ANNUAL REVIEWS

Annual Review of Psychology

Interview with Shelley E. Taylor

Shelley E. Taylor[1] and Susan T. Fiske[2]

[1]Department of Psychology, University of California, Los Angeles, California 90095, USA; email: taylors@psych.ucla.edu

[2]Department of Psychology and Woodrow Wilson School of Public Affairs, Princeton University, Princeton, New Jersey 08540, USA; email: sfiske@princeton.edu

Annu. Rev. Psychol. 2019.70:1-8. Downloaded from www.annualreviews.org
Access provided by 173.181.75.30 on 12/31/20. For personal use only.

Annu. Rev. Psychol. 2019. 70:1–8

First published as a Review in Advance on October 3, 2018

The *Annual Review of Psychology* is online at psych.annualreviews.org

https://doi.org/10.1146/annurev-psych-041818-040645

Copyright © 2019 by Annual Reviews.
All rights reserved

ANNUAL REVIEWS CONNECT

www.annualreviews.org

- Download figures
- Navigate cited references
- Keyword search
- Explore related articles
- Share via email or social media

Keywords

social psychology, health psychology, stress, coping, positive illusions

Abstract

Shelley Taylor's autobiographical interview (conducted by *Annual Review of Psychology* Editor and long-time collaborator Susan Fiske) touches on some of her favorite ideas. For example, positive illusions: "The traditional textbook definition of mental health included the stipulation that people see the world accurately, and what we were suggesting is that actually, a lot of times, people don't see the world accurately. They see it with a positive spin on it." She also discusses how to found fields (social cognition, health psychology, and social neuroscience) and the challenges of boundary crossing (from social to biological). Her practical comments describe the joy of teaching methods, running a lab, and being a solo female. The interview ends with her advice to follow your instincts about the next big idea: "Trusting your own ideas is a very important way of coming up with a research program that is novel and exciting, and that ultimately wins people over."

INTERVIEW WITH SHELLEY E. TAYLOR

Susan Fiske: This is Shelley Taylor, interviewed by Susan Fiske for Annual Reviews, and we're going to try an experiment. Shelley, I'd like to ask you: What's your favorite idea that you've had in a long, and creative, career?

Shelley Taylor: The most fun idea I ever had was the positive illusions idea, because it generated lots of studies, it caught on, and a lot of people have thought it wasn't true. Positive illusions is the idea that people typically have mildly positive exaggerated views of themselves, the world, and the future. It's kind of a playful idea, and yet it drew a lot of criticism, so that was a very interesting aspect.

I think the other thing that I'm most proud of is the role that I played, along with others, in founding the field of health psychology, because that has really turned into a major branch of the field, which it certainly was not. Of course, there were others who were involved from the early stages.

Susan Fiske: Let's take each of these things separately. In terms of the positive illusions work, part of what was interesting about that was it flew in the face of a lot of previous mental health standards. Didn't it?

Shelley Taylor: Yes. The traditional textbook definition of mental health included the stipulation that people see the world accurately, and what we were suggesting is that actually, a lot of times, people don't see the world accurately. They see it with a positive spin on it. A blush. That was one of the first things that made it controversial.

Susan Fiske: There were different domains in which it seemed, to you, adaptive for people to have positive illusions.

Shelley Taylor: Yes. I think the most adaptive are the positive illusions that people have about their own talents, because it leads them to undertake activities that they probably would not otherwise do if they had an accurate assessment of what they likely could achieve. I think what people do is set goals that are a little higher than they ought to be, but they make more progress toward those goals, and even if they fall short, they've still gotten a lot further along the way toward their goals than they would have, had they not had the unrealistic beliefs in the first place.

Susan Fiske: It's a very optimistic view of human nature.

Shelley Taylor: Yes it is. This aspect of it anyway.

Susan Fiske: But it doesn't go to the outer reaches of narcissism.

Shelley Taylor: It does not go to the outer reaches of narcissism. That falls into the clinical domain, and I think there's a lot of pathological narcissism out there. Even though the beliefs are positive, the content often is not. I think that a lot of times people have positive illusions of what they can achieve, and what they want to achieve is not inherently good. I think we would see many criminal activities, for example, illustrating positive illusions, and so there's nothing intrinsically positive about the outcomes that one might want to achieve, only that beliefs going into it might lead to greater progress.

