2

Find the Bright Spots

1.

In 1990, Jerry Sternin was working for Save the Children, the international organization that helps children in need. He'd been asked to open a new office in Vietnam. The government had invited Save the Children into the country to fight malnutrition. But when Sternin arrived, the welcome was rather chilly. The foreign minister let him know that not everyone in the government appreciated his presence. The minister told Sternin, "You have six months to make a difference."

Sternin was traveling with his wife and 10-year-old son. None of them spoke Vietnamese. "We were like orphans at the airport when we arrived in Vietnam," he recalled. "We had no idea what we were going to do." Sternin had minimal staff and meager resources.

Sternin had read as much as he could about the malnutrition problem. The conventional wisdom was that malnutrition

was the result of an intertwined set of problems: Sanitation was poor. Poverty was nearly universal. Clean water was not readily available. The rural people tended to be ignorant about nutrition.

In Sternin's judgment, all of this analysis was "TBU"—true but useless. "Millions of kids can't wait for those issues to be addressed," he said. If addressing malnutrition required ending poverty and purifying water and building sanitation systems, then it would never happen. Especially in six months, with almost no money to spend.

Sternin had a better idea. He traveled to rural villages and met with groups of local mothers. The mothers divided into teams and went out to weigh and measure every child in their village. They then pored over the results together.

Sternin asked them, "Did you find any very, very poor kids who are bigger and healthier than the typical child?" The women, scanning the data, nodded and said, *Có, có, có.*" (Yes, yes, yes.)

Sternin said, "You mean it's possible today in this village for a very poor family to have a well-nourished child?"

"Có, có, có."

"Then let's go see what they're doing."

Sternin's strategy was to search the community for *bright spots*—successful efforts worth emulating. If some kids were healthy despite their disadvantages, that meant malnourishment was not inevitable. Furthermore, the mere existence of healthy kids provided hope for a practical, short-term solution. Sternin knew he couldn't fix the thorny "root causes." But if a handful of kids were staying healthy against the odds, why couldn't every kid be healthy?

Notice that Sternin was trying to focus the mothers' Riders. The overall topic—what can you do to make your child healthier?—is simply too big and loaded to take on at once. The mothers needed direction, not motivation. After all, every mother's

Elephant is going to be motivated to make her child healthier. But how?

Remember the power of the 1% milk campaign, which made an abstract idea ("eat healthier") practical. Sternin was saying: Let's not sit around analyzing "malnutrition." Let's go study what these bright-spot mothers are doing.

As a first step, Sternin and the mothers had to eliminate any bright spots who weren't "typical." For example, a boy might have an uncle in the government who could send extra food his way. Other families wouldn't be able to replicate that.

In order to recognize what the bright-spot mothers were doing differently, the group had to synthesize the "conventional wisdom" about feeding kids. So they talked to dozens of people—mothers, fathers, older brothers and sisters, grandparents—and discovered that the community norms were pretty clear: Kids ate twice a day along with the rest of their families. They ate food that was appropriate for kids—soft, pure foods like the highest-quality rice.

Armed with an understanding of the norms, Sternin and the mothers went into the homes of the bright-spot kids and observed the way the homes were run, alert for any deviations. Their observation yielded some unexpected insights. For one thing, bright-spot moms were feeding their kids four meals a day (using the same amount of food as other moms but spreading it across four servings rather than two). The larger twice-a-day meals eaten by most families turned out to be a mistake for children, because their malnourished stomachs couldn't process that much food at one time.

The style of eating was also different. Most parents believed that their kids understood their own needs and would feed themselves appropriately from the communal bowl. But the healthy kids were fed more actively—hand-fed by parents if necessary.

They were even encouraged to eat when they were sick, which was not the norm.

Perhaps most interesting, the healthy kids were eating different kinds of food. The bright-spot mothers were collecting tiny shrimp and crabs from the rice paddies and mixing them in with their kids' rice. Shrimp and crabs were eaten by adults but generally weren't considered appropriate food for kids. The mothers also tossed in sweet-potato greens, which were considered a low-class food. These dietary improvisations, however strange or "low class," were doing something precious: adding sorely needed protein and vitamins to the children's diet.

As an outsider, Sternin never could have foreseen these practices. He knew nothing about sweet-potato greens. The solution was a native one, emerging from the real-world experience of the villagers, and for that reason it was inherently realistic and inherently sustainable. But knowing the solution wasn't enough. For anything to change, lots of mothers needed to adopt the new cooking habits.

