

## IS REALISM REALLY BAD FOR YOU? A REALISTIC RESPONSE\*

Realism about oneself and one's circumstances has long been regarded as a hallmark of mental health and authentic happiness by philosophers and psychologists. It has also long invited skepticism from some quarters. Recently, this skepticism has found new support in the work of some social psychologists, who claim that far from being *essential* for mental health or happiness, realism can be *bad for you*. Certain positive illusions about yourself, they say, are more conducive to health and happiness than a high degree of realism. I will argue that, properly understood, realism really is good for you. I will begin by showing the importance of realism in psychological, philosophical, and everyday thought about health and happiness.

Most psychologists and counselors regard healthy individuals as reality-oriented, as "able to take in matters" they wish were different, "without distorting them to fit these wishes."<sup>1</sup> In a Socratic statement, Gordon Allport declares that "an impartial and objective attitude toward oneself is ... a primary virtue, basic to the development of all others .... And so ... if any trait of personality is intrinsically desirable, it is the disposition ... to see oneself in perspective."<sup>2</sup>

Abraham Maslow and Carl Rogers also echo the idea that realism is central to mental health and happiness, where realism involves not only characteristically facing up to the facts, but also evaluating them by realistic standards and responding in realistic ways. In the words of Paul B. Baltes and his colleagues, realistic people have "rich factual knowledge about human nature" and "rich procedural knowledge

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<sup>1</sup> Marie Jahoda, "The Meaning of Psychological Health," *Social Casework*, xxxiv (1953): 349; cited in C. Randall Colvin and Jack Block, "Do Positive Illusions Foster Mental Health? An Examination of the Taylor and Brown Formulation," *Psychological Bulletin*, cxvi, 1 (July 1994): 3–20.

<sup>2</sup> Gordon W. Allport, *Personality: A Psychological Interpretation* (New York: Holt, Rinehart, and Winston, 1937), p. 422; cited in Colvin, Block, and David C. Funder, "Overly Positive Self-Evaluations and Personality: Negative Implications for Mental Health," *Journal of Personality and Social Psychology*, lxxviii, 6 (1995): 1152–62.

about ways of dealing with life problems.”<sup>3</sup> Such people are also strongly disposed to act accordingly. Realism understood thus is the chief part of practical wisdom, and includes both a certain *attitude*—reality-orientation—and a certain *achievement*. Realism does not, however, entail perfection in either of these dimensions. Indeed, it is because realistic people recognize their (inevitable) lack of perfection that they are, as Maslow puts it, self-actualizing, that is, inclined to constantly strive for growth while accepting their own unchangeable weaknesses as individuals and as human beings “without chagrin or complaint.”<sup>4</sup> Such people are also happy, because they more fully integrate the “pleasure principle” with the “reality principle,” and more fully attain values or virtues such as “serenity, kindness, courage, honesty, love, unselfishness.”<sup>5</sup> On this picture, realism is both instrumental to happiness, and partly constitutive of it.

Likewise, on Rogers’s view, the healthy or fully functioning individual is open to experience, distorting neither his perceptions of the world to fit his conception of himself, nor his conception of himself to fit his perceptions of the world.<sup>6</sup> He is self- rather than other-directed, avoids façade, pretense, and defensiveness, and is open to inner and outer reality.<sup>7</sup> In virtue terms, the fully functioning individual is self-directed or autonomous,<sup>8</sup> honest with himself, and honest in the way he presents himself to others. He also has a sense of pride and self-worth that puts a negative value on pleasing others as an ultimate goal (*op. cit.*, p. 182). On Rogers’s view, it is only a fully functioning individual who leads the good life—a rich, full, challenging, and exciting life of continual growth—for only such an individual has the courage to launch himself “fully into the stream of life.”<sup>9</sup>

Maslow’s and Rogers’s conceptions of the good life as requiring good functioning, and good functioning as requiring realism and an

<sup>3</sup> Paul B. Baltes, Ute Kunzmann, and Antje Stange, “Research Project 6 Wisdom: The Integration of Mind and Virtue,” Center for Lifespan Psychology, [http://www.mpib-berlin.mpg.de/en/forschung/lip/pdfs/research\\_project\\_6.pdf](http://www.mpib-berlin.mpg.de/en/forschung/lip/pdfs/research_project_6.pdf), pp. 196–200.

<sup>4</sup> Maslow, “Self-Actualizing People: A Study of Psychological Health,” in R. J. Lowry, ed., *Dominance, Self-Esteem, Self-Actualization: Germinal Papers of A. H. Maslow* (Monterey, CA: Brooks/Cole, 1973), pp. 177–98, at p. 183.

<sup>5</sup> Maslow, *Toward a Psychology of Being* (New York: Wiley, 1999, 3<sup>rd</sup> ed.), p. 171.

<sup>6</sup> Rogers, “A Therapist’s View of the Good Life: The Fully Functioning Person,” in H. Houghton Kirschenbaum and V. L. Henderson, eds., *The Carl Rogers Reader* (New York: Houghton Mifflin, 1989), pp. 409–29. Rogers makes it clear that his fully functioning person is not the perfectly functioning person, but simply the person who is constantly moving towards better and better functioning (pp. 410–11, p. 416).

<sup>7</sup> Rogers, “The Person in Process,” in *The Carl Rogers Reader*, pp. 155–97, at p. 182.

<sup>8</sup> There are, of course, many conceptions of autonomy, but self-directedness is at the heart of all of them.

<sup>9</sup> Rogers, “A Therapist’s View of the Good Life,” in *The Carl Rogers Reader*, p. 420.

active life of continual growth with honesty, courage, and autonomy, has much in common with ancient ideas of happiness (*eudaimonia*) or the good life. Thus, Aristotle tells us that the well-functioning and happy individual must be virtuous, and that a virtuous individual must have practical wisdom (*phronesis*), that is, a high degree of knowledge of himself, of the things that matter in human life and of how to achieve them, and the emotional and intellectual dispositions to feel, decide, and act accordingly.<sup>10</sup> Realism is, thus, part of Aristotle's very conception of practical wisdom, and the wise individual's virtues include autonomy (the ability to direct himself by his own practical reason), honesty with himself, and honesty in his self-presentations.<sup>11</sup> Aristotle argues that only such an individual can achieve *eudaimonia* or happiness. In contemporary terms, a *eudaimonic* life is both objectively worthwhile and subjectively fulfilling, that is, enjoyable and meaningful from the individual's own point of view.<sup>12</sup> Neither subjective fulfillment nor objective worth alone is enough for happiness understood as *eudaimonia*. To avoid confusion, I will henceforth reserve the terms 'happiness' or 'true/genuine happiness' to mean *eudaimonia*,<sup>13</sup> 'subjective happiness' to mean "subjective fulfillment" or "sense of happiness," and 'unhappiness' to mean subjective unhappiness, lack of worth, or both.

