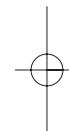# RESEARCH STUDIES
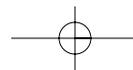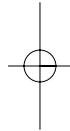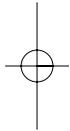
# Narrative in the Study
of Resilience*

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*The authors trace the contribution of narrative studies to the study of resilience. Narrative studies infiltrated the mental health field more slowly than they did the medical and social sciences, despite its long reliance on "talking therapies." With the development of the Adult Attachment Interview, however, narrative studies began to come into their own in developmental psychology, psychiatry, and psychoanalysis. Narrative studies are an especially apt tool in resilience studies. The authors discuss their use in this context, considering also some theoretical questions about the nature of narrative and its implications for psychotherapy.*

Telling stories, about ourselves and about others to ourselves and to others, is the most natural and the

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earliest way in which we organize our experience
and our knowledge.
                                —Clifford Geertz (1997, p. 23)

DESPITE THE PRECEDENT OF THE PSYCHOANALYTIC PSYCHOTHERAPIES
and their reputation as a "talking cure," it is only recently that per-
sonal narrative has gained recognition as a legitimate and important
resource and tool in the world of developmental psychology. Simi-
larly, while narrative has long been considered an invaluable source
of information in the humanities and in sociology, only in the last
twenty years or so have psychologists begun to establish reliable meth-
ods of analysis, looking systematically at narrative as a way of grasping
how people create and maintain meaning over time.

But the process is gathering speed rapidly. Even in less "subjective"
fields like clinical medicine, investigators are learning through the
study of narrative something about how patients' stories influence
the suffering that accompanies illness. Rita Charon describes this in-
fluence from a physician's point of view:

> As patient meets physician, a conversation ensues. A story—a state of
> affairs or a set of events—is recounted by the patient in his or her
> acts of narrating, resulting in a complicated narrative of illness told
> in words, gestures, physical findings, and silences, and burdened not
> only with the objective information about the illness but also with the
> fears, hopes and implications associated with it. As in psychoanalysis,
> in all of medical practice the narrating of the patient's story is a ther-
> apeutically central act, because to find words to contain the disorder
> and its attendant worries gives shape to and control over the chaos of
> illness (Charon, 2001, p. 1897).

Gay Becker, a medical anthropologist who studies groups of peo-
ple in adversity, takes a similar view of the importance of stories.
"Through stories, people organize, display and work through their
experiences," she says; consequently, "narratives can be a potent
force in diminishing disruption, whether the disruption is caused by
illness or personal misfortune" (Becker, 1997). Becker uses the term
*narrative* to mean the stories people tell about themselves—stories
that reflect their experience as they see it and wish it to be seen by
others. Not coincidentally, she sees a connection between the gen-
eral use of stories in meaning-making and their use in the service of
resilience.[1]

1. This view of narrative has been embraced in many medical studies (e.g., Charon,
2001; Choler, 1991) and in other ethnographic studies of resilience (e.g., Cohler, 1991).

*Resilience* is the capacity of some individuals to prosper (often unexpectedly) in circumstances that defeat others, or to achieve adaptive outcomes following serious adversity. Clearly resilience is a matter of pressing concern, especially when children are at risk, and the "potent force" of narration has given us an important new window on it (Hauser, 1999, 2005; Hauser, Allen, and Golden, 2006).[2] Access to narrative greatly expands the purview of resilience studies, many of which have examined the personal and contextual forces that influence individual lives (e.g., Luthar, 2003). But until recently, there have been few explorations, other than in occasional crisis memoirs and biographical or autobiographical accounts (e.g., Brown, 1965; Bowlby, 1990; Chellis, 1992; Rubin, 1996; Higgins, 1994; Rhett, 1997; Wall, 2005) of how people's experiences of adversity *affect,* and are *influenced by,* their attitudes, thoughts, and feelings—not only at the time of trial, but also over the ensuing days, months, and years. Such explorations are important if we are to delineate more precisely the internal and relationship dimensions associated with risk (that is, the dimensions that can lead to dysfunctional outcomes) and protection (that is, the dimensions that can lead to optimal outcomes) in individuals exposed to adversity.

We do not yet know how risk and protective processes are actually *used* by individuals in ways that enable or undermine their adaptation, or why some people make effective use of protective factors while others do not. We also do not yet know how people deal with the internal consequences of disruption over time, or how their styles of coping influence the course of their plans, their relationships, and their overall adaptation. But there is reason to think that the study of narrative may shed some light on these unknowns (cf. Cohler, 1987, 1991; Cohler, Stott, and Musick, 1995).

