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Do positive illusions contribute to human well-being?

M. C. Young

Psychologists such as Shelly E. Taylor have championed the idea that certain false beliefs, referred to as positive illusions, fulfill a significant role in contributing to human well-being. The goal of this article is to critically review the empirical evidence for this claim. The main concern, then, is whether the empirical evidence is conclusive in regard to the value of positive illusions for agents. The conclusion to be developed is that the latest psychological research is inconclusive in regard to the value positive illusions. This is due not only to evidence that draws into question the value of positive illusions for agents, but also due to methodological and conceptual problems with the positive illusion literature. Consequently, it could be the case that false beliefs contribute to agent well-being in specific situations, but it is difficult to claim that certain false beliefs are required for agent well-being.

Keywords: Positive Illusions; Self-Deception; Well-Being

1. Introduction

Psychologists such as Shelly E. Taylor have championed the idea that certain false beliefs, referred to as positive illusions, fulfill a significant role in contributing to human well-being. The goal of this article is to critically review the empirical evidence for this claim. The main concern, then, is whether the empirical evidence is conclusive in regard to the value of positive illusions for agents. The conclusion to be developed is that the latest psychological research is inconclusive in regard to the value positive illusions. This is due not only to evidence that disconfirms the value of positive illusions for agents, but also due to methodological and conceptual problems with the positive illusion literature. Methodological concerns arise in regard to how the value of positive illusions have been empirically confirmed. Conceptual concerns, on the other hand, focus on misuse of the term ‘false belief’. Specifically, Taylor and others attribute certain positive outcomes to false belief when the actual psychological phenomenon is
more accurately described as either optimistic belief or positive mood. The consequence of these three criticisms is that it is likely that false beliefs can contribute to agent well-being in specific situations, but it is difficult to claim that certain false beliefs are required for agent well-being.1

2. The Descriptive Account of Positive Illusions

Before considering the various ways positive illusions can possibly benefit agents, it is important to become familiar with the types of false beliefs Taylor and others have proposed have such benefit. This brief examination will therefore indicate the types of false beliefs that are identified as positive illusions.

The false beliefs identified by Taylor and others as beneficial can be demarcated into three distinct categories: illusions regarding the agent’s own attributes; illusions regarding personal control over future events; and undue optimism concerning the future. In regard to the first category, often referred to as self-enhancement bias, agents tend to believe that they are more intelligent and are more likable than their peers. Attributes possessed by the agent are held to be indicative of rare and distinctive talent, whereas any faults are dismissed as common and inconsequential. In regard to personal control over the future, agents tend to take credit for positive outcomes, attributing them to their own qualities and efforts, while negative outcomes are attributed to factors beyond the agent’s control. Finally, regarding undue optimism concerning the future, agents hold that negative future outcomes are more likely to occur to their peers than to themselves. Thus, agents tend to evaluate their own attributes, their personal control, and their personal success as being more positive than other agents (Anderson, Srivastava, Beer, Spataro, & Chatman, 2006, p. 1095; Taylor, 1989, pp. ix, 6–7, 9–10; Taylor & Brown, 1988, pp. 193, 196–197; Taylor & Brown, 1994, pp. 24–25). Such beliefs are described as false by Taylor and others, even though there are mild correlations between what the agent believes and how things are, in part due to the overestimation involved with such beliefs. For example, it is simply statistically impossible for the majority of agents to be above average in terms of personal success or personal talent. Consequently, when the majority of subjects in experimental situations rate themselves higher than others in terms of personal talent or possible future success, they are inaccurately representing their personal levels of talent and possible levels of future success. Such beliefs are illusory because they entail representations that do not fit with reality. These positive illusions are also described as false because their impetuses are typically maintenance of the agent’s self-esteem and self-schema. For example, psychologists have discovered that agents who exhibit high levels of self-esteem are also the agents who exhibit these positive illusions. If an agent’s estimation does correlate with his or her actual attributes, and future possible success, such correlation is held to be the result not of accurate insight in these domains but an accidental correlation between what his or her self-esteem compels him or her to believe and the way things are. These beliefs are therefore held to be false because agents do not arrive at them through an accurate assessment of evidence, but
rather through the influence of personal levels of self-esteem. Also, as mentioned, agents tend to possess certain self-schemas, or organized sets of beliefs about personal traits and role in the world, and these self-schemas also influence beliefs formed by the agent. Agents attempt to maintain the beliefs associated with their self-schemas, for example that they are witty or kind, and this in turn causes them to form false beliefs. This is because the self-schema acts as a filter through which information is interpreted. If some incoming evidence does not conform with a self-schema, then it is either modified or ignored. This is especially the case if the information is negative, for agents attempt to protect the self from informational inputs that may have a negative impact on either their self-esteem or self-schema. It is therefore the maintenance of either of these that causes the agent to form false, but positive, beliefs (Brown & Dutton, 1995, p. 1291; Taylor, 1989, pp. 13–15, 154–155; Taylor & Brown, 1988, pp. 194–197, 200, 204; Taylor & Brown, 1994, p. 24).

