

Effects of positivity on behaviour



**ASSIGN
BUSTER**

ABSTRACT

“ Do positive illusion lead to healthy behavior?”, a research question that has been raising brows since the 1980’s, which still is an issue undergoing review. However, the critics from other schools of thought are concerned with “ the mentally healthy” individual; in spite of this, Taylor and Brown argues that self-enhancement contributes positively to well-being and mental health as it is imperative in understanding well-being and mental health as regards to living a more fulfilling life. Other concepts like depressive realism and unrealistic optimism also plays an important role in understanding positive illusion as regards healthy human behaviours. Although positive illusion is self-deceptive, they argued that it helps when individuals are faced with adversity. This paper would show the relationship between self enhancement/assessment, a form of positive illusion and the effect on creativity, productivity and overall increased performance.

DO POSITIVE ILLUSION LEAD TO HEALTHY BEHAVIOUR? – YES

Positive illusions are unrealistically favorable attitudes that people have towards themselves or to people that are close to them. They are a form of self-deception or self-enhancement that makes one to feel good, maintain a heightened self-esteem or ward off discomfort at least in the short term. Note that oft times our perceptions are influenced by physical causes/reasons rather than psychological bases. A branch of psychology that is concerned with using psychological paradigms, researches and intervention techniques to understand the positive, adaptive, creative and emotionally fulfilling aspects of human behaviour is positive psychology (Seligman, M. E. P (1998).

Having positive illusions is associated with increased happiness and satisfaction with life as suggested by Taylor and Brown on the contrary,

Prehistorically, the default presumption is that true beliefs are adaptive and misbeliefs maladaptive. These can originate from our perceived beliefs but if humans are biologically engineered to appraise the world accurately and to form true beliefs, how can these routine exceptions be explained? How can we account for mistaken beliefs, bizarre delusions, and instances of self-deception one may ask, hitherto, this paper would explore this question in some detail. Beginning by articulating a distinction between two general types of misbelief: those resulting from a breakdown in the normal functioning of our beliefs (e. g., delusions) and those arising in the normal course of our day to day operations (e. g., beliefs based on incomplete or inaccurate information).

Self-enhancement, a concept from the field of social psychology is commonly used to describe any predisposition that individuals have that is poised to distort self-appraisals so as to maintain the most favorable self-view.

(Mikulincer, Mario; Shaver, Philip R. 2005), a study by Taylor and Brown showed that people attribute their successes to their abilities while their failures are attributed to the environment. Taylor and Brown similarly argued that the association between positive illusions and subjective well-being is always positive in the sense that these provide beneficial effects no matter how extreme they might become. One explanation for the conflicting assertions is that mental health, broadly defined, includes both subjective well-being and personal growth – distinguishable factors which are differentially related to positive illusions (J. B Brookings and A. J Serratelli

April 2006). For the most part, Taylor & Brown (1988) made an assumption which indicates that self-enhancement, aggrandized beliefs in control, and unrealistic optimism would be associated with higher motivation, greater persistence, more effective performance, and automatically with a higher success rate. Unrealistic optimism is a bias that causes a person to believe that they are less at risk of experiencing a negative event compared to others. (Shepperd et al 2002).

To support that, (Bandura, 1989, p. 1177) buttressed that when people err in their self-appraisals, they tend to overestimate their capabilities. This then becomes a benefit rather than a cognitive failure to be eradicated. If self-efficacy beliefs always reflected only what people could do routinely, they would rarely fail but they would not mount the extra effort needed to surpass their ordinary performances.

The capacity to develop and maintain positive illusions may be thought of as a valuable human resources to be nurtured and promoted, rather than an error-prone processing system to be corrected. In any case, these illusions help makes each individuals' world a warmer and more active place to live. Taylor and Brown argued however, that there is a connection between positive illusions and mental health by citing research where the typical or prevalent illusion does not occur or occurs to a lesser degree in individuals who are depressed or who have low self-esteem i. e. after taking note of certain behaviors that has been characterized as “ normal” and has carried out experiments and studies to prove their theorem. Meanwhile the Joint Commission on Mental Illness and Health describes the mentally healthy person as “ someone who is able to take in matters one wishes were

different, without distorting them to fit these wishes—that is, without inventing cues not actually existing” (Jahoda, 1958) (p. 51).

As predicted, positive illusion composite scores were positively correlated with scores on the subjective well-being composite ($r = .40$) but negatively correlated with Defining Issues Test scores ($r = -.25$). The quadratic relationship between these measures of positive illusion and subjective well-being composites was not significant, indicating no support for an “optimal margin of illusion.” Taylor and Brown nonetheless argued that the association between positive illusions and subjective well-being is always positive in the sense that these provide beneficial effects no matter how extreme they might become (J. B. Brookings and A. J. Serratelli April 2006).

They argue that self-enhancing perception or high expectations of success is highly associated with working harder and longer on tasks. People with high self-esteem evaluate their performance more positively compared to people with low self-esteem and correlates as a positive feedback with enhanced self-motivation, i. e. people who perceive their success as more positively as their peers are also more motivated to work harder in the future.

Paulhus on the other hand sees self enhancement as maladaptive, he stated that it removes the competitive edge in a person, thereby eliminating the eagerness to improve and also removes the need for development as the person sees themselves better than others therefore the thought of working to improve isn't there as they believe that they are better and most likely to win (Paulhus 1998). He argues however that there are contrasting

approaches to self enhancement- the first being an adaptive feature(in support of Taylor and Brown's research) and the second being maladaptive.

