CHAPTER 5

REALITY NEGOTIATION
AND EXCUSE-MAKING

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Accurately perceiving reality has long been regarded as a hallmark of psychological health (e.g., Jahoda, 1953; Jourard & Landsman, 1980; Vaillant, 1977). Although a number of theorists have emphasized phenomenological perspectives on perception (e.g., Maslow, 1968; Rogers, 1965; Yalom, 1980), these authors have typically focused on the manner in which the individual’s needs (especially self-esteem needs) distort their ability to accurately perceive reality and impair their adaptation or adjustment. While the above authors have written primarily from a clinical vantage point, others within the social psychological perspective have held similar views.

Although Heider (1944, 1958) theorized that the causal attributions people form about events of personal relevance may be influenced by their self-esteem needs, other early writers in both the attribution (e.g., Bem, 1972; Jones & Nisbett, 1972; Kelley, 1967, 1971; Miller & Ross, 1975) and social comparison (e.g., Festinger, 1957) literatures contended that people typically seek accurate, valid information about their characteristics and abilities. In recent years, however, evidence has mounted that normal (and presumably mentally healthy) people systematically distort information they receive from (and deliver to) their environments about their “selves” (see Arkin, Cooper, & Kolditz, 1980; Bradley, 1978; Zuckerman, 1979 for reviews). In particular, it has become apparent that, far from being dispassionate or objective processors of information about themselves, people routinely distance themselves from acts or outcomes that would cast them in a negative light (i.e., would threaten their positive images or sense of control; Snyder, Higgins, & Stucky, 1983). Although it may be maladaptive or self-defeating in certain instances (Bauemeister & Scher, 1988; Higgins & Berglas, in press; Higgins & Snyder, 1989), there is growing evidence that such distancing is frequently adaptive and linked to benefits in such areas as improved affect, performance, and health (see Snyder, in press; Snyder & Higgins, 1988a, 1988b for reviews).

In 1983, Snyder et al. presented a comprehensive theory of excuse-making in which we outlined the mechanisms and motivations underlying the aforementioned process of seeking distance from
negative acts or outcomes. Subsequently, in reviews of the effects of excuse-making (Snyder & Higgins, 1988a, 1988b), we introduced the concept of “reality negotiation” to express our view that excuse-making, as one form of coping with negative life events, relates to a broader, more encompassing coping process that is aimed at mediating the change-inducing effects of self-relevant information. One purpose of the present chapter will be to provide a further elaboration of our thinking about reality negotiation and to examine how excuse-making relates to this more general hypothetical coping process. In closing, we will speculate about the role of excuse-making and reality negotiation in adaptive and maladaptive adjustment to serious illness.

REALITY NEGOTIATION

We have previously described reality negotiation as “any [italics added] coping process that involves the incorporation of change-inducing information into one’s personal theory of self” (Snyder & Higgins, 1988a, p. 32). However, given our current focus on excuse-making as a means of coping with negative change-inducing information (i.e., illness), our attention here will be on reality negotiation within situations in which the individual is linked to threatening outcomes or actions.

As noted above, the idea that accurate reality perception is equivalent to good mental health has been challenged in recent years. Indeed, in a provocative review and analysis of this issue, Taylor and Brown (1988; also see Brown’s chapter in this volume) concluded that mentally healthy individuals are characterized by “overly positive self-evaluations, exaggerated perceptions of control or mastery, and unrealistic optimism [italics added]” (p. 193). For such illusory specialness to be as pervasive and systematic as Taylor and Brown suggest it is, it would appear to require some equally pervasive and systematic mechanism through which reality-oriented information is processed. Furthermore, the fact that such illusory specialness involves a consistent bias in the individual’s favor implicates a motivated process. As we have written elsewhere (e.g., Snyder, 1989, in press; Snyder & Higgins, 1988a, 1988b), we view reality negotiation as just such a motivated process designed to mediate the transformation of self-theories by serving the individual’s underlying needs to maintain positive images and a sense of control.

Dynamic Self-Theories

As evidence of such phenomena as self-serving biases in causal attributions and “downward” social comparisons in the context of esteem threats has accumulated (see Wills, 1981, 1987, chapter in this volume for reviews), researchers have increasingly regarded the self-concept as a dynamic force in personality rather than as a simple reflection of a person’s current attitudes toward him or herself. This elevation over the last two decades in the standing of the self-concept as a formative influence in personality can be seen in contrasting reviews. For example, whereas Wylie (1974) did not regard the self-concept as playing a significant role in instigating behavior, 13 years later Markus and Wurf (1987) wrote the following:

The unifying premise of the last decade’s research on the self is that the self-concept does not just reflect on-going behavior but instead mediates and regulates this behavior. In this sense the self-concept has been viewed as dynamic—as active, forceful, and capable of change. It interprets and organizes self-relevant actions and experiences; it has motivational consequences, providing the incentives, standards, plans, rules, and scripts for behavior; and it adjusts in response to challenges from the social environment [italics added]. (pp. 299-300)

Elsewhere (e.g., Snyder, 1989, in press; Snyder & Higgins, 1988a, 1988b), we have suggested that the self-concept may be thought of as a “self-theory,” a set of beliefs, assumptions, and images that one holds about him or herself across contexts and time (for related ideas, see Bowlby, 1969; Epstein, 1984; Marris, 1975; Parkes, 1975; Schlenker, 1987). We have, in addition, likened our view of self-theories as both a means of representing ourselves and a process influencing our behaviors to Alfred Adler’s concept of the “style of life” (e.g., Snyder, 1989):

