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Exploring Links between Well-Being and Interactional Sense-Making in Married Couples' Jointly Told Stories of Stress

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Abstract

Narrative theorizing suggests that narrating stress, difficulty, or trauma can be beneficial for improved mental health, yet extant research tends to consider narrating stress as an individual or psychological construct. However, in close relationships, people often experience shared stressors and jointly *tell* their shared stories of difficulty to others. Thus, joint storytelling processes likely also relate to individual health. We tested this expectation using a series of actor-partner interdependence models and path analyses in a study that included 68 couples' video-recorded joint storytelling interactions. Findings primarily indicate relationships between husbands', wives', and couples' storytelling behaviors and husbands' mental health. Generally speaking, however, storytelling behaviors did not predict wives' mental health. Interpretations, limitations, and directions for future research are discussed.

Storytelling is one of the primary mechanisms through which humans make sense of their experiences (Bochner, 2002; Bruner, 1990; Fisher, 1987). In particular, telling the story of

stressful or traumatic experiences can help develop a sense of understanding and control (Weber, Harvey, & Stanley, 1987), providing an opportunity to create a coherent, ordered account of events (Neimeyer & Levitt, 2000). This sense-making function makes storytelling potentially beneficial for individual health and well-being (Harvey, 1996; Koenig Kellas & Manusov, 2003; Neimeyer & Levitt, 2000). In fact, decades of research in both narrative psychology (e.g., Bruner, 1990; McAdams, 1993; Pennebaker, 1997) and narrative therapy (e.g., Monk, 1997; White, 2007) suggest that the opportunity to tell and/or reframe stories of trauma, difficulty, or stress can have positive outcomes, including increases in mental and physical health. These lines of research, however, often represent stories as individual, psychological constructions, rather than communicatively constructed collaborations. Yet storytelling is often a collaborative, relational process (e.g., Duck, 1994; Holmberg, Orbuch, & Veroff, 2004; Mandelbaum, 1987, 1989), and in the context of close relationships, such as marriage, couples may jointly tell other people stories about shared stressful experiences.

Given the established links between narrative sense-making and individual well-being, as well as the argument that telling stories of difficulty is often a collaborative endeavor, narrative theorizing can further illuminate the processes by which relational partners make sense of shared difficulties or stress through storytelling and how these relational processes affect and reflect individual well-being. As Koenig Kellas (2005) argued, joint storytelling provides a window into family culture. It likely also provides a view into the mental health and well-being of the storytellers. Thus, in the present study, we observed couples' interactional sense-making as they collaboratively told a story about a shared stressful experience to a third party. We then assessed how their storytelling processes related to spouses' reported mental health and perceived stress.

Narrative Sense-Making and Stressful Experiences

Narrative Sense-Making and Individual Well-Being
At its heart, narrative theorizing suggests an intimate, inextricable link between narrative and sense-making. Those links are explicit for scholars like Bruner (1990), who advocate for a narrative psychology, or one in which cognition, reasoning, and thought are narrative in nature. The links are also implicit for scholars like Pennebaker (see Sloan &Marx, 2004, for a review) whose research shows connections between writing or telling stories of trauma and physical and mental health. For example, research using the expressive writing paradigm has demonstrated that writing the story of a traumatic experience over time positively predicts psychological and physical health (e.g., Frattaroli, 2006; Sloan & Marx, 2004).

How individuals tell their story affects this process. For example, individual narratives with more emotional language and increased use of causal and insight language over time were related to better health outcomes (Ramirez-Esparza & Pennebaker, 2006). Several different theories have been used to explain this relationship (i.e., inhibition theory, cognitive adaptation theory, emotional processing theory, self-regulation theory, Sloan & Marx, 2004) and suggest telling the story of a traumatic or stressful experience allows an individual to express emotions and/or cognitively make sense of the trauma, which in turn allows

the individual to "let go" of the memory and move on from potentially unhealthy ruminations. In other words, telling the story provides organization, meaning, and coherence for the stressful experience. In general, research on narrative theorizing across disciplines demonstrates the various ways in which individuals benefit from telling stories of trauma, indicating that narrating traumatic or stressful experiences has important outcomes for individual health and well-being (e.g., Frattaroli, 2006; McAdams, 1993; Pennebaker, 1997).

Narrative Sense-Making as an Interactional, Collaborative Process

Despite years of research on the individual benefits of narratively making sense of difficulty (e.g., Pennebaker, 1997), researchers have yet to consider the various ways in which narrating stressors might occur as a collaborative process (for exceptions, see Sales & Fivush, 2005; Trees & Koenig Kellas, 2009) or how this joint process might also impact individual well-being. People routinely tell stories to others in the context of their everyday talk (Tracy, 2002), and researchers who study naturally occurring conversations, or what Bamberg (2006) refers to as "small stories" have documented the ways in which collaborative stories emerge in everyday talk (e.g., Blum-Kulka, 1993; Langellier & Peterson, 2004; Mandelbaum, 1987; Miller, Mintz, Hoogstra, Fung, & Potts, 1992).

Spouses together may share stories of their troubles or stresses with friends, family members, and/or marital counselors to process, seek counsel, or simply vent about difficult experiences. Narrative sense-making is a communicative process, one in which spouses organize and understand their individual and relational lives by putting their experiences into narrative form and testing these stories out on an audience. This process is often a joint endeavor whereby relational partners with shared experiences also share in the telling of the story (Mandelbaum, 1987).

Joint storytelling introduces certain dynamics not at work in individual narrative sense-making that could complicate or detract from the sense-making process (Koenig Kellas & Trees, 2006). Specifically, although making sense of stress relationally may benefit individual spouses or couples by helping them to cognitively separate from the difficulty, shared storytelling also involves negotiating multiple perspectives, talk time, and differing levels of interest in solving the problem. For example, while they are out to dinner with friends, a husband and wife may tell the story of their teenage son's most recent suspension from school. If they disagree on the importance of the infraction, however, joint storytelling may increase rather than reduce cognitive confusion over the difficulty for one or both partners. As is the case with individual stories (e.g., Ramirez-Esparza & Pennebaker, 2006), the contribution of joint storytelling to individual wellbeing likely depends significantly on the ways in which couples engage in joint sense-making processes.

A small body of research has begun to explore how people collaboratively narrate to make sense of relationships and difficulty (see Holmberg, Orbuch, & Veroff, 2004; Fiese & Sameroff, 1999; Pratt & Fiese, 2004). For example, Koenig Kellas and Trees (2005, 2006) examined the joint storytelling processes of family triads and identified four key dimensions of communication behavior that are particularly salient for collaboratively and productively making sense of difficult experiences. First, *engagement* refers to the liveliness or involvement and warmth present between relational partners as they jointly tell a shared

story. Second, *turn-taking* refers to the ways in which relational members negotiate contributions to the telling. This includes the degree to which the telling is dynamic (i.e., interruptions and overlaps in talk) versus polite and/or stunted, as well as the balance of family members' contributions to the telling of the story (i.e., talk time). The third dimension, *perspective-taking*, references the degree to which storytellers attend both verbally and nonverbally to each other's points of view and confirm or disconfirm these viewpoints (e.g., agreeing or disagreeing; asking for another's opinion). Finally, *coherence* represents the degree to which joint storytellers are able to tell an organized and integrated story.

