

"Bad" Things Reconsidered

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Manuscript Prepared for the 2019 Sydney Symposium of Social Psychology:
Applications of Social Psychology

April 2019

Abstract

When bad things happen to people—like placement on academic probation, experiencing symptoms in a medical treatment, or having difficulties with a baby—people can risk drawing negative, even catastrophic or stigmatizing inferences about themselves, other people, or their prospects. Ironically, these inferences can become self-fulfilling and undermine people’s outcomes over time. Yet this response is not inevitable; moreover, we suggest, institutions can play a critical role in helping people with whom they interact understand challenges in more adaptive ways that support better outcomes. Here we describe five principles with which to forestall predictable pejorative inferences in response to challenges. Using examples from education, health, and other settings, we highlight how these principles have been put to use to help people succeed in diverse areas of their lives, sometimes years into the future. Further, we describe design and development steps that can be used to understand how people make sense of specific challenges in a setting and support the development of effective interventions. When institutions improve common practices to help people reconsider bad news, they both better achieve institutional goals and help individuals thrive.

"Bad" Things Reconsidered

I'm singin' in the rain
Just singin' in the rain
What a glorious feeling
I'm happy again
I'm laughin' at clouds
So dark up above
The sun's in my heart
And I'm ready for love
Let the stormy clouds chase
Everyone from the place
Come on with the rain
I've a smile on my face
I'll walk down the lane
With a happy refrain
Just singin'
Singin' in the rain

-Gene Kelly, *Singin' in the Rain* (1952)

Bad things happen. And when they do, it's good to know that they can happen to everyone; that they don't make you a bad person; and that they need not portend future problems.

In "Singin' In the Rain," Debbie Reynolds (playing Kathy Selden) says to Gene Kelly (playing Don Lockwood), "This California dew's a little heavier than usual tonight." Kelly responds, "Oh really? From where I stand, the sun is shining all over the place." How can we help people find a perspective to see light where only darkness is commonly found?

Every day, people struggle or get criticized in school or at work; they feel nauseous from medical treatments; or they get mad at their kids. And when bad things happen, people can react badly. They can draw negative conclusions about themselves, other people, or their future prospects. Those inferences often lead people to behave in ways that are maladaptive and self-reinforcing, and that have the effect of undermining their outcomes over time.

Yet if the struggles people experience arise, in part, from the interpretations they draw, we have an opportunity. “Wise” psychological interventions can help reframe challenges so people can sing in the rain (Fig. 1; Walton & Wilson, 2018). As we will see, randomized controlled field trials in diverse contexts, from education to health to close relationships, have found that messages and experiences that anticipate and forestall predictable pejorative interpretations can help people function better and achieve their goals over time. For instance:

- Reframing placement on academic probation can reduce shame and stigma and help college students recover (Brady, Fotuhi, Gomez, Cohen, Urstein, & Walton, in prep).
- Reframing side symptoms of treatment for peanut allergies can improve patient outcomes (Howe et al., 2019).
- Reframing challenges with a new baby can prevent child abuse (Bugental, Ellerson, Lin, Rainey, Kokotovic, & O’Hara, 2002).

In each case, people risk viewing a challenge in negative, even catastrophic ways—evidence that they will never belong or succeed in college, that they will never overcome a serious allergy, that they are a bad parent. Standard messages often permit, and sometimes reinforce, such toxic views. Yet more neutral, even positive ways of viewing the very same experience are possible. In each case, well-designed efforts to reframe the experience in authentic and nonpejorative ways improved outcomes for individuals, collectives (e.g., a parent and child), and/or institutions (e.g., for a school, or hospital).

Figure 1. Gene Kelly in “Singin’ In The Rain” (1952)



Often people experience bad events in institutional contexts, including in direct response to messages sent by institutional actors. A student is told of her poor performance by a school official. She looks to the official to learn what probation means to the institution and how the institution regards her now. A patient hears a medical prognosis from his doctor. He looks to the doctor to learn how to interpret his experience. In general, people do not draw interpretations on their own; rather, meanings are formed in social contexts and shared with others. Thus, institutions have a special role and obligation to shape how people understand challenges they face productively (cf. Murphy, Kroeper, & Ozier, 2018). Yet institutions often overlook this responsibility. They often act as though all they are conveying to people is an objective circumstance—the placement on probation, the possibility of side effects of a

treatment. The irony is that institutions typically share the same goals as their constituents and want them to succeed. When they fail to help people make good sense of bad events, they undermine their own outcomes.

In this chapter, we will review the science behind people’s interpretations of bad events and the opportunities for improvement this work affords. We begin by comparing the kinds of interventions we focus on here—which address how people make senses of specific experiences—with broader “mindset” interventions. Next, we review paradigmatic interventions that recast bad events to improve outcomes. Finally, we close by discussing how institutions can anticipate when people risk drawing pejorative and self-undermining interpretations and design and development processes to understand people’s experience in a given context and improve outcomes.

What is “Bad”?