## NARRATIVE: CAUSE AND EFFECT

So far, two general positions on narrative and life course have received the lion's share of attention in the psychological literature. One holds that narrative *coherence*—the capacity to develop a "good story," in which circumstance and personal experience are meaningfully integrated—in some way *accounts for* successful adaptation

2. In addition to Hauser and colleagues' narrative approach, a highly accessible recent collection of non-narrative approaches to the study of resilience can be found in the recent book edited by Luthar (2003); and in an even more recent synthesis of these directions and findings (Luthar, 2006).

(Cohler, 1987, 1991; Becker, 1997). The second maintains that a person's narrative coherence *reflects* his capacity to handle adversity (Main et al., 1985).[3] Deeper exploration suggests, however, that this duality is probably false,[4] and a third possibility—that narrative *both* reflects *and* influences adaptation—is rapidly gaining credence. This possibility is poignantly evoked by Niobe Way in her study of five urban teenagers attending a "violent and dangerous" (Way, 1998, p. 30) minority school in a racist neighborhood. In her exploration of how some of these students managed—even thrived—under these oppressive conditions, Way shows how their narratives both reflected their conditions and led to immediate solutions at the moment and over the long term. Through their narratives, that is, "these students apprehend their complex experiences and invent ways to thrive in response to their realistic views of the world. . . . The hope and fear detected in their interviews are not contradictory at all. They are weaving together their life experiences and their future dreams and creating strategies for everyday living" (Way, 1998, p. 183). This is also the view we have elaborated at length in an extensive study of narrative and resilience in psychiatrically hospitalized adolescents (Hauser et al., 2006).

Our own lives show us that narrative has both causal and consequential aspects. We reflect on an experience, putting together events

3. The work of Mary Main and her colleagues Nancy Kaplan and Jude Cassidy on adult attachment representation clearly puts forth the idea that high narrative coherence in an interview about early separation and attachment figures reflects optimal attachment security (Main, Kaplan, and Cassidy, 1985). But some attachment theorists argue that narratives about secure attachment relationships may underlie successful coping in people faced with stressful situations. Inge Bretherton (1996), for example, conceptualizes "at least two ways [in which] inner resources are linked to secure attachment relationships. First, the confident knowledge that an attachment figure is available for emotional support when needed tends to increase an individual's ability to consider alternative solutions when faced with difficult and stressful situations. . . . Second, a secure relationship with one or more attachment figures affects coping more indirectly through the impact of such relationships on the organization and quality of an individual's representational system."

An inclusive collection of excellent theoretical and empirical discussions of adult attachment is Cassidy and Shaver, eds. (1999), *Handbook of Attachment: Theory, Research, and Clinical Applications.* For an even more direct connection among attachment, narrative coherence and resilience, see Roisman et al. (2002).

4. Social scientists writing about narrative and individual lives have appreciated the complex dynamics between an individual's stories, understandings, and actions. One of the earliest contributors to this literature was resilience pioneer Robert W. White, who in the early 1950s wrote about the need to study the complexities of unfolding lives as they were understood and lived by individual adolescents. See White (1950).

and responsibilities and hypotheses; the resulting reflections—our stories—alert us to new understandings and new possibilities; we act on these and acquire new experiences that further enlarge our capacity for story-telling. A two-year-old may kick the table on which he has just banged his head. He is responding to his story that the table hurt him—a story that an adult would see as limited in its explanatory power. Yet it will likely suffice to instill some respect for tables in the rambunctious toddler, slowing him down a bit and causing him to pay more attention to their whereabouts. This new behavior is adaptive in itself in that it protects him from further injury. But it also gives him the time, opportunity, and motivation to observe the table and learn something useful about it. In time a better story will emerge—that it is children who move and bang, not tables—and with it the probability that this child will take more responsibility for his own movements and for the consequences, both pleasurable and not, that result from them. From there his narrative about navigating physically in the world will continue to develop, in directions as individual as he is.

Narrative, therefore, is most profitably seen as both cause and effect. It reflects experience, but it also conditions new experience. Our stories are hubs in the wheel of our perpetual psychological work. From experiences we derive meaning; from meaning-making we imagine new actions; new actions lead us to new experiences; from new experiences we evolve new meanings—all in our own real-life contexts. The study of narrative across the life cycle illustrates *how* stories can trigger new perspectives about relationships, situations, goals, and all the other facts and forces that play decisive roles in individual's lives. In other words, it allows us to investigate a still-shadowy corner of resilience studies—how resilience *evolves,* how it is informed by a person's experience, and, especially, how the stories that we use to manage experience shape it and point to new courses of action and new and perhaps better stories.