Most people in Sternin's situation would have been itching to make an announcement, to call the village together and unveil a set of recommendations. *Gather 'round, everyone: I've studied your problem and now I have the answer! Here are Sternin's 5 Rules for Fighting Malnutrition.*

But Sternin refused to make a formal announcement. "Knowledge does not change behavior," he said. "We have all encountered crazy shrinks and obese doctors and divorced marriage counselors." He knew that telling the mothers about nutrition wouldn't change their behavior. They'd have to practice it.

The community designed a program in which fifty malnourished families, in groups of ten, would meet at a hut each day and prepare food. The families were required to bring shrimp, crabs, and sweet-potato greens. The mothers washed their hands

with soap and cooked the meal together. Sternin said that the moms were "acting their way into a new way of thinking." Most important, it was *their* change, something that arose from the local wisdom of the village. Sternin's role was only to help them see that they could do it, that they could conquer malnutrition on their own.

By organizing these cooking groups, Sternin was addressing both the Rider and the Elephant. The mothers' Riders got highly specific instructions: *Here's how to cook a tasty lunch with shrimp and sweet-potato greens.* And their Elephants got a feeling: hope. *There really is a way to make my daughter healthier. And it's not very hard—it's something I can do!* Notice that the Path played a role, too. When so many of the mothers were doing something, there was strong social pressure to go along. The cooking classes, in effect, were changing the culture of the village.

Best of all, bright spots solve the "Not Invented Here" problem. Some people have a knee-jerk skeptical response to "imported" solutions. Imagine the public outcry if an American politician proposed that the United States adopt the French health care system. (Or vice versa.) We all think our group is the smartest.

By looking for bright spots within the very village he was trying to change, Sternin ensured that the solution would be a native one. He would have faced a much more difficult quest if he'd brought in a plan from a different village. The local mothers would have bristled: *Those people aren't like us. Our situation is more complicated than that. Those ideas wouldn't work here.*

Finding bright spots, then, solves many different problems at once. That's no surprise; successful change efforts involve connecting all three parts of the framework: Rider, Elephant, and Path. (Although in this book we explain one part of the framework at a time, we'll continue to remind you that even an

example in the "Rider" chapters will influence the Elephant and Path. Concepts are rarely exclusive.)

Six months after Sternin had come to the Vietnamese village, 65 percent of the kids were better nourished and stayed that way. Later, when researchers from Emory University's School of Public Health came to Vietnam to gather independent data, they found that even children who hadn't been born when Sternin left the villages were as healthy as the kids Sternin had reached directly. That discovery provided proof that the changes had stuck.

Sternin's success began to spread. "We took the first 14 villages in different phases of the program and turned them into a social laboratory. People who wanted to replicate the nutrition model came from different parts of Vietnam. Every day, they would go to this living university, to these villages, touching, smelling, sniffing, watching, listening. They would 'graduate,' go to their villages, and implement the process until they got it right. . . . The program reached 2.2 million Vietnamese people in 265 villages. Our living university has become a national model for teaching villagers to reduce drastically malnutrition in Vietnam," Sternin said.

Stories don't come much more heroic than this. Sternin and his small team of believers, working with a shoestring budget, managed to make a big dent in malnutrition. What makes it more remarkable is that they weren't experts. They didn't walk in with the answers. All they had was a deep faith in the power of bright spots.

2.

The Rider part of our minds has many strengths. The Rider is a thinker and a planner and can plot a course for a better future. But as we've seen, the Rider has a terrible weakness—the tendency to spin his wheels. The Rider loves to contemplate and analyze, and, making matters worse, his analysis is almost always

directed at problems rather than at bright spots. (You can probably recall a conversation with a friend who agonized for hours over a particular relationship problem. But can you remember an instance when a friend spent even a few minutes analyzing why something was working so well?)

These analytical qualities can be extremely helpful, obviously—many problems get solved through analysis—but in situations where change is needed, too much analysis can doom the effort. The Rider will see too many problems and spend too much time sizing them up. Look again at Jerry Sternin and the Vietnam story: Dozens of experts had analyzed the situation in Vietnam. Their Riders had agonized over the problems—the water supply, the sanitation, the poverty, the ignorance. They'd written position papers and research documents and development plans. But they hadn't changed a thing.