These *interactional sense-making* (ISM) behaviors differentiated among several types of family sense-making processes, demonstrating an important link between narrative sense-making and relational communication qualities. Families who jointly made sense of stressful experiences tended to be more engaged, dynamic, attentive to, and confirming of, one another's perspectives whereas families who did not engage in sense-making (i.e., drew few to no conclusions about the meaning of the story) tended to be disengaged behaviorally, very structured in turn-taking, and inattentive to others' perspectives with more disorganized or incoherent story constructions (Koenig Kellas & Trees, 2006). Engagement, perspective-taking, turn-taking, and coherence, in turn, have been positively associated with family satisfaction, cohesion, adaptability, and supportiveness (Koenig Kellas, 2005; Trees & Koenig Kellas, 2009). Taken together, these findings suggest that joint storytelling processes may facilitate or inhibit sense-making about difficult or stressful life experiences. Because research on individuals' stories suggests a key link between sense-making and well-being, storytelling processes that facilitate sense-making about stressful shared experiences likely also relate to mental health.

Shared Marital Stress, Storytelling, and Individual Well-Being

Within the context of marriage, individuals and couples must confront and make sense of a number of internal and external stressors that affect both partners in the relationship. Stressors are contextual factors that create "an excessive threat, demand or constraint" (Wheaton, 1996, p. 193), generating stress for individuals and relationships. Research on both social support and coping suggests that couples' communication can play an important role in facilitating individual and relational well-being in the face of stressors (e.g., Bodenmann, 2005; Cohan & Bradbury, 1997; Pasch & Bradbury, 1998; Westman & Vinokur, 1998; Xu & Burleson, 2004). Dyadic coping theory, for example, argues that spouses' use of positive dyadic coping strategies (positive support, joint perspective-taking, and delegated coping) can help to reduce individual stress (Bodenmann, 2005; Bodenmann, Pihet, & Kayser, 2006).

Because storytelling is one way we make sense of difficulty (McAdams, 1993; Monk, 1997; Neimeyer & Levitt, 2000; Weber et al., 1987), more productive and cooperative narrative sense-making processes (e.g., greater engagement, more coherence, taking the other's perspective into account) when jointly telling the story of a stressful marital experience should relate to individual well-being as well. Given that the process of collaboratively telling stories introduces a set of complexities not at work in individual storytelling, it is imperative to examine not only the ways in which interactional narrative sense-making relates to one's own health, but also how partners' behaviors and the collective experience

of joint storytelling predicts the well-being of each spouse. Thus, in the current investigation, we examined both actor and partner effects of each of the four ISM behaviors on the reported mental health and perceived stress of each spouse as summarized next.

Perspective-taking

Perspective-taking behaviors in jointly told narratives include the degree to which a storyteller acknowledges, attends to, and confirms the views of other teller(s). The ability to take another's perspective signals an outlook that reflects an important ability to see beyond oneself, a capacity of sense-making likely linked to individual health. Indeed, researchers have reported positive links between the concepts of empathic concern and perspective-taking with psychosocial adjustment and well-being (e.g., Campbell & Pennebaker, 2003; Markstrom & Marshall, 2007). In other words, the more one is able to take others' perspectives, the better adjusted one may be. Additionally, having one's perspective acknowledged and confirmed during joint storytelling about a shared relational stressor also should be beneficial for well-being because it facilitates coping (Bodenmann, 2005). Also, acknowledging and/or confirming the others' perspective in the presence of a third party demonstrates a degree of caring, respect, and face protection that likely affects and reflects individual health. Making sense of multiple perspectives in such an empathic way may therefore relate to each partner's well-being. Consequently, we advanced the following hypothesis:

> H1: During joint storytelling about a difficult experience, husbands' and wives' perspective-taking behaviors are positively associated with both self-reports and partner-reports of mental well-being.

Engagement

Spouses also may vary in terms of their level of involvement and warmth when telling the story of a difficult relational experience (Koenig Kellas & Trees, 2006). Involvement reflects an approach orientation (Mehrabian, 1981), and nonverbal involvement behaviors (e.g., vocal warmth, kinesic/proxemic animation) predict perceptions of supportiveness in conversations about problems (Jones & Guerrero, 2001; Trees, 2000). During joint storytelling, if one spouse is cold and unwilling to be involved in the storytelling, the sense-making process and potential benefits for spousal well-being may be inhibited.

Moreover, given the important links between spousal support and individual well-being, partner withdrawal from an interaction may also signal decreases in well-being and increases in stress for the other spouse. Alternatively, warm interactions in which both spouses are engaged may help to facilitate sense-making (Koenig Kellas & Trees, 2006), thereby creating an environment that affects and reflects each spouses' well-being. Thus, to examine these possibilities, we advanced our second hypothesis:

> H2: During joint storytelling about a difficult experience, husbands' and wives' engagement is positively associated with both self-reports and partner-reports of mental well-being.

Coherence

Joint storytelling is a process characterized by both individual and couple-level behaviors. Whereas perspective-taking and engagement can be investigated in terms of individuals' behaviors, coherence and turn-taking are inherently couple-level constructs manifested at the dyadic level of joint storytelling. *Coherence* refers to the degree to which the story hangs together, makes sense, and reflects jointly constructed meaning (Koenig Kellas & Trees, 2005, 2006). Research on individual sense-making consistently reports connections between story coherence and individual decreases in mental health symptoms, perceived stress, and improvements in physical health. Specifically, research on relationship dissolution (Koenig Kellas & Manusov, 2003; Weiss, 1975) and individual identity construction (Baerger & McAdams, 1999) suggests narrative coherence as the explanatory link between narration and individual well-being.

Greater coherence reflects greater levels of integration, sense-making, and mastery over the lived events. Yet, in joint storytelling interactions, coherence must be negotiated and collaboratively woven together. Tellers must integrate the separate contributions made during the joint telling in order to create an "intertwined, integrated story that hangs together and makes sense" (Koenig Kellas & Trees, 2005, p. 285). Jointly, then, couples' abilities to create a coherent story may help them make sense of confusing and complex aspects of the stressor. Spouses who are able to jointly make sense of a shared stressor also should report higher levels of individual well-being either because better mental health allows them to do so or because joint sense-making contributes to their feelings of achievement and happiness. Thus, our third hypothesis proposes:

> H3: During joint storytelling about a difficult experience, couples' narrative coherence is positively associated with both spouse's individual reports of mental well-being.

Turn-taking

The final dimension of ISM, *turn-taking*, comprises both the ways in which couples coordinate the timing of their turns as well as the degree to which each person is given the opportunity to talk. Specifically, Koenig Kellas and Trees (2005) describe two dimensions of turn-taking relevant to interactional sense-making. *Dynamism* refers to the degree to which spouses interrupt and build off of each other's turns versus the degree to which they take structured, regimented turns, and *distribution* of turns refers to how relational partners coordinate and share talk time. Together, these dimensions reflect the processes by which each partner is given voice in the telling of the story.

Families who were more dynamic in their turn-taking and more even in their distribution of turns engaged in more joint sense-making than families with low levels of dynamism and uneven turn-taking distribution (Koenig Kellas & Trees, 2006). The expressive writing paradigm suggests that having the opportunity to express one's version of a stressful story is linked to individual well-being, both in terms of catharsis and cognitive change (Sloan & Marx, 2004). Thus, a couple's ability to balance talk time in a jointly told story of a shared stressor is likely to be associated with each spouse's individual health. In addition, however, the ways in which they coordinate those turns also merits investigation. Research

on couples' relationship stories, for example found that patterns of couples' turn-taking behaviors predicted relational satisfaction (Veroff, Sutherland, Chadiha, & Ortega, 1993). Dynamic and balanced turn-taking may reflect a collaborative relational culture in which the story being told incorporates both spouses' voices. The degree to which couples collaborate to give one another voice, then, also should help to explain well-being:

> H4: During joint storytelling about a difficult experience, couples' dynamic and evenly distributed turn-taking is positively associated with both spouse's individual reports of mental well-being.