## Narrative in Context

With opportunity there is always risk. When the subject at hand is resilience, it is tempting—but dangerous—to overvalue individual stories, taking them out of context and mistaking them as the only significant engines of psychological change. That would discount the importance of the real surround of opportunities and constraints—environmental factors that can be very powerful and sometimes decisive. But close analysis of narrative displays in great detail (greater de-

tail than most other techniques allow, in fact) not only a person, but also the influences of that person's context. Lives have many contexts, from the microcosmic (family) to the macrocosmic (current views of adolescence, availability of federal aid), and everything in between (a school system, a hospital ward, a set of community norms). These contexts are displayed with great clarity in personal narrative. The challenge and the promise of narrative research is its sensitivity *both to the individual and to his or her surround,* and it is gratifying to observe that the compelling possibilities of narrative[5] do not in fact compete with the need to consider individuals within the social and historical matrices that encompass them. Catherine Reissman, a sociologist who uses narrative to investigate divorce and other such complex events that clearly involve family and social issues as well as individual ones, captures the unique capacity of stories to portray individual lives in context. At its best, Reissman says, the study of narrative "illuminates the intersection of biography, history, and society" (Riessman, 2002, p. 697).[6]

### Narratives and Resilience
#### NARRATIVE AND CHANGE: CLINICAL APPROACHES

Narrative bestows (apparent) order upon chaotic existence. That gives it great power, for good or for ill. Just as some new experiences foster resilience while others have potentially disastrous consequences, so do the narratives through which experience is explored. We all see destructive stories in action from time to time; if we are not clear-sighted enough to perceive our own, they are easy to spot in others. A teenager who doesn't try out for the cheerleading squad because she's "too fat" not only definitively destroys her chances of becoming a cheerleader, but also nurtures self-defeating convictions both about

5. There have been several masterful reviews of the narrative literature. A thoughtful overview of work in medical narrative can be found in a recent book edited by two medical anthropologists: Mattingly and Garro (2000). Arthur Kleinman, an anthropologically oriented psychiatrist, provided an early contribution (Kleinman 1988). Abraham Verghese, another physician and nonfiction writer, narrates finely textured accounts of his experiences with patients and of the significance of story-telling in medicine (Verghese 1994, 2001). Barbara Fiese focuses on family narratives in Fiese et al. (1999). More general reviews include Clifford Geertz, "Learning with Bruner" (1997). Other important contributions to this growing and multifaceted field of study include: Bruner (1990, 1996); Mishler (1995, 1999); Riessman (1993, 2002).

6. Riessman's approach shapes her 1990 book, *Divorce Talk: Women and Men Make Sense of Their Relationships.* Mishler's *Storylines* (1999) takes a narrative approach to a deft and intricate study of craft artists' lives and identities.

her body and about the uselessness of challenging other people's judgments—or her own. A person who blames all mishaps on someone else will never reap the growth in competence that comes with taking responsibility. Recognizing this ambivalent power of stories, recent psychoanalytic theorists have found it useful to contemplate the place of narrative in deep insight and psychological change.

In psychodynamic psychotherapy and psychoanalysis, story-making is a deliberate and active process between patient and therapist, a tool by which understanding of past, present, and the immediate moment are expanded. Developmental psychologist and theorist Jerome Bruner has pointed out that Freud's recognition of the salience of "psychic reality" was an early indication of interest in narrative construction and its influence on individuals' actions, relationships, and lives: "The malaise that led to the new interest in the narrative construction of reality long predates the rise of . . . perspectively oriented post-modernism. Sigmund Freud probably had more to do with it than Derrida or Foucault, if only by proposing a psychic reality that seemed more driven by dramatic necessities than states of the objective world" (Bruner, 1996, p. 131). Donald Spence was one of the first psychoanalysts to consider at length the importance of narrative to the discovery of meaning in psychoanalysis. He distinguished between *historical truth* (a consensual account of public events) and *narrative truth* (an account whose form and content are shaped by an individual's past and current experience) (Spence, 1982).

Roy Schafer's *Retelling a Life* (1992) offered a psychoanalytic perspective different from Spence's—an eloquent and nuanced picture of how narratives of self and relationship change over time. Within the psychoanalytic dialogue, Schafer says:

> actions and happenings (for example, traumatic events) are continuously being told by the analysand and sooner or later re-told interpretively by both analyst and analysand. Closure is always provisional to allow for further retellings. . . . Insight . . . refers to those retellings that make a beneficial difference in a person's construction and reconstruction of experience and adaptively active conduct of life. Each retelling amounts to an account of the prior telling as something different, or more likely, something more than had been noted. In this dialogic way, each analysis amounts in the end to retelling a life in the past and present—and as it may be in the future. (1992, p. xv).

Schafer, like Spence, warns against too concrete a valuation of such retellings: "We have only versions of the true and the real. Narratively

unmediated definitive access to truth and reality cannot be demonstrated. In this respect, therefore, there can be no absolute foundation on which an observer or thinker stands. Each must choose his or her narrative or version" (Schafer, 1992, p. xv).