With this brief description of the types of false beliefs identified by Taylor and others in mind, the various ways in which positive illusions have been documented as beneficial for agents can now be considered.

3. The Benefits of Positive Illusions

The benefits of positive illusions are divided into three broad categories: contribution to mental well-being; contribution to physical well-being; and contribution to the agent’s ability to be adaptive. We will begin with contribution to mental well-being.

3.1. Positive Illusions and Psychological Well-Being

Traditionally, psychological well-being has been associated the possession of accurate self-perceptions, while the possession of illusionary beliefs was held to be indicative of mental illness. Consequently, when psychologists such as Taylor and Brown proposed that psychological well-being is achieved through the possession of positive illusions, they had to change its definition slightly. They removed the criterion of accurate self-perceptions and maintained other criteria traditionally associated with psychological well-being, such as happiness or contentment, positive view of self, ability to care for others, and capacity for productive and creative work. The claim is that the possession of positive illusions is associated with these other criteria which are definitive of psychological well-being, and therefore positive illusions are also associated with such well-being (Taylor, 1989, pp. 4–5, 7, 47–48; Taylor & Brown, 1988, pp. 197–200).

In regard to the first criterion, research suggests that agents who report experiencing greater levels of happiness and contentment are also agents who possess positive self-concepts, illusory beliefs of control and optimism concerning the future. Due to higher levels of happiness and contentment in agents with such illusions, it is thought that it is the illusions that are responsible for the presence of these elevated feelings of happiness and contentment, which has caused Taylor to propose that positive illusions promote happiness. She admits that the causal chain can proceed in the opposite direction, in
that agents in a positive mood will also express overly positive self-concepts, but nonetheless that there are documented instances where it is positive illusions that are the impetus for the positive mood. This claim is buttressed by research that purportedly shows that agents who engage in self-deception are less likely to be depressed, and exhibit fewer signs of mental disturbance, than agents who do not engage in self-deception (Taylor, 1989, pp. 49, 52–53, 159; Taylor & Brown, 1988, p. 200).

Positive illusions are also associated with the ability to care for others, as research has demonstrated that there is a correlation between such illusions and social bonding (Taylor & Brown, 1988, p. 200). Part of the contribution of positive illusions to successful social relationships is simply the result of the positive mood initiated by the former, since the positive mood itself initiates attempts to both interact with, and benefit, others, as well as positive evaluations of others. These illusions, though, can also have a more direct influence on social interaction. Taylor proposes that agents who do not possess positive self-concepts, but instead doubt their own self-worth, have difficulty caring about others since contact with these others can initiate “distress and feelings of inadequacy” (Taylor, 1989, pp. 53–55). On the other hand, agents who possess illusions that contribute to positive self-regard also exhibit positive regard for others. Also, agents who doubt their own talents and self-worth tend to be preoccupied with their own problems, and, in turn, cannot meet the needs of others. This then inhibits their ability to exhibit love and affection for others. In contrast, agents who possess illusions concerning the future are more willing to make personal sacrifices on behalf of others, which then facilitates stronger social bonds. Positive illusions contribute directly to self-sacrificing behavior, as agents appear to be willing to endure personal sacrifices if they believe that the future will bring good things (Taylor, 1989, pp. 54–55, 58).

In regard to the criterion of capacity for creative and productive work, it has been discovered that agents who possess the previously identified positive illusions are well-equipped to achieve such work. This is because these illusions are “associated with higher motivation, greater persistence, more effective performance, and ultimately, greater success” (Taylor & Brown, 1988, p. 199). Agents who unrealistically believe that success will ensue from task engagement are more willing to attempt various projects, and are more willing to stick with a task until they succeed. Such agents in turn are more likely to succeed due to such optimism, which then leads to the conclusion that illusions concerning success tend to be self-fulfilling. On the other hand, agents who exhibit negative judgments about the future also focus on possible negative outcomes and therefore inhibit their own motivation and performance. Positive illusions concerning the agent’s own attributes also leads to personal success, since such illusions contribute to exaggerated assessments of the agent’s own performance which then leads to further persistence when attempting various tasks.

These positive illusions also contribute to creative and productive work through their ability to maintain happiness or a positive mood in agents. Positive mood contributes to the agent’s ability to engage in constructive and creative work, since agents who exhibit a positive mood are able to recall relevant information more quickly and easily than agents who exhibit a negative mood and are more likely to
employ rapid and efficient problem solving strategies. Consequently, the positive mood engendered by positive illusions also facilitates the employment of effective cognitive strategies and therefore leads to success when attempting tasks (Taylor, 1989, pp. 58–60, 63–64, 68–71).

Since positive illusions contribute to the psychological well-being of agents, Taylor has proposed that accurate representations can no longer be held to be a necessary aspect of such well-being. Rather, the psychologically healthy agent is not an agent who possesses accurate representations, but instead represents the world as he or she would like it to be. Thus, in order to achieve psychological well-being, it seems that it is better that agents possess “systematic small distortions that make things appear better than they are” (Taylor, 1989, pp. 227–228).

