June Churchill, an executive at a fitness company, has a body mass index that puts her in the “obese” range. She is up for a promotion to head of public relations. Though she has a lot of experience in the field and has received good performance reviews, her supervisors choose a thinner, less-experienced man for the position. June can’t decide whether she was a victim of weight-based discrimination, sex discrimination, or if the other candidate really was a better fit. Or was it her own fault because she wasn’t watching her weight?

June’s experience captures a prototypical predicament faced by individuals who belong to groups that are frequent targets of discrimination and prejudice. While discrimination against people of color, women, sexual minorities, overweight people, and other low-status groups is well documented at a population level (e.g., the wage gender gap; Pew Research Center, 2013; the sentencing gap between Black and White men; US Sentencing Commission, 2013), individual events are nevertheless difficult to attribute to discrimination with certainty. For example, besides discrimination, June could blame her lack of promotion on her own lack of managerial skills, her inability to control her diet, on an argument she had a few months ago with her supervisor, or on the other candidate’s undeniable charisma and charm. Objective standards by which to establish discrimination are rarely available. Thus, judgments of discrimination are often subjective, subject to human error, and disputable. Furthermore, the consequences of making attributions to discrimination (or failing to make them) can be substantial, affecting psychological and physical health, professional advancement and interpersonal relationships.

In this chapter, we update a previous handbook chapter (Major & Sawyer, 2009) that reviewed the research on the antecedents and consequences of attributions to discrimination, highlighting research published since the previous version. We begin by specifying the theoretical and practical importance of this work and providing definitions of our core concepts. We then review the antecedents—both situational and personal/
Theoretical and Practical Importance

Understanding the antecedents and consequences of perceived discrimination is important for both theoretical and practical reasons. Attribution processes play a central role in theories concerned with how people respond to social disadvantage and negative treatment (e.g., Allport, 1954, 1979; Crocker & Major, 1989; Crosby, 1976, 1982). From a practical standpoint, understanding attributions to discrimination is an important enterprise in the areas of social justice, health (Pascoe & Smart-Richman, 2009; Williams & Mohammed, 2009), law (Eyer, 2012), organizational behavior (Castilla, 2008; Hirsh & Lyons, 2010; Kaiser et al., 2013), and interpersonal relations (Salvatore & Shelton, 2007). Despite concerted efforts at remediation, the number of lawsuits claiming employment discrimination continues to grow (Equal Employment Opportunity Commission, 2012), placing a strain on the legal system and the organizations and agencies that exist to deal with claims. Moreover, the health consequences of perceived discrimination burden the healthcare system and damage efficiency in the workforce (and thus our economy). There is a pressing need not only to address and diminish discrimination, but also to identify factors that lead people to regard themselves as victims of discrimination and the consequences of these judgments for health, the legal system, and the economy.

Research on discrimination attributions has shifted over the last several decades. In the 1990s a substantial amount of research focused on whether members of disadvantaged groups generally tend to deny or minimize their likelihood of being targets of prejudice (e.g., Crosby, 1982, 1984) or are vigilant to prejudice cues in their environment (Barrett & Swim, 1998; see Major, Gramzow, McCoy, Levin, & Schmader, 2002; Major & Sawyer, 2009). The last decade has seen more attention paid to factors that moderate people's likelihood of seeing themselves as targets of discrimination, and to the psychological, physical, and interpersonal costs of perceived discrimination. We focus here on these latter issues.

Definitions

Major, Quinton, and McCoy (2002) conceptualized an attribution to discrimination as having two primary components: (1) a judgment that treatment was based on social identity or group membership, and (2) a judgment that treatment was unjust or undeserved. Thus, at a phenomenological level, a person attributing his or her treatment to discrimination feels that he or she was unfairly treated due to his or her membership in a social category or group. According to Major, Quinton, and McCoy (2002), experiences that do not implicate an individual’s social identity, whether deserved or undeserved, are unlikely to be attributed to discrimination. Nor are experiences that are
Some scholars, however, assert that legitimacy is a dimension of discrimination, as opposed to a boundary condition of the phenomenon (Crandall, Eshleman, & O’Brien, 2002; Jetten, Schmitt, Branscombe, Garza, & Mewse, 2011). From this perspective, when people attribute negative treatment to their social identity, they are making an attribution to discrimination regardless of whether or not they see the treatment as deserved or undeserved (Jetten, et al., 2011). Thus, June would be making an attribution to legitimate discrimination if she believes that she did not get the promotion because she is overweight (or female) and also believes that this was justified. We regard the decision as to whether to call this an attribution to “legitimate differential treatment” or an attribution to “legitimate discrimination” as largely semantic. Clearly, differential treatment based on group membership will have highly different consequences for individuals depending on whether they perceive the treatment as legitimate or not. In general, however, we believe, and research verifies that people are most likely to say that they were discriminated against when they feel they were treated unfairly because of their social identity (Dover, Major, Kunstman & Sawyer, 2014).

