

Running head: "Bad" Things Reconsidered

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“Bad” Things Reconsidered

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 they need not portend future problems.

In the title song in “Singin’ In the Rain,” Gene Kelly (playing Don Lockwood) has just left Debbie Reynolds (playing Kathy Selden), with whom he has fallen in love, when he emerges into a rainstorm. He does not deny the rain, bemoan it, or shudder from it. Instead, he finds joy, swinging around light poles and stomping in puddles. See Fig. 1. How can we help people see light where only darkness is commonly found?

Every day, people struggle or get criticized in school or at work; feel sick from medical treatments; or fight with 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 interpretations they draw, we have an opportunity. “Wise” psychological interventions can help reframe challenges (Fig. 1; Walton & Wilson, 2018). As we will see, randomized controlled field trials in diverse contexts have found that messages and experiences that anticipate and forestall predictable pejorative interpretations can help people function better over time. For instance:

- Reframing placement on academic probation can reduce shame and stigma and help college students recover (Brady, Fotuhi et al., 2019).
- 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 et al., 2002).

In each case, people risk viewing an event in negative, even catastrophic ways—evidence that they can’t succeed in college; that they will never overcome a serious allergy; or that they are a bad parent. Standard messages often permit, and sometimes reinforce, such toxic views. Yet more neutral, even positive ways of understanding 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., a school or hospital).

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



Often bad events arise in institutional contexts, in direct response to institutional messages. A student is told of her poor performance by a school official. She looks to the official to learn what that performance means to the institution and how the institution regards her now. A patient learns about possible side effects of a treatment from his doctor. He looks to the doctor to learn how to interpret these side effects. In these cases, institutions have a special role and obligation to help people make sense of challenges productively (cf. Murphy, Kroeper, & Ozier, 2018; Schmader, Bergsieker, & Hall, this volume). Often institutions overlook this responsibility. They act as though all they convey to people is an objective circumstance—such as placement on probation or the possibility of side effects. Yet when institutions fail to help people make good sense of bad events, they hurt their own outcomes.

In this chapter, we review the science behind people’s interpretations of bad events and opportunities for improvement this work affords. We begin by comparing the kinds of interventions we focus on here—which address how people make sense of discrete experiences—with broader “mindset” interventions. Next, we review paradigmatic interventions that recast bad events. Finally, we close by discussing how institutions can anticipate when people risk drawing pejorative, self-undermining interpretations and design steps institutions can use to understand and change these interpretations productively.

What is “Bad”?

Before proceeding, let us define “bad.” We put the word in quotes because these events may not be bad in an objective sense. Rather, we refer to events that readily or predictably lead people to draw global or fixed pejorative interpretations of themselves, other people, or a situation they are in. They are “bad” 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 you think this 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. Placement may come with access to resources to promote recovery. What may be shameful and stigma-inducing is the perception that probation reflects a negative judgment from the institution, that it is a marker of difference and deficiency. Similarly, an occasional feeling of nausea is part of being human. But if you think that nausea means your peanut allergy is resisting treatment that may be threatening.

Mindset Interventions vs. Reframing “Bad” Events

We focus here on how people make sense of *specific* events and experiences, including seminal and repeated ones, and efforts to reframe their meaning. Such interventions represent one form of psychologically “wise” intervention, which address in general how people make sense of themselves, other people, or social situations to help them function more effectively (Walton & Wilson, 2018). Our focus on the representation of discrete events complements interventions that address broad beliefs or “mindsets” people have about qualities in people or experiences in general, such as whether a quality can change or is fixed or whether something is positive or negative. Rather than reframing a specific experience, such interventions invite people to reflect on that quality or kind of experience *in general*.

The breadth of mindsets gives them a special power to shape how people interpret and thus respond to whole classes of experiences. For instance, one hour-long intervention represented 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). It did so, in part, by changing how students interpreted their daily stream of social experience, preventing diverse challenges—from difficulty making friends, to receiving critical feedback, to feelings of homesickness—from seeming to mean that they did not belong in college in general (Walton & Cohen, 2007, 2011). Other 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 personality can change, which can help adolescents cope with bullying (Yeager, Johnson, et al., 2014); beliefs about whether stress is enhancing (vs. debilitating), which can improve performance and health (Crum, Salovey, & Achor, 2013); the belief that willpower can be self-enhancing (rather than reliant on an easily depleted resource), which predicts sustained self-regulatory efforts (Job, Dweck, & Walton, 2010; Job, Walton, Bernecker, & Dweck, 2015); and beliefs about the adequacy of the self, which can improve functioning in situations of psychological threat (Cohen & Sherman, 2014). There is 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).