In tough times, the Rider sees problems everywhere, and "analysis paralysis" often kicks in. The Rider will spin his wheels indefinitely unless he's given clear direction. That's why to make progress on a change, you need ways to *direct* the Rider. Show him where to go, how to act, what destination to pursue. And that's why bright spots are so essential, because they are your best hope for directing the Rider when you're trying to bring about change.

3.

"School stinks," said Bobby, a ninth grader who'd just reported for his first school counseling session. John J. Murphy, the school psychologist, was surprised Bobby had shown up at all.

Several teachers had referred Bobby for counseling, frustrated by his bad behavior. He was constantly late, rarely did his work, was disruptive in class, and sometimes made loud threats to other kids in the hallways.

Bobby's home life was just as chaotic. He'd been shuffled in and out of foster homes and special facilities for kids with behavioral problems. He and his father were on the waiting list for family counseling. The local social service agency in Covington, Kentucky, was keeping tabs on Bobby. By the time he showed up for his session with Murphy, he was in danger of being placed in another special facility because of his problems at school.

Murphy was almost powerless in the situation. The counselor had no way to improve Bobby's situation at home, and time was working against him—at best, he'd see Bobby for an hour here, an hour there. Murphy couldn't reward Bobby if he behaved well or punish him if he behaved poorly. (Not that punishment would have worked. Bobby usually ended up in the principal's office by mid-morning for disciplinary issues, but his behavior never changed.)

Ignoring the "school stinks" comment, Murphy began talking to Bobby and posed a series of unusual questions. So began the first of a handful of conversations between Murphy and Bobby.

Now, fast-forward to three months later: A dramatic change had occurred. The number of days Bobby was sent to the principal's office had declined by 80 percent. Bobby hadn't become an Eagle Scout, mind you, but the improvement was strong enough to keep social services from having to transfer him to the school for troubled kids. Bobby, a chronic offender, had become an occasional offender. And it happened because of a few hours of talking with a counselor.

What, exactly, happened in those conversations?

4.

John Murphy is a practitioner of solutions-focused brief therapy ("solutions-focused therapy" for short). Solutions-focused therapy

was invented in the late 1970s by a husband-and-wife therapist team, Steve de Shazer and Insoo Kim Berg, and their colleagues at the Brief Family Therapy Center in Milwaukee. Solutions-focused therapy is radically different from traditional therapy. In classical psychotherapy (think Tony Soprano and Dr. Melfi), you and your therapist explore your problem. What are its roots? Does it trace back to something in your childhood? There's a sense of archaeological excavation: You're digging around your mind for a buried nugget of insight, something that may explain why you behave the way you do. Excavating the past takes time. A standard Freudian psychoanalysis might take five years of work, with sessions once or twice a week. (And after five years and $50,000, you discover it's all your mom's fault.)

Solutions-focused therapists, in contrast, couldn't care less about archaeology. They don't dig around for clues about why you act the way you do. They don't care about your childhood. All they care about is the solution to the problem at hand.

Marriage therapist Michele Weiner-Davis was initially trained as a classical psychoanalyst. Like all psychoanalysts, she believed that childhood experiences created unresolved traumas that fed current problems, and she tried to help her clients understand how their upbringing had shaped their behavior in relationships. But she was often unhappy with the outcomes her clients achieved through psychoanalysis. In her book *Divorce Busting,* she explained why: "My clients would frequently plead, 'Now I see that we are reenacting our parents' marriages, but what do we do about it? We can't stop fighting.'" She learned that understanding a problem doesn't necessarily solve it—that knowing is not enough.

Weiner-Davis was initially skeptical about solutions-focused brief therapy: "It seemed too simple. . . . Most people, including most therapists, believe the change process has to be complicated

and arduous. 'No pain, no gain' is the general rule of thumb." To describe how her thinking about solutions-focused therapy changed, she used an analogy from golf.

At one point, her golf swing started misfiring, so she went to a golf pro, thinking her technique needed a major overhaul. She noted that the golf pro didn't do any archaeology. He never said, "You obviously have a fear of winning. Did your father intimidate you as a little girl?" Instead, all he did was suggest a minor modification: relaxing her tight grip on the club. At first, she was a little peeved by this advice. It didn't seem profound enough to justify his fee. But later, on the course, her balls were going straighter and farther. *Maybe small adjustments can work after all,* she thought.