Contrary to Taylor and Browns claims, being healthy as stipulated by the World Health Organization is for one to be in a state of physical, social and mental wellbeing not merely the absence of an infirmity/disease (WHO, 1943) and Mental health is not just the absence of a mental disorder but a state of well-being in which every individual realizes his or her own potential, copes with the normal stresses of life, works productively and fruitfully, and has the ability to make a contribution to her or his community(WHO, 2007).

From the definition, one may claim that positive illusion is not healthy because it creates an escape route for the daily stress of life, comparatively, Taylor et al made it clear that any individual who responds to negative, ambiguous, or unsupportive feedback with a positive sense of self, a belief in personal efficacy, and an optimistic sense of the future will, (they) maintain, be happier, more caring and more productive than the individual who perceives this same information accurately and integrates it into his or her view of the self, the world and the future. (Taylor and Brown march 1988). Similarly, unrealistic optimism or positive illusion may allow for an increase in creativity and productive work, as optimism is known to initiate persistence which in turn promulgates effective performance. It can also assist in the functioning of proficient, rapid problem solving strategies for making judgments and decisions (Isen and Means 1983).

Depressive realism suggests that depressed people actually have a more realistic view of themselves and the world than the “ mentally healthy” people, Individuals who has low self-esteem and those that are slightly

depressed, or both, are more balanced in self-perceptions. Likewise, these mildly depressed individuals are found to be less vulnerable to overestimations of (their) control over events (Golin et al., 1979) and to assess future circumstances in biased fashion (Ruehlman, West, & Pasahow, 1985). However, these findings may not be because depressed people have less illusions than non-depressed. Studies such as Dykman et al. (1989) show that depressed people believe they have no control in situations where they actually do, so their perception is not more accurate overall (Dykman). People also tend to overestimate their relative standing when their absolute standing is high and underestimate it when their absolute standing is low (Sedikides and Gregg, 2008). Nonetheless, self-assessment being an important part of total wellbeing and a fulfilling life defines how one sees him/herself i. e. one's talent/abilities. It helps in conciliating negative repercussions one may likely face as well as boosts health.

In conclusion, there is a connection between positive illusion and mental health as proposed by Taylor and Brown, as they claim that the capacity to develop and maintain positive illusions may be thought of as a valuable human resources to be nurtured and promoted, rather than an error-prone processing system to be corrected. In any case, these illusions help make each individuals world a warmer and more active and beneficent place in which to live (Taylor and Brown march 1988).

Thesis statement: Positive and negative illusions contribute to mental health as they tend to assist in the regulation of mood and may sometimes provide temporary and even prolonged relief for individuals experiencing some travails. Self-enhancement contributes positively to well-being and mental

health as it is imperative for these to contribute to a better understanding of well-being and mental health in order to make normal life more fulfilling.

Work Cited

C. Randall Colvin and Jack Block, Department of Psychology University of California, Berkeley “ Do Positive Illusions Foster Mental Health? An Examination of the Taylor and Brown Formulation” published by the American Psychological Association July 1994 Vol. 116, No. 1, 3-20

Dykman, B. M.; Abramson, L. Y.; Alloy, L. B.; Hartlage, S. (1989). “ Processing of ambiguous and unambiguous feedback by depressed and non-depressed college students: Schematic biases and their implications for depressive realism”. *Journal of Personality and Social Psychology* 56(3): 431-445.

Golin, S.; Terrell, T.; Weitz, J.; Drost, P. L. (1979). “ The illusion of control among depressed patients”. *Journal of Abnormal Psychology* 88(4): 454-457.

Isen, A. M., & Means, B. (1983). The influence of positive affect on decision-making strategy. *Social Cognition*, Vol 2, pg 18-31

Jahoda, M. (1958). *Current concepts of positive mental health*. (New York: Basic Books)

Jeffrey b. Brookings and Andrew J. Serratelli (2006) positive illusions: Positively correlated with subjective well-being, negatively correlated with a measure of personal growth. *Psychological reports: volume 98, issue, pp. 407-413*. Retrieved from <http://www.amscriepub.com.proxy.lib.sfu.ca/doi/abs/10.2466/pr0.98.2.407-413>

Mikulincer, Mario; Shaver, Philip R. (2005), “ Mental Representations of Attachment Security: Theoretical Foundation for a Positive Social Psychology “, in Baldwin, Mark W., *Interpersonal Cognition*, New York: The Guilford Press, pp. 233–266,

Ruehlman, L. S.; West, S. G.; Kohn, M. (1985). “ Depression and evaluative schemata”. *Journal of Personality* 53(1): 46–92.

Sedikides, C.; Gregg, A. P. (2008). “ Self-enhancement: Food for thought”. *Perspectives on Psychological Science* 3(2): 102–116.

Seligman, M. E. P (1998). *Learned optimism* (2nd ed.). New York: Pocket Books

Shepperd, James A. Patrick Carroll, Jodi Grace, Meredith Terry(2002). Exploring the causes of comparative optimism”. *Psychologica Belgica* 42: 65-98

Stein, J. (ED) (1982) *the random House dictionary of the English Language* New York: Random House

Taylor, S. E., & Brown, J. D. (1988). Illusion and Well-Being – a Social Psychological Perspective on Mental-Health. *Psychological Bulletin*, 103(2), 193-210

Weinstein, N. D.(1980) Unrealistic Optimism about future Life events *Journal of Personality and Social Psychology* 39, 806-820