All inherited possibilities and all influences of the body, all environmental influences, including educational application, are perceived, assimilated, digested, and answered by a living and striving being, striving for a successful achievement in his view. The subjectiveness of the individual, his special style of life, and his conception of life mold and shape all influences. The individual life collects all these influences and uses them as provocative bricks in building a totality which aims toward a successful goal in relating itself to outside problems. (Adler, in Ansbacher & Ansbacher, 1967, p. 178)
The reader will notice a remarkable similarity between Adler’s concept of the style of life and Markus and Wurf’s (1987) view of the self-concept in terms of the degree of latitude afforded for subjective, self-creative action (see also Markus & Sentis, 1982; Neisser, 1976). Moreover, within our particular framework of discussing the role of reality negotiation in the process of coping with esteem- or control-threatening events, this self-creative potential extends to the self’s involvement in the continuous modification and refinement of the self-theory in response to challenges from both the internal and external environments.

Revising Self-Theories

A self-theory reflects the cumulative influence of several self-representations. In other words, the self-representations that an individual makes on particular dimensions of appraisal are subcomponents of the larger, encompassing self-theory. The dimensions of appraisal, or schemas, are templates against which the person evaluates his or her behavior. Some schemas may be situation-specific, while others may transcend several arenas of human activity. (Snyder, 1989, p. 133)

As the above quotation implies, revisions in the self-theory are based on a continuous process of reappraising the goodness-of-fit between the individual’s self-representations on relevant dimensions of appraisal and his or her ongoing activities and behaviors. Of particular interest here are two higher order dimensions of appraisal (i.e., linkage-to-act and valence-of-act) that we believe routinely come into play whenever individuals are confronted with information about themselves that is discrepant from (or, for that matter, consistent with) their current self-theories (Higgins & Snyder, 1989; Snyder & Higgins, 1990).

The Linkage-to-Act/Valence-of-Act Matrix

Figure 5.1 illustrates the interactive matrix formed by the linkage-to-act and valence-of-act dimensions of self-theory appraisal. Whereas the linkage-to-act dimension represents the degree to which the individual perceives him or herself to be linked (from no linkage to total linkage) to a particular act or outcome, the valence-of-act dimension represents the individual’s qualitative assessment of the positiveness of the act or outcome (from positive to negative).

The reason that the linkage-to-act and valence-of-act dimensions form an interactive matrix derives from the fact that in isolation the dimensions do not provide the individual with sufficient information to judge whether revisions in the relevant aspects of his or her self-theory are warranted. For example, information that an individual is linked to an outcome has little meaning without knowing whether or not the outcome was desirable. By the same token, information that an outcome was desirable (or undesirable) has little personal significance to the individual (in terms of revising self-theories) in the absence of information concerning his or her level of linkage to the outcome. In combination, however, these two appraisal dimensions provide a powerful network of information for judging the viability of operative self-theories. In addition, the linkage and valence appraisal dimensions are reflected in what may be the two most influential (and interacting) motives underlying the maintenance of self-theories: the desire to promote positive images in the eyes of oneself and others, and the desire to promote and sustain a sense of control over one’s destiny.

Mirrored Motives: Image and Control Maintenance

As we have indicated above, we believe that the linkage-to-act and valence-of-act appraisal dimensions are paralleled by motives to maintain positive images and a sense of control. This state of affairs can easily be understood by considering that one of the primary developmental tasks of the child is to gain a sense of instrumentality (White, 1959) and to distinguish between good and bad acts. In the words of Snyder (1989):

As we learn the importance of these dimensions in evaluating our own actions, we increasingly maximize the linkages to positive actions and minimize the linkages to more negative outcomes. In this sense, a normal person erects a self-theory that represents himself or herself as typically being a “good/in-control” person. (p. 135)

Furthermore, throughout our socialization, rewards and punishments are differentially dispensed to us based on how our behaviors measure up (or fail to measure up) to socially recognized standards of performance. We believe that, as a consequence of these learning experiences, the individual ultimately becomes motivated to preserve and promote the “good/in-control” self-theory (see also, Arkin & Baumgardner, 1986; Greenwald, 1980; Langer, 1983, Snyder et al., 1983; Tay-
lor & Brown, 1988). Equally important is the apparent fact that people especially strive to maintain their “good/in-control” self-theories when they are confronted with disconfirming or contradictory evidence.

The Illusion Exchange

For purposes of conceptual clarity, control motives may be thought of as largely operating on the linkage-to-act appraisal dimension, while positive image motives may be thought of as largely operating on the valence-of-act appraisal dimension (Snyder, 1989). This bifurcated model, however, represents a simplification of a more complex, interactive system. Earlier, for example, we argued that, when considered in isolation from one another, neither valence-of-act appraisals nor linkage-to-act appraisals provide the individual with much useful information in judging the tenability of their personal theories of self. It is only when an outcome is “mapped” onto the matrix formed by crossing the two appraisal dimensions (see Figure 5.1) that the individual can determine whether his or her good/in-control self-theory is being threatened. Once this mapping has occurred, any alteration of the individual’s position on either the linkage or valence dimensions will simultaneously affect the strength of the individual’s motivation (need) to effect alterations in the other dimension. As an illustration of this, consider Figure 5.2.