Susan Fiske: It's beliefs about ability and also control.

Annu. Rev. Psychol. 2019.70:1-8. Downloaded from www.annualreviews.org
Access provided by 173.181.75.30 on 12/31/20. For personal use only.

Shelley Taylor: Yes. Optimistic beliefs about the future, beliefs about your own abilities, and beliefs in personal control I think are probably the ones that most facilitate these kinds of processes.

Susan Fiske: How did this link up to your founding, with others, the field of health psychology?

Shelley Taylor: It didn't really. In many ways, they had come together, but I see them as independent in their origins.

In the case of health psychology, I have to credit Judy Rodin with leading me to think about the field. Judy, of course, went into administration and then to heading up Rockefeller, I think it was, or she would have done it herself!

I had not thought about turning our empirical talents to the health domain, but Judy was doing a project with the West Coast Cancer Foundation, and asked Smadar Levin and me to come up with ways in which social psychological principles could be applied to coping with breast cancer. At first, my thought was it doesn't. I mean, there aren't any applications. The more we begin to think about it, we came up with a quite credible account, and that, for me, blossomed into thinking about the role that psychology can play in health more broadly. It started with stress and coping. What do people experience as stressful? How do they cope with that? What kind of coping is successful? What kind of coping is not successful?

It linked back, ultimately, into the positive illusions work, because we found that the positive illusions that people held about themselves were associated with biomarkers that suggested, if not good health directly, certainly the absence of compromised health that you might otherwise see in the face of stress. People had better immune responses to stressful circumstances. They had better cardiovascular responses to stressors, and so the two lines of work did, ultimately, come together.

Susan Fiske: Your early work in this area was building on your background in attribution theory?

Shelley Taylor: Yes. Social cognition was the third area I worked on, much of it with you. I had done work on attribution theory when I was in graduate school at Yale [University], and I thought that this would be fun to continue to pursue. You and I pursued it to a degree, which broadened out into a more general interest in social cognition and social cognitive epistemology. How do people know what they know? How do they understand the world through the lens of cognitive construction?

Social cognition was the broadening out of the early attribution work, at least for me, and led of course to our several volumes in social cognition (Fiske & Taylor 1984). That too links back into the health-related work, because the construction of health in one's mind, and also the beliefs that you hold about your capability of coping with events, is, ultimately, a process of social construction.

Susan Fiske: Can you give a concrete example of a finding that illustrates this sort of social construction?

Shelley Taylor: We know that social support is vital to the maintenance of health, and a particularly intriguing aspect is that the effects of perceived social support are stronger than the effects of actual social support. If you measure acts of social support, if you measure the number of people in a network, the number of groups that people belong to, all of those have a mildly positive effect on health. What has the biggest effect is if you perceive yourself to be in an environment where you have social support, and that's a social construction.

Annu. Rev. Psychol. 2019.70:1-8. Downloaded from www.annualreviews.org
Access provided by 173.181.75.30 on 12/31/20. For personal use only.

Annu. Rev. Psychol. 2019.70:1-8. Downloaded from www.annualreviews.org
Access provided by 173.181.75.30 on 12/31/20. For personal use only.

Susan Fiske: Is it a bit like the call button on the nurse station, where you know you could call on these people if you needed to?

Shelley Taylor: It could be, but I'm not sure that it's as tied to resources as that example implies. I mean, having the call button is a very specific resource that you can use. Social support is more the feeling that there are people out there who care about me, who love me, who would help me if I needed it, even though you don't have a very specific idea of when you would need them and for what.

Susan Fiske: How does a person go about founding a field?

Shelley Taylor: I think it's important to trust your instincts when you think you have a novel idea, and that it's worth pursuing, and to try it out on people. Often you get negative feedback, and you have to be prepared for that early on. People say, "Oh, that's been done." Well, where? Or, "Well, that's not true." Really? Let me show you some evidence. So you really do have to have the wherewithal to stand up to the initial waves of criticism that you're likely to see. Ultimately, of course, you have to win people over so that they do either studies that disconfirm what you've been saying or studies that confirm it, and that really helps a great deal.

