

Positive Illusion of Exemplary Altruists

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This paper examines the relationship between altruism and positive illusion, as formulated by Taylor and Brown (1988). It was predicted that, compared to the non-exemplary, general population, exemplary altruists would exhibit a higher level of positive illusion, which, in turn, suggests a higher level of mental health. Forty exemplary altruists and forty non-exemplary altruists were assessed in terms of positive illusion and compared with each other using Hotelling T^2 followed by univariate t -test. The results supported the prediction that exemplary altruists showed higher scores in terms of positive illusion than that of the non-exemplary general population. The implications of the results are discussed.

Key words: altruists, positive illusion

Counseling psychology is one of the helping professions, specifically, one of the mental health professions. Simply put, the primary purpose of counseling is to help others. For this reason, counselors are expected to have a reasonable degree of altruistic concerns for others.

Altruism is defined as unselfish concern for the welfare of others. It is the opposite of selfishness. Altruism is performing an act voluntarily to help others when there is no conscious expectation of a reward in any form, except perhaps a feeling of having done a good deed (Schroeder, Penner, Dovidio, & Piliavin, 1995). By this definition, whether an act is altruistic depends on the intention of the helper. Conceptually, the distinction between prosocial behavior and altruism is not quite clear. In a biological sense, prosocial behavior is equivalent to altruistic behavior (Archer, 2001). Bierhoff (2001) however, made the

following distinctions:

... whereas the term 'helping' is the broadest term, the definition of 'prosocial' behavior is narrower in that the action is intended to improve the situation of the help-recipient, Finally, the term 'altruism' has an additional constraint, namely, that the helper's motivation is characterized by perspective-taking and empathy (p. 286).

So why we do help others? As Taylor, Peplau, and Sears (2006) have indicated, altruism can be understood from several theoretical perspectives: (a) an evolutionary approach that suggests a predisposition to help is part of our genetic, evolutionary heritage, (b) a socio-cultural perspective which emphasizes the importance of social norms that dictate when we should help people in need, (c) a learning perspective that emphasizes people learn to be helpful, following the basic principles of reinforcement and modeling, (d) a decision-making perspective that emphasizes the weighing of costs and benefits in the decision to give help, and (e) an attributional perspective that emphasizes the idea that our willingness to help others depends on the "evaluation" of the case, and in particular, whether the

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person deserves assistance.

Efforts to identify a single personality profile of the altruistic person have not been successful. Hence, this investigator has endorsed a multiplicative model of altruism (Knight, Johnson, Carlo, & Eisenberg, 1994) which rests on the assumption that particular personality traits and abilities to help motivate people to exhibit altruistic behavior in specific situations. For example, adults with a high need for social approval would more likely donate money to charity than individuals low in need for social approval, but only when other people were watching them.

More recently, a few researchers (e.g., Seligman, Rashid, & Parks, 2006) have focused on the altruism because it has buffering effects of mental illness and problem.

On the other side of the ledger, an accurate perception of one's self and the external world has been accepted as an essential element for mental health. Almost a half century ago, Rogers (1951) as well as many others (e.g., Jahoda, 1958; Jourard & Landsman, 1980) asserted that well-adjusted, mentally healthy individuals were thought to perceive reality with a minimum level of distortion, whereas poorly adjusted and mentally unhealthy individuals tend to distort reality, resulting in what may be called "illusions."

In their seminal review of the literature on illusion and well-being, Taylor and Brown (1988) challenged the notion that accurate perceptions of the self and others are essential for mental health. After identifying eight criteria of mental health from the clinical literature, they reviewed the empirical relationships between illusions and each of the eight criterion behaviors of mental health (Taylor & Brown, 1988). Contrary to earlier claims (e.g., Rogers, 1951), Taylor and Brown concluded that mentally healthy individuals, rather than mentally unhealthy individuals, appeared to distort reality in a direction that (a) gives overly positive evaluation of their personality, (b) maintains an exaggerated belief in personal efficacy, (c) and promotes an overly optimistic view of the future. These three positive illusions, named as such by Taylor and Brown (1988), appear to foster the following traditional criteria of mental health: (a) the ability to care about self and others, (b) the ability to be happy, and (c) the ability to engage in productive and creative work.