The ideal of a happy life as one that is both subjectively fulfilling and objectively worthwhile and, hence, free of illusion or delusion, is also widespread among ordinary people. Thus, it is important to

<sup>10</sup> Aristotle, *Nicomachean Ethics* (*NE*), II.7, VI.12, 13. Both for Aristotle and for us, self-knowledge includes knowledge of one's character, as well as of one's interests, abilities, and temperament. It also includes knowledge of the empirical conditions of one's life. Again, both for Aristotle and for us, the things that matter in human life include the things and activities needed for survival, human relations of love, work, and play, and intellectual and creative activity. The main difference between Aristotle and us is that we also recognize physical labor and productive economic activity as important exercises of our human capacities.

<sup>11</sup> The honest or truthful person, says Aristotle, is "truthful [about himself] both in what he says and in how he lives ... simply because that is his ... character" (*NE*, IV.7).

<sup>12</sup> The enjoyment and sense of meaning come both from virtuous activity, which is necessarily pleasurable and meaningful to the virtuous individual, and from certain important external goods, such as friends or honor (Aristotle, *NE*, I.8, IV.3, and VIII.1).

<sup>13</sup> Some readers might object to using the word "happiness" thus, but the practice is now quite widespread among both philosophers and psychologists. See, for example, Martin Seligman, "Eudaemonia, The Good Life: A Talk with Martin Seligman," [http://www.edge.org/3rd\\_culture/seligman04/seligman\\_index.html](http://www.edge.org/3rd_culture/seligman04/seligman_index.html); Julia Annas, *The Morality of Happiness* (New York: Oxford, 1993); and Nicholas White, *A Brief History of Happiness* (Malden, MA: Blackwell, 2006). Moreover, in wishing the best to their children, people wish them "happiness," distinguishing happiness as the highest good from happiness as subjective fulfillment by using epithets like "true" or "genuine" happiness for the former.

most of us that we actually *achieve* our goals, and not just that we have the pleasurable but illusory *experience* of achieving them, that the people we care about *actually* fare well, and not just that we deludedly *believe* that they do. This is why, when presented with Robert Nozick's experience machine thought experiment, students overwhelmingly reject the illusory life of perfect bliss on the machine for the reality of imperfect happiness off the machine.<sup>14</sup> The importance we place on being in touch with our lives also explains why it makes sense to think of a man who is confident in the loyalty of his unfaithful friends and the excellence of his mediocre work as an "unhappy man." Regardless of his sense of fulfillment, he is "unhappy" because he is living in a "Fool's Paradise."

The desire to be in touch with reality extends to our aspirations for who we want to be. It is important to many, if not most, of us that we actually *live* worthwhile lives, and not simply *believe* that we do. We want to live lives that are worthwhile by some objective standard, a standard that applies to creatures with our needs, interests, and capacities—including the capacity for asking what sort of life counts as worthwhile. In wishing for the good life, many of us wish for a life in which, as Susan Wolf puts it, subjective meaning meets objective worth.<sup>15</sup> This is why we tend to agree with Aristotle that a life of passive pleasures is fit only "for grazing animals" (*NE*, I.5).<sup>16</sup>

Realism, then, has been widely seen as both instrumentally and conceptually necessary for happiness understood as subjective fulfillment in an objectively worthy life. Realism is an important means to subjective fulfillment, and both a means to, and conceptually necessary for, objective worth. The happy individual is reality-oriented and informed about the important facts of her own life and human

<sup>14</sup> Nozick discusses this thought experiment in *Anarchy, State, and Utopia* (New York: Basic Books, 1974), pp. 42–45, and in *The Examined Life* (New York: Simon and Schuster, 1989), pp. 104–08. I have repeated it with students semester after semester. No matter how attractive I make the experience machine, I can never persuade more than 5% of undergraduates or 10% of graduate students to sign up for it (I note the difference in percentages without comment).

<sup>15</sup> Susan Wolf, "Happiness and Meaning: Two Aspects of the Good Life," *Social Philosophy and Policy*, xiv, 1 (Winter 1997): 207–25. Wolf argues that happiness and meaning are both part of the good life. Since by "happiness" she means what I call "enjoyment of life" and by "good life" what I call "a life of happiness as the highest good" or *eudaimonia*, her conception of the highest good is essentially the same as mine.

<sup>16</sup> As I have argued in "Experiments in Living" (*The Philosophers' Magazine*, xxxv (3<sup>rd</sup> quarter 2006): 58–61), John Stuart Mill's distinction between higher and lower pleasures is also based on the idea that some pleasures are more *worthy* of a human being, befitting the sense of dignity that Mill believes all human beings possess to a greater or lesser degree.

life in general, characteristically evaluates and responds to events in the light of these facts, and has a sense of fulfillment that is grounded in them.

This picture of reality-based happiness and mental health is not only internally coherent, it is also intuitively plausible and highly attractive. Directly or indirectly, however, it is this picture of realism that skeptics challenge. The challenge seems to come both from common sense, and from social and cognitive psychology, with the latter providing support for the former. The challenge is empirical in nature, directed at the claim that realism is an important means to subjective happiness and mental health. But if the challenge is successful, it also undermines, as we shall see, the normative and conceptual claim that realism is partly constitutive of mental health and objective worth and, thus, of (*eudaimonic*) happiness. This makes it even more important to examine the skeptics' criticisms and see if they are well founded. I will argue that they are not. In the next section I will address the commonsense challenge, and in section II the social scientific challenge.

#### I. REALISM WITHIN THE LIMITS OF HUMAN NATURE ALONE

The claim that being realistic (reality-oriented and informed about the important facts of your own life and human life in general, and disposed to act accordingly) is necessary for true happiness seems to fly in the face of an obvious truth, namely, that it is possible to know too much for your own good. The discovery that your kindly grandfather was a gun for hire, or that your loving husband, now deceased, was having an affair with your best friend, seem to be discoveries best not made. Moreover, a reality-oriented person—someone who is disposed to stay in touch with the important facts of her life—is far more likely to make such discoveries than someone who is willing to let sleeping dogs lie. Such a person is also more likely to be aware of her own flaws and the flaws of the human species, an awareness not exactly calculated to boost the mood. This seems to show that being reality-oriented and informed is inimical to happiness, that, as *Ecclesiastes* laments, “he that increaseth knowledge increaseth sorrow.”

If *Ecclesiastes* is right, then there is a tension at the heart of the idea that happiness is subjective fulfillment in an objectively worthwhile and, thus, realistic, life. For if knowledge generally increases sorrow, we end up with the strange result that to the extent we are *unrealistic*, our lives are, by hypothesis, lacking in worth, whereas to the extent we are *realistic*, we are likely to feel unfulfilled. We can try to make our lives *either* objectively worthwhile *or* subjectively fulfilling, but we cannot expect to make them both.

But *Ecclesiastes* exaggerates. Although knowledge of some facts *can* lead to a sorrow so great that it leads to a decrease of overall happiness, the sorrow often comes not from knowledge of the truth as such, but from the untimeliness of the discovery. Like surgical procedures, unpleasant truths may need a long prep time. Recognizing this and preparing oneself psychologically for a potentially devastating revelation before proceeding with one's investigations is the better part of realism—of wisdom about one's human and individual limitations. And wisdom, after all, is what genuine realism is about, not a mechanical harvesting of all important truths, with nary a care for the how, when, or what for.

