

Doing and Being Well (for the Most Part): Adaptive Patterns of Narrative Self-evaluation During Bereavement

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ABSTRACT Narrative self-evaluation patterns were studied in relation to longitudinal measures of adaptation to the death of a spouse in midlife. Narrative self-evaluations, identified in open-ended interview transcripts at 6 months post-loss, were coded as either positive or negative and as either doing-based (evaluations of “what one does”) or being-based (evaluations of “what one is”). These narrative variables were then compared with separate, clinical-interview measures of grief at 6, 14, and 25 months post-loss. Results confirmed 3

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predictions. First, participants who made an optimal proportion of positive to negative self-evaluations (approximately a 5:1 positive-to-negative ratio) had lower grief levels over time than did those who made either higher or lower proportions. Second, the tendency to focus on evaluations of what one does rather than what one is predicted lower grief levels over time. Third, participants who directly integrated doing-based and being-based self-evaluations had lower grief levels over time than those who did not link the 2 evaluations. Implications for the narrative construction of personal meaning and identity in relation to adaptation are discussed.

Doing and Being Well (for the Most Part): Adaptive Patterns of Narrative Self-evaluation During Bereavement

People evaluate themselves throughout the course of their daily lives, making positive and negative assessments of what they do and who they are. Although any one self-evaluation probably says little about a person's life in general, patterns of self-evaluation have implications for how people construct a broader sense of identity and how they adapt over time to life changes (Baumeister, 1991; McAdams, 1985, 1993). Patterns of self-evaluation have been studied along numerous dimensions, two of which play fundamental roles in both identity construction and adaptation: (1) positive and negative valence and (2) doing-based and being-based levels of context. Both dimensions have received substantial attention, both theoretically and empirically, as facets of personality and as correlates to psychological health.

Still, several important empirical questions remain to be addressed: Does an optimal balance of positive and negative self-evaluations relate to psychological health over time (Baumeister, 1989; John & Robins, 1994)? Does psychological health over time relate to one's focusing on evaluations of "what one does" (behaviors) versus "what one is" (characteristics) (Janoff-Bulman, 1992; Zirkel & Cantor, 1990)? How do people integrate what they do with who they are, and how does this integration relate to psychological health over time (Baumeister, 1991; Linville, 1985)? In the present study, we probe these questions by examining self-evaluation patterns found in the narratives of people who had recently experienced one of life's most challenging changes, the death of a spouse in midlife.

Most of the data on self-evaluation has come from questionnaire studies. This approach has produced well-defined constructs of self-evaluation

and has significantly advanced an understanding of the many forms of self-evaluation that people make on a daily basis (e.g., possible, ideal, ought, and undesired selves; Cross & Markus, 1991; Higgins, 1987; Ogilvie, 1987b). However, the questionnaire approach is limited in that it addresses self-evaluations primarily as products of an assumed, underlying evaluating process.

In contrast, the narrative approach is based on the premise that language not only reflects but constitutes various facets of identity, emotion, and cognition (Bruner, 1990; McAdams, 1985, 1993). Thus, the narrative approach is more directly associated with the process through which individuals evaluate themselves in the course of everyday thinking and social interaction (Baumeister & Newman, 1994; Capps & Bonanno, 2000). Nuances in the process of self-evaluation—such as how people balance positive and negative self-evaluations or how they integrate what they do with who they are—become observable with a narrative approach. A number of recent studies have demonstrated the efficacy of narrative variables as predictors of psychological health during bereavement (e.g., Pennebaker, Mayne, & Francis, 1997; Stein, Folkman, Trabasso, & Richards, 1997). With this in mind, we turn to the primary concerns of this study.

Positivity and negativity in narrative self-evaluation. Research has painted a complex picture of how positive and negative self-evaluations relate to psychological health. The questions of whether positive self-evaluations are adaptive and whether negative self-evaluations are maladaptive depend on a variety of factors, such as the balance of positive and negative self-evaluations across time. For instance, an overly positive style of self-evaluation may be healthy, particularly during times of great stress (Taylor & Armor, 1996; Taylor & Brown, 1988, 1994), yet a more realistic view of self may be more adaptive over time (Asendorpf & Ostendorf, 1998; Colvin & Block, 1994; Colvin, Block, & Funder, 1995; Shedler, Mayman, & Manis, 1993). Regarding self-enhancement, an optimal margin of positive self-evaluation may exist, beyond which an overly positive style is psychologically unhealthy or otherwise dangerous (Baumeister, 1989). As for negativity, negative self-evaluation consistently predicts lower levels of health and well-being, for example, in studies of shame (Lewis, 1992); the undesired self (Ogilvie, 1987b); discrepancies between ideal, ought, and actual selves (Higgins, 1987); and ruminating about unfavorable circumstances (Nolen-Hoeksema,

McBride, & Larson, 1997). Yet, negative self-evaluation in limited doses seems to facilitate adaptation, for example, in overcoming traumatic events (Janoff-Bulman, 1992), as an impetus for self-concept change (Swann, 1987), in sustaining sexual passion in marriage (Gottman, 1994), and in gaining new interpersonal perspectives (Leith & Baumeister, 1998).

Overall, these findings seem to suggest the likelihood of an optimally healthy balance of positive and negative self-evaluations. In other words, positivity may be adaptive generally, but not without a limited dose of negativity (Gottman, Coan, Carrere, & Swanson, 1998; Pennebaker & Seagal, 1998). Hence we expected that *narratives involving greater instances of positive self-evaluation and a limited number of negative self-evaluations would predict lower grief levels over time*. To test this, we compared longitudinal grief scores with the narrative frequencies of both positive and negative self-evaluations and with the ratio of positive to negative self-evaluations.

Doing and being in narrative self-evaluation. The qualities of “what one does” and “what one is” mark a basic distinction in self-knowledge, yet much further work remains in understanding their function and narrative construction (Cantor, 1990; Cantor & Kihlstrom, 1987; Emmons & McAdams, 1991). To examine this distinction in everyday thinking and storytelling, we distinguished narrative self-evaluations that used verbs portraying “doing” (i.e., doing-based self-evaluations) from those using verbs portraying “being” (i.e., being-based self-evaluations). Borrowing from similar terminology in Janoff-Bulman’s (1992) work, we use the terms “behavioral” and “characterological” self-evaluation to capture the conceptual distinction of doing-based and being-based self-evaluations, respectively. Further, these two forms of self-evaluation can be distinguished conceptually in terms of levels of context (Baumeister, 1991; Vallacher & Wegner, 1987). Descriptions of actions generally involve more specific contexts than characteristics. Descriptions of an action are more concrete or specific in the sense that they directly portray physical motion, and they evoke a mental image of an action much as it would be perceived in real time. Descriptions of characteristics are more abstract in that they portray a generalization of actions (e.g., personal characteristics describe how a person acts generally or in a variety of contexts). Although verb choice does not entirely determine a description’s level of context, the tendency to use doing-based or being-based

self-evaluations should reflect the tendency to evaluate the self in more specific or more general contexts, respectively.