The terms attributions to discrimination and perceptions of discrimination are often used interchangeably. Sometimes these terms refer to the same judgment. For example, when June does not get the public relations position, she may both “perceive herself to be a victim of discrimination” and “attribute her rejection to discrimination.” Sometimes, however, these terms refer to different judgments. For example, perceived discrimination often is used to refer to the level or frequency of discrimination an individual has subjectively experienced (e.g., Kessler, Mickelson, & Williams, 1999; Schulz et al., 2000; Williams, Yu, & Jackson, & Anderson, 1997). In these cases, perceptions of discrimination often reflect perceived pervasiveness of discrimination (see Branscombe, Schmitt, & Harvey, 1999). Attributions to discrimination, in contrast, typically refer to how specific events are explained. Thus, it is possible for June to perceive that she frequently has been or will be a victim of discrimination, yet not attribute a particular experience to discrimination. It is also possible for June to attribute a particular experience to discrimination even though she does not chronically perceive herself to be a victim of discrimination or expect to be one in the future. Differentiating these two concepts is important, as they may have different implications for well-being.

Attributing treatment to discrimination is also conceptually distinct from claiming discrimination. Attributions are subjectively understood reasons for an event, and these attributions are not necessarily shared with others. Claims, on the other hand, necessitate divulging one’s attribution. Methodological constraints, however, can limit the ability to assess attributions to discrimination independently from claims of discrimination. Furthermore, because claiming discrimination has well-documented interpersonal costs (Kaiser & Miller, 2001, 2003), situations that make self-presentational concerns salient are likely to minimize target’s likelihood making attributions to discrimination. For example, women and African Americans were less likely to claim they were victims of discrimination when they made their attributions publicly in the presence of a member of the higher status outgroup than when they did so privately or in the presence of a
member of their own group (Stangor, Swim, Van Allen & Sechrist, 2002). Another study showed that under public reporting conditions, women (targets) were less likely to attribute a negative evaluation from a blatantly sexist male evaluator to discrimination than were female observers of the same event. Under private conditions this difference disappeared (Sechrist, Swim & Stangor, 2004). Based on this evidence, we suspect that empirical studies often underestimate the extent to which people make attributions to discrimination.

**PREDICTORS OF ATTRIBUTIONS TO DISCRIMINATION**

Because events are most likely to be attributed to discrimination when they are perceived as both (1) due to a social identity, and (2) as unfair, unjust, or undeserved, factors that heighten either the accessibility of group membership or the accessibility of injustice as a cause of behavior are likely to increase attributions to discrimination (Major, Quinton, & Schmader, 2003). Characteristics of the event and characteristics of the person also influence the likelihood that an event will be attributed to discrimination.

**Characteristics of the Event**

**Prototypicality**

People appear to have prototypes (or expectancies) about what types of events constitute discrimination (Baron, Burgess, & Kao, 1991; Rodin, Price, Bryson, & Sanchez, 1990). People compare events against their prototype for discrimination and the more closely the event in question fits the prototype, the more likely it is to be labeled discrimination. Thus, certain events are more easily recognized as discrimination than others. Discrimination is prototypically viewed as an *intergroup* phenomenon, that is, as occurring between members of different groups rather than within the same group (Inman & Baron, 1996; Rodin et al., 1990). For example, people are more likely to report that they have been discriminated against when they are treated unfairly by an outgroup member than by an ingroup member (Dion, 1975; Dover et al., 2014; Major, Gramzow, et al., 2002). Interestingly, experimentally inducing low-status individuals to think of themselves and their higher status counterparts as one group instead of separate groups reduces perceptions of discrimination (Saguy & Chernyak-Hai, 2012). This presumably happens because framing treatment as intragroup rather than intergroup lessens the prototypicality of a discriminatory event.

Discrimination prototypes also generally reflect *status-asymmetry* (Rodin et al., 1990). That is, events are more likely to be attributed to discrimination when the perpetrator is from a higher status group than the victim. For perceivers of ambiguously discriminatory treatment, this status-asymmetry effect is fairly robust (e.g., Betz, Ramsey, & Sekaquaptewa, 2013; Baron et al., 1991; Flournoy, Prentice-Dunn, & Klinger, 2002; Harris, Lievens, & Van Hye, 2004; Inman & Baron, 1996; Inman, Huerta, & Oh, 1998; Morera, Dupont, Leyens, & Desert, 2004). That is, when witnessing or reading a vignette about a potentially discriminatory episode, individuals are more likely to label it as discriminatory (or prejudice-driven) if the target is lower-status rather than higher status than the perpetrator.

