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Nancy Adler   April 17, 2010

Narratives of Loss as they Relate to
Adult Attachment Style and Well-Being

by

Nancy Adler

Advisor:

Robyn Fivush, Ph.D.

Department of Psychology

_____

Robyn Fivush, Ph.D.
Adviser

_____

Stephen Nowicki, Ph.D.
Committee Member

_____

Lilia Coropceanu, Ph.D.
Committee Member

_____

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An abstract of
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Abstract

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The loss of a loved one is a difficult trauma that affects many people. Although much past

research has examined individual differences in methods of coping with loss as they relate to

well-being, little research has focused on how individuals come to interpret the loss of a loved

one, and how their interpretation relates to their psychological well-being. The way that

individuals deal with the loss of a loved one is likely related to their styles of attachment. In the

present study, I looked at narratives of bereavement, as such narratives are linked to the way that

individuals create meaning of past experiences. I sought to examine how narratives of loss might

be related to attachment style in addition to well-being. Narratives were coded for contamination,

emotion words, and cognitive words. Individuals filled out measures of attachment, depression,

anxiety, and PTSD symptoms. The results revealed that individuals high in attachment anxiety

were more likely to show higher levels of depression and general anxiety. The results also

indicated that, for the most part, narrative variables were not related to attachment style, although

individuals high in attachment avoidance were less likely to use positive emotion words in

narratives. Despite the general lack of significant correlations between narrative variables and

well-being measures, I found that more contaminated narratives were related to increased

symptoms of PTSD. These results, and the general absence of significant correlations, indicate

that further research would be useful to better understand how attachment style and well-being

relate to bereavement narrative disclosure.

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Past literature on bereavement has generally focused on individual differences in methods of coping and how they relate to well-being (Bonanno & Kaltman, 1999). However, few studies have examined the way that individuals come to understand the loss of a loved one, and how these interpretations relate to their overall well-being. The present study will look at individual narratives of bereavement, because narratives enable the storyteller to organize and express their experiences. More specifically, narratives that are more emotionally expressive and coherent and that focus on redemption rather than contamination are related to higher levels of well-being. Further, the loss of a loved one is a traumatic experience which, like other stressful events, tends to activate the attachment system (Mikulincer, Gillath, & Shaver, 2002). The quality of our early attachment relationships has been shown to influence the way that we interpret and perceive relationships later on in life (McAdams, 1993). For this reason, I also examine how attachment style may be related to narratives of loss and well-being. (Shalev, Yehuda, & McFarlane, 2000).

Loss

The death of a loved one is a traumatic event that affects many people. It is unique in that there is no ability to recover or repair a lost relationship. For nearly a century, mourning over the loss of a loved one was believed to require a period of *grief work*, which Freud said required detaching from the deceased individual. Toward the end of the 20th century, it became apparent that there was little empirical support for this idea, and researchers began to look at other possible theories (Bonanno & Kaltman, 1999).

While there is currently no generally accepted theory to explain the process of bereavement, there are four leading theoretical perspectives which have been adapted to bereavement to

provide insight into the grieving process (Bonanno & Kaltman, 1999). One major perspective, cognitive stress theory, argues that the extent to which a loss is stressful depends on the way that it is evaluated by the bereaved individual. Bonnano (1998) evaluated appraisals of loss from middle-aged widows six months after their partners passed away. He found that positive appraisals of the loss were associated with more positive states of mind, improved morale, and less depression six months later. Negative appraisals, on the other hand, were associated with increased grief 18 months after the loss. A second major perspective is the attachment theory perspective that emphasizes the importance of a continued bond with the deceased and says that such a bond keeps one's sense of identity intact and enables one to reorganize his or her life in a meaningful way. Third, according to the trauma perspective, losses resulting from violent deaths are likely to bring about reactions similar to post-traumatic stress disorder (PTSD). A study by Zisook, Centsova-Dutton, and Shuchter (1998) looked at data from bereaved adults two months after the death of their spouse and found that 33% of participants whose spouses died unexpectedly (e.g. suicide, accident) met the criteria for PTSD, far more than those whose spouses were expected to die. Lastly, the social-functional approach to emotion differentiates between grief and emotions, explaining that grief is a deeper response that develops slowly over time, whereas emotions are revealed quickly to serve an individual's immediate needs. Negative emotions serve different functions, with anger externalizing blame and helping to ward off verbal attack and sadness fostering reflection and acceptance of oneself and evoking sympathy in others (Bonanno & Kaltman, 1999).

In order to account for the various factors that play a role in the grieving process, Baddeley and Singer (2009) created a social interactional model of bereavement narrative disclosure, as seen in Figure 1. Derived from Alea and Bluck's (2003) model of general autobiographical

narrative disclosure, this model is intended to apply to the disclosure of autobiographical narratives for which loss is a central event of the story. The model takes into account various factors that play a role in the grieving process, including the content of the narrative, the relationship between the story teller and the listener, the time since the loss, the type of loss, and adjustment challenges. These adjustment challenges include coping, incorporating the loss into a changed identity, continuing one's bond with the deceased, strengthening one's relationships with the living by developing new intimate bonds and maintaining old ones, and sharing with others life lessons learned from the loss (Baddeley & Singer, 2009).
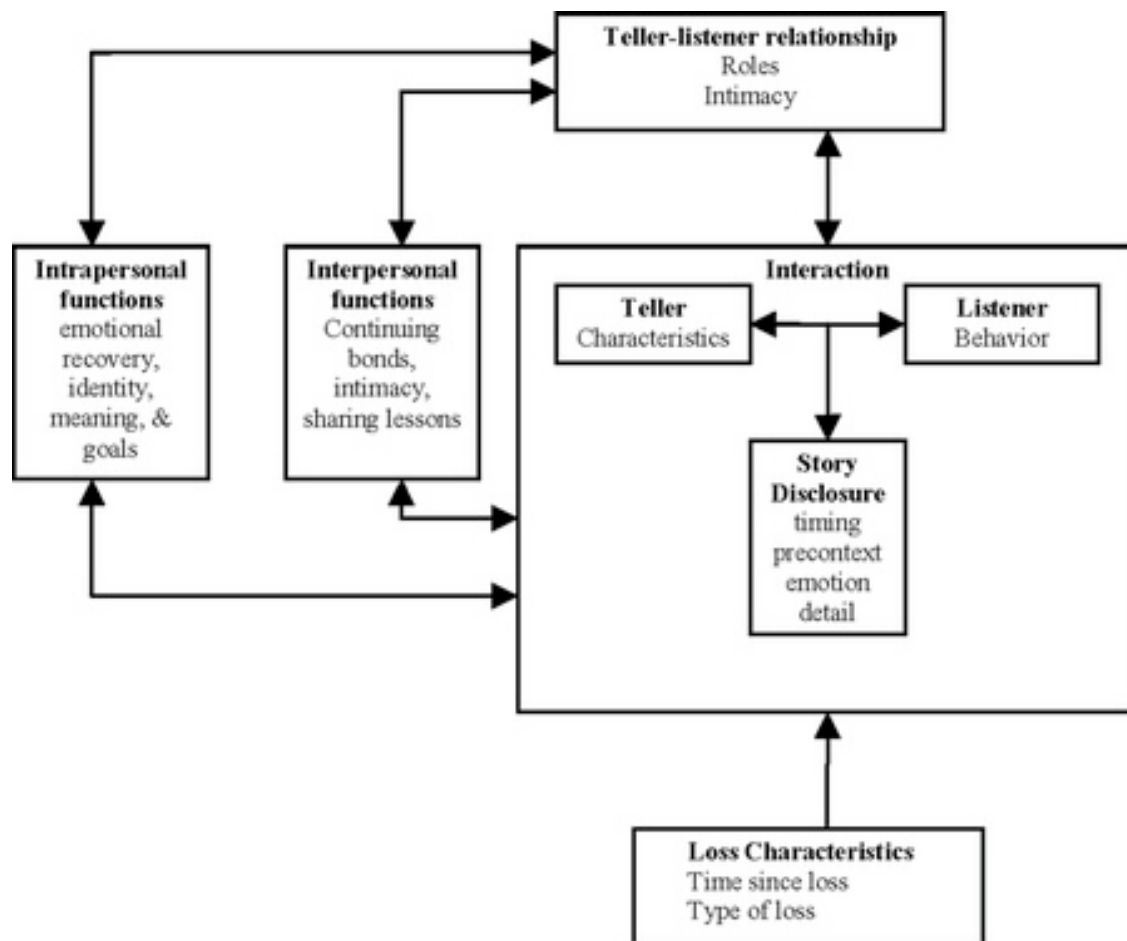

