

**When chatting about negative experiences helps—and when it hurts:  
Distinguishing adaptive vs. maladaptive social support in computer-mediated  
communication**

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### Abstract

Does talking to others about negative experiences improve the way people feel? Although some work suggests that the answer to this question is “yes,” other work reveals the opposite. Here we attempt to shed light on this puzzle by examining how people can talk to others about their negative experiences constructively via computer-mediated communication, a platform that people increasingly use to provide and receive social support. Drawing from prior research on meaning-making and self-reflection, we predicted that cueing participants to *reconstrue* their experience in ways that lead them to focus on it from a broader perspective during a conversation would buffer them against negative affect and enhance their sense of closure compared to cueing them to *recount* the emotionally arousing details concerning what happened. Results supported this prediction. Content analyses additionally revealed that participants in the reconstrue condition used the word “you” generically (e.g., *you* can’t always get what *you* want) more than participants in the recount condition, identifying a linguistic mechanism that supports reconstrual. These findings highlight the psychological processes that distinguish adaptive versus maladaptive ways of talking about negative experiences, particularly in the context of computer-mediated support interactions.

*Keywords:* Emotion regulation; Coping; Meaning-making; Social support; Computer-mediated communication; Social media

The advent and proliferation of computer-mediated communication technologies (e.g., text messaging, chat rooms, social media) has rapidly changed the way people interact. According to a Pew Research Center survey published in 2018, 68% of all U.S. adults use at least one social media platform to interact with others, with about three-quarters of them using it on a daily basis (Smith & Anderson, 2018). Moreover, teens now report that texting is the most common way they communicate with their friends (Lenhart, Anderson, Duggan, & Perrin, 2015).

Emerging evidence indicates that much of these computer-mediated communications involve providing and receiving social support (e.g., Ellison, Steinfield, & Lampe, 2007; Kross et al., 2013; Oh, Ozakaya, & LaRose, 2014; Park et al., 2016; Valenzuela, Park, & Kee, 2009; Wright, 2016). For example, one study indicated that 68% of teens receive support from friends through social media during tough times (Lenhart et al., 2015). Data from the Pew Internet and American Life Project (Fox, 2011) revealed that almost one in five adult Internet users in the United States reported having received support online the last time they had a health issue.

Despite the frequency with which people exchange social support with others via computer-mediated communication methods, no studies that we are aware of have examined whether certain ways of chatting with others via these technologies are more effective at facilitating emotion regulation than others. Addressing this issue is important, because prior research suggests that it is possible for people to reflect on negative experiences in different ways that have direct implications for how they think, feel and behave (e.g., Gross, 1998; Kross & Ayduk, 2011, 2017; Nolen-Hoeksema, Wisco, & Lyubomirsky, 2008; Wilson & Gilbert, 2008). In the current research, we build on this work to examine the processes that facilitate adaptive social support via computer-mediated communication.

*Processes distinguishing adaptive vs. maladaptive social support*

Psychologists have long been interested in identifying the processes that distinguish adaptive vs. maladaptive forms of self-reflection (e.g., Kross, Ayduk, & Mischel, 2005; Nolen-Hoeksema et al., 2008; Ochsner & Gross, 2008; Wilson & Gilbert, 2008). According to one line of work within this research tradition (see Kross & Ayduk, 2017 for a review), one mechanism that determines whether self-reflection leads people to feel better or worse is whether they focus on *recounting* the emotionally arousing features of their negative experience or *reconstructing* their experience by thinking about it in a broader context that promotes insight and closure (Kross & Ayduk, 2011, 2017; Rude, Mazzetti, Pal, & Stubble, 2011; Schartau, Dalglish, & Dunn, 2009). Specifically, whereas recounting has been consistently linked with negative outcomes such as increased negative emotional and physiological reactivity (Bushman, 2002; Glynn, Christenfeld, & Gerin, 2002; Kross & Ayduk, 2008), reconstructing has been consistently associated with more beneficial outcomes such as improved emotional and physiological reactivity and enhanced sense of closure (Ayduk & Kross, 2010; Gross, 1998; Gruber, Harvey, & Johnson, 2009; Rude et al., 2011; Schartau et al., 2009).<sup>1</sup> Drawing from this research, we hypothesized that whether talking to others about negative experiences is helpful or harmful should depend critically on whether people *recount* or *reconstruct* their negative experiences during their conversations.

