficulties adapting to the loss (e.g., unusual difficulty being emotionally available to significant others).

All interviews were videotaped, and a random set of 25 was rated by two clinicians to establish interrater reliability ($\kappa = .78$). In addition, convergent support for the validity of the total clinician-rated grief score as a measure of grief-related disruption was evidenced by its high correlation with (a) the interviewer’s independent global ratings of grief severity ($r = .75$, $p < .001$; Bonanno, Znoj, Siddique, & Horowitz, in press), (b) ratings of grief severity made blindly by experienced psychotherapists who had conducted independent interviews with a subset ($n = 24$) of the same participants ($r = .67$, $p < .001$; Bonanno et al., 1995), (c) scores on the Texas Revised Inventory of Grief ($r = .64$, $p < .001$; Faschingbauer, 1981), (d) grief-specific intrusion ($r = .59$, $p < .001$) and avoidance scores ($r = .59$, $p < .001$) on the
Impact of Event Scale (Horowitz, Wilner, & Alvarez, 1979), and (e) the Beck Depression Inventory ($r = .60$, $p < .001$; Beck & Steer, 1987).

Open-Ended Narrative Interview

The open-ended narrative interview was conducted in an 8 ft × 10 ft (2.4 m × 3.0 m) room containing two wall-mounted cameras. Participants were seated in a comfortable chair and were wired for autonomic physiology. The interviewer, who was seated opposite participants, explained that the purpose of the narrative interview was to learn more about “your experience of bereavement, how you see things from your perspective.” Participants were told that they would be asked to speak for 6 min about their relationship with their deceased spouse and how they have responded to the loss of that relationship and for another 6 min about another person currently important in their lives. The interviewer encouraged participants to “try to relate as openly as possible whatever comes to mind” and suggested that “if at any time you go blank, or run out of things to say, just relax and give yourself time to think about something else related to the topic.” Participants were further informed that the interviewer would keep track of the time, and that he or she would listen closely but would only ask clarifying questions. Interviewers highlighted the open-ended nature of this task, in contrast to the structured format of the grief interview. The order of the topic (deceased spouse vs. other person currently of importance in participants’ lives) was randomized across interviews. Only the narrative accounts from the 6-min interview concerning the deceased spouse were coded and reported in this study (see Bonanno et al., 1995, for a more detailed discussion of the interview procedure). The completed narrative interviews were then transcribed from audiotaped recordings using standards developed for psychotherapy sessions (Mergenthaler & Stinson, 1992).

Analyses of valence and content: Segmentation into content units. Judges segmented each transcript into content units (CUs) based on their intuitive understanding of the natural boundaries of a complete thought or idea (Butterworth, 1975; Stinson, Milbrath, Reidbord, & Bucci, 1994). In contrast to segmentation procedures suggested for psychotherapy transcripts (Stinson et al., 1994), interruptions by the interviewer were not used to define content unit boundaries unless they altered the content of the participant’s disclosure. Segmentation reliability was calculated by summing the number of CU markers on which judges agreed, multiplying this sum by 2, and dividing by the total number of CUs coded. The ratio of agreement was .81. Final CU boundaries were determined by using the majority ratings of the judges.

Positive and negative thoughts and emotions. Each content unit was analyzed for descriptions of thoughts and emotions, defined as subjective, evaluative information associated with accounts of personal opinions, beliefs, attitudes
or feelings (e.g., “It was the worst thing that ever happened to me”; “Working for that company was what killed him”; “I am sad just remembering the day.”). Thoughts and emotions were distinguished from information that could be verified without access to the narrators’ internal state (Stiles, Shuster, & Harrigan, 1992), as is the case with a comment, such as “He worked there for 22 years.” Narrative units evidencing thoughts and emotions were next classified as either having either positive or negative valence.

**Interrater reliability.** For purposes of computing interrater agreement, 23 transcripts (35%) were coded by two advanced graduate students who were blind to all other participant data, resulting in adequate interrater reliability for thoughts and emotions ($\kappa = .79$) and valence ($\kappa = .78$).

**Analyses of grammatical structures.** Narratives were also analyzed in terms of the grammatical resources participants used in portraying themselves in the context of their relationship with the deceased. Narratives were coded with respect to participants’ representations of themselves in diminished agentive roles. Two grammatical resources for mitigating agency, use of hypothetical past constructions and generic forms of self-reference, were analyzed independent of the general category given that they are thought to index additional processes relevant to the study of bereavement: self-blaming and distancing, respectively. Grammatical structures were coded independent of positive versus negative content.