Figure 1.   A social interactional model of the functions of bereavement narrative disclosure, from "A social interactional model of bereavement narrative disclosure," Used with permission from J. Baddeley and J. Singer, 2009, *Review of General Psychology, 13,* 202-218.

Although there is little empirical evidence that deals with actual narratives of loss, Baddeley and Singer's model (2009) theorizes how various factors play into the coping process. They note that one's perspective on and reaction to the loss of a loved one can change over time. Carnelley, Wortman, Bolger, and Burke (2006) posit that the longer it has been since the loss occurred, the less likely one is to talk about the loss, and the less negative emotion one is likely to feel when thinking about the deceased person. They further suggest that the type of story that a person tells is likely to change as time goes on. A study by Miles and Crandall (1983, as reviewed in Baddeley & Singer, 2009) asked bereaved parents open-ended questions about their lives following the death of a child. Their findings suggest that as more time passes since the loss occurred, individuals are more likely to focus on positive aspects of the loss.

The nature of the death, be it violent and sudden or peaceful and expected, plays a major role in determining an individual's response to the loss. People are less able to make sense of violent deaths, and as a result of such events, they are more likely to experience complicated grief, which is a traumatic reaction to the event (Currier, Holland, & Neimeyer, 2006). In addition, those enduring complicated grief are less likely to find meaning in the loss and find it difficult to come to terms with the loss. A study by Maercker, Bonanno, Znoj, and Horowitz (1998) looked at transcripts of semi-structured interviews from recently bereaved individuals. Although these were different from spontaneously-generated narratives, they did enable participants to include the details that they felt were important. They developed a measure to assess individuals' levels of complicated grief, and they found that a greater prevalence of positive themes in narratives six months post-loss was related to fewer grief-specific symptoms 14 months after the loss.

According to Baddeley and Singer's model (2009), the two critical aspects of coping with the loss of a loved one are narratives and attachment. Narratives are important because they are concerned with intrapersonal functions, including one's ability to create meaning from the loss and incorporating the loss into one's sense of identity. Attachment is equally significant because of its connection to interpersonal functions, such as maintaining bonds with the living and sharing life lessons with others. While there is little empirical evidence actually involving narratives of loss, there is a great deal of research on the role of attachment style in coping with loss.

Relationship Between Loss and Attachment

Loss is clearly an attachment-related event, activating the attachment system. According to Bowlby's attachment theory, attachment behaviors begin in infancy, when closeness to a caregiver is essential to the infant's survival. Early attachment behaviors include crying when distressed as well as clinging, crying, or searching frantically to prevent separation from the attachment figure who provides support, protection, and care. An attachment behavior displayed by older infants involves remaining in close proximity to the attachment figure when exploring. These are characteristics typical of an infant with a secure attachment style, whereas infants with insecure attachment styles do not necessarily display these behaviors. There are three styles of infant attachment discovered by Ainsworth (1979) who studied attachment through infant-parent separation. Ainsworth's strange situation technique involves separating an infant from his or her parent, who is the attachment figure, and then reuniting the two to see how the infant reacts. Securely attached infants become upset when parents leave the room, but when parents return, the infants actively seek them out and are comforted by their presence. Infants with an insecure/ anxious style of attachment become overly distressed upon separation and have trouble being

comforted by the parent upon his or her return. Infants with an insecure/ avoidant style of attachment do not appear to experience distress after being separated, and, once reunited, they actively avoid seeking contact with the parent.

While the infant's attachment relationship to the caregiver is considered most critical in infancy, Bowlby (1988) believed that the attachment system, which facilitates proximity to the attachment figure and safety, remains active throughout one's life. The characteristics of an infant's relationship with his or her caregiver, whether secure, avoidant, or anxious, slowly develop into an internal working model of thoughts, emotions, and behaviors about oneself and others (Craik, 1943, as cited in Bowlby, 1988). This internal model contains attachment-related knowledge from the past and continues to develop throughout one's life, helping to regulate an individual's attachment-relevant behavior, such as support seeking. When attachment figures are available in times of need, one develops a sense of security and confidence and the attachment system functions well. However, unavailable or rejecting attachment figures can cause self-doubt and uncertainty about one's feelings and emotions (Mikulincer, Shaver, Sapir-Lavid, & Avihou-Kanza, 2009).

Attachment style is an aspect of personality which can influence the kinds of disclosure that individuals make when narrating aspects of their lives. Individuals who are securely attached are generally more emotionally expressive and more open to self-disclosure than those with an avoidant style of attachment. Therefore, when narrating stories of loss, securely attached individuals would be expected to use more emotion and detail in their self-disclosures than would anxiously attached or avoidantly attached individuals (Mikulincer & Nachshon, 1991).

The activation of the attachment system causes one to appraise whether an attachment figure is present either literally or symbolically. After having ascertained that an attachment figure is

present in some way, one uses security-based strategies to lessen distress and to improve personal adjustment. Furthermore, a securely attached individual aims to create a "broaden and build" cycle of attachment security, in which one builds resources for staying calm during stressful situations and broadens one's outlook and capabilities. Once experienced with this cycle, an individual can internalize the presence of a security-providing attachment figure, incorporating its role into one's individual outlook. Secure individuals can use these strategies after experiencing traumatic events to reduce their levels of distress and to overcome the external obstacles (Mikulincer, Shaver, & Pereg, 2003).