Before proceeding, let us define “bad.” We put the term in quotes because we will refer to events that readily or predictably lead people to draw global or fixed pejorative interpretations of themselves, other people, a situation they are in, or a social context. Indeed, a major implication of the research we review, as well as of mindset interventions more generally, is that a primary reason why “bad” events are bad is because of the interpretations commonly drawn from them. A Friday night to yourself is not so bad of itself. But if you are a first-year college student and think that it means that you are excluded from the social scene at your college it may be deeply upsetting (Walton & Cohen, 2011). Even placement on academic probation may not be so bad unto itself; after all, a student placed on probation presumably already knows that she is struggling; further, the placement may well come with resources,

such as access to advising and support programs, to promote recovery. What may be shameful and stigma-inducing is the concern that probation reflects a negative judgment from the institution, that it is a marker of difference and deficiency. An occasional feeling of nausea is part of being human. But if that nausea means your peanut allergy is resisting treatment, the consequences may be life-altering—and that prospect is what is threatening.

Mindset Interventions vs. Reframing “Bad” Events

Our emphasis on how people make sense of “bad” events draws on “mindset” interventions but differs in important respects. Both approaches target specific ways people make sense of themselves, others, or a social situation to improve outcomes (i.e., are psychologically “wise,” Walton & Wilson, 2018). Further, many mindset interventions address how people make sense of challenges they face. However, whereas we focus on the representation of specific events and experiences, mindset interventions address individuals’ broad beliefs (i.e., “mindsets”), which can shape how people interpret and thus respond to whole classes of experiences. These include beliefs about whether a quality of people can change or is fixed, beliefs about whether something (e.g., stress) is positive or negative, and beliefs about whether challenges are normal and can improve or are specific to oneself. For instance, one hour-long intervention early in college represented varied challenges to belonging in general as normal in the transition to college and as improving with time. This exercise raised African American students’ achievement over the next three years, cutting the racial achievement gap in half (Walton & Cohen, 2011). The breadth of such “mindset” interventions gives them, by definition, a special power. This social-belonging intervention, for instance, can shape how students make sense of many events in the stream of daily social experience,

preventing a wide range of trials and tribulations—like a conflict with a roommate, critical feedback from an instructor, or feelings of loneliness on campus—from seeming to mean that they do not belong in general in college (Walton & Cohen, 2007; Walton, Logel, Peach, Spencer, & Zanna, 2015). Other important mindsets include people’s beliefs about the malleability of intelligence, which can enhance resilience and learning in the face of academic setbacks (Dweck & Yeager, 2019); beliefs about whether stress is enhancing or debilitating, which can improve performance and health (Crum, Salovey, & Achor, 2013); beliefs about whether personality can change, which can help adolescents cope with bullying and improve health and school outcomes (Yeager, Johnson, Spitzer, Trzesniewski, Powers, & Dweck, 2014); beliefs about whether body weight is changeable, which can improve weight management especially in the face of setbacks (Burnette & Finkel, 2012); and beliefs about the adequacy of the self, which can improve functioning in situations of psychological threat and thus, for instance, raise school achievement among those who face systematic threats based on group identity (Cohen & Sherman, 2014). Other examples include the idea that willpower is not limited and reliant on an easily depleted resource, which predicts sustained self-regulatory efforts (Job, Dweck, & Walton, 2010; Job, Walton, Bernecker, & Dweck, 2015) and, even, the idea that winter is “delightful,” which predicts life satisfaction and mental health in Tomsø Norway, 69° north, a city of more than 75,000 that receives no direct sunlight in the middle of winter (Leibowitz & Vittersø, 2019).

Mindset interventions of various sorts can and have been embedded productively in institutional contexts. Yet despite their power, they can be an awkward fit for institutions. Institutions and institutional actors are not social psychologists who begin each day thinking

about the belief systems of those with whom they interact; typically, they are focused on day-to-day happenings. What *is* in their wheelhouse is constructing daily experiences and communicating routine information to people. It is a school administrator's job to communicate a probation status to a struggling student. It is a doctor's job to communicate a diagnosis or course of treatment to a patient. Institutional actors do well to consider how critical experiences and communications land with recipients and to work to facilitate responses that will be adaptive for both individuals and institutions (Murphy et al., 2018)

Thus, in focusing on the representation of bad events, we hope to help institutional actors do their existing work more effectively. Institutional actors are well-placed to observe bad events. They know, better than anyone else, what moments can provoke negative reactions. In turn, working together with psychological experts (see Yeager & Walton, 2011), they can pursue opportunities to learn more about people's experience and to develop potential interventions.

The interpretation of a singular event can be life-altering, especially when the event is seminal (e.g., placement on academic probation, Brady et al., in prep), repeated (ongoing difficulties with a baby, strife with a spouse, Bugental et al., 2002; Finkel, Slotter, Luchies, Walton, & Gross, 2013), or symbolic (whether critical academic feedback is seen as evidence can, or cannot, be trusted, Yeager, Purdie-Vaughns et al., 2017). In these circumstances, change in the representation of a particular event can alter ongoing cycles and thus improve people's outcomes long into the future, as several of our examples will illustrate.