Nevertheless, it must be granted that there are some truths that are both important and too terrible to face ever. Learning the brutal circumstances of your only child's death might lead to a grief so unbearable that it can only diminish your happiness. And again, the reality-oriented person is more likely to learn such truths than someone who habitually avoids unpleasant facts.

This example, however, is less troublesome than at first it appears to be. What it shows is that being reality-oriented *can* lead to a discovery that diminishes our happiness by increasing our grief and adding nothing of worth to our lives. It does not show that being reality-oriented is *more* likely to diminish our happiness than its contrary, being oriented to self-deception.<sup>17</sup> On the contrary, being characteristically self-deceived is a far more reliable route to grief, since reality is impervious to our wishes, and unwelcome facts do not obligingly retreat from the scene when we choose to ignore them. Thus, whereas the self-deceptive are likely to skin their shins on the rough edges of reality, the reality-oriented, acknowledging that life abounds with pitfalls, prepare themselves to deal with them.

All the same, my reply covertly admits that when the facts are devastating, we might be better off remaining ignorant of them. This seems to contradict my view that genuine happiness requires being informed about, and responding appropriately to, important truths about our lives. But I am not contradicting this claim. What I am claiming is that, when knowledge of a particular fact can only crush us, whereas ignorance of it has no harmful consequences, then ignorance, even illusion, beats knowledge. Some important truths, like

<sup>17</sup> Mike W. Martin's definition of purposeful self-deception as an evasion of full acceptance and integration of some fact, or supposed fact, usually painful or difficult, with one's other beliefs, values, and emotions, perhaps best captures the main elements of self-deception identified by Sartre, Herbert Fingarette, and others (Martin, *Self-Deception and Morality* (Lawrence: Kansas UP, 1986), pp. 14, 15).

some grave dangers or physical pains, are beyond our capacity to bear: far from providing an opportunity to make a courageous or ennobling response, they crush us under their weight. In the example at hand, when you recover enough from your grief to consider yourself somewhat happy again, some of your positive feelings and evaluations will be made possible only by your ignorance of the circumstances of your child's death. But my theory can agree with common sense that some subjective happiness based on ignorance or illusions is better than total misery based on true beliefs.<sup>18</sup>

Suppose, however, that the brutal death of your child is the result, in part, of your own habitual negligence. Does my theory still hold that ignorance is better than knowledge? The answer to this question depends on the answer to the question why genuine happiness requires knowledge of one's character and actions. As I have been arguing, such knowledge is important for improving oneself and avoiding negligent acts in the future, as well as for making a well-grounded evaluation of one's life. But if you are already aware of your habitual negligence, have taken it into account in evaluating your life, and are working to improve yourself, then all that knowledge of this particular act can do is make your evaluation of your life more accurate while adding guilt and grief to grief. So, knowledge of this act is better for you only if nothing else can shake you out of your habitual negligence and prevent future tragedies. If this is the case, *and* you use your new-found self-knowledge to grow in wisdom and virtue, then, and only then, on my view, are you better off knowing about your role in your child's death. But this is no longer counterintuitive. For even as the knowledge increases your subjective unhappiness, it both protects you from further disaster (and, thus, from further unhappiness), and contributes to the objective worth of your life. Thus it contributes to your overall happiness or, at least, mitigates your overall unhappiness.

The lesson of these two examples is that although being realistic (reality-oriented and informed about the important facts of your own life and human life in general, and disposed to act accordingly) is an important means to subjective fulfillment, and both an important

<sup>18</sup> The reasons I have given for this conclusion apply as well to the objection (insofar as it is true) that some people would be left in utter despair without the crutch of the illusory and irrational belief in a benevolent deity. It is worth noting that, since our epistemic and moral limitations make complete knowledge of important facts and perfect reality-orientation impossible for us, it is safe to say that everyone's sense of happiness (or, for that matter, unhappiness) is, to some extent, based on ignorance and illusion.

means to, and conceptually necessary for, objective worth, it can also come into conflict with subjective fulfillment. This is the chief reason why (*eudaimonic*) happiness, which requires both subjective fulfillment and objective worth, is so difficult to achieve. Too many objections to the thesis that (*eudaimonic*) happiness entails realism either forget that such happiness is not simply subjective fulfillment, or assume, mistakenly, that the objective and subjective dimensions of happiness can never conflict.

The scientific challenge to realism, however, has other arguments in its arsenal.

## II. THE SCIENTIFIC CHALLENGE

*II.1.* In two influential articles, Shelley Taylor and Jonathon Brown have argued that a vast body of empirical research in social and cognitive psychology suggests that most people harbor certain mild positive illusions about themselves, and that, contrary to the conventional wisdom, these illusions are not only not opposed to mental health or happiness, they tend to promote them.<sup>19</sup>

Before discussing the substantive issues, it is worth noting that, as is standard in contemporary psychology, Taylor and Brown regard happiness as a purely subjective state. But other than suggesting that subjective happiness is identical with, or associated with, contentment, they never tell us what they mean by subjective happiness. As I argued in the introduction, however, for most people subjective happiness also includes enjoyment and a sense of meaning. This, as we shall see, is relevant to a proper evaluation of Taylor and Brown's claim that positive illusions promote subjective happiness.<sup>20</sup>

To return to the substantive issues: Taylor and Brown contend that people with certain "pervasive, enduring, and systematic," but mild, positive illusions about themselves and the world are generally a cheerful bunch, whereas those who are more realistic are generally somewhat depressive (IW 194). The illusions in question are "unreal-

<sup>19</sup> Taylor and Brown, "Illusion and Well-Being: A Social Psychological Perspective on Mental Health," *Psychological Bulletin*, ciii (1988): 193–210, at p. 193 (hereafter IW). See also Taylor and Brown, "Positive Illusions and Well-Being Revisited: Separating Fact from Fiction," *Psychological Bulletin*, cxvi, 1 (1994): 21–27, at p. 5 (hereafter PI).

<sup>20</sup> There are two other problems with Taylor and Brown's understanding of subjective happiness and mental health. (i) They regard subjective happiness as a measure of mental health. But subjective unhappiness is a perfectly appropriate response to severe misfortune, and large numbers of people in the world, whose lives are an endless struggle for survival, are appropriately (more-or-less) unhappy. (ii) Taylor and Brown equate psychological well-being with mental health. But since "psychological well-being" entails subjective happiness whereas mental health does not, well-being cannot be identical with mental health.



istically positive self-evaluations, exaggerated perceptions of control or mastery, and unrealistic optimism” (PI 193). Taylor and Brown do not tell us to what extent these illusions are a matter of simple ignorance and to what extent a matter of self-deception or defensiveness.<sup>21</sup> As I shall argue, however, this distinction makes quite a bit of difference to the bearing of Taylor and Brown’s argument on the claim about the importance of realism in mental health.