According to Mikulincer and Florian (1997), because secure attachment style is often linked to a positive resolution of stressful experiences, securely attached individuals are generally able to cope with stress in a constructive way and to ultimately improve their psychological well-being. Secure attachment is also linked to self-worth, self-control, and confidence that one can receive help in times of need. These qualities may serve as resilience factors to promote a positive outlook on life and to help a person bounce back in times of mental distress. On the other hand, those who have an insecure attachment style, either anxious or avoidant, do not evaluate stressful experiences constructively, and they often view themselves as ineffective at alleviating discomfort. An insecure style of attachment can be considered a risk factor that can negatively impact an individual in times of distress, leading to poor adjustment and inferior coping strategies.

With reference to the loss of a loved one, Bowlby (1980) stressed the importance of maintaining an attachment, or a continued bond, to the deceased. Bowlby believed that continuing one's attachment to a deceased loved one would enable an individual to have a more solid sense of identity and to reorganize one's life in a meaningful way. This idea of a continued

bond with the deceased has been found to be common in many cultures today (Bonanno & Kaltman, 1999). A person with a secure attachment style is expected to be able to deal with the death of a loved one by focusing on positive representations of the deceased to help with the pain of the loss. On the other hand, a person with an ambivalent attachment style is more likely to experience complicated bereavement, which can lead to a prolonged period of anguish (Bonanno & Kaltman, 1999). Thus, a major objective of this research is to examine relations between attachment status and well-being, and to examine this in relation to how individuals narrate their experience of loss.

Why Narratives?

Autobiographical narratives are socially and culturally canonical ways of characterizing and organizing past events. Narratives are constructed to make sense of life experiences, and they are especially important when dealing with those events that violate one's expectations. In addition to including the basic memory and details of an experience, narratives incorporate explanations and emotions, providing a way for one to create meaning from past events (Bruner, 1987). Furthermore, developing narratives is crucial to one's self-understanding, as the way individuals narrate important events in their lives influences the way that they come to comprehend both the events and themselves (Fivush, Bohanek, & Duke, 2008).

Narratives of Trauma

Narratives are a reflection of how individuals remember traumatic experiences, and there is much controversy over whether traumatic experiences are remembered differently from everyday events. According to the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 2000), trauma is defined as the threat of death or injury, or the

witnessing of death or severe injury. The definition also includes a threat to the physical integrity of oneself or others.

There has been much debate over the uniqueness of traumatic memories in comparison to non-traumatic ones (Sotgiu & Mormont, 2008). This controversy motivated researchers in both clinical and cognitive disciplines to conduct empirical studies to investigate the similarities and differences between traumatic memories and non-traumatic memories. These have led to three distinct theories about the nature of trauma memory, each supported by empirical evidence (Sotgiu & Mormont, 2008). However, it must be emphasized that the majority of research has examined questionnaires in which individuals are asked to self-report on the qualities of their memories, and most of this research suggests few differences between traumatic and non-traumatic memories. Very little research has examined the actual narratives that individuals tell of their traumatic experiences.

The first theory argues that traumatic experiences are remembered less well than other non-traumatic memories. Support for this view comes from a clinical perspective, with van der Kolk and his colleagues being at the forefront of this school of thought. An exploratory study by van der Kolk and Fisler (1995) interviewed 46 subjects with PTSD about their most traumatic experience. Participants responded to numerous questions about the vividness of their memory, whether they experienced flashbacks, and other memory qualities. The researchers found that trauma memories were retrieved in fragmentary sensory and emotional components, including images, sounds, scents, and bodily feelings. This study and further ones by van der Kolk suggest that trauma memories are not remembered as coherently as ordinary memories. However, research from different perspectives shows otherwise.

A second approach takes the opposite stance and affirms that trauma memories are in fact remembered better than memories for ordinary events. Evidence for this comes from Peace and Porter (2004), who looked at narratives written by individuals who had experienced a severely traumatic event within the past year. Participants wrote about their traumatic event in addition to a narrative about a positive emotional memory from the past year. Three months later, participants were asked to recall these same memories. They found that the memories for the traumatic experiences were more consistent over time and were remembered better than the positive memories. A follow-up study found a similar trend in memory consistency three to five years later (Porter and Peace, 2007).

The last approach argues that traumatic experiences are remembered in the same way as non-traumatic events. Gray and Lombardo's (2001) research provides support for this view. They looked at two samples of undergraduate students: those with PTSD and those without PTSD. Participants were asked to write about a significant traumatic experience in addition to one positive and one negative non-traumatic experience. The researchers examined the complexity of the narratives and found that the degree of articulation for each memory did not vary according to the type of experience (traumatic or non-traumatic) or whether the participant had PTSD or not. They concluded that memories of traumatic events were not remembered in a fragmentary way, and thus they believed that memory for traumatic events did not differ significantly from memory for positive or negative non-traumatic events.

Finally, Bohanek, Fivush, and Walker (2005) asked 44 female undergraduates to write a number of narratives, including one about an intensely negative experience and one about an intensely positive experience. They found that individuals narrated intensely negative events in a less coherent fashion than intensely positive events, suggesting that trauma memories are more

fragmentary. However, they also found that narratives of intensely negative events contained more cognitive processing words than intensely positive events, suggesting that individuals may be working harder to understand traumatic experiences. Thus, there are few studies with discrepant findings on how individuals actually narrate traumatic experiences. One possible resolution stemming from Baddeley and Singer's (2009) model is that attachment status may influence the way in which trauma is interpreted and narrated. Therefore, a second major objective of this study is to examine relations between attachment style and narratives of loss.

The Importance of Trauma Narratives: Their Relationship to Well-Being

The way that individuals narrate traumatic events is important, as such events have a high likelihood of impacting one's well-being. Research has found that experiencing traumatic events may negatively affect an individual's well-being, with the possibility that one will develop problems with anxiety, acute and chronic stress, depression, and/ or abuse of substances (Shalev, Yehuda, & McFarlane, 2000).

Highly traumatic events lead to traumatic memories, which have been shown to play a major role in the development and maintenance of post-traumatic stress disorder (Brewin, 2001). PTSD is an anxiety disorder caused by the memory of a trauma, and its symptoms include unwanted re-experiencing of the event, evasion of stimuli that might remind one of the event, hyper-arousal, and emotional numbing. Individuals with persistent PTSD have symptoms that last for years, and they exhibit differing negative emotions based on various factors, including the type of event, one's appraisal of the event, and the extent to which one is certain of an outcome. For instance, the possibility that one will lose a loved one is generally associated with anxiety, whereas the perceived certainty that one will lose a loved one is generally associated with depression (Ehlers & Clark, 1999).