Status asymmetry, however, may not always map on to traditionally low- and high-status groups, but may depend on the status hierarchy in the particular context in which the discrimination occurs. O’Brien, Kinias, and Major (2008) called this *stereotype-asymmetry*. 
They suggest that when traditionally low-status groups are stereotyped to have higher competency than traditionally high-status groups in a certain context, attributions to discrimination will be higher among those with lower status within that context. For example, men (traditionally high status) would be more likely than women (traditionally low status) to attribute rejection to discrimination in a domain where women are positively stereotyped (e.g., nursing). To test their hypothesis, O’Brien et al. (2008; Study 1) asked participants to read a vignette about a job interview in which a man or woman rejected an opposite-sex applicant for a job that required either stereotypically feminine, masculine, or gender-irrelevant skills. Consistent with their theory, when the job required stereotypically masculine skills, participants made more attributions to discrimination when the male manager rejected the female applicant than when the female manager rejected the male applicant. The reverse was true when the job required stereotypically feminine skills. They observed the same pattern in a second study in which male and female participants were personally rejected by a member of the other gender on a task that required either stereotypically masculine or feminine skills (O’Brien et al., 2008; Study 2). These studies demonstrate that contextual stereotypes about the competence of the perpetrator relative to the victim may be more influential determinants of attributions than are the chronic statuses of the perpetrator and the victim.

In addition to the intergroup and status/stereotype-asymmetry components of the discrimination prototype, discrimination is also more readily attributed when certain social identities are implicated. For example, people in the US more readily attribute differential treatment on the basis of race and gender to discrimination than they do differential treatment on the basis of age or weight (Martí, Bobier, & Baron, 2000). In general, people judge differential treatment on the basis of uncontrollable social identities as discriminatory more than differential treatment on the basis of social identities over which people are perceived to have control (over onset, maintenance, or elimination). People see it as more justifiable to discriminate against people with controllable stigmas (Rodin et al., 1990), and judge them as more responsible and blameworthy (Weiner, Perry, & Magnusson, 1988). Because these beliefs are often shared even by those who are themselves stigmatized (Crandall, 1994), people who believe they have been treated negatively on the basis of a controllable attribute (e.g., obesity) are relatively unlikely to say they are victims of discrimination. This is consistent with our argument that differential treatment that is seen as deserved is less likely to be labeled as discrimination. For example, compared to average weight women, overweight women who were rejected by a male partner were significantly more likely to attribute their rejection to their weight, but were not more likely to attribute their rejection to their partner’s concern with appearance or his personality (Crocker, Cornwell, & Major, 1993). Crocker and Major (1994) argued that because weight is viewed as controllable, overweight women regarded rejection on the basis of their weight as justified differential treatment.

The prototype of discrimination also is that it is intentional and harmful to the victim (Swim, Scott, Sechrist, Campbell, & Stangor, 2003). Thus, actions, events, or evaluations that cause harm to the target are more likely than those that are beneficial to be attributed to discrimination (Crocker, Voelkl, Testa, & Major, 1991). Swim and colleagues (2003) conducted several studies assessing responses to potentially discriminatory actions committed by a man toward a woman. Respondents were more likely to judge the actor’s behavior as discriminatory when the action harmed (vs. did not harm) the target. Moreover, the action was seen as more discriminatory when the perpetrator intended the
action (vs. when it was unintentional). Another study found that participants were more likely to interpret a subtly racist incident as discriminatory the more they viewed the incident as intentional (Reid and Foels, 2010). Similarly, when boys and girls (ages 5–11) learned that they had not been chosen as a winner for an art contest, but that several other cross-sex children had won (girls learned that only boys won; boys learned that only girls had won), the children were more likely to attribute the decision to discrimination the more they believed the perpetrator intentionally chose only boys or only girls (Brown, Bilger, & Chu, 2010).

Whereas prototypical forms of discrimination are often the most accessible and memorable, some forms of negative unjust treatment are more subtle and hard-to-pin-down. These acts, while arguably “discriminatory” may not be attributed to discrimination because they do not fit the prototype. These include, for example, a White woman clutching her purse when a Black man walks by, a doctor assuming an overweight patient has an unhealthy diet and treating him accordingly, or a male boss complimenting his female assistant on how she looks rather than her job-relevant skills. These non-prototypical forms of discrimination—including interpersonal rejection, micro-aggressions, benevolent sexism, “reverse” discrimination, and discrimination between lower-status minority groups—receive less attention in the research literature (see Blume, Lovato, Thyken, & Denny, 2012; Dardenne, Dumont, & Bollier, 2007; Wang, Leu, & Shoda, 2011; Wilkins & Kaiser, 2013). Nonetheless, they may have a powerful impact, in part because of their ambiguity. As discrimination prototypes expand to include forms of treatment not previously viewed as unfair (e.g., sexual harassment), we would expect people to be more likely to label such events as discrimination.