Spence and Schafer contemplate narrative from the one-patient-at-a-time perspective of the clinical psychoanalyst, whose valuation of narrative truth is very high, and for whom historical truth is perhaps a less compelling concept than for other kinds of thinkers. At about the time they were writing, clinical psychologists were beginning to consider narrative in more general, and more generalizable, contexts. Bertram Cohler is a psychologist and psychoanalyst who has distinguished himself by his committed interest in people's life stories as a way of understanding their responses to adversity: "a central concern of the human sciences or social studies is to understand [the] personal narrative or life story in terms of an ordered sequence and in terms of the context, frame, or plot which the author employs in providing narrative integrity for a particular life story at a particular time" (1991, p. 177). Cohler has also drawn attention to a second way that the personal use of narrative may be relevant to resilience— it offers comfort as well as insight. A child's repeated request to "tell it again," as Cohler puts it, may try his parents, but it also reflects the solace inherent in story-telling. Older adults, he points out, "realize particular comfort" from the act of telling; it renews and reinforces the focus on one's own narrative and its potential for healing. Cohler concludes that "these observations point to the importance of additional study of storytelling for mental health" (p. 191).

Clinical psychologists Robert Neimeyer and Heidi Levitt (2001) have also underlined the meaning-making and organizing potential inherent in people's accounts of their experiences. It is important, they suggest, that people in difficult circumstances be able to allocate responsibility (or, equally, non-responsibility) accurately, both for specific events in their lives and for the effects of these events. Like Becker and Cohler, they emphasize how personal narrative influences a person's stance toward adversity. It may facilitate accountability when this is appropriate, and, just as important, identifying situations that cannot in fact be controlled. (Other narratives may foster a stance of victimhood or exploitation.) Neimeyer and Levitt offer the example of a young woman reflecting in narrative on her reaction when a stranger began stalking her:

> I was upset because I didn't do anything to this person and he went
> out of his way to make me feel uncomfortable when it was very obvi-
> ous that I was trying to avoid contact with him. I felt like it was an-

other reminder of my being female, of my being less powerful than men, and . . . also my need to be defensive to be safe. And, of course, this is what I always seem to be struggling with—at home with my father, at work with my boss, and in my relationship with my husband. Always feeling somehow I have to work to prove myself equal and worthy of respect or otherwise I won't receive it. I always need to work to defend myself. I think this is especially affecting my relationship with my husband. I don't want to be defensive all the time (Neimeyer and Levitt, 2001, p. 53).

This woman's adaptive wish not to be "defensive all the time" is furthered in her narrative by a sensitive dissection of issues of responsibility with regard to the stalker. Past narratives, she tells us ("this is what I always seem to be struggling with") have taught her correctly that her defensiveness is her responsibility, and she is working to make her defensiveness meaningful by relating it to her past relationships and experiences. That process has enabled her to make a new and very important distinction between what is her responsibility and what is not; in this new experience she can resist the temptation to blame herself for the behavior of the stalker. This further accurate allocation of responsibility contributes a matter-of-fact rather than defensive view of a stressful situation as she constructs her current narrative about it.

All of these writers illustrate cascading loops of narration-action-narration, showing how personal narratives of disruptions may lead to organized accounts, and how the newly achieved level of integration can permit in turn new images and expectations, thus paving the way for change in the ways that relationships are sought and maintained, and experiences understood.

### Narrative and Change: Theoretical Approaches

Spence, Schafer, Cohler, and Neimeyer and Levitt are all clinical theorists. But narrative and its place in people's understanding of their lives has also attracted the attention of non-clinical social scientists of widely differing perspectives. Beginning in the 1980s, Jerome Bruner began urging his colleagues to address meaning-making (as revealed in narrative) and its role in individual actions. He was concerned that psychologists, in their pursuit of the "cognitive revolution" (a movement that he had promulgated and that was in fact very dear to his heart), were being distracted from investigation of mental activity into increasingly specialized and reductionistic studies of "information processing" and computation:

> To reduce meaning or culture to a material base, to say they "depend," say, on the left hemisphere, is to trivialize both in the service of misplaced concreteness. To insist upon explanations in terms of "causes" simply bars us from trying to understand how human beings interpret their worlds and how *we* interpret *their* acts of interpretation (Bruner, 1990, p. xiii).[7]

Bruner thought that autobiographical narratives would give access to the form and the substance of individuals' views of themselves and their place in the world. He was particularly interested in the perception of *agency* (or *agentivity,* as he calls it) and thought that this could be especially advantageously visualized through the study of autobiography. Most people, he says,

> do not regard gravity as acting on their Selves (save perhaps in extreme situations.) But if somebody grabs them or pushes them, or forcibly takes their purse, they will feel their Selves to have been violated, and invoke Self in their description of what happened. Agentivity is involved, their own and someone else's. . . . The range of what people will include under the influence of their own agentivity will vary from person to person . . . and with one's felt position within the culture (Bruner, 1990, p. 119).