To examine the roles of doing and being in relation to adaptation, we operationalized two predictions. First, we were interested in the tendency to focus on doing-based versus being-based self-evaluations. Previous research supports the notion that focusing on what one does is more adaptive during times of major life change than focusing on what one is. Zirkel and Cantor (1990) found that students who focused more on abstract goals, such as “achieving independence,” did not adapt as well to college life as did students who focused on more concrete, action-oriented goals, such as getting good grades, going out socially, or participating in sports. Similarly, Janoff-Bulman (1992) noted that behavioral self-blame represents a more adaptive attributional style than does characterological self-blame. The distinction between the two is exemplified in common comments of rape victims: “I should not have *gone* back to his apartment” (behavioral) versus “I *am* a very bad judge of character” (characterological) (Janoff-Bulman, 1992, p. 126, emphasis added to note her contrast of doing versus being). Of the two, behavioral self-blame is more adaptive because it at least leaves open the possibility that one generally has control (but did not exercise it in that instance), whereas characterological self-blame undermines the sense that one ever had control in the first place. Other research has found that guilt, a behavior-based emotion, had less damaging effects on psychological health than did shame, a characteristic-based emotion (Niedenthal, Tangney, & Gavanski, 1994). For these reasons, we expected that *the tendency to focus on doing-based versus being-based self-evaluations would predict lower grief levels over time*. To test this, we looked at the ratio of doing-based to being-based self-evaluations.

Second, we were interested in the tendency to integrate evaluations of what one does with evaluations of what one is. Although some researchers have noted the healthy benefits of focusing on concrete activities during times of great change, others have stressed that the concrete activities of daily life provide little meaning unless they are integrated into broader views of one’s life (Baumeister, 1991). Linville observed that a complex view of self, which involves both specific and general self-appraisals, serves as a “buffer against the negative effects of stressful life events” (1985, p. 94). To address the issue of integration, we noted when participants made direct links between doing-based and being-based self-evaluations (e.g., “we were good for each other [being-based];

we both enjoyed traveling [doing-based]"). Examples of non-integrated self-evaluations include "we were good for each other" (without a link to a more concrete example) or "we both enjoyed traveling" (without linking that fact to a more general evaluation). The integration of doing-based and being-based self-evaluations has the effect of simultaneously (1) providing a valued personal characteristic with a behavioral example and (2) endowing a specific activity with the broader meanings associated with states of being or having. The integration of valued behaviors and personal characteristics fosters the construction of personal meaning and continuity in life amid great loss (Baumeister, 1991; Erikson, 1959; Janoff-Bulman, 1992; McAdams, 1993). Therefore, we predicted that *the tendency to integrate doing-based and being-based self-evaluations would predict lower grief levels over time.*

Self-evaluation and coping with the loss of a spouse. A particularly relevant context from which to examine these different patterns of self-evaluation is midlife conjugal bereavement. The death of a spouse is among the most demanding of stressor events (Holmes & Rahe, 1967). However, considerable individual differences in grief severity and duration have been observed (Bonanno, Keltner, Hohen, & Horowitz, 1995; Lehman, Wortman, & Williams, 1987). The buffering qualities of positive self-regard, self-worth, and personal growth represent one possible explanation for these differences (Bonanno, Kovacevic, & Field, 1999; Janoff-Bulman, 1992; Shuchter & Zisook, 1993; Taylor & Armor, 1996). In contrast, one of the frequent complaints among those who grieve most severely is a sense of low self-worth and of lost identity (Bonanno & Kaltman, 1999; Parkes & Weiss, 1983; Shuchter & Zisook, 1993). Yet, the question of an optimal level of positive and negative self-evaluation in relation to adaptation remains largely unaddressed, particularly in narrative research.

In addition to the valence of self-evaluations, how well people cope with loss may also be informed by whether they tend to focus more on their actions or on their broader characteristics. This may be a particularly crucial issue for conjugal loss at midlife. For many people, midlife is a highly active and demanding period centered on peak career and familial responsibilities (Bumpus & Aquilino, 1995). The death of a partner in these responsibilities leaves the bereaved spouse with the difficult task of reevaluating important roles and tasks in everyday life. The primary task in adjusting to the loss becomes a process of making sense of one's

roles and activities—of translating one's everyday actions into something valuable, worthwhile, or otherwise meaningful (Parkes & Weiss, 1983). One way to do this is to link one's actions to broader, meaningful qualities in one's life (Baumeister, 1991). Recent evidence has suggested that bereaved individuals who focus on concrete, future-oriented goals and plans do in fact cope better with the disruptive pain of loss (Stein et al., 1997). Like the goal-focused approach, the present study addressed how people created meaning by linking everyday actions to broader contexts—how behaviors related to characteristics. By examining how people focus on doing, being, and the integration of the two, this study explored how people established a sense of meaningfulness in the present by constructing stories about their past.

METHODS

Participants

Conjugal bereaved residents of the San Francisco Bay area were recruited via newspaper advertisements, posted notices, and referrals from medical and religious organizations to participate in a longitudinal study of conjugal bereavement. The recruitment sources identified the need for paid volunteers who had experienced the death of a spouse within the previous 3 to 6 months and who would discuss their recent experience so that "more could be learned about the grieving experience from a scientific standpoint." Respondents were invited to participate in the study if they were between 21 and 55 years of age, had been married and living with the deceased for a minimum of 3 years preceding the death, and had not experienced any serious mental or physical disorders, alcohol or other substance abuse, or binge eating during that time. Participants were paid \$10 per hour. Interview transcripts were available for 69 participants. These participants ranged in age from 24 to 55 years ($M = 47.4$, $SD = 8.1$); 67% were female; 80% were Caucasian; 11% African American; and 9% other ethnicity. The sample on average was married to the deceased 15.8 years ($SD = 11.2$), had 15.5 years of education ($SD = 2.0$), and had a median family income of \$52,000 per year.

Procedure

Overview. Questionnaires were completed between 3 and 6 months post-loss to gather demographic information as well as two measures of the quality of interpersonal relationships that are commonly thought to confound correlations between self-evaluation and grief severity (explained in the following section).

A structured clinical interview measuring disruptions in psychological functioning in relation to the loss was conducted at approximately 6 months post-loss ($M = 5$ months, 18 days), and again at 14 and at 25 months post-loss. The longitudinal grief measures were used as the primary dependent variable. A semi-structured narrative interview was conducted approximately 2 weeks after the first grief interview ($M = 17$ days later). These narrative interviews elicited the participant's description of their prior relationship with the lost spouse. The narratives were transcribed and coded for patterns of self-evaluation, which were used as the primary independent variables.

Structured clinical interview. The bereavement literature has yet to provide a consensual, operational definition of grief (Hansson, Carpenter, & Fairchild, 1993). In the present study, as in previous studies from the larger bereavement project, grief was operationally defined as the total disruption in daily functioning that could be directly attributed to the loss (Bonanno et al., 1995). Accordingly, an interview measure was used that consisted of 30 unique grief items, including grief-related cognitive intrusions (e.g., unbidden memories or images of the deceased), behaviors that delayed or minimized the finality of the loss (e.g., an inability to part with the deceased possessions), and difficulties adapting to the loss (e.g., unusual difficulty being emotionally available to significant others).