3.2. Positive Illusions and Physical Well-Being

In regard to the claim that positive illusions contribute to physical well-being, Taylor and others are cautious. Taylor does not claim that agents can cure themselves of various physical ailments through positive thinking, but rather that evidence attesting to the value of positive illusions for physical well-being is growing. Positive illusions such as optimism and belief in control appear to contribute to health in two ways. First, if agents are optimistic about their futures, and have excessive beliefs in personal control, this may lead to better health practices which then leads to better health conditions for such agents. Second, these positive illusions appear to have direct physiological effects on the body which then leads to better health conditions for agents (Taylor, 1989, pp. 87–91). Let us consider each in turn.

Beginning with the claim that positive illusions contribute to better health practices, in one research study, conducted by Taylor et al., it was discovered that subjects who tested seropositive for HIV, but were optimistic about not developing AIDS, engaged in better health practices than subjects whose HIV status was seronegative and subjects whose HIV status was seropositive but were pessimistic about developing AIDS. This correlation could be explained due to the seropositive status of such men, in that seropositive gay men engage in better health practices because of their seropositive status in order to avoid developing AIDS, while seronegative gay men do not have to be as concerned about their health because they are seronegative. Assuredly, there is merit to this possibility, but the occurrence of AIDS-specific optimism also fulfills an explanatory role and attests to the value of positive illusions. This is attested to, in part, by the fact that such men possessed a number of illusory beliefs. These men believed that they had developed some immunity to the AIDS virus and were substantially more optimistic about not developing AIDS than seronegative men, even though they acknowledged they were at greater risk for developing AIDS. Such beliefs, especially optimism concerning the possibility of not developing AIDS, were unwarranted. The warranted belief was that the development AIDS was more likely, especially since at the time of the study, it was commonly believed by the medical community that men who are seropositive were more likely to develop AIDS.
The fact that the seropositive subjects possessed such illusory beliefs attests to the idea that their beliefs and habits, including better health practices, were not generally the result of an accurate representation of their situation. The seropositive subjects exhibited a pattern in their thinking and belief formation such that their beliefs appear to be the result of their optimistic outlook and not the result of adherence to the evidence. For even when they admitted that they were at greater risk for developing AIDS, this did not influence their beliefs. It did not cause them to believe that they were more vulnerable to developing AIDS, but instead they formed inaccurate beliefs concerning their present and future health status. Consequently, their beliefs concerning how their health practices could contribute to their future health also likely had the same impetus; i.e., AIDS-specific optimism and not any evidentiary grounding (Taylor et al., 1992, pp. 460–472).

That it is such optimism that caused the seropositive men to engage in various health-conducive practices is reinforced by the fact that men who were seropositive, but did not possess such optimism, were less likely to engage in better health habits. If it were the realization that one was more susceptible to developing AIDS that could explain their better health practices, then one would expect that there would be little or no difference in the health practices between men who were seropositive and optimistic, and men who were seropositive and pessimistic. But men who possessed AIDS-specific optimism were more likely to engage in better health practices than men who did not possess such optimism. Both sets of men possessed the same evidence, and believed that they were at significant risk for developing AIDS, but differed in terms of their optimism as well as their health habits. It therefore appears that it is the occurrence of AIDS-specific optimism that can account for the differences in their behavior and not an accurate appraisal of their situation (Taylor et al., 1992, pp. 460–461, 469–472).

Illusory beliefs, as mentioned, do not simply influence agent behavior, but also appear to have a direct positive impact on the physiological state of agents. For example, Taylor and her research team examined the influence of beliefs in personal control, optimism, and a sense of meaning on disease progression. What they discovered is that men who possessed accurate beliefs concerning their HIV status also died on average nine months earlier than men who refused to acknowledge the actual consequences of their HIV status. In this study, Taylor and her research team were very careful to remove other possible variables that could explain the longevity of those men who were optimistic and who refused to acknowledge the real possibility of their death. Thus, they controlled for variables such as poor health habits by men who accepted the possibility of their own death, as well as the onset of depression through such acceptance, and found that such variables could not account for the longevity of men who refused to accept the real possibility of death. Rather, it was the positive expectations of those men who refused to accept their own death, and therefore exhibited positive illusions such as optimism concerning the future and exaggerated beliefs in control, which led to greater longevity (Taylor, Kemeny, Reed, Bower, & Gruenewald, 2000, pp. 99–100, 102–107).
If the evidence concerning the biological influence of positive illusions is combined with the consideration that such illusions contribute to better health practices, it then becomes difficult to dismiss the merits of certain false beliefs for physical well-being. In turn, it does not seem that the possession of true beliefs would produce much good for agents. The accurate beliefs of seropositive men appeared to lead such agents to die sooner than those agents who possessed illusory beliefs. It therefore seems that accurate beliefs are not necessary to achieve the good of health and may even be detrimental to it.