Within five years of Taylor and Brown's (1988)

publication, approximately 250 studies examined the notion of positive illusion (Boyd-Wilson, Walkey, McClure, & Green, 2000; Colvin & Block, 1994; Fowers, Lyons, & Montel, 1996; Mancinnis, 1999; Miki & Shigeo, 2001; Murray, Holmes, & Griffin, 1996; Pomerantz, 1995; Taylor & Brown, 1994). However, Colvin and Block (1994), in their evaluation of Taylor and Brown's (1988) formulation, indicated that much of the logic as well as the empirical evidence relating positive illusion to mental health, was weak and insufficient. They rejected the thesis that positive illusions are pervasive and systematic and that mentally unhealthy individuals are more accurate and reality-attuned than mentally healthy individuals. They raised doubt about the claim that cognitive distortion about the self and one's social surroundings, even if it exists, can result in adaptive behavior over long periods of time. In an intriguing study, Paulhus (1998) showed that self-enhancing individuals were viewed positively by their peers after a brief interaction but that this initially favorable impression deteriorated after a few more hours of contact, and self-enhancers were eventually viewed as hostile, defensive, and tending to brag. Paulhus' research raises the possibility that self-enhancing illusions may be beneficial in the short term but maladaptive over the long-term.

In summary, the research literature does not support unequivocal claims about either the positive or the negative consequences of illusory beliefs about the self and the question of whether positive illusions are adaptive remains open to empirical inquiry (Taylor, Lerner, Sherman, Sage, & McDowell, 2003). Positive illusion is not the same as optimism but may contribute to mental health, which in turn mediates beneficial effects on biological responses to stress (Taylor, Lerner, Sherman, Sage, & McDowell, 2003).

In the present study, we posed the research question: what is the relationship between altruism and positive illusions? Since one of the important elements of mental health is the ability to care about the self and others, altruistic persons, in their eagerness to help others, can be said to be at a higher level of mental health. Should this be the case, should altruistic persons show a higher degree of positive illusions, within the concept delineated by Taylor and Brown (1988)? We formulated the following prediction: Compared to the non-exemplary general population, exemplary altruists will exhibit a higher level of positive illusion.

Method

Participants

The participants consisted of two groups: 40 exemplary (31 men and 9 women) altruists and 40 non-exemplary individuals (33 men and 7 women) from the general population (i.e., ordinary citizen). The 40 exemplary altruists (hereafter called altruists) were selected from a pool of 170 altruists who were nationally televised over three years of time period in an hour long program called "Let Us Praise Them" for their extraordinary, truly outstanding helping behaviors that were demonstrated over an extended time period, ranging from one to 35 years (median year = 8.5). These 40 altruists were selected from 170 altruists (Lee, Kang, Lee, & Park, 2005) on the basis of the location of their residence. All 40 altruists were living in metropolitan Seoul, and thus accessibility was one of the important criteria of selection. The mean age of these individuals was 47.40 ($SD = 8.78$) with a range of 31 to 70. The mean year of their formal education was 14.60, ranging from 12 to 20, and the distribution of the level of occupation (i.e., 20 professional, managerial, and 7 others) was similar to that of non-exemplary altruist.

After the altruists were identified and assessed in terms of their positive illusion, non-exemplary, ordinary citizens who were matched to the altruists in age, level of education, and occupation were sampled and were assessed in terms of their degree of positive illusion. These non-exemplary altruists were defined as such because their altruistic behaviors, even if they existed, were not recorded either on television or in newspapers. The 40 non-exemplary members of the general population were those whom the second author personally knew and approached and solicited to participate. Of the 45 individuals who were approached, five refused to participate. In a way similar to the altruists, all 40 selected non-altruists were living in metropolitan Seoul. The mean age of these individuals was 47.53 ($SD = 8.97$) with a range of 31 to 73. Their mean year of formal education was 14.55, ranging from 12 to 19 and the distribution of their occupation was similar to that of the altruist sample.

Measures

Rating of self and others. In order to assess the

degree to which the participants evaluate themselves and others positively, we selected 10 positive and 10 negative adjective traits. Each trait was presented in a 4-point Likert scale and the participants were instructed to rate from 1 = *Compared to most other people, it is not at all true of me* to 4 = *very true of me*. The phrase, *most other people*, rather than unspecified *others* was used to make the comparison between self and others more explicit.