**Situational Cues**

In addition to the characteristics of the potentially discriminatory event itself, other situational cues and bottom-up processes can affect the accessibility of discrimination attributions. For example, when there are cues that an evaluator is prejudiced (e.g., Inman, 2001; Major, Quinton, & Schmader, 2003) or that a confederate is uncomfortable with diversity (Operario & Fiske, 2001; Study 2), individuals are more likely to attribute poor or cold treatment to discrimination (relative to when there are no cues or ambiguous cues). Importantly, prejudice-related situational cues not only affect explicit attributions to discrimination, but also pre-conscious vigilance for discrimination cues. In one study, women led to believe that a male partner had traditional attitudes toward women allocated more of their attention toward subliminally presented sexism-related words relative to women led to believe their partner held liberal attitudes toward women (Kaiser, Vick, & Major, 2006).

Other, subtle situational cues can affect the likelihood of discrimination attributions by increasing the extent to which participants believe their social identity is a cause of their treatment. For example, targets are more likely to claim that they were discriminated against when they know that their group membership is known rather than unknown to an outgroup evaluator (Crocker et al., 1991; Dion & Earn, 1975). Having a minority supervisor (vs. White supervisor) is associated with fewer claims of discrimination among minority employees (Hirsh & Lyons, 2010).

The presence of diversity initiatives within an organization can also influence perceptions of discrimination by decreasing the extent to which people believe minorities and women are treated unfairly. In a series of experiments, Kaiser and colleagues (2013)
found that when a company claimed to have a diversity initiative (e.g., diversity training, diversity mission statement) versus a neutral initiative, Whites were less likely to believe that discrimination occurred within the company, even though the company clearly treated women and men differently. The presence (vs. absence) of diversity initiatives also made Whites more likely to derogate a discrimination claimant and see his claim as illegitimate. The presence of pro-diversity messages in a company description also increases the extent to which Whites think Whites will be discriminated against and decreases the extent to which they think ethnic minorities and women will be discriminated against within the company (Dover et al., 2014). Wilkins and Kaiser (2014) found that when racial progress was (vs. was not) made salient, White participants were more likely to report that Whites were victims of racial discrimination, particularly if they believed that the status system was legitimate. Collectively, this research indicates that people rely on contextual cues about fairness to make assessments of the likelihood of discrimination against different groups.

**Culture and Norms**

There is emerging evidence that culture influences the likelihood that people will make attributions to discrimination. Kinias and Kim (2012) hypothesized that because Eastern cultures value harmony whereas Western cultures value equality, American women would be more likely than their Chinese counterparts to interpret gender inequality as discriminatory. The authors found that Chinese women were more likely than European American women to see the presence of gender inequality as justified and less likely to become angry after learning about inequality. In a second study, both Chinese and European American women perceived similar levels of inequality in society, but only European American women displayed a positive relationship between perceptions of inequality and perceptions of unfairness. This suggests that growing up in a culture where harmony and adherence to existent social hierarchies are valued may lead individuals to see inequality as more justified and fair.

Similar to the way culture might influence attributions to discrimination, norms—or standards for how individuals in a certain setting do or should behave—also have the potential to affect discrimination attributions. For example, whether or not people attribute ingroup rejection to discrimination may differ depending on the salience of in-group loyalty norms. Loyalty norms reflect the expectation of remaining loyal to your own ingroup and helping out other group members. O’Brien, Major, and Simon (2012; Study 3) found that when Latinos were rejected by an ethnic ingroup member (another Latino), Latinos were more likely to attribute the rejection to discrimination when loyalty norms were primed than when they were not. While this is the only study we know of to explore the role of norms in attributions to discrimination, it nevertheless suggests that being reminded about norms regarding how we and members of our groups should be treated may affect whether or not we consider poor treatment discriminatory.

**Individual Factors**

**Status-related Beliefs**

Individuals’ chronic and primed beliefs about why status differences exist in society influence their likelihood of seeing their own or others’ outcomes as deserved or discriminatory. Some beliefs encourage the perception that people deserve their outcomes,
such as the belief in a just world (Lerner, 1980), the belief that the social hierarchy is legitimate (Sidanius & Pratto, 1999), the belief that status is permeable (Tajfel & Turner, 1986), and the belief that success is based on hard work (Mirels & Garrett, 1971; see Levin, Sidanius, Rabinowitz, & Federico, 1998). Although these are distinct beliefs, each locates causality within the individual and holds people personally responsible for their outcomes. Collectively, they contribute to a worldview in which unequal status relations among individuals and groups in society are perceived as legitimate, just, deserved, and based on individual merit. Hence, they have been called “status-justifying beliefs” or “system-justifying beliefs” (SJBs; Jost & Hunyady, 2005; O’Brien & Major, 2005).

