Positive Illusions and Coping with Adversity

Shelley E. Taylor and David A. Armor

University of California, Los Angeles

ABSTRACT We review the literature showing that positive illusions (i.e., self-aggrandizement, unrealistic optimism, and exaggerated perceptions of control) are common and associated with successful adjustment to stressful events, including conditions of extreme adversity. Using theory and recent data, we offer a basis for integrating positive illusions with the constraints of reality. We explicitly contrast the social psychological model of positive illusions with a personality viewpoint that addresses the question “Do higher levels of positive illusions predict higher levels of adjustment?” These issues are explored in the context of people coping with an array of normal stressful events, as well as those coping with more extreme stressful events, including cancer, heart disease, and HIV infection.

Life is seldom as unendurable as, to judge by the facts, it ought to be.

—Brooks Atkinson

Theory and research on positive illusions provide a theoretical and empirical context for understanding how people cope with negative events. In previous work, we (Taylor, 1983, 1989; Taylor & Brown, 1988) found that, when faced with threatening information or stressful events, people often respond with mildly distorted positive perceptions of themselves (self-aggrandizement), an exaggerated sense of personal control, and overly optimistic expectations about the future. We suggested that these three illusions typically characterize people’s beliefs

The research described in this article was supported by Grants MH 42152 and MH 42918 from the National Institute of Mental Health. Correspondence concerning this manuscript should be addressed to Shelley E. Taylor, Department of Psychology, 1283 Franz Hall, University of California, Los Angeles, CA 90024-1563.

Copyright © 1996 by Duke University Press.
In this article we review the theoretical model and the empirical evidence for the role of positive illusions in adjusting to threatening events, with particular emphasis on two important questions: Given that positive illusions represent a mild distortion of the facts, how can one reconcile these beliefs with the constraints of reality? Second, if positive illusions about one's self, the world, and the future are disconfirmed, does that leave an individual more vulnerable to psychological distress than would have been the case had perceptions not been marked by illusion? We then turn to the question: Do positive illusions constitute the basis of an individual difference model of adjustment to threatening events? We conclude that an individual difference approach is viable only to a point. We maintain that, typically, positive illusions are kept within a modest range by feedback from the social environment, and thus extreme levels of positive illusions may represent a qualitatively different phenomenon from that observed in the majority of healthy adults. Such extreme levels may reflect, among other things, an inability or unwillingness to make use of social feedback. Finally, we ask: Are positive illusions the only route to psychological adjustment in the face of trauma? We conclude that a variety of psychological models and dynamics may characterize mental health generally and psychological adjustment in the face of trauma in particular, and that culture provides an important context within which to view these dynamic processes.

Theoretical and Historical Context

For the past 15 years, Taylor and her associates have studied how people adjust to threatening events (e.g., Buunk, Collins, Taylor, Van YPeren, & Dakof, 1990; Collins, Taylor, & Skokan, 1990; Reed, Taylor, & Kemeny, 1993; Taylor, 1983, 1989; Wagener & Taylor, 1986). We conceptualize trauma as a disruptive negative event that produces life disturbance and at least temporary aberrations in psychological functioning, marked by anxiety, depression, and other negative emotional states. Our research has been guided by theory and research in social cognition and a desire to identify what kinds of beliefs and perceptions are associated with a return to psychological normality. At the outset of these endeavors, our implicit assumption was that homeostasis characterizes psychological adjustment to trauma or potential trauma, and that certain beliefs about the self, one's degree of personal control, and
the future enable people to adjust better and more quickly, returning to the lives they had put on hold.

An initial empirical study with breast cancer patients (Taylor, Lichtman, & Wood, 1984) quickly revealed the flaws in this reasoning. On the basis of interview data, it became clear that when people have faced these kinds of severe life-threatening events, they do not get back to normal: They become different, at least from their own perspective. Repeatedly, the women with whom we spoke told us that their lives had been altered in many ways for the better by the breast cancer experience. This was true of more than two-thirds of the women we interviewed, and included patients with both good and poor prognoses. They spoke, in particular, of reordering their priorities, spending time on important relationships, and devoting less attention to such mundane activities as household chores and yard work (Taylor, 1983; Taylor et al., 1984). From many of their accounts there emerged a mildly disturbing disregard for the truth. Many of the women asserted that they had a high degree of personal control over the cancer, despite the fact that there is little evidence that such perceptions are veridical. Many of the women had overly optimistic assessments of the likelihood of their survival and told us confidently that they had beaten the cancer, although we knew from the chart records that many of them would soon die.

To see if these positive but false beliefs were adaptive, we created a measure of psychological adjustment based on oncologists' ratings of the patients' adjustment, clinical psychologists' ratings of patients' adjustment, and several standardized measures of psychological functioning. Regardless of which measure we used, these beliefs were associated with good, rather than poor adjustment. For example, the belief that one could personally exert cognitive control over one's cancer was strongly associated with adjustment, and this belief was held by more than half our sample (Taylor et al., 1984).

We coined the term "positive illusions" (Taylor, 1983) to capture the essence of this phenomenon, namely the emergence of positively distorted beliefs in the face of threatening information. We argued that when people experience personal tragedies or setbacks, they respond with cognitively adaptive efforts that may enable them to return to or exceed their previous level of psychological functioning. The themes around which such adaptations occur may include a search for meaning in the experience, an effort to regain a sense of mastery, and an attempt to restore a positive sense of self (Taylor, 1983). The goals toward which these efforts are directed appear to be a sense of personal con-
control, the ability to be optimistic about the future, and self-enhancement. Not all the beliefs that people developed in the wake of cancer were based on illusion, and indeed, there is nothing intrinsic to cancer experience that necessitates that all its effects be adverse. Nonetheless, the positive illusions about prognosis and personal control over cancer were sufficiently plentiful that we devoted our subsequent attention to these issues.

