



The Journal of Positive Psychology

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ISSN: 1743-9760 (Print) 1743-9779 (Online) Journal homepage: www.tandfonline.com/journals/rpos20

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To cite this article: Shauna M. Bowes & Arber Tasimi (2023) Is intellectual humility 'good' for people?, *The Journal of Positive Psychology*, 18:2, 250-253, DOI: [10.1080/17439760.2022.2155226](https://doi.org/10.1080/17439760.2022.2155226)

To link to this article: <https://doi.org/10.1080/17439760.2022.2155226>



Published online: 05 Dec 2022.



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Is intellectual humility ‘good’ for people?

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ABSTRACT

In Ballantyne’s (in press) review on the philosophy and psychology of intellectual humility (IH), he observes that it is not possible to ascertain whether IH is ‘good’ for people. In our commentary, we describe a way to tackle this ambiguity by advancing and testing an IH-health hypothesis. We first describe the humility-health hypothesis and the ways in which it may map on to IH. Next, we describe a growing literature speaking to the possibility of an IH-health hypothesis. Finally, we conclude with a discussion of whether we can distinguish between IH and humility in the context of psychological well-being and psychopathology and how IH might contribute to positive therapeutic outcomes. Through examining the relevance of IH to well-being and psychopathology, we may be able to illuminate whether and to what extent IH is ‘good’ for people.

ARTICLE HISTORY

Received 11 April 2022

Accepted 29 September 2022

KEYWORDS

Intellectual humility;
humility; well-being;
psychopathology; health

Over the last five years, research on intellectual humility (IH) has exploded. Scholars have investigated IH in relation to a wide range of external criteria, from political polarization (e.g., Bowes et al., 2020) and cognitive styles (e.g., Leary et al., 2017) to empathy (e.g., Krumrei-Mancuso, 2017) and misinformation (e.g., Bowes & Tasimi, 2022). There is a common takeaway from much of this research: IH appears to be beneficial. Indeed, IH is consistently positively related to potentially adaptive outcomes, such as endorsement of prosocial values (e.g., Krumrei-Mancuso, 2017) and tolerance for diversity (e.g., Krumrei-Mancuso & Rouse, 2016). What is more, IH is negatively related to potentially maladaptive outcomes, such as affective polarization (e.g., Bowes et al., 2020) and dogmatism (e.g., Leary et al., 2017).

But as Ballantyne (in press) observes in his review, it is unclear whether and to what extent IH is ‘good’ for individuals. That is, while it is evident that IH may contribute to a range of beneficial outcomes, there is a paucity of research on whether and how intellectually humble individuals benefit from their IH. For instance, are intellectually humble individuals healthier and happier than less intellectually humble individuals? More successful? More satisfied with their lives?

To answer these kinds of questions, we think it is essential that future research addresses whether IH is not only related to greater psychological well-being but also to less psychopathology. If IH is, indeed, ‘good’ for individuals, then we would expect IH to be both positively related to psychological health and negatively related to psychological distress. With few exceptions

(e.g., Hill et al., 2021; Leary et al., 2017), research on IH has largely neglected clinical science topics, which is why, in this commentary, we hope to shine a light on the potential relevance of IH to well-being and psychopathology.

The (Intellectual) humility-health hypothesis

The onset of the positive psychology movement in the early 2000’s brought with it an emphasis on factors that promote well-being and contributed to a tidal wave of research (see, Linley et al., 2006). One factor that gained traction in this movement was humility, which entails (a) having an accurate sense-of-self, (b) displaying modesty in social interactions, and (c) being oriented to the well-being of others (e.g., McElroy-Heltzel et al., 2019; Van Tongeren et al., 2019). As with IH, humility is thought to be a beneficial or virtuous trait, as it has been found to predict a range of seemingly adaptive outcomes, including (but not limited to) less prejudice of derogated social groups (e.g., Sibley et al., 2010), less organizational delinquency (e.g., Lee et al., 2005), and more integrity (e.g., Lee et al., 2005).

Whereas little is known about whether intellectually humble individuals benefit from their intellectual humility, much research indicates that humble individuals may benefit from their humility. According to the *humility-health hypothesis*, humility should contribute to greater well-being, both psychologically and physically (see, Toussaint & Webb, 2016). Consistent with this hypothesis, humility is related to higher perceptions of

life satisfaction, more emotional regulation, and more physical regulation (e.g., lower blood pressure; see, Van Tongeren et al., 2019). Not only is humility positively related to indices of well-being, but it is also negatively related to features of psychopathology, including so-called 'dark' personality traits (e.g., psychopathy, Machiavellianism, narcissism; see, Hodson et al., 2018), aggression and impulsivity (e.g., MacDonell & Willoughby, 2019), and depressed affect (e.g., Krause, 2014). Indeed, there is an almost complete overlap between dark personality traits and low humility, suggesting that low humility may be at the heart of these forms of personality pathology (e.g., Hodson et al., 2018). Altogether, humility seems to be related to greater psychological health and less psychological distress, thus supporting the humility-health hypothesis.