Indirect evidence supporting this prediction comes from two domains. First, research on co-rumination and the social sharing of emotion literatures indicate that focusing excessively on

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<sup>1</sup> We note that the terms *reconstruction*, as we define in the current research, and *reappraisal* are largely synonymous. Both refer to the concept of changing the way one thinks about a stimulus, which can be done in potentially infinite ways. Whereas *reconstruction* is used more frequently in social psychology, growing out of the tradition of work on the importance of “mental construal” (e.g., Kelly, 1955; Mischel, 1973; Mischel & Shoda, 1995; Ross, 1989; Trope & Liberman, 2003, 2010), *reappraisal* is more commonly used in the coping and emotion regulation literature (Gross, 1998; Lazarus & Alfert, 1964; Lazarus & Folkman, 1984).

discussing the negative content of one's experiences (i.e., what happened and what one felt) perpetuates negative emotional responses (e.g., Rose, 2002; Rose, Carlson, & Waller, 2007; Rimé, 2009). However, this prior work is less clear on how talking to others about one's distressing experience can be beneficial. For instance, research on co-rumination has not examined the ways in which people can adaptively discuss their negative experience with others. Although Nils and Rimé (2012) showed that prompting people to positively reframe their negative feelings during conversations is beneficial, the participants discussed their reactions to watching distressing film clips rather than highly stressful autobiographical experiences. Thus, whether the benefits of engaging in a perspective-broadening reconstrual also explain how people can talk to others adaptively about their negative experiences without becoming overwhelmed by negative affect has not been explored.

Second, some research has examined the role that cognitive reappraisal strategies play in interpersonal contexts (e.g., Butler et al., 2003; Richards, Butler, & Gross, 2003). However, most of these studies focused on how trying to remain calm and dispassionate or thinking about positive aspects of one's relationship compare to expressive suppression or an uninstructed control condition in terms of its implications for rapport with one's conversation partner (Butler et al., 2003) and what people remember from their conversations (Richards et al., 2003). Although these studies have revealed positive effects of cognitive reappraisal strategies (e.g., willingness to affiliate with conversation partner), they focus on different reappraisal operations, a different comparison strategy (e.g., expressive suppression), and different outcome variables from the current work.

### *Linguistic Trace of Reconstrual*

Our second goal was to examine whether we could identify a linguistic trace of reconstrual in people's conversations about their negative experiences. Several recent studies indicate that when people try to make meaning out of negative events through writing, they use the word "you" *generically* to situate their experience in a context that extends beyond the self and describe it as a more normative phenomenon that others share (e.g., "In life, *you* don't always get what *you* want"; Orvell, Gelman, & Kross, 2017a, 2017b). For example, in one study, Orvell and colleagues (2017a) found that participants who were instructed to make meaning out of their negative experience (vs. relive it) used generic-you significantly more in their essays, which in turn led them to report feeling more psychologically distant from their event (Orvell et al., 2017a). Thus, to the extent that reconstruing negative experiences involves thinking broadly about one's experiences from a less egocentric perspective (i.e., more psychologically distant), we predicted that cueing participants to reconstrue (vs. recount) their experience should also lead them to use generic-you more during their conversations.

### *Overview of Research*

The present research examined how people can talk to others about their negative experiences constructively in computer-mediated communication. To do this, we randomly assigned participants who recently experienced a negative interpersonal event to discuss their experience via instant messenger with a confederate who cued them to either *recount* or *reconstrue* their experience. Afterwards, we assessed participants' negative affect and closure levels, and content analyzed transcripts of their conversations for generic-you usage. Based on prior research on self-reflection (e.g., Kross & Ayduk, 2011, 2017), we predicted that cueing participants to *reconstrue* their experience by focusing on it from a broader perspective during a conversation would buffer them against negative affect and enhance their sense of closure

compared to cueing them to *recount* the emotionally arousing details regarding what happened. We also hypothesized that cueing participants to *reconstrue* (vs. *recount*) their experience would lead them to use generic-you more during their conversations.