Figure 5.2 essentially replicates Figure 5.1 with the exception that we now have an individual, “Fred,” mapped onto the lower right quadrant of the matrix such that he is perceived (perceives himself) as being linked to a negative outcome. This represents a distinct challenge to Fred’s self-theory of being a good/in-control person. Now, imagine that, through some psychological slight of hand (e.g., he denies any connection with the outcome), Fred successfully shifts his perceived position on the linkage dimension to the lower left quadrant of the matrix (i.e., to Fred₁). Even though the perceived negativeness (valence) of the act remains unaffected, the threat to Fred’s self-theory has been assuaged and his motive (need) to alter the perceived negativeness of the act has been correspondingly diminished. Conversely, now imagine that Fred elects not to deny his role in the outcome but, rather, to lessen its perceived negativeness (e.g., through exonerative moral reasoning) and successfully locates himself in the upper-right quadrant of the matrix (i.e., at Fred₂).
Here the threat to Fred’s good/in-control self-theory has clearly been undermined and his motivation to cut his link to the outcome may collapse (indeed, he may now desire to increase perceptions of his linkage). Of course, Fred could elect to manipulate both the linkage (denial) and valence (exoratative moral reasoning) dimensions and relocate himself in the upper left quadrant of the matrix (i.e., at Fred).

Although it may be heuristically useful to think of the control and image motives as working primarily on the linkage and valence appraisal dimensions, respectively, in reality the interplay is more complex. In any event, the central thrust of this interactive matrix of appraisal dimensions and motives is that the individual attempts to increase his or her linkage to positive acts or outcomes and to decrease his or her linkage to negative acts or outcomes. Moreover, in the furthestance of these control and positive image motives, people not only perceive feedback from their environment in a self-serveingly biased fashion, but they also actively attempt to manipulate their own and others’ perceptions of self-relevant actions and outcomes in a process that has been called the illusion exchange (Snyder, 1989).

According to Snyder (1989), the linkage-to-act/valence-of-act matrix “is an exchange in the sense that it is where the individual ‘negotiates’ with the incoming reality of external feedback in order to preserve and enhance the personal theory of self” (p. 136). Although this statement places equal emphasis on preserving and enhancing the personal theory of self, our focus in this chapter is on excuse-making and, hence, on the self-protective use of the exchange to preserve the personal theory of self. In this vein, when people perceive that they are (or may be) linked to a negative outcome, they access the exchange in an attempt to (a) decrease their perceived linkage to the outcome and/or (b) decrease the perceived negativeness of the outcome to which they are linked.

Snyder’s (1989) discussion of the illusion exchange focused both on excuse-making and hoping. In contrast to excuse-making, which is self-protective and largely seeks to decrease the individual’s causal linkage to negative acts or outcomes, Snyder conceives of hoping as an acquisitive or self-enhancing process whereby the individual seeks to increase his or her causal linkage to positive outcomes or goals. Although there is one type of excuse-making, self-handicapping, which
is theoretically capable of increasing an individual's causal linkage to positive outcomes (Berglas, 1988; Jones & Berglas, 1978), the effects of excuse-making are typically of the self-protective variety.

The linkage/valence exchange is an illusion exchange in the sense that the individual either perceives his or her linkage to (or the negativity of) the "bad" act in a biased and esteem-preserving fashion (Higgins & Snyder, 1989; Snyder & Higgins, 1988a; Taylor & Brown, 1988), and/or attempts to create biased perceptions in the eyes of others (Snyder et al., 1983). It is also frequently an illusion exchange at a secondary level. As we have argued elsewhere, the excuse-making individual is motivated to remain unaware of his or her excuse efforts (Snyder et al., 1983) and, more often than not, self-deceptively regards them as reasons, explanations, or "truths" (Higgins & Snyder, 1989; Snyder, 1985a; Snyder & Higgins, 1988a, 1988b). In effect, then, the excuse-maker is negotiating a biased view of the excuses themselves. This secondary level of the illusion exchange appears to be especially successful when the individual is under no obligation to verbalize his or her excuse to an external audience or when the excuse resides in some relatively enduring physical or psychological attribute of the individual (Higgins & Snyder, 1989; Snyder & Higgins, 1988c).

**Summary**

In the preceding sections we have characterized reality negotiation as relating to the individual's motivated manipulation of linkage-to-act and valence-of-act appraisal dimensions, and have described the process as an "illusion exchange." In the words of Snyder (1989), "The process of employing the illusion exchange so as to uphold the personal theory of self is [italics added] reality negotiation" (p. 136).

The capacity for growth and development is one of the defining characteristics of all living things and, we would argue, of the psychological and physical health of people as well. However, the healthily developing individual's need for change must exist in some kind of balance with his or her countervailing need for stability and security (Maslow, 1968). When viewed in proper perspective, the reality-negotiation process we have described above should not be regarded as a means for the individual to maintain a kind of psychological stasis but, rather, as a means for the individual to exercise some control over his or her rate and direction of change (cf. Janoff-Bulman & Timko, 1987). The very notion of negotiation implies that the "healthy" individual manages to maintain sufficient reality contact to continue to function reasonably. In the words of Snyder and Higgins (1990), the task of the individual is to "achieve a biased compromise between what we want to perceive about ourselves and what outside persons will not seriously question [italics added]" (pp. 212–213).