High endorsement of SJBs can lead members of disadvantaged groups to minimize discrimination as a cause of their outcomes. For example, in a laboratory-based study, Major, Gramzow, and colleagues (2002) found that the more ethnic minority students believed in individual mobility, the less likely they were to say that an interpersonal rejection by a same-sex European American student was due to discrimination. Likewise, the more women believed in individual mobility, the less likely they were to say they were discriminated against when rejected by a same-race man. Dover et al. (2014) also found that when awarded fewer points than a White coworker by a White manager, the more Latino men endorsed the protestant work ethic, the less likely they were to attribute their unfair treatment to discrimination. Priming SJBs can also impact whether or not individuals attribute unequal outcomes to discrimination. McCoy and Major (2007) found that after being primed with the ideology of meritocracy, vs a neutral prime, women were less likely to attribute rejection by a man to discrimination, and more likely to attribute it to themselves. Stephens and Levine (2011) found that after being primed with the belief that individual preferences—as opposed to outside forces—primarily determine one’s outcomes (vs. a neutral prime), individuals were more likely to agree that men and women have equal opportunities and that gender discrimination is nonexistent. In another study, the authors found that the more that stay-at-home mothers believed in freedom of choice, the less they attributed their departure from the workforce to discrimination, and the less they acknowledged structural barriers against women in the workplace.

Among high-status groups, a different pattern of attributions to discrimination emerges depending on SJBs (see Levin et al., 1998; Major, Gramzow, et al., 2002). For men and Whites, higher endorsement of SJBs is associated with greater attributions to discrimination. Endorsement of SJBs by members of advantaged groups is associated with feelings of relative superiority and entitlement (O’Brien & Major, 2009). When these individuals are passed over in favor of members of lower status groups, they are likely to view it as a violation of equity, and hence as unjust. In the preceding experiments by Major, Gramzow and colleagues (2002), the more European American students endorsed the belief in individual mobility, the more they attributed rejection by a Latino/a student (who chose, instead, another Latino/a student) to racial discrimination. Likewise, the more men endorsed the belief in individual mobility, the more they attributed rejection by a woman (who chose another woman) to discrimination (Major, Gramzow, et al., 2002; Study 3). Collectively, these studies demonstrate that individual differences in endorsement of status justifying beliefs are an important determinant of how potentially discriminatory situations are construed and explained.

Group Identification

Just as the situational salience of a social identity heightens the likelihood of attributing negative events to discrimination by increasing the accessibility of social identity as a
cause of outcomes, an individual’s chronic identification with their group can also
influence whether they attribute outcomes to discrimination. Group identification is
typically conceptualized as how important the group is to self-definition (centrality) and
how strong feelings of attachment to the group are (Tajfel & Turner, 1986). Among
socially devalued groups, group identification is positively correlated with perceptions of
personal, as well as group discrimination (e.g., Branscombe et al., 1999; Crosby, Pufall,
Snyder, O’Connell, & Whalen, 1989; Dion, 1975; Eccleston & Major, 2006; Gurin &
Townsend, 1986). However, a daily diary study of discrimination attributions among
Black graduate students found that whereas levels of Black identity centrality positively
predicted daily reports of discrimination, private regard (liking for the group) negatively
predicted discrimination attributions (Burrow & Ong, 2010). This suggests that different
aspects of identification may differentially influence discrimination attributions.

Correlational studies, of course, cannot determine whether higher group identifica-
tion is an antecedent or consequence of perceived discrimination. Indeed, there is
some evidence that perceiving discrimination against the ingroup increases identifica-
tion with the group, especially among those who are already highly group identified (e.g.,
Branscombe et al., 1999; McCoy & Major, 2003). Several experimental studies have
shown that group identification assessed prior to a discriminatory event predicted greater
attributions of rejection to discrimination within an experimental context, particularly
in attributionally ambiguous situations (Major, Quinton, & Schmader, 2003; Operario &
Fiske, 2001). Furthermore, in a longitudinal study, Sellers and Shelton (2003) showed
that group identification (centrality of racial group to the self) assessed among African
American freshmen shortly after arrival at college (Time 1) predicted an increase in per-
ceived frequency of exposure to racial discrimination several months later (Time 2),
controlling for perceived discrimination at Time 1. This suggests that when a group
membership is highly central to one’s identity, it may lead one to interpret ambiguous
events through a group lens (see Eccleston & Major, 2006). Another study showed that
women high in-group consciousness (feminism) perceived more discrimination directed
against themselves and their group in general over the course of several weeks (Swim,
Hyers, Cohen, & Ferguson, 2001). Group consciousness incorporates aspects of group
identification as well as elements of perceived injustice directed against the group (Gurin,
Miller, & Gurin, 1980).