Given the power of mindset interventions, why reframe specific events? One reason involves the role of institutions. Although mindset interventions can be embedded productively in institutional contexts (e.g., Yeager, Walton, et al., 2016), they can be an awkward fit. Institutions and institutional actors (people acting on behalf of institutions) 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, however, 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 communicate interpretations that will be adaptive for both individuals and the institutions they serve (Murphy et al., 2018). In focusing on the representation of bad events, we hope to help institutional actors do their existing work better. Moreover, institutional actors are well-placed to observe bad events. They know, better than anyone else, what moments can provoke negative reactions. By taking a formal approach to learning how people understand these experiences, they can develop systematic changes to common practices to improve outcomes.

Moreover, the interpretation of specific events can be life-altering. This is especially the case when the event is seminal (e.g., placement on academic probation, Brady, Fotuhi et al., 2019), repeated (ongoing difficulties with a baby; Bugental et al., 2002), or symbolic (whether critical academic feedback is seen as evidence a teacher can, or cannot, be trusted, Yeager, Purdie-Vaughns et al., 2017). In these circumstances, change in a representation can change 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, which can be used as tools to guide this reframing. Although it is useful to distinguish them,

these principles are interrelated and typically work in concert to facilitate a more adaptive narrative. Further, different specific representations are available in different contexts, making certain principles more or less central.

1. Prevent 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 encourage a fundamentally positive view of the self, of 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 nonpejorative 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, nonpejorative causes of challenges or setbacks 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. Recognize opportunities. In some cases, it is possible to represent aspects of the “bad” event as positive, meaningful, or useful, and thus not just as something to be overcome but as a harbinger of or opportunity for growth and improvement.

Even as these principles can be used 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, Fotuhi et al., 2019; see also Howe et al., 2018; Yeager, Purdie-Vaughns, et al., 2014). In other cases, especially when people are making sense of very personal experiences, less direct approaches may be appropriate. They may involve asking people questions that suggest a new way of understanding a challenge, which people can then elaborate upon and internalize, as in work helping new parents make sense of difficulties with a baby (Bugental et al., 2002), or structuring a written reflection that helps people construct a more adaptive narrative about an experience on their own, such as of a trauma (Pennebaker, 1997) or test anxiety (Ramirez & Beilock, 2011). At the end of the day, it is essential that people 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 aforementioned principles can help describe what a more adaptive narrative for understanding a challenge might look like.

Reframing Bad News: Paradigmatic Examples

Here we illustrate the opportunity to reframe bad news with paradigmatic examples in four problem spaces (for a sample, see Table 1). 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). We also note cases ripe for reframing that have not yet been subject to direct research.

Table 1. “Bad” news reconsidered: A sample.

	Situation	Typical, Default, or Risked Meaning	Neutral or Positive Meaning Available	Primary Principles Used	Consequence of Reframing
Education: Academic probation (Brady, Fotuhi et al., 2019)	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 it doesn’t make you lesser or worse. Many students 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. Prevent negative labels 2. Communicate “you’re not the only one 3. Recognize specific, non-pejorative causes 4. Forecast improvement 5. Recognize 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. Recognize opportunities 	<ul style="list-style-type: none"> • Report fewer symptoms at the end of treatment • 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	A new mother, at risk for committing child abuse,	<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. Prevent negative labels 	<ul style="list-style-type: none"> • At age 1: Reduced rates of child abuse, especially for high risk infants; improved

<p>infant (Bugental et al., 2002)</p>	<p>struggles with a baby (e.g., to get the baby to nurse, to take a bottle, to sleep, etc.)</p>			<p>2. Communicate “you’re not the only one 3. Recognize specific, non-pejorative causes 4. Forecast improvement</p>	<p>child health; reduced mother depression</p> <ul style="list-style-type: none"> • At age 3: Increased maternal investment, for high risk infants; reduced child aggression and stress; improved child cognitive functioning
<p>Economic development: Receipt of cash aid (Thomas et al., 2019)</p>	<p>Low-income people receive cash aid</p>	<p><i>I am (seen as) poor, helpless, unable to meet my basic needs. I am lesser than others.</i></p>	<p><i>This is an opportunity to pursue my goals, to become financially independent, and to better support my family and community.</i></p>	<p>1. Prevent negative labels 5. Recognize opportunities</p>	<ul style="list-style-type: none"> • Chose to watch more videos teaching business skills • Greater self-efficacy to accomplish important life goals • Greater anticipated social mobility

Education

Academic probation. Placement on academic probation is a seminal challenge for college students and it is common. Nearly one in ten 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, Fotuhi et al., 2019).