Common forms of therapy to alleviate symptoms of PTSD involve cognitive behavioral approaches. One method of therapy that has been shown to benefit individuals involves writing a detailed narrative about the event (Resick & Schnicke, 1993). Another method that has been used requires the individual to attempt to re-live the traumatic event and then put that experience into words (e.g. Foa & Rothbaum, 1998). This technique was demonstrated by Foa, Molnar, and Cashman (1995), who conducted a study with victims of sexual assault receiving exposure treatment. Participants had weekly therapy sessions in which they were instructed to recall the assault in the present, including thoughts and feelings experienced during the event. They were required to repeat the experience over and over again for up to an hour, and they were instructed to listen to a recording of their re-living frequently on their own. Rape narratives from the first and last exposure treatment sessions were carefully analyzed for various factors. The researchers found that a high degree of fragmentation, or a lack of flow, was related to an increase in trauma-related symptoms. In other words, the more coherent the narrative, the more likely the individual would have a better outcome.

Studies with clinical populations suggest that the emotional expressiveness and coherence of a narrative is important for well-being. A great deal of research with non-clinical samples supports this conclusion. Writing narratives about traumatic experiences has been shown to have a positive effect on one's physical and psychological well-being. Several mechanisms have been proposed to explain how expressive writing is beneficial. As reviewed by Frattaroli (2006), Inhibition Theory says that the inhibition of upsetting thoughts and feelings is detrimental, but that revealing one's thoughts and emotions through writing can provide catharsis, reducing stress. Evidence for this theory comes from research by Francis and Pennebaker (1992), who asked participants to write about personal traumatic experiences. They found that participants

who were low in emotional inhibition were more likely to benefit from the expressive writing than those high in emotional inhibition. However, many have challenged the notion that catharsis is the mechanism through which expressive writing is beneficial.

Another theory that has been proposed is Cognitive-Processing Theory, which says that individuals benefit from autobiographical writing as it allows them to gain greater insight into their experiences, leading to stress reduction and other benefits. To test this idea, Pennebaker (1993) analyzed the contents of participants' narratives in five of his studies on experimental disclosure using a computer text-analysis program that he developed. He found that those who benefited most from experimental disclosure used an increased number of insight words (e.g. know, consider) and causation words (e.g. cause, effect, because) in their narratives. Those who did not benefit from experimental disclosure did not show an increase in insight and causation words. These results led Pennebaker to conclude that the process of gaining insight into a traumatic event and making sense of it is the mechanism through which writing about stressful events is beneficial.

Self-Regulation Theory describes expressive writing as a mastery experience, in which individuals can observe themselves as they express and manage their emotions. This self-regulatory process might enable individuals to feel that they are in control of these events, reducing their stress and improving their overall well-being (Frattaroli, 2006). This theory was tested by Cameron and Nicholls (1998, as cited by Frattaroli, 2006) through a writing exercise administered to students. The activity required participants to write about problems they came across in college and then come up with ways to solve these problems. They found that this self-regulation exercise elicited the same positive health benefits as typical expressive writing exercises, providing evidence for Self-Regulation Theory.

Exposure Theory posits that the act of expressing one's thoughts and feelings about a traumatic event is analogous to exposure therapy, a technique used to treat phobias and post-traumatic stress disorder through gradual exposure to the feared stimulus. The general idea is that through expressive writing, one is forced to confront, express, and in a sense relieve the thoughts and feelings associated with the traumatic event. If this theory is in fact accurate, then exposure through writing about the traumatic stimulus should diminish and ultimately extinguish the thoughts and feelings once associated with the event. Klein and Boals (2001, as cited by Frattaroli, 2006) instructed one group of participants to write about a negative personal experience, another to write about a positive personal experience, and a third group to write about a trivial topic. They found that expressive writing about a negative experience reduced intrusive and avoidant thoughts about the event, providing support for Exposure Theory.

After analyzing over 100 studies in a meta-analysis, Frattaroli (2006) found the most support for Exposure Theory, suggesting that the mechanism through which expressive writing is beneficial is the process of gradually exposing an individual to the thoughts and feelings associated with a traumatic event. Furthermore, from her analyses, Frattaroli found that expressive writing was most helpful in studies that ensured participants were comfortable during disclosure (e.g. in their own home), required at least three disclosure sessions, required disclosing events that hadn't yet been fully processed, and had follow-ups less than a month later.

Regardless of the underlying mechanism, it is clear that individuals who narrate events with more emotional content and more cognitive processing words (such as *understand* and *realize*) that coherently express an understanding of the causation of the event subsequently show higher levels of well-being.

Contamination and Redemption

In addition to emotional expression and coherence, another important aspect of narratives which is related to one's well-being is the degree of contamination. Contamination, a prominent theme in many loss narratives, is when an individual recounts an event in a manner which reflects ruin and concludes on a negative note. According to McAdams, Reynolds, Lewis, Patten, and Bowman (2001), "the good is spoiled, ruined, contaminated, or undermined by what follows it" (474). Contamination sequences predict low levels of well-being among adults. Alternatively, redemption is the exact opposite of contamination: it is when an individual narrates an event in a manner which reflects recovery and concludes with a positive outcome. In redemption narratives, "the bad is redeemed, salvaged, mitigated, or made better in light of the ensuing good" (474).

A study of adults between the ages of 35 and 65 looked at sequences of contamination and redemption in individuals' narratives of high points in their lives, low points, turning points, and other major life experiences. They found that the highest levels of redemption were in turning point events, followed by high points. The highest levels of contamination were found in low points and adolescent events. Contamination and redemption scores for each narrative were significantly negatively correlated. A follow-up study examined narratives of undergraduate students' important autobiographical events. The study focused solely on redemption, as there was a dearth of stories ending in contamination. There was a positive correlation between redemption and life satisfaction. For both studies, redemption in narratives was positively associated with well-being. McAdams elaborates on this correlation, explaining that individuals who are able to find some positivity in the midst of hardship are likely to demonstrate better psychological and physical health and adjustment later on. Individuals who tend to turn adverse

stories into tales of redemption might have an advantage when it comes to coping with stressful events. (McAdams, Reynolds, Lewis, Patten, & Bowman, 2009). Based on the link between secure attachment style and positive well-being (Mikulincer & Florian, 1997), one might expect that a secure style of attachment might be a characteristic of individuals who write narratives of redemption.

Current Literature on Loss

What people say about loss reflects their psychological and emotional states, and it might serve to help them in coping with the loss of a loved one. To date, very few studies have examined narratives of loss. Pennebaker, Mayne, and Francis (1997) studied HIV-negative men who had recently lost their partners due to AIDS. They looked at participants' narratives before the death of their partner, one month following the death, and a year later. Along with writing narratives, participants were also assessed for mood, stress, coping, social support, and physical health. They found that the physical health of participants, as well as their adaptive behaviors, improved over time with increased use of insight and causation words. This provided evidence that cognitive processing through written narratives may be critical to coping with loss.

A similar study by Stein, Folkman, Trabasso, and Richards (1997) looked at narratives of caregivers following the death of their partners due to AIDS. They found that positive appraisals both during care giving and after the loss predicted better psychological well-being 12 months later, as determined by a negative correlation with depressive mood. They found that bereaved survivors with more positive appraisals were more likely to have self-oriented long-term goals and plans, whereas those with more negative appraisals were more likely to have short-term partner-centered plans. With the exception of these two studies, there is hardly any research on narratives of loss.