**Diminished agentive roles** include negation, wherein the self is rendered unable to act (e.g., “I couldn’t seem to let go”), and grammatical constructions that position the self in passive roles of experiencer or affected object rather than volitional agent (e.g., “It was making me feel crazy” rather than “I felt crazy”). Such constructions may involve the nominalization of emotions (e.g., “The feelings of relief were so strong” rather than “I felt a strong sense of relief”); ellipses, in which the self–actor is omitted from the construction (e.g., “There was the alcoholism”); and verbs of necessity, which renders actors’ behavior as fueled by external forces rather than volition (e.g., “I just had to endure the heartbreak” or “I had to focus on all the good times we shared,” rather than “I endured the heartbreak” or “I focused on all the good times we shared”). There were only six instances in which narrators referred to themselves as having diminished agentive power over positive thoughts and emotions. These were included in analyses.

**Hypothetical past constructions** involve rendering one’s actions and emotions in a hypothetical past world (e.g., “If only I had been more honest from the beginning”). They do not simply state the nonoccurrence of the posited circumstance (e.g., that the narrator was not sufficiently honest from the beginning), but imply failure to achieve it (i.e., that the actor could have been, but failed to be sufficiently honest). There was one instance in which one participant used a hypothetical past construction to reflect on an act she had completed: “If I hadn’t made him go to the doctor, he might not have lasted as long as he did.” The hypotheti-
cal construction implies that she did make her partner go to the doctor, thereby rendering her an active agent. She assumes responsibility for his continued life, yet raised the possibility of failed action, which have not occurred had she said, for example, “Because I made him go to the doctor, he lived longer.”

Generic self-references include use of the impersonal you when referring to one’s own experiences (e.g., “You can have a companion who you think is going to be there forever and it turns out he’s not,” rather than “I had a companion I thought was going to be there forever and it turns out he isn’t,” and “And then you find true love,” rather than, “And then I found true love”). In this corpus, generic self-reference was used only twice with respect to positive experiences.

Interrater reliability. Coding for each grammatical variable was done by one of the authors (Lisa Capps). For purposes of computing interrater agreement, seven transcripts were also coded by an advanced graduate student, producing adequate kappas for diminished agentive roles (0.88), hypothetical past constructions (0.94), and generic self-reference (1.00).

Responses Evoked in Others

To assess the responses bereaved participants’ narratives evoked in others, transcripts were presented to graduate students in an interdisciplinary seminar in the social sciences. Each transcript was rated by six readers. Readers were told that the transcripts represented bereaved individuals’ accounts of the recent death of their spouse, and were instructed to offer honest impressions. To assess the inclination to offer support, readers were asked to rate the likelihood that they would “help in whatever way possible” and “willingly offer comforting advice or a pat on the back.” To assess the inclination to avoid, readers were asked to rate the likelihood that they would (a) “avoid prolonged contact,” (b) “avoid speaking,” (c) “try to minimize spending time,” (d) “quickly grow tired of speaking,” and (e) “could tolerate only brief conversations.” Readers were also asked to rate the likelihood that they would “experience feelings of frustration” in the presence of the narrator. Each rating was made on a 7-point scale ranging from 1 (not at all likely) to 7 (definitely likely).

RESULTS

Descriptive Data

Means and standard deviations, minimum and maximum scores, and number of participants scoring above zero for the primary variables considered in this study are presented in Table 1. In all cases, means include zero scores.
Consistent with theoretical and empirical accounts of the bereavement process (Bonanno & Kaltman, in press; Shuchter & Zisook, 1993), both somatic complaints and clinician-rated grief were highest at 6 months postloss and decreased gradually through 25 months postloss. With respect to the valence of narrative content, all participants’ narratives (100%) included positive thoughts and most (96%) included negative thoughts. In addition, the majority of the narratives (64%) included positive emotions and half (50%) included negative emotions. With respect to use of the grammatical resources coded in this study, most of the sample (86%) represented themselves in diminished agentive roles; 41% used hypothetical past constructions and 30% referred to themselves using the generic self-references. Potential gender differences were examined using a Hotelling $T^2$ statistic. Men and women did not differ with respect to the variables examined, $F(8, 35) = 1.22, ns$. Gender differences were not considered further.