3.3. Positive Illusions and the Ability to be Adaptive

That positive illusions provide adaptive qualities for agents has already been demonstrated to some extent. When considering their contribution to mental well-being, it was proposed that false beliefs lead agents to form better social bonds with others. It was also suggested that such illusions contribute both to the ability to engage in creative and productive work and to physical well-being of agents. All of these goods that result from the possession of positive illusions attest to their adaptive value. Agents who can form positive bonds with others, can engage in creative and productive work, and possess physical well-being certainly will be more successful than agents who do not possess such qualities. With this subsection, the focus is specifically on how positive illusions either contribute to successful functioning in the world, or do not hinder such functioning. The conclusion to emerge is that positive illusions are adaptive, since they provide their own means of taking in negative information to contribute to agent success. Moreover, such illusions seem to decrease naturally when they would hinder effective functioning, and then return to normal levels when they would facilitate effective functioning. Ultimately, if positive illusions contribute to successful functioning for agents, it then becomes difficult to question their value.

Taylor proposes that agents who possess such illusions are highly responsive to negative information. For example, agents who possess unrealistic optimism about the future are still quite responsive to what Taylor calls objective evidence; i.e., evidence about the risks involved with taking various courses of action. Such negative information is reluctantly accepted, while positive outcomes are still regarded as more likely than negative outcomes. So, even though agents who possess positive illusions do not accurately perceive their vulnerability to specific threats, they nonetheless acknowledge them, and this leads to an increase in their assessments of their personal susceptibility to such threats. Consequently, illusions are maintained while negative information is acknowledged so that the latter can influence agent choices and behavior.

In fact, the mechanisms which lead agents to have illusory beliefs are also effective in facilitating the incorporation of negative information. When agents receive information that is contrary to their expectations or previous judgments, and their current stock of beliefs must be altered, such alterations typically occur unconsciously. In such situations, agents construct memories that enable them to maintain that they have always held beliefs that are consistent with the new information they have received. In this way, Taylor proposes, agents can be receptive to new information and learn from their mistakes while maintaining illusions of infallibility. The perception
that one has “made a mistake in judgment or changed [one’s] opinion is [therefore] fleeting, if present at all” (Taylor, 1989, pp. 36–37, 110, 131–132, 150–151, 157, 240).

It therefore appears that the possession of positive illusions does not hinder the ability to acknowledge information or the ability to adapt to various changes in the environment. Further, such illusions do not appear to be always present, but rather conveniently decrease when they would be too detrimental to agent functioning. Specifically, it was discovered that when agents are in a pre-decisional phase, their illusory beliefs are somewhat suspended. That is, when agents have to appraise various options by weighing the pros and cons of these different options, agents are more aware of their own shortcomings, the likelihood of success, and the limitations imposed by the environment. Once deliberation has ceased to occur, and agents are in a post-decisional phase, and must implement the choices they have made, their illusions return to normal levels. This has caused researchers to make the distinction between the “deliberative” mindset and the “implemental” mindset. Agents in the deliberative mindset appear to be less affected by illusory beliefs while agents in an implemental mindset exhibit the normal illusions identified by Taylor and others.

Both mindsets are deemed adaptive. In regard to the deliberative mindset, the adaptiveness of having accurate beliefs seems obvious. In such situations, agents are making decisions that can have an impact on the rest of their lives. For example, if they are deciding on a particular career or to get married, then a significant degree of accuracy in their beliefs is indispensable. If some agent incorrectly assesses his or her talents, and chooses a career he or she is not well-suited for, then only frustration will result. The illusions of the implemental mindset are also adaptive, since exaggerated beliefs about one’s talents, personal control, and probability of success typically causes agents to be more diligent in pursuing goals and therefore leads to success. Consequently, instead of leading to failure and frustration, positive illusions appear to lead to personal success. When there is a possibility that they may hinder agent functioning they decrease, and when the agent requires the necessary motivation to accomplish goals decided upon, positive illusions facilitate success by providing such motivation (Taylor & Gollwitzer, 1995, pp. 213–214, 217, 223–224).

Taylor and others therefore appear to have accumulated a significant amount evidence that attests to the value of positive illusions for agents. As outlined, these illusions seem to contribute to psychological and physical well-being, and also social well-being, due to their adaptive qualities. Consequently, it seems difficult to question their value for agents. This is not the end of the story, though, as other psychologists have gathered evidence that draws into question the value of positive illusions. We will now consider this evidence.

4. Questioning the Value of Positive Illusions

There are various reasons to doubt the legitimacy of the claim that positive illusions are valuable for agents despite the evidence considered in the previous section. These reasons include: empirical disconfirmation of the positive illusion hypothesis; methodological problems with the positive illusions literature; and conceptual
problems with the positive illusion literature. In the following subsections, these various reasons are summarized in some detail to show that the value of positive illusions for agents is still undecided.

4.1. Empirical Disconfirmation of the Positive Illusion Hypothesis

The empirical literature considered so far appears to demonstrate the value of positive illusions. In this subsection, the focus is on empirical literature that questions the value of these false beliefs, for not all psychologists agree with the assessment offered by Taylor and others.