As Ballantyne (2023) notes, however, it is not entirely clear how the humility-health hypothesis bears on IH. While we agree with this assertion, we believe there is sufficient evidence to not only advance an *IH-health hypothesis*, but also to test it. IH is often theorized to be a specific manifestation of humility in the domain of ideas, beliefs, and attitudes (e.g., Van Tongeren et al., 2019), and IH self-report measures and humility self-report measures tend to be moderately and positively related (e.g., Krumrei-Mancuso & Rouse, 2016). Considering this overlap in terms of definitions and measurement, we would expect IH to yield a nomological network that aligns with humility's nomological network. Hence, if humility at large contributes to well-being, then IH should contribute to well-being as well.

While no research, to our knowledge, has directly tested the IH-health hypothesis, there is a smattering of results across studies that lend initial credence to the link between IH and health. Considering psychological well-being, IH tends to be positively related to emotional stability (e.g., Haggard et al., 2018; Porter & Schumann, 2018), self-esteem (e.g., Bak & Kutnik, 2021), self-confidence (e.g., Krumrei-Mancuso & Rouse, 2016), and authentic pride (e.g., Haggard et al., 2018). More intellectually humble individuals additionally reported that they experienced more flourishing and greater satisfaction with their lives than less intellectually humble individuals (Hill et al., 2021). Considering psychopathology, IH tends to be negatively related to narcissism (e.g., Bak & Kutnik, 2021; Hill et al., 2021; Krumrei-Mancuso & Rouse, 2016), psychological entitlement (e.g., Krumrei-Mancuso & Rouse, 2016), and hubristic pride (e.g., Haggard et al., 2018). Moreover, it seems that many types of emotional distress can contribute to engaging in thinking patterns, such as hypermentalizing (e.g., Bo et al., 2017), that would be negatively related to IH and open-minded learning at large. As a result of hypermentalizing, for instance, people may develop *epistemic mistrust* and dismiss information that is in fact trustworthy; similarly, people

may develop *epistemic overtrust* and blindly accept information without discernment (e.g., Bo et al., 2017). IH may also protect against depression and anxiety in the presence of religious commitment, meaning intellectual humility statistically attenuates the relationship between depression and anxiety and religious commitment (e.g., Hill et al., 2021). In sum, these results provisionally suggest that IH may contribute to more psychological well-being and less psychopathology.

Do we need an IH-health hypothesis?

Based on the findings described earlier, it seems that IH may indeed be 'good' for individuals. At the same time, one might reasonably wonder whether we need an IH-health hypothesis if we already have a humility-health hypothesis. We think so. First, IH and humility, while certainly overlapping, are not isomorphic. Both IH and humility comprise greater self-awareness and orientation to others; nevertheless, IH directly pertains to intellectual life (e.g., ideas, knowledge) whereas humility is germane to a broad range of situations (e.g., relationships, cooperation) (see, Davis et al., 2016). Consistent with these differences in definitions, correlations between measures of IH and humility tend to be medium rather than large (e.g., Bowes et al., 2020). Accordingly, we cannot assume that humility and intellectual humility will be (a) equally related to well-being and psychopathology and/or (b) related to well-being and psychopathology vis-à-vis the same mechanisms. We can only address these ambiguities by advancing an IH-health hypothesis and systematically testing it. Below, we sketch out some ways that future research can distinguish between IH and humility in the context of well-being and psychopathology.

One straightforward and compelling way to distinguish between IH and humility is to simultaneously examine their relations with different forms of well-being and psychopathology. If IH and humility are not equally related to the same forms of well-being and psychopathology, then this would provide support for advancing two separate hypotheses. When reflecting on the theoretical and empirical differences between IH and humility, we might expect IH to be a stronger correlate of *intrapersonal* outcomes than humility in the domains of well-being and psychopathology whereas humility may be a stronger correlate of *interpersonal* outcomes. To shed light on these possibilities, we describe three 'case examples' below: self-compassion, rumination, and narcissism.