Affect
Targets’ chronic or temporary affective state or mood can affect their likelihood of seeing
themselves as victims of prejudice or attributing rejection to discrimination, perhaps by
serving as an informational source that helps to interpret ambiguous situations. For
example, compared to women in whom a positive mood was induced, women in whom
a negative mood was induced perceived more discrimination against themselves and
against other women, but only when they had not been provided with an external attri-
bution for their mood (Sechrist, Swim, & Mark, 2003). In another study, women were
primed to feel either sadness or anger in advance of being exposed to a gender-based
rejection. After the rejection they were told to express or suppress their emotional reac-
tions. Women primed to feel angry and told to express themselves were most likely to say
that they had been discriminated against in an experiment. Women primed to feel sad
and told to suppress their emotions reported the least discrimination (Gill & Matheson,
2006). Seeing the emotional reactions of fellow group-members to ambiguously
discriminatory treatment can also affect whether people see themselves as victims of discrimination. For example, women who had been told that other women tend to get angry in response to sex discrimination were subsequently more likely than those who did not learn that information to interpret an ambiguous comment as discriminatory and become angry themselves (Leonard, Moons, Mackie, & Smith, 2011; Study 2). Chronic affective tendencies also can shape attributions to and perceptions of discrimination (Major, Quinton, & McCoy, 2002). Individuals chronically high in hostility and neuroticism are more likely to perceive themselves as victims of discrimination than are those who score lower on these measures (Huebner, Nemeroff, & Davis, 2005), as are individuals high in interpersonal rejection sensitivity (Major & Eccleston, 2002).

Prejudice Experiences and Expectations

People also differ in the extent to which they are chronically aware of or sensitive to the possibility of being a target of negative stereotypes and discrimination because of their group membership. For example, individuals high in stigma consciousness (Pinel, 1999, 2004) expect that their behavior will be interpreted in light of their group membership. Among African Americans, Latino(a) Americans, Asian Americans, and women, stigma consciousness is strongly and positively correlated with perceived personal and group discrimination, and negatively correlated with trust of others in general (Pinel, 1999). Experimental work also has demonstrated that women who are higher in stigma consciousness attribute negative evaluations to discrimination (Pinel, 2004) and allocate more of their attention toward subliminally presented sexism-related words (Kaiser et al., 2006) relative to women who are lower in stigma consciousness.

A related construct is race-based rejection sensitivity, defined as a personal dynamic whereby individuals anxiously expect, readily perceive, and intensely react to rejection that has a possibility of being due to race (Mendoza-Denton, Downey, Purdie, Davis, & Pietrzak, 2002). Race-based rejection sensitivity is assessed by asking people to read attributionally ambiguous scenarios and to indicate, for each scenario, how concerned they are that a negative outcome would be due to their race and the likelihood that a negative outcome would be due to their race. In a longitudinal diary study, race-based rejection sensitivity was assessed among African American students before they entered a predominately White university. Their scores predicted the frequency with which they reported a negative race-related experience (e.g., feeling excluded, insulted, or receiving poor service because of one’s race), as well as their tendency to feel less belonging and more negativity toward peers and professors during their first three weeks at university (Mendoza-Denton et al., 2002).

Recent work has also examined rejection sensitivity based on gender and sexual orientation (London, Downey, Romero-Canyas, Rattan, & Tyson, 2012; Pachankis, Goldfried, & Ramrattan, 2008). In an impressive set of studies, London and colleagues (2012) found that women facing a negative evaluation from a male professor were more likely to attribute the feedback to discrimination and less likely to want to meet with the professor again if they were high (vs. low) in gender-based rejection sensitivity (Study 4). The researchers also conducted a longitudinal study of women high or low in gender-based rejection sensitivity during their first few weeks of law school (Study 5). The higher women were in gender-based rejection sensitivity, the more likely they were to report discrimination experiences upon first entering law school, and to self-silence and avoid confronting sexist events. Unfortunately, women (but not men) low in gender-based
rejection sensitivity experienced an increase in the probability of facing a discriminatory event over the course of the three weeks. At the end of the diary study, women low in gender-based rejection sensitivity were reporting discrimination experiences at the same level as women high in gender-based rejection sensitivity.

Besides stigma consciousness and rejection sensitivity, more general expectations and experiences can influence discrimination attributions. In a study of adolescent experiences with discrimination, Sellers, Copeland-Linder, Martin, and Lewis (2006) measured Black adolescents’ level of perceived public regard for their group—or how positively/negatively they feel their group is viewed by others. These authors found that levels of perceived public regard negatively predicted Black adolescents’ report of discrimination experiences. That is, the more negatively they thought others perceived their group, the more discrimination they personally reported experiencing. Another study found that members of low-status minority groups who are more educated and have more work experience are more likely to report being a target of discrimination (Hirsh & Lyons, 2010). This suggests the possibility that as minorities become more educated about and aware of the potential for discrimination, they may be more likely to recognize and report discriminatory treatment.