First, there is evidence that positive illusions are not required to obtain or sustain psychological well-being. For example, one study demonstrated that subjects can exhibit high levels of self-esteem, and fail to exhibit traits such as depression, maladjustment, and neurotic behavior, while also failing to exhibit the positive illusions identified by Taylor and others. These agents not only failed to exhibit positive illusions, but when they were compared with subjects who did exhibit such illusions, they “were higher on self-criticism and personality integration and lower on psychoticism” (Colvin & Block, 1994, p. 9). Consequently, it does not appear that positive illusions are required for psychological well-being, but rather are simply not inconsistent with it. An agent can possess both positive illusions and psychological well-being, and therefore the two are compatible, but an agent can also fail to exhibit such illusions and nonetheless still possess psychological well-being. Even further, as indicated above, agents who exhibit accurate beliefs also appear to exhibit other valuable behaviors and states such as increased capacity for self-criticism and personality integration. If these latter two are valuable, and the agent does not require positive illusions to possess psychological well-being, then it seems that more desirable ends can be achieved without positive illusions than with them.

There is also evidence that positive illusions can detract from psychological well-being. For example, one study showed that agents who possessed unrealistic optimism also experienced intense negative affect when this optimism was unfulfilled. Such intense negative affect is clearly detrimental to the agent’s psychological well-being. Since the optimism associated with positive illusions is “unrealistic,” it is also highly likely that this optimism is rarely fulfilled, and therefore that negative affect is a common experience for agents with such optimism (Colvin & Block, 1994, p. 12). Consequently, there is evidence that positive illusions can also detract from the psychological well-being due to the negative affect of unfulfilled unrealistic optimism.

Evidence has also been gathered that shows that positive illusions can detract from social well-being. Specifically, another study demonstrated that agents who exhibit a self-enhancement bias also exhibit poor social skills and various undesirable personal traits when described by trained observers and friends. For example, male subjects who self-enhanced were described by observers and friends as guileful, deceitful, distrusting of others, condescending, hostile, unable to delay gratification and as having a “brittle ego-defense system” (Colvin, Block, & Funder, 1995, pp. 1152–1156). Non-self-enhancing male subjects, on the other hand, were described by trained
observers as "relatively straightforward and forthright, possessing high intellect, and having an internally consistent personality" (Colvin et al., 1995, p. 1155). When described by friends, non-self-enhancing males were deemed to be considerate, sympathetic, charitable, and to possess a consistent personality. Female subjects were similarly described, for those that exhibited self-enhancement bias were described as narcissistic, hostile, self-defensive, self-defeating, and as also possessing a “brittle ego-defense system” (Colvin et al., 1995, pp. 1155–1156). Female subjects who did not exhibit self-enhancement bias were described as introspective, cheerful, interesting, complex, intelligent, and as “possessing social poise and presence” (Colvin et al., 1995, pp. 1155–1156). Consequently, rather than contributing to social well-being, the authors of this study concluded that exaggerated beliefs concerning the agent's own attributes are detrimental to such well-being, since they lead to behaviors that are harmful to social interactions (Colvin et al., 1995, p. 1159).

These conclusions have been duplicated in other similar studies. For example, in one study, which relied on evaluations from fellow participants as opposed to external observers, it was discovered that self-enhancers typically made better first impressions on their peers when compared to non-self-enhancers, but as interactions continued, peer judgments were reversed. Self-enhancers were deemed more agreeable than non-self-enhancers, but as group members were exposed to one another over a period of seven meetings, it was the non-self-enhancers that were eventually deemed more agreeable. On first meeting, self-enhancers were described as confident, intelligent, and entertaining, but by the seventh meeting, these self-enhancers were described as hostile, defensive, and as overestimating their abilities. From this study it was also concluded that the self-enhancement personality overlaps significantly with narcissistic behavior, and that instead of being a transient personality trait, it entails a self-deceptive and inflexible “central component of character” (Paulus, 1998, pp. 1201–1295).

The results of this study, though, did not lead to the conclusion that self-enhancement is always maladaptive, since self-enhancers did exhibit some adaptive qualities. For example, self-enhancers possess high self-esteem and therefore were deemed “adaptive with respect to the intrapsychic criterion of having a positive self-view” (Paulus, 1998, p. 1207). As noted, they also make good first impressions, which attests to the claim that self-enhancement can be “interpersonally adaptive in the short run” (Paulus, 1998, p. 1207). Since many social interactions are short-term, it would seem that self-enhancement will have socially adaptive consequences. Thus, the evidence from this study is mixed, which caused the author to conclude that whether some trait is deemed adaptive or not will depend on how “adaptiveness” is itself defined and measured. In one context, as the above evidence suggests, self-enhancement appears maladaptive while in another it is adaptive (Paulus, 1998, p. 1207).