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 interpretation may arise not just from the challenges that led to the student’s placement on probation but from how institutions represent probation. In telling stories of their experience on probation, students often describe themes of shame and stigma and reference the official notification they received informing them of their placement on probation (Brady, Fotuhi et al., 2019). Could revising this notification using the principles described above improve students’ experience? A series of studies tested this question, by comparing schools’ existing probation letters to “psychologically attuned” letters, which incorporated the five principles (Brady, Fotuhi et al., 2019). See Table 2. The attuned letters also included stories of prior students’ experience on probation, which illustrated how each key principle had played out in their lives, promoting relevance and authenticity. As compared to standard institutional letters, attuned letters reduced the shame and stigma and thoughts of dropping out students anticipated if they were to be placed on probation. Moreover, in at least some field tests, they increased the use of academic support resources among students placed on probation and their likelihood of

return to good standing a year later (Brady, Fotuhi et al., 2019; Waltenbury et al., 2018).¹

Table 2. Reframing academic probation (Brady, Fotuhi et al., 2019).

	School’s Standard Probation Notification Letter	Reframed “Psychologically Attuned” Notification Letter
Principle #1: Prevent 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 non-pejorative 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: Recognize 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. The receipt of critical academic feedback further illustrates how a “bad” event can be reframed as an opportunity (Principle #5: Recognize opportunities). Even as constructive critical feedback is among the most valuable resources for learning, 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 trust and be motivated by that feedback more. In one study, 7th grade students wrote an essay about their hero, received critical

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.

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 the teacher. When the note highlighted the growth-oriented reasons why the teacher provided feedback—“I’m giving you these comments because I have very high standards and I know that you can reach them”—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 reflect bias or racial stereotypes. Just 27% of Black students revised their essay following a placebo control note (“I’m giving you these comments so that you’ll have feedback on your paper”), but 64% did with the treatment note. Moreover, this single but clear experience disambiguating a teacher’s motive for giving critical feedback bolstered Black students’ trust in their teachers in general over the rest of the school year and caused lasting downstream benefits. Black students who had received the treatment note received 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 it can also be seen as the body getting ready to take on a challenge (e.g., “[arousal] doesn’t hurt...and can actually help performance”; Principle #5: Recognize opportunities). This representation can raise test scores (Brady, Hard, & Gross, 2017; Jamieson, Mendes, Blackstock, & Schmader, 2010; Rozek, Ramirez, Fine, & Beilock, 2019). Similarly, giving students structured ways to reframe test anxiety on their own, such as to write down their thoughts and feelings before an exam, can improve scores (Ramirez & Beilock, 2011; Rozek et al., 2019).

Reframing can also help students recover from a disappointing score. In other 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: Forecast improvement) 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, 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 OIT comes with symptoms such as an itchy mouth, nausea, hives, or stomach pain. Though these symptoms are minor, they can provoke anxiety because of their association with serious allergic reactions (e.g., anaphylaxis). Practitioners typically express sympathy for patients’ experience and try to minimize symptoms. While well-intended, this response permits negative representations to persist. At best, patients may infer only that symptoms are uncomfortable and to be minimized. But they could also see symptoms as evidence that their allergy is particularly severe and that the 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) tested the effect

of informing children undergoing OIT for peanut allergies that non-life-threatening symptoms can indicate that the treatment is progressing (Principle #5: Recognize opportunities), 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 less anxiety about non-life-threatening symptoms over the 6-month treatment period; were less likely to contact treatment staff about such symptoms (9.4% vs. 17.5%); reported fewer symptoms at the end of treatment, when 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. Yet it is possible to tweak a procedure to change how people represent it later, so they recall it as less painful even if not positive (a variant of Principle #5: Recognize opportunities). Basic research shows that the level of pain experienced at the end of an experience has a disproportionate effect 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 yet reduced the level of pain people experienced at the end. In turn, people recalled the experience as less painful and this 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 reverberating negative 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 college 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: Recognize specific nonpejorative causes) and the use of positive emotion words (Principles #4 and 5: Forecast improvement, Recognize opportunities), both of which can predict better health (Pennebaker & Francis, 1996). Similarly, the effectiveness of in-person therapy may depend on a relationship in which people are in-tune with their therapist, rather than being judged (Principle #1: Prevent negative labels; Koole, this volume).