Bruner's urging of his colleagues away from his own movement and back to the study of meaning did not go unheeded. A stream of narrative studies in several realms of psychology (cultural psychology, gender development, illness experience, and physician-patient interactions, to name only a few) appeared. As narrative gained greater acceptance as a legitimate topic (and tool) of scientific inquiry, psychologists began to test, and to contest, various approaches to its study and analysis.

*Narrative perspective,* both alone and in combination with more traditional quantitative approaches, has attracted the interest of several psychologists interested in adolescent development. Carol Gilligan and her colleagues, for instance, studied the fluctuations of the "voices" in which adolescents refer to self, other, and relationships (Gilligan, 1982; Gilligan et al., 1990). Camarena, Sarigiani, and Petersen (1997), building on Gilligan, investigated what psychological well-being meant for boys and for girls across the adolescent years.[8]

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7. In addition to Bruner's 1990 *Acts of Meaning,* two other readable and important books by him are *Actual Minds, Possible Worlds* (1986); and *Making Stories: Law, Literature, Life* (2002).

8. In addition, in her narrative studies noted earlier Way (1998) focused on the experiences of working-class boys and girls.

In another recent study of narrative and resilience, James, Liem, and O'Toole (1997) explored how four resilient young women, survivors of serious childhood sexual abuse, now understood their mental health. They found in their interview narratives themes of mastery of adversity, overcoming challenges, and beating the odds. These women emphasized the importance of *agency:* the experience of personal causation and the awareness of having an effect upon their environment. In fact, James and colleagues offer yet another connection between narrative and resilience. Reflecting Bruner's observation (and anticipating a central theme of our own studies of the ongoing narratives of people hospitalized as adolescents with serious psychiatric disorders and subsequently identified as resilient young adults [Hauser, 1999; Hauser et al., 2006]), they argue that through their exercise of power in socially acceptable ways, these women "may be neutralizing the negative impact of sexual abuse by restoring power when power and status have been denied" (James et al., 1997, p. 227).

Elliot Mishler in an inclusive synthetic essay reviews much of the recent history of narrative scholarship and enumerates many of the fields where it is now being used—in anthropology, literary studies, and linguistics, for instance, as well as the clinical sciences and developmental and cognitive psychology (Mishler, 1995).

NARRATIVE RESEARCH AND THE ADULT ATTACHMENT INTERVIEW

However, it was the success of the Adult Attachment Interview (AAI) that opened the eyes of many developmental psychologists, psychiatrists, and allied workers to a whole new kind of potential in narrative studies. The AAI demonstrated that the way a person told a story could provide accurate, reliable, and useful information about very complex and subtle psychological constellations that had not been experimentally accessible before. The AAI was developed in the context of attachment theory—the study of the bonds that form between a young child and its caretakers, and the ramifications of these bonds in later life—and so it was in this broad area that intense excitement first arose about the ability of narrative studies to capture important aspects of development (Oppenheim and Waters, 1995).[9] Since the advent of the AAI, attention to narrative has accelerated rapidly among students of attachment, and develop-

9. Two accessible papers written for a clinical audience have also addressed this area: (Main, 1993; and Lyons-Ruth, 1999).

ments within that field are now influencing the use of narrative in related areas. The AAI demonstrated that the narratives of children and adults can provide accurate information about such complex and not easily examined psychological phenomena as the security of attachment between infants and their caregivers, and internal representations that people develop of attachment figures and early experiences with them. That dramatic success in the field of attachment earned narrative studies a new respect. It released them from relegation to the "clinical" and "anecdotal" and allowed them to expand respectably into new empirical developmental and clinical psychology studies.

### THE ADULT ATTACHMENT INTERVIEW AND ITS INFLUENCE

The turn to narrative in attachment studies owes much to the work of Mary Main and her colleagues, who demonstrated convincingly that mothers' attachment organizations (or, as Main and colleagues also call it, their *states of mind regarding attachment as determined by analysis of their narratives of their own early experiences)* show a high correspondence with the patterns of their infant children's independently studied attachments to them. The extraordinary success of the AAI is so rich in implications for narrative studies in general, and for narrative studies of resilience in particular, that a brief digression is in order here to make those implications clear. This is but a sketch; excellent studies of the history and development of the AAI are readily available. Main's colleague Erik Hesse has supplied a historical, theoretical,and clinical overview of this rich and rigorous assessment (Hesse, 1999), and the widening use of the AAI has been described in detail in summaries written for psychoanalytic clinicians by Main (2000) and by Main and Hesse (2000).