## Method

### Data collection overview & participants

Data collection occurred across two phases ( $N_{Sample\ 1a} = 64$ ;  $N_{Sample\ 1b} = 119$ ). In Sample 1a, we sought to collect as much data as we could in one semester with the aim of collecting at least 30 participants per condition. After completing data collection for Sample 1a, we analyzed the data and determined that more power was needed to robustly test our predictions. Note that data collection for these studies occurred during a time of rapidly increasing power recommendations (e.g., Simmons, Nelson, & Simonsohn, 2011). Thus, despite the fact that we observed significant findings that were consistent with our predictions in Sample 1a, we erred on the side of collecting more data with Sample 1b to ensure that we were not capitalizing on error in a smaller sample. In Sample 1b, we decided to roughly double data collection during the next semester (see Murayama, Pekrun, & Fiedler (2014) for a discussion advocating this approach). The combined sample included 183 participants (150 females;  $M_{age} = 22.39$ ,  $SD_{age} = 8.35$ ; 49% Caucasian, 26% Asian, 14% other, 9% African American, 2% Hispanic).

Because our main goal was to examine the processes involved in support conversations that promote closure and meaning-making, it was critical that we only recruit participants who were upset about an ongoing source of distress. Thus, participants had to (a) be in the midst of experiencing an ongoing conflict with another person, (b) still be upset about it, and (c) be willing to talk about it to qualify for inclusion in the study. Participants were compensated \$10. The University of Michigan Institutional Review Board approved this study.

## Procedure and Materials

**Overview of procedure.** One experimenter (the *Facilitator*), blind to participants' condition and the study hypotheses, guided participants through the experiment. A second experimenter (the *Support-provider*), blind to the study hypotheses, talked to participants about their experience via an online instant messenger.

**Phase 1: Baseline affect.** After providing consent, participants responded to the following question, “*How do you feel right now?*”, using a 0 (*very bad*) to 100 (*very good*) scale ( $M = 67.54, SD = 18.87$ ).

**Phase 2: Getting-acquainted session.** Next, the Support-provider initiated an “ice-breaking” conversation for 5 minutes (Ybarra et al., 2008) to help participants feel comfortable. The Support-provider asked scripted questions (e.g., “How is your summer going?”) and provided standardized responses (e.g., “That sounds interesting!”).

**Phase 3: Manipulation.** After the icebreaker, the Support-provider transitioned to talking about the participant's experience. Participants were told: “*Could you briefly tell me about [the experience]? What happened? Who did it involve?*” Pilot work indicated that these “warm-up” questions were necessary to facilitate natural exchanges. Additionally, two judges coded the response to confirm that the emotional intensity of participants' events ( $\alpha = .93$ ) did not differ across conditions using a 1 (*a little*) to 3 (*very*) scale.

After asking the above questions, the experimental manipulation was administered. In the *recount* condition ( $N = 92$ ), the Support-provider asked 5 standardized questions that prompted participants to talk about what happened to them and what they felt during their experience. In the *reconstrue* condition ( $N = 91$ ), participants were asked 5 standardized questions that prompted them to focus on their experience from a broader perspective (see Appendix for

verbatim questions). The Support-provider followed a standardized script to ensure that participants in each condition were asked the same questions. These questions were theoretically derived based on prior research that has carefully operationalized these constructs (e.g., Kross & Ayduk, 2017). When asking these questions, the Support-provider was instructed to acknowledge participants' situation with a standardized response (e.g., "I'm sorry to hear that") but not to provide any further feedback to ensure that participants within each group received the same manipulation.

To ensure that participants could respond to all questions, no time limit was imposed ( $M_{minutes} = 30.58$ ,  $SD_{minutes} = 10.36$ ). Conversation length did not differ by condition ( $p = .57$ ). At the end of the conversation, the Support-provider sent participants a web link to our dependent measures.