Threatening diagnoses. The receipt of a negative medical diagnosis is an obvious instance of “bad” news. 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 (cf. Mast, Kindlimann, & Langewitz, 2005; van Osch, Sep, van Vliet, van Dulmen, & Bensing, 2014). 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 over time (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 a baby to stop crying or to sleep. Consider, especially, a single mom, with a low income and little support, who herself was 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 begin to think, “I’m a bad mom” or “My baby is a bad baby.”

In this case, it is important to help the mother see that 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 (e.g., “I can’t get the baby to take a bottle”) and why they thought they were having those challenges. Although mothers often gave self- or child-blaming reasons, the visitors were trained to keep asking, “Could it be something else?” until the mother suggested a reason that was not pejorative (e.g., “Maybe the baby needs a new bottle”) (cf. Petty & Briñol, this volume). The paraprofessionals 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: Prevent negative labels); (2) implies that other parents too experience such challenges (Principle #2: Communicate “You’re not the only one”); (3) implies that normal factors cause challenges in parenting and, importantly, encourages mothers to identify these for themselves (Principle #3: Recognize specific nonpejorative causes); and (4) suggests the possibility of improvement and encourages mothers to problem solve how to achieve this (Principle #4: Forecast improvement). 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 have documented improved health and cognitive functioning and reduced aggression and stress for the child through their third birthday (Bugental, Beaulieu, & Silbert-Geiger, 2010; Bugental et al., 2012; Bugental, Schwartz, & Lynch, 2010).

Marital conflict. People also experience challenges in romantic relationships, even those that they have committed to through marriage. If conflict begins to reverberate between the couple, this can undermine marital quality 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 halted a normative decline in marital satisfaction over a year (Finkel, Slotter, Luchies, Walton, & Gross, 2013). This targets Principle #4: Forecast improvement most directly, but likely involves other principles as well in practice.

Economic Development

Even experiences that appear positive and in some ways are can be framed inadvertently in ways that 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 received 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 others, 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 avoided labeling recipients as poor (Principle #1: Prevent negative labels) and highlighted an opportunity for growth (Principle #5: Recognize opportunities). Both led residents 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.

Nuances of Effective Reframings

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.” They do not hide the rain. 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 about challenge they face. They acknowledge the rain 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. The challenge is how to convey this more positive narrative persuasively.

How You Say It Matters

Earlier we noted that interventions vary in how directive they are, from directly controlling a narrative (e.g., Brady, Fotuhi et al., 2019) to simply posing questions or creating 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 methods requires more research, this is likely to matter (see Crano & Rubyal, this volume on misdirection; Petty & Briñol, this volume). For instance, if people feel a message is overly controlling of their personal experience, inauthentic, or a view 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 terms of a recipient’s own experience but also to show how it has played out in other people’s lives (e.g., Walton & Cohen, 2011). Such social models can be powerful. One study found considerably greater reductions in shame and stigma when psychologically attuned probation notification letters were paired with stories from prior students about their experience on probation that reflected the more adaptive narrative than when such stories were absent (Brady & Walton, 2019).

Practical Guidance for Institutions

Unfortunately, institutions often bear bad news. From schools (probation letters, rejections), to clinics (negative test results), to banks (overdraft notices, missed payment warnings), to social-media companies (removing content labeled as inappropriate), institutions routinely communicate information that threatens people’s well-being, health, sense of adequacy, or belonging in a valued context. Especially potent are experiences that reasonably appear to a person unique to them or a small number of people like them and that may carry fixed, negative consequences. That perception gives negative experiences a destructive power. Why is the phrase “shit happens” reassuring? Perhaps because it punctures the perception that the shit one is currently experiencing is unique to the self, rare, and damning. Shit happens to other people too, perhaps often, and need not have enduring consequences.

Relying on the five principles and the examples given here, institutions can intentionally develop messages that provide appropriate, coherent, authentic, and adaptive representations of the person and a challenge they face. But this is easier said than done. How can institutions learn how people experience common negative events in their context and whether efforts to

reframe these events have succeeded? Table 3 outlines a series of design and developmental steps institutions can use to begin to answer these questions, each of which we have used in our own past work (see also Fiedler, this volume). Given the specialized knowledge this work may require, it may be helpful to do so in partnership with people with relevant psychological expertise (see Yeager & Walton, 2011).