**EXCUSE-MAKING AND REALITY NEGOTIATION**

**Definitional Issues**

In several of our recent writings (e.g., Higgins & Snyder, 1989; Snyder & Higgins, 1988a), we have employed a definition of excuse-making that emphasizes the motivated "shifting of causal attributions for negative personal outcomes from sources that are relatively more central to the person's sense of self to sources that are relatively less central, thereby resulting in perceived benefits to the person's image and sense of control" (Snyder & Higgins, 1988a, p. 23). This definition clearly targets the linkage-to-act appraisal dimension as the focus of excuse-based efforts at reality negotiation and ignores the valence-of-act appraisal dimension. In effect, this definition returns to a definition of excuse-making that has been common in the impression-management literature, where a distinction has typically been made between excuses and justifications (Schlenker, 1980; Scott & Lyman, 1968). We say that this definition "returns" to the traditional impression management distinction between excuses and justifications because in our book, *Excuses: Masquerades in Search of Grace* (Snyder et al., 1983), we used a definition of excuse-making that subsumed justifications: "Excuses are explanations or actions that lessen the negative implications of an actor's performance, thereby maintaining a positive image for oneself and others" (p. 45). According to Tedeschi and Riess (1981), for example, "Excuses are explanations in which one admits that the disruptive act is bad, wrong, or inappropriate but dissociates himself from it. Justifications are explanations in which the actor takes responsibility for the action but denies that it has the negative quality that others might attribute to it" (p. 281). Within this framework, it is the justifi-
cations that target the valence-of-act appraisal dimension.

Previously, we have taken the position that excuse-making is an overarching self-protective process (Higgins & Snyder, 1990; Snyder & Higgins, 1990; Snyder et al., 1983), and we will employ a definition of excuse-making here that explicitly includes both the linkage-to-act and valence-of-act dimensions. Specifically, in the present context, we regard excuse making as the following:

- including the motivated processes of (a) diminishing the perceived negativity of esteem-threatening outcomes, and (b) shifting causal attributions for negative personal outcomes from sources that are relatively more central to the person's sense of self to sources that are relatively less central. (Higgins & Snyder, 1990, pp. 73–74)

**Motivating Excuses: The Linkage/Valence Matrix**

Excuse-making motives are stimulated whenever an individual perceives him or herself to be linked to an act or outcome that occupies a position on the negative end of the valence-of-act continuum. Such a situation is illustrated in Figure 2 for Fred (see lower right quadrant). Generally speaking, the strength of the excuse-making motives should be roughly proportional to (a) the strength of the individual's linkage to the act or outcome, and (b) the perceived negativity of the act or outcome.

**Factors Affecting Perceived Linkage**

There appear to be a number of important determinants of the strength of the individual's perceived causal role in effecting outcomes. According to Kelley (1967), for example, attributions concerning the causes of events are most likely to focus on those aspects of the environment that covary with the outcomes of interest. Specifically, an individual is more likely to be seen as playing a causal role if he or she is associated with similar outcomes under differing circumstances (low distinctiveness), if he or she is often associated with similar outcomes in the same circumstances (high consistency), and if other people in the same situation are only rarely or never associated with similar outcomes (low consensus). (Also see Jones & Davis's, 1965, discussion of category- and target-based expectancies.) Subsequently, Kelley (1971) added the principles of discounting and augmentation to his theory. The discounting principle states that when there is more than one plausible cause for an outcome the attribution to any one of those causes will be weaker than if it stands alone. Conversely, the augmentation principle states that causal attributions to an individual may be strengthened if the outcome he or she is associated with occurred despite the presence of inhibiting influences (cf., Jones & Berglas, 1978).

While Kelley's (1967) covariance theory focuses on the assignment of causality for oneself and others, Jones and Davis' (1965) theory of correspondent inferences largely concerns itself with how people form judgments about the intentions and dispositions of others. If, for example, an individual had the ability to produce certain consequences and foresaw them, Jones and Davis' theory predicts that external audiences will judge the individual as having intended to produce the consequences. Moreover, the audience might be expected to form a dispositional attribution—that is, a judgment regarding the individual's general tendencies to produce such consequences across situations and time. In a similar vein, if an action has unique consequences relative to those of other possible actions, there is an increased likelihood that those consequences will be regarded as the goal of the action (i.e., that the consequences were intentionally produced). Such judgments of intentionality and foreseeability, whether or not they lead to supplementary dispositional attributions, should be reflected in enhanced perceptions of causal linkages.

Finally, there is one other set of circumstances that appears to enhance perceptions of causal linkage and has special relevance to our focus on the role of excuses in coping with illness. Specifically, if external observers believe that a particular victimization experience could happen to them (i.e., it has situational relevance, Shaver, 1970), they tend to increase their assignment of causality to the victim, especially if they can construe themselves as being dissimilar to the victim (e.g., Burger, 1981; Chaiken & Darley, 1973). Attribution theorists typically explain victim-blaming as deriving from observer's efforts to cognitively defend themselves against the threat that similar misfortunes could befall *them* (e.g., Thornton, 1984). In other words, if victims are regarded as somehow responsible for their own victimization experiences, the observers can feel less personally threatened.
Factors Affecting Perceived Valence

We have previously defined a "bad" act as "any action or behavior on the part of a person that falls below the standards that have been established as being typical for that person or people in general" (Snyder et al., 1983, pp. 39-40). Obviously, the further an act or outcome falls short of accepted standards, the more negative it is perceived as being. By the same token, the more clearly defined the standards for acceptable performance become, the more likely it is that outcomes that fall short of those standards will be regarded negatively (Snyder, 1985b). Also, it can be expected that as a person's level of ego- or esteem-involvement in a performance increases, so will his or her perceptions of the negativity of doing poorly (e.g., Carson, 1969; Walster, Walster, & Berscheid, 1978; Wicklund & Brehm, 1976). Perhaps more important, however, are a number of factors that increase perceived negativity and illustrate the highly interactive nature of the valence-of-act/linkage-to-act matrix.