In brief, the AAI came out of a collaboration in the early 1980s between Main and Ruth Goldwyn, both developmental psychologists. Main had a background in attachment research and an interest in psycholinguistics. She and her colleagues administered to a group of parents a "semi-structured" interview[10] that required responses in some depth to a wide range of questions about early attachment: separations and reunions with caretakers, experiences of rejection and

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10. A semi-structured interview addresses a prescribed topic in a flexible manner, allowing for spontaneous two-way conversation as well as previously determined questions and the answers to them.

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abuse, experiences of loss, and so forth. This is a stressful experience. Hesse says that the central task of the interview is "producing and reflecting upon memories related to attachment while simultaneously remaining coherent [in] . . . discourse with the interviewer" (1999, pp. 396–397). Main and Goldwyn analyzed the resulting narratives by a carefully developed coding procedure that targeted both the structure of the narrative and its content. Their initial results showed that "[scores] appearing to reflect a parent's current state of mind [as reflected in the scoring] with respect to his or her own attachment experiences were substantially related to aspects of the infant's behavior toward that parent" (Hesse, 1999, pp. 395–396) as the infant's behavior had been observed five years earlier in an experimental protocol designed to elicit children's reactions to separation from and reunion with their caregivers (the so-called *strange situation*). Main and her colleagues supposed that the childhood experiences described in or inferred from the interview had contributed to the adult's "state of mind with regard to attachment," *but they classified the parents' "states of mind" not on the basis of those experiences, but on the basis of their own analysis of the parents' narratives.* That is, an infant's attachment behavior in the "strange situation" procedure was reliably correlated with the way that a mother or father *talked many years later about his or her own attachment experiences.* Years of subsequent replication and refinement have given empirical support to the theoretical conclusion that a parent's "state of mind with regard to attachment" could *predict* the attachment behavior of that parent's infant as measured experimentally later (Hesse, 1999, p. 407).

Since its first appearance in 1985, the AAI has shown excellent reliability and validity. That is, agreement between trained scorers is high, AAI findings have been extensively replicated, and classifications have been demonstrated to persist over time and across interviewers. Evidence continues to mount that the information derived from the interviews about the subject's "states of mind" with regard to attachment are valid; furthermore, this information relates *specifically* to attachment-related "states of mind," not to more general (and more commonly studied) factors such as social desirability, social adjustment, general personality style, intelligence, verbal fluency, or "memory" per se (Hesse, 1999; Cassidy and Shaver, 1999).

One of the "state of mind" scales used in the original AAI research was called *coherence.* It refers to the "maxims of conversation" of philosopher Herbert Paul Grice. According to Grice, adequacy of conversation can be judged by its quality, its quantity, its relevance,

and its manner (1975). Coherence in the context of the AAI means not only that "the parts of the discourse are clearly related [and] form a logical whole," but also that they are "adapted to context" (Hesse, 1999; Main and Goldwyn, 1998).[11] AAI narratives are scored on contextual qualities of responsiveness, appropriateness, and co-operation as well as on internal consistency and organization. The coherence measure is not the only measure used in the AAI; others cover such phenomena as memory lapses, the tendency to allow narrative to trail off, and the devaluation or idealization of attachment. However, coherence is still viewed theoretically as the single best indicator of attachment security in the AAI.

Narrative coherence is considered a manifestation of security in *representations* of attachment—that is, in the internal models of attachment relationships that we are constantly constructing and revising out of our experiences with them. The AAI and its scoring procedures appear to capture accurately and consistently certain aspects of these representations, which have both content (ideas, thoughts, feelings) and structure (the degree to which they are accessible to consciousness, coherent, and integrated into action). Well-integrated attachment representations are consciously available to individuals for description and story-telling of an elaborated and reflective kind. Poorly integrated or traumatic ones are not; they are also stressful, which inhibits the narrative effort further. Inability to maintain coherence in the interview reflects the interference upon the narrative process of the stress of dealing with poorly integrated attachment experience, making structural disruptions in the narrative a tell-tale of attachment status.

The diagnostic and predictive success of the AAI, and its evidence of strong psychometric properties, gave narrative studies the bona fides to begin to integrate with traditional psychological research. In fact, the AAI made its own first appearance in concert with earlier observational studies of infants and mothers. For the first time, the narrative approach was demonstrated to be an enhancement to direct observation, rather than an alternative or an antagonist. Narrative measures are now being called "a new window" (Oppenheim and Waters, 1995, p. 203) on attachment relationships; we can extrapolate that they will also prove to be a window on the influence these relationships have on later development.