Five Principles for Representing Bad Events Effectively

How can you productively reframe a "bad" event? Here we describe five principles that can guide this reframing; the next section will illustrate their use in paradigmatic interventions. Although it is useful to mark these distinctions, the principles are interrelated and typically work in concert to facilitate a coherent and more adaptive narrative. Further, as will be seen, different specific representations are available in different contexts, making certain principles more or less central.

1. Avoid negative labels. When people experience negative events, they risk labeling themselves in fixed, negative ways or perceiving that others could label them as such. Effective reframings forestall negative labels, and instead encourage a fundamentally positive view of the self, of the factors that led to the bad news (e.g., normal, malleable), and of the person's future prospects.
2. Communicate "you're not the only one." People can think that they are the only one facing a particular challenge. Effective reframings recognize others who have faced the same challenge and describe how they addressed that challenge productively.
3. Recognize specific, normal causes. People can fear that bad things reflect, or could be seen as reflecting, their own deficiency (e.g., laziness, stupidity, immorality). Effective reframings acknowledge specific causes of the challenge or setback and legitimize these as normal obstacles that arise for many people.
4. Forecast improvement. People can fear that negative events forecast a fixed, negative future. Effective reframings emphasize the possibility of improvement, focus on process, and often represent this process collectively (we're on the same team/I'm not judging you).

5. Highlight positive opportunities. In some cases, it is possible to represent the "bad" event itself as positive, not just as something that can be overcome but as a harbinger of or opportunity for growth and improvement.

Even as these principles aim to help people construct a coherent, adaptive narrative for making sense of challenges, an important function is also simply to displace the most negative and disempowering interpretations available. Knowing what meanings *not* to draw can forestall catastrophizing or globalizing responses.

As we will see, there is important variability in *how* these principles are implemented. In some cases, the role of the intervener is quite direct, as in how a university official represents academic probation to a student (Brady et al., in prep; see also Howe et al., 2018; Yeager, Purdie-Vaughns, et al., 2014). Yet particularly when people are making sense of very personal experiences the intervener may be less direct. They may simply ask a question that suggests a new way of understanding a challenge, which people can then internalize and elaborate upon, as in work helping new parents make sense of difficulties with a baby (Bugental et al., 2002; see also Finkel, Slotter, Luchies, Walton, & Gross, 2013). Or, they can structure an experience in a particular way that helps people construct a more adaptive narrative on their own, as it were, as in work helping people make sense of traumatic experiences (Pennebaker, 1997) or test anxiety (Ramirez & Beilock, 2011). At the end of the day, it is essential that people experiencing a challenge fully endorse the proffered interpretation; they must "own" it for themselves. In this sense, psychological interventions are always conducted *with* people not *on* people. Still, in each situation, the five aforementioned principles can help describe what a more adaptive

narrative for understanding a challenge would be and thus the goal of an intervention that aims to help people recognize and endorse this narrative for themselves.

Reframing Bad News: Paradigmatic Examples

In this section, we illustrate the opportunity to reframe bad news with paradigmatic examples in four problem spaces (see Table 1). In each case, we highlight examples tested with randomized controlled trials in field contexts and important real-life outcomes, though this field-experimental work is often supported by other methodologies (e.g., qualitative approaches, laboratory experiments).

Table 1. “Bad” news reconsidered: Paradigmatic examples.

	Situation	Typical, Default, or Risked Meaning	Neutral or Positive Meaning Available	Primary Principles Used	Consequence of Reframing
Education: Academic probation (Brady et al., in prep)	A college student is placed on academic probation.	<i>I’m (seen as) stupid or lazy or deficient. I’m looked down on. I don’t belong.</i>	<i>It’s normal to face challenges in college, and there are legitimate reasons. Many students do and recover to succeed. The institution expects this and creates resources to support students facing such challenges. That’s the purpose of the probation process.</i>	<ol style="list-style-type: none"> 1. Avoid negative labels 2. Communicate “you’re not the only one 3. Recognize specific, normal causes 4. Forecast improvement 5. Highlight positive opportunities 	<ul style="list-style-type: none"> • Reduced shame and stigma • Reduced thoughts of dropping out • Greater engagement with academic support resources • Improved academic recovery (in some trials)
Health: Medical symptoms (Howe et al., 2019)	A child undergoing exposure therapy for a peanut allergy experiences minor symptoms (e.g., itchy mouth, nausea).	<i>An unfortunate part of treatment. A sign my allergy is especially severe and resisting treatment.</i>	<i>My body is responding positively to treatment. My body is getting stronger.</i>	<ol style="list-style-type: none"> 5. Highlight positive opportunities 	<ul style="list-style-type: none"> • Report fewer symptoms at the end of treatment • Report less worry about symptoms • Less likely to contact treatment staff about symptoms • Greater biomarker of allergy tolerance at the end of treatment
Close relationships: Difficulties with an infant (Bugental et al., 2002)	A new mother, at risk for committing child abuse, struggles with a baby (e.g., to get the baby to nurse, to take	<i>I’m a bad mom; my baby is a bad baby</i>	<i>These are normal challenges to be solved in parenting</i>	<ol style="list-style-type: none"> 1. Avoid negative labels 2. Communicate “you’re not the only one 3. Recognize specific, normal causes 	<ul style="list-style-type: none"> • At age 1: Reduced rates of child abuse, especially for high risk infants; improved child health; reduced mother depression • At age 3: Increased maternal investment, for high risk infants; reduced child