We tested our hypotheses using the actor-partner interdependence model (APIMs, Kenny, Kashy, & Cook, 2006) in which ISM behaviors enacted during the joint telling of a stressful experience positively predicted the mental health symptoms and perceived stress of each spouse (see Figures 1 and 2).
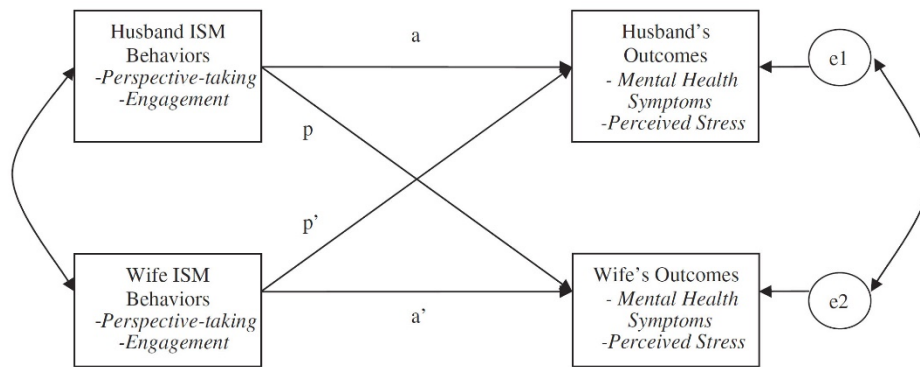
p = Husband Partner Effect.
p' = Wife Partner Effect.

Figure 1. Hypothesized APIM of perspective-taking, engagement, and mental well-being (*N* = 65 Dyads).
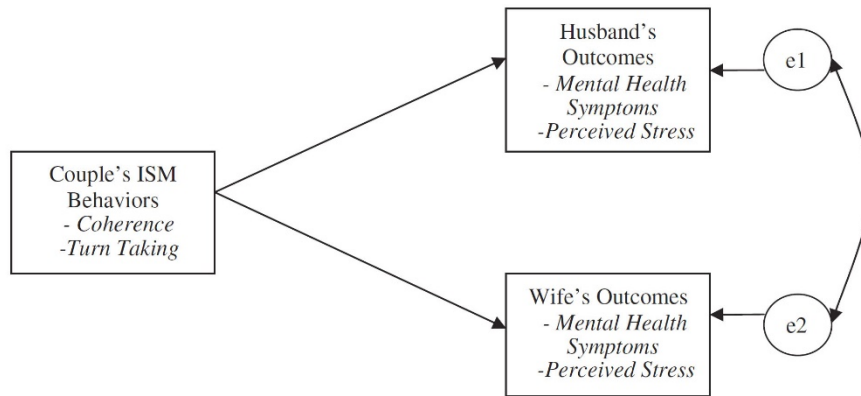
a = Husband Actor Effect.
a' = Wife Actor Effect.

Figure 2. Hypothesized path model APIM of narrative coherence, turn-taking, and mental well-being (*N* = 65 Dyads).

Method

Participants

The initial sample consisted of 68 heterosexual married couples from the Midwestern and Western regions of the United States. Couples were recruited through announcements in communication studies courses, newspaper advertisements, and flyers posted around university and local community centers, as well as via network and snowball sampling. Participants ranged in age from 21 to 75 (*M* = 35.33, *SD* = 13.00) and had been married for an average of 9.21 years (*SD* = 10.41). Twenty-five of the participants had been divorced prior to the current marriage, and a majority of participants (*n* = 85) reported having children.

Couples' incomes ranged from below $20,000 (*n* = 24) to over $100,000 (*n* = 14) with a median reported income of between $40,000 and $49,000. Most of the participants were white (94.8%, *n* = 129) and were relatively well educated, with the majority of participants having completed at least a bachelor's degree (57.2%, *n* = 79). Spouses marital satisfaction was measured using Huston, McHale, and Crouter's (1986) Marital Opinion Questionnaire, indicating that participants were generally satisfied with their marriages (on a 7-point scale with higher scores reflecting higher levels of satisfaction: Husbands *M* = 5.85, *SD* = .88; Wives *M* = 5.76, *SD* = 1.13).

Procedures

Prior to coming to the lab, participants read and signed the consent forms and individually completed a pre-study questionnaire that included demographic and relationship questions. Couples were instructed to complete the surveys separately without discussion, and then to seal them in the individual envelopes provided and bring them to their study appointment. At the communication lab, couples were seated in chairs positioned side by

side and angled slightly toward one another to facilitate joint storytelling. We informed the couples that during the laboratory session, they would be asked, as a couple, to tell two stories pertinent to their relationship.

The first story was a story of how the couple met, fell in love, and got married and allowed couples to become comfortable with the research setting. For the second story, and the one pertinent to the current investigation, couples were asked to tell a story about an experience that had been stressful on their relationship. They were reminded that events that are stressful on a marriage can be viewed as positive (e.g., the birth of a baby) or negative (e.g., a conflict), and they were instructed to tell a story about a specific event (as opposed to "stress" in general).

We defined stories for participants as "retellings of some noteworthy event that include a plot (a sequence of events), characters (you, your spouse, and any other relevant persons), and usually some type of meaning (a point, a conclusion)." To elicit stories that mattered to couples, we asked them to choose a story that has been both stressful and particularly meaningful to them. Finally, to increase the ecological validity of the study, we asked couples to think of a story they had told together to someone else prior to this interview.

The spouses were then separated and asked to identify two story topics that might meet the requirements described here. We asked couples to think of ideas separately to avoid the potential that they would begin telling their stories while talking about possible story topics. Couples also rated the degree to which the issue in each of their story possibilities was stressful on their marriage using a 5-point Likert-type scale (1 = not at all stressful, 5 = extremely stressful).

When both spouses had completed this task, a member of our research team brought the couple back together and facilitated a discussion on the topic ideas, helping the couple decide which story they would tell. Couples' stories focused on a number of different types of experiences that were stressful for their relationships. The most common topics were relational stressors created by family experiences (including children, $n = 13$, and other family members, $n = 8$), as well as stressors related to work ($n = 11$) or moving ($n = 11$). Additional stressors included finances ($n = 5$), health ($n = 4$), death ($n = 4$), differing expectations ($n = 4$), and long distance relationships ($n = 2$). The six remaining stories were idiosyncratic to the couple and unable to be categorized with the topics listed here.

The categories themselves are not mutually exclusive, however. For example, whereas the loneliness and isolation caused by moving might have been the dominant stressor in a couple's story, the story might have also included stress from adjusting to a new job that was related to the move. The average couple stress score ($n = 51$) was used to describe the severity of the stressor in the story they decided to tell whenever possible. In some cases the data were not available because one ($n = 13$) or both spouses ($n = 1$) did not generate the story topic on his/her list and therefore did not rate the severity of the stressor. In these cases, the individual spouse score was used to represent stress severity. The severity scores indicate that participants in our study generally chose stories about events they considered to be relatively stressful on the marriage ($M = 4.00$, $SD = 1.00$).