Other psychologists have also come to the conclusion that positive illusions are in some ways adaptive and in some ways maladaptive. For example, R. W. Robins and J. S. Beer conducted two studies which provided mixed results. In one lab study subjects evaluated their own performance in a group task. This was then compared with the evaluations of their fellow participants. The second study, performed in a
real-world longitudinal context, measured students’ beliefs concerning their academic abilities as they progressed through college. This was then compared with their actual performance in college. In regard to the first study, Robins and Beer concluded that subjects who self-enhanced exhibited adaptive qualities such as positive affect, or increased mental well-being, in certain contexts. Nonetheless, in the second study, the maladaptive aspects of self-enhancement were revealed. It was discovered that those subjects who exhibited a self-enhancement bias also exhibited declining levels of self-esteem and became increasingly disengaged from the academic context as they progressed through college. These self-enhancers were able to maintain higher levels of mental well-being than non-self-enhancers, but nonetheless, they exhibited a downward trajectory in regard to such well-being when compared to non-self-enhancers. This caused Robins and Beer to conclude that self-enhancement bias promotes mental well-being in the short-term, but as time progresses, its positive effect diminishes. When faced with negative feedback that does not match with their unrealistic expectations, self-enhancers, as mentioned, tend to disengage from tasks rather than persist at those tasks.

Thus, contrary to what is suggested by Taylor and others, false beliefs concerning one’s own abilities do not lead to better performance, due to the motivational influence of such illusory beliefs, but in fact lead agents to disengage from difficult tasks. Robins and Beer concluded that self-enhancement may contribute to subjective well-being, by producing positive affect and high levels of self-esteem, but since these diminish over time and do not result in better performance, such illusory beliefs may only possess short-term benefits and entail long-term costs. Self-enhancement entails long-term costs largely because self-enhancing agents eventually have to come to terms with their unrealistic expectations. When they do, what will likely result is the negative affect mentioned earlier in regard to unfulfilled unrealistic optimism of the self-enhancer (Robins & Beer, 2001, pp. 341–342, 344, 346–347, 349–359).

These various studies are notably silent in regard to the contribution of the positive illusions to the physical well-being of agents. Assuredly, if positive illusions do contribute to the physical well-being of agents, as suggested by the research of Taylor and others, then they would have significant, and possibly necessary, value for agents. Without empirical disconfirmation, this claim cannot be easily dismissed. Nonetheless, true belief confers some obvious benefits for physical well-being that constitute a viable counterbalance to the empirical evidence that demonstrates the value of false beliefs for physical well-being.

For example, medical knowledge, or true beliefs gathered primarily via the scientific method, fulfills an indispensable role in any attempt to treat physical afflictions. It would be difficult to argue that health care practitioners can perform their specific tasks effectively on the basis of pervasive false beliefs. True beliefs are not merely valuable for health care practitioners, but also their patients. Assuredly, true beliefs concerning things such as cigarette smoking, alcoholism, nutrition, and so on can fulfill a significant role in the physical well-being of agents. Informed consent also attests to the value of true beliefs as an integral component of health care practice. The practice of informed consent entails a process where health care practitioners must
convey accurate information to patients so that these patients can make decisions that fit with their own values and goals (Katz, 1994; Kluge, 2004). Informed consent cannot be achieved on the basis of pervasive false beliefs.

Finally, as will be argued in the next section, some of the psychological mechanisms that contribute to physical well-being cannot accurately be construed as “false beliefs.” Rather, more accurate descriptions would be optimistic belief and positive mood. Before such a criticism is formulated, though, methodological problems with the positive illusion research are considered.

4.2. Methodological and Conceptual Problems with Positive Illusion Research

The focus of this subsection is certain methodological problems that have been identified with the positive illusion literature and one conceptual problem. These problems again draw into question the validity of claims made by various psychologists concerning the value of positive illusions.

One of the prevalent methods relied on by psychologists who propose that positive illusions are associated with mental well-being is self-report scales. With self-report scales, subjects indicate, based on their own judgments, whether psychological well-being is present or absent. The validity of this method for determining whether subjects actually possess psychological well-being has been questioned because the subjects involved admittedly possess certain illusory beliefs and therefore are prone to distorting reality. The claim is that since such agents do not perceive various aspects of the world accurately, but instead interpret these aspects in self-serving ways, there is a significant probability that their beliefs concerning their own psychological well-being will exhibit similar self-serving distortions. Such subjects will profess that they do possess well-being when in fact they do not (Colvin et al., 1995, p. 1153).

The possibility of distortion has been confirmed in a study conducted by Shedler, Mayman, and Manis. They discovered that some of the subjects who were deemed to possess psychological well-being, based on self-report scales, were actually psychologically distressed and engaging in defensive denial. These subjects preserved the belief that they were psychologically healthy by denying much of their emotional life, so that they had little awareness of their own wishes, needs, and feelings. Consequently, they possessed illusory psychological well-being. This diagnosis was based on judgments of clinical analysts, as well as certain physiological indicators of distress such as heart rate and blood pressure. Subjects who were deemed to be engaging in defensive denial not only exhibited higher levels of coronary reactivity than subjects deemed to possess actual psychological well-being, but also higher levels than subjects who were admittedly psychologically distressed. This led the researchers to conclude that the process of denial has physiological costs that could be significantly detrimental to the subject’s physical health. The authors further concluded that self-report scales cannot be relied on as an indicator of actual psychological well-being, and therefore that claims made concerning the value of positive illusions for such well-being is questionable since these claims are largely based on self-report scales. Some subjects who report being psychologically healthy may actually be such, while others...
will be simply engaging in defensive denial (Shedler, Mayman, & Manis, 1993, pp. 1117–1120, 1123, 1127–1128).