They also argue that the empirical data show that the somewhat self-deceived or ignorant but cheerful people (call them the Upbeat) do better than the depressed realists (the Downbeat) along all the traditional dimensions of mental health other than realism: “contentment, positive attitudes toward the self, the ability to care for and about others, openness to new ideas and people ... the ability to perform creative and productive work, and the ability to grow ... and self-actualize, especially in response to stressful events” (PI 22). These illusions foster better adjustment as well as “better life functioning.”<sup>22</sup>

Although Taylor and Brown do not talk about wisdom or virtue, we can infer from these claims that the Upbeat are more likely to have qualities that are generally thought of as wise and virtuous: kindness, tolerance, generosity, a perspective that allows them to take things in stride, and the courage to grow and self-actualize. Hence, in challenging the view that being reality-oriented and informed about oneself are instrumentally important for subjective happiness and mental health, Taylor and Brown are also, by implication, challenging the view that being reality-oriented and informed are necessary for wisdom and virtue.

If Taylor and Brown are right, it follows that wisdom requires cultivating the art of tempering self-knowledge with mild self-deception, while taking care not to let it get out of hand. Indeed, Taylor and

<sup>21</sup> Taylor and Brown do distinguish positive illusions from defense mechanisms, but their distinction seems like a distinction without a difference. Positive illusions, they say, “are directly responsive to threatening circumstances, whereas defenses are ... inversely responsive to threatening information. Thus, for example, advancing cancer patients typically do not deny or repress information about their deteriorating condition. They are aware that their circumstances have worsened, but within the context of this acknowledgment, they may put a more optimistic spin on their circumstances than conditions warrant” (PI 25). But a more optimistic spin than is warranted by the facts *insofar as one is aware of them* (an important addition) is possible only if some fact is denied or repressed. The only discernible difference between defense mechanisms and optimistic spins is that the former are extreme and the latter mild.

<sup>22</sup> Taylor, R.L. Collins, L.A. Skokan, and L.G. Aspinwall, “Maintaining Positive Illusions in the Face of Negative Information: Getting the Facts without Letting Them Get to You,” *Journal of Social and Clinical Psychology*, VII (1989): 114–29, at pp. 115–16, cited in Colvin and Block, p. 4.

Brown explicitly recommend nurturing the capacity for self-deception (or, as they prefer, for unwarranted “optimistic spins”):

The 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, we 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. In this sense, *the capacity to develop and maintain positive illusions may be thought of as a valuable human resource to be nurtured and promoted*, rather than an error-prone processing system to be corrected (IW 205, italics mine).

For all the attention their thesis has generated, however, Taylor and Brown’s evidence for their thesis is surprisingly weak, and their arguments are riddled with conceptual and logical problems.<sup>23</sup> Unfortunately, too many people, including philosophers, have tended to accept their thesis as valid without subjecting it to critical scrutiny.<sup>24</sup> Let us start by asking about the evidence and main arguments for their conclusion.

*II.2. The main source of evidence of widespread positive illusions in “Illusion and Well-Being” is experiments with college students,*

<sup>23</sup> A google search, accessed September 6, 2007, reports 1,688 citations to date for the 1988 article (IW), and 240 citations for the 1994 article (PI). In addition, Taylor’s book, *Positive Illusions: Creative Self-Deception and the Healthy Mind* (New York: Basic Books, 1991) and the press about it have brought the message that illusions are good for you to thousands of people.

<sup>24</sup> For example, in “On Overrating Oneself ... and Knowing It” (*Philosophical Studies*, CXXIII (2005): 115–24), Adam Elga’s unquestioned starting point is that it has been shown that people are subject to “persistent and widespread positive illusions (about themselves)” (p. 117). Again, citing Taylor and Brown, Hilary Kornblith states: “While it was once the standard view among psychologists that being emotionally well-adjusted goes hand in hand with an accurate understanding of oneself and the world around one, the evidence against this claim is now quite strong” (“What Is It Like to Be Me?” *Australasian Journal of Philosophy*, LXXVI, 1 (1998): 48–60). I have seen only one critical philosophical article, David A. Jopling’s “‘Take Away the Life-Lie...’: Positive Illusions and Creative Self-Deception,” *Philosophical Psychology*, ix, 4 (1996): 525–44. Jopling criticizes the Taylor-Brown thesis on grounds of “ecological validity and phenomenological realism,” as well as on the substantive ground that “positive illusions diminish the range of reactive other-regarding attitudes and emotions” (p. 525). Unfortunately, Jopling’s substantive criticism is vitiated by his use of an example of a thoroughly self-deceived individual as a counterexample to Taylor and Brown’s thesis of the connection between illusions and mental health, in spite of Taylor and Brown’s insistence that they are defending only mild illusions. The best critical article is by the social psychologists, Colvin and Block, “Do Positive Illusions Foster Mental Health?” They argue that “the logic and empirical evidence used to relate mental health to ... [positive illusions] ... failed to substantiate Taylor and Brown’s thesis,” and that “more recent studies on positive illusions and mental health also failed to lend support” to this thesis.

although to broaden the basis of their claims, Taylor and Brown also cite some studies of terminally ill individuals in “Positive Illusions and Well-Being Revised” (see section 11.6 below). The experiments with students show that most students rate themselves higher on their abilities, achievements, degree of control, and future prospects than they do most of their peers (IW 195–97). Sixty percent of respondents in surveys of moods also believe that “they are happier than most people.”<sup>25</sup> Taylor and Brown give the following arguments for thinking that the students’ positive self-attributions are somewhat illusory: (i) it is logically impossible for most students to be happier or higher in their abilities, achievements, or degree of control than most other students at the same university; (ii) most students rate themselves more positively on their attributes than do observers; and (iii) it is logically impossible for most students to have better life prospects than most other students; moreover, (iv) base rate data cannot justify their optimism about the future (IW 2; PI 22).<sup>26</sup>

It should be noted that college students are not exactly representative of the American population at large. Given their youth and inexperience, we should expect students to be particularly susceptible to the illusion of control and to exaggerated optimism. Let us grant, however, that most people do regard themselves as being happier and higher on their abilities, achievements, degree of control, and future prospects than they do most others, even most others from a similar socio-economic background. Does it follow, as Taylor and Brown argue in (i) and (iii) above, that all of them, or even a majority, are

<sup>25</sup> For this study, Taylor and Brown cite J. Freedman, *Happy People: What Happiness Is Who Has It, and Why* (New York: Harcourt Brace Jovanovich, 1978) (see IW 198).