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 a brief conversation about the subject at hand, they became considerably more accurate in understanding one another. To understand each 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 steps outlined in Table 3 provide a way to begin this process.

Table 3. Design 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 steps on the left and move right as warranted. Notably, these steps can be useful both in understanding how people make sense of specific negative events and experiences, our focus here (e.g., Brady, Fotuhi et al., 2019), and in broader mindsets and how to change them productively (e.g., Yeager et al., 2016).

	Step 1: Open-Ended Qualitative Work (e.g., Brady, Fotuhi et al., 2019; Yeager et al., 2016)	Step 2: User-Centered Design (e.g., Yeager et al., 2016)	Step 3: A/B Tests (e.g., Brady, Fotuhi et al., 2019; Yeager et al., 2016)	Step 4: Randomized Field Experiments (e.g., Brady, Fotuhi et al., 2019; Yeager et al., 2016)	Step 5: Improvement Science (e.g., Bryk et al., 2015; see also Brady, Fotuhi et al., 2019)
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 • Focus groups • Surveys 	<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 from probation	Open-ended survey prompts or interviews with students who have gone through probation about their experience:	Create a revised probation notification letter. Ask students to imagine being placed on probation and receiving the revised or existing probation	Ask students to imagine being placed on probation. Give them either the revised or the existing notification letter. Assess anticipated	Randomize students being placed on probation to receive either the revised or the existing notification letter. Assess students’	Provide all students being placed on probation the revised notification letter. Revise institutional policies and implement advisor

	<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?” 	notification letter. Ask them to describe their reactions, what they think and feel as they read each letter.	feelings of shame, stigma, and the likelihood students say they would consider dropping out.	feelings of shame or stigma, academic engagement (e.g., choice to meet promptly with an advisor), and/or subsequent recovery from probation.	training to reinforce more adaptive representations of probation. Compare outcomes (e.g., shame, stigma, academic recovery) from cohorts before to cohorts after implementation.
What can 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 or not • Appropriateness of language level and style 	<ul style="list-style-type: none"> • Whether the revised message can improve immediate outcomes 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 can't you learn from it?	<ul style="list-style-type: none"> • Whether a specific change will alter individuals' experience or 	<ul style="list-style-type: none"> • Whether a specific change will alter individuals' experience or 	<ul style="list-style-type: none"> • Whether the revised message will improve important 	<ul style="list-style-type: none"> • Whether institutional outcomes will improve with full- 	<ul style="list-style-type: none"> • What exactly caused any observed shifts in institutional outcomes

	improve real-world outcomes	improve real-world outcomes	real-world outcomes	scale implementation	
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Positive and Neutral Things Too

We have focused on the representation of bad things. Yet how people represent positive events and experiences can also be important for catalyzing benefits. Moreover, the five principles mentioned earlier have variants that apply to positive experiences.

This is clearly illustrated in studies of the placebo effect, where the beliefs and expectations surrounding a beneficial treatment can contribute to its effects. 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 (Principle #4: Forecast improvement; Benedetti et al., 2003). People’s productive expectations work in tandem with the active properties of the drug to cause improvement.

In relationships, people with low self-esteem can dismiss compliments from romantic partners, for instance as “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 in their partner’s regard and improving patterns of interaction between the couple over at least several weeks (Marigold, Holmes, & Ross, 2007, 2010). This intervention encourages a positive label, inverting Principle #1.

Relatively banal experiences can also be reframed to good effect. Healthy options at the cafeteria may not seem attractive. Then, representing vegetables in indulgent terms (e.g., “rich buttery roasted sweet corn” instead of “corn”) can increase consumption (Principle #5; Recognize opportunities; Turnwald et al., in press). Getting to the polls may seem like a chore. But considering how this could make one “a voter” can increase turnout (Principle #1:

Encourage positive labels; 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 (Principle #5: Recognize opportunities; 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 the classic children’s book *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. 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 (Asch, 1952; Hardin & Higgins, 1996). 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. We need to help each other find ways to sing in the rain. Thus, it is essential that institutions and other gatekeepers of meaning attend to how people make sense of bad experiences and, where appropriate, create representations and experiences that reinforce positive, non-pejorative ways of making sense of the self and one’s circumstances.

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