In summary, the literature supports the notion that attachment status is related to well-being, and several theoretical frameworks provide mechanisms through which well-being is linked to narrative disclosure. However, few studies have actually used narratives to explore these relations, which leads me to my major objective of examining the construct of contamination and other aspects of loss narratives as they relate to attachment style and psychological well-being. I examined these relations in a sample of undergraduate students asked to narrate highly traumatic experiences in their lives; I focused on those who selected to narrate the loss of a loved one. Based on the expressive writing literature, narratives were examined both for the use of emotion words and cognitive processing words. In addition, based on McAdams, Reynolds, Lewis, Patten, and Bowman (2001), narratives were examined for themes of contamination. These narrative variables were related to both adult attachment style and well-being, which is defined in the present study as lower levels of depression, lower levels of anxiety, and less PTSD symptoms.

Predictions

1. *Relations between attachment and well-being*

   Based on Bowlby's attachment theory, which shows that secure styles of attachment are related to positive well-being, I predict that a higher rating of anxious and/or avoidant styles of attachment will be related to higher levels of depression, anxiety, and PTSD symptoms.

2. *Attachment in narratives*

According to Baddeley and Singer's model (2009), attachment is related to the way that individuals recount bereavement narratives in coping with the loss of a loved one. Assuming that narrative disclosure is linked with attachment, I predict that a higher rating of anxious and/or avoidant styles of attachment will be related to a higher contamination score, less positive and negative emotion words, and less cognitive words in narratives of loss.

3. *Narratives and well-being*

Based on the literature showing that expressive writing is linked to positive psychological well-being, I predict that a higher contamination score will be related to higher levels of depression, anxiety, and PTSD symptoms. I also predict that greater usage of positive and negative emotion words, as well as cognitive words, will be negatively correlated with depression, anxiety, and PTSD symptoms.

4. *Narrative as a mediator*

Based on the model of bereavement narrative disclosure by Baddeley and Singer (2009), which shows that both attachment style and narrative variables are critical to coping with loss, I predict that relations between attachment and well-being will be mediated by narrative variables.

Method

Participants

As part of a larger study examining trauma narratives and well-being, 225 undergraduate college students were recruited from a private university in the Southeast. Fifty-one percent were male and 49% were female. The mean age of participants was 19.0 years (SD= 1.46) and they ranged in age from 18 to 27. Sixty-seven percent of the participants self-identified as Caucasian, 11.6% as Asian, 7.6% as African American, 3.6% as Indian, 2.2% as Hispanic, and 7.1% as Mixed or Other origin. Because the focus of this study was narratives of loss, only those 82 participants who provided a loss narrative were included. Of this sample, 49% were female and 51% were male. The mean age of the participants in the sample was 19.0 years (SD= 1.5), and the range was 18 to 27. 72.0% of the participants self-identified as Caucasian, 9.8% as African American, 7.3% as Asian, 3.7% as Hispanic, 2.4% as Indian, and 4.9% as Mixed or Other origin. Participants were compensated with credit for their courses in introductory psychology. All participants gave informed consent as approved by the Institutional Review Board.

Procedure

Individuals participated in small groups of six to twelve in classrooms on the college campus. Each participant received a narrative workbook to be filled out which included demographic information, writing prompts, and a battery of measures. Participants were told that they were permitted as much time as they needed to write their narratives, and they generally took between one and a half to two hours to complete the entire workbook. The first prompt read: "I would like for you to write about the most traumatic experience of your life. This should be an extremely emotional event that has affected you and your life. You may include the facts

of the event, as well as your deepest thoughts and feelings." Immediately after completing this

task, participants were prompted to fill out several measures specific to that event, including the

Impact of Event Scale as described below. Participants were then provided with the same

instructions to write about their second most traumatic event. Upon completion of the second

writing exercise and additional measures specific to that event, participants were provided with

instructions to write about an intensely positive event. The protocol read: "I would like for you to

write about the most positive experience of your life. This should be an extremely emotional

event that has affected you and your life. You may include the facts of the event, as well as your

deepest thoughts and feelings." Participants then filled out a battery of measures, wrote about a

second intensely positive event, and finished with additional measures.

For the purpose of this study, only trauma narratives were considered. All trauma narratives

provided by participants were screened, and only those who wrote about the death of a parent, a

sibling, a relative, a friend, or an acquaintance were included. Narratives of pet loss were not

included in the analysis. Of the 82 participants, 57 recounted a story of loss as their first most

traumatic event, while 25 recounted a story of loss as their second most traumatic event. For the

four participants who elected to write about the losses of loved ones for both their first and

second most traumatic events, only their first loss narrative was used.

Measures

Experiences in Close Relationships (ECR: Brennan, Clark, & Shaver, 1998). This scale is

intended to evaluate the construct of adult attachment style. The scale measures both anxiety and

avoidance in relationships. This scale asks participants to read 36 statements and rate on a 7-

point Likert scale how much each statement applies to them generally in their romantic

relationships. The instrument has been shown to have a high reliability as well as a high internal consistency for both the anxiety scale (.93) and the avoidance scale (.95).

Beck Depression Inventory, 2nd Edition (BDI: Beck, 1996). The inventory is intended to assess the existence and severity of depression symptoms as defined in the *Diagnostic and Statistical Manual of Mental Disorders Fourth Edition* (APA, 1994). This questionnaire requires individuals to determine which of four statements best applies to them for each of 21 items relating to different symptoms of depression. A score of 0-13 is considered the minimal range, 14-19 is the mild range, 20-28 is moderate, and 29-63 qualifies as severe depression. It has high internal consistency (.80) as well as a high test-retest reliability (.93) and construct validity (.93).

Impact of Event Scale- Revised (IES-R; Weiss & Marmar, 1996). This measure can be used to recognize symptoms related to PTSD. The measure yields a total score and can also calculate scores on three subscales for Intrusion, Avoidance, and Hyperarousal. For the purpose of this study, only the total score was used. This measure asks participants to respond to a series of 22 questions regarding the subjective distress caused by the traumatic event they wrote about. Items are rated on a five-point Likert scale ranging from 0 to 4. The IES has a high internal consistency (.86 for intrusion; .82 for avoidance) as well as a high test-retest reliability (.87 for intrusion; .79 for avoidance).

State-Trait Anxiety Inventory (STAI; Spielberger, 1983). This inventory distinguishes between temporary state anxiety and more general, long-standing trait anxiety. The present study looks only at trait anxiety to measure participants' general levels of anxiety. The measure includes 40

statements with four possible responses to each to describe how an individual feels generally. The responses include "almost never," "sometimes," "often," and "almost always." The measure has a high test-retest reliability for trait anxiety (.86), in addition to a high internal consistency (.91).