Intercorrelations among the content and grammatical variables, coded on the basis of narratives collected 6 months postloss ($n = 44$) are presented in Table 2. The frequency of content units with negative thoughts correlated with the frequency of negative emotions ($r = .56, p < .001$) and inversely with the frequency of positive thoughts ($r = -.52, p < .001$). The frequency of representations of self

---

**TABLE 1**
Descriptive Data for Narrative Codes and Grief Outcome Variables

<table>
<thead>
<tr>
<th>Outcome Variables</th>
<th>$M$</th>
<th>$SD$</th>
<th>Minimum</th>
<th>Maximum</th>
<th>Participants With Score &gt; 0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Somatic complaints: 6 months</td>
<td>5.43</td>
<td>2.7</td>
<td>0</td>
<td>12</td>
<td>43/44 (97%)</td>
</tr>
<tr>
<td>Somatic complaints: 14 months</td>
<td>4.85</td>
<td>2.9</td>
<td>0</td>
<td>11</td>
<td>37/40 (93%)</td>
</tr>
<tr>
<td>Somatic complaints: 25 months</td>
<td>3.70</td>
<td>2.6</td>
<td>0</td>
<td>12</td>
<td>28/30 (93%)</td>
</tr>
<tr>
<td>Clinician-rated grief: 6 months</td>
<td>9.97</td>
<td>6.2</td>
<td>0</td>
<td>21</td>
<td>40/44 (91%)</td>
</tr>
<tr>
<td>Clinician-rated grief: 14 months</td>
<td>6.32</td>
<td>5.6</td>
<td>0</td>
<td>21</td>
<td>30/37 (81%)</td>
</tr>
<tr>
<td>Clinician-rated grief: 25 months</td>
<td>4.89</td>
<td>2.9</td>
<td>0</td>
<td>13</td>
<td>30/35 (86%)</td>
</tr>
<tr>
<td>Content and valence: Positive thoughts</td>
<td>8.37</td>
<td>4.3</td>
<td>2</td>
<td>18</td>
<td>44/44 (100%)</td>
</tr>
<tr>
<td>Positive emotions</td>
<td>1.14</td>
<td>1.3</td>
<td>0</td>
<td>6</td>
<td>28/44 (64%)</td>
</tr>
<tr>
<td>Negative thoughts</td>
<td>7.32</td>
<td>6.3</td>
<td>0</td>
<td>27</td>
<td>42/44 (96%)</td>
</tr>
<tr>
<td>Negative emotions</td>
<td>0.82</td>
<td>1.1</td>
<td>0</td>
<td>4</td>
<td>22/44 (50%)</td>
</tr>
<tr>
<td>Positive emotions</td>
<td>1.30</td>
<td>1.9</td>
<td>0</td>
<td>7</td>
<td>13/44 (30%)</td>
</tr>
<tr>
<td>Total no. CUs</td>
<td>30.29</td>
<td>10.7</td>
<td>15</td>
<td>71</td>
<td>44/44 (100%)</td>
</tr>
<tr>
<td>Grammatical structures: Diminished self-agency</td>
<td>4.31</td>
<td>5.3</td>
<td>0</td>
<td>28</td>
<td>38/44 (86%)</td>
</tr>
<tr>
<td>Hypothetical past constructions</td>
<td>1.02</td>
<td>2.4</td>
<td>0</td>
<td>12</td>
<td>18/44 (41%)</td>
</tr>
<tr>
<td>Generic self-reference</td>
<td>1.30</td>
<td>1.9</td>
<td>0</td>
<td>7</td>
<td>13/44 (30%)</td>
</tr>
<tr>
<td>Total words</td>
<td>866.59</td>
<td>298.6</td>
<td>422</td>
<td>2115</td>
<td></td>
</tr>
</tbody>
</table>

**Note.** CUs = content units.

*a*Mean number of somatic complaints participants’ endorsed on the questionnaire. *b*Mean number of grief-specific disruptions in daily functioning, indicated during clinical interview. *c*Mean number of content units in each category. *d*Mean number of each grammatical structure.
TABLE 2