Now, in the case of health psychology, there were psychologists working in the health settings for decades, but nobody had formalized it into a field. Giving a field a name is important. Building a program is important. Attracting faculty is important. Having a book is important.

So really two ways. One is we develop a theory and a set of empirical methodologies, and people start to use them; that is the model I would say worked for positive illusions. The other is more programmatic. NIH [the National Institutes of Health] conveniently was providing most of the research funds for our field at the time, and they were very interested in both mental and physical health.

When psychologists became involved in physical health outcomes, the support was there, either to join a medical team or, ultimately, to run psychology teams independently.

Susan Fiske: You certainly did exemplary research that was at the forefront of what became health psychology, but you also helped to build the infrastructure for the field of health psychology with your textbook (Taylor 1986).

Shelley Taylor: Thank you. Yes. I thought early on that an important way to get people to think about these ideas would be to have a book, and I had a wonderful editor, Judy Rothman, who said this is a chicken and egg book, and what she meant by that is as a book, people will read it, that will spark the field, people will need the book, and so on, iterating. That was definitely true. People began to buy *Health Psychology*, and began to use it in classes, and when someone is interested in teaching a course in health psychology, or any field, if there's no book, that's a lot harder.

It wasn't a great book, the first edition, I have to say. But later editions were better (Taylor 2018). Ultimately, the field evolved in ways that defined how the book evolved and, to a degree, vice versa. That worked out well.

Susan Fiske: Do you think something parallel happened with social cognition?

Shelley Taylor: I do. Social cognition had been heavily weighted toward attribution research. I think that the process that you and I had in writing the first volume of *Social Cognition* (Fiske & Taylor 1984) was to basically say "This is also social cognition, and so is that, and so is that," and as people began to realize the important role of social construction in diverse areas of social psychology, they began to see that, really, there were a lot of commonalities.

The background idea of social construction derived initially from Kant, and then evolved into an empirically driven field, and the book, *Social Cognition*, I think brought meta-theoretical and theoretical coherence to the field.

Susan Fiske: As in your story about health psychology, because of the book, it was easier to teach the course, but the courses people wanted to teach required the book.

Shelley Taylor: Yes. The nice thing is that, when you write a book that can act as a textbook, people have a lot of flexibility in how much of it they want to teach, so if they decide that relationships are not part of social cognition, they don't have to teach the relationships chapter, because everything is sort of stand-alone.

Early on, I learned that there were people who were not using certain chapters in *Health Psychology*. That didn't mean that those chapters should drop out. It just meant that they were not chapters that everybody wanted to teach. Death and dying, for example, was one of them. A lot of people did not want to teach death and dying, even though, if you ask undergraduates what topics they were interested in, death and dying are way up there.

Susan Fiske: Really?

Shelley Taylor: Yes. Faculty, I think, thought it would depress people or that it could abet suicidal inclinations, and so it wasn't taught in a lot of classes.

Susan Fiske: What aspects of teaching did you enjoy the most?

Shelley Taylor: I really liked teaching research methods, and I taught that for several years at Harvard [University], and then for many years at UCLA [University of California, Los Angeles]. I liked it because the classes were small, and after some initial lectures, they became empirical. Even though I taught the course every year, it was a completely different course every year, because the empirical projects that the students came up with were different.

We had some wonderful projects. A couple of them got published. A couple of them led to longer lines of research. I would say the research-generative aspect of the methods courses was what I enjoyed most about teaching.

Susan Fiske: What about your lab? Do you have wisdom to pass on about running a lab and having successful multiple collaborations?

Shelley Taylor: For many years, I didn't run a formal lab. I had relationships with individual students, fostering the particular lines of work that they wanted to pursue. In the last number of years I had a lab, and one of the things I did was to assign readings that nobody in the lab understood. They were often very difficult medical or biological articles. I remember one student saying, "This is rocket science," and I said, "Yes, but we're rocket scientists." People kind of sat up a little straighter and were willing to tackle these incredibly difficult articles. Sometimes we did have to go out and get some additional expertise to help us wade through some of the parts that we really didn't understand. Eventually, most of us developed the expertise to read all of this literature.

Susan Fiske: What were some examples of boundary areas that you were introducing?