#### **Phase 4: DVs**

**Post-conversation affect.** Immediately following their conversation, participants once again rated how they felt in that moment by answering the question, "*How do you feel right now?*", using a 0 (*very bad*) to 100 (*very good*) scale. We reverse-scored this item ( $M = 38.52$ ,  $SD = 20.93$ ) and standardized it along with the negative affect items below to create a single negative affect index ( $\alpha = .61$ ). Participants also rated how upset they felt ( $M = 4.84$ ,  $SD = 1.46$ ) and how intense their emotions and physical reactions were during the conversation ( $M = 4.27$ ,  $SD = 1.63$ ), on a 1 (*strongly disagree*) to 7 (*strongly agree*) scale.

**Closure.** Next, participants responded to "*As I was talking to the research assistant about the event, I had a realization that led me to experience a sense of closure*", on a 1 (*strongly disagree*) to 7 (*strongly agree*) scale ( $M = 4.11$ ,  $SD = 1.66$ ).

**Content analyses.** We coded participant's conversations for three types of information.

First, three judges coded participants' portion of the conversation on the extent to which it contained recounting- ( $\alpha = .77$ ;  $M = 1.94$ ,  $SD = .73$ ) and reconstruing ( $\alpha = .83$ ;  $M = .53$ ,  $SD = .59$ ) statements using a 0 (*not at all*) to 3 (*very much*) scale, following protocols used in prior research (Ayduk & Kross, 2010).

Second, two judges counted the number of times participants used the word "you" generically following Orvell and colleagues (2017a, 2017b). Discrepancies were resolved by a third coder ( $\alpha = .99$ ); generic-you tallies were converted to percent scores out of the total word count.

Finally, to rule out the possibility that support-providers were more supportive to participants in one condition than the other, two judges coded Support-provider's utterances on the extent to which they reflected supportiveness ( $\alpha = .94$ ) on a 0 (*not at all*) to 2 (*very*) scale.

**Covariates.** Because how much participants like the support-provider can influence support outcomes (e.g., therapeutic alliance; Martin, Garske, & Davis, 2000), we asked participants to rate "how much they liked" and "how close they felt" to the Support-provider using 1 (*not at all*) to 7 (*very much*) scales ( $\alpha = .78$ ;  $M = 4.83$ ,  $SD = 1.28$ ).

## Results

### *Analyses overview*

The two samples we collected had identical aims and core methods.<sup>2</sup> Additionally, sample did not moderate any results (all  $ps > .34$ ) and controlling for it did not substantively alter any results. Analyzing the data as separate vs. combined samples yielded the same pattern of

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<sup>2</sup> The two samples differed only in their exploratory scope. In Sample 1a, we collected exploratory data to examine how people felt one day after the experiment. Because there were no reliable effects, we did not collect these data in Sample 1b. In Sample 1b, we assessed participants' preferred coping strategy one week before the experiment to explore its impact on coping (see Supplement for all exploratory measures and analyses).

results. Thus, we combined them to enhance power and parsimony. Table 1 provides statistics for each sub-sample analyses, the combined analysis, and an internal meta-analysis of data from the two samples (see Braver, Thoemmes, & Rosenthal, 2014; Maner, 2014).

We excluded 7 participants (4 reconstrue participants) due to a computer malfunction (1), scheduling conflicts (3), prior relationship with the Facilitator (1), low English proficiency (1), and not following instructions (1). This left 176 participants. Including these participants did not substantively alter the results. Table 1 presents all descriptive and inferential statistics.

#### *Preliminary analyses*

Coders' ratings of the emotional intensity of participants' events did not differ by condition ( $F(1, 173) = .22, p = .64$ ). Moreover, across conditions participants rated their Support-providers as equally likeable ( $F(1, 174) = .42, p = .52$ ) and Support-providers' utterances were rated by coders as equally supportive ( $F(1, 173) = .83, p = .36$ ). None of these variables moderated any of the results ( $ps > .51$ ), and controlling for them did not substantively alter any of the findings. Table 2 presents partial correlations among all key variables (controlling for baseline affect).