Once the story topic was decided, an interviewer asked the couples to tell both stories. The interviewer responded nonverbally, but did not engage verbally in the telling so as

not to interfere in the joint telling of the couple. Storytelling interactions were video-recorded. The length of the stories analyzed in the current study ranged from 3 to 17 minutes (*M* = 7.60, *SD* = 3.98). After both stories were told, the couple was separated to complete a post-interaction questionnaire with the mental health and perceived stress measures described further in the section below, as well as a stimulated recall activity un-related to the current report. When they had finished each of these tasks, the couples were debriefed, thanked for their participation, and paid $50.

Measures

Spouses' mental well-being
Two separate measures were used to assess each spouse's mental health and well-being. First, participants completed the Perceived Stress Scale (PSS) (Cohen, Kamarch, & Mermelstein, 1983), a 14-item instrument asking participants how often, in the previous month, they had experienced stress, nervousness, anger, and difficulty dealing with changes (among other indicators) using a 5-point scale that ranged from (1) *Never* to (5) *Very often*. Higher scores represented greater perceived stress, and therefore, poorer mental health. The validity and reliability of the PSS is well established (Cohen et al., 1983; Schrodt & Ledbetter, 2007), and in this study, the PSS produced alpha coefficients of .74 and .75 for husbands and wives, respectively.

Second, respondents completed the mental health subscale of Dornbusch, Mont-Reynaud, Ritter, Chen, and Steinberg's (1991) physical and mental health symptom instrument. The nine-item mental health sub-scale asks participants to think about their state of mind over the past two weeks and identify how often they have felt overtired, nervous, or worried, "low" or depressed, tense or irritable, sleepless, without appetite, and apart or alone, among other symptoms. One of the items ("During a typical week, how often do you feel as if you were eating too much?") was removed in order to enhance the reliability of the scale.

Responses were solicited using a 4-point frequency scale that ranged from (0) *Never* to (3) *Three or more times*. Higher scores represented more frequent mental health symptoms, and thus, poorer mental health. The validity and reliability of the mental health symptom scale has been tested in previous research, with alphas ranging from .81 to .84 among young adults (Schrodt, 2006; Schrodt & Afifi, 2007; Schrodt & Ledbetter, 2007). In this study, the eight-item subscale produced alpha coefficients of .64 and .72 for husbands and wives respectively.

Interactional sense-making
To measure the degree to which spouses engaged in interactional sense-making (ISM) behaviors during the joint storytelling interaction, four independent raters unaware of our hypotheses rated the videotaped interactions for the degree of *engagement*, *turn-taking*, *perspective-taking*, and *coherence* using a modified version of the rating scheme developed by Koenig Kellas and Trees (2005).

For each ISM quality, each rater assessed two dimensions of behavior on 5-point Likert-type scales, with lower scores reflecting lower degrees of the behaviors. *Engagement* com-

prised the degree of involvement (i.e., liveliness, nonverbal and verbal interest, and engagement) and warmth (i.e., positivity, approach behaviors, warmth) expressed by each spouse. *Perspective-taking* included the degree to which each spouse was attentive toward and confirmed the other spouse's perspective.

In addition to rating engagement and perspective-taking for each spouse individually, two additional ISM dimensions were rated as couple-level scores. *Turn-taking* was made up of the dynamism of the turn-taking between spouses (i.e., the degree to which spouses interrupted and built off of each other's turns vs. the degree to which they took structured, regimented turns) as well as the distribution of turns (i.e., talk time). Both dimensions reflect the process by which spouses coordinated speaking and shared space for talk in the interaction.

Coherence refers to the degree to which the story hangs together and included ratings of narrative organization (i.e., clear beginning, middle, and end) as well as integration (i.e., the degree to which the story was a jointly integrated construction between the spouses). Raters were given full descriptions of each dimension and participated in practice rating sessions (see Koenig Kellas & Trees, 2005 for a full description). After this initial training, the researchers (1) provided raters with videotaped examples of relatively high and relatively low scores on all the dimensions; (2) engaged in practice rating with the raters in which scores were discussed and consensus was reached; and (3) had raters rate several couples individually and then discussed any discrepancies (see Fiese, Sameroff, Grotevant, et al., 2001, for a similar procedure). In total, 10 couples' stories from this data set were used for training sessions and initial reliability checks.

Once raters were comfortable with the dimensions, they each independently rated the 58 remaining storytelling interactions for all eight dimensions of ISM behaviors. Interrater reliabilities were calculated across all four raters and were acceptable for all dimensions (ranging from an alpha of .64 for couple integration to .89 for husband involvement).[1] Thus, all four raters' scores were averaged to produce an overall score for each of the eight dimensions.

Finally, following previous theoretical and methodological guidelines (see Koenig Kellas & Trees, 2005), the eight dimensions were collapsed into four composites, such that involvement and warmth were averaged to produce an overall engagement score (husband α = .85; wife α = .85), attentiveness and confirmation were averaged to produce an overall perspective-taking score (husband α = .74; wife α = .90), dynamism and distribution were averaged to produce an overall turn-taking score (couple α = .68), and organization and integration were averaged to produce an overall coherence score (couple α = .61).

Data Analysis

We tested our hypothesized models using the Actor-Partner Interdependence Model (APIM) (Kenny, Kashy, & Cook, 2006). According to Kenny et al. (2006), the APIM estimates two types of effects: (1) *actor effects* describe the association between a person's score on an independent variable and their own score on an outcome variable, and (2) *partner effects* describe the association between a person's score on a predictor variable and his or her partner's score on an outcome variable. In the present study, husbands' and wives' actor effects are represented in Figure 1 by paths labeled *a* and *a'*, respectively, whereas

husbands' and wives' partner effects are represented by paths labeled *p* and *p'*, respectively.

We employed path analysis with maximum likelihood estimation in LISREL 8.80 to test our hypothesized models. Given our sample size (*N* = 65 dyads as 3 dyads were dropped because of missing data), we estimated each APIM using manifest (or observed) indicators rather than latent constructs (i.e., latent SEM). Husbands' and wives' *engagement* and *perspective-taking* represented mixed independent variables (i.e., each husband and wife produced a separate score and couples may vary, on average, in engagement and perspective-taking behaviors), whereas *narrative coherence* and *turn-taking* represented between-dyad independent variables (i.e., each dyad produced a score) (Kenny et al., 2006). Thus, the latter were analyzed using simple path analysis rather than the APIM, which is designed primarily for testing actor and partner effects. All estimates of actor and partner effects were generated while controlling for all other effects in the model, including effects due to mutual influence (i.e., by estimating the covariances between within-dyad variables).

Results

Descriptive statistics, including means, standard deviations, and Pearson product-moment correlations for the independent and dependent variables included in this report are presented in Table 1.