The most readily apparent tie-in between the valence and linkage dimensions can be seen in the interrelated factors of intentionality, controllability, and foreseeability. Certainly, a person who foresees an outcome, has control over it, and/or intends to produce it may be seen as having a strong causal link to it (see above discussion). Interestingly, these factors also are associated with increased perceptions of the negativity of acts (e.g., Darley & Zanna, 1982; Rotenberg, 1980; Shaw, 1968; Shaw & Reitan, 1969; Sulzer & Burglass, 1968), as well as with greater anger and disliking toward the perpetrators of the acts (e.g., Weiner, Amirkhan, Folkes, & Verette, 1987). In this same vein, we have noted that Kelley's (1967) analysis of covariance theory of attributions specifies conditions under which an individual will be regarded as a causal agent. If such conditions as the consensus, distinctiveness, and consistency of the outcomes become translated into inferences concerning foreseeability, intentionality, and controllability (Jones & Davis, 1965), it can be expected that causal inferences will be associated with increasingly severe judgments concerning the negativity of the acts and their perpetrators (e.g., Weiner et al., 1987). Similarly, it might be expected that conditions that increase the likelihood of victim-blaming (see above discussion of factors increasing causal linkages) also will tend to increase the negativity of reactions to illness victims and their illnesses.

Audiences for Excuse-Making

Once an individual's image and sense of control have been sufficiently threatened by actual or anticipated links to a negative outcome, the excuse-making/reality-negotiation process is set in motion. Perhaps one of the earliest and most significant discriminations the excuse-maker must make is in terms of its impact on the subsequent course of the reality-negotiation process is whether or not external audiences are involved.

Relatively early in our thinking about excuse-making, we argued that excuse-makers would be motivated to remain unaware of their excuses if for no other reason than that remaining unaware would absolve them of having yet another negative act for which they must be accountable (Snyder et al., 1983). As our thinking has developed, however, we have come to regard excuse-making that is directed purely at the internal audience of the self to occur largely below the level of conscious awareness without the individual's having to "suppress" his or her awareness (e.g., Higgins & Snyder, 1989; Snyder & Higgins, 1988a). In effect, the individual's private excuse attributions tend to be reflexively honored because they are consistent with his or her good-in-control self-theory. The reality-negotiation process becomes more complicated primarily when external audiences enter the picture.

The presence of an external audience usually, though not always, requires the individual to give voice to his or her excuse attribution. (In many instances, excuse attributions may be physically i.e., nonverbally manifested. See Snyder and Higgins (1986c) for an additional discussion of this issue). This automatically curtails opportunities for reflexive self-deception regarding excuse-making and entails a more aware and active negotiation process both within and among the protagonists (Snyder & Higgins, 1988a). In this regard, there is growing evidence that people sometimes knowingly withhold the "true" reasons for their behavior (Folkes, 1982; Weiner et al., 1987, experiment 1) and instead present excuse attributions that effectively minimize negative responses on the part of their target audiences (e.g., Tetlock, 1981; Weiner et al., 1987).

The internal reality-negotiation process in such instances is revealed in findings such as those reported by Folkes (1982) in which the true reasons for social rejection were ostensibly withheld in order to avoid damaging a rejected individual's self-
esteem (see also Weiner & Handel, 1985). The rejecting individuals appear to have negotiated their internal reality by identifying socially acceptable, even praiseworthy reasons for their deceit. Such excuses target the valence-of-act appraisal dimension and may go a long way toward explaining why external audiences often appear to be willing collaborators in the excuse-making individual's reality-negotiation efforts. In other words, people seem inclined to be particularly accepting of feedback or information that supports their own good/in-control self-theories (cf. Brown, this volume; Snyder, in press; Taylor & Brown, 1988). This dynamic may have particular relevance to illness victimization experiences where external audiences are ''primed'' to ego-defensively respond favorably to excuses that diminish the perceived severity of outcomes that could happen to them. However, even in situations where external audiences are not personally affected by the excuse-maker's excuse attributions, their tendency to be positively biased toward others (e.g., Schneider, Hastorf, & Ellsworth, 1979; Sears, 1983) and to deliver primarily positive feedback (e.g., Tesser & Rosen, 1975) typically makes them de facto collaborators with the excuse-maker's reality-negotiation efforts.

**EXCUSE-MAKING, REALITY NEGOTIATION, AND HEALTH**

We turn now to a consideration of the relationship of excuse-mediated reality negotiation to the process of coping adaptively with serious illness. We have recently reviewed evidence concerning the effects of excuse-making on such diverse concerns as negative affect, depression, self-esteem, performance, and health (Snyder, in press; Snyder & Higgins, 1988a, 1988b), but for our illustrative purposes we will focus only on findings related to health.