Intercorrelations Between Thematic and Grammatical Variables

<table>
<thead>
<tr>
<th>Positive Thoughts</th>
<th>Negative Thoughts</th>
<th>Positive Emotions</th>
<th>Negative Emotions</th>
<th>Diminished Agency</th>
<th>Hypothetical Past</th>
<th>Generic Self-References</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive thoughts</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Negative thoughts</td>
<td>−.52***</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Positive emotions</td>
<td>.10</td>
<td>.01</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Negative emotions</td>
<td>−.18</td>
<td>.56***</td>
<td>.11</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Diminished agency</td>
<td>−.32*</td>
<td>.82***</td>
<td>.09</td>
<td>.59***</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Hypothetical past</td>
<td>−.19</td>
<td>.57***</td>
<td>.20</td>
<td>.29*</td>
<td>.65***</td>
<td>—</td>
</tr>
<tr>
<td>Generic self-references</td>
<td>−.26</td>
<td>.49**</td>
<td>.10</td>
<td>.42**</td>
<td>.56***</td>
<td>.30*</td>
</tr>
<tr>
<td>Total units</td>
<td>.27</td>
<td>.20</td>
<td>.02</td>
<td>.09</td>
<td>.26</td>
<td>.23</td>
</tr>
<tr>
<td>Total words</td>
<td>.20</td>
<td>.22</td>
<td>.05</td>
<td>.07</td>
<td>.12</td>
<td>.08</td>
</tr>
</tbody>
</table>

*p < .05. **p < .01. ***p < .001 (two-tailed).
in diminished agentive roles correlated with the use of hypothetical past con-
structions ($r = .65, p < .001$) and with use of the generic self-representations ($r =
.56, p < .001$). Hypothetical past constructions and generic self-representations
were also correlated ($r = .30, p < .05$).

As hypothesized, frequency counts for the grammatical structures were con-
sistently associated with the frequency of negative thematic content. References
to diminished agency correlated with accounts of negative thought ($r = .82, p <
.001$) and negative emotions ($r = .59, p < .001$); hypothetical past constructions
correlated with expression of negative thoughts ($r = .57, p < .001$) and negative
emotions ($r = .29, p = .05$); and generic self-references correlated with negative
thoughts ($r = .49, p < .01$) and negative emotions ($r = .29, p < .01$). Diminished
agentive roles were also inversely associated with expression of positive thoughts
($r = −.32, p < .05$). Indeed, it was very rarely the case ($n = 6$) that these gram-
matical structures were used in relation to positively valenced thoughts and emo-
tions.

To examine whether the thematic and grammatical codes may have varied as
a function of verbal output, we also examined their correlation with the total num-
bers of words and CUs in each narrative. None of the grammatical variables cor-
related significantly with total words. However, the number of units conveying
negative thoughts correlated with the number of CUs ($r = .32, p < .05$), suggest-
ing that the thematic codes may be confounded with verbal output. For this rea-
son, in subsequent analyses, the frequency scores for the thematic codes were
adjusted for the number of CUs in each narrative.

Narrative Codes, Relationship Adjustment, and
Bereavement Outcome

Correlations are presented in Table 3 comparing the content and grammatical
variables coded from the 6-month bereavement narratives with self-reported so-
matic complaints and interviewer ratings of grief severity measured at 6, 14, and
25 months postloss. As predicted, negative thoughts and emotions were generally
associated with poorer bereavement outcome. The proportion of units describ-
ing negative emotions correlated with increased grief at 6 months ($r = .35, p <
.05$), 14 months ($r = .36, p < .05$), and 25 months ($r = .32, p < .05$), as well as with
increased somatic symptoms at 6 months ($r = .35, p < .05$) and 25 months ($r =
.39, p < .05$). Similarly, the proportion of units describing negative thoughts cor-
related with increased grief at 6 months ($r = .32, p < .05$) and 25 months ($r = .43,
 p < .01$), as well as with increased somatic symptoms at 6 months ($r = .30, p <
.05$). Positive thoughts were correlated with reduced grief at 25 months ($r = −.34,
p < .05$) but none of the other correlations between positive thoughts or emotions
and outcome were significant.