Table 1. Descriptive Statistics and Pearson Product-Moment Correlations for all Variables (*N* = 65 dyads)

Variables	M	SD	1	2	3	4	5	6
ISM[a]								
1. Coherence	3.48	.59	—	.31*	.47**	.52**	−.08	−.01
2. Turn-taking	3.41	.74	.31*	—	.46**	.14	.05	−.07
3. Engagement	3.62 (4.00)	.72 (.70)	.53**	.65**	—	.59**	−.12	−.14
4. Perspective-taking	3.43 (3.43)	.55 (.67)	.54**	.28*	.66**	—	−.15	−.14
5. MHS[b]	.91 (1.04)	.44 (.54)	−.38**	−.30*	−.29*	−.29*	—	−.65**
6. Perceived stress[c]	2.50 (2.57)	.48 (.52)	−.25*	−.09	−.12	−.23	.50**	—

Note: ISM = interactional sense-making; MHS = mental health symptoms. Correlations for husbands are in the lower diagonal and correlations for wives are in the upper diagonal. Means and standard deviations for coherence and turn-taking represent dyad-level scores. All remaining means and standard deviations represent descriptive statistics for husbands (and wives).
a. Ratings of interactional sense-making behaviors ranged from 1 to 5.
b. Responses were solicited using a Likert-type scale ranging from 0 to 3.
c. Responses were solicited using a Likert-type scale that ranged from 1 to 5.
*p < .05   **p < .01

Preliminary Tests of Nonindependence

Consistent with the recommendations of Kenny et al. (2006), a series of Pearson product-moment correlation coefficients were calculated to determine the degree of nonindependence present in the data set. The results revealed moderate degrees of nonindependence for couples' ISM behaviors (ranging from .54 for perspective-taking to .62 for engagement)

and reports of perceived stress ($r = .34$, $p < .01$), though couples' reports of mental health symptoms represented relatively independent scores ($r = .09$, $p > .10$). Nevertheless, given the amount of nonindependence present in our data, we analyzed the couple as the unit of analysis.

In addition to these preliminary tests of nonindependence, we also conducted initial analyses to rule out the possibility that artifacts of our sample, including length of marriage and/or the severity of the stressor faced by the couple, might best explain the relationship between storytelling behaviors and mental health. These analyses revealed no significant relationships between length of marriage or severity of the stressor with either husbands' or wives' perceived stress or mental health.[2] Thus, these variables were not included in subsequent analyses.

Primary Analyses of Interactional Sense-Making and Mental Well-Being

Our first hypothesis predicted that during joint storytelling about a difficult experience, husbands' and wives' perspective-taking behaviors would be positively associated with both self-reports and partner-reports of mental well-being (i.e., fewer mental health symptoms and lower perceived stress). Table 2 presents the covariance estimates, the standardized beta coefficients, and the variance estimates for all four hypotheses. For the first hypothesis, the results revealed nonsignificant actor and partner effects for husbands' and wives' perspective-taking behaviors on both partners' reports of mental health symptoms.

After controlling for mutual influence in perspective-taking ($\psi = .54$, $z = 6.09$, $p < .01$) and perceived stress ($\psi = .31$, $z = 2.86$, $p < .01$), however, the second APIM revealed a statistically significant partner effect for wives' perspective-taking behaviors on their husbands' perceived stress ($\beta = -.28$, $p = .053$), accounting for 11% of the variance in husbands' stress. Thus, the first hypothesis was partially supported.

Our second hypothesis predicted that during joint storytelling about a difficult experience, husbands' and wives' engagement would be positively associated with both self-reports and partner-reports of mental well-being. Again, the results revealed nonsignificant actor and partner effects for husbands' and wives' engagement on both partners' reports of mental health symptoms (see Table 2). Likewise, for reports of perceived stress, the results revealed nonsignificant actor and partner effects for husbands' and wives' engagement on both partners' reports perceived stress. Thus, the second hypothesis was not supported.

Our third hypothesis predicted that during joint storytelling about a difficult experience, couples' narrative coherence would be positively associated with both spouse's reports of mental well-being. The results for mental health symptoms revealed that narrative coherence was inversely associated with husbands' mental health symptoms ($\beta = -.38$, $p < .01$), but not wives' symptoms (see Table 2). Likewise, coherence was inversely associated with husbands' perceived stress ($\beta = -.25$, $p < .05$), but not wives' perceived stress. Collectively, narrative coherence accounted for 14% and 6% of the variance in husbands' mental health symptoms and perceived stress, respectively. Thus, the third hypothesis was supported for husbands but not for wives.

Table 2. Standardized Covariance, Parameter, and Variance Estimates for APIMs of Mental Health and Perceived Stress across Joint Storytelling Behaviors (*N* = 65 dyads)

Storytelling Behaviors	ψ	H-MH	W-MH	H-Stress	W-Stress	R²
Models for Mental Health						
1. H – Perspective-taking	P-Taking = .54**	−.21	−.02	—	—	H-MH = .10
W – Perspective-taking	MH = .06	−.15	−.14	—	—	W-MH = .02
2. H – Engagement	Engagement = .62**	−.21	−.11	—	—	H-MH = .09
W – Engagement	MH = .05	−.12	−.05	—	—	W-MH = .02
3. Coherence	MH = .06	−.38**	−.08	—	—	H-MH = .14
4. Turn-taking	MH = .11	−.30*	.05	—	—	H-MH = .09
Models for Perceived Stress						
5. H – Perspective-taking	P-Taking = .54**	—	—	−.08	−.01	H-Stress = .11
W – Perspective-taking	Stress = .31**	—	—	−.28*	−.13	W-Stress = .02
6. H – Engagement	Engagement = .62**	—	—	.03	.17	H-Stress = .05
W – Engagement	Stress = .31**	—	—	−.25	−.25	W-Stress = .04
7. Coherence	Stress = .34**	—	—	−.25*	−.01	H-Stress = .06
8. Turn-taking	Stress = .34**	—	—	−.09	−.07	—

Notes: H = Husband, W = Wife, MH = Mental Health Symptoms, SAT = Satisfaction

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

Our final hypothesis predicted that during joint storytelling about a difficult experience, the combined dynamism and even distribution of couples' turn-taking would be positively associated with both spouse's individual reports of mental well-being. Consistent with the results for narrative coherence, turn-taking was inversely associated only with husbands' mental health symptoms (β = −.30, *p* < .05), accounting for 9% of the variance in husbands' mental health. For perceived stress, however, neither husbands' nor wives' perceived stress varied as a function of the couples' turn-taking behaviors (see Table 2).

Post Hoc Analysis

A closer inspection of the nonsignificant models for perspective-taking, engagement, and mental health symptoms revealed several estimates that approached statistical significance (*p* < .10), suggesting that the nonsignificant findings may have been a function of low statistical power (i.e., *N* = 65 dyads). Given that the APIM is, by definition, a saturated model that produces perfect model fit (Kenny et al., 2006), one way to test this speculation is to trim nonsignificant paths from both APIMs. Consistent with standard procedures for model trimming (e.g., Kline, 2005), nonsignificant paths were removed iteratively (beginning with the statistically least significant path) until only significant paths remained in each APIM for mental health.

Neither the perspective-taking model, $\Delta\chi^2(3) = 2.49$, $p > .05$, nor the engagement model, $\Delta\chi^2(3) = 1.96$, $p > .05$, produced a significant decline in model fit from the saturated model, and in both models, the actor effect of husbands' perspective-taking behaviors ($\beta = -.28$, $p < .05$) and engagement ($\beta = -.28$, $p < .05$) emerged as significant, inverse predictors of their own reports of mental health symptoms. These effects emerged after controlling for moderate degrees of mutual influence in couples' perspective-taking ($\psi = .54$, $z = 6.09$, $p < .01$) and engagement ($\psi = .62$, $z = 8.03$, $p < .01$). Both husbands' perspective-taking behaviors and engagement each individually accounted for 8% of the variance in husbands' reports of mental health.