**Health Maintenance**

There are several findings suggesting that excuse-making may be positively related to the maintenance of health. One of these findings (i.e., Leary, 1986) stems from an experimental investigation of the effects on pulse-rates of having a handicapping excuse attribution available during a stressful social interaction. Self-handicapping has recently been defined by Snyder (in press) as follows:

Self-handicapping is a process of preserving the personal theory of self, wherein the person, experiencing uncertainty about success in an anticipated important performance arena, utilizes seeming impediments in order to (1) decrease the linkage to that impending performance should it prove to be poor (i.e., discounting), and (2) increase the linkage should the performance prove to be good (augmentation). (p. 16 in manuscript)

Leary (1986) examined the effects of a situation-imposed handicap on high and low socially-anxious subjects' responses to a social interaction task. College student subjects participated in a social interaction task in the presence of a background noise that was described as either distracting (handicapped condition) or not distracting (control condition). Pulse rates measured during the course of the social interaction revealed that subjects (particularly highly socially anxious subjects) in the distracting noise condition had lower pulse rates and lower pulse rate changes relative to baseline in comparison with subjects in the non-handicapping control condition.

A second body of literature relating excuse-making tendencies to health-maintenance effects derives from research flowing out of investigations of the reformulated theory of learned helplessness (Abramson, Seligman, & Teasdale, 1978; Burns & Seligman, in this volume; Peterson & Seligman, 1984; Seligman, Abramson, Semmel, & von Baeyer, 1979). In general, this theory states that learned helplessness in the wake of negative events is most likely to ensue if people make internal (I), stable (S), and global (G) attributions for those events and least likely to ensue if people make external (E), variable (V), and specific (S) attributions. Elsewhere, we have referred to this latter, EVS, pattern of attributions for negative events as the prototypical excuse-making pattern (Snyder & Higgins, 1988a, p. 25). Of course, learned helplessness is thought to be associated with the occurrence of depression (e.g., Peterson & Seligman, 1984), but it also is believed to have repercussions for performance and health. It is to consideration of this latter literature that we now turn.

Seligman (1986) reported the results of several studies relating excuse-making attributional styles to health maintenance effects. In a longitudinal study, 28 women were solicited in 1943 for their explanations of their worst events during 1942, and these explanations were subsequently rated on the attributional dimensions of global/specific
and stable/variable (Elder, Bettes, & Seligman, 1982). Again, in 1970, these women provided attributional explanations for the events of 1969 and also reported their health. The women's attributional patterns for 1942 were significantly and positively correlated with their attributions for 1969 ($r = .44$) and, in addition, variable and specific attributions in 1942 significantly predicted health in 1970 (no statistics are reported for this latter effect).

Seligman (1986) also reported a second longitudinal study in which raters read the sports page quotations from Hall-of-Fame baseball players who played between 1900 and 1950 and generated ISG/EVS scores for both the good and bad performances of each player. The dependent variable was the players' ages at death, which, remarkably, correlated positively with both EVS attributional patterns for bad performances ($r = .26, p < .08$) and with ISG attributional patterns for good performances ($r = .45, p < .01$). Finally, Seligman (1986) reported a study that found that elderly people with EVS as opposed to ISG attributional patterns displayed better immune system functioning (no statistical analyses were reported for this result).

In yet another longitudinal study (Peterson, Seligman, & Vaillant, 1988; also see Seligman, 1986), 99 Harvard graduates in 1946 provided descriptions of difficult wartime experiences. These descriptions were subsequently rated for internal/external, stable/variable, and global/specific attributions. In addition, physical health scores (based on physician reports) were derived for the men beginning at age 25 (in 1946) and every 5 years thereafter until age 60. The results indicated that an excuse-making (EVS) attributional style for the wartime experiences reported in 1946 significantly predicted later physical health—especially from ages 45 to 60—even after health at age 25 was statistically controlled.

The findings from the above longitudinal studies provide strong support for the notion that an excuse-making explanatory style for negative life events is associated with superior health maintenance among people who were relatively healthy at the beginning of the studies (i.e., Peterson et al., 1988; Seligman, 1986). In addition, at least two potential mechanisms through which such excuse-mediated benefits may accrue have been identified (i.e., reduced pulse rates in stressful situations, [Leary, 1986] and enhanced immune system functioning [Seligman, 1986]). Although the correlational nature of most of these findings makes it hazardous to render conclusions regarding the causal role of excuse attributions in producing the observed health effects, the findings are, nonetheless, consistent with the hypothesized role of excuses in moderating the effects of threats to self-theories (Snyder & Higgins, 1988a, 1988b).

Coping with Existing Illness

Although the literature is fairly consistent with regard to the beneficial effects of excuse-related attributions on maintaining health, the picture with regard to the causal attributions that are associated with adaptive coping with existing illness is more differentiated. For example, Tennen, Affleck, Allen, McGrade, and Ratzan (1984) in a study of children with insulin-dependent diabetes found that those who viewed the onset of their disease as due to internal, variable, and specific factors were rated by their physicians as coping better than children who attributed the beginning of their disease to external, stable, and global factors. By the same token, the adjustment and rehabilitation of both severely disabled (Bulman & Wortman, 1977) and less severely disabled (Brewin, 1984) victims of industrial accidents has been found to be better for those who attributed causation to themselves than for those who attributed causation to others. In fact, Brewin (1984) reported that those workers whose injuries resulted from accidents that were the least foreseeable and controllable (i.e., most excusable within a personal framework) tended to have the least favorable rehabilitation, whereas workers who reported believing that they were causally responsible appeared to show superior adaptation.