	a bottle, to sleep, etc.)			4. Forecast improvement	aggression and stress; improved child cognitive functioning
Economic development: Receipt of cash aid (Thomas et al., 2019)	Low-income people receive cash aid	<i>I am (seen as) poor, helpless, unable to meet my basic needs. I am lesser than others.</i>	<i>This is an opportunity to pursue my goals, to become financially independent, and to better support my family and community.</i>	1. Avoid negative labels 5. Highlight positive opportunities	<ul style="list-style-type: none"> • Chose to watch more business skills videos • Greater self-efficacy to accomplish life goals, greater anticipated social mobility • Less stigma

Education

Academic probation. Placement on academic probation is a seminal challenge for college students and it is common. Nearly one in ten college students in the United States are placed on probation at least once during their college careers (National Center for Education Statistics, 2012), typically for poor grades or failing to earn the requisite credits. Even by conservative estimates, more than half a million students are placed on probation every year (Brady et al., in prep).

Evidence suggests that students readily experience probation as a mark of shame, a sign that they are, or are seen as, stupid or lazy or lesser than others. Importantly, this experience may arise not just from the challenges that led to the student’s struggles in the first place but from how institutions represent probation. Indeed, students’ stories of probation often reflect themes of shame and stigma and reference the official notification they received informing them of their placement on probation (Brady et al., in prep). Could revising the probation notification using the principles described above improve students’ experience? Testing this question, one series of studies revised universities’ probation notification letters (Brady et al., in prep). The “psychologically attuned” letter: (1) framed probation as a process not a label (Principle #1); (2) recognized other students who experience probation (Principle #2); (3) acknowledged specific, non-pejorative reasons students experience difficulties that lead to probation (Principle #3); (4) emphasized the possibility of returning to good standing (Principle #4); and (5) identified opportunities in the probation process (Principle #5). Further, revised notification letters were paired with stories of prior students’ experience on probation, illustrating how the key themes had played out in other students’ lives. See Table 2 for

examples of how the principles were implemented. As compared to standard institutional letters, these “psychologically attuned” letters reduced the shame and stigma and thoughts of dropping out students anticipated if they were to be placed on probation and, in at least some field tests, increased the use of academic support resources among students actually placed on probation and their recovery from probation a year later (Brady et al., in prep.; Waltenbury, Brady, et al., 2018).¹

Table 2. Reframing academic probation (Brady et al., in prep).

	Standard Probation Notification Letter	Psychologically Attuned Notification Letter
Principle #1: Avoid negative labels	“Placement on academic Probation”	“The process for academic probation”
Principle #2: Communicate “you’re not the only one”	[no related content]	“You should also know that you’re not the only one in experiencing these difficulties...”
Principle #3: Recognize specific normal causes	“whatever difficulties [you] have experienced	“There are many reasons students enter the academic probation process. These reasons can include personal, financial, health, family, or other issues...”
Principle #4: Forecast improvement	[no related content]	“By working with their advisors, many [students on probation] leave the process and continue a successful career at [School]...”
Principle #5: Highlight positive opportunities	[no related content]	“I learned something important in the process, about how to face up to challenges, to reach out to others for help, and find a way forward.”

Critical academic feedback. Another common challenge in education involves the receipt of critical academic feedback; this context further illustrates how a “bad” event can be

¹ The principles we articulate in this paper grew out of our work on academic probation. In papers on probation, we describe similar though more situationally-specific principles.

reframed in positive terms (Principle #5). Constructive critical feedback is among the most valuable resources for learning; however, students can interpret critical feedback as reflecting a negative judgment or bias on the part of the feedback-giver. When teachers explicitly convey their growth-oriented reasons for providing critical feedback, however, students may be more motivated to use that feedback. In one study, 7th grade students wrote an essay about their hero, received critical feedback from their teacher, and had the opportunity to revise their work for a higher grade (Yeager, Purdie-Vaughns, et al., 2014). All that varied was a paper-clipped note appended from their teacher. When this note highlighted the positive, growth-oriented reasons why the teacher provided critical feedback—“I’m giving you these comments because I have very high standards and I know that you can reach them”—many more students took up the opportunity to turn in a revision. The increase was greatest for Black students, who can otherwise worry that teachers’ critical feedback might be indicative of bias or reflect racial stereotypes. With a placebo control note (“I’m giving you these comments so that you’ll have feedback on your paper”), 27% of Black students revised their essay for a higher grade. With the “wise feedback” note, 64% did. Moreover, this single but clear experience disambiguating a teacher’s motive for giving critical feedback bolstered Black students’ trust in their teachers over the rest of the school year and caused lasting downstream benefits. Black students who had received the wise feedback note were involved in fewer discipline citations the next year and were more likely to enroll in a 4-year college immediately after high school (Yeager, Purdie-Vaughns, et al., 2017).