5.

Solutions-focused therapists use a common set of techniques for discovering potential solutions. Early in the first session, after hearing the patient explain his or her problem, the therapist poses the Miracle Question: "Can I ask you a sort of strange question? Suppose that you go to bed tonight and sleep well. Sometime, in the middle of the night, while you are sleeping, a miracle happens and all the troubles that brought you here are resolved. When you wake up in the morning, what's the *first small sign* you'd see that would make you think, 'Well, something must have happened—the problem is gone!'?"

Here's how one couple in marital therapy answered the Miracle Question posed by their therapist, Brian Cade of Sydney, Australia:

> WIFE: I'd be happy, feeling at ease at last. I'd be more pleasant to Bob, not jumping down his throat all the time.

> CADE: What will you do instead?
>
> WIFE: Well, there would be more understanding between us. We'd listen to what each other was saying.
>
> HUSBAND: Yes. At the moment, we don't really listen to each other. We just can't wait to get our own point in.
>
> CADE: How could you tell that the other was really listening?
>
> WIFE: In the face, I think. We'd perhaps make more eye contact. (*Pauses, then laughs.*) We'd nod in the right places.
>
> HUSBAND: Yes. We'd both respond to what the other was saying rather than just attacking or ignoring it.

Notice that Cade prods the couple for specifics: "What will you do instead?" "How could you tell the other person was really listening?" The Miracle Question doesn't ask you to describe the miracle itself; it asks you to identify the tangible signs that the miracle happened.

Here's another example from a therapist's session with a man with a drinking problem: *If a miracle solved your drinking problem, what would you be doing differently the next morning?* "I don't know, I can't imagine." *Try.* "Well, all my friends drink, so what do you expect me to do?" *I know it's not easy, but think about it.* "Well, there are all sorts of things." *Name one.* "Maybe I would go to the library and look at the newspapers." *How would your day be different if you went to the library?*

Solutions-focused therapists learn to focus their patients on the first hints of the miracle—"What's *the first small sign* you'd see that would make you think the problem was gone"—because

they want to avoid answers that are overly grand and unattainable: "My bank account is full, I love my job, and my marriage is great."

Once they've helped patients identify specific and vivid signs of progress, they pivot to a second question, which is perhaps even more important. It's the Exception Question: "When was the last time you saw a little bit of the miracle, even just for a short time?"

An alcoholic would be asked: "When was the last time you stayed sober for an hour or two?" Or the wife in the dialogue quoted above would be asked: "When was the last time you felt like your husband was truly listening to you?"

It's an ingenious tactic. What the therapist is trying to demonstrate, in a subtle way, is that the client is capable of solving her own problem. As a matter of fact, the client is offering up proof that she's *already solved it,* at least in some circumstances. For instance, Brian Cade worked with a mother whose children were out of control. He asked her the Exception Question: "What was different about the last time your kids obeyed you? In what circumstances do they seem to behave better?"

> MOM: (*after a pause*) I guess it's when they realize they have pushed me too far.
> CADE: How could they tell that?
> MOM: You know, it's funny. I think it's when I stop ranting and raving at them and my voice goes very, very calm. . . . I think I'm able to do that when I feel generally less harassed, when I feel I've got things done rather than spent the whole day worrying about getting things done. When I feel I've not been able to get on top of the housework, I tend to panic.

> *Cade asks her what the kids might notice on good days.*
> MOM: I think I just look calmer.
> CADE: What else?
> MOM: I probably greet them more enthusiastically and smile more.

Solutions-focused therapists believe that there are exceptions to every problem and that those exceptions, once identified, can be carefully analyzed, like the game film of a sporting event. *Let's replay that scene, where things were working for you. What was happening? How did you behave? Were you smiling? Did you make eye contact?* And that analysis can point directly toward a solution that is, by definition, workable. After all, it worked before.

These "exceptions" are just like Jerry Sternin's bright spots. Just as there were some kids in the Vietnamese village who managed to stay healthy despite the poverty, there are some moments in an alcoholic's life when he is sober despite the cravings. Those bright spots are gold to be mined. (Notice again that bright spots provide not only direction for the Rider but hope and motivation for the Elephant.)