Coding of Narratives and Reliability

All narratives were transcribed verbatim and checked for accuracy prior to the start of this study. For this study, narratives about the loss of a loved one were identified and coded. First, a subset of the narratives was used to develop a coding scheme designed to assess the level of contamination expressed in the narrative, as conceptualized by McAdams, Reynolds, Lewis, Patten, and Bowman (2001). The contamination scale was created to measure one's propensity to focus on negativity when coping with a traumatic event. Each narrative was assigned a score ranging from -1 to 5. A score of -1 was assigned to narratives of redemption, which reflected recovery and concluded with a positive outcome. A score of 0 was assigned to narratives that included no emotion about the self, expressed fading emotion, or were brought back to a neutral state at the end. A score of 1 through 5 was assigned to narratives demonstrating some degree of contamination, with 1 for minor contamination leading up to 5 for extreme contamination. A description of each score and several examples are displayed in Table 1.

Once the coding scheme was fully developed, narratives were coded independently by two coders. Reliability was established between two independent coders on a subset of 35 narratives that had not been examined during coding development (43% of all the loss narratives). The intraclass correlation between the two coders was .86, p < .001. Once reliability was established,

both coders coded the remaining narratives independently and resolved any discrepancies through discussion.

Linguistic Inquiry and Word Count (LIWC; Pennebaker & Francis, 1999). Each narrative was analyzed using a comprehensive text analysis program for positive emotion words, negative emotion words, and cognitive processing words (insight and causation words). The program counts all instances of words related to each category and displays them as percentages of the total number of words in the narratives. Word count was also assessed as a control measure.

Results

Results are reported in two major sections. The first section will contain the descriptive statistics of the sample and the measures as well as the correlational analyses done on the measures. The second section examines the relations between narratives, adult attachment style, and well-being.

Preliminary analyses indicated no effects of gender on any of the narratives or questionnaire measures. In addition, several participants chose not to complete all the questionnaire measures. Therefore, the number of participants included in each analysis varies; all N's are noted on the tables.

Descriptive Statistics

Of the 82 narratives, only 5 were written about the loss of a parent or sibling, while 77 were written about the loss of another relative, teacher, friend, or acquaintance. 26.1% of narratives were written about a loss that occurred in the last two years. 44.9% of narratives were written

about a loss that occurred between two and five years before. 29.0% of narratives were written about a loss that occurred more than five years before.

Means and standard deviations along with ranges for all narrative and questionnaire variables are shown in Table 2. There was good variability in scores on the contamination scale as can be seen from the standard deviation. The mean scores for all well-being measures, including the Beck Depression Inventory (BDI), the State-Trait Anxiety Inventory (STAI), and the Impact of Event Scale (IES) were in line with typical norms. There was a good amount of variability in scores. The measure of adult attachment, the Experiences in Close Relationships scale, had means consistent with typical norms for both the construct of anxiety and avoidance. Correlations were computed among the three well-being measures. As shown in Table 3, the STAI was highly correlated with the BDI and moderately correlated with the IES, suggesting that the measures of well-being were related. In addition, correlations were computed among the narrative variables as shown in Table 4. The results of the correlations among these variables indicate that the constructs of contamination, positive emotion, negative emotion, cognitive words, and word count are all independent concepts.

Attachment and Well-Being

The first prediction was that anxious and/or avoidant styles of attachment would be positively correlated with symptoms of depression, anxiety, and PTSD. To test this prediction, Pearson correlations were computed between the Experiences in Close Relationships- Avoidance and Anxiety and the Beck Depression Inventory, State-Trait Anxiety Inventory, and the Impact of Events Scale. As can be seen in Table 5, there was a positive correlation between an anxious style of attachment and depression, as well as a positive correlation between an anxious style of

attachment and anxiety. Additionally, there was a trend toward a positive correlation between an avoidant attachment style and anxiety. All correlations were then computed using time since loss in years as a covariate, and the patterns were identical. These correlations provide support for the first prediction, suggesting that individuals who express higher levels of anxiety and avoidance in attachment relationships tend to be more depressed and more anxious than individuals with low levels of attachment avoidance and anxiety.

Narratives and Attachment

The second prediction was that anxious and/or avoidant styles of attachment would be positively correlated with contamination and negatively correlated with positive emotion words, negative emotion words, and cognitive words. Table 6 displays the correlations between attachment and the narrative variables. There was a negative correlation between an avoidant attachment style and positive emotion words. After controlling for time since loss, the relationships between variables were the same. In addition, correlations were computed between the attachment measures and the contamination scale excluding the score of -1 and the patterns were identical. The data suggest that individuals expressing a high amount of avoidance in attachment relationships tend to use less positive emotion words in narratives about loss. As no other significant correlations were found, our second hypothesis was minimally supported.

Narratives and Well-Being

The third prediction was that contamination would be positively correlated with depression, anxiety, and PTSD symptoms, while the percentage of emotion and cognitive words would be negatively correlated with depression, anxiety, and PTSD symptoms. Table 6 displays the

correlations among the narrative variables and well-being variables. As can be seen, individuals who narrate contaminated stories of loss that end negatively tend to have more symptoms of PTSD than individuals who narrate less-contaminated stories, and this held true when controlling for time since loss. While contamination was found to have a significant negative correlation with PTSD symptoms, it did not relate to the other two well-being measures, and none of the other narrative variables were significantly related. Thus, our results provide limited support for our third prediction.

Because none of the results changed significantly in any of the analyses after controlling for the amount of time since the loss occurred, we can see that time since the loss does not play a major role in written narratives of loss. I was unable to evaluate the fourth prediction because there were no relations between attachment and narrative variables.

Discussion

In this study, I evaluated college students' narratives of loss, and I assessed the construct of contamination, emotion words, and cognitive processing words in the narratives as they related to attachment style and psychological well-being.

The results provided support for the first prediction, as individuals high in attachment anxiety were more likely to exhibit higher levels of depression and anxiety. The results also suggest that individuals high in attachment avoidance were more likely to exhibit high levels of anxiety, although this was only a trend. These results are consistent with attachment theory, which maintains that attachment styles established in infancy continue throughout adulthood and are related to one's well-being (Bowlby, 1988).

Our second hypothesis was that attachment style would be related to contamination and the use of emotion and cognitive words in narratives. This hypothesis was, for the most part, not supported. However, I did find one interesting relationship. The results suggest that individuals high in attachment avoidance were less likely to use positive emotion words in their narratives of loss, while individuals low in attachment avoidance were more likely to use positive emotion words in loss narratives. Since adults with an avoidant style of attachment tend to avoid intimacy and commitment in relationships, one would expect that they would form more superficial relationships than securely attached individuals. As most of the positive emotion that appeared in loss narratives was in describing positive qualities of the deceased, this might explain why avoidantly attached individuals would use fewer positive emotion words in their loss narratives than securely attached individuals.

The finding that avoidantly attached individuals are less likely to use positive emotion words in narratives is similar to the results of other studies looking at the general relationship between attachment style and emotion. For instance, Simpson (1990) found that participants who scored higher on attachment avoidance were less likely to experience positive emotion and more likely to experience negative emotion in their relationships.