Test-taking. A third challenge in school involves the arousal and anxiety many students experience before a test. Often this experience is seen as portending failure but can, instead, be

represented as the body getting ready to take on a challenge (e.g., “[arousal] doesn’t hurt...and can actually help performance”; Principle #5). This representation can raise test performance (Brady, Hard, & Gross, 2017; Jamieson, Mendes, Blackstock, & Schmader, 2010; Rozek, Ramirez, Fine, & Beilock, 2019). As noted earlier, people can also reframe negative experiences on their own, with no new information or representation, when given space and time for structured reflection. In one study, simply asking anxious 9th grade students to write down their thoughts and feelings about a final exam immediately before the test raised grades (Ramirez & Beilock, 2011; for a replication and extension, see Rozek et al., 2019; see also Pennebaker, 1997).

Reframing can also help people recover from a disappointing test score. In another series of studies, representing a “2” on an Advanced Placement (AP) test—a score just below the mark that commonly earns college credit—as not a failure but a step of progress experienced by many students in their AP trajectories (Principle #4) improved test-takers’ evaluation of their experience and motivation to take future AP courses (Brady, Kalkstein, Rozek, & Walton, 2019).

Health

Symptoms of treatment. As with challenges in school, certain health challenges can be readily understood in negative terms yet authentically reframed. Consider the case of children with severe peanut allergies. These children, and their families, face the terrifying prospect of spending their entire lives trying to avoid a ubiquitous substance that could cause serious illness or death. In oral immunotherapy treatment (OIT), children consume small but increasing doses of peanuts to build desensitization (Sampath, Sindher, Zhang, & Nadeau, 2018). Often children undergoing OIT experience negative but minor symptoms, such as an itchy mouth, nausea,

hives, or stomach pain. Typically, practitioners express sympathy for patients’ experience and try to minimize symptoms. This response, while well-intended, permits negative representations of symptoms and treatment to persist. At best, patients may infer simply that symptoms are uncomfortable and to be minimized. But they could also see their symptoms as evidence that their allergy is particularly severe and treatment is not working. Yet symptoms can be a sign that the body is healing (e.g., fever is a sign the body is fighting infection), including that the body is desensitizing to allergens (Sampath et al., 2018). Howe and colleagues (2019) thus examined the effect of informing children undergoing OIT for peanut allergies that non-life-threatening symptoms can indicate that the treatment is progressing (Principle #5), using both written information and activities (e.g., writing a letter to remind themselves of this idea). As compared to a treatment-as-usual (“symptoms as side effects”) control condition, those in the “symptoms as positive signals” condition reported, over the 6-month treatment period less anxiety about non-life-threatening symptoms; were less likely to contact treatment staff about such symptoms (9.4% vs. 17.5%); reported fewer symptoms at the end of treatment, as dosage increased; were marginally less likely to skip or reduce doses (4% vs. 21%); and showed greater biomarker of allergy tolerance at the end of treatment.

Painful medical procedures. Painful medical procedures may discourage people from undergoing future procedures, even if they could benefit their health. In this case, improvement can be accomplished not by changing the message but by tweaking the procedure so people understand it as less painful, that is, as less negative, even if not positive (a variant of Principle #5). Basic research shows that the level of pain experienced at the end of an experience has a disproportionate influence on people’s recall of the experience (the peak-end

effect, Kahneman, Fredrickson, Schreiber, & Redelmeier, 1993). Building on this work, one study modified a standard colonoscopy to leave the colonoscope inside patients' rectums for up to three additional minutes before withdrawing it slowly (Redelmeier et al., 2003). This lengthened the procedure and, thus, the duration over which people experienced pain yet it reduced the level of pain people experienced at the end of the procedure. As a consequence, people recalled recalled the experience as less painful and thus difference in memory mattered. People who underwent the modified procedure were 41% more likely to agree to another colonoscopy several years later if needed.

Trauma. Traumatic experiences can trigger negative, recursive thoughts and feelings that undermine health and functioning. Yet similar to research on test-taking (Ramirez & Beilock, 2011), structured, open-ended writing activities can help people process their emotions more effectively. In this case, people are given the opportunity to write concretely about the most traumatic experiences in their lives for 20 minutes a day over several days. Across multiple trials, this experience has been shown to improve health and immune function and raise achievement among undergraduate students and other populations (Pennebaker, 1997). Given the open-ended nature of the task, it is likely that a variety of processes issue from writing to achieve these benefits. However, evidence suggests that among these are the construction of a coherent causal narrative (e.g., the use of causality and insight words) with which to understand the traumatic experience (Principle #3) and the use of positive emotion words (Principles #4 and 5), both of which can predict improved health (Pennebaker & Francis, 1996).