The illusory component of these adaptive beliefs sharply conflicts with the existing literature on mental health. Throughout the history of psychological inquiry, many theorists have maintained that the psychologically healthy person is one who maintains close contact with reality (e.g., Erikson, 1950; Fromm, 1955; Jahoda, 1958; Maslow, 1950; see also Jourard & Landsman, 1980; Schulz, 1977, for recent reviews). Yet our results on adjustment to trauma seem to contradict this assumption. Although the literature on mental health does not provide a basis for understanding the adaptiveness of positive illusions, the social cognition literature on self-assessment, perceptions of control, and risk perception does. In the next section, we make explicit the theoretical statements that generated research on positive illusions and briefly review the research that supports those statements.

**Positive Illusions as a Dynamic Model of Personality**

Our theoretical and empirical work on positive illusions suggests four significant generalizations that form the core of our theoretical and empirical work.

1. *In the absence of threat, normal human perception reveals evidence of modest degrees of self-aggrandizement, an illusion of control, and unrealistic optimism.*

Several dozen investigations, reviewed in two articles (Taylor & Brown, 1988, 1994a), attest to the existence of self-aggrandizing self-perceptions. People's self-perceptions are typically positive. People judge positive traits to be overwhelmingly more characteristic of themselves than negative attributes, and they judge this to be more true of themselves than of other people. When people are asked to evaluate their personal qualities in comparison to their peers, they perceive themselves as better, choose dimensions of comparisons on which they excel, define personal attributes in idiosyncratic ways that emphasize their perceived strengths, and select worse-off comparison targets that guarantee a favorable self-other comparison.
A large literature in psychology demonstrates that people believe they have a high degree of personal control in many life situations (for reviews, see Fiske & Taylor, 1991; Thompson, 1981; Thompson & Spacapan, 1991). Both laboratory studies (Gollwitzer & Kinney, 1989; Taylor & Gollwitzer, 1995) and field studies with individuals experiencing traumatic health events (Taylor, Helgeson, Reed, & Skokan, 1991; Thompson & Spacapan, 1991) suggest that people see themselves as having more control over these events than is objectively true or likely, and that even in situations heavily determined by chance, people construe an element of personal control (Langer & Roth, 1975).

Evidence for unrealistic optimism in normal samples is voluminous and continues to grow. As of 1993 (Weinstein, 1993), at least 121 articles had demonstrated that people see themselves as less vulnerable to a wide variety of threatening events and more likely to experience a wide variety of positive events in comparison to their peers. Because this literature has been reviewed elsewhere (Taylor, 1989, 1991; Taylor & Brown, 1988), we will not review it further here.

2. **Negative or threatening events challenge positive assessments of one's self, perceptions of personal control, and optimism about the future, resulting in efforts to restore or enhance these perceptions.**

We argue that positive illusions represent a steady state of normal self-perception, and that negative events such as trauma may threaten these positive beliefs. In these situations, there is an increased effort to enhance self-perceptions (i.e., self-enhancement or self-aggrandizement), perceived control, and unrealistic optimism. To begin with, research shows that negative events produce increases in affective, physiological, cognitive, and behavioral activity, and prompt more cognitive analysis than neutral or positive events (Taylor, 1991). Evidence that these efforts center around self-enhancement, perceived control, and optimism is mounting.

Social cognition researchers have amassed an extensive literature on self-enhancement. Under normal circumstances, self-perceptions are mildly self-enhancing, as already noted, and people do not appear to actively enhance themselves beyond these mildly positive distortions. To put it another way, self-enhancement appears to operate as a maintenance motive (Sedikides, 1993; Steele, 1988; Tesser, 1988). However, there is a substantial literature to suggest that people actively shore up their self-image in response to threats to the self (Sedikides, 1993; Steele, 1988; Tesser, 1988). Research on self-affirmation processes (Steele, 1988) and on self-evaluation maintenance (Tesser, 1988) suggests that, in response to a self-image threat posed by feedback
to the self or performance of another personally relevant individual, people actively enhance themselves in other life areas, distance themselves from the comparison person, or reduce the importance attached to the threatened dimension.

Our own work has also demonstrated the development of positive illusions in response to traumatic events. Specifically, in studies with heart patients (Helgeson & Taylor, 1993), cancer patients (Taylor & Lobel, 1989; Wood, Taylor, & Lichtman, 1985), and people living with AIDS (Taylor, Kemeny, Reed, & Aspinwall, 1991), the majority of patients reacted to their conditions by developing perceptions of themselves as physically better off and as coping more successfully than other patients like themselves. When individuals in these patient groups were asked to report on the changes they had experienced in their lives as a result of their illness, positive changes in the self were among the most common changes reported. Efforts to shore up a sense of self appear to depend heavily on the belief that the event revealed or evoked personal qualities that were either previously latent or non-existent, such as increased understanding of others, increased tolerance, and an enhanced sense of meaning in life (Taylor, 1983; Taylor, Kemeny et al., 1991).