<sup>26</sup> Taylor and Brown also state that most people believe that they can control an outcome even in situations of chance. Colvin and Block question this claim by pointing out that in the studies they cite, “the difference between the depressed and non-depressed groups in regard to the illusion of personal control existed only at the outset of the experiment” (p. 8). Colvin and Block surmise, correctly I believe, that the non-depressed subjects’ illusion at the outset of the experiment “stems from the application by these generally effective subjects of their typical expectations to an unfamiliar and novel situation.” When these subjects learn the nature of the situation, the difference between them and the depressed subjects disappears. Perhaps most damning, Colvin and Block cite research by V.A. Benassi and H.I.M. Mahler (“Contingency Judgments by Depressed College Students: Sadder, But Not Always Wiser,” *Journal of Personality and Social Psychology*, xxxv (1985): 917–27) that shows that “[s]light experimental variations can reverse the illusion of control effect such that depressed people overestimate their control of the situation and nondepressed people provide accurate estimates of control” (p. 8). Last but not least, even if Taylor and Brown are right that nondepressed people tend to believe they can control situations where they have no control, it would not be germane to their thesis, since such an illusion would be extreme, not mild.

laboring under an illusion? It does not. Depending on the figures, it could well be that only a small minority is laboring under an illusion.<sup>27</sup>

Let us suppose that 60% think that they are happier, better, and have a brighter future than 60%. Only 20% of them *have* to be wrong, for it is certainly possible for 40% to outshine the other 60% in all these respects. So, only 20% of the population could be laboring under positive illusions. In the absence of a figure for what the respondents have in mind when they compare themselves with “most people,” Taylor and Brown cannot conclude from the data that most people are systematically, even if mildly, deluded about themselves. The same considerations apply to argument (iv), according to which people’s optimism about the future is not supported by base rate data: depending on the figures, it is possible that only a small minority is overly optimistic.

Everyday observation also suggests that most people are neither unrealistically positive about themselves across the board, nor overly optimistic about the future most of the time. Most of us are realistic in some domains of our lives, unrealistically optimistic or pessimistic in some others, and neither consistently realistic nor unrealistic in the rest. Indeed, Taylor and Brown themselves start to qualify importantly their claim that most people live under the influence of positive illusions when they say that “there are ways in which people exhibit self-corrective tendencies over time” because of “the need to monitor reality effectively” (PI 25). In the rest of the passage, however, they reiterate their view that most people are given to positive illusions most of the time, especially when “they are in an implemental mindset, attempting to put a decision into effect” (PI 25–26).

To return to their arguments: (ii) relies on the fact that most people rate themselves more positively on their attributes than do observers (IW 195–96). But why assume that the observers are more accurate than the subjects?<sup>28</sup> If most people tend to think more highly of

<sup>27</sup> Colvin and Block also point out that some of the respondents could, in fact, be happier and healthier than most people, but do not draw the conclusion that the vast majority of them could be (p. 14).

<sup>28</sup> Colvin and Block also question this assumption, noting that one of the empirical studies cited by Taylor and Brown for the discrepancy between self-ratings and observer ratings used undergraduate observers, and that “the observational basis for the ratings” was brief, leading to an extremely low agreement on the four negative attributes among the observers, and only a .49 on the seventeen desirable attributes (p. 8). Colvin and Block also reveal other problematic features of the study in question (P.M. Lewinsohn, W. Mischel, W. Chaplin, and R. Barton, “Social Competence and Depression: The Role of Illusory Self-Perceptions,” *Journal of Abnormal Psychology*, LXXXIX (1980): 203–12), including the fact that although the subject groups consisted of (i) depressed subjects, (ii) “psychiatric control” subjects, that is, nondepressed individuals with other psychiatric

themselves than of others, it could be not that they are inflating their own merits vis-à-vis the facts, but that they are deflating other people's.

Suppose, however, that most people *are* systematically mildly deluded about themselves. On what grounds do Taylor and Brown claim that they are mentally healthy or subjectively happy? One reason is simply that most people cannot be mentally unhealthy or unhappy (PI 22).<sup>29</sup> This conclusion, however, is too quick. There are degrees of mental health and subjective happiness, just as there are degrees of physical health and of virtue. People who are neither depressed nor psychotic (unhealthy) can still be dissatisfied or neurotic to varying degrees (less than fully healthy). The proliferation of therapists, counselors, gurus, and self-help books is evidence enough that dissatisfaction and neurosis are alive and well (a fact that also challenges the claim of widespread positive illusions). So whereas we can agree, for both empirical and conceptual reasons, that most people in a productive, vibrant society such as the U.S. cannot be insane, we have little reason to agree that most people are as healthy or subjectively happy (or virtuous) as they can realistically be.

Let us grant, however, that most people are as healthy and subjectively happy as they can be. On what do Taylor and Brown base their claim that this is so *because* of their illusions? They base it on the putative fact that the more realistic individuals tend to be depressed. But as Colvin and Block have shown, research on the so-called "depressed realists" is contradictory or ambiguous. Indeed, Taylor and Brown themselves acknowledge in "Positive Illusions and Well-Being Revisited" that several studies indicate that depressives are negatively biased towards themselves rather than realistic, and that there might *be* no "depressed realists" (PI 21).

problems, and (iii) normal controls, that is, nondepressed individuals without any psychiatric problems, the student observers were told that all the subjects were depressed (p. 8). This negative bias led them to rate, on average, the "members of all three groups as below the midpoint on the dimension Lewinsohn's group labeled as "social competence," and, on average, below the ratings of "the members of all three groups" (p. 8). But since depressed people have lower self-esteem, they rated themselves lower than the others, and were thus closer to the ratings of the observers. The lower discrepancy, however, could simply be the result of two equally illusory negatively biased ratings, whereas the greater discrepancy in the case of the normals could be the result of greater objectivity on their part and negative illusions on the part of the undergraduate observers. Colvin and Block also question the other studies and review articles used by Taylor and Brown to support their thesis.

<sup>29</sup> Taylor and Brown mention only mental health here, but since they think that subjective happiness is a measure of health, it is safe to assume that they think their argument applies to subjective happiness as well.

This renders Taylor and Brown's central thesis empty. The thesis, it will be recalled, is comparative: it states that mild positive illusions are *more conducive* to subjective happiness and mental health than realism. So we need a group of unhappy or at least less happy realists to compare with the "normals," that is, the deluded Upbeat. Taylor and Brown maintain that even if depressed people are not realistic, their original thesis remains intact.<sup>30</sup> But if the Downbeat are unrealistic, *there is no example of depressed realists with whom to compare the Upbeat*, and hence no evidence for the thesis that positive illusions about oneself are *more conducive* to subjective happiness and health than realism. The most Taylor and Brown can claim is that those who have *positive* illusions feel better about themselves (unsurprisingly), and are nicer and more creative, than those who have *negative* illusions about themselves. But to say that mild *positive* illusions are better for us in these respects than mild *negative* illusions is hardly a point against realism: it is a point against negative illusions vis-à-vis positive illusions. (If you have to drink poison, better sweet poison than bitter.)

For the sake of argument, however, let us assume that future research gives us evidence for the existence of depressed realists. Taylor and Brown's thesis that mildly deluded people are subjectively happier and healthier than realistic people still faces problems.