**Need to Belong**

Carvallo and Pelham (2006) posited that the drive to bond and feel connected with others causes people to minimize personal discrimination. They argued that because of the social costs and risks of rejection involved with claiming one is a victim of discrimination, acknowledging discrimination threatens the need to belong (Baumeister & Leary, 1995). Consistent with their hypothesis, Carvallo and Pelham (2006) found that male and female participants dispositionally high in the need to belong were less likely to report that they had personally been a target of gender discrimination than participants lower in need to belong. Interestingly, however, these authors found the opposite results for perceptions of group discrimination. That is, men and women high in the need to belong were more likely to report that their gender group was the target of chronic prejudice than men and women low in the need to belong. The authors argued that making group-level attributions might contribute to a sense of belongingness with the ingroup because it validates an important belief of many ingroup members that they are targets of discrimination (but see Garcia, Reser, Amo, Redersdorff, & Branscombe, 2005).

**Summary**

In summary, attributions to discrimination are complex judgments shaped not only by characteristics of the event, but also by characteristics of the situation, the culture, and the person. People are most likely to make an attribution to discrimination when they feel that they (or others) have been treated unfairly because of their group identity. Prototypically, an event or action is more likely to be attributed to discrimination when it is intergroup (i.e., the perpetrator and target are from different social categories) rather than intragroup, when the perpetrator is higher status than the target or when the event occurs in a domain in which the target is negatively stereotyped relative to the perpetrator, and when it is perceived as intentional and harmful. Discrimination attributions are also more likely when the target’s category membership is perceived as uncontrollable.

Because an attribution to discrimination is based on the judgment that treatment is group based, situational cues or personal characteristics that increase the accessibility of
group membership as a potential cause (e.g., an out-group boss; high group identification) increase attributions to discrimination. Because an attribution to discrimination is also based on the judgment that treatment was unfair or undeserved, situational cues or personal characteristics that increase the accessibility of justice concerns also influence perceptions of and attributions to discrimination (e.g., sexist attitudes, a belief that the system is unfair). Even subtle situational cues like the presence of a diversity statement in a company’s mission statement that lead people to perceive that minorities are treated more fairly can decrease the extent to which members of high status groups regard a discrimination claim brought by a minority as credible or believe pay disparities are due to discrimination.

Although sometimes instances of discrimination are clear, often they are not. The research reviewed above illustrates that two people can often see or experience the same event and explain it quite differently, depending on their cultural beliefs, expectations, location in the status-hierarchy, and personality characteristics. This is particularly true when discrimination is ambiguous. Thus, people who are chronically high in stigma consciousness or race-rejection sensitivity are more vigilant for prejudice cues and likely to interpret ambiguous events as discrimination than are those who score low on those measures. Minorities and women who endorse beliefs that justify the system as fair—such as the belief in individual mobility, the belief in free choice, or the belief that success is due to hard work—are less likely to see themselves or other minorities as victims of discrimination and to attribute rejection by an out-group member to discrimination than are those who do not endorse these system-justifying beliefs.

CONSEQUENCES OF DISCRIMINATION ATTRIBUTIONS AND PERCEPTIONS

Consider the scenario with which we began this chapter. Will June feel better or worse if she decides her lack of promotion is due to weight or sex discrimination or if she decides that she did not deserve the promotion? The attribution she makes for her treatment can have multiple effects, some costly, some potentially beneficial. Furthermore, the experience of being passed over for promotion will have effects, irrespective of how she explains the event. In the last ten years, research on attributions to and perceptions of discrimination has focused less on when people make attributions to discrimination and more on what are the consequences of perceptions of and attributions to discrimination, especially for psychological and physical health. Several reviews of this extensive literature have appeared in recent years; a full review is beyond the scope of this chapter (see Pascoe & Smart-Richman, 2009; Schmitt, Branscombe, Postmes, & Garcia, 2014; Williams & Mohammed, 2009). In the prior version of this handbook, Major & Sawyer (2009) focused on the implications of discrimination attributions for self-esteem, emotional well-being and interpersonal relationships. Here, we focus on the implications of discrimination perceptions and attributions for psychological well-being and physical health, focusing in particular on implications for self-esteem and stress responses.