#### *Manipulation check*

Content analyses confirmed that our manipulation was effective: Participants in the recount (vs. reconstrue) condition recounted more ( $Ms = 2.73$  vs.  $1.98, SDs = .38$  vs.  $.70$ ),  $F(1, 170) = 75.51, p < .0001$ , and reconstrued less ( $Ms = .25$  vs.  $1.39, SDs = .41$  vs.  $.77$ ),  $F(1, 170) = 89.91, p < .0001$  during the conversation.

#### *Primary analyses*

A 2 (Condition: Recount vs. Reconstrue) X 2 (Time of State Affect Assessment (i.e., "How do you feel right now?")) repeated-measures ANOVA revealed a significant Condition X

Time interaction,  $F(1, 173) = 14.39, p < .001, \eta p^2 = .077$ , indicating that participants in the recount condition felt significantly worse after talking about their experience compared to how they felt before the conversation,  $t(173) = 4.91, p < .001, 95\% \text{ CI } [5.63, 13.19], d = .48$ . In contrast, participants in the reconstrue condition were buffered against experiencing increased negative affect after talking about their experience,  $t(173) = .47, p = .64$  (see Figure 1).

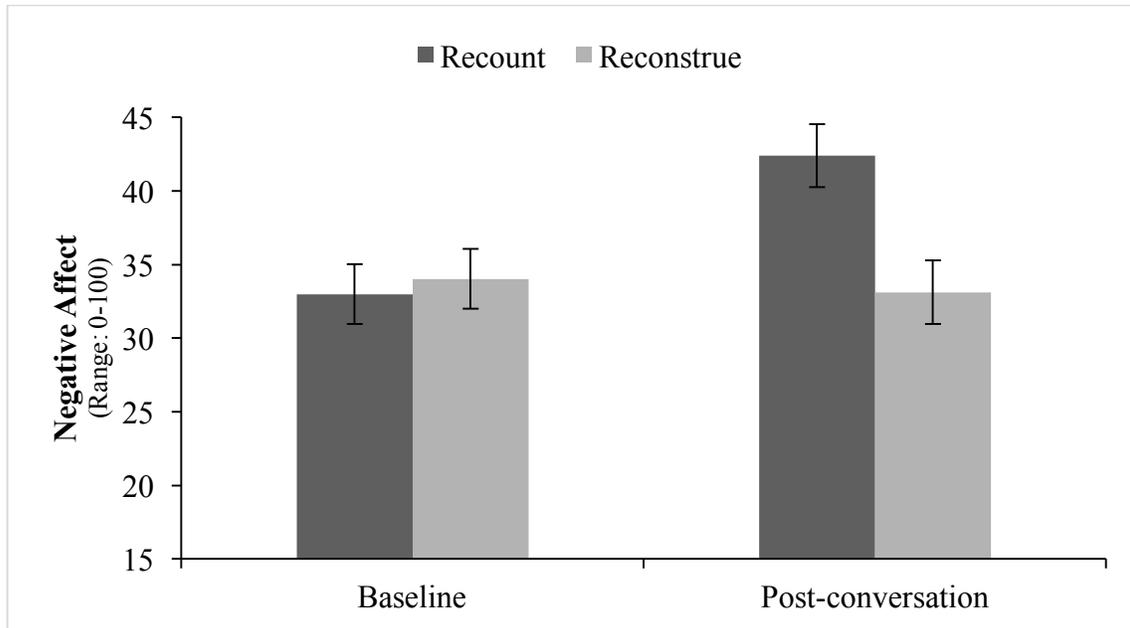


Figure 1. Negative affect over time as a function of condition.

Notes. For ease of interpretation, baseline affect and post-conversation affect items were reverse-scored so that higher scores on this scale reflect more negative affect. Error bars indicate standard errors.

Next, we performed a series of ANCOVAs (controlling for baseline affect) on the closure and additional negative affect items. The results revealed that participants in the reconstrue condition scored lower on the negative affect index and higher on closure.<sup>3</sup>

<sup>3</sup> We computed a negative affect composite index on *a priori* grounds following prior work (Ayduk & Kross, 2010). However, because of its moderate reliability ( $\alpha = .61$ ), we also analyzed each item of this index individually. These analyses revealed that the effects of condition were significant on post-conversation affect ( $p < .001$ ), marginally significant on upset feelings ( $p = .07$ ), and non-significant on affect intensity ( $p = .45$ ).