Shelley Taylor: Early on, for example, we got very interested in immune functioning, so we had to learn what measures of immune functioning are most diagnostic. Which ones can we realistically collect? How do we interpret them? How do they relate to psychological and social variables? Margeret Kemeny was an enormously helpful influence. She got a lot of us much more sophisticated in the area of immunology.

Annu. Rev. Psychol. 2019.70:1-8. Downloaded from www.annualreviews.org
Access provided by 173.181.75.30 on 12/31/20. For personal use only.

Susan Fiske: So the problem went in search of the methods.

Shelley Taylor: Yes, to a degree. Although health psychology, to some degree, is what you can measure. So when people measure cortisol, well, nobody's really quite sure what cortisol predicts over time, and whether cortisol levels that you can get, say, on a diurnal basis or first thing in the morning predict the kinds of chronic diseases that elevated hypothalamic pituitary adrenal activity ought to predict.

We don't really know that. We don't usually have the longitudinal evidence to see if what we measure actually does translate into health risks. Infection is a great model. Sheldon Cohen, for example, has a wonderful model of infectious disease. That we can do, but the long-term chronic diseases that one would want to understand, those are hard to study in the lab, particularly when you're focusing on young and healthy adults.

Susan Fiske: What's the most surprising phenomenon that you think you've discovered?

Shelley Taylor: I think the thing that has surprised me most about the field is how quickly and readily the integration of biology was embraced. That's in contrast to some of the other social sciences, where the willingness to embrace biological methodologies has come much, much more slowly.

In psychology, people very quickly said, "Oh yeah, this will give us another dimension. We can look at the whole person. We can look at the interplay of mental and physical health." That was extremely gratifying to see, the speed with which that happened.

Susan Fiske: You know, there wasn't much criticism of it as reductionist, the way there has been in other social sciences.

Shelley Taylor: No. Some of the older psychologists that I talked to brought up the reductionist perspective, but you have to look at things as occurring on parallel levels simultaneously, and so simply because you're collecting biological measures doesn't mean that the underlying biology is ultimately what you're trying to get to. It's just trying to put the person together at all levels.

Susan Fiske: Well, and also biology is not deterministic.

Shelley Taylor: Yes.

Susan Fiske: I think that's what was bothering more social psychologists and social scientists.

Shelley Taylor: Yeah. I think we're seeing a parallel problem now in the integration of genetics, where there are people who think if there are genes implicated, that means it's immutable, that it's inevitable, and that it plays an important role, and not realizing that genes, in fact, the ways they are expressed, are malleable, and that's hugely influenced by the social and physical environment that people live in.

Susan Fiske: Exactly.

Shelley Taylor: This argument that you raised is actually coming up more in the genetics field, where people want to study genetic variants and their role in these processes. In health psychology, researchers have been slower to become interested in genetic influences on health-related behavior.

Susan Fiske: Right. What was it like joining the Harvard faculty as the only female person in the room?

Annu. Rev. Psychol. 2019.70:1-8. Downloaded from www.annualreviews.org
Access provided by 173.181.75.30 on 12/31/20. For personal use only.

Shelley Taylor: That was very hard, although it did mean that the ladies room was never crowded. There were simple things, like always being the only woman on a committee. Harvard didn't have that many women faculty, and so they liked to take advantage of the few who were there. Once you were the woman on the committee they figured they had done their job at the time, I think. That's obviously changed.

That was kind of tough. When I got to UCLA I was so stunned by how many women there were at high levels in the administration. How many female full professors there were. It was a completely different atmosphere.

Susan Fiske: All I have to say is, as a graduate student coming into social psychology at that time, you could count the number of famous female social psychologists, basically, on one hand.

Shelley Taylor: You could, although I think that Elaine Walster and Ellen Berscheid were marvelous role models, because they were tough. Both of them, initially, had very poor positions, or positions where they felt under the thumb of some of the male leaders in the field, and they persevered. They did it. They set up the field of interpersonal attraction and, ultimately, close relationships. I think that's an extremely impressive achievement.

Susan Fiske: Yes, I agree. There are other people we could name.