The interviewers, three doctoral candidates in clinical psychology, blind to the study's goals and hypotheses, made presence-absence judgments for each grief item. All interviews were videotaped, and a randomly selected set of 25 were recorded for interrater reliability ($Kappa = .78$). Three different forms of convergent data support the validity of the interviewer-rated grief score as an objective measure of disruption caused by the loss. First, the interviewer-rated grief score has shown high correlations with the Texas Revised Inventory of Grief, $r = .59$ (Horowitz, Wilner, & Alvez, 1969), and depression on the Beck Depression Inventory, $r = .60$ (Beck & Steer, 1987). Second, the interviewer-rated grief score was highly correlated, $r = .67$, with clinical assessments of grief severity made blindly by psychotherapists specializing in bereavement who interviewed a subset of the current sample ($n = 24$) in their private offices, using whatever interview format they would normally use to assess a patient (Bonanno et al., 1995). Finally, the interviewer-rated grief score correlated with observer ratings made in response to videotapes of the bereaved participants (Bonanno et al., 1995). The interviewer-rated grief score correlated with observers' feelings of compassion for the bereaved participants, $r = .45$, and with their perceptions of the degree that bereaved participants were suffering, $r = .44$.

Semi-structured narrative interview. Participants were informed that the interview would be taped on video and audio. In an 8 ft \times 10 ft room, participants were seated in a comfortable chair facing a similar unoccupied chair and two

wall-mounted cameras. Participants were then left alone in the room for a 10-minute baseline period for physiological data (Bonanno et al., 1995; Bonanno, Znoj, Siddique, & Horowitz, 1999). An interviewer then entered the room and read a prepared script informing participants that they would be asked to speak for 18 minutes about important persons in their lives. The current study examines the 6-minute segment of the interview in which the participant responds to the prompt, "Please tell me about your relationship with (deceased spouse's name)." The participant was told that the interviewer would keep track of time and 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." The interviewer spoke only to ask clarifying questions and did not lead the narrative content in any way.

Potentially confounding variables. Three measures were considered as possible confounds of the self-evaluation/grief relationship: (1) the 32-item Dyadic Adjustment Scale (DAS) to measure recollections of marital compatibility and adjustment (Bonanno et al., 1995; Spanier, 1976); (2) perceived social support (Bonanno et al., 1995; Kessler, Kendler, Heath, Neal, & Eaves, 1992; Kessler & MacLeod, 1985); and (3) a verbosity variable, calculated by tallying each participant's total number of Narrative Units (described next).

Narrative Measurement

Transcription of the narrative units. The narrative interviews were transcribed from audiotaped recordings using standards developed for psychotherapy sessions (Mergenthaler & Stinson, 1992). Judges segmented each transcript into Narrative Units (NUs) 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 NU boundaries unless they altered the content of the participant's narrative. Segmentation reliability was calculated by summing the number of NU markers upon which judges agreed, multiplying this sum by 2, and dividing by the total number of NU markers coded. The ratio of agreement was .81. The final markers for NU boundaries were determined by using the majority ratings of the judges. The 69 interview narratives had a mean average of 36.6 NUs apiece (*s.d.* = 15.3). The NU system was useful in three important ways. First, it offered clear boundaries for grouping specified elements of narrative self-evaluations (e.g., references to the self, verbs of doing and being, and evaluations). Second, NUs were essential for computing the variables for the various patterns of self-evaluation. Third, NUs served as a common unit of

narrative analysis for the different narrative coding categories in this study, allowing for controls regarding validity comparisons and verbosity.

Overview of coding for self-evaluation. Narrative transcripts were coded according to a detailed coding system for narrative self-evaluation (Bauer, 1997). In this system, a self-description was defined as a phrase that portrayed some aspect of the self's life. This was indicated in an NU by the use of a first-person pronoun: I, we, me, us, my, our, etc. However, not every self-description was a self-evaluation. A self-evaluation was a self-description that contained an overt evaluation (positive or negative). In an effort to find those self-descriptions that were most likely to hold meaning for the individual, the criteria for an "overt" evaluation were stringent. It has been observed (notably, in non-narrative research) that some verbs connote affective valence, for example, "to help" as positive, "to avoid" as negative (Semin & DePoot, 1997). However, even in these cases, the direction of the verb's valence in the context of a story may have been ambiguous. For example, in the coding system, the phrase "whenever I helped, it turned out horrible" would be coded as negative, and the phrase "I avoided her, and it was the best thing I could have done" would be positive. Self-evaluations were only coded when participants described their actions and characteristics with valenced adjectives and adverbs (fantastic, horrible, good, well, bad, poorly), valenced consequences (affect-laden results of an action or characteristic), or valenced expectations or motivations (consequences that are evaluated by what the participant said he or she wanted, ought, or tried to do). The Appendix provides examples of different forms of self-evaluation and related statements.

The aim for the coding system was to address those narrative self-evaluations that, when viewed in terms of tendencies or patterns, indicate how a person creates a sense of broader meanings in life, such as a sense of identity. Therefore, descriptions of emotional states were not considered to be self-evaluations. For example, "I felt good" as an entire self-description was not coded as a self-evaluation; "good" evaluates a fleeting condition in one's life. However, emotional states could be used to evaluate other actions or characteristics (e.g., "I worked hard, and it felt good," which would be coded as a positive doing-based self-evaluation). Also, emotional traits could be coded as self-evaluations (e.g., "I'm a happy person.").

For each participant, self-evaluation patterns were formed into variables by adding the total number of NUs in which a particular type of self-evaluation (positive, negative, doing-based, being-based) was coded. By calculating the frequency of the self-evaluation categories, the coding system captures the tendency of individuals to think in terms of specific types of self-evaluation.

Valence of self-evaluation. Relying on overt evaluations typically made clear the distinction between positive and negative valence. Presence-absence codings

were made for positive and negative self-evaluations in each NU. Each NU could be coded for only one positive and one negative self-evaluation. This rule allowed the coding system to capture different valences in meaning without reflecting the tendency of some participants to provide a rapid string of positive or negative self-evaluations on the same topic. To test our predictions, we looked at the relationships between the total number of positive self-evaluations and grief over time, the total number of negative self-evaluations and grief over time, and the proportion of positive to total (i.e., positive and negative) self-evaluations and grief over time (also called the proportion-positive variable).

Levels of self-evaluation context. Each self-evaluation was coded as either doing-based or being-based. The operational definitions for these two categories were based on Baumeister's (1991; Baumeister & Newman, 1994) "meanings of life" framework, which distinguished the sense of moral justification of actions from the sense of global self-worth. A doing-based self-evaluation referred to an action made by the participant that was evaluated as good or bad. Linguistically, verb forms expressing behavior indicated the presence of a doing-based self-evaluation, for example, making, playing, working, going, talking, learning (see Appendix). A being-based self-evaluation referred to a valenced description of the participant as a good or bad person. Such self-evaluations were indicated by verbs expressing "being," for example, am, are, was, were, becoming, existing (see Appendix). Thus the distinction between statements of "doing" and "being" was critical.