According to Taylor and Brown (1988), it is logically impossible for the perceptions of self to be more positive and less negative than the perceptions of most others. Therefore, Taylor and Brown (1988) argues that one's judgments of positive adjective traits to be more descriptive of *self* than of *most other people* and judgment of negative adjective traits as less descriptive of *self* than of *most other people* can be interpreted as unrealistic or illusory. Any given individual's total score could range from 20 to 80, with a higher score indicating a higher positive illusory view of the self. The Cronbach's alpha for 40 present participants was .75 and test-retest (1-week time interval) reliability, based on 50 general college students, was .85.

Positive adjectives were selected from Anderson's (1968) 75 most likeable and meaningful (in the sense that their meaning is clear and understandable) traits: sincere, honest, polite, broad-minded, warm, trustworthy, efficient, dependable, considerate, and helpful. Similarly, negative adjectives were selected from the 75 least likeable and yet judged to be meaningful: cold, mean, cruel, dishonest, insincere, obnoxious, cowardly, untrustworthy, selfish, and boring. The order in which the 20 adjective traits appeared, as well as the order of *self* and *most other people*, was randomly determined.

Perceived controllability of positive and negative events. This scale assesses the degree to which a person thinks he/she has some control or influence concerning the occurrence of a certain event. deCharms (1968), as well as numerous other researchers, asserted that a personal sense of control is an essential element for mental health. In the present study, we used 20 hypothetical events from Weinstein's (1980) 42 events. Of 20 events, 10 were positive (e.g., receiving a desired present) and 10 were negative (e.g., attempting suicide). Each event was presented in 4-point Likert scale (1 = *Compared to most other people, I have little control over the occurrence of this event*, 4 =

Compared to most other people, I have more control over the occurrence of this event). The total score could range from 20 to 80, with a higher score indicating a higher level of positive illusion. The Cronbach's alpha, based on the present participants of 40 altruists, was .67 and test-retest reliability (1-week time interval), based on 50 general college students, was .70.

Positive and negative events checklist. To measure an individual's optimism about one's future, 10 positive (e.g., travel abroad) and 10 negative (e.g., attempted suicide) events, selected from Weinstein (1980) were used. The participants were presented with 20 randomly arranged hypothetical events, and were requested to rate the probability that each event would occur to them, with the 4-point continuum ranging from 1 = *less than average* to 4 = *more than most other people*. Following Weinstein (1980), high frequencies of *more than most other people* for positive events but low frequencies of *less than most other people* for negative events were interpreted to indicate an optimistic view of one's future. The score could range from 20 to 80,

with the higher end indicating a higher level of optimism. Cronbach's alpha for the entire 40 participants was .82, and test-retest (1-week time interval) reliability, based on general college students, was .75.

Procedures

The Rating of Self and Others, Positive and Negative Events Checklist, and Perceived Controllability of Positive and Negative Events, were administered to each of the participants on one testing occasion, with the order of presentation randomized for each participant. Participants were informed that the questionnaires were confidential in nature and they should respond to the questions openly and honestly. To facilitate honest responses, participants were instructed to use codes instead of their names.

Results

Two sets of positive illusion score, one for exemplary

Table 1
Means and Standard Deviations of the Altruists and General Population

Variable	Group	<i>M</i>	<i>SD</i>	<i>t</i>	<i>d</i>
Personality Trait					
Positive	Altruist	32.65	3.52	3.49	.74
	General	29.93	3.47		
Negative	Altruist	16.10	3.32	-1.60	.37
	General	17.33	3.53		
Controllability					
Positive	Altruist	29.83	3.15	3.84	.86
	General	27.03	3.34		
Negative	Altruist	32.23	3.96	2.97	.70
	General	29.65	3.78		
Future Outlook					
Positive	Altruist	27.65	3.94	3.18	.67
	General	24.68	4.41		
Negative	Altruist	15.73	4.36	-2.67	.59
	General	18.38	4.51		

Note. $n = 40$ for the altruist and general group, respectively; $d =$ Cohen's measure of effect size; Hotelling $T^2(5, 74) = 4.42$, $p < .001$, Wilk's lambda = .7699.

altruists and the other for the non-exemplary altruistic general population, each set containing three dimensions (personality trait, controllability, and future outlook) of positive illusion, and each dimension containing positive and negative aspect of each dimension were subjected to Hotelling T^2 . The result was significant, $F(5, 74) = 4.42$, $p < .01$, Wilk's lambda=.7699.