Threatening diagnoses. An obvious experience of "bad" news involves receiving a negative medical diagnosis. Yet despite recognition that how a doctor frames diagnoses and other health news is important (e.g., Paul, Clinton-McHarg, Sanson-Fisher, & Webb, 2009) and doctors' own interest in wanting to do this well (Monden, Gentry, & Cox, 2016) thus far little field research has examined the consequences of different ways of presenting diagnoses for either patients' health or psychological outcomes. However, some scenario tests suggest that presentations that focus more on the patient (Mast, Kindlimann, & Langewitz, 2005) or that include more affect (van Osch, Sep, van Vliet, van Dulmen, & Bensing, 2014) may improve patients' immediate psychological responses. More broadly, some evidence suggests that physicians' skills in working with emotionally distressed patients can be enhanced and that doing so can reduce patients' distress up to six months later (Roter et al., 1995).

Close Relationships

Challenges with a new baby. Close relationships are among the most inherently rewarding aspects of people's lives yet pose significant challenges. Take new, sleep-deprived parents who struggle to get their baby to stop crying, to take a bottle, or to sleep. Consider, especially, a single mom, with a low income and little support, who was herself abused as a child. Struggling to meet these challenges day-after-day and night-after-night, she may begin to experience parenting as a power struggle with a tyrannical being. She may even begin to feel, "I'm bad mom" or "My baby is a bad baby."

In this case, it is important to help the mother see that many of the challenges she faces are part of the normal experience of parenting and that she can work to solve them. To help mothers get there, Bugental and colleagues (2002) partnered with a state program in which

paraprofessionals visited at-risk new mothers an average of 17 times over the baby's first year. In the standard program, mothers learned about healthy development and relevant services. In an "enhanced" condition, the paraprofessionals also asked mothers to describe their greatest challenges in parenting and why they thought they were having that challenge. Although mothers often gave self- or other-blaming reasons, the visitors were trained to keep asking, "Could it be something else?" until the mother suggested a reason that did not blame themselves or their child (e.g., "Maybe the baby needs a new bottle"). Visitors then asked the mother how she could work on that and, on the next visit, asked how it went. This approach (1) discourages mothers from labeling themselves or their baby negatively (Principle #1); (2) implies that other parents too experience such challenges (Principle #2); (3) implies that normal factors cause challenges in parenting and, importantly, encourages mothers to identify these for themselves (Principle #3); and (4) suggests the possibility of improvement and encourages mothers to problem solve how to improve the situation themselves (Principle #4). As compared to both the standard visit condition and a condition with no visits, this experience reduced the rate of child abuse during the first year from 23% to 4%, with the greatest reduction for mothers with more difficult, higher-risk infants (58% vs. 10%). The intervention also improved children's health, increased mothers' sense of power relative to their baby, and reduced their depression at the child's first birthday. Subsequent studies have found reductions in corporal punishment (from 35% to 21%) and child injuries and documented benefits for the child through their third birthday (e.g., improved health and cognitive functioning, reduced aggression and stress; Bugental, Beaulieu, & Silbert-Geiger, 2010; Bugental et al., 2012; Bugental, Schwartz, & Lynch, 2010).

Marital conflict. Of course, people also experience challenges in romantic relationships, even those that they have committed to through marriage. Perhaps in part as a consequence of reverberating conflict, marital quality tends to decline over time. In one study, inviting married couples to consider how “a neutral third party who wants the best for all” would think about a conflict in their marriage and how they could take this perspective in future conflict situations (Principle #4) halted the typical decline in marital satisfaction over a year (Finkel et al., 2013).

Economic Development

Even experiences that appear and in some ways are positive can incur a psychological toll. Anti-poverty cash aid, for instance, can be an essential resource for those living in poverty. Yet aid also risks conveying a representation of recipients as deficient or helpless (Edin, Shaefer, & Tach, 2017; Walker et al., 2013). One study tested the effects of representing aid, instead, as a means to empower people in their lives (Thomas, Otis, Abraham, Markus, & Walton, 2019). Low-income residents of informal settlements in Nairobi, Kenya were provided a small cash payment equivalent to two days’ wages. For some residents, this payment was attributed to the “Poverty Alleviation Organization” whose goal involved “reducing poverty and helping the poor meet their basic needs,” a common representation of aid. For other residents the payment was attributed to the “Individual Empowerment Organization” or the “Community Empowerment Organization” whose goals, respectively, were to enable people “to pursue personal goals and become more financially independent” and “to support those they care about and help communities grow together.” These representations avoid labeling recipients as poor (Principle #1) and highlight the opportunity to use aid for growth (Principle #5). Both led residents to choose to view more videos introducing business skills of relevance in the informal settlements

in which they worked (e.g., how to calculate a profit) rather than leisure videos (e.g., soccer highlights), to feel greater self-efficacy to accomplish life goals, and to anticipate greater improvement in their social standing over the next two years. The community empowerment message also reduced the stigma residents anticipated in response to receiving aid.