II.3. The thesis that positive illusions promote subjective happiness is based largely on self-reports. But how reliable are these self-reports? Like most people, the subjects also likely believe that subjective happiness is, to some extent, an achievement, especially when it is understood (as it often is) not only as contentment but also as a sense of enjoyment and meaning. But people who are given to illusions about their other achievements will also be given to illusions about their achievement of subjective happiness. Indeed, we have some of the same reasons for thinking that the subjects inflate their subjective happiness as for thinking that they inflate their abilities and other achievements: *they rate themselves as happier than most people* (IW 198).<sup>31</sup> Although Taylor and Brown faithfully report this finding, they fail to

<sup>30</sup> At this point, however, Taylor and Brown reinterpret their original thesis as the relatively innocuous view that "Most healthy adults are positively biased in their self-perceptions" (PI 22). But given the view that there are degrees of health, this is hardly a challenge to the traditional view that we would be healthier without illusions.

<sup>31</sup> As I argued in section II.2, this in itself need not show anything more than that a small minority is deluded about their achievements etc. My point here is that, whatever the number of deluded people, we have the same grounds for being skeptical about their self-reported subjective happiness as about their other self-reported achievements.

notice that it undermines their thesis that positive illusions promote subjective happiness rather than simply the *illusion* thereof.<sup>32</sup>

There is also a deeper, conceptual reason why people who harbor positive illusions about themselves must also harbor illusions about their level of subjective happiness. The reason is that the emotions and evaluations that express or constitute their illusions about their abilities, achievements, and future prospects—a sense of self-worth and personal efficacy, and a sense that the future is bright and open to their endeavors—together entail a sense of meaning and enjoyment of life. To the extent that one's life lacks meaning or enjoyment, one must either lack a sense of self-worth or personal efficacy, or lack hope for the future. It follows, then, that insofar as subjective happiness consists of these illusory emotions and evaluations, the connection between subjective happiness and illusions is a conceptual, and not a causal, one. In other words, people who are deluded about their abilities, achievements, degree of control, and future prospects *must* be deluded about their subjective happiness.<sup>33</sup> Taylor and Brown fail to see this because they fail to see that subjective happiness is not merely a sense of contentment.

In short, the research on which Taylor and Brown base their case does not show that positive illusions promote subjective happiness. To the extent that people's positive illusions are due to self-deception and subjective happiness is an achievement, there are no empirical grounds for thinking that people's positive illusions lead to greater subjective happiness rather than simply to an *illusion* of greater subjective happiness; and to the extent that subjective happiness consists of the positive emotions and evaluations that express or constitute these illusions, the connection between their subjective happiness and their illusions is a conceptual, and not a causal, one.

<sup>32</sup> Some readers have objected that an illusion of subjective happiness, even if based on self-deception, is no different from genuine subjective happiness. But the logical structure of self-deceptive happiness is no different from that of self-deceptive beliefs. If someone believes *p* self-deceptively, it follows that deep down he does not *really* believe *p*. Likewise, if someone deceives himself about (the extent of) his subjective happiness, it follows that deep down he is not *really* (that) subjectively happy. At best, he sort-of believes *p* and sort-of feels happy, while also believing not-*p* and feeling not-happy, respectively. Or perhaps his feelings and beliefs are unstable, "evanescent," subject to sudden shifts, as self-deceptive feelings and beliefs often are (Sartre, "Self-Deception," in Walter Kaufmann, ed., *Existentialism from Dostoevsky to Sartre* (New York: New American Library, 1975), pp. 302–03).

<sup>33</sup> See also Colvin and Block: "it is not surprising (and perhaps is even tautological or definitional) that individuals high on self-esteem, with a sense of control of their lives, and with optimism about the future are happier than individuals lacking these self-evaluations" (p. 16).

*II.4.* Taylor and Brown also hold that the Upbeat's positive illusions enable them to be more creative or productive, more able "to grow, develop, and self-actualize," more open to "new ideas and people," and more caring of other people than the Downbeat. But this thesis is subject to the same two counterarguments insofar as the evidence for their greater creativity and so on is based on the Upbeats' self-reports. Taylor and Brown do cite additional research to support their thesis, but this research provides only "suggestive evidence" that the ability to be creative, caring, open, and so on, are promoted by positive illusions about oneself (IW 200).

Let us suppose, however, that the credibility of the factual claim is not at issue, and the Upbeat really are all that Taylor and Brown claim them to be. The question now is why we should accept the causal claim that it is *because* of their positive illusions that the Upbeat have these features. Taylor and Brown's argument for this causal claim relies on the prior claim that realistic people are less likely to have these features, because they are more likely to be depressed and lack a sense of self-worth. It is certainly true that if we are down in the dumps about our worth or competence, it undercuts the motivation to be creative, to be open to growth and change, and to be caring of others.<sup>34</sup> In such a state, new ideas and people are likely to be threatening. But should we accept the claim that those who are down in the dumps about themselves are down because of their greater realism? So far I have proceeded on the assumption that further research will provide empirical evidence for this view. It is time now to question it.

*II.5.* The view in question is that the Downbeat are more realistic than the Upbeat, and depressed because of their realism. But if the Downbeat really are more realistic about their lives (and do not suffer from a naturally depressive temperament that prevents them from feeling happy, regardless of the facts), then it must be that the truth about their lives really is depressing. Perhaps they have been slothful or weak or pusillanimous, or perhaps they have only been incredibly unfortunate in their circumstances. In that case, however, their depression is due not to realism as such, but to the sad reality of their lives; after all, if this reality were positive, being realistic about their lives would be uplifting, not depressing. True, if they were extremely deluded about themselves, they could see their sloth, weakness, or

<sup>34</sup> This is the sort of psychological truism that leads Friedrich Nietzsche to declare in one of his famous—and famously one-sided—aphorisms that it is not virtue that produces happiness, but happiness that produces virtue. See Nietzsche, *Twilight of the Idols/The Anti-Christ* (1889/1895), R.J. Hollingdale, trans. (New York: Penguin, 1968), pp. 58–59.



pusillanimity as evidence of their good-natured, laid-back, live and let-live attitude towards life and, thus, they could feel good about themselves. But extreme self-delusion, Taylor and Brown agree, is incompatible with the ability to grow and change and other criteria of mental health, criteria that their mildly self-deluded subjects apparently meet. If, however, this reality is positive and they still come down hard on themselves, then it must be either that they have negative illusions about themselves, or that they see the facts for what they are but have unrealistic expectations of themselves.

The depression and low self-esteem of the Downbeat, then, can have only three explanations: they have a naturally depressive temperament; they are realistic, but have nothing to be happy about; or, they have something to be happy about, but lack the realism to see it or to evaluate it by realistic standards. Insofar as they lack this last, they lack the wisdom to accept either their own particular limitations or the limitations of human nature or both. In none of these cases is it realism that is at fault; indeed, in the last case greater realism is essential for lifting their depression.