What does this mean for you? You may not fight malnutrition, and you may not need therapy. But if you're trying to change things, there are going to be bright spots in your field of view, and if you learn to recognize them and understand them, you will solve one of the fundamental mysteries of change: What, exactly, needs to be done differently?

Suppose you're a human relations manager, and you've been encouraging line managers to give feedback to their employees more frequently, rather than storing it up for their once-a-year performance reviews. You hosted an offsite training program for ten managers so they could practice the recommended new style

of in-the-moment feedback, and they all left the program pledging to experiment with it.

After four weeks, you start to hear back from some of the managers, and their results have been mixed. Two of the managers seem genuinely transformed—excited about the way the faster feedback has improved their relationships with team members. Five of the managers are weakly positive, saying they tried it a few times. Two of the managers say, regretfully, that they've been too busy to try. One is an outright skeptic and thinks the whole initiative is hogwash.

What now? The bright spots give you an action plan: Go investigate the two successful managers. First, see if either situation is an anomaly. For instance, in your follow-up, you might discover that one of the successful managers had not been giving any more feedback to his team—he'd simply been approaching individuals more often to make small talk. The extra social contact made him feel good but annoyed team members (who were constantly interrupted). That manager is not a real bright spot.

The other success might be legitimate. Maybe the manager, Debbie, devised a tracking sheet that reminds her to provide feedback to every employee every week. Maybe she set a goal for herself that her "quick feedback" will never last longer than two minutes and will apply only to a specific project—it won't be a referendum on an employee's overall performance. Maybe she set up open-door "office hours" so that employees can drop by for quick feedback on ongoing projects.

Now that you've defined your bright spot, you can try to clone it. Have the other managers spend an hour or two shadowing Debbie, seeing firsthand how she incorporated the new style into her workday. Get Debbie to attend your next offsite training program so she can coach other managers on the mechanics of quick

feedback. Talk to IT and see if there's a way to roll out a more polished version of Debbie's impromptu tracking sheet.

Bottom line: You are spending 80 percent of your time exploring Debbie's success and finding ways to replicate it. You aren't obsessing about the manager who was skeptical. You aren't planning another training program with the same managers to review the material. You are simply asking yourself, "What's working and how can we do more of it?" That's the bright-spot philosophy in a single question.

6.

Focusing on bright spots can be counterintuitive for businesses. Richard Pascale, one of Jerry Sternin's collaborators, discovered this in 2003 when he accepted a consulting assignment with Genentech. The company had recently launched a drug called Xolair, which had been regarded as a "miracle drug" for asthma. It had proved effective in preventing asthma attacks for many patients. Yet six months after launch, sales of Xolair remained well below expectations.

Pascale and his team were asked to help figure out why Xolair was underperforming. They immediately started looking for bright spots and soon found one: Two saleswomen who worked the Dallas–Fort Worth area were selling twenty times more Xolair than their peers. Further investigation revealed that the women were using a fundamentally different kind of sales pitch. Rather than selling the health benefits of the drug—which doctors largely understood—they were helping doctors understand how to *administer* the drug. Xolair was not a pill or an inhaler; it required infusion via an intravenous drip. This technique was unfamiliar (and therefore Elephant-spooking) to the allergists and pediatricians who would be prescribing the drug.

Here was a classic bright-spot situation. Like the Vietnamese mothers who mixed sweet-potato greens into their kids' rice, these saleswomen were achieving radically different results with the same set of resources everyone else had. Having discovered the bright spot, Genentech's managers could help spread the innovation across their entire sales force.

But that didn't happen. And here is where a cautionary tale intrudes on our success story. What actually happened was this: The superior results of the Dallas–Fort Worth reps were viewed with suspicion! Managers speculated that the saleswomen had an unfair advantage, and their initial assumption was that the pair's sales territories or quotas needed to be revisited. (Later investigation established that the two women had the same type of client base as the other reps.)

To be fair to the Genentech managers, let's acknowledge that there was indeed a chance that those two reps were simply an anomaly. But the managers' *first reaction* to the good news was that it must be bad news! That reaction is a good reminder that the Rider's capacity for analysis is endless. Even successes can look like problems to an overactive Rider.

7.

Let's circle back to Bobby, the troubled student, because now we can start to understand his rather abrupt transformation. Here's a brief exchange from one of Bobby's counseling sessions. Notice how Murphy, the school counselor, starts by popping the Exception Question:

MURPHY: Tell me about the times at school when you don't get in trouble as much.