Control-related beliefs also arise in the context of threatening traumatic events. Research suggests that when individuals have been deprived of a sense of personal control, they take active efforts to restore it (Fiske & Depret, in press). Several investigations reveal that when individuals have sustained a traumatic health event, they come to believe that they have control over at least some aspects of that event. In studies with breast cancer patients (Taylor et al., 1984), men with AIDS (Reed et al., 1993), and heart disease patients (Taylor, Helgeson et al., 1991), interview data revealed that the majority of patients felt they had at least some or a high degree of control over their disease. These beliefs appear to be moderated by one's state of illness or prognosis. Thus, for example, asymptomatic breast cancer patients often assert that they have control over the disease itself and can prevent it from coming back (Taylor et al., 1984), whereas men in the advanced stages of AIDS regard themselves as having a high degree of control over their day-to-

1. It should be reiterated that we are not suggesting that every positive change that occurs in response to a traumatic event, such as illness, represents an illusion. In fact, many of the changes in the self that occur in response to illness or other traumas are positive and lead to real changes in one's sense of self and one's behavior.
day medical care and treatment, but only some degree of control over their overall course of illness (see also Thompson & Spacapan, 1991). The moderating role of state of illness or prognosis suggests an ability to accommodate these beliefs somewhat to the constraints of reality.

There is also evidence that traumatic life events evoke unrealistic optimism about the future. For example, Taylor et al. (1992) examined optimistic beliefs about AIDS in a sample of gay men at risk for infection with HIV. Specifically, the men were asked the degree to which they endorsed statements such as, “I feel safe from AIDS because I've developed an immunity,” “A person can be exposed to AIDS and successfully eliminate the virus from his body,” and “I think my immune system would be (is) more capable of fighting the AIDS virus than that of other gay men.” The study revealed that the men who had tested seropositive for HIV were significantly more optimistic about not developing AIDS than men who knew they were seronegative for HIV. Because all of the men had become seropositive prior to the identification of HIV, the findings effectively ruled out the reverse direction of causality, namely that unrealistic optimism regarding vulnerability to AIDS led these men to engage in risky sex, enhancing the likelihood that they would become seropositive. Inasmuch as few investigations have studied the explicit evolution of unrealistic optimism in response to and with respect to traumatic events, more research is needed on this issue.

Thus, there is evidence to suggest that, in response to traumatic events, cognitive adaptations to those events include active efforts at self-enhancement, an effort to achieve a sense of control over the traumatic event, and unrealistic optimism about one’s ability to manage the event in the future.

3. A variety of social psychological mechanisms can shore up positive illusions in the face of threatening information.

We suggest that there are a number of social psychological processes that may help people develop, maintain, or restore an exaggeratedly positive sense of self, a sense of control, and unrealistic optimism.

Social comparison processes appear to be a consistent and potentially important mechanism of self-enhancement. In his downward comparison theory, Wills (1981) theorized that people bolster their self-esteem by making downward comparisons to less fortunate others, and he suggested that this tendency is more pronounced when people are under threat. Empirical research has confirmed that, under conditions of threat and a blow to self-esteem (Aspinwall & Taylor, 1993), people appear
to make downward comparisons to others for the purpose of self-enhancement. In our study of breast cancer patients, for example, only 2 of 72 women believed that they were doing somewhat worse than other women coping with breast cancer. The majority felt that they were doing better. As noted above, heart disease patients (Helgeson & Taylor, 1993), AIDS patients (Taylor, Kemeny et al., 1991), and others (see Taylor & Lobel, 1989, for a review) all appear to make downward comparisons to others less fortunate than themselves, with the result that they feel better about their own adjustment and potential future. If a downward comparison target is not readily available, social comparisons are made against hypothetical others doing worse (Taylor, Wood, & Lichtman, 1983). Thus, the need to come out of the comparison process appearing better off drives the process itself (Taylor & Lobel, 1989).

Cognitive dissonance processes can also serve to protect the self against threat and bolster self-perceptions (Lyubomirsky & Ross, 1995a, 1995b; Steele, 1988). In a study that demonstrated these processes, Wagener and Taylor (1986) interviewed successful and failed renal transplantation patients regarding their perceptions of the initial decision to undergo transplantation. Failed transplantation patients could have responded to their situation by denying responsibility for the initial decision and regarding circumstances as beyond their control. However, failed and successful transplantation patients were virtually identical and high in the degree to which they perceived themselves as having had personal control over the decision-making process. Nonetheless, relative to successfully transplanted patients, failed transplantation patients recalled the circumstances of the initial decision in a manner that lessened personal responsibility for that decision. In essence, they indicated that they had little choice but to make the decision they had made. Note how the resolution of cognitive dissonance acted to restore self-perceptions in the case of failure (cf. Aronson, 1968). The failed transplantation patients could not construe the failure of the transplant in positive terms (indeed, some of them would die as a result of the failure, and all would be left worse off), nor did they threaten their own sense of personal control by blaming the physician or medical establishment for their situation; instead, they indicated that they had made the only decision they could, and thus retained the sense of personal control that came from having made the decision, while avoiding responsibility for its failure.