Turning to self-compassion, it involves (a) maintaining an understanding and gentle stance on one's experiences, (b) recognizing one's common humanity, and (c) working toward not overly identifying with one's painful feelings and thoughts (e.g., Neff et al., 2007). To be self-

compassionate, one must take a balanced view of their thoughts, feelings, and experiences. At its core, self-compassion is an adaptive form of 'self-to-self relating' (i.e., how we interact with ourselves; e.g., Neff et al., 2007), and, thus, it is a largely intrapersonal process. Like self-compassion, IH can be thought of as a form of self-to-self relating; in contrast, humility can be thought of as a form of self-to-other relating. As such, we would expect IH to be a stronger correlate of self-compassion than humility. IH seems to directly relate to the core ingredients of self-compassion, as it reflects how we (a) seek to understand our own thoughts and beliefs rather than judge them and (b) appreciate the thoughts and beliefs of others. Critically, IH pertains to acknowledging the limitations of our beliefs, but not being consumed by these limitations.

From our point of view, we can apply this logic to the opposite of self-compassion: rumination. Rumination is a hallmark feature of internalizing disorders, including depression and anxiety, and it typically involves repetitive patterns of thought focused on negative aspects of oneself (e.g., 'Why can't I do anything right?') and/or negative aspects of one's life (e.g., 'Nothing goes my way'; see, Nolen-Hoeksema et al., 2008). Rumination, in essence, is a marker of being internally consumed by the negativity in one's life. Although both humility and IH entail reduced self-focus, IH is likely a stronger negative correlate of rumination than humility. IH uniquely involves metacognitive processes that contradict the processes underlying rumination – an *appropriate* awareness of the limitations of one's thoughts coupled with a *willingness* to update one's beliefs (e.g., Haggard et al., 2018; Leary et al., 2017). In aggregate, a low propensity to ruminate is baked into the definition of IH whereas it is not baked into the definition of humility.

Although IH would likely yield stronger relations with self-compassion and rumination than humility, humility likely manifests stronger relations with narcissism than IH. Narcissism reflects tendencies to be grandiose, entitled, exploitative, and authoritative, all of which contribute to a salient interpersonal signature (e.g., Crowe et al., 2019). Given that humility comprises modesty and sincerity, both of which are ostensibly the opposite of features of narcissism, we would expect humility to be a stronger predictor of narcissism than IH. Indeed, in one study, humility accounted for more variance in narcissism after controlling for IH than IH did after controlling for humility (e.g., Krumrei-Mancuso & Rouse, 2016).

Understanding these predictive differences between humility and IH in the context of well-being and psychopathology will not only advance conceptualizations of these constructs, but also elucidate potential intervention targets (i.e., it may be more effective to increase humility than IH in order to reduce narcissism). In addition to differentially influencing well-being and psychopathology, IH

and humility may also be differentially influenced by evidence-based psychotherapies. Although people usually do not pursue therapy explicitly to increase their IH or humility at large (see, Lavelock et al., 2017), IH and humility are likely byproducts of many evidence-based therapies. Consider the overarching goals of cognitive-behavioral therapy (CBT): to inculcate flexible thinking, develop the ability to take stock of all available evidence, and ultimately recognize that that we view our world in a biased manner (e.g., Craske, 2010). These intrapersonally-oriented goals of CBT map on to core aspects of IH, including possessing insight into the limitations of one's knowledge and being open to alternative viewpoints. Hence, just as IH may more strongly predict intrapersonal manifestations of well-being and psychopathology than humility, it may also more closely map onto therapies with strong intrapersonal goals than humility.

Conclusion

Scholars have argued that IH holds the potential to make us better scientists and practitioners (e.g., Lilienfeld & Bowes, 2018) – we now need to understand whether IH holds the potential to make us healthier, happier, and more well-adjusted individuals. In this commentary, we suggest that IH may indeed be psychologically 'good' for individuals, and we do so by advancing an IH-health hypothesis. Preliminary research is already promising, as more and more data indicate that IH is positively related to indices of psychological well-being and negatively related to indices of psychopathology. To continue advancing this work, we maintain that it will be necessary to distinguish between the IH-health hypothesis and the humility-health hypothesis. There are potentially overlooked predictive differences between IH and humility that are not only theoretically interesting but also potentially applicable to clinical practice and intervention work. If IH is, in fact, 'good' for individuals in the ways we propose, then it will be all the more important to understand whether and how we can foster IH and leverage it in applied settings.

Acknowledgments

We would like to acknowledge the Templeton Foundation for providing us with funds to build this program of research (Grant ID 61379).

Disclosure statement

No potential conflict of interest was reported by the author(s).

Funding

This work was supported by the John Templeton Foundation [Grant ID 61379].

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