Clarifications

Not Generic “Think Positive!”, Not Hiding the Facts

None of the examples given above urges people to just “look on the bright side.” None obfuscates or hides “the facts.” Simply suppressing a negative experience would not allow people to learn from it, even if they could do so; more likely, the act of suppression would rebound in thought and feeling to undermine people’s outcomes and functioning (Gross, 2014; Logel, Iserman, Davies, Quinn, & Spencer, 2009). Instead, the interventions help people understand “the facts” in more appropriate and adaptive ways. Each helps people develop a specific, plausible, and authentic narrative that accounts for the challenge they face. The interventions do not hide the rain. They acknowledge it and see it as an opportunity to dance or, at least, not as a fixed and global barrier.

Consider sexual assault. It would be wrong and unhelpful to say to a survivor, “It was actually good for you” or “It didn’t happen.” But it could be essential to ensure that the survivor understands what the assault does *not* mean: It doesn’t mean that you’re a bad, tainted, unlovable person; it doesn’t mean you did something wrong.

How You Say It Matters

Earlier we noted that interventions vary in how directive they are, from those that directly control the narrative (e.g., Brady et al., in prep) to those that simply pose a question or

create an experience that help people develop a more positive narrative on their own (e.g., Bugental et al., 2002; Pennebaker, 1997). Although the effectiveness of different delivery methods requires more research, it is likely to matter. If people feel an intervention is controlling or inauthentic or one they do not have choice over, they may reject it even if it would benefit them (Silverman, Logel, & Cohen, 2013).

It can also be helpful to convey a new narrative not only in a general or abstract form but also to show how it has played out in other people's lived experience. In research on academic probation, one study found considerably greater reductions in shame and stigma when "psychologically attuned" notification letters were paired with stories from prior students about their experience on probation reflecting this more adaptive narrative (Brady & Walton, 2019).

Practical Guidance for Institutions

When should institutions reframe negative experiences? Important opportunities include when an institution is sending "bad" news to people or when a "bad" event has occurred, especially one where people will predictably be upset and/or when their relationship with a valued context (e.g., their sense of belonging) is at stake. Especially potent are experiences that can reasonably appear to a person as unique to them, or to a small number of people like them. The phrase "shit happens" is reassuring specifically because it can seem that this particular shit doesn't happen "every day" and doesn't happen "to everyone." That (mis)perception is part of what gives negative experiences their destructive power and thus represents an important target for intervention. Then, relying on the five aforementioned principles and the examples given here, institutions can work to create an appropriate,

coherent, and adaptive representation of the person and the challenge they face. Given the specialized knowledge this may require, it may be helpful to do so in partnership with those with relevant psychological expertise (see Yeager & Walton, 2011).

As noted earlier, institutions are uniquely positioned to identify the challenges people in their orbit experience. How can they learn more about how people experience common negative events and whether efforts to reframe these events have succeeded? Table 3 outlines a series of practical design and developmental steps that can be used to begin to answer these questions, from qualitative work to initial experiments to field trials, each of which we have used in our own past work. Guiding these steps is a critical assumption: *We cannot guess how other people experience things, but we can begin to find out by asking them.*

In a series of 25 studies, Eyal, Steffel, and Epley (2018) show that simply asking people to take the perspective of others does not improve the accuracy with which people understand other's thoughts, feelings, and attitudes; if anything, people become somewhat *less* accurate. Yet when people had the opportunity to have a brief conversation about the subject at hand, they become considerably more accurate in understanding one another. To understand others' experiences, we need to perspective-*get*, not perspective-take. As Eyal and colleagues write, "Increasing interpersonal accuracy seems to require gaining new information rather than utilizing existing knowledge about another person" (p. 547). The approaches outlined in Table 3 provide a way to begin this process.

Table 3. Design and development steps institutions can use to learn (a) how people in a context experience and make sense of a “bad” event (Column 1) and (b) how they might change existing or default representations to alter people’s interpretations and improve outcomes (Columns 2-5). In general, efforts should start with methodologies on the left and move right as warranted. Notably, these steps can be useful both in understanding how people make sense of discrete negative events, our focus here (e.g., Brady et al., in prep), and in broader mindsets and how to alter them productively (e.g., Yeager et al., 2016)