Also consistent with the hypotheses, the grammatical variables studied were consistently associated with poorer bereavement outcome. Self-representation in
diminished agentive roles correlated with increased grief at 6 months ($r = .30, p < .05$), 14 months ($r = .47, p < .01$), and 25 months ($r = .53, p < .001$), as well as with increases to somatic complaints at 6 months ($r = .30, p < .05$) and 25 months ($r = .40, p < .05$). Use of hypothetical reconstructions of the past correlated with increased grief at 14 months ($r = .37, p < .05$) and 25 months ($r = .54, p < .001$), as well as with increased somatic complaints at 6 months ($r = .30, p < .05$). Finally, use of generic forms of self-reference correlated with increased somatic complaints at 14 months ($r = .39, p < .05$).

### Predicting Long-Term Bereavement Outcome

The correlations previously reported suggest relations between the language individuals use to talk about the death of a spouse and adjustment to the loss over time. We next conducted four multiple-regression analyses to more clearly ascertain the unique predictive association between negative narrative content and the grammatical variables coded from the 6-month narratives and grief and somatic complaints at 14 and 25 months postloss. Where appropriate, we examined the unique predictive power of two particular grammatical forms of diminished agency that have been identified in the clinical literature and were correlated both with grief outcome and with use of diminished agentive forms more generally. That is, these analyses made it possible to (a) examine the unique relation between negative content and long-term grief outcome while controlling for severity of initial grief; (b) address whether grammatical indexes of diminished agency predicted grief outcomes beyond the influence of negative content, which was essential given the correlation between these variables; and (c) consider whether use of hypothetical past constructions and generic self-reference predicted grief outcome beyond the effects of using diminished agentive forms more generally. Accordingly, the first step of each regression involved the forced entry of 6-month
outcome (grief or somatic complaints) as control variables. On the second step of each regression, a composite variable representing negative content, created by summing negative thoughts and negative emotions, was forced into the equation. On the third step, grammatical indexes of diminished agency was forced into the equation. Finally, based on the zero-order correlations, either hypothetical past constructions or generic forms of self-reference were considered for entrance into the equation. A summary of these analyses is presented in Table 4.

**Clinician-rated grief.** In the first analysis, grief at 14 months was the dependent variable. Grief at 6 months, forced into the equation on the first step, accounted for 20% of the variance (adjusted $R^2 = .20$, $\beta = .47$), $F(1, 35) = 9.89$, $p < .01$. The negative content variable, entered on the next step, did not produce a significant change in the $R^2$ (adjusted $R^2 = .21$, $\beta = .20$), $F(1, 34) = 1.76$, $p > .10$. However, with initial grief and negative content already in the equation, diminished agency entered significantly on the third step, explaining an additional 9% of the 14-month grief variance (adjusted $R^2 = .30$, $\beta = .46$), $F(1, 33) = 5.15$, $p < .05$. Finally, given the significant correlation between hypothetical past constructions and 14-month grief, this variable was considered on a fourth step, but did not significantly increase the portion of variance explained, $F(1, 32) = .00$, $p > 15$.

**TABLE 4**
Regressions for Clinician-Rated Grief at 14 and 25 Months Postloss

<table>
<thead>
<tr>
<th>Dependent Variable</th>
<th>$R^2$</th>
<th>$\beta$</th>
<th>Significance of Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grief at 14 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grief at 6 months</td>
<td>.20</td>
<td>.47</td>
<td>$F(1, 35) = 9.89^{**}$</td>
</tr>
<tr>
<td>Negative content</td>
<td>.21</td>
<td>.20</td>
<td>$F(1, 34) = 1.76$</td>
</tr>
<tr>
<td>Diminished agency</td>
<td>.30</td>
<td>.46</td>
<td>$F(1, 33) = 5.15^{*}$</td>
</tr>
<tr>
<td>Hypothetical past</td>
<td>.28</td>
<td>.01</td>
<td>$F(1, 32) = 0.00$</td>
</tr>
<tr>
<td>Grief at 25 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grief at 6 months</td>
<td>.24</td>
<td>.44</td>
<td>$F(1, 33) = 11.69^{**}$</td>
</tr>
<tr>
<td>Negative content</td>
<td>.32</td>
<td>.33</td>
<td>$F(1, 32) = 5.17^{*}$</td>
</tr>
<tr>
<td>Diminished agency</td>
<td>.38</td>
<td>.40</td>
<td>$F(1, 31) = 4.02^{*}$</td>
</tr>
<tr>
<td>Hypothetical past</td>
<td>.41</td>
<td>.31</td>
<td>$F(1, 30) = 2.21$</td>
</tr>
<tr>
<td>Somatic symptoms at 14 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Somatic symptoms at 6 months</td>
<td>.00</td>
<td>.14</td>
<td>$F(1, 38) = 0.80$</td>
</tr>
<tr>
<td>Negative content</td>
<td>.00</td>
<td>.04</td>
<td>$F(1, 37) = 0.05$</td>
</tr>
<tr>
<td>Diminished agency</td>
<td>.00</td>
<td>.30</td>
<td>$F(1, 36) = 1.46$</td>
</tr>
<tr>
<td>Generic self-reference</td>
<td>.11</td>
<td>.49</td>
<td>$F(1, 35) = 6.93^{*}$</td>
</tr>
<tr>
<td>Somatic symptoms at 25 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Somatic symptoms at 6 months</td>
<td>.19</td>
<td>.47</td>
<td>$F(1, 28) = 7.94^{**}$</td>
</tr>
<tr>
<td>Negative content</td>
<td>.18</td>
<td>.14</td>
<td>$F(1, 27) = 0.59$</td>
</tr>
<tr>
<td>Diminished agency</td>
<td>.23</td>
<td>.38</td>
<td>$F(1, 26) = 2.68$</td>
</tr>
</tbody>
</table>