BOBBY: I never get in trouble, well, not a lot, in Ms. Smith's class.

MURPHY: What's different about Ms. Smith's class?

BOBBY: I don't know, she's nicer. We get along great.

MURPHY: What exactly does she do that's nicer?

Murphy wasn't content with Bobby's vague conclusion that Ms. Smith is "nicer." He kept probing until Bobby identified several things about Ms. Smith and her class that seemed to help him behave well. For instance, Ms. Smith always greeted him as soon as he walked into class. (Other teachers, understandably, avoided him.) She gave him easier work, which she knew he could complete (Bobby has a learning disability). And whenever the class started working on an assignment, she checked with Bobby to make sure he understood the instructions.

Ms. Smith's class was a bright spot, and as we've seen, anytime you have a bright spot, your mission is to clone it. Using Ms. Smith's class as a model, Murphy gave Bobby's other teachers very practical tips about how to deal with him: Greet Bobby at the door. Make sure he's assigned work he can do. Check to make sure he understands the instructions.

What Murphy had avoided, of course, was archaeology. He didn't dig into Bobby's troubled childhood, and he didn't try to excavate the sources of his anger and willfulness. For Murphy, all that information would have been TBU, as Sternin would say: true but useless. The other thing Murphy avoided was Genentech's knee-jerk skepticism. The mental quibbles could have come so easily: *Ms. Smith is just a nicer person than the other teachers* or *Her class is easier* or *Teachers shouldn't have to adapt their approach to a problem student.* Instead, Murphy found a bright spot, and he trusted it.

Bobby's teachers were pleased when Murphy approached them with such specific guidance, and they promised to give his recommendations a try. Murphy asked the teachers to help him track whether the solutions were working by recording Bobby's performance on three metrics: (1) arriving to class on time, (2) completing assignments in class, and (3) behaving acceptably in class. Over the next three months, as reported earlier, Bobby's rate of being sent to the principal's office for a major infraction decreased by 80 percent. Bobby also made striking progress on day-to-day behavior as measured by the three metrics. Before solutions-focused therapy, his teachers typically rated his performance as acceptable in only 1 or 2 out of 6 class periods per day. After solutions-focused therapy, he was rated as acceptable in 4 or 5 of the 6 periods. Bobby is still not a model student. But he's a lot better.

8.

Notice something remarkable about both the Vietnam and the Bobby case studies. In each one, relatively small changes—cooking with sweet-potato greens, greeting Bobby at the door—had a big impact on a big problem. There is a clear asymmetry between the scale of the problem and the scale of the solution. Big problem, small solution.

This is a theme you will see again and again. Big problems are rarely solved with commensurately big solutions. Instead, they are most often solved by a sequence of small solutions, sometimes over weeks, sometimes over decades. And this asymmetry is why the Rider's predilection for analysis can backfire so easily.

When the Rider analyzes a problem, he seeks a solution that befits the scale of it. If the Rider spots a hole, he wants to fill it, and if he's got a round hole with a 24-inch diameter, he's gonna

go looking for a 24-inch peg. But that mental model is wrong. For instance, in analyzing malnutrition in Vietnam, the experts had exhaustively analyzed all the big systemic forces that were responsible for it: lack of sanitation, poverty, ignorance, lack of water. No doubt they also concocted big systemic plans to address those forces. But that was fantasy. No one, other than Sternin, thought to ask, "What's working right now?"

In reviewing Bobby's situation at high school, the teachers and administrators whispered about all the things that were broken: broken home, learning disability, uncontrollable impulses. Any normal person, analyzing Bobby's situation, would have craved an intensive, complex solution to match the intensive, complex problem. But no one, other than the counselor Murphy, thought to ask, "What's working right now?"

To pursue bright spots is to ask the question "What's working, and how can we do more of it?" Sounds simple, doesn't it? Yet, in the real world, this obvious question is almost never asked. Instead, the question we ask is more problem focused: "What's broken, and how do we fix it?"