There are potentially many other mechanisms that could function
like social comparisons and dissonance resolution to enhance self-perceptions, perceptions of control, and optimism in the wake of negative or traumatic events. Some of these involve conveniently rearranging information about the self so as to enhance self-perceptions (cf. Kunda, 1990). For example, by carefully selecting the dimension on which one evaluates one’s self or by emphasizing the importance of attributes on which one excels, one may ensure that self-perceptions will be positive. Similarly, comparing one’s current circumstances with a hypothetical worse situation (“I was so lucky, I could have been killed”), construing benefit from a victimizing event (“I would never have begun painting if I hadn’t had this injury”), or adjusting normative standards in such a way that one’s own adjustment and coping appears exceptional highlights the positive aspects of one’s circumstances (Taylor et al., 1983). Some theorists have argued that causal attributions can serve a similar function, such that attributions for misfortune to short-term or controllable factors in the future may mitigate the distress that might otherwise arise (e.g., Bulman & Wortman, 1977; Peterson, Seligman, & Vaillant, 1988). Given potentially unlimited ways in which self-enhancement can be accomplished, a sense of personal control can be construed, and unrealistic optimism can evolve, subsequent research may reveal many more such mechanisms.

4. **Positive illusions and the efforts to shore them up in the wake of traumatic events are associated with effective coping and psychological adjustment.**

To bring our theoretical argument full circle, we make explicit the relation of positive illusions to coping and to psychological adjustment. This is an important empirical connection because, on the surface, positive illusions may look like mind-numbing bromides that get people through trying situations by permitting them to ignore the objective evidence and to maintain a fictional belief akin to denial that all will be well if one takes no action and waits things out. As such, positive illusions might seem to be analogous to avoidant coping (Billings & Moos, 1984), wishful thinking (Bolger, 1990; Oettingen, 1995), denial, or repression (Weinberger, 1990).

Several conceptual and theoretical points may help distinguish these states. First, responses to threatening events such as denial or repression have been argued to be based on anxiety, with the responses increasing as circumstances become more threatening. In contrast, we have argued and offered evidence for the position that positive illusions incorporate negative information and enable people to face deteriorat-
ing or worsening circumstances with a high degree of relative but not absolute accuracy (Taylor, 1989). A second possible conceptual resolution stems from whether one's beliefs focus on one's own abilities and resources versus the nature of the environment. Positive illusions represent people's beliefs about their own personal qualities, their degree of personal control, and the nature of their personal future, whereas wish fulfillment and denial are more focused on how one wants external circumstances to be when they are not. Epstein (Epstein & Meier, 1989) has made this important distinction most clearly in his work on constructive thinking by distinguishing between two types of optimism, the one, a naive optimism (a belief that things will turn out okay), the other, a more active optimism (the belief that things will turn out okay because one's own efforts and resources will ensure that they become or stay that way). Epstein found that naive optimism was not associated with psychological adjustment, whereas constructive optimism was positively associated with psychological adjustment.

From an empirical standpoint, it is clear that positive illusions may be discriminated from avoidant coping, wish fulfillment, or denial on this basis. Research from the literature on proactive coping suggests that people who hold positive beliefs about themselves, their degree of personal control, and the likelihood of a positive future are more likely to use active coping strategies, both at the anticipatory stage when stressful events have not yet occurred, and when they are actually taking place (Aspinwall & Taylor, in press). People high in dispositional optimism, for example, are more, rather than less, likely to attend to personally threatening information, and to take active efforts to offset the implications of that information (Aspinwall & Brunhart, in press). People high in perceived self-efficacy or feelings of personal control are also less likely to appraise events as threatening or negative. Jerusalem (1993), for example, found that former East Germans high in perceived self-efficacy made more efforts to seek employment and were more likely to be employed than individuals low in perceived self-efficacy. Believing that one is capable of enacting required behaviors to cope with a stressful event and believing that those efforts will be successful have been associated with efforts to remediate a stressor (Bandura, 1986; see Skinner, in press, for a review). Moreover, these positive appraisals may help individuals distinguish controllable from uncontrollable events, and thus employ their active coping strategies effectively. That is, the expectations that one's efforts will be successful may lead people to appraise more situations or to appraise situations
more closely, thus leading them to distinguish characteristics of those situations, such as their controllability, that will enable them to deploy their coping strategies effectively. In support of this point, Scheier, Weintraub, and Carver (1986) found that optimists reported working actively to fix problems appraised as controllable, but used emotional management strategies in the face of problems appraised as uncontrollable; pessimists, in contrast, did not show this ability to alter their coping strategies based on appraisals of controllability to the same degree. Depressed people are more likely to appraise their problem-solving abilities negatively, whereas individuals high in optimism appraise their circumstances more favorably, a point that has now been demonstrated in a variety of populations, including coronary artery bypass surgery patients (Fitzgerald, Tennen, Affleck, & Pransky, 1993), heart attack patients (Desharnais, Godin, Jobin, Valois, & Ross, 1990), women awaiting abortion (Cozzarelli, 1993), and men at risk for AIDS (Taylor et al., 1992).