Note. $R^2$ is adjusted $R^2$.

* $p < .05$. ** $p < .01$. 

In a similar analyses of predictors of grief at 25 months, grief at 6 months was entered on the first step, and explained 24% of the variance (adjusted $R^2 = .24$, $\beta = .44$), $F(1, 33) = 11.69, p < .01$. On the second step, negative content entered significantly, explaining an additional 8% of the 25-month grief variance (adjusted $R^2 = .32$, $\beta = .33$), $F(1, 32) = 5.17, p < .05$. On the third step, with initial grief and negative content already in the equation, diminished agency entered significantly, explaining an additional 6% of the 25-month grief variance (adjusted $R^2 = .38$, $\beta = .40$), $F(1, 31) = 4.02, p = .05$. Finally, hypothetical past constructions were considered, but with initial grief, negative content, and a more comprehensive index of diminished agentive forms already in the regression equation, it did not significantly increase the variance explained, $F(1, 30) = 2.21, p > .10$.

**Somatic complaints.** In an analysis using somatic complaints at 14 months as the dependent variable, 6-month somatic complaints was forced into the equation on the first step, but explained less than 1% of the variance and hence was not a significant predictor of 14-month somatic complaints (adjusted $R^2 = .00$, $\beta = .14$), $F(1, 38) = 0.80, ns$. Little additional variance was explained on the second step, when negative content was forced into the equation (adjusted $R^2 = .00$, $\beta = .04$), $F(1, 37) = 0.05, ns$, or on the third step when diminished agency was forced into the adjusted equation (adjusted $R^2 = .00$, $\beta = .30$), $F(1, 6) = 1.46, ns$. However, based on the zero-order correlations, generic self-reference was considered on the fourth step of this analysis, and entered significantly into the equation: With initial somatic complaints, negative content, and diminished agency already in the equation, generic self-reference explained 11% of the 14-month somatic complaint variance (adjusted $R^2 = .11$, $\beta = .49$), $F(1, 35) = 6.93, p < .05$.

In a similar analyses using grief at 25 somatic complaints as the dependent variable, 6-month somatic symptoms accounted for 22% of the variance on the first step ($R^2 = .19$, $\beta = .47$), $F(1, 28) = 7.94, p < .01$, but neither negative content nor diminished agency entered significantly on subsequent steps. A fourth step was not included because neither hypothetical past constructions nor generic self-reference were significantly correlated with somatic symptoms at 25 months.