The third hypothesis was that contamination in narratives would be related to higher levels of depression, anxiety, and PTSD symptoms, while the use of emotion words and cognitive processing words would be related to lower levels of depression, anxiety, and PTSD symptoms. This hypothesis was only minimally supported, with a positive correlation between contamination in narratives and symptoms of PTSD. Individuals who write contaminated loss narratives are choosing to dwell on the negative aspects of the event, to the extent that the already-negative loss experience comes to have further negative implications. This is related to

symptoms of PTSD, such as re-experiencing the incident, avoiding stimuli that remind one of the event, and feeling generally hyper-aroused. Of course, this study is correlational and thus the direction of the effect cannot be determined.

According to one study outlined earlier, participants whose spouses died of unexpected causes were more likely to meet the criteria for PTSD (Zisook, Centsova-Dutton, & Shuchter, 1998). Furthermore, individuals are less able to make sense of deaths that are violent and unexpected, and as a result, they are less likely to find meaning in the loss, and they find it difficult to cope (Currier, Holland, & Neimeyer, 2006). We would thus expect that one who has difficulty coping with the loss of a loved one would narrate the story in a contaminated way that focuses on the negative outcomes of the loss. This positive correlation between contamination and PTSD symptoms is supported by research showing that contamination sequences predict low levels of well-being among adults (McAdams et al., 2001).

At the opposite end of this spectrum, redemption narratives (as well as narratives with no contamination or very low contamination) were related to fewer symptoms of PTSD. Those who narrate stories of loss ending in redemption find a way to see some hope or positivity resulting from the event, despite the traumatic nature of the loss. As the presence of PTSD symptoms is a signifier of negative well-being, it is not surprising that loss narratives of redemption are related to positive well-being. This relationship is supported by literature showing that redemption narratives tend to predict high levels of psychological well-being (McAdams et al., 2001).

Narrative Examples

Each narrative reveals a lot about the writer and is unique in terms of length, valence, use of emotion words, and other factors. The following narrative excerpt describing the loss of a high school teacher gives a sense of how the writer chose to cope with the loss:

Mr. X was the first person close to me to die. And he was more to me than my favorite teacher. He was the first person to tell me I was intelligent and that I had a bright future. He made me want to work hard in his class and to excel in school. He challenged me to be the best student, but more importantly the best person, I could be. Mr. X was also the first and only teacher I've had who was unafraid and willing to talk about God in a public school classroom. He never pushed his faith or beliefs on anyone – but he was honest. He exemplified to me what it means to take a stand, how to lovingly show others what you believe and how to be bold.

Upon reading this passage, one immediately picks up on the narrator's positive focus in describing her teacher who passed away. The author scored below the mean on the Experiences in Close Relationships scale for both attachment anxiety and avoidance, suggesting that she has a secure style of attachment. This sense of security in attachment is evident in the excerpt, as she mentions that her teacher was the first person close to her to die but she is able to write about his death in a constructive way. Rather than dwelling on the negative outcomes of the loss, the narrator chooses to memorialize her teacher by sharing what she feels were his best qualities and describing his positive influence on her. She describes how her teacher inspired her to be the best student and the best person that she could be, suggesting that even after his death, she still feels a continued bond with her teacher, an important aspect of secure attachment. The passage suggests that the narrator has an internal working model that enables her to see the best in situations and thus to reflect on the loss in a positive light. This is evidenced by her description of her teacher's willingness to talk about God in a public school classroom, which to her "exemplifies what it means to take a stand, how to lovingly show others what you believe and how to be bold."

Just as the author of the previous narrative focuses on how her teacher positively impacted her life, the following narrative excerpt evaluates the loss of a grandfather with a positive outlook:

> The loss of my grandfather felt like losing part of my childhood… After I calmed down a bit, I thought about how much grandpa meant to everyone, especially to my grandmother. I know that she still mourns for him, but I am comforted by the fact that I know he is looking at us from Heaven.

The narrator begins by explaining that the loss felt like "losing part of [his] childhood," which taken out of context might seem to be somewhat contaminated. However, it is normal to grieve over the loss of a loved one, and soon after the author re-directs his sad feelings to focus on the positive aspects of the loss. He continues to talk about how much his grandfather meant to everyone, which was similar to the way the author of the previous narrative described the positive qualities of her teacher. The narrative ends in redemption, as the author reveals that he is able to find comfort in the fact that his grandfather is looking at him from Heaven. This ability to re-frame a negative situation and to see it in a positive view implies that the narrator has a successful coping strategy for dealing with loss. This ability is likely related to his secure attachment style, which is indicated by the narrator's low scores on both attachment anxiety and avoidance.

The following narrative excerpt about the death of a participant's grandmother contrasts sharply from the previous two, as the author takes a far more contaminated approach:

> I cried every night for months after she died. I know I've never been the same since that event. Since then I've always had a deep fear of my parents dying. I'm constantly aware of people growing older and time passing. Sometimes, this prevents me from enjoying life.

> I've been depressed ever since, but I don't think of it as depression. I think of it as how life is.

In this passage, the author focuses exclusively on the negative aspects of the loss and she appears to have changed in a negative way. The high degree of contamination present in the narrative indicates that she has not come to terms with the loss of her grandmother. She mentions that she has been depressed ever since her grandmother's death, and that she has come to accept this depression as "how life is," suggesting that her internal working model does not enable her to see a solution and to work out such problems. She scored above the mean on attachment anxiety and received one of the highest scores for attachment avoidance. Her insecure style of attachment manifests itself in her narrative, as her constant fear of her parents dying and her awareness of people growing older are in line with an insecure person who uses the inevitability of aging as a rationalization for avoiding intimate relationships. In comparison with the narratives described earlier, the author uses no positive emotion words and focuses solely on the negative consequences of the loss, reinforcing her difficulty in coping with traumatic events like the loss of her grandmother.

Lastly, the following loss narrative about a family friend who died in a freak accident demonstrates how one may have difficulty coping with an unexpected death:

> I think I was so upset over her death because it was so sudden and unfair. At her funeral, even the priest seemed a little frustrated with God to have her taken away for no good reason. Even though I was incredibly sad and cried a lot harder at my grandfather's funeral, I was more traumatized by hers because she seemed like she had so much life ahead of her. It made me realize that any of us could die at any second. I felt truly lost.

The nature of this loss was clearly a traumatic one for the narrator, as the death of her family friend was "so sudden and unfair." As it is harder to find meaning in deaths that are not anticipated, it is likely that the narrator has not fully coped with the loss of her family friend. This is further evidenced by her observations that "she seemed like she had so much life ahead of her" and " even the priest seemed a little frustrated with God to have taken her away for no good reason," both which suggest that she is still struggling to find meaning in the loss. The author's scores were average for attachment anxiety and avoidance. It is possible that security in attachment is not a major factor in coping with sudden loss, as unexpected deaths are generally difficult to come to terms with, regardless of one's security in attachment.