Significant T^2 was followed by univariate t -tests. As can be seen from Table 1, except for the measure of negative personality traits, all dimensions of positive illusion (i.e., personality, controllability, and future outlook) supported our predictions in that the altruists showed higher positive illusion scores, indicating a self-efficacious evaluation of the self.

Discussion

The purpose of the present study was to examine the relationship between altruism and positive illusion as formulated by Taylor and Brown (1988). We predicted a positive relation between the two. Results showed that, compared to the non-exemplary altruistic general population, people who are known to be exemplary altruists showed higher scores of positive illusion. Most of the effect sizes (d) were within a modest range suggested by Cohen (1977), with a mean effect size of .66. The largest effect size was observed in controllability (mean $d = .78$).

The results were similar to Lee, Kim, and Park (2003) who reported that, compared to the adolescents who are staying in court-designated shelters due to their severely antisocial behaviors, those adolescents in regular classrooms showed significantly higher positive illusion scores. It is significant to note that the results were obtained using those people who showed exemplary helping behavior over an extended period of time. The people who were designated to be exemplary altruistic persons have exhibited helping behaviors from a minimum of one to a maximum of 35 years, with a median of 8.5 years.

Lee (2002) also examined the psychological/developmental characteristics of exemplary altruists and reported that they are mentally healthy, but she did not have a comparison group, and also, positive illusion was not the variable under investigation.

We cannot say with a high degree of confidence that

these exemplary altruists have an exaggerated positive perception of their personality, an exaggerated sense of controllability, and an overly optimistic outlook of their future. However, we can say that, compared to the general population, these exemplary altruists have a more positive perception of self, a higher sense of controllability, and a brighter, optimistic outlook on their future.

It is interesting to compare the results of the presents study with those of Lee, Park, and Uhlemann (2002) who reported that professional helpers such as counselors and social workers in both Korea and Canada showed a higher positive illusion (i.e., more self-enhancing, self-efficacious, and optimistic manner) than their clients. Kitayama, Markus, Matsumoto, and Norasakkunkki (1997) suggested that positive illusion is characteristic of Western populations which value the self over the collective. These tendencies were demonstrated to be far less common in the collectivist cultures of Asia, Latin America and Eastern Europe. Kitchens (2003) suggested that, due to the more collectivist nature of Ukrainian society, Ukrainian individuals would be less likely to endorse positive illusions, but that this lack of self-enhancing tendencies would not negatively affect their psychological well-being. However, some cross-cultural differences in unrealistically optimistic beliefs about their own future and the future of their friends, Ukrainian participants were unrealistically optimistic about themselves, their friends, and their distant acquaintances. Miki and Shigeo (2001), in their study of positive illusions in Japanese students, reported that their sampled students showed not just positive illusions but also negative illusions in the ratings of extraversion, openness to experience, and appearance. The authors claimed that cultural factors appeared to be responsible for those positive and negative illusions. However, it is significant to note that both altruist and counselor groups in Korea showed positive illusions that unequivocally supported Taylor and Brown's (1988) formulation.

We cannot assert that professional helpers (counselors) are mentally healthier than their clients, and that greater positive illusion implies higher levels of mental health. However, Macinnis (1999) found no evidence of a curvilinear relationship between measures of psychological adjustment and illusory perceptions.

The limitations of the present study should be mentioned. First, similar to the inherent weaknesses in the

matching design of research, in spite of our efforts to make the two groups equal in all respects, there is no assurance as to whether we have indeed been successful. Outwardly, obvious disparities in the education and socio-economic status between the two groups may not seem to exist; however, we cannot be sure of this.

Second, it does not mean that among people classified as members of the general population, there are none who have an altruistic disposition. Third, we have relied exclusively on a self-report, paper-and-pencil measure of participants' positive illusion. The behavioral measures of positive illusion or multi-trait-and-multi-method types of assessment as suggested by Campbell and Fiske (1959) are very much recommended for future studies.

The present study should be credited in that, to our knowledge, it was the very first study examining altruistic behavior within the context of positive illusion. Future studies should illuminate whether altruists in bloom, that is, young adolescents who are judged by their peers to be altruistic persons, exhibit similar patterns of positive illusion.

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Received December 1, 2005

Revision received April 19, 2007

Accepted January 19, 2008