

Realistic Acceptance, Positive Illusions, and Modes of Control:

A conversation with Shelley Taylor

This was a conversation that I had with Shelly Taylor on her three studies on control, realistic acceptance, ruminations, death, and the positive/negative assertive yielding (modes of control). I summarized our conversation for John Astin and Shauna; (late 1990's? I just found it (2024) and am enclosing both the original and Johann's (comments (Jan 4, 2024) on it

Johanna: Very interesting conversation with Taylor; I shared my thoughts on why rumination (a negative term) might have been conflated with reflection (more positive); and therefore higher rumination could produce more meaning, at least for some (so good); while low rumination might also be avoidance/fear of difficult thoughts (so bad). Anyway, very interesting ideas. Love, J

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Attachment:
Subject : Taylor, acceptance, and the SCI

Hi John and Shauna, I recently had a conversation with Shelley Taylor about realistic acceptance as she had defined it, positive illusions, and positive and negative yielding as we discuss in Control Therapy (CT).

We discussed three articles she'd published:

1. the 1992/4 Health Psychology study that showed people with aids who had "realistic acceptance" died faster than those with positive illusions. Her goal, she said was to test whether Kubler Ross's stage of acceptance was better or worse than positive illusions in terms of death.

How realistic acceptance was measured:

For the first time I saw her measurement of realistic acceptance. There were four items and I asked if we could discuss two:

1) I prepare for the worst

2) I go over in my mind what I will say

My suggestion for refinement.

I suggested it might be helpful to make a distinction between positive yielding/acceptance, and negative yielding/acceptance, as we have done in our work in CT. Specifically, if you were to phrase the statement as 1) I

STATEMENT ONE: Her statement "I prepare for the worse" might be better phrased as "I prepare with equanimity for whatever comes, and feel at peace with myself no matter what the outcome (has a different flavor--she agreed, and said that was important point).

Commented [JS1]: I really like this reframing. Equanimity and peace seem quite different than simply "preparing for the worst" which could happen with a lot of agitation, resignation, anger etc. that are not specified.

In a conversation with Sol Maddi, discussing these items, he said he in general agreed with what I was saying above, but commented that items like I can accept in the LOT (Life Orientation Inventory) whatever comes--such as in the LOT, reflect "complacency"

I said I agree it *could*, as in negative yielding (Q4), but not necessarily, it could also reflect positive yielding and acceptance. (Q2). He at least heard the point.

TWO: "I go over in my mind what I will say."

Commented [JS2]: As we discussed, this too could be a sign of anxiety, feeling out of control rather than positive acceptance.

I said it seemed to me that that statement may not necessarily reflect acceptance. especially in untrained person, it may create anxiety, etc. She again agreed, noting that she thinks that what underlies or mediates the effect of realistic

acceptance on death is the "stress behind the e.g., I'd better prepre my will, get my papers in order, etc).

We agreed that that instrumentality can be positive assertive, but could also create stress, and rather than positive acceptance, a negative yielding.

Commented [JS3]: Yes, good nuancing of something that is actually NOT acceptance, but instrumentality, which could either be positive assertive, negative assertive (overcontrolling)

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We then discussed a second study, which will

be out in Health Psych later next year) J. Bower, et al, looked at asymptomatic men: and found that bereavement interacted with negative expectancies (inclding realistic

acceptance which she defined as negative, perceived contro, perceived risk, etc) to create cognitive rumination

(defined as saying two or more times: I think a lot

about a partner with aids that has died), who did not mention any positive meaning coming from the rumination. Compared to those with high rumination who found some meaning: e.g., I live life more fully, found a |

spiritual purpose, spend more time smelling flowers, etc

the cd4 cells of groups one and

two started high, and went quite low; the t cells for group three started the same as other two, and stayed high.

Her conclusion was positive expectations (meaning) influence disease course.

So the study that suggests low and high rumination without meaning are the same in terms of disease course, I suggested you don't want to get a person to ruminate unless you can provide meaning (to which she laughed 😊)

I shared that for me the high rumination with meaning provided what I would call Positive Acceptance. The high rumination without meaning didn't. And it's unclear why the low rumination group also fared poorly.

And there we go 😊

Commented [JS4]: Cute, and I think the key point is that it is the NATURE of rumination, the aspect of MEANING, which is the determining factor, not whether one engages in a lot or a little rumination

Commented [JS5]: I think a lot of "rumination" could actually be reflection that generates more meaning, which leads to a positive feeling; whereas low rumination might actually be associated with suppression/fear of difficult thoughts, so leading to a less good outcome.