However, another type of verb, "having," expressing personal possession, often marked a vague middle ground between doing and being (e.g., "we *had* a good relationship" and "*our* relationship was good"). Here we relied on James's (1890/1950, p. 291) definition of the self as the sum total of all one can call one's own. In other words, ownership (e.g., expressed by the verb "to have" or pronouns like "my" and "our") designates objects as part of the self. Therefore, statements of having were coded as being-based self-evaluations, because ownership reflects more permanent qualities of the self (Cantor, 1990). Each NU was coded for the presence or absence of both doing-based and being-based self-evaluations. However, only one doing-based and one being-based self-evaluation could be coded per NU. This rule allowed the coding system to capture different levels of context without reflecting the tendency of some people to provide a rapid string of actions or characteristics describing the same self-evaluation.

To test our predictions, we looked at the relationships between the total number of doing-based self-evaluations and grief over time, the total number of being-based self-evaluations and grief over time, the proportion of doing-based to total (i.e., doing-based and being-based) self-evaluations and grief over time, and the tendency to integrate doing-based with being-based self-evaluations and grief over time. As for the last of those, we created a variable called "integrated

self-evaluation” by tallying the NUs in which a person made both a doing-based and a being-based self-evaluation in a single NU. As mentioned earlier, we viewed the linking of doing-based and being-based self-evaluations as narrative evidence that the individual was thinking about how specific actions relate to personal characteristics, rather than simply thinking on one level of context or the other. The integration of levels of contexts is essential to the meaning-making process (Baumeister, 1991).

Reliability and validity. Transcripts were coded by the first author (Jack Bauer) and an advanced graduate student in psychology. Overall interrater reliability for the self-evaluation categories, using the Kappa statistic, was .76. All discrepancies were discussed and settled mutually. Because the present study represents the first application of this coding system, comparisons were made between its key constructs and other measures to establish validity. To assess convergent and discriminant validity, self-evaluation patterns were compared with verbal disclosure, a narrative variable that identifies the expression of personal and impersonal thoughts and feelings (Bonanno & Eddins, 1998). Both measures addressed the same narratives, though the two measures were conceptually similar to some degree, making them good candidates for assessing validity.

Validity was assessed via a multitrait-multimethod matrix (Campbell & Fiske, 1959) that compared two related pairs of traits (self-evaluations and non-evaluative self-descriptions; personal thoughts/feelings and impersonal thoughts/feelings) within two methods (self-evaluation and disclosure). As evidence of convergent validity, evaluative self-descriptions from the two measures correlated significantly, $r = .32, p < .01$, as did non-evaluative self-descriptions, $r = .74, p < .001$. As evidence of discriminant validity, evaluative and non-evaluative constructs *within* each method did not correlate significantly and were of less strength than the convergent values (Campbell & Fiske, 1959). Positive and negative valences of self-evaluation were compared in a multitrait-multimethod matrix with positive and negative disclosure, with similar results. Valence was the only dimension of self-evaluation for which we had a comparable method to assess validity.

RESULTS

Descriptive Statistics

During the 6-minute narrative segment, 68 of the 69 participants made at least one positive self-evaluation (see Table 1). Of those 68, all but four made more positive than negative self-evaluations. Importantly for the analysis of negative self-evaluation, 31 participants made exclusively positive self-evaluations (i.e., no negative self-evaluations),

22 participants made only one negative self-evaluation, 15 participants made two or more negative self-evaluations, and no participant made more than four negative self-evaluations. Because the total number of negative self-evaluations exhibited low frequencies and a skewed distribution, we grouped the participants into three categories, the first two of which involved no alteration from the raw data. Those participants who made no negative self-evaluations served as the “zero negative self-evaluations” (0-NSE) group ($n = 32$). Those who made one negative self-evaluation served as the “one negative self-evaluation” (1-NSE) group ($n = 22$). Those who made two or more negative self-evaluations served as the “multiple negative self-evaluations” (m-NSE) group ($n = 15$). Thus, the only difference between the grouped variable and the raw variable was that those participants making two or more negative self-evaluations were grouped together (the grouped and raw-data versions of negative self-evaluation correlated significantly, Spearman $r = .99, p < .001$). The grouped variable constituted ordinal-level data and was used in subsequent analyses.

Also of importance, the tendency to integrate doing-based and being-based self-evaluations turned out to be mostly a matter of presence-absence in the 6-minute narrative segment: Only 30 participants made doing-based and being-based self-evaluations in the same NU; 22 of those made integrative self-evaluations only once, and none made more than four. Therefore, we formed a dichotomous variable to compare those who made an integrative self-evaluation ($n = 30$) with those who did not ($n = 39$). The dichotomized variable for integrative self-evaluation was used in subsequent analyses; the grouped and raw-data version of integrative self-evaluation correlated significantly, Spearman $r = .97, p < .001$. As for grief, mean grief scores showed consistent decline from 6 to 14 months post-loss, $t(1, 56) = 4.49, p < .001$, and from 14 to 25 months post-loss, $t(1, 42) = 2.67, p = .01$. This pattern conforms to longitudinal symptom patterns observed in other studies (Bonanno & Kaltman, 1999).

General Self-Evaluation and Grief Over Time

Correlations between self-evaluation and grief variables appear in Table 2 within the boxed area. Intercorrelations within self-evaluation variables appear to the right of the boxed area; intercorrelations within grief variables appear above it. All are Pearson correlations except for comparisons involving negative, proportion-positive, and integrative self-evaluations, each of

Table 1
Descriptive Statistics

<i>Variable</i>	<i>Mean</i>	<i>SD</i>	<i>Min.</i>	<i>Max.</i>	<i>N*</i>
Total self-evaluations (SE)	6.30	3.45	0	16	68
Total positive SE	5.39	3.15	0	14	67
Total negative SE	.91	1.11	0	4	37
Proportion positive (ratio)	.86	.18	0	1	68
Total doing-based SE	2.45	1.91	0	9	61
Total being-based SE	3.86	2.30	0	12	66
Proportion doing-based (ratio)	.38	.23	0	1	68
Integrated SE	.61	.86	0	4	30
Grief, 6 months post-loss	9.88	5.81	0	23	69
Grief, 14 months post-loss	6.35	5.45	0	21	57
Grief, 25 months post-loss	4.56	3.78	0	13	45

* Total $n = 69$. N above represents the number of participants making at least one self-evaluation of each type (except for grief variables, where N represents the number of participants at each time of measurement).

which involved skewed distributions. Spearman correlations are presented for these three variables.

The total number of self-evaluations, across valence and level of interpretation, did not significantly correlate with grief, though the correlation between this variable and grief at 25 months post-loss was marginally and inversely significant, $r = -.26, p = .08$.