The fact that beliefs in one's own abilities, a sense of personal control, and optimism about the future are associated with the use of active coping strategies is important because it indicates that positive illusions are not wish-fulfilling beliefs that numb people into inaction (cf. Oettingen, 1995), but rather constitute positive assessments that lead to favorable appraisals of one's ability to take active measures in response to stress. Such active coping may be protective, inasmuch as there is a large and growing literature indicating that avoidant coping is inferior to active coping across a broad range of stressors, and that it represents a risk factor for psychological distress (Cronkite & Moos, 1984; Felton, Revenson, & Hinrichsen, 1984; Holahan & Moos, 1986, 1987; Quinn, Fontana, & Reznikoff, 1987).^2

Positive illusions have also been reliably related to psychological adjustment. In our early review of the social cognition literature that addressed positive illusions (Taylor & Brown, 1988), we examined evidence suggesting that positive illusions contribute to the criteria normally associated with mental health. Those criteria, which are relatively consistent within the mental health literature, are (a) the ability to hold positive attitudes toward the self, (b) the ability to care for and

---

2. It should be noted that, in some of this literature, measures of avoidant coping and of psychological distress show some overlap in content, thereby raising the question of whether avoidant coping represents a risk factor for psychological distress or a partial measure of psychological distress.
about others, (c) the ability to be creative and productive in one’s work, and (d) the ability to grow, develop, and self-actualize, especially in response to stressful events (Taylor, 1989; Taylor & Brown, 1988).

The ability to hold positive attitudes toward the self is clearly facilitated by positive illusions, inasmuch as self-aggrandizement is regarded as one of those illusions. People who have high self-esteem and high self-confidence, who report that they have a lot of control in their lives, and who believe that the future will bring them happiness are more likely than people who lack these perceptions to indicate that they are happy at present (Freedman, 1978). When the perceptions of happy people are compared with those who are more distressed, happy people have higher opinions of themselves, are more likely to demonstrate self-serving causal attributions, show exaggerated beliefs in their ability to control what goes on around them, and are more likely to be unrealistically optimistic (see Taylor & Brown, 1988, for a review). In terms of social relations with others, high self-evaluations have been linked to both perceived and actual popularity among peers (e.g., Bohnstedt & Felson, 1983). Positive mood, which is reliably produced by positive illusions (e.g., Taylor & Gollwitzer, 1995), leads people to help others more, to initiate conversation, to express liking for others, to evaluate other people positively, and to reduce their use of contentious strategies in bargaining situations. Generally speaking, positive affect is associated with higher sociability and benevolence (Isen, 1984). In terms of the ability to be creative and productive in one’s work, positive affect appears to facilitate the use of efficient, rapid problem-solving strategies. Overly optimistic assessments of one’s ability appear to be especially effective during childhood, facilitating the acquisition of language and the development of problem-solving and motor skills (see Taylor & Brown, 1994a, for a review). A belief in personal efficacy is consistently associated with higher motivation, more efforts to succeed, and greater persistence at tasks (Taylor & Brown, 1988).

In our work with victims of traumatic health events, we have established criteria of psychological adjustment and then related positive illusions to them. For example, in our initial study of breast cancer patients (Taylor et al., 1984), we found that beliefs that one could personally control one’s cancer were positively associated with psychological adjustment, as already noted. In our study of men who had tested seropositive for HIV (Taylor et al., 1992), we found that men who were relatively optimistic about their ability to forestall AIDS (AIDS-specific optimism) were better adjusted psychologically than those who did not
hold these beliefs. Specifically, men higher on AIDS-specific optimism reported reduced fears of developing AIDS, the use of positive attitudes as a coping strategy, the use of personal growth and helping others as coping techniques, less use of avoidant coping strategies, greater practice of health-promoting behavior, and greater feelings of psychological control. A similar pattern of effects characterized the relation of dispositional optimism to psychological adjustment (Taylor et al., 1992). Other research has shown that positive beliefs about the self and the world facilitate psychological well-being under adverse conditions (e.g., Scheier & Carver, 1992; Epstein & Meier, 1989).

In a longitudinal study of the relation of feelings of control to psychological adjustment in a group of patients with severe coronary heart disease (CHD), Taylor, Helgeson et al. (1991) used causal modeling techniques to determine whether enhanced feelings of control led to reductions in anxiety, hostility, depression, and psychological adjustment. The analyses revealed that models positing a causal relationship between feelings of control and reductions of anxiety and depression provided a more plausible account of the data than models in which the direction of causality was reversed. It should be noted that a broad array of empirical investigations has similarly demonstrated the relation of control-related beliefs to psychological adjustment (see Thompson & Spacapan, 1991, for a review). Thus, the psychological literature is clear and consistent regarding the benefits of positive beliefs about the self, personal control, and optimism on the use of effective coping strategies and ultimately, on psychological well-being.3

Outstanding Theoretical Issues

The evidence for the foregoing assertions regarding the existence and adaptiveness of positive illusions, both under normal circumstances and in situations of trauma, is now quite plentiful. Nonetheless, there remain some outstanding issues that require resolution both to address conundrums in the theoretical model and to identify potential qualifications to the adaptiveness of illusions. These include reconciling the adaptiveness of positive illusions with the need to monitor reality effec-

3. It should be noted that not all investigations identify the illusion component of these beliefs, but rather show simply that beliefs in personal control over a traumatic event, optimism about the future, and positive self-perceptions are associated with good psychological adjustment.
Reconciling positive illusions with the constraints of reality. The prevalence of positive illusions in normal populations and their importance in coping with traumatic events is now reasonably well established; nonetheless, this point raises a theoretical and empirical conundrum: If people hold mildly positive distortions of themselves, the world, and the future, how do they make effective use of negative information that should be incorporated into their self-perceptions, beliefs, and decisions? That is, if people are adept at ignoring, minimizing, explaining away, or compartmentalizing negative feedback (Taylor & Brown, 1988), do they not, by keeping themselves ignorant, set themselves up for disappointment, faulty decision making, and the selection of courses of action that are ill-advised? If people succeed in keeping themselves unaware of important negative information, then positive illusions may be adaptive in the short term, but extremely maladaptive in the long term. This could have important implications for how people adjust over time to threatening events in their lives.