Shelley Taylor: Yes. Oh, yes. I picked them because, when I was in graduate school, they were held up as a model of, number one, how incredibly difficult it is to get your work acknowledged when you're a female faculty member and, number two, that you can do it.

Susan Fiske: You also built a lab that included a significant number of women.

Shelley Taylor: Yes. Harvard was a wonderful place to be for several reasons, because all the social sciences were together in the SocRel [Social Relations] Department, and so I had sociologists in my lab. It was possible to get people from other fields, like social anthropology, who were interested in some of the same issues, and I think that made for an intellectually fascinating environment.

Susan Fiske: I think for me, as a graduate student in that environment, having a cluster of women made me realize that there are different ways that you can do it, as a female person, that there's not just one female path to a success.

Susan Fiske: What's been your biggest challenge?

Shelley Taylor: There have been several challenges. One was, if you decide you want to retool, as I did in biology, it's difficult to find formal mechanisms, although I had a Research Scientist Development Award that basically gave me time off for 10 years to take courses in the medical school and really get to understand the underlying biology that I needed for the kind of work that I was doing. Having those formal mechanisms, I think, is really vital to allowing people to build and expand their science.

I would say another challenge was being one of the few women in the field, and putting up with an awful lot of bad stuff. When I read about Me Too, I think about whether there was anybody I knew who wasn't sexually harassed by someone, and I don't think so. It was a drum beat in the background that you always had to keep your eye on and worry about a little bit. That was hard.

Susan Fiske: I remember conferences where somebody would invite you to dinner, and you'd show up with five graduate students. They were probably a little surprised.

Shelley Taylor: Occasionally, you would have a charming conversation with someone, and then you'd hear a knock, knock, knock at your door and think, Oh lord, what's that? And peek through the little hole, and just not open the door. Some of it was even more blatant. That was a challenge.

Annu. Rev. Psychol. 2019.70:1-8. Downloaded from www.annualreviews.org
Access provided by 173.181.75.30 on 12/31/20. For personal use only.

I would say that, for me, being at a state university, having come from Harvard, and then going to a state university was a challenge, because there's so much committee work at all levels. Things didn't need to be done by committees, but they were. I found that a lot of time that I could have put into writing grant proposals, doing research, and being with students was going into activities that I think were less central to the real needs and mission of the university.

Susan Fiske: So, less democracy, more benign dictatorship?

Shelley Taylor: Well, or decisions that are made by a couple of well-chosen people. I think when that's done, often the university profits. We've had a couple of leaders at UCLA who took over some of this decision making and you think, good, these are strong people that will make the right decisions. I'm willing to live with the outcomes of these decisions.

Susan Fiske: That's what I mean by benign dictator.

Shelley Taylor: Yeah. What other challenges? Of course, research money is an enormous challenge, and becoming more so. The fact that the climate among the Feds has changed so much in a direction that does not favor science means that just getting the resources to be able to do the work that you want to do is difficult. It's awful to know that you have a good study, to absolutely know that the research is going to show something important, and not be able to fund it. That is a big challenge.

Susan Fiske: But you've been enormously successful in keeping your research funded throughout your whole career.

Shelley Taylor: I have been, yes. It wasn't for lack of writing grant proposals though.

Susan Fiske: Do you have any suggestions for people starting out in the field about how to have a good idea, and how to implement it?

Shelley Taylor: I have always thought that you look around you, and if you're psychologically minded, you notice things, and you think, Well, what does that mean? You keep trying to step it up a level, which will ultimately lead you to theory. I would say trusting your own ideas is a very important way of coming up with a research program that is novel and exciting, and that ultimately wins people over.

Susan Fiske: I think that's a great place to end.

Annu. Rev. Psychol. 2019.70:1-8. Downloaded from www.annualreviews.org
Access provided by 173.181.75.30 on 12/31/20. For personal use only.

DISCLOSURE STATEMENT

The authors are not aware of any affiliations, memberships, funding, or financial holdings that might be perceived as affecting the objectivity of this review.

LITERATURE CITED

Fiske ST, Taylor SE. 1984. *Social Cognition*. Reading, MA: Addison Wesley
Taylor SE. 1986. *Health Psychology*. New York: McGraw-Hill
Taylor SE. 2018. *Health Psychology*. New York: McGraw-Hill. 10th ed.