Table 1. Means, standard deviations, *F* values (or Mann-Whitney *U*), significant levels for Univariate ANCOVAs

	Sample	Recount	Reconstrue	Inferential Statistics				Internal Meta-analysis	
		<i>M</i> ( <i>SD</i> )	<i>M</i> ( <i>SD</i> )	<i>F</i> (or <i>U</i> )	df	$\eta_p^2$	95% CI	<i>Z</i>	95% CI
Recounting Statements	Combined	2.73 (.38)	1.98 (.70)	75.51***	170	.31	[.58, .92]	7.83***	[1.00, 1.67]
	Sample 1a	2.72 (.30)	2.43 (.52)	6.64*	57	.10	[.06, .51]		
	Sample 1b	2.74 (.42)	1.73 (.67)	89.91***	110	.45	[.79, 1.21]		
Reconstructing Statements	Combined	.25 (.41)	1.39 (.77)	149.27***	170	.47	[-1.33, -.96]	10.30***	[1.54, 2.26]
	Sample 1a	.25 (.47)	1.22 (.82)	29.50***	57	.34	[-1.31, -.61]		
	Sample 1b	.25 (.39)	1.48 (.74)	134.82***	110	.55	[-1.48, -1.05]		
Change in Negative Affect (Post-conversation minus baseline)	Combined	9.41 (17.68)	-.90 (18.26)	15.84***	172	.08	[5.00, 14.83]	3.97***	[.31, .92]
	Sample 1a	7.57 (19.32)	-.94 (16.06)	4.47*	58	.07	[.46, 17.10]		
	Sample 1b	10.36 (16.87)	-1.91 (19.43)	11.58***	111	.09	[4.51, 17.08]		
Negative Affect Composite	Combined	.10 (.71)	-.10 (.73)	8.26**	172	.05	[.06, .34]	7.18***	[.20, .35]
	Sample 1a	.11 (.67)	-.13 (.67)	4.26*	58	.07	[.01, .47]		
	Sample 1b	.10 (.73)	-.08 (.76)	4.13*	111	.04	[.004, .35]		
Closure	Combined	3.77 (1.71)	4.46 (1.51)	8.68**	172	.05	[-1.18, -.23]	3.06**	[.17, .77]
	Sample 1a	3.53 (1.63)	4.48 (1.46)	5.26*	58	.08	[-1.73, -.12]		
	Sample 1b	3.90 (1.75)	4.45 (1.55)	4.53*	111	.04	[-1.24, -.04]		
Generic-you usage (percentage)	Combined	.06 (.20)	.33 (.63)	<i>U</i> = 2926***	170	.08	[-.004, -.001]	3.83***	[.29, .90]
	Sample 1a	.02 (.07)	.37 (.78)	<i>U</i> = 313**	57	.09	[-.006, -.001]		
	Sample 1b	.09 (.24)	.31 (.53)	<i>U</i> = 1299.50*	110	.30	[-.004, -.001]		

Notes. \*  $p \leq .05$ . \*\*  $p \leq .01$ . \*\*\*  $p \leq .001$ . Degrees of freedom vary because conversation data of two participants did not get recorded and due to one missing value in the baseline mood measure.

Table 2. *Partial correlations (controlling for baseline affect) for all key variables*

Variables	1	2	3	4	5	6	7	8
1. Recounting Statements	--							
2. Reconstructing Statements	-.40 <sup>***</sup>	--						
3. Negative Affect Composite Index	.11	-.21 <sup>**</sup>	--					
4. Change in Negative Affect Over Time	.14 <sup>†</sup>	-.35 <sup>***</sup>	.71 <sup>***</sup>	--				
5. Upset feelings	-.01	-.25 <sup>**</sup>	.59 <sup>***</sup>	.30 <sup>***</sup>	--			
6. Intense feelings	.04	-.01	.81 <sup>***</sup>	.17 <sup>*</sup>	.58 <sup>***</sup>	--		
7. Closure	-.09	.29 <sup>***</sup>	-.28 <sup>***</sup>	-.42 <sup>***</sup>	-.22 <sup>**</sup>	-.04	--	
8. Generic-you usage (percentage)	-.16 <sup>*</sup>	.28 <sup>***</sup>	-.04	-.10	-.08	.03	.08	--