The upshot is that, even if further research were to show a high correlation between realism, on the one hand, and depression, low self-esteem, and lack of creativity, and so on, on the other, Taylor and Brown would not be justified in drawing the conclusion that the depression and low self-esteem were a result of too much realism. Without this premise, however, Taylor and Brown have no grounds for asserting that the greater subjective happiness, creativity, openness to new ideas and people, and so on, of the Upbeat are due to their positive illusions. Indeed, not only do Taylor and Brown lack the empirical basis they need for their claim that positive illusions are more likely to promote happiness and mental health than realism, they have empirical grounds for believing the exact opposite. For there is some evidence that some people are *both* more realistic *and* happier and healthier than Taylor and Brown's normals.<sup>35</sup> Surprisingly, however, Taylor and Brown have nothing to say about them.

In any case, we can see independently of empirical research why realistic self-perceptions are more conducive to mental health than illusory ones. Growth and change are motivated by a perception of one's shortcomings, or by the aspiration to realize one's full potential by challenging oneself, and openness to new people and ideas is

<sup>35</sup> Colvin and Block p. 7, cite studies by W.C. Compton, "Are Positive Illusions Necessary for Self-Esteem: A Research Note," *Personality and Individual Differences*, XIII (1992): 1343-44, and J. Block and H. Thomas, "Is Satisfaction with Self a Measure of Adjustment?," *Journal of Abnormal and Social Psychology*, LI (1955): 254-59.

made more likely by a secure sense of self. To the extent that people are given to rosy illusions about their traits, abilities, or achievements, they lack the first motivation for growth and change, and to the extent that they have rosy illusions about their potential-fulfillment, they lack the second motivation for change. Moreover, to the extent that these illusions are due to self-deception rather than inculpable ignorance, self-deceived people's psychological investment in their illusions creates barriers against ideas and people who might puncture these illusions. Hence, whatever openness to growth and change people with positive illusions possess must be *in spite of* these illusions, not *because of* them.<sup>36</sup>

It is important to note that there are deep psychological and moral differences between those who are given to self-deception and those who are fundamentally reality-oriented but ignorant of themselves. It is a commonplace that knowledge of the external world is a life-long enterprise requiring experience, attention, and study. But knowledge of the self is no different in this respect, and so it is not surprising that most of us have large areas of ignorance about ourselves, and no one is completely self-knowledgeable. And what is true of most adults is even truer of college students. But people whose illusions are chiefly due to lack of experience rather than self-deception can still be fundamentally reality-oriented and, thus, open to new ideas and people, to growth and change. In such people, illusions are always in process of being whittled away. In lumping everyone with positive illusions together, Taylor and Brown fail to appreciate these differences.

Highly realistic people—people who tend to see themselves and others as they are, and who appraise themselves and others by realistic standards—are motivated to grow and change both by an awareness of their shortcomings, and by a desire to challenge themselves. Free of façade and defensiveness, they are unafraid of the truth and, thus, open to the challenge of new ideas and people. Such people are also highly likely to be subjectively fulfilled. If Taylor and Brown were right, however, it would follow that, other things being equal, highly realistic, healthy, and subjectively fulfilled people would tend to become healthier (and subjectively happier) if they became slightly deluded about themselves. It would also follow that healthy, subjectively fulfilled, but somewhat deluded people would tend to become less healthy (and less fulfilled) if they became more accurate in their

<sup>36</sup> Colvin, Block, and Funder provide empirical support for the claim that people with positive illusions about themselves show "poor social skills and psychological maladjustment 5 years before and 5 years after the assessment of self-enhancement" (p. 1152).

perceptions as well as more realistic in their expectations and standards. But this amounts to saying that people who have less reason to be open to new ideas and people, and who are thus less likely to grow and change, are more likely to be open to new ideas and people, and thus more likely to grow and change. But this claim, of course, is incoherent. Hence it is not only unsupported by any empirical evidence, it is immune to empirical evidence.

*II.6.* One more claim needs to be addressed, namely, that unrealistic optimism among terminally ill patients leads to a greater (unrealistic) sense of control and a reduction in depression, pain, and disability (PI 24).

Taylor and Brown's discussion focuses on a study by Taylor and others of gay men at risk of AIDS.<sup>37</sup> In this study, men who test positive for the HIV virus apparently show more optimism about not developing AIDS in their responses to the AIDS-specific optimism (ASO) questionnaire than men who test negative. The illusory nature of their optimism is shown by their answers on the AIDS-specific optimism (ASO) questionnaire, in which some of them agree to such propositions as "I feel safe from AIDS because I've developed [or if exposed would develop] an immunity" to AIDS, and "I think my immune system would be (is) more capable of fighting the AIDS virus than that of other gay men" (*ibid.*, p. 469).

Overall, however, both the HIV-positive and the HIV-negative men disagree with the optimistic statements on the six-item ASO questionnaire, with means for the former at 1.94 and for the latter at 1.72 on a scale of 1 to 5 (*ibid.*, p. 463).<sup>38</sup> So it is misleading to claim that the HIV-positive men's responses show greater optimism rather than simply a little less pessimism. Moreover, even the lesser pessimism is contradicted by the results of various other self-report measures, according to which, as the Taylor 1992 study reports, HIV-positive men "see themselves to be at greater risk of developing AIDS," have less of a sense of control over AIDS, and have more worries than the HIV-negative men (*ibid.*, p. 472). It cannot be true both that HIV-positive men are less pessimistic about not acquiring AIDS and that they "have higher levels of AIDS-related worries and concerns" than HIV-negative men, or both that they have "greater feelings of control" and that they "see themselves as having less control over AIDS" than HIV-negative men. Perhaps the HIV-positive men's less pessimistic responses to the

<sup>37</sup> Shelley E. Taylor, Margaret E. Kemeny, Lisa G. Aspinwall, Stephen G. Schneider, Richard Rodriguez, and Mark Herbert, "Optimism, Coping, Psychological Distress, and High-Risk Sexual Behavior among Men at Risk for Acquired Immunodeficiency Syndrome (AIDS)," *Journal of Personality and Social Psychology*, LXIII, 3 (1992): 460–73.

<sup>38</sup> See Colvin and Block, p. 11.

ASO questionnaire reflect their state of mind when they respond to statements that express optimism, and their more pessimistic responses to statements about AIDS-related worries reflect their state of mind when they respond to statements that express pessimism. But they cannot be both less and more pessimistic overall than the HIV-negative men.

But let us assume that the HIV-positive men are somewhat less pessimistic overall than the HIV-negative men, and ask why this might be so. Taylor and her colleagues offer the plausible explanation that it is because the HIV-positive men have decided to try and prolong their lives by avoiding risky behavior and engaging in various coping techniques (*op. cit.*, p. 472). But this, of course, is the reverse of the thesis Taylor's 1992 study (*op. cit.*, pp. 460, 470) and Taylor and Brown (PI 21, 24) set out to defend, namely, that the positive behavior and reduced distress are the *result* of their lesser pessimism. And although it is possible for the lesser pessimism about developing AIDS, on the one hand, and the efforts to prevent it, on the other, to become mutually reinforcing, each cannot be the initial cause of the other.