11. Hesse, The Adult Attachment Interview (1999, p. 404); the coherence description is quoted from Mary Main and Ruth Goldwyn's 1998 description of their scoring system.

Beyond the Adult Attachment Interview—
Implications for Resilience

Work inspired by the AAI suggests that similarly robust narrative instruments will be developed to study related facets of psychological experience. In the meantime, the AAI itself has been refined, modified, and extended over the years, and is now available in forms applicable to children and adolescents. A new round of diagnostic and predictive work is under way as investigators develop innovative scales and investigate new situations (Allen and Land, 1999; Dozier, Stovall, and Albus, 1999; Fonagy, 1999; Berlin, 1999; Main, 1999).

For instance, narrative is now being used to investigate aspects of such varied subjects as cognitive development, how emotion is communicated, the development of narrative skills, and the representation of experience. Questions about how children experience the world, and how a child infers "that others experience the world in a manner similar to the way he or she experiences it" (Oppenheim and Waters, 1995), have attracted particular interest. How people infer the internal experiences of others is a compelling preoccupation in psychoanalytic practice and research (Schaefer, 1992), and in the study of medical illness from the patient's perspective (Mattingly and Garro, 2001). It is easy to see that this question also has exciting implications for efforts to understand and help poorly socialized or impulse-disordered children.

Psychoanalyst and attachment researcher Peter Fonagy and his colleagues have constructed a new scale that can be applied to AAI narratives to study how individual differences influence the ways people grasp the internal mental states—wishes, feelings, unexpressed perceptions—of others (Fonagy et al., 1991). Fonagy's measure, called *reflective functioning,* is a reliable scale that builds on one of Main's original state-of-mind dimensions, *meta-cognitive monitoring.* This refers to a subject's active monitoring of thinking and recall (which is evident in several places during the interview). Reflective functioning describes how individuals perceive and think about emotional and intentional workings, their own and others'. Individuals with high reflective functioning show intense "awareness of mental states in the organization, development, and maintenance of attachment relationships" (Fonagy et al., 1994). People who score high in reflective functioning are those "whose narratives [from the AAI] reflected a coherent mental representation of the psychological world of their own caregivers, and of themselves as adults, and earlier as children" (p. 242). Individuals who are adept at discerning the men-

tal states of others may infer them from observation or from interaction: "My parents didn't like each other very much, so it was important for them to make good friends with us" (p. 243). Fonagy and his colleagues found a significant relationship between a parent's reflective functioning and that parent's infant's security; they then went on to speculate about how reflective functioning might figure in the resilience of children of mothers with very adverse histories. They defined "resilient" children as those from adverse circumstances who nonetheless demonstrated high attachment security (Fonagy et al., 1994), and they asked: Could high reflective functioning in mothers with adverse histories be a protective factor, contributing to secure attachments in their infants? Their analyses revealed dramatic associations between high reflective functioning in mothers with adverse histories and the attachment security of their infants: Ten out of ten mothers in the adverse history group with high reflective functioning had children securely attached to them. In contrast, only one out of seventeen mothers with low reflective functioning had infants with high levels of attachment security. Here again, narrative study has delineated delicate and subtle psychological capacities with important implications for resilience.

Fonagy's findings have attracted a great deal of attention among psychoanalysts as well as clinical and attachment researchers. Since impaired reflective functioning has been reported in the kind of psychopathology that indicates disturbed development, it is reasonable to ask whether high levels of reflective functioning may buffer the damaging effects of abuse and trauma (Fonagy et al., 1995). The work of Fonagy and his colleagues strongly suggests that narrative-based investigations can capture much more than attachment representations, and that the precursors of resilient development are likely to include such individual competences as reflective functioning. Some practitioners have noted that the capacity for reflection, which underlies empathy and other important aspects of clinical listening, may play a role in successful psychotherapy, permitting the identification of disruptions of empathy between therapist and patient (Slade, 1999), and more accurate description of moments of understanding within close pairs, be they therapist and patient, romantic partners, or parent and child.

More broadly still, this empirical direction allows for research focusing precisely on the places where general human potentials and the capacities of individual persons begin to diverge. For instance, research into the narratives of children shows that by five years of age they understand that they and other people have mental experiences

out of which they construct their own representations of reality (Oppenheim and Waters, 1995). But children differ in how well they perceive boundaries between themselves and others, and in how clearly they understand the differences between other people's feelings, perceptions, and actions and their own. Questions about whether we could discern such variations, and if so what difference they might make, were powerful motivations underlying our extensive studies of resilient former psychiatrically hospitalized adolescents from High Valley Hospital (Hauser, 1999; Hauser et al., 2006). Similarly, with the development of new *clinical* studies based on attachment paradigms, interest has intensified in individual differences among groups of persons who share the same attachment pattern. Why, for example, and how does one person's attachment pattern change from a markedly compromised insecure one to a secure and open one, while another's does not? (Roisman, Pardron, Sroufe, and Egeland, 2002; Badahur, 1998). Questions like these, of course, are deeply relevant to the study of resilience.