Taylor and Brown (1988) proposed several potential resolutions of this perplexing dilemma. First, they pointed out that people’s tendencies to self-aggrandize, distort their degree of personal control, and demonstrate unrealistic optimism about the future typically depart only modestly from objective or consensual indicators of their objective standings on these dimensions. Moreover, positive illusions show a quite high degree of relative accuracy. Thus, for example, although an individual’s self-perceptions may be mildly inflated overall, that individual will nonetheless have a relatively accurate sense of what his or her talents and shortcomings are. Recall that patients sustaining a variety of medical problems held perceptions of control that were differentiated with respect to their prognoses. Similarly, people accurately differentiate between their strengths and weaknesses, but still mildly underestimate their weaknesses and overestimate their strengths. Relative accuracy, we suggested, may be sufficient for making effective use of feedback from one’s environment.

Taylor and Brown (1988) also pointed out that positive illusions typically remain within modest bounds because the world provides sources of physical and social feedback that may keep illusions from becoming
Positive Illusions and Coping

too extreme. Thus, for example, one's friends and family may tolerate a modest degree of self-enhancement, but they are unlikely to tolerate major departures from reality. Such feedback may keep self-perceptions and other illusions within a narrow range.

As a third potential resolution of the adaptiveness of positive illusions with the constraints of reality, Taylor and Brown (1988) suggested that there may be times when people are more honest with themselves, during which they recognize and incorporate negative feedback. During such times, they may face their talents and limitations realistically and more readily acknowledge threat, weakness, and the possibility of failure. Research on mindset by Gollwitzer and his associates (Gollwitzer & Kinney, 1989; Heckhausen & Gollwitzer, 1987) suggests a set of circumstances when this situation may obtain. Specifically, these researchers make a distinction between two mindsets of deliberation and implementation. Deliberation is conceptualized as that period of time when potential goals and action sequences are debated by a person. Deliberation involves the careful appraisal of potentially competing goals, the weighing of pros and cons with respect to each goal, and a consideration of the feasibility of different goals. Deliberation is thought to be the kind of activity one would engage in when deciding whether to leave one job for another, whether or not to get a divorce or start a relationship, and the like. By contrast, implementation refers to the mindset that occurs when people are attempting to bring about personal goals. It is characterized by mustering motivation, resources, and cognitions in service of goal-directed action. Thus, it leads people in the direction of cognitions that favor goal achievement.

The distinction between deliberation and implementation implies that deliberation may be a time when people's illusions about themselves, the world, and the future are abated or temporarily suspended in favor of more realistic information processing. Implementation, by contrast, may be a time when people's positive illusions about themselves, the world, and the future are actually exaggerated in service of goal-directed activity. Gollwitzer and Kinney (1989) conducted a study providing preliminary evidence for this assertion. They manipulated mindset by inducing participants either to weigh the pros and cons of an unresolved personal issue (deliberation), or by having participants list the steps that would be taken to implement an already decided-upon course of action (implementation). Subsequent to the mindset manipulation, participants were exposed to a contingency learning task in which they attempted to turn on a light by either pressing or not press-
ing a button; the apparatus, in fact, produced noncontingent onset of the light. Participants in the implementation mindset condition showed an illusion of control, believing that they had successfully achieved some degree of control over the light’s onset, whereas those who had completed the deliberation exercise showed no illusion of control. A control group that was in neither a deliberative nor an implemental mindset condition fell in between. Building on this research, Taylor and Gollwitzer (1995) conducted two studies to examine the hypothesis that people in a deliberative mindset show less evidence of positive illusion than people in an implemental mindset. Participants first completed Gollwitzer’s deliberative or implemental mindset task, and then completed assessments of mood, self-perception, and perceived invulnerability to risk. In comparison to the implemental mindset, deliberation led to worsened mood, greater perceived relative risk, and poorer self-perceptions. Control participants typically scored in between.

These investigations, then, provide evidence for the idea that individuals experience time-outs from their positive illusions, during which they may be more honest with themselves and more readily acknowledge their limitations and shortcomings. As such, these studies further elucidate the dynamics of positive illusions, suggesting that they are suspended at the point when people are setting their goals and making decisions, but recruited in service of goal-directed activity once those goals are selected or decisions are made.

In terms of adjustment to traumatic events, a more serious potential problem may arise when positive illusions encounter the constraints of reality. Specifically, to the extent that individuals facing traumatic events such as AIDS or cancer cope with those events by developing unrealistic beliefs about their ability to forestall, avoid, or deal with them, what is the effect when optimism proves to have been misplaced? In other words, what happens when positive illusions are disconfirmed? Critics of the positive illusions framework have argued that optimism may be beneficial to adjustment, so long as a situation does not pose evidence that contradicts one’s optimistic viewpoint (Tennen & Affleck, 1987; Weinstein, 1993). When optimistic expectations or assumptions are disconfirmed, it is possible that beliefs are shattered, resulting in more psychological distress than would have occurred had one not initially expected positive outcomes.