Similar findings relating self-blame to better adaptation have been reported among mothers with acutely ill or handicapped children (Affleck, McGrade, Allen, & McQueeny, 1985) and among breast cancer patients (Timko & Janoff-Bulman, 1985). In other studies of breast cancer (Taylor, Lichtman, & Wood, 1984) and renal failure patients (Witenberg, Blanchard, Suls, Tennen, McCoy, & McGoldrick, 1983), no relationship has been observed between self-blame and adjustment, although Taylor et al. (1984) reported that current beliefs that one could control cancer were associated with good adjustment. In contrast to the above findings indicating that self-blame is associated with positive rehabilitation outcomes (or, at worst, has no association with outcome),
it has been consistently found that blaming others is associated with poor adjustment and rehabilitation to illness (e.g., Affleck, Allen, McGrade, & McQueeney, 1982; Affleck, McGrade, Allen, & McQueeney, 1985; Affleck, Tennen, Croog, & Levine, 1987a; Bulman & Wortman, 1977; Taylor et al., 1984; Tennen, Affleck, & Gershman, 1986; Timko & Janoff-Bulman, 1985), though not necessarily to injury (e.g., Brewin, 1984; Frey, Rogner, Schuler, & Korte, 1985; Nelson & MacDonald, 1988).

Although findings such as these appear, at first glance, to contradict our model of excuse-making and reality negotiation in the process of coping with negative life events, we will develop the thesis that they fit rather comfortably within that model.

Illness and the Linkage/Valence Matrix

The advent of serious illness in an individual’s life obviously is an outcome with a distinctly negative valence—and one to which the individual is indisputably linked. Moreover, within an attributional framework, it may often be the case that the affected individual, and/or external audiences, perceive the linkage to be a causal one. Heider (1958), for example, speculated that misfortunes will often be attributed to the individual’s blameworthiness, and subsequent research on victim blaming has supported Heider’s thinking (e.g., Burger, 1981; Howard, 1984; Janoff-Bulman, 1982; Thornton, 1984).

Historically, research on victim-blaming has been heavily influenced by the “just world” (Lerner, 1970, 1980) and defensive attribution hypotheses (Walster, 1966; Shaver, 1970), which have been regarded as reflecting two parts of the same attributional strategy (Burger, 1981; Thornton, 1984). Whereas the “just world” hypothesis states that people need to maintain a belief that they live in a just world where bad things only happen to those who deserve them, the defensive attribution hypothesis argues, in part, that people distort their causal attributions regarding negative outcomes in order to maintain the belief that the outcome was controllable and, therefore, avoidable for them (i.e., harm avoidance; Shaver, 1970). Moreover, the more negative the outcome is, the more causal responsibility will be assigned to the victim (Walster, 1966). To a large extent, such causal attributions should also characterize the victims themselves due to their attributional efforts to maintain a sense of control over their worlds (e.g., Kelley, 1967; Taylor, 1983; Tennen et al., 1986). From the perspectives of both the affected individual and external audiences, therefore, illness (especially serious illness) should represent a threat to the individual’s good/in-control self-theory and serve as an instigation for excuse-making in the service of reality negotiation.

Negotiating Linkages

Findings that self-blame is associated with better adjustment to misfortune are frequently attributed to the importance people place on maintaining a sense of behavioral control over their lives and destinies (e.g., Taylor, 1983; Tennen et al., 1986). From our perspective, however, such efforts to maintain a sense of primary control (Rothbaum, Weisz, & Snyder, 1982) also may be regarded as linkage excuses. Believing that one can control the course or outcome of an illness or disease, for example, may be regarded as a consistency-lowering and/or a distinctiveness-raising excuse, depending on one’s point of view (Kelley, 1971; Snyder et al., 1983). In a similar vein, attributing one’s illness or misfortune to one’s behaviors or actions (behavioral self-blame) as opposed to one’s character or enduring traits (characterological self-blame; Janoff-Bulman, 1979) may be regarded as “shifting causal attributions for negative personal outcomes from sources that are relatively more central to the person’s sense of self to sources that are relatively less central” (see previous definition of excuse-making).

From the vantage point of reality negotiation, the above types of excuses seem especially well suited to serve the individual’s need to preserve his or her good/in-control self-theory. Within the individual’s personal frame of reference, for example, behavioral self-blame serves to simultaneously maintain the belief that he or she is capable of exercising effective control over his or her life and to delimit the search for causal explanations to aspects of the individual’s behavior as opposed to aspects of the individual’s dispositional characteristics. Perhaps equally important is that such behavioral self-blame honors an external audience’s need to defensively regard such misfortunes as “deserved” (Lerner, 1970, 1980) while helping them nurture their own comforting illusions that similar misfortunes are somehow avoidable in their own lives (Shaver, 1970; Walster, 1966).

Earlier in this chapter we suggested that one of
the primary tasks facing the reality-negotiating individual is to arrive at a self-serving answer to his or her dilemma that will not be seriously questioned by external audiences. As noted above, engaging in behavioral self-blame appears to provide an elegant solution for this problem. It is a solution, moreover, that seems particularly well designed to maximize the individual's chances of maintaining his or her social support networks at a time that such support may be critical to adaptive coping or successful rehabilitation.

**Negotiating Valences**

To this point in our discussion, we have focused primarily on linkage and control issues as they relate to adaptation, excuse-making, and reality negotiation. As we have emphasized throughout this chapter, however, valence information plays a critical role in the appraisal of self-theories—and provides an important avenue of action for excuse-based reality negotiation. There is growing evidence that valence-shifting excuses may play an important role in successful adaptation to illness.