At any rate, those who falsely believe that they are immune to AIDS have no reason to do anything to protect themselves from it. So if they do try to protect themselves from it, it must be that they do not really, truly believe that they are immune—they are merely indulging in a bit of inert magical thinking when answering the ASO questionnaire, thinking that has no effect on their behavior.<sup>39</sup> The other clearly illusory belief, that they can eliminate the virus from their system if they take certain actions, *can* lead them to take those actions—but so can the true belief that they might be able to prevent, or at least delay, AIDS, if they take certain actions, a belief that they also hold.<sup>40</sup> In addition, it is well known that having a positive attitude has health-promoting benefits of its own. Consequently, if they adopt a positive attitude because they believe this, then their positive attitude is realistic. So while the false belief and an unrealistically positive attitude *can* produce the desired result, they are not *more conducive* to this result than the true belief and realistic optimism. Moreover, to the extent that people genuinely hold the false belief that they are im-

<sup>39</sup> In situations of extreme stress, there is often a tendency to engage in magical thinking ("I'm probably immune to AIDS," "He's not really dead—I'll see him when I wake up in the morning") even while acting on realistic beliefs.

<sup>40</sup> As shown by the HIV-positive men's low score (1.95) on the Fatalistic Vulnerability scale (Taylor et al., p. 465). This score shows that most HIV-positive men strongly disagree that they will definitely develop AIDS, or that the spread of AIDS is inevitable (Taylor et al., p. 471). Their disagreement with these statements indicates that they believe (truly) that they can do something about their condition.

mune to AIDS or that they can eliminate the virus from their system, they are likely to feel more unhappy when the disease catches up with them. They are also at greater risk of leaving important projects incomplete or undone: financial affairs neglected, frayed relationships unpatched, amends unmade, goodbyes unsaid, and so on. And all this can only add to their unhappiness.

Taylor and her colleagues grant the possibility that the “optimists” will feel more unhappy if they develop AIDS. But they also argue that, since “seropositive optimists as well as pessimists *readily acknowledge their risk and AIDS-related worries and concerns*, it seems unlikely that they will be greatly surprised if they subsequently develop ... AIDS” (PI 472; italics mine). Moreover, they continue, “inasmuch as optimism has been consistently associated with superior coping ... it may be that *the optimists will simply shift their expectations to accommodate the new reality...*” (PI 472).

Given their view that the optimists are unrealistic, however, this argument borders on incoherence. If the optimists are as ready to acknowledge the realities of their condition as the pessimists, and better able “to accommodate the new reality” than the pessimists, then they must be more realistic than the pessimists, even if they occasionally espouse some bizarre beliefs. In any case, since very few HIV-positive men espouse bizarre beliefs about their condition, most of those who cope well must do so with the help of realistic optimism. Once again, however, realistic optimists are never even mentioned by Taylor and Brown or Taylor’s 1992 study. Before concluding, then, it would help to have an example that shows vividly how realistic optimism can help a person not only cope with a terrible disease, but even use it to enrich her life.

II.7. In a radio essay called “I Always Have a Choice,” Catherine Royce, a dancer for thirty years, relates that in 2003 she discovered that she had ALS (Lou Gehrig’s disease).<sup>41</sup> Facing the facts unflinchingly, she states that over time ALS will “destroy every significant muscle in my body. Ultimately, I will be unable to move, to speak and, finally, to breathe.” But “I believe I always have a choice. No matter what I’m doing. No matter what is happening to me. I always have a choice.” When she loses the power to type, she has the choice to give up writing—or to learn to use voice recognition software. She does the latter and ends up writing “more now than ever.” She also has the choice to live—or to die. “I can choose to see ALS as ... a death

<sup>41</sup> National Public Radio, December 4, 2006, <http://www.npr.org/templates/story/story.php?storyId=6560320&sc=emaf>.

sentence, or I can choose to see it as an invitation—an opportunity to learn who I truly am.” She does the latter, discovering “an ability to recognize, give and receive caring in a way far deeper than anything in my life before.” Yet she does not pretend that ALS is a blessing in disguise, and she does not have any illusions of control over it. She is optimistic, though fully aware of the terrible course of her disease, and she knows that she always has a choice, though fully aware that her choices are restricted. Her life is both objectively worthwhile and, so far, subjectively fulfilling.

### III. CONCLUSION

I started by outlining the widespread idea that (*eudaimonic*) happiness is subjective fulfillment in an objectively worthwhile life, and that realism is an important means to subjective fulfillment and objective worth, and conceptually necessary for objective worth. Realism requires being reality-oriented, in touch with the important facts of one’s life and human life in general, and disposed to evaluate oneself and others by realistic standards. The claim that realism is an important means to subjective happiness faces challenges both from common sense and from social psychology. I have defended it against both challenges. Common sense is right in holding that some truths can be disastrous for us, robbing us of subjective well-being as well as the ability to respond in worthwhile ways, and that being reality-oriented is more likely to lead us to such truths. In such cases, some subjective happiness based on illusion is better than utter misery based on truth. Being self-deceived, however, is far more likely to lead to disaster. My theory also recognizes that the two components of *eudaimonic* happiness, subjective fulfillment and objective worth, can conflict, making such happiness difficult to achieve.

I have given several reasons for rejecting the Taylor-Brown thesis that mild positive illusions are more likely to promote subjective happiness than realism. (i) Contrary to their claim, empirical research gives little reason to believe that most people are given to mild positive illusions about themselves. Rather, experience suggests that most people harbor (mostly) positive illusions in some areas of their lives, (mostly) negative illusions in some others, and (mostly) realism in yet others. (ii) Even if most people are mildly deluded, to the extent that their delusions are due to self-deception rather than simple ignorance, we cannot, for both empirical and conceptual reasons, use their self-reports to claim a causal connection between their illusions and their subjective happiness. These reasons apply as well to the Upbeat’s self-reports of greater mental health. The remaining empirical evidence for a causal connection between positive illusions

and health is only “suggestive.” (iii) There is no good evidence for depressed realists, so the thesis that positive illusions are *more* conducive to subjective happiness and health than realism is vacuous. (iv) Since realism, properly understood, requires seeing ourselves accurately and appraising ourselves by realistic standards, even if depressed realists existed, their depression could not be due to their realism. (v) Empirical research gives evidence of realists who are happier and healthier than people with positive illusions. (vi) The claim that positive illusions about oneself promote creativity, growth, and so on, even if one is self-deceptively invested in those illusions, defies explanation, whereas the opposite claim is easily explained. (vii) Neither empirical research nor philosophical argument supports the idea that illusory optimism about AIDS helps people cope better with their condition than realistic optimism. (viii) The example of Catherine Royce shows how realistic optimism can help a person not only cope with her condition but even enrich her life. Royce is an exemplar of the courageous, life-affirming, well-functioning individual that philosophers and psychologists from Aristotle to Maslow and Rogers have held up as models for us to aspire to. It is hard to see how any illusion about her condition or her future prospects could possibly contribute to her health or happiness.

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