Positive and Negative Self-Evaluation

Positive self-evaluation. The total number of positive self-evaluations did not correlate significantly with grief at 6 or 14 months post-loss but did correlate significantly and inversely with grief at 25 months post-loss, $r = -.33, p < .05$ (see Table 2), as well as with grief at 25 months post-loss, controlling for grief at 6 months, $r = -.31, p < .05$. In other words, the tendency to make higher frequencies of positive self-evaluations was related to lower grief levels at 25 months post-loss.

Negative self-evaluation. Correlations between the total number of negative self-evaluations and grief at 6, 14, and 25 months post-loss were not significant (see Table 2). We next conducted specific analyses to

Table 2
Correlations of self-evaluation patterns and grief over time

<i>Variable</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>	<i>8</i>	<i>9</i>	<i>10</i>
1. Grief 6 months										
2. Grief 14 months	.52***									
3. Grief 25 months	.61***	.71***								
4. Total self-evaluation (SE)	-.15	-.09	-.26+							
5. Positive SE	-.15	-.13	-.33*	.95***						
6. Negative SE	-.15	.00	-.04	.45***	.14					
7. Proportion positive	.13	-.01	.03	-.36**	-.04	-.97***				
8. Doing-based SE	-.17	-.30*	-.41**	.78***	.77***	.31**	-.21+			
9. Being-based SE	-.08	.14	-.05	.85***	.78***	.41***	-.33**	.34**		
10. Proportion doing-based	-.27*	-.49***	-.43**	.07	.10	-.02	.06	.56***	-.37**	
11. Integrated SE	-.22+	-.46***	-.53***	.52***	.57***	.11	-.04	.52***	.36**	.18

+ $p < .10$

* $p < .05$

** $p < .01$

*** $p < .001$

examine our predictions regarding optimal levels of negative self-evaluation and grief over time. First, to predict repeated measures of grief using multiple self-evaluation variables in 1-*df* tests, we created longitudinally weighted grief variables,¹ which we regressed on the self-evaluation variables (Judd & McClelland, 1989). Such regression models were the statistical equivalent of a repeated-measures ANOVA, with allowances for specific 1-*df* tests. Next, we assigned contrast codes to the three ordinal-level groups of negative self-evaluation in order to run 1-*df* tests of possible linear and quadratic (curvilinear) relationships with grief. We ran multiple regressions of the longitudinally weighted grief variables on both the linear and quadratic forms of negative self-evaluation. The linear contrast codes, in effect, compared the mean grief scores between the 0-NSE and m-NSE groups. The multiple-regression models revealed that these two groups had statistically equivalent mean grief scores at 6, 14, and 25 months ($ps > .40$). That is, there was no linear relationship between negative self-evaluation and grief. The quadratic contrast codes compared the 0-NSE and m-NSE participants with the 1-NSE group. This analysis revealed that the 1-NSE group had lower mean levels of grief, $t(1, 40) = -2.86, p < .01$, standardized beta = $-.42$, accounting for 16% of the variance (adjusted R square) of grief over time (see Table 3 for mean differences).² Thus, there appeared to be an optimally healthy level of negative self-evaluation: When describing the lost relationship, those participants who made one negative self-evaluation had less grief over time than did those who made either no negative self-evaluations or multiple negative self-evaluations (see Figure 1). (It is noteworthy that there was no difference in the mean frequencies of positive self-evaluation between

1. These weighted “dependent” variables (keeping in mind the study’s correlational nature) were used here and elsewhere in the study. We created one variable by weighting longitudinal grief to test a main “effect” (again, minding the correlational nature) of self-evaluation variables on grief over time. We created two additional longitudinal-grief variables by weighting grief over time with linear and quadratic contrast codes, which enabled the testing of interactions between self-evaluation variables and time in predicting grief.

2. Table 3 only reports the means relevant to the quadratic relationship. Also, group *ns* reported in the text represent the distribution of the entire sample of 6-month narratives, whereas group *ns* reported in Table 3 represent the distribution of participants who were included in the longitudinal analysis. Participants who continued in the study and those who dropped out did not differ significantly in mean levels of 6-month grief or in the mean frequencies of any self-evaluation variable.

Table 3
 Mean Grief Scores for Participants With
 various Patterns of Self-evaluation

Variable	Contrast code	Mean grief scores (<i>SD</i>)*		
		6 months	14 months	25 months
<i>Negative self-evaluation (SE)</i>				
Zero NSE (<i>n</i> = 18)	-1	12.17 (5.74)	7.28 (6.49)	5.83 (3.73)
One NSE (<i>n</i> = 16)	2	7.00 (5.46)	4.31 (3.70)	2.56 (2.39)
Multiple NSE (<i>n</i> = 9)	-1	9.56 (4.82)	8.67 (5.98)	6.44 (4.28)
<i>Proportion of positive SE</i>				
Exclusively positive (<i>n</i> = 17)	-1	12.18 (5.92)	7.35 (6.68)	5.89 (3.84)
Predominantly pos. (<i>n</i> = 18)	2	6.94 (4.39)	4.39 (3.55)	2.72 (2.40)
Less positive (<i>n</i> = 7)	-1	10.43 (4.79)	9.71 (6.37)	7.14 (4.53)
<i>Integrated SE</i>				
Integrated SE (<i>n</i> = 22)	1	8.59 (5.46)	4.14 (4.77)	2.82 (2.09)
Non-integ. SE (<i>n</i> = 21)	-1	10.86 (6.09)	8.90 (5.54)	6.76 (4.09)

*Main effect for each comparison: *p* < .01

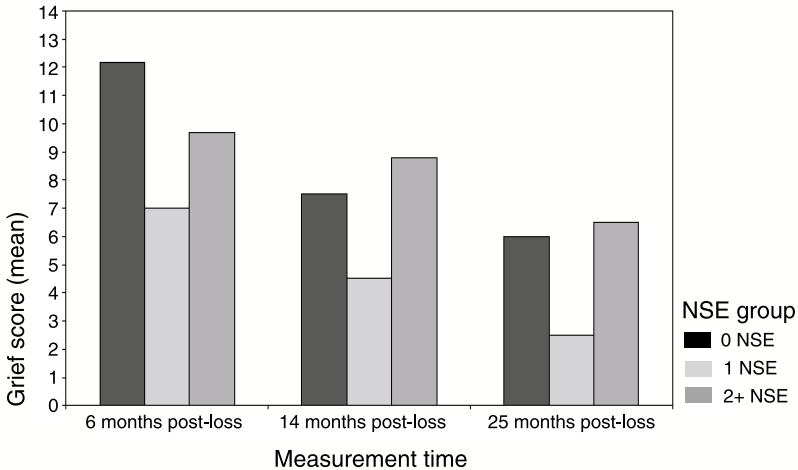


Figure 1

An optimal level of negative self-evaluation: Participants who made one negative self-evaluation had lower mean grief scores over time than did participants who made either no negative self-evaluations or multiple negative self-evaluations.

the 1-NSE group and the combined 0-NSE/m-NSE group, $p > .20$.) The interaction of negative self-evaluation group by time was not significant in predicting grief ($p > .10$). Thus, while those making one negative self-evaluation had less grief over time than the other two groups, the grief levels for all groups decreased over time at the same rate. Finally, there was no significant interaction of positive and negative self-evaluation (in either linear or quadratic forms) in predicting grief over time ($ps > .50$). Participants who made one negative self-evaluation had lower grief levels over time than did other participants, and this relationship did not depend on how many positive self-evaluations participants made.