Others, however, have argued that optimism may serve an individual well, even in deteriorating situations. Scheier and Carver (1992) have suggested that because optimists are flexible in their use of coping
strategies, they are able to shift more quickly than less optimistic people to strategies that will help them deal with a new, worsened reality. Taylor (1989) suggested that people with positive expectations about the future cope well with setbacks: Because optimists view the world in a positive light, they may be able to bring their optimistic vision to bear on the new, worsened situation, and as a result, may adjust better psychologically than individuals sustaining the same setbacks who did not hold a positive outlook on the future (see also Carver, Scheier, & Pozo, 1992). We currently have two longitudinal studies in place that examine these issues, one with cancer patients, and one with men who have tested seropositive for HIV. Although the data from the first study are still being collected, in the second study (Neter, Taylor, & Kemeny, 1995), we have data that specifically address the question of what happens when optimistic expectations are disconfirmed. In this study, we interviewed gay and bisexual men who tested HIV seropositive when they were symptom free, and again 1 year later, when two-thirds of the sample had shown a decline in health status and one-third had remained stable. At both time points and in both groups, dispositional optimism was associated with lower psychological distress. Optimism did not predict or moderate changes in psychological distress and AIDS-related concerns over time, once initial levels of these variables were controlled. These results suggest that optimism did not compromise adjustment in the face of deterioration.

Thus, an important concern about the adaptiveness of positive illusions has been addressed in at least a preliminary fashion. Specifically, it does not appear to date that positive illusions set people up for disappointment when their illusions are disconfirmed. This is particularly important in the context of examining adjustment to traumatic events, because disconfirmation of false beliefs, such as the belief that one is cured or faith in one's ability to personally control the disease, may often occur.

Are Positive Illusions an Individual Difference Model of Personality?

A logical question to ask in a personality analysis of positive illusions and their role in adjustment to stressful events is, "What kinds of people are most likely to develop positive illusions?" In other words, can positive illusions be thought of in a traitlike manner, or are there stable individual differences that are associated with their development in re-
sponse to stress? This question is more difficult to answer than one might initially suppose.

Personality researchers have typically adopted one of two general approaches to understanding how the mind works. One approach specifies states, conflicts, or stages through which most, even all people pass, which may be resolved to a greater or lesser extent. The emphasis of such approaches is on the universality of the phenomena, and only incidentally on individual differences in how such stages or conflicts may be negotiated. Examples of such personality analyses are the work of Erikson (1950) on life stages, Freud (1890/1950) on childhood conflicts, and Fromm (1941) on people's universal confrontation with issues of freedom and control. In contrast, an individual difference approach to personality proposes meaningful differences in attributes that discriminate among individuals and are associated with different patterns of responding in important life situations. The Big Five approach to personality (McCrae & Costa, 1986) and most trait research adopts this perspective.

Our work is closer in spirit to the first approach than to the second. Although our goal is not to propose as broad a personality theory as those of the authors cited above, our interest has been with the dynamic ebb and flow of positive illusions that most people exhibit across situations that present different demands. We are only incidentally concerned with individual differences in these processes, for two reasons.

First, situational factors can explain 100% of the variance in the degree to which people demonstrate positive illusions. It is possible to create circumstances (e.g., college students evaluating their personal qualities in comparison to other college students) in which upwards of 94% of respondents demonstrate positive illusions. It is also possible to create circumstances in which almost no one demonstrates positive illusions (e.g., students rating their personal qualities following a task in which they detail the pros and cons of an important decision they must make). Thus, the short answer to the question "Are positive illusions statelike or traitlike?" is that they are statelike. Moreover, given that situational factors can greatly enhance or virtually obliterate their existence, the individual difference question is somewhat less interesting than it might otherwise be.

Our second reason for questioning the value of an individual difference approach to positive illusions is that most individual difference models implicitly adopt a "more is better" approach. Thus, for ex-
ample, the more agreeable, conscientious, or sociable individuals are, the better their social outcomes are assumed to be, whereas individuals who are neurotic, depressed, or prone to negative affect are more likely to have poor personal and social outcomes. We do not believe and have not maintained that more positive illusion is better, although individual difference researchers have jumped to the conclusion that this must be the case (Colvin & Block, 1994; Colvin, Block, & Funder, 1995; Shedler, Mayman, & Manis, 1993). We have indicated that positive illusions stay within modest bounds because social and personal feedback from the environment provides information that tempers beliefs that might otherwise grow extreme (e.g., Taylor & Brown, 1988; Taylor & Brown, 1994a). Positive illusions are typically modest because the dynamics of the social world typically keep them that way.

Thus, for example, people may hold mildly self-aggrandizing beliefs, but at the extremes, they should receive feedback, both from their own failed actions and from other people, that their faith in their talents is exaggerated. Such dynamics should, in turn, act to keep self-aggrandizement within a tolerable range. Thus, for self-aggrandizement to become extreme, there would have to be a significant failure to process negative feedback. In this spirit, Baumeister (1988) suggested a possible curvilinear relationship between positive illusions and psychological benefits to the individual. Indeed, empirical evidence suggests that this is the case. Investigations by Shedler et al. (1993) and by Colvin et al. (1995) suggest that, at the extremes, positive illusions are not associated with adjustment, but possibly are associated with maladjustment. We question whether such findings have much to do with positive illusions, however. Rather, they appear to reflect a more general psychological dysfunction that may involve the failure to process social and personal feedback. In this viewpoint, positive illusions would be only one of many casualties of the inability to monitor the environment with any degree of relative accuracy.

With these caveats in mind, one can nonetheless make some safe generalizations and predictions with respect to individual differences that would increase the likelihood that a person might develop positive illusions frequently or in response to a wide array of situations.