Notes. <sup>†</sup> $p < .10$  <sup>\*</sup> $p < .05$  <sup>\*\*</sup> $p < .01$  <sup>\*\*\*</sup> $p < .0001$ .

Finally, as expected, participants in the reconstrue condition used generic-you more than participants in the recount condition. Generic-you use was not significantly correlated with any of the affect measures or closure,  $ps > .25$ .

### **General Discussion**

The present research examined how people can talk to others about their negative experiences constructively during computer-mediated supportive interactions. It generated two key findings. First, participants who recounted their negative experience while chatting with a confederate on instant messenger experienced a significant increase in negative affect compared to baseline. In contrast, participants who reconstrued their experience during their instant messenger conversations were buffered against this increase in negative affect despite spending just as much time talking about their negative experience as recounting participants. They also reported having more closure. These findings are consistent with research indicating that venting negative experiences during an offline social interaction exacerbates distress (Nils & Rimé, 2012; Rose, 2002) whereas reconstruing negative events during self-reflection facilitates successful emotion regulation (Kross & Ayduk, 2017). Broadly, they suggest that a common set of mechanisms may underlie how people self-reflect on negative experiences and how they talk about them with others in computer-mediated communication.

Second, we found that reconstruing participants spontaneously used the word “you” generically more in their conversations than recounting participants. This is noteworthy because prior research indicates that generic-you serves as a linguistic marker for making meaning (Orvell et al., 2017a, 2017b). Thus, these findings provide converging evidence across an additional level of analysis indicating that reconstruing one’s experience during conversations helps people make meaning out of their negative experiences. To our knowledge, this is the first

study to demonstrate how generic-you functions in an interpersonal context, and thus may have important implications for therapy. For example, clinicians and support-providers could attend to people's generic-you usage during conversations as a signal for whether they are effectively creating meaning from a negative experience.

Importantly, the present research provides insight into how effective social support can occur in non-face to face contexts—a rapidly increasing context in which people give and receive support (Kross, 2017; Morris, Schueller, & Picard, 2015; Park et al., 2016; Wright, 2016). To our knowledge, this is the first study to examine how people can guide others to adaptively make sense of their negative experience during online conversations.

Although support interactions that occur in computer-mediated communications are devoid of nonverbal cues that can contribute to successful support outcomes (e.g., touch; Jakubiak & Feeney, 2017), a growing number of studies corroborate the effectiveness of remote interactions, including cognitive behavior therapy online (e.g., Kessler et al., 2009) and online peer-to-peer platform interactions (e.g., Morris et al., 2015). Given how frequently people interact with others online and the various advantages that online interactions can offer (e.g., increased accessibility to a wider range of people across time and space, privacy, buffer against potential stigma), we encourage scholars to further investigate this emerging topic in future research. Such investigation seems timely given the rapidly growing popularity of online therapy, and discussions surrounding its effectiveness (e.g., Cohen & Kerr, 1999; Kessler et al., 2009; Reynolds, Stiles, Bailer, & Hughes, 2013; Wagner, Horn, & Andreas, 2014).

Our findings importantly also have implications for offline social support interactions. Although people often talk to others about their negative experiences (Rimé, 2009), whether this actually helps them feel better remains unclear: Some studies suggest talking to others to be

beneficial (Frattaroli, 2006; Thoits, 1986) while others have found the opposite (Nils & Rimé, 2012; Rose, 2002). Surely, discussing “what happened” is natural in support conversations and may even be necessary to establish a context for support provision to take place. However, our results suggest that once this context is established, support providers should shift to cueing support recipients to reconstrue their experience to prevent negative affect from escalating (Rose, 2002). Thus, the current findings also extend work on co-rumination by identifying a potential way in which conversations can be structured to prevent rumination and foster meaning-making.