This problem-seeking mindset is a shortcoming of the Rider in each of us. Psychologists who have studied this phenomenon— our predilection for the negative—have reached some fascinating conclusions. As an illustration of what they've found, take a look at the following words taken from a "Learn English at home" website. They're all words for emotions. We've excerpted the first twenty-four of them from an alphabetical list. See if you notice any patterns:

ANGRY	DELIGHTED
ANNOYED	DISAPPOINTED
APPALLED	ECSTATIC
APPREHENSIVE	EXCITED

ASHAMED	EMOTIONAL
BEWILDERED	ENVIOUS
BETRAYED	EMBARRASSED
CONFUSED	FURIOUS
CONFIDENT	FRIGHTENED
CHEATED	GREAT
CROSS	HAPPY
DEPRESSED	HORRIFIED

Those are 24 of the most common "emotion" words in English, and only 6 of them are positive! In a more exhaustive study, a psychologist analyzed 558 emotion words—every one that he could find in the English language—and found that 62 percent of them were negative versus 38 percent positive. That's a pretty shocking discrepancy. According to an old urban legend, Eskimos have 100 different words for snow. Well, it turns out that negative emotions are our snow.

This negative focus is not confined to emotions. Across the board, we seem wired to focus on the negative. A group of psychologists reviewed over two hundred articles and concluded that, for a wide range of human behavior and perception, a general principle holds true: "Bad is stronger than good."

Exhibit A: People who were shown photos of bad and good events spent longer viewing the bad ones.

Exhibit B: When people learn bad stuff about someone else, it's stickier than good stuff. People pay closer attention to the bad stuff, reflect on it more, remember it longer, and weigh it more heavily in assessing the person overall. This pattern is so robust that researchers who study how we perceive one another have a label for it—"positive-negative asymmetry."

Exhibit C: A researcher reviewed seventeen studies about how people interpret and explain events in their lives—for example,

how sports fans interpret sporting events or how students describe their days in their journals. Across multiple domains—work and politics and sports and personal life—people were more likely to spontaneously bring up (and attempt to explain) negative events than positive ones.

We could present plenty more exhibits, but for now we'll give the study's authors the last (disappointed) word on the subject: "When we began this review we anticipated finding some exceptions that would demarcate the limits of the phenomenon . . . [but] *we were unable to locate any significant spheres in which good was consistently stronger than bad*" (emphasis added).

Bad is stronger than good. As Leslie Fiedler once said, lots of novelists have achieved their fame by focusing on marital problems, but there's never been a successful novel about a happy marriage.

9.

A particular strain of this "bad is stronger than good" bias is critical when it comes to tackling change. Let's call it a *problem focus*. To see it, consider this situation: Your child comes home one day with her report card. She got one A, four B's, and one F. Where will you spend your time as a parent?

This hypothetical comes from author Marcus Buckingham, who says that nearly all parents will tend to fixate on the F. It's easy to empathize with them: *Something seems broken—we should fix it. Let's get her a tutor. Or maybe she should be punished—she's grounded until that grade recovers.* It is the rare parent who would say, instead, "Honey, you made an 'A' in this one class. You must really have a strength in this subject. How can we build on that?" (Buckingham has a fine series of books on making the most of your strengths rather than obsessing about your weaknesses.)

When the Rider sees that things are going well, he doesn't

think much about them. But when things break, he snaps to attention and starts applying his problem-solving skills. So when your kids are making A's and B's, you don't think much about their grades. But when they make a D or an F, you spring into action. It's weird when you think about, isn't it?

What if the Rider had a more positive orientation? Imagine a world in which you experienced a rush of gratitude every single time you flipped a light switch and the room lit up. Imagine a world in which after a husband forgot his wife's birthday, she gave him a big kiss and said, "For thirteen of the last fourteen years you remembered my birthday! That's wonderful!"

This is not our world.

But in times of change, it needs to be. Our Rider has a problem focus when he needs a *solution focus*. If you are a manager, ask yourself: "What is the ratio of the time I spend solving problems to the time I spend scaling successes?"

We need to switch from archaeological problem solving to bright-spot evangelizing. There's no question that it's possible to do. Take Jerry Sternin. He came into an environment riddled with failure. The opportunities for analysis were endless. He could have stayed in Vietnam for twenty years, writing position papers on the malnutrition problem. But what he knew was this: Even in failure there is success.

An alcoholic goes an hour without a drink. Three sales reps out of fifty sell like crazy. A few Vietnamese mothers, with no more money than any others, manage to raise healthy kids.

These flashes of success—these bright spots—can illuminate the road map for action and spark the hope that change is possible.