One could object to the conclusions of this research by proposing that the methods relied on by Shedler, Mayman, and Manis to assess psychological well-being are themselves questionable. The authors admit this possibility, as they acknowledge that the methods they relied on have been disparaged by some researchers, but they nonetheless stand by this method and the results it led to (Shedler et al., 1993, p. 1129). Also, Taylor, along with Lerner, failed to replicate the findings of the former study. Instead of discovering that certain positive illusions were associated with defensive denial and physiological costs, they found that self-enhancement was actually correlated with physiological well-being. Subjects who were deemed to be engaging in self-enhancement also exhibited “lower physiological responses to stress and lower baseline cortisol levels” (Taylor & Lerner, 2003, p. 613). That subjects who exhibited positive illusions also exhibited lower baseline cortisol levels was deemed a significant result, since baseline cortisol levels indicate chronic functioning of the hypothalamic-pituitary-adrenocortical axis to stressful situations. What the lower cortisol levels in self-enhancing subjects thus suggests is that positive illusions “may have been biologically protective across previous encounters with stress” (Taylor & Lerner, 2003, p. 613). Hence, contrary to the research of Shedler, Mayman, and Manis, Taylor and Lerner have provided evidence that positive illusions do have a positive physiological impact on subjects when they are in stressful situations.

This debate cannot be settled here, for its resolution would require further empirical research to generate consensus, as well as discussion of methodological issues. Nonetheless, the debate shows that the positive illusion hypothesis is questionable. It demonstrates that not all agents who possess positive illusions actually possess psychological well-being, but it also demonstrates more than this. It demonstrates that it can be difficult to distinguish between subjects who possess positive illusions and actual well-being from subjects who are engaging in defensive denial and therefore possess illusory well-being. Consequently, some of the subjects that Taylor and others have relied on to establish the positive illusion hypothesis would count against it and not in its favor.

A second methodological criticism has similar implications, for it also suggests that not all of the subjects that have been identified as attesting to the merit of the positive illusions hypothesis actually do this. Rather than suggesting that some subjects who possess positive illusions actually possess illusory well-being, it suggests that some of the subjects who possess well-being actually possess accurate beliefs and not illusory ones. This second methodological criticism focuses on how the beliefs of agents are deemed accurate or inaccurate. As indicated previously, psychologists working on positive illusions deem the beliefs of subjects to be inaccurate on the basis of how agents rate themselves when it comes to the possession of traits, personal control, and possible beneficial future. Agents typically rate themselves higher than average when it comes to the former categories, and since it is statistically impossible for the majority of agents to be above average, most of these agents can be deemed to possess inaccurate beliefs (Brown & Dutton, 1995, p. 1291; Paulus, 1998, p. 1197; Taylor & Brown, 1988,
pp. 194–197; 1994, p. 24). This is a problematic method for determining whether subjects possess false beliefs, since some of those subjects who report being above average will actually be above average. Their assessments therefore have to be considered accurate as opposed to inaccurate, and, in turn, some of those subjects who were deemed to possess well-being by positive illusion theorists will have achieved this state without the aid of positive illusions. Rather, well-being was achieved through the possession of accurate beliefs (Colvin et al., 1995, pp. 1152–1153; John & Robins, 1994, p. 216; Robins & Beer, 2001, pp. 340, 350).

In order to distinguish better between subjects who possess accurate as opposed to inaccurate beliefs in the pool of subjects who also possess well-being, various psychologists have recommended that the self-reports of subjects be measured not against a statistical average but instead against valid external criteria. Examples of such external criteria include the assessments of observers, and performance on tasks that can be objectively measured (Colvin et al., 1995, pp. 1153–1154; John & Robins, 1994, pp. 206–207, 209; Robins & Beer, 2001, pp. 340, 347). Such criteria are deemed indispensable for studying the effects of positive illusions since “they provide an explicit standard for gauging bias in a person’s self-evaluations and thus provide a way to separate those who are truly biased from those who have accurate positive beliefs about themselves” (Robins & Beer, 2001, p. 340). It is reliance on these types of criteria that has provided the basis for much of the empirical disconfirmation of the positive illusion hypothesis considered in the previous subsection (Colvin et al., 1995, pp. 1159–1160; John & Robins, 1994, pp. 206, 216–218; Paulhus, 1998, pp. 1197, 1204, 1206; Robins & Beer, 2001, pp. 340, 350).

To sum up, these two methodological criticisms show that it can be difficult to distinguish subjects that possess actual well-being from those who possess illusory well-being, as well as subjects who possess accurate beliefs as opposed to inaccurate beliefs. We then have a possibility of at least four different categories: agents who possess accurate beliefs and well-being; agents who possess inaccurate beliefs and well-being; agents who possess inaccurate beliefs and illusory well-being; and finally, agents who possess accurate beliefs and lack well-being. This is quite different from the type of dichotomy that appeared to emerge from the positive illusion literature between agents who possess both positive illusions and well-being and agents who possess accurate beliefs and lack well-being. If these four categories better represent how beliefs and well-being are distributed among the population, it then becomes difficult to claim that positive illusions are required for well-being. Rather, a more modest claim is that there is a correlation between positive illusions and well-being. Some agents who possess positive illusions also possess well-being, whereas some agents possess well-being without the presence of illusory beliefs.