Proportion of positive self-evaluations. As stated in the introduction, our main prediction for valence involved the relative use of positive and negative self-evaluations. For each participant, we calculated the proportion of positive self-evaluations to total (i.e., both positive and negative) self-evaluations. The proportion-positive ratio had a heavily skewed distribution, so we divided it into three groups. Gottman (1994; Gottman et al., 1998) has observed that happily married couples exchange many more positive than negative evaluations—but *not* to the exclusion of negative evaluations—at an approximate ratio of 5:1. Considering this observation and our distribution of proportion-positive ratios, we categorized all participants whose proportion-positive ratios were between .80 (i.e., a 4:1 positive-to-negative ratio) and .99 as the “predominantly positive” group ($n = 22$). All participants who made only positive self-evaluations (i.e., no negative self-evaluations, or a proportion-positive ratio of 1.00) fell into the “exclusively positive” group ($n = 31$). Participants whose proportion-positive ratios were below .80 comprised the “less positive” group ($n = 15$).³ We created linear and quadratic contrast

3. The mean proportion-positive ratios (and standard deviations) for each group were: Exclusively positive, 1.00 (.00); Predominantly positive, .85 (.04); Highly negative, .60 (.19). Thus, the optimally positive group’s mean ratio of positive to negative evaluations was approximately 5:1, as Gottman (1994) suggested. It should be noted that the participants in these proportion-positive groups, with only five exceptions, fell into the equivalent ordinal-level categories of negative self-evaluation. One participant in the zero negative self-evaluation (0-NSE) group made no self-evaluations at all (making a proportion of positive to total self-evaluation impossible to calculate) and was not included in this analysis.

codes for the proportion-positive variable and used them in multiple-regression models to predict the longitudinally weighted grief variables.

As with negative self-evaluation, linear contrast codes did not show significant relations between the proportion of positive self-evaluations and grief over time, but quadratic contrast codes did. From the linear codes we learned that the exclusively positive and less positive groups had statistically equivalent levels of grief (i.e., there was not a significant linear relationship between proportion-positive and grief, $p > .60$). From the quadratic codes, we learned that participants who made predominantly positive self-evaluations had less grief over time than those who made either exclusively positive or less positive self-evaluations, $t(1, 39) = -3.13$, $p < .01$, standardized beta = $-.46$, accounting for 19% (adjusted R square) of the variance of longitudinal grief (see Table 3 for mean differences). The group-by-time interaction did not significantly predict grief. Thus, the proportion of positive and negative self-evaluations had much the same relationship to grief over time as did negative self-evaluation alone.

Doing- and Being-Based Self-Evaluation

Before reporting the findings for the two main predictions regarding doing- and being-based self-evaluation, it might be helpful first to consider individually how doing-based self-evaluation and being-based self-evaluation related to grief. The total number of doing-based self-evaluations was significantly and inversely correlated with grief at 14 months post-loss, $r = -.30$, $p < .05$, and at 25 months, $r = -.41$, $p < .01$, but not at 6 months (see Table 2). Controlling for 6-month grief, doing-based self-evaluation was correlated with grief marginally and inversely at 14 months, $r = -.25$, $p = .06$, as well as significantly and inversely at 25 months, $r = -.39$, $p < .01$. The total number of being-based self-evaluations did not correlate significantly with grief ($ps > .30$). Interactions between doing-based and being-based self-evaluation, as well as between either self-evaluation and time, were not significant (all $ps > .30$).

Proportion of doing-based self-evaluations. The proportion of doing-based self-evaluations to total (i.e., both doing- and being-based) self-evaluations showed significant and inverse correlations with grief at 6 months post-loss, $r = -.27$, $p < .05$, at 14 months post-loss, $r = -.49$,

$p < .001$, and at 25 months post-loss, $r = -.43$, $p < .01$ (see Table 2).⁴ To further test this relationship, we regressed the longitudinally weighted grief variables on the proportion-doing variable. This model was the statistical equivalent of a repeated-measures ANOVA, though it employed a continuous (rather than grouped) variable to predict grief (Judd, McClelland, & Smith, 1996). We found that higher proportions of doing-based self-evaluations predicted lower grief levels over time, controlling for time of measurement, $t(1, 40) = -3.48$, $p = .001$, standardized beta = $-.48$, accounting for 21% (adjusted R square) of the variance of grief. The interaction between the proportion variable and time was not significant ($p > .60$), indicating that grief levels decreased similarly for higher proportions of doing-based self-evaluations as for lower.

Integrated self-evaluations. The integration of doing-based and being-based self-evaluations in the same NU—versus not making any such integration—correlated marginally and inversely with grief at 6 months post-loss, Spearman $r = -.22$, $p = .07$, and correlated significantly and inversely with grief at both 14 months, Spearman $r = -.46$, $p < .001$, and 25 months, Spearman $r = -.53$, $p < .001$ (see Table 2). Regressing longitudinal grief on integrated self-evaluation revealed that participants who made at least one integrated self-evaluation had lower grief scores over time than did participants who made only non-integrated self-evaluations, $t(1, 40) = -3.04$, $p < .01$, standardized beta = $-.43$, accounting for 16% (adjusted R square) of the variance of grief (see Table 3 for mean differences). The group-by-time interaction was not significant ($p > .20$), indicating that grief levels decreased over time at the same rate for both groups.

Joint Predictions With Valence and Levels of Context

The study's three main predictions addressed valence and levels of context separately. To examine whether the main self-evaluation variables jointly predicted grief independently or interactively, we regressed longitudinally weighted grief on combinations of negative self-evaluation

4. The proportion variable had a normal distribution and a linear relationship with grief.

(both linear and quadratic contrasts), the proportion of doing-based self-evaluations, and integrated self-evaluation.⁵ Stepwise regressions revealed significant and independent relationships with grief over time: Proportion of doing-based self-evaluations, $t(1, 40) = -3.48, p < .01$, standardized beta = $-.48$, adjusted R square = $.21$; Negative (quadratic) self-evaluation, $t(1, 39) = -2.97, p = .01$, standardized beta = $-.38$, change in adjusted R square = $.13$; Integrated self-evaluation, $t(1, 38) = -2.38, p < .05$, standardized beta = $-.29$, change in adjusted R square = $.07$.

In other words, the tendency to make an optimal number of negative self-evaluations, the tendency to focus on doing-based self-evaluations, and the tendency to make integrative self-evaluations were each significant independent predictors of less grief over time. This model accounted for 41% of the variance of grief over time. We found no significant valence-by-level interactions (all $ps > .10$) or group-by-time interactions (all $ps > .30$). Finally, because most participants made predominantly being-based self-evaluations, it is important to emphasize that integrated self-evaluation and the proportion of doing-based self-evaluations neither correlated significantly nor had mediating effects on each other in predicting grief (see Table 2).