Limitations and Directions for Future Research

There are some limitations to the study that could help to explain the scarcity of significant results, and they can also help to suggest directions for future research. For one, the study used convenience sampling, which resulted in a sample that is not representative of the true population. As a result, the study looks only at bereavement narratives of young adults in a highly-educated upper-middle-class population. Had individuals of different ages, socioeconomic statuses, and education levels been tested, the results might have been very different.

In addition to the sampling strategy, there are several variables related to bereavement narrative disclosure that were beyond the scope of this study but need to be considered in future research, as they may have affected the types of narratives that were told. For example, the type of loss, be it of a parent, a distant relative, or an acquaintance, may have played a role in the way the loss narratives were recounted. Not to mention, one's closeness to the deceased individual may have also impacted the narratives. As mentioned earlier, the nature of the death, be it

anticipated or unexpected, a younger person or an older one, may have impacted the stories recited by participants. To examine how these variables may affect the results, a future study might consider looking individually at different types of losses or analyzing the intimacy between the narrator and the deceased as a moderator variable during analysis.

Another potential limitation was that participants were not asked whether they had talked or written about their stories of loss prior to the study, and if so, how frequently. As creating narratives about the loss of a loved one is a critical aspect of coping (Baddeley and Singer, 2009), one would expect that those who had not previously narrated their stories might not have come to terms with the loss, and thus might be worse off in terms of their psychological well-being. To account for these limitations, future research might consider using a more diverse sample and examining the number of times that participants had previously discussed their loss stories.

One last limitation of the study was the fact that the Linguistic Inquiry and Word Count (LIWC) program used to assess narratives for emotion words and cognitive words is a computer word counting program which occasionally takes words out of context. For this reason, LIWC does not always measure what it is supposed to measure, as it has the potential to count certain emotion or cognitive words that should only be included in certain circumstances. Future research should consider counting the emotion and cognitive words by hand to ensure that all words included in analyses are properly used in context.

It is important to note that in this study, I looked exclusively at narratives of the loss of a loved one. Future research should examine how individuals' narratives of loss compare to other narratives individuals may tell. Further research will enable us to see whether these results are specific to loss narratives or whether they can be generalized.

Conclusion

While past research on bereavement narratives and well-being has looked specifically at the loss of a spouse to AIDS, the present study extends this research by examining loss narratives of individuals with various relationships to the narrator and by dealing with deaths from multiple causes. In addition, this is one of the few studies looking at actual narratives of loss, and it is the first study to look at the relationship between attachment style and characteristics of loss narratives.

The finding that avoidantly attached individuals are less likely to use positive emotion words in loss narratives is important because it suggests that the way one narrates loss is related to his or her attachment style. In addition, the finding that contamination in narratives is related to symptoms of PTSD is noteworthy, as it highlights the relationship between a positive outlook in telling about loss and one's psychological well-being. This study is one of the first steps toward understanding how attachment style and well-being are related to the way that individuals narrate stories of loss.

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Table 1
Contamination Coding Scheme

Score	Description	Example
-1	**Redemption:** The narrative must end on a positive note	This event influenced my goal of being a doctor, because I want to help the sick in some way."
0	**Absent, Non-Self, Neutral or Fading Emotion:** No negative emotion is expressed	"We all knew my grandfather was going to die"
	Negative emotion is expressed, but not about self	"I cannot even imagine the pain people close to this boy must have felt"
	Emotion is ultimately brought to a neutral state	"He was my biggest role model… I was so upset by his death… I'm getting over it"
	Fading of negative affect over time	"It is hard, but not as hard as it was."
1	**Expression of Past Emotion about Self:** Expression of past negative emotion about self	"I was more upset than I'd ever been"
2	**Expression of Current Emotion about Self:** One is currently emotional about the event and talks about his/her emotions in the present	"Even as I am writing this I am feeling strong sadness"
3	**Questioning Self or Others (Limited to Event):** One is still questioning the event	"Why did he have to go swim?"
	One is questioning oneself or one's reaction to the event	"I wonder if my grieving function is broken."
	One is experiencing feelings of abandonment by or anger at the person who died	"I was mad at him for leaving me."
	One feels emotions of self-blame, guilt, or regret in the present with no sense of fading	"I do and always will blame only myself"
4	**Questioning Extends to World/ Lifestyle:** One has a changed negative perspective or outlook on life	"After her death, I began to think that anybody could be a murderer."
	One relates the death to something greater than the individual event	"Her suicide made me question the mental stability of everyone I knew. Even if they seemed alright, they might not be."
5	**Hopeless/ Negative Perspective of Future:** One expresses the idea that he/she is hopeless forever	"I've been depressed ever since, but I don't think of it as depression—I think of it as how life is."
	One's quality of life is affected in a negative way	"I'm constantly aware of people growing older and time passing. Sometimes this prevents me from enjoying life."

Table 2
Descriptive Statistics of Narrative, Well-Being, and Attachment Measures

Measure	N	Range	M	SD
Word Count	78	42 – 543	241.5	122.3
Pos. Emotion	78	0 – 5.2	1.6%	1.1
Neg. Emotion	78	0 – 10.1	2.5%	1.5
Cog. Words	78	0 – 15.2	6.2%	2.4
Contamination	82	-1 – 5	1.3	1.4
BDI	80	0 – 39	10.6	9.2
STAI	82	19 – 69	40.3	12.6
ECR- Anxiety	67	21 – 112	65.7	21.9
ECR- Avoidance	67	21 – 97	56.0	18.0
IES	69	.5 – 11.3	4.7	2.8

Table 3
Intercorrelations Among Well-being Variables

Measure	BDI	STAI	IES
STAI	.79	—	
	(n= 80)		
IES	.25	.34	—
	(n= 70)	(n= 72)	

Table 4
Intercorrelations Among Narrative Variables (N= 78)

Measure	Word Count	Pos. Emotion	Neg. Emotion	Cog. Words	Contamination
Pos. Emotion	.06	—			
Neg. Emotion	-.20	-.20	—		
Cog. Words	.01	-.04	.12	—	
Contamination	.06	-.14	.14	.22	—

Table 5
Correlations Between Well-Being Measures and Attachment Measures

	Well-Being		
Attachment	*BDI*	*STAI*	*Overall PTSD*
	(n= 66)	*(n= 62)*	*(n= 57)*
Anxiety	.35*	.48**	.08
Avoidance	.21	.23+	.16

+ p < .10   * p < .05.   **p < .01.

Table 6

Correlations of Narrative Variables with Attachment and Well-Being (n's range from 66 – 82)

Narratives	Attachment		Well-Being		
	Anxious	*Avoidant*	*BDI*	*STAI*	*PTSD*
Contamination	-.00	.11	.06	.15	.26*
Pos. Emotion	-.03	-.37**	.06	-.12	-.10
Neg. Emotion	.07	.03	-.02	.07	-.11
Cog. Words	-.12	.12	-.04	-.01	-.02
Word Count	.06	.11	-.04	-.13	.10

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