Discussion

In the current study, we investigated the ways in which couples collaboratively make sense of marital stressors by jointly telling stories about them and the relationship between such processes and individual health. Whereas previous research has explored the links between well-being and individual stories as psychological or written constructions (e.g., Graybeal, Sexton, & Pennebaker, 2002) the current study examined the ways in which couples' joint storytelling processes might help us understand the links between storytelling and individual health. We did so by examining actor, partner, and dyadic effects between interactional sense-making and husbands' and wives' perceived stress and mental health. Our investigation of married couples' joint storytelling interactions provides support for relationships between ISM and individual health. However, they indicate different patterns for husbands and wives as well as for mental health and perceived stress. In the following, we offer interpretations of these results along with possible directions for future research.

The findings of the current study indicated generally that husbands', and not wives', mental well-being vary as a function of interactional sense-making behaviors. Specifically, when the couples' interaction produced a more organized and integrated story and when the couple was more dynamic and evenly balanced in their turn-taking, husbands reported fewer negative mental health symptoms. Similarly, couples' narrative coherence also predicted lower levels of husbands' perceived stress as did wives' perspective-taking behaviors.

Moreover, statistical trends and post-hoc analyses indicate that the more husbands took their wives' perspectives into account, and the more husbands engaged with their partners during the storytelling process, the more mentally healthy husbands reported being. Simply put, there was a clear relationship between ISM behaviors and husbands' reported mental health. For wives, on the other hand, beyond an inverse relationship between wives' engagement behaviors and their own perceived stress, ISM behaviors were not predictive of wives' mental health symptoms in the current sample.

Why did certain behaviors predict individual well-being and why do wives and husbands differ in the effects of marital storytelling on individual health? Previous research may offer some useful interpretations. For example, Pennebaker and colleagues' inhibition theory suggests that expressive writing (i.e., storytelling) about stress and trauma may be more beneficial for those who are less likely to "naturally talk about their emotions"

(Graybeal et al., 2002, p. 571). In support of this, Smyth's (1998) meta-analysis of writing studies revealed that men may benefit more from expressive writing than women, suggesting that men might be less likely to discuss their emotions than women and therefore benefit more from decreasing their inhibitions through telling stories of stress.

At the same time, inhibition theory does not paint the whole picture. Cognitive change and self-regulation theories may provide an additional explanation for the benefits of storying trauma (Graybeal et al., 2002; Sloan &Marx, 2004). Cognitive change theory suggests that the meaning-making process enabled through storytelling engenders cognitive change in individuals that can help them gain insight into what happened in order to put the trauma behind them (Frattaroli, 2006). Self-regulation theory suggests that narrating difficulty allows individuals to engage in a mastery experience, wherein they are allowed to observe themselves expressing and controlling their emotions. Moreover, this observation allows those experiencing stress a stronger sense of self-efficacy for emotional regulation (Frattaroli, 2006).

Given that men are less socialized to discuss emotions in storytelling (e.g., Chance & Fiese, 1999) and that women are most often the kin-keepers of family stories (e.g., Stone, 1988), inhibition, self regulation, and cognitive change theories might help to explain why husbands' individual health was predicted by ISM behaviors and wives' health was not. If, as research suggests, men and women have different gender orientations to coping, with men tending to favor problem-focused coping (see Badr, 2004), it may be that the sense-making coping facilitated by the collaborative storytelling benefited men more because it gave them an *opportunity to narrate* the stress.

Women, on the other hand, may have been more likely than their husbands to have fully processed the marital stress in conversations with others and therefore may have already made sense of the events. Consequently, if neither verbal inhibition, self-regulation, nor cognitive change were of import to wives, narrating the story with husbands would be less likely to be associated with their health.

Moreover, discussing the stress with their wives may provide a particularly important relational context for husbands' sense-making since research shows that husbands tend primarily to look to their wives, rather than other members of their networks, for social support (Antonucci & Akiyama, 1987). For example, Phillipson (1997) contends that men typically "name their wives as their main source of emotional support and as the only person they talk with about personal problems and difficulties" (p. 509), in contrast to wives who may include friends and other family members as key confidantes. Husbands, then, may not have processed the marital stress in detail with other members of their social network, making their storytelling experiences with wives particularly important for opportunities to reduce inhibition and make sense of stress collaboratively.

Numerous studies show that marriage has greater protective health benefits for men than it does for women (for reviews see Burman & Margolin, 1992; Kiecolt-Glaser & Newton, 2001). The results of our study suggest that the sense-making processes associated with joint storytelling might help to explain these links for husbands. Although the analyses in the current study do not allow us to make causal claims, further analyses that tease apart the benefits of jointly narrating stress for husbands and wives may be warranted.

Although wives' well-being was not associated with ISM, wives' behavior did help to explain husbands' well-being. Specifically, wives' ability to take husbands' perspectives into account was significantly linked to husbands' perceived stress. When wives acknowledged husbands' points of view and further confirmed the legitimacy of their perspectives, this perspective-taking negatively predicted husbands' reports of perceived stress in general. If husbands depend on their wives for social support, it makes sense that wives' perspective-taking patterns during stories of relationship stress reflect important communication behaviors for coping with external stressors.

Having their perspectives attended to and confirmed by someone who is a central source of support while telling the story of a difficult experience may facilitate reappraisal of stressful situations, promoting narrative experiences that help husbands make sense of experiences through talking about them (Burleson & Goldsmith, 1998). It also may create a sense, particularly in the presence of a third party, that their "side of the story" is heard and understood by their wives as they tell about a shared experience.

Interestingly, the ISM behavior that consistently predicted both husband mental health and perceived stress was narrative coherence. The links between narrative coherence and well-being are well-supported in various strands of narrative psychology (e.g., Baerger & McAdams, 1999; Graybeal et al., 2002) and communication research (e.g., Koenig Kellas & Manusov, 2003). The current study, however, further supports the notion that the ability to communicatively and jointly construct coherent meaning in the telling of a story about a shared stressor may also be an important part to understanding the links between narrative sense-making and individual health. Future research should further explore the processes by which interaction partners help each other to create narrative coherence.

Limitations and Conclusions

Although informative, the current study is not without limitations. First, couples who participated in the study were generally satisfied. Moreover, they also reported relatively low levels of mental health symptoms and perceived stress. Despite recruitment efforts, a positivity bias may operate in volunteering for a study on marital communication. Future researchers studying narrative sense-making should recruit participants from both well and distressed marital populations to assess further the impact of ISM on health.

Second, the cross-sectional nature of the data and the study design preclude us from making claims regarding the direction of the relationships found in the results. It is possible, for example that husbands' with better mental health are better able to think outside their own experience and attend to the perspective and experiences of their wives. Husbands' also may be more inclined to be engaged and active in storytelling experiences when they feel more optimistic and positive about life, which is consistent with research that shows a link between highly generative adults and life stories that are optimistic in nature (McAdams, Reynolds, Lewis, Patten, & Bowman, 2001). Individuals' moods and/or propensity toward social desirability may have also had an impact on storytelling behaviors and the completion of the dependent variable measures. Thus, longitudinal models and tightly controlled experimental designs that track ISM behaviors and changes in individual well-being are needed.

Third, the sample was primarily white and well educated. Further research with a more diverse population is clearly warranted. Finally, a few of the estimates for measurement and interrater reliability were lower than desirable. This, along with limitations to statistical power given the sample size in the current study, poses the risk of Type II error. For instance, the unobserved effect of the path between narrative coherence and wives' well-being may be an artifact of this issue and should be addressed in future research.