Finally, the current findings contribute to research on emotion regulation. Although cognitive reappraisal is largely considered to be one of the most effective emotion regulation strategies (Gross, 2015), there are infinite ways in which people can engage in reappraisal (e.g., positive reinterpretation, incremental mindset). A growing number of scholars in recent years have proposed the need to distinguish the different *types* of reappraisal processes (e.g., Gross, 2015; Kross, 2015; Moser, Hartwig, Moran, Jendrusina, & Kross, 2014; Shiota & Levenson, 2009). The current work addresses this issue by demonstrating how a specific type of cognitive reappraisal process (i.e., perspective broadening) influences people’s capacity to make sense of their negative personal experiences in an ecologically valid interpersonal context.

#### *Caveats and Future Research Directions*

It is important to acknowledge that our study used confederates to cue participants to recount or reconstrue their negative experience. This approach allowed us to reduce several sources of noise that could have influenced the conversation outcomes—e.g., relationship-specific factors (e.g., closeness, expectations), nonverbal feedback (e.g., tone of voice, nodding). However, given that support outcomes are shaped by the dynamic interchange between support recipients and support providers, future research should examine how our findings generalize to

spontaneous support interactions among dyads in daily life. In this vein, one interesting direction for future research is to examine the implication of facilitating reconstrual for the support provider (Doré, Morris, Picard, & Ochsner, 2017).

It is important to comment on the lack of correlations between generic-you usage with negative affect and closure in this study. These non-significant correlations are consistent with findings from prior research, which likewise failed to find direct effects of generic-you on negative affect and closure. Instead, prior work revealed an indirect effect of generic-you usage on reduced negative affect and enhanced closure—generic-you predicted increased levels of psychological distance which in turn predicted less negative affect and higher levels of closure (Orvell et al., 2017a). Although researchers agree that direct effects are not required to establish indirect effects (Hayes, 2009; Rucker, Preacher, Tormala, & Petty, 2011; Shrout & Bolger, 2002; Zhao, Lynch, & Chen, 2010), an important question for future research is to identify why generic-you does not influence affect and closure directly.

Finally, given the low number of male participants in this study, future research should seek to test whether our findings generalize to diverse samples of individuals (McRae, Ochsner, Mauss, Gabrieli, & Gross, 2008). Future research should also examine potential boundary conditions (e.g., self-esteem, habitual emotion regulation patterns) to determine when and to whom cueing reconstrual is beneficial.

### Conclusion

People often talk to others about their negative experiences, and increasingly more so using computer-mediated communication technologies. However, does talking to others in these modalities help them make sense of their negative experiences? The present research suggests that it depends on whether the conversation allows people to reconstrue or recount their

experience, and that the same processes that help people to adaptively self-reflect on their negative experience may also apply to when they talk to others about it via computer mediated communication.

### Author Contributions

Conceived and designed the study: DL, JB, OA, OY, EK; performed the study: DL, JB, TS; analyzed the data: DL, OY, EK, AO; wrote the article: DL, OY, EK, AO; all authors provided feedback on the final draft.

Appendix. *List of questions asked by confederate while discussing distressing personal experience*

Condition	Questions
Recount	<ol style="list-style-type: none"> <li>1. Can you tell me about what happened – what happened and what did you feel—from start to finish?</li> <li>2. What went through your mind during the exact moment?</li> <li>3. What stuck out the most at that moment?</li> <li>4. What did (he/she/they) say and do?</li> <li>5. How did this make you feel at that moment?</li> </ol>
Reconstrue	<ol style="list-style-type: none"> <li>1. Looking at the situation, could you tell me why this event was stressful to you?</li> <li>2. Why do you think you reacted to (the event/the person) that way?</li> <li>3. Why do you think (the other person in your experience) react that way?</li> <li>4. Have you learned anything from this experience, and if so, would you mind sharing it with me?</li> <li>5. In the grand scheme of things, if you look at the “big picture,” does that help you make sense of this experience? Why or why not?</li> </ol>

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