**Responses evoked in others.** As presented in Table 5, a final set of correlational analyses explored the potential impact of bereavement narratives on “would-be listeners.” The untrained individuals who read participants’ narratives were more likely to report that they would avoid the participant when the narratives had greater proportions of negative thoughts ($r = .46, p < .01$) and negative emotions ($r = .47, p < .001$), and a greater number of grammatical structures that indicated diminished agency ($r = .38, p < .01$) and generic self-reference ($r = .36, p < .01$). Readers’ inclination to avoid was also inversely associated with the proportion of positive thoughts in the narratives ($r = -.30, p < .05$). Readers reported less inclination to comfort the bereaved participants who more often narratively represented themselves in diminished agentive roles ($r = -.29, p < .10$).
and used generic self-reference ($r = -0.26, p < 0.10$). Finally, readers reported greater frustration when reading narratives with greater proportions of negative thoughts ($r = 0.71, p < 0.001$) and to a lesser extent negative emotions ($r = 0.27, p < 0.10$), and when the narratives indicated diminished agency ($r = 0.50, p < 0.001$) and hypothetical past constructions ($r = 0.36, p < 0.05$). Readers reported less frustration when the narratives included greater proportions of positive thoughts ($r = -0.39, p < 0.01$).

### DISCUSSION

This investigation demonstrates the utility of analyzing personal narratives as a means of identifying processes that promote and hinder adjustment to conjugal bereavement (Folkman, 1997; Harvey & Miller, 1998; Stein et al., 1997). Counter to traditional bereavement theories, but consistent with more recent empirical findings, a preponderance of negative thoughts and emotions early in the grief course predicted more severe disruption in daily functioning over time (Bonanno & Keltner, 1997; Davis et al., 1998; Lehman et al., 1987; Nolen-Hoeksema et al., 1997; Stroebe & Stroebe, 1993; Wortman & Silver, 1990). In addition, negativity was associated with attributions of diminished control. In general, individuals tend to mitigate agency over negative experiences in an effort to preserve a sense of self-efficacy (cf. Baumeister & Newman, 1994; Crocker et al., 1983; Hastie, 1984; Taylor, 1983). Yet in this study, individuals who narratively cast themselves as having diminished control over negative loss-related experiences suffered more grief-related disturbances, including feelings of inefficacy, than did those whose narratives did not manifest this dynamic (Janoff-Bulman, 1979; Janoff-Bulman & Lang-Gunn, 1988). Furthermore, use of diminished agentive forms predicted maladaptive outcomes even after negativity was taken into account.
Although it is possible to use narrative data as a basis for inferring dynamics that underlie variability in grief outcome, a central tenet of this study is that predictive relations between narrative variables and ongoing adjustment derive from the nature of narrative activity. People are inclined to reflect on the meaning of significant events, and such reflections often take the form of narratives (Aristotle, trans. 1982; Bruner, 1986; Burke, 1962; Ricoeur, 1988). Acts of narration not only represent, but also realize theories of self and world, and these theories are not confined to the past, but guide present and future understandings and behavior as well (Feldman, 1989; Ochs et al., 1992; Ricoeur, 1988; White, 1980). Furthermore, theories are constructed not just through message content, but through how a narrative is grammatically constructed. For example, although narrators may use lexicon to depict the character of an experience, they may simultaneously use grammar that constructs a particular view of themselves in relation to it. Such constructions may not be foregrounded in tellers’ self-concepts and world-views, or may even conflict with those articulated in the message content of the narrative. It is crucial to employ analysis of narrative form as well as content to capture perspectives that might not be fully accessible to narrators themselves (see Capps & Ochs, 1995a, 1995b for further discussion).

The nature of narrative activity also yields insight into the dynamic posited earlier, in which framing oneself as lacking control over both the undeniably uncontrollable death of a life partner and attendant negative thoughts and feelings engenders a pervasive, escalating sense of helplessness. Although open to revision, certain narrative practices may be particularly self-perpetuating. Many constructions that mitigate agency, such as passive constructions (e.g., “It overwhelmed me”) and verbs of necessity (e.g., “I had to endure”), do not specify a causal source to be reckoned with. Although keeping responsibility for events and responses at bay, such constructions may simultaneously render them out of reach, and in the process may limit access to alternative renderings and associated courses of action. This is consistent with studies linking persistent difficulty following loss to the maintenance of static construals of meaning over time (Pennebaker et al., 1997), the inability to disengage from untenable goals to formulate new ones (Folkman, 1997; Folkman et al., 1996; Klinger, 1987; Stein et al., 1997), and engagement in thinking that circumvents strategies which may lead to positive states of mind (Klinger, 1987; Nolen-Hoeksema et al., 1997; Nolen-Hoeksema et al., 1994; Wortman & Silver, 1990). Use of generic forms of self-reference, which was associated with increased somatic complaints, can be seen to promote stasis in that such constructions posit an enduring, generalizable state of affairs that is thereby distanced from the discrete, personalized realm of an individual’s experience. This finding is consistent with observations from diverse cultures indicating that individuals who distance themselves from psychological-

---

3It is conceivable, for instance, that an individual may endorse a particular style of coping, yet use language in ways that belie alternatives.
ly distressing events tend to suffer increased health problems (Draguns, 1993; Kleinman & Kleinman, 1985; Pennebaker & Susman, 1988; Tseng, 1974).