4. This argument may not apply to the Shedler et al. (1993) data, which have been criticized on the grounds that their criteria for mental health apply to a minority of their nonclinical normal samples, thereby calling into question their operational definition of normality (Taylor & Brown, 1994b).
but not necessarily to a greater degree than others. Clearly, individuals high in self-esteem would be expected to develop positive illusions more and to a broader variety of circumstances than individuals low in self-esteem (Taylor & Brown, 1988). It is also reasonably clear that individuals prone to depression or high in negative affectivity are less likely to develop positive illusions of self-aggrandizement, unrealistic optimism, and belief in control (Taylor & Brown, 1988). Beyond these rather simple and obvious predictions, it would be risky to venture further. “Positive illusions” is not a personality style so much as it is a set of mentally healthy responses to trying situations that the majority of people are able to muster under some circumstances, and that most people are equally likely to put away under others. To try to think of these illusions in terms of individual differences in cognitive/affective resources would overlook these important qualifications.

By suggesting that positive illusions characterize the majority of people under at least some circumstances, we must explore the implied universality of these phenomena. In fact, recent cross-cultural analyses of human behavior and adaptation suggest some limitations on positive illusions, as they have been identified in many Western cultures. In particular, Markus and Kitayama (1991) and, more recently, Heine and Lehman (1995) have provided evidence to suggest that, while positive illusions may characterize mental health in Western cultures, they may not do so in Eastern cultures and possibly some Latin cultures. The evidence that these illusions may not be universally adaptive exists at two levels. First, evidence is accumulating that individual illusions prevalent in Western cultures are substantially muted or even reversed in non-Western populations. As such, they are unlikely to be predictive of mental health. Second, it is becoming clear that the very nature of the self-concept, which positive illusions are thought to serve, is shaped in meaningful ways by the culture in which it is socialized. Thus, while the tasks of mental health—feeling good about oneself, developing good social relationships, engaging in productive, creative work, combating stress effectively—would seem to have some cultural uniformity, the cultural pathways for meeting those needs may be more varied.

Does this mean that only Western societies require positive illusions, whereas other societies are exempt from the need for benign fictions? Not necessarily. It may be that positive illusions exist and are adaptive in most cultures, but that the specific form they assume is culturally dependent. Thus, in Western societies in which the individual is valued
as an independent, active agent, positive illusions may center around self-perceptions, perceptions of control, and optimism about one’s personal future. In contrast, in a society that emphasizes interdependence, or the importance of the individual to the functioning of the overall social group, positive illusions may center around group perceptions. Thus, instead of focusing on self-aggrandizement, an illusion of personal control, and unrealistic optimism about one’s own future, one might find aggrandizement of the social group or larger culture, an exaggerated sense of the power or control of that group, and unrealistic optimism about the group’s ability to forestall subsequent negative events. Although these points are conjectural at present, they point out an important aspect of the positive illusions framework: To evaluate the positive illusions framework cross-culturally, one must identify the focal beliefs that sustain individuals within a cultural context and look for the mild benign distortions of those beliefs. Such distortions may act in analogous fashion to beliefs identified in Western societies that seem to have adaptive functions, namely self-aggrandizement, an illusion of control, and unrealistic optimism.

CONCLUSION

Normal human perception appears to be marked by three mild but robust positive biases, namely self-aggrandizement, unrealistic optimism, and exaggerated perceptions of control. We have suggested that traumatic events challenge these beliefs, with the result that individuals make active efforts to restore or enhance them. A variety of social psychological mechanisms appears to be involved in this process. Despite their biased quality, these positive illusions have been reliably associated with psychological adjustment.

Our recent work has addressed the concern that positive illusions fly in the face of reality and thus may, under some circumstances, be maladaptive. Specifically, we have questioned how individuals avoid setting themselves up for disappointment, faulty decision making, and pursuit of unrealistic goals if they fail to acknowledge their personal weaknesses and limitations. Because positive illusions typically remain within modest bounds, and because people show a high degree of relative accuracy regarding their strengths and weaknesses, the “illusion” component may be less consequential than some critics have suggested. Moreover, there appear to be reliable time-outs, during which people
are more honest with themselves and can recognize and incorporate negative information. Deliberation of personal goals, decisions, and projects appears to be one such set of circumstances.

Research on traumatic events has raised a potentially more serious caveat concerning positive illusions, namely whether psychological adjustment declines when the illusions to which one has clung are disconfirmed by a deterioration in one's circumstances. Although definitive work on this problem has not yet been conducted, preliminary evidence suggests that people are flexible in their use of coping strategies and bring them to bear on their new, worsened situation, and as a result adjust as well or better than individuals sustaining the same setbacks who may not have held positive illusions.

In considering the implications of this model of psychological adjustment to adversity, we have taken issue with the position that positive illusions can be construed as an individual difference model of personality. We suggest, instead, that the hypothesized social and psychological dynamics of positive illusions imply limits to an individual difference approach: As positive illusions increase, a significant failure to process negative feedback must necessarily increase as well. In considering whether positive illusions provide the best theoretical context for promoting mental health generally and coping with adversity in particular, we have argued that positive illusions may be only one route to psychological adjustment, and a number of other routes may be possible as well. In making this point, we suggest that culture provides an important context within which to view psychological adaptation. Specifically, we conclude that significant cultural beliefs may define the parameters within which individual psychological adjustment to adversity occurs.

REFERENCES


Positive Illusions and Coping


This document is a scanned copy of a printed document. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material.