Turning now to a conceptual problem with the positive illusion research, a claim can be made that if we are clear about the specific meanings of key terms, then some of the literature Taylor cites to establish the positive illusion hypothesis actually does not provide evidence for it. More specifically, Taylor includes within the category of false beliefs, or positive illusions, beliefs and states of the agent that legitimately cannot be conceptualized as false beliefs. For example, Taylor proposes that agents who exhibit a
positive mood and optimism tend to also exhibit higher levels of motivation that then cause them to persevere at tasks. Since agents persevere, due to the influence of their positive mood and/or optimistic beliefs, this then causes agents to be successful at what they attempt. This causes Taylor to claim that positive illusions “help to create self-fulfilling prophecies” (Taylor, 1989, pp. 59–64). If we assess these claims made by Taylor, we can see that they do not attest to the value of false beliefs.

First, “optimistic belief” does not always warrant the label ‘false belief’. This is because the agent’s optimistic belief is directed toward a state of affairs that has not yet obtained, and therefore it can be difficult to claim that it is either true or false. As Taylor admits, “the future provides the greatest opportunity for illusions to operate, because maintaining them requires no distortions of real events . . . One is not tied to concrete reality” (Taylor, 1989, pp. 84–85). Some optimistic beliefs, of course, can be deemed false even if they are directed toward a future that has not yet obtained, since what is represented by the belief can be highly improbable. But in some situations, the optimism represented by the belief is underdetermined, and therefore we cannot construe it as either true or false. Rather, the belief is merely positive in that it projects a desired outcome as opposed to an undesirable, or negative, outcome. Such optimistic beliefs therefore seem to warrant the label ‘positive thinking’, or ‘positive believing’, as opposed to false, or true, belief.

This label is especially warranted since, as Taylor proposes, optimistic beliefs can be self-fulfilling. That is, if some optimistic belief, due to its positive influence on motivation, leads to the obtaining of the intended state of affairs, then hindsight tells us that the belief was not false. For example, if a basketball team believes that it can beat a statistically better team, and this optimistic belief leads them to beat the statistically better team, then their belief was not false. It was simply optimistic. Also, an agent can be optimistic about the future, and this optimism may be accurate. Consequently, when agents are motivated by optimistic beliefs, it is inaccurate to claim that they are always motivated by false beliefs, or positive illusions. Consequently, optimistic believing does not always attest to the value of positive illusions.

A similar conclusion emerges when considering positive mood. If an agent is happy, this is an affective state of the agent, but not a doxastic, or cognitive, state; i.e., it is not a state by which the agent represents the world either accurately or inaccurately. Mood may influence the beliefs the agent forms, but these moods themselves are not beliefs. Positive mood is instead a disposition that can influence the beliefs formed in the same way that maintenance of a self-schema can. Consequently, when Taylor writes about the value of positive mood for human life, and especially contrasts it with negative mood and low self-esteem, she is not writing about the benefits of certain pervasive false beliefs, but simply the benefits of a certain psychological disposition. And it is a psychological disposition that is compatible with either true or false beliefs. That is, agents can exhibit a positive mood while having either true or false beliefs. Hence, Taylor and other positive illusion theorists are making a conceptual mistake if they equate positive mood with false belief, or negative mood with accurate beliefs or with beliefs in general. They therefore cannot rely on the benefits of “positive mood,” or happiness, to demonstrate the value of false beliefs or positive illusions.
5. Conclusion

After consulting the research of various psychologists, it seems entirely possible that certain false beliefs, or positive illusions, can contribute to the human good in a variety of ways. Through the consideration of other empirical research, though, we have seen that it is also possible for false beliefs to have a detrimental impact on the well-being of agents, and that the possession of true beliefs is compatible with agent well-being. Consequently, the empirical evidence appears inconclusive concerning the value of false beliefs and the disvalue of true beliefs. Such a conclusion is especially warranted when one considers specific methodological and conceptual problems with the positive illusions literature. Connecting these various claims has the consequence that currently, the value of certain false beliefs is underdetermined. Maybe certain false beliefs warrant the label ‘positive illusions’, due to their impact on specific agents, but it is difficult to claim that these false beliefs are somehow definitive of agent well-being given the various considerations outlined in this article.

Note

[1] It should be noted that various philosophers have attempted to make the case for the value of true beliefs. Notable examples include Kornblith (1993) and Lynch (2004). Since this paper is focused solely on a review of the psychological literature on the value of positive illusions, no attempt is made to argue for the value of true beliefs or compare the positions of Kornblith, Lynch, or others with the psychologists considered herein. Nonetheless, in order to assess the value of positive illusions, research from psychologists concerning the value of true beliefs is considered.

References