Potentially Confounding Variables

The self-evaluation variables were calculated by the frequency of self-evaluations in each participant's narrative, which suggested that verbosity might underlie the self-evaluation/grief relationship. Verbosity was operationally defined as the total number of NUs expressed by each participant. Verbosity was related only to the total number of negative self-evaluations, $r = .29, p < .05$. In other words, the tendency to talk a lot was not related to the tendency to make more self-evaluations (including the total number of all self-evaluations). However, verbosity was significantly correlated with grief at 14 months post-loss, $r = .28, p < .05$, and at 25 months, $r = .32$ (though not at 6 months). In other words, people who talked more had higher levels of grief at 14 and 25 months post-loss. Most importantly for the purposes of this study, when controlling for

5. Exchanging the proportion-positive variable for negative self-evaluation in the valence-by-levels model yielded similar findings but with one less participant (see footnote 3).

verbosity, all the relationships between self-evaluation and longitudinal grief retained the levels of significance reported earlier.

Two measures of relations to others were also considered as potential confounds. Recollections of adjustment in the marital relationship (DAS scores) correlated significantly with the total number of self-evaluations, $r = .27$, $p < .05$; the total number of positive self-evaluations; $r = .30$, $p = .01$; and the total number of being-based self-evaluations, $r = .27$, $p < .05$. However, when included in the previously reported regression analyses to control for the impact of marital adjustment, DAS did not significantly influence any of the relationships between self-evaluation and grief. Also, perceived social support was not correlated significantly with any of the self-evaluation variables used in this study and did not significantly influence any of the relationships between self-evaluation and grief.

DISCUSSION

The purpose of this study was to examine how positive and negative evaluations of what one does and what one is relate to psychological adjustment over time to the death of a spouse. We first examined positive and negative self-evaluations. Higher frequencies of positive self-evaluation alone predicted less grief, but only at 25 months post-loss. In contrast, an optimal level of negative self-evaluation (in this case, one negative self-evaluation during the 6-minute narrative) made at 6 months post-loss predicted less grief at 6, 14, and 25 months post-loss. These findings supported Pennebaker and Seagal's (1998) observation that the higher frequencies of words expressing positive emotions in narratives predicted higher levels of health, whereas a moderate (neither high nor low) amount of words expressing negative emotion predicted health. Similarly, we found that an optimal proportion of positive and negative self-evaluations predicted less grief over the course of bereavement. Specifically, participants whose self-evaluations were approximately 85% positive (i.e., roughly a 5:1 positive-to-negative ratio) had less grief over time than did participants whose self-evaluations were either exclusively positive (i.e., 100% positive) or less positive (i.e., less than 80% positive). The proportion-positive findings were consistent with Gottman's (1994; Gottman et al., 1998) observation that positive and negative comments were exchanged at about a 5:1 ratio among happily married couples.

It might be argued from our findings that negative self-evaluation is the dominant factor in predicting grief over time. First, an optimal level of negative self-evaluations predicted less grief over time, even when controlling for positive self-evaluation, whereas positive self-evaluation predicted less grief only at 25 months post-loss. Second, the raw proportion-positive ratio and the raw negative self-evaluation variable had very similar distributions and relations with grief, whereas the raw proportion-positive variable and the positive self-evaluation variable were not at all similar. Third, part of the reason for negative self-evaluation's impact may be that people, at least in Western countries, tend to make more positive than negative self-evaluations in general, which renders positive self-evaluations more benign and renders negative self-evaluations more situation-specific (Malle & Horowitz, 1995). This contextual specificity, in turn, may make negative self-evaluation more relevant to specific psychological indices.

Despite these observations, negative self-evaluation does not tell the whole story of valence in predicting grief. Although participants who made just one negative self-evaluation during the 6-minute narrative adapted better than other participants, controlling for positive self-evaluation, these data cannot determine whether these participants would have adapted better, regardless of positive self-evaluation. It is difficult to imagine a scenario using interviews of similar length and content in which the participants who made one negative self-evaluation and no positive self-evaluations would adapt well. As it turned out, no such case existed in our sample; all but one participant made positive self-evaluations. Therefore, we must use caution when interpreting the finding that an optimal level of negative self-evaluation independently predicted grief over time, keeping in mind the statistical nature of the term "independence." Although positive self-evaluation itself may not play as strong a role as negative self-evaluation in predicting the measure of grief, positivity may play a distal (though no less important) role in sustaining health. In other words, positivity may serve as a foundation or necessary background for psychological health more generally, whereas an optimal level of negativity may be the more ostensible quality of health that maps onto psychological scales (as Malle & Horowitz, 1995, suggest). For instance, in adjusting to the death of a spouse, a general sense of positivity in life can serve as a secure base for exploring life's problems, thereby enabling critical evaluation of difficult times without thinking that the problems define one's life in general. The ability to

acknowledge the bad in one's life and integrate it with the good is a hallmark of both adaptation and the healthy reconstruction of identity during times of crisis (Janoff-Bulman, 1992). Therefore, although we did find an independent predictor of grief in an optimal level of negative self-evaluation, we look to the optimal ratio of positive to negative self-evaluation as a more externally valid correlate of psychological health. We conclude that participants who adapted well evaluated their lives as "good for the most part"—predominantly positive with a limited dose of problems.

Turning to levels of self-evaluation context, we found that the tendency to make doing-based self-evaluations predicted lower grief levels over time. In contrast, the tendency to make being-based self-evaluations was not significantly related to grief. Using a ratio comparison, we found that the tendency to focus on doing-based versus being-based self-evaluations predicted lower grief levels over time, a finding consonant with previous observations garnered mainly from questionnaire measures (Cantor, 1990; Janoff-Bulman, 1992; Vallacher & Wegner, 1987; Zirkel & Cantor, 1990). The death of a spouse threatens key aspects of a person's identity (e.g., a sense of purpose and continuity in life). With such overarching meanings in one's life in flux, focusing on concrete activities directs one's attention to manageable aspects of one's life and thereby limits stress levels (Janoff-Bulman, 1992; Parkes & Weiss, 1983). Focusing on specific activities rather than on abstract characteristics and higher level goals also helps the individual devise a concrete plan for the future (Baumeister, 1991; Cantor & Kihlstrom, 1987; Zirkel & Cantor, 1990). Further, assumptions and descriptions that characterize global aspects of the self are less amenable to adaptive reconstruction, whereas people have greater flexibility in creating new meanings around their self-evaluations when focusing on behaviors (Baumeister, 1991; Janoff-Bulman, 1992).