Despite these limitations, however, the current study offers initial support for the links between collaborative sense-making in joint storytelling and spousal well-being. Narrative theory and research suggests that the ability to narrate stress helps to explain increases in mental health (Pennebaker, 2004). Extending this perspective, the current study suggests that narrative sense-making *processes* are also especially important for understanding husbands' health. Husbands' engagement in the dynamic creation of a coherent story of a stressful experience, their attentiveness to the perspectives that their wives' bring to the story, and couples' abilities to jointly construct and make meaning about difficulty affects and reflects husbands' mental health. At the same time, wives' ISM behaviors relate to husbands' perceived stress. Thus, the current study adds to narrative theorizing and suggests directions for future research on the communicative processes by which relational partners might make sense of and cope with difficulties in life.

Notes

1. Husband involvement, $\alpha = .89$; wife involvement, $\alpha = .80$; husband warmth, $\alpha = .77$; wife warmth, $\alpha = .83$; husband attentiveness, $\alpha = .72$; wife attentiveness, $\alpha = .74$; husband confirmation, $\alpha = .67$; wife confirmation = .71; couple dynamism, $\alpha = .81$; couple distribution of turns, $\alpha = .81$; couple organization, $\alpha = .72$; couple integration, $\alpha = .64$.

2. Length of marriage was unrelated to any of the independent (ISM) or dependent variables (mental health, perceived stress) in the study. Severity of the stressor was not correlated with any of the dependent variables, however, it was associated with both husband engagement ($r = -.35$, $p < .01$, $r^2 = .12$) and couple coherence ($r = -.30$, $p < .05$, $r^2 = .09$). In order to rule out the possibility that severity of the stressor might moderate the relationship between ISM and well-being, a series of linear regression moderation analyses were run in which each ISM behavior and severity of the stressor were entered into the first block and the cross product of the z scores for each independent variable was entered in the second block. Each of the four well-being scores (husbands' and wives' mental health and perceived stress) was entered as the dependent variable, respectively. These analyses produced only one statistically significant moderation involving husband's perspective-taking, severity of the stressor, and husband's mental health. However, using Bonferroni's adjustment to account for Type I error associated with running multiple tests, the moderation was no longer significant. Based on these analyses, severity of the stressor and length of marriage do not seem to explain the proposed relationship between ISM and well-being.

References

Antonucci, T. C., & Akiyama, H. (1987). An examination of sex differences in social support among older men and women. *Sex Roles*, *17*, 737–749.

Badr, H. (2004). Coping in marital dyads: A contextual perspective on the role of gender and health. *Personal Relationships*, *11*, 197–211.

Baerger, D. R., & McAdams, D. P. (1999). Life story coherence and its relation to psychological well-being. *Narrative Inquiry*, *9*, 69–96.

Bamberg, M. (2006). Stories: Big or small: Why do we care? *Narrative Inquiry*, *16*, 139–147.

Blum-Kulka, S. (1993). "You gotta know how to tell a story:" Telling, tales, and tellers in American and Israeli narrative events at dinner. *Language in Society*, *22*, 361–402.

Bochner, A. P. (2002). Perspectives on inquiry III: The moral of stories. In M. L. Knapp & J. A. Daly (Eds.), *Handbook of interpersonal communication* (3rd ed.) (pp. 73–101). Thousand Oaks, CA: Sage.

Bodenmann, G. (2005). Dyadic coping and its significance for marital functioning. In T. A. Revenson, K. Kayser, & G. Bodenmann (Eds.), *Couples coping with stress: Emerging perspectives on dyadic coping* (pp. 33–49).Washington, DC: American Psychological Association.

Bodenmann, G., Pihet, S., & Kayser, K. (2006). The relationship between dyadic coping and marital quality: A 2-year longitudinal study. *Journal of Family Psychology*, *20*, 485–493.

Bruner, J. (1990). *Acts of meaning*. Cambridge, MA: Harvard University Press.

Burleson, B. R., & Goldsmith, D. J. (1998). How the comforting process works: Alleviating emotional distress through conversationally induced reappraisals. In P. A. Anderson & L. K. Guerrero (Eds.), *Handbook of communication and emotion: Research, theory, applications, and contexts* (pp. 245–280). New York: Academic Press.

Burman, B., & Margolin, G. (1992). Analysis of the association between marital relationships and health problems: An interactional perspective. *Psychological Bulletin*, *112*, 39–63.

Campbell, R. A., & Pennebaker, J.W. (2003). The secret life of pronouns: Flexibility in writing style and physical health. *Psychological Science, 14*, 60–65.

Chance, C., & Fiese, B. H. (1999). Gender-stereotyped lessons about emotion in family narratives. *Narrative Inquiry*, *9*, 243–255.

Cohan, C. L., & Bradbury, T. N. (1997). Negative life events, marital interaction, and the longitudinal course of newlywed marriage. *Journal of Personality and Social Psychology*, *73*, 114–128.

Cohen, S., Kamarch, T., & Mermelstein, R. (1983). A global measure of perceived stress. *Journal of Health and Social Behavior*, *24*, 385–396.

Dornbusch, S. M., Mont-Reynaud, R., Ritter, P. L., Chen, Z., & Steinberg, L. (1991). Stressful events and their correlates among adolescents of diverse backgrounds. In M. E. Colten & S. Gore (Eds.), *Adolescent stress: Causes and consequences* (pp. 111–130). New York: Aldine De Gruyter.

Duck, S. (1994). *Meaningful relationships: Talking, sense, and relating*. Thousand Oaks, CA: Sage.

Fiese, B. H., & Sameroff, A. J. (1999). The family narrative consortium: A multidimensional approach to narratives. *Monographs for the Society for Research in Child Development*, *64*, 1–36.

Fiese, B. H., Sameroff, A. J., Grotevant, H. D., Wamboldt, F. S., Dickstein, S., & Fravel, D. L. (2001). Observing families through the stories they tell: A multidimensional approach. In P. K. Kerig & K. M. Lindahl (Eds.), *Family observational coding systems* (pp. 259–271). Mahwah, NJ: Lawrence Erlbaum Associates.

Fisher, W. R. (1987). *Human communication as narration: Toward a theory of reason, value, and action*. Columbia, SC: University of South Carolina Press.

Frattaroli, J. (2006). Experimental disclosure and its moderators: A meta-analysis. *Psychological Bulletin*, *132*, 823–865. Graybeal, A., Sexton, J. D., & Pennebaker, J. W. (2002). The role of story-making in disclosure writing: The psychometrics of narrative. *Psychology and Health*, *17*, 571–581.

Harvey, J. H. (1996). *Embracing their memory: Loss and the social psychology of storytelling*. Needham Heights, MA: Allyn & Bacon.

Holmberg, D., Orbuch, T. L., & Veroff, J. (2004). *Thrice-told tales: Married couples tell their stories*. Mahwah, NJ: Lawrence Erlbaum Associates.

Huston, T., McHale, S., & Crouter, A. (1986). When the honeymoon's over: Changes in the marriage relationship over the first year. In R. Gilmore & S. Duck (Eds.), *The emerging field of personal relationships* (pp. 109–132). Hillsdale, NJ: Lawrence Erlbaum Associates.