	1. Open-Ended Qualitative Work (e.g., Brady et al., in prep; Yeager et al, 2016)	2. User-Centered Design (e.g., Yeager et al., 2016)	3. A/B Tests (e.g., Brady et al., in prep; Yeager et al, 2016)	4. Randomized Field Experiments (e.g., Brady et al., in prep; Yeager et al, 2016)	5. Improvement Science (e.g., Bryk et al., 2015; see also Brady et al., in prep)
What is it?	Ask people about their experience with the challenge. Get them to articulate their thoughts and feelings in and about it..	Create revised messages or representations. Give them to people and ask for their response.	A randomized scenario experiment with immediate proxy and/or psychological outcome measures.	A randomized field experiment with psychological or non-psychological outcomes of importance, often over time.	Delivery of the revised message to all relevant people along with other relevant improvement efforts.
Tools	<ul style="list-style-type: none"> • Interviews • Surveys • Focus groups 	<ul style="list-style-type: none"> • Talk alouds • Interviews • Focus groups • Surveys 	<ul style="list-style-type: none"> • “Lab studies” with randomized experimental materials and immediate self-report or other outcome measures 	<ul style="list-style-type: none"> • Randomized controlled field experiments • Collection of institutional records • Follow-up surveys 	<ul style="list-style-type: none"> • Pre/post design • Interrupted time series analyses
Example	Open-ended survey prompts or interviews with students who have gone through probation about their experience: <ul style="list-style-type: none"> • “Tell me your story of academic probation. How did it begin? What was it like?” • “What felt good or positive/bad or negative? How so?” 	Create a revised probation notification letter. Ask students to imagine being placed on probation and receiving the revised or existing probation notification letter. Ask them to describe their reactions, what they think and feel as they read each letter.	Ask students to imagine being placed on probation. Give them either the revised or the existing notification letter. Assess anticipated feelings of shame, stigma, and the likelihood students say they would consider dropping out.	Randomize students being placed on probation to receive either the revised or the existing notification letter. Assess students’ feelings of shame or stigma, academic engagement (e.g., choice to meet promptly with an advisor), and/or	Provide all students being placed on probation the revised notification letter. Revise institutional policies and implement advisor training to reinforce more adaptive representations of probation. Compare outcomes (e.g., shame, stigma, academic

				subsequent recovery from probation.	recovery) from cohorts before to cohorts after implementation.
What <u>can</u> you learn from it?	<ul style="list-style-type: none"> • How people experience an event or context; what they think and feel about it • What kinds and ranges of interpretations are possible • What triggering events led to positive or negative experiences and representations 	<ul style="list-style-type: none"> • What makes people feel good or bad; what they like/do not like; differences in responses to the revised and existing messages • What is confusing; whether recipients understand the revised message as intended • Which examples are compelling to recipients or not • Appropriateness of language level and style 	<ul style="list-style-type: none"> • Whether the revised message can improve immediate outcomes that are either of importance on their own or that may shape downstream consequences of importance. 	<ul style="list-style-type: none"> • Whether the revised message can cause improvement in important real-world outcomes 	<ul style="list-style-type: none"> • Whether institutional outcomes shift with full-scale implementation
What <u>can't</u> you learn from it?	<ul style="list-style-type: none"> • Whether a specific change will alter individuals' experience or improve real-world outcomes 	<ul style="list-style-type: none"> • Whether a specific change will alter individuals' experience or improve real-world outcomes 	<ul style="list-style-type: none"> • Whether the revised message will improve important real-world outcomes 	<ul style="list-style-type: none"> • Whether institutional outcomes will improve with full-scale implementation 	<ul style="list-style-type: none"> • What exactly caused any observed shifts in institutional outcomes

Positive and Neutral Things Too

We have focused on the representation of bad things. Yet how people represent positive experiences can also be important for catalyzing benefits. For instance, when people do not know they have been injected with well-established pharmacological drugs, such as those to reduce pain, anxiety, and arousal, these drugs are considerably less effective than when their injection is visible to the patient (Benedetti et al., 2003). Here people's productive expectations work in tandem with the active properties of the drug to cause improvement.

In another context, people with low self-esteem can dismiss compliments from a romantic partner, for instance as "Just something she had to say." But asking people to describe how the compliment has a broad and general meaning can catalyze its benefits for the relationship, helping people feel more secure their partner's regard and improving patterns of interaction between the couple over at least several weeks (Marigold, Holmes, & Ross, 2007, 2010).

Relatively banal or neutral events and experiences can also be reframed to good effect. Healthy options at the cafeteria may seem unattractive. Representing vegetables in indulgent terms (e.g., "rich buttery roasted sweet corn" instead of "corn") can increase consumption (Turnwald, Boles, & Crum, 2017). Getting to the polls may seem like a chore. But considering how this could make one "a voter" can increase turnout (Bryan, Walton, Rogers, & Dweck, 2011). Calling alumni for money may seem boring. But having a 5-minute conversation with a scholarship recipient can increase fundraising (Grant et al., 2007; see also Grant, 2008). In each case, tasks relatively devoid of positive meaning can be enhanced to promote engagement and success (see also Hulleman & Harackiewicz, 2009; Yeager et al., 2014).

Conclusion

In *Harold and the Purple Crayon* (Johnson, 1955), Harold has a magic crayon he uses to meet his every need. When he is hungry, he draws pies. When he is drowning, he draws a boat. When he needs light, he draws the moon (Figure 2). Sometimes it can seem subjective meanings are like this—wholly under a person’s control. “I only need wish to think it so!” From this perspective, it is frustrating when people become stuck in pejorative ways of thinking that undermine their outcomes. “Snap out of it,” we want to say.

The truth is that meanings are not just up to us. As people navigate the world, they strive, in large part, to draw reasonable inferences about who they are, how they relate to others, and how they are regarded (Walton & Wilson, 2018). They look to others, in part, to construct these meanings. It is thus essential that institutions and other key gatekeepers of meaning attend to how people make sense of their experiences, especially bad ones, and, where appropriate, create representations and experiences for people that reinforce positive, non-pejorative ways of making sense of themselves and their circumstances.

Figure 2. Harold and the Purple Crayon



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