Focusing on actions, however, was not the only factor behind the relations of doing, being, and psychological health. Although a focus on behaviors plays a significant role in adaptation, constructing the sense that certain personal qualities endure over time is essential to the meaning-making process (Baumeister, 1991; Frankl, 1959). Our results showed that participants who integrated evaluations of their actions with evaluations of their characteristics adapted better to conjugal bereavement than did those who made only non-integrated self-evaluations. Similarly, Ogilvie (1987a) claimed that people who describe their

broader characteristics with frequent reference to related actions have higher general life satisfaction, whereas people who do not make such connections are less satisfied with their lives over time. One reason for this may be that viewing one's valued characteristics in terms of one's behaviors is essential for constructing a credible sense of personal continuity over time, a key factor in reconstructing one's identity amid life changes (Erikson, 1959, 1968). Western culture tends to validate being in terms of doing; people employ motion or action as the base of validity and reality in which the more permanent states of being must be grounded (Sartre, 1956). In other words, personal characteristics (which, by definition, suggest continuity) require a link to behaviors in order to establish firmly the sense of continuity needed for psychological health. In support of this claim, our findings showed that the tendency to make characterological self-evaluations did not relate significantly to health, but that the linking of characterological and behavioral self-evaluations did relate significantly to health. (Here it is important to note that making integrated self-evaluations predicted less grief, whether the participant made many behavioral or many characterological self-evaluations. In addition, neither of these variables interacted significantly with the participant's style of positive or negative self-evaluation in predicting grief.)

We also examined the interaction of self-evaluation groups (e.g., integrative versus non-integrative) by time in predicting grief. The fact that grief levels decreased at the same rate over time for all self-evaluation groups indicated that self-evaluation patterns distinguished participants in terms of their degrees of grief over time but not their course of grief. We think these findings have their roots in our self-evaluation constructs. We operationally defined self-evaluation patterns in terms of identity construction and psychological health/well-being in general and not in terms of coping or adjustment to loss. That is, we aimed to capture how individuals tended to evaluate their lives generally, and not their adjustment to the loss specifically. As for the health measure, the grief variable reflected global psychological functioning (toward which the self-evaluation patterns were defined), couched in terms of the loss (toward which the self-evaluation patterns were not defined). These considerations led us to predict that individuals would have different levels of psychological health over time, but not necessarily that some would have an accelerated course of reduction in bereavement-related grief. Our

fundamental concerns lay in predicting long-term health levels from self-evaluation patterns made relatively early in the bereavement process.

The correlational design of the study restricted any claim that certain styles of self-evaluation caused successful adjustment to bereavement (although this is a possibility). It seemed more reasonable to suggest that an outside factor or factors caused both phenomena. Indeed, the lack of group-by-time interactions suggested a possible selection effect, such as relationship closeness or social support. Previous research has shown that marital satisfaction relates both to overall life satisfaction (Diener, Suh, Lucas, & Smith, 1999) and to successful adjustment to conjugal bereavement (and, notably, not poor adjustment; Bonanno & Kaltman, 1999). However, our results showed that participants having strong marital ties or strong social support were no more likely to construct adaptive patterns of self-evaluation than were participants who perceived weaker spousal relationships or weaker social support. Perhaps this was because relationship satisfaction and social support are both perceptions, that is, largely products of personal interpretations of one's life, much like self-evaluation and even adjustment to loss (Baumeister, 1991; Folkman, 1984; Janoff-Bulman, 1992; McAdams, 1985, 1993). We feel that the individual's style of interpreting life will likely determine his or her narrative self-evaluation patterns, perceptions of relationship strength, and levels of adaptation. Although interpretation processes involve more than that which can be translated into language, narratives offer a glimpse into dimensions of interpretation that have implications for psychological health—dimensions that occur largely without awareness. For example, we found that the choice of verbs in narrative self-evaluation (which often occurs without deliberation) has a longitudinal relationship with adaptation. Although we do not claim that narrative self-evaluation patterns caused levels of adjustment to bereavement, we do suggest that these narrative patterns reflected styles of interpretation that did largely determine psychological health.

Several important limitations of the study and directions for future research should be considered. First, we conceptualized the predictions and the narrative methodology in a way that applies to major life changes in general, yet we specifically conducted a study of midlife conjugal bereavement. We expect that similar relationships will be found between the same narrative patterns of self-evaluation and adaptation to other major life changes (as well as psychological well-being more generally), though this remains to be determined. Second, we analyzed narrative

patterns of self-evaluation that were made in response to a question about the participant's relationship with the deceased spouse. Again, we would expect similar findings in narratives made in response to questions about other important dimensions of a person's life. In addition, this interview question led participants to talk only about the past and present, leaving open questions on how self-evaluations in the anticipated future, a key aspect of identity, relate to current meaning-making processes. Finally, the construct validity of the present coding system was assessed in comparison with another narrative coding system. Validity would be enhanced by also comparing the present coding system with questionnaire measures of self-evaluation. Such comparisons could also help explain the similarities and differences of the narrative and non-narrative approaches as well as of different levels of personality (McAdams, 1995).

In conclusion, our findings suggested that two dimensions of narrative identity construction—valence and levels of context—played independent yet related roles in predicting psychological health during a challenging life transition. Three portraits emerged of those who adapted well over time to conjugal bereavement. First, participants who adapted well to conjugal loss seemed to portray their lives as mostly good but with a limited dose of setbacks. Second, when observing the valued or important aspects of their lives, participants who adapted well tended to focus on “what they did” rather than on the broader qualities of “who they were.” Third, those who adapted well integrated their valued actions with broader personal characteristics.

One interpretation of these findings as a whole addresses the existential dilemmas of personal meaning making and its validation. An optimally healthy ratio of positive to negative self-evaluations may represent attempts to ground one's generally positive views in a “real” world that is bound to have at least some problems (and, simultaneously, to acknowledge those problems while keeping in mind a rosier big picture). Similarly, integrating doing and being may represent simultaneous attempts to perceive that certain activities are especially meaningful and that abstract personal qualities contain some observable truth. Overall, we feel the methods and findings of this study have implications for, among other things, future work on narrative identity construction, meaning making in general, and their relation to psychological health and well-being.

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APPENDIX

Examples of narrative self-evaluations and other statements:

Positive self-evaluation

Doing-based

- “We did a good job on that project”
- “I think I helped make her successful”
- “We liked going to the movies a lot”
- “I made a lot of money, which let us do what we liked”
- “We talked about everything we wanted to”

Being-based

- “I'm the best salesman”
- “We had a great marriage”

Negative self-evaluation

Doing-based

- “We did a bad job on that project”
- “I think I made her fail”
- “We hated spending time together”
- “I made a lot of money, but the effort it took ruined our lives”
- “We should have spent more time with each other”

Being-based

- “I'm a bad salesman”
- “We had a horrible marriage”

“We were fun parents”

“We were both artists, and it was beautiful”

“I was there for her, like I wanted to be”

Self-descriptive, but not evaluative

“I’m a salesman”

“We were married 15 years”

“We went to the movies a lot”

“They said we were oppressive parents”

“We were both artists, which made us miserable”

“I should have been with her more”

Evaluative, but not self-descriptive

“He was a good salesman”

“Marriage is a good thing”

“It’s fun going to the movies”