Jones, S. M., & Guerrero, L. K. (2001). The effects of nonverbal immediacy and verbal person centeredness in the emotional support process. *Human Communication Research*, *27*, 567–596.

Kenny, D. A., Kashy, D. A., & Cook, W. L. (2006). *Dyadic data analysis*. New York: Guilford.

Kiecolt-Glaser, J. K., & Newton, T. L. (2001). Marriage and health: His and hers. *Psychological Bulletin*, *127*, 472–503.

Kline, R. B. (2005). *Principles and practice of structural equation modeling* (2nd ed.). New York: Guilford.

Koenig Kellas, J. (2005). Family ties: Communicating identity through jointly told stories. *Communication Monographs*, *72*, 365–389.

Koenig Kellas, J., & Manusov, V. (2003). What's in a story: The relationship between narrative completeness and adjustment to relationship dissolution. *Journal of Social and Personal Relationships*, *20*, 285–307.

Koenig Kellas, J., & Trees, A. R. (2005). Rating interactional sense-making in the process of joint storytelling. In V. Manusov (Ed.), *The sourcebook of nonverbal measures: Going beyond words* (pp. 281–294). Mahwah, NJ: Lawrence Erlbaum Associates.

Koenig Kellas, J., & Trees, A. R. (2006). Finding meaning in difficult family experiences: Sense-making and interaction processes during joint family storytelling. *Journal of Family Communication*, *6*, 49–76.

Langellier, K. M., & Peterson, E. E. (2004). *Storytelling in daily life: Performing narrative*. Philadelphia: Temple University Press.

Mandelbaum, J. (1987). Couples sharing stories. *Communication Quarterly*, *35*, 144–170.

Mandelbaum, J. (1989). Interpersonal activities in conversational storytelling. *Western Journal of Speech Communication*, *53*, 114–126.

Markstrom, C. A., & Marshall, S. K. (2007). The psychological inventory of ego strengths: Examination of theory and psychometric properties. *Journal of Adolescence*, *30*, 63–79.

McAdams, D. P. (1993). *The stories we live by: Personal myths and the making of the self* . New York: William Morrow.

McAdams, D. P., Reynolds, J., Lewis, M., Patten, A. H., & Bowman, P. J. (2001). When bad things turn good and good things turn bad: Sequences of redemption and contamination in life narrative and their relation to psychosocial adaptation in midlife adults and in students. *Personality and Social Psychology Bulletin*, *27*, 474–485.

Mehrabian, A. (1981). *Silent messages: Implicit communication of emotions and attitudes* (2nd Ed.). Belmont, CA: Wadsworth Publishing.

Miller, P. J., Mintz, J., Hoogstra, L., Fung, H., & Potts, R. (1992). The narrated self: Young children's construction of self in relation to others in conversational stories of personal experience. *Merrill-Palmer Quarterly*, *38*, 45–67.

Monk, G. (1997). How narrative therapy works. In G. Monk, J. Winslade, K. Crocket, & D. Epston (Eds.), *Narrative therapy in practice: The archaeology of hope* (pp. 3–31). San Francisco: Jossey-Bass Publishers.

Neimeyer, R. A., & Levitt, H. M. (2000). What's narrative got to do with it? Construction and coherence in accounts of loss. In J. H. Harvey & E. D. Miller (Eds.), *Loss and trauma: General and close relationship perspectives* (pp. 401–412). Philadelphia: Brunner-Routledge.

Pasch, L. A., & Bradbury, T. N. (1998). Social support, conflict, and the development of marital dysfunction. *Journal of Consulting and Clinical Psychology*, *66*, 219–230.

Pennebaker, J. W. (1997). *Opening up: The healing power of emotional expression*. New York: Guilford.

Pennebaker, J. W. (2004). Theories, therapies, and taxpayers: On the complexities of the expressive writing paradigm. *Clinical Psychology: Science and Practice*, *11*, 138–142.

Phillipson, C. (1997). Social relationships in later life: A review of the research literature. *International Journal of Geriatric Psychiatry*, *12*, 505–512.

Pratt, M. W., & Fiese, B. H. (2004). Families, stories, and the life course: An ecological context. In M. W. Pratt & B. H. Fiese (Eds.) *Family stories and the life course: Across time and generations* (pp. 1–24).Mahwah, NJ: Lawrence Erlbaum Associates.

Ramirez-Esparza, N., & Pennebaker, J. W. (2006). Do good stories produce good health? Exploring words, language, and culture. *Narrative Inquiry*, *16*, 211–219.

Sales, J. M., & Fivush, R. (2005). Social and emotional functions of mother-child conversations about stressful events. *Social Cognition*, *23*, 66–88.

Schrodt, P. (2006). A typological examination of communication competence and mental health in stepchildren. *Communication Monographs*, *73*, 309–333.

Schrodt, P., & Afifi, T. D. (2007). Communication processes that predict young adults' feelings of being caught and their associations with mental health and family satisfaction. *Communication Monographs*, *74*, 200–228.

Schrodt, P., & Ledbetter, A. M. (2007). Communication processes that mediate family communication patterns and mental well-being: A mean and covariance structures analysis of young adults from divorced and non-divorced families. *Human Communication Research*, *33*, 330–356.

Sloan, D. M., & Marx, B. P. (2004). Taking pen to hand: Evaluating theories underlying the written disclosure paradigm. *Clinical Psychology: Science and Practice*, *11*, 121–137.

Smyth, J. M. (1998). Written emotional expression: Effect sizes, outcome types, and moderating variables. *Journal of Consulting and Clinical Psychology*, *66*, 174–184.

Stone, E. (1988). *Black sheep and kissing cousins: How our family stories shape us*. New York: Times Books.

Tracy, K. (2002). *Everyday talk: Building and reflecting identities*. New York: The Guilford Press.

Trees, A. R. (2000). Nonverbal communication and the support process: Interactional sensitivity in interactions between mothers and young adult children. *Communication Monographs*, *67*, 239–261.

Trees, A. R., & Koenig Kellas, J. (2009). Telling tales: Enacting family relationships in joint storytelling about difficult family experiences. *Western Journal of Communication*, *73*, 91–111.

Veroff, J., Sutherland, L., Chadiha, L., & Ortega, R. M. (1993). Newlyweds tell their stories: A narrative method for assessing marital experiences. *Journal of Social and Personal Relationships*, *10*, 437–457.

Weber, A. L., Harvey, J. H., & Stanley, M. A. (1987). The nature and motivations of accounts for failed relationships. In R. Burnett, P. McGhee, & D. D. Clarke (Eds.), *Accounting for relationships: Explanation, representation, and knowledge* (pp. 114–133). London: Methuen.

Weiss, R. S. (1975). *Marital separation*. New York: Basic Books.

Westman, M., & Vinokur, A. D. (1998). Unraveling the relationship of distress levels within couples: Common stressors, empathic reactions, or crossover via social interaction? *Human Relations*, *51*, 137–156.

Wheaton, B. (1996). The domains and boundaries of stress concepts. In H. B. Kaplan (Ed.), *Psychosocial stress: Perspectives on structure, theory, life-course, and methods* (pp. 29–70). San Diego, CA: Academic Press.

White, M. (2007). *Maps of narrative practice*. New York: W. W. Norton & Company.

Xu, Y., & Burleson, B. R. (2004). The association of experienced spousal support with marital satisfaction: Evaluating the moderating effects of sex, ethnic culture, and type of support. *Journal of Family Communication*, *4*, 123–145.