Taylor, Wood, and Lichtman (1983) have reviewed a number of cognitive coping strategies (e.g., downward social comparison, selecting self-serving comparison dimensions, creating hypothetical worse worlds, manufacturing standards of adjustment) that may be thought of as having valence-shifting properties for victims of various types of misfortunes. Affleck, Tennen, Pfeiffer, and Fifield (1988), for example, found that rheumatoid arthritis patients who made pronounced downward social comparisons were rated as displaying more positive adjustment.

Recent theory and research on coping with traumatic events has emphasized the adaptive value of finding meaning in those events (Thompson & Janigian, 1988). Successful efforts to find positive meaning have been associated with better adaptation following the loss of a child (Chodoff, Friedman, & Hamburg, 1964), following incest victimization (Silver, Boon, & Stones, 1983), following loss of homes in fires (Thompson, 1985), and having children with severe perinatal complications (Tennen et al., 1986) or experiencing a lightning strike (Dollinger, 1986). Of more direct relevance here, however (given our primary focus on coping with illness), are findings of better adaptation following successful searches for meaning in women with breast cancer (Taylor et al., 1984), and in heart attack (Affleck et al., 1987a) and stroke vicitims (Thompson, Sobolew-Shubin, Graham, & Janigian, 1989). Consistent with our thinking about the role of excuse-making and reality negotiation in the process of preserving personal self-theories, such findings as these have been theoretically linked to the role of finding meaning in preserving or restoring "positive assumptions about the world and the self" (Thompson & Janigian, 1988, p. 261).

Within our framework, efforts to exercise secondary control (Rothbaum et al., 1982) by finding positive meaning in adverse outcomes may be regarded as efforts at excuse-making aimed at the valence dimension of self-theory appraisal. By identifying positive aspects or benefits associated with a misfortune (a type of reframing, Snyder et al., 1983), its negative is lessened and the threat to the self-theory is diminished. Interestingly, one would typically expect the reality-negotiation process vis-a-vis both the internal audience of the self and any external audience to proceed quite smoothly in such instances. Concerning the internal audience, finding positive meaning in adversity clearly serves to preserve the good-self image and, in addition, may help to define positive goals (cf. Snyder, 1989). With regard to the external audience, one would expect them to react positively to any help the "victim" might give them in diminishing the severity of vicariously experienced threats to their own good/in-control self-theories (cf. Shaver, 1970; Walster, 1966). As yet untested predictions flowing from this line of reasoning are that external audiences who are made aware of the positive meaning that illness victims find in their suffering (a) should rate the illness as being less serious and (b) should judge the victim to be less causally responsible for their illness (cf. Walster, 1966).

**CONCLUDING SPECULATIONS**

Within a temporal framework, it is likely that coping with illness often involves progressing through a series of stages, including the individual's appraisal of the severity of the threat and his or her resources for dealing with that threat (e.g., Lazarus & Folkman, 1984), as well as possibly having to disengage from previous goals and become invested in new goals (e.g., Klinger, 1977). During the early, threat-appraisal stages, the evidence suggests that people may engage in a concerted effort to identify potential causes and treatments for their disorder (e.g., Fay, 1983), with the
number of causal attributions entertained being somewhat proportional to the severity of the perceived threat (e.g., Affleck, Tennen, Croog, & Levine, 1987b; see also Affleck, Allen, Tennen, McGrade, & Ratzan, 1985; Tennen et al., 1986). Ultimately, of course, many people settle on some subset of causal attributions that facilitate their adaptation, while others adopt attributions that appear to impair their adaptation (see above discussion of other-blame, for example). Our concluding remarks are addressed to a consideration of how the excuse-making/reality-negotiation process may ultimately serve this latter group of sufferers.

We have argued that being diagnosed as having an illness is tantamount to being linked (perhaps causally) to a negative outcome and represents a threat to the individual's good/in-control self-theory. It is apparent that, in the case of chronic or recurring illness, the original diagnosis or illness episode often represents only the first of a perhaps lengthy series of threatening experiences. Over time, many people will receive either interpersonal (e.g., from physicians, family members, or friends) or more tangible (e.g., recurrences of illness) feedback that they are not coping adequately. Each successive episode of such feedback once again links the individual to a negative outcome (now the act of not coping adequately) and threatens anew the good/in-control self-theory.

In theory, the excuse-making/reality-negotiation principles we have outlined apply as much to such recurrences as to the original illness episodes. The ability of the affected individuals to accommodate themselves to such threatening, change-inducing information, for example, may be significantly enhanced by such linkage-shifting attributions as, "I haven't been trying hard enough to follow the doctor's orders," or, "I've been using the wrong strategy." Similarly, such valence-shifting excuse strategies as downward social comparison (e.g., "Other people with similar problems aren't doing as well as I") or finding new meaning in the recurrence may often be employed. As an illustration of this latter point, Affleck et al. (1987a) reported that men who had survived a second heart attack were more likely than men who had not had second heart attacks to report benefits from their "experience."

In the end, of course, those individuals who cope satisfactorily with serious illness are likely to be more able to identify and invest themselves in pursuing positive life goals. As we have attempted to demonstrate in this chapter, the potential of excuse-mediated reality negotiation may be one important avenue through which people are able to get beyond being preoccupied with the negative aspects of their experience and to productively live the lives they have. In this latter sense, our outcome in the game of life depends not only on the cards that we have been dealt, but also on how we play out our hands.

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