Many investigators of attachment and development operate from the perspective of *co-construction*—that is, from the belief that children develop their narratives upon a scaffolding made available by their parents. One group of investigators looks to the links among narrative assessments of attachment, early observations of attachment behavior, and the core attachment phenomena that John Bowlby, the father of attachment theory, called *internal working models*—that is, the frameworks of beliefs and expectations that people develop, consciously and unconsciously, about how relationships "work" (Bretherton, 1999). Another group considers how a person's childhood and adolescent attachment experiences inform the adaptations and relationships that are later reflected in his or her narratives (Agrawal, Hauser, Miller, and Penn, 2002; Bretherton, 1999; Roisman et al., 2002).

In our study of resilient adolescents (Hauser et al., 2006), we took yet another direction. We asked three questions: How do the available features of a person's narratives—their content, their organization, their coherence—influence that person's adaptation *after* the experience of serious adversity? How are the individual's later narratives shaped by this adversity? And, how are the individual's subsequent narratives influenced by his or her new adaptation? These questions identify another point of contact among the various disciplines that share the growing interest in narrative. As noted above, recent clinical and ethnographic explorations posit the centrality of telling and retelling stories in handling disruptive life events, and

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more broadly in links between internal experience and interpersonal action (Becker, 1997; Cohler, 1991; Schaefer, 1992). This view is beginning to converge with the developmental finding that supportive relationships later in life can help to "provide a benign perspective on early insecure attachments and dampen some of their negative effects" (Oppenheim and Waters, 1995, p. 213). Overall, though, most attachment theory and research still focuses on internal models and their narrative representations, together with the contributions that interpersonal relationships make to the narratives and the representations that underlie them. The contributions made *by narrative processes themselves* to continued development, and even to turning points in development, have so far received far less attention. One of our intentions in our own resilience work has been to test out an approach to that lack, and to demonstrate the importance of further study in this area.

### Summary and Discussion

Narrative studies are relatively new in developmental research, but they are now securely integrated into the psychologist's repertoire of investigative techniques, and form the center of an exciting and fruitful body of work. Arising independently in a number of disciplines, and fertilized by work in attachment research and theory, research based on narrative is now actively pursued in many fields, some immediately relevant to psychoanalysis and, by extension, to questions about the nature of resilient development. The choice of which dimensions of narrative to study will, in the end, depend on the research questions being asked and the theoretical approach guiding the research, a point made by both Mishler (1993) and Riessman (1995). Cohler (1991) observes from his characteristic perspective that:

> Early, off-time, adverse life-changes, such as the death of a spouse or offspring, unexpected pregnancy, major health problem, or forced retirement represent misfortune requiring reorganization of the previously recounted personal narrative or life story. These unanticipated events are made "sensible," "followable," or coherent and internally consistent, within a life story that serves to manage meanings and to preserve a sense of self as coherent and integrated over time. Unanticipated adversity provides the dramatic quality . . . as the essential organizing principle of the life story, challenging a previously held sense of personal integration. Successful resolution of this tension reflects resilience to adversity and fosters enhanced personal vitality and increased sense of mastery.

> There has been increased awareness regarding the importance of studying the means by which reconstructed experience of the past, particularly adversity, is interpreted as useful in turning present adversity into challenge or opportunity (pp. 184–185).

Cohler sees personal narratives as highlighting "both gains and costs arising from the effort to remain resilient through a continuing effort to manage the meaning of misfortune to preserve a coherent life story" (Cohler, 1991). Our view attributes to narrative a less causal influence on resilience; we see narrative as *reflecting* resilient processes strongly influenced by an interpersonal and environmental surround. Empirical studies like those of Fonagy and Roisman (Roisman et al., 2002) and their groups of colleagues (e.g., Stein, Fonagy, Ferguson, and Wisman, 2000) study the possible linkages between resilience and a person's narratives and attachment representations. Yet the role of narrative as an influence on behavior (or on change in behavior) has not been much explored so far in empirical studies of narration and action. Scholars of medical narrative such as Charon (2001) and Becker (1997) argue for the role of narratives in creating and sustaining personal coherence in the face of disruptions from illness and other calamities, but the interesting question implied in Cohler's (1987, 1991; Cohler et al., 1995) reflections on resilience and narrative has not yet been answered: *How does the form and content of a young person's thought shape his or her adaptation?* This is a question that tantalizes those of us who work with children at risk, and narrative studies are beginning to help us answer it.

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