This study points to another influence on adjustment to conjugal bereavement that is also tied to the nature of narrative: the role of cotellers and readers as active evaluators of narrated events, protagonists, and narrators alike (Duranti & Goodwin, 1992; Graesser et al., 1997; Ozyurek & Trabasso, 1997; Segal et al., 1997). Analyses of others’ responses to transcripts of the bereavement narratives suggested that social dynamics may be fueling associations between language practices and severity of grief symptomatology over time. Although we did not have data concerning actual interactions with bereaved individuals, readers reported feeling more frustrated and more inclined to avoid individuals who more often expressed negatively valenced thoughts and emotions, and less inclined to comfort them. Complementarily, they reported feeling less frustrated and less inclined to avoid those who more often expressed positive thoughts (see also Keltner & Bonanno, 1997). Opposing the notion that minimizing responsibility for problems improves the likelihood of receiving social support (Burger, 1989; Gruder et al., 1978), readers also reported greater frustration and a heightened desire to avoid individuals who represented themselves in diminished agentive roles, including use of hypothetical past constructions and generic forms of self-reference. Narrative practices that feature negativity and diminished agency may repel social interaction in general, and positive social interaction in particular. One consequence of such a dynamic would be diminished opportunities for collaborative narration. As highlighted in conceptualizations of therapy as a narrative activity (e.g., Gergen & Kaye, 1992; Schafer, 1992; Spence, 1982; White & Epston, 1990), collaborative narration in a supportive context facilitates the revision of narratives in ways that promote well-being, at least in part by enhancing personal agency. Such narratives also may engender ongoing social support, thereby setting into motion an adaptive self-perpetuating cycle.

FUTURE DIRECTIONS

This project does not constitute a comprehensive investigation of factors that influence bereavement. Future studies would benefit from focusing on individuals contending with different types of losses and from obtaining information prior to loss about other factors known to influence the grief process, including the relationship with the deceased, personality traits, physical and mental health, coping styles, and social and material resources (Vachon et al., 1982). This would allow for examination of additional contextual variables that may moderate the effects of narrative practices (Bonanno & Kaltman, 1999).

Future studies may also consider the specificity of use of the grammatical variables examined in this article. Would the participants in this study have relied on the same grammatical repertoire in narrating their relationship with the deceased
if interviewed prior to the loss? Would they have done so in narrating their relationships with other significant persons in their lives? Is use of this grammatical repertoire indicative or constitutive of psychological distress in general? In a case study of a woman with agoraphobia, Capps and Ochs (1995a, 1995b) found that narratives of panic featured renderings of self in diminished agentive roles, among other grammatical features. Future research may examine these constructions in the narratives of individuals suffering from a range of psychological difficulties. Indeed, this study demonstrates that analysis of valenced content and grammatical structuring of narratives need not be confined to case studies, but can be undertaken with large samples and related to other quantified measures.

It will also be important in future work to examine bereaved individuals’ narratives over time and to assess the extent to which shifts in the valence of expressed thoughts and emotions and use of agentive forms are tied to changes in psychological health, physical health, or both. In addition, to better understand relevant social dynamics, it will also be important to obtain more precise information concerning readers’ responses to particular aspects of sufferers’ narratives. Following the methods employed by Ozyurek & Trabasso (1997), future investigations may elicit readers’ evaluations of narrated material line by line. It may also be interesting to solicit evaluations to videotaped narratives, which include nonverbal communication (Shortt & Pennebaker, 1992). Delineation of relations among narrators’ stances and readers’ or viewers’ evaluations would allow for the identification of practices that invite and discourage potentially helpful social involvement. Thus, this study underscores multiple ways in which discourse analyses can illuminate not only the perpetuation, but also the resolution of human suffering.

ACKNOWLEDGMENT

Both authors contributed equally to this article.

REFERENCES


NARRATING BEREAVALMENT