Researchers have examined the health consequences of discrimination perceptions and attributions using both correlational and experimental methods. In considering this literature, it is important to recognize that perceptions of pervasive discrimination (usually assessed in correlational studies) and attributions of specific events to discrimination (usually assessed in experimental lab studies) are tapping different processes.
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(Major, Quinton & McCoy, 2002). The perception that oneself or one’s group is a victim of frequent discrimination can be conceptualized as a threat appraisal, in that individuals who report that they or others like them are frequent victims of discrimination are describing their environments as hostile, dangerous, unfair, and harmful to the self. In contrast, attributing a specific negative event to discrimination can be conceptualized as a cognitive appraisal that can, under some circumstances, serve as a self-protective coping strategy (Crocker & Major, 1989). Because the conclusions to emerge from these different research approaches differ, we will consider them separately here.

RELATION OF PERCEIVED DISCRIMINATION TO HEALTH AND WELL-BEING: CORRELATIONAL STUDIES

Most common in this field are correlational studies in which researchers ask participants the extent to which they have experienced instances of discrimination or unfair treatment and then correlate their responses with various outcome variables (e.g., Gibbons, Gerrard, Cleveland, Wills, & Brody, 2004; Williams, Neighbors, & Jackson, 2003). These studies often have the benefit of large, representative samples, allowing for more accurate estimates of the size of a given effect in the greater population. Hundreds of correlational studies have examined the relationship between perceived discrimination and various indicators of psychological well-being including self-esteem, distress, and negative affect. These studies reveal a robust, negative relationship between perceived discrimination and mental health (see Pascoe & Smart-Richman, 2009 and Schmitt et al., 2014 for recent meta-analyses of this literature). The more that individuals report that they have experienced discrimination in the past, the more likely they are to have poorer mental health and lower self-esteem. The vast majority of these studies are cross-sectional, and most do not control for important dispositional factors (e.g., hostility, rejection sensitivity) that might influence both perceptions of discrimination and well-being and attenuate their relationship (cf. Huebner, Nemeroff, & Davis, 2005). Nonetheless, the few longitudinal, prospective studies that have examined the relationship between perceived discrimination experiences and psychological well-being show a similar relationship (e.g., Pavalko, Mossakowski, & Hamilton, 2003; Sellers & Shelton, 2006; Schulz, Gravlee, Williams, Israel, Mentz, & Rowe, 2006; Taylor et al., 2007).

The past decade has witnessed a growing awareness that discrimination also has a negative impact on physical health. Perceptions of discrimination have been found to be related to a variety of physical health problems, including hypertension, self-reported poor health, breast cancer, and lower infant birth weight, as well as to conditions that are risk factors for disease, such as obesity, high blood pressure, and alcohol and drug use (see Pascoe & Smart-Richman, 2009; Williams & Mohammed, 2009; Williams, Neighbors, & Jackson, 2003 for reviews).

Perceived discrimination is thought to undermine health via three pathways. First, discrimination directly affects health by decreasing access to resources that promote health and forestall illness, such as healthy food, safe housing, and adequate healthcare. Second, perceived discrimination is assumed to be a social stressor that sets into motion a process of physiological responses (e.g., elevated blood pressure, heart rate, cortisol secretions), that over time can have downstream negative effects on health (Major, Quinton & McCoy, 2002). Repeated perceived exposure to discrimination may also prepare the body to be more physically reactive in stressful or potentially stressful social
situations (Guyll, Matthews, & Bromberger, 2001) and lead to wear and tear on the body, producing allostatic load (McEwen, 2000). Perceived discrimination may also undermine health through a third pathway—by decreasing an individual’s self-control resources, thereby potentially increasing participation in unhealthy behaviors or decreasing participation in healthy behaviors (e.g., Major, Hunger, Bunyan, & Miller, 2013). For example, perceived discrimination has been shown to be related to smoking, alcohol and substance abuse, and overeating, as well as nonparticipation in behaviors that promote good health, such as cancer screening, diabetes management, and condom use (see Pascoe & Smart-Richman, 2009 for a review of this literature). These relationships between perceived discrimination and health have been found among many stigmatized populations, including lesbians, gay, bisexual ad tran (LGBT) populations, ethnic and racial groups, women, immigrants, individuals with HIV+ status, and more. Numerous theorists propose that the health disparities observed among members of minority or marginalized groups, compared to their nonmarginalized counterparts, may result, in part, from stress and stress-related behaviors associated with experiencing discrimination (Major, Mendes & Dovidio, 2013).

Many studies also show that the relationship between perceived discrimination and psychological and physical well-being is conditional. For example, perceived discrimination is negatively related to self-esteem and psychological well-being, and positively related to resting blood pressure among minorities and women who believe the system is fair (e.g., endorse system-justifying beliefs), but relates in the opposite direction to these variables among minorities who believe the system is unfair (Eliezer, Townsend, Sawyer, Major, & Mendes, 2011; Major, Kaiser, O'Brien, & McCoy, 2007; O'Brien & Major, 2005; see also Napier, Thorisdottir, & Jost, 2010). Major et al. (2007) proposed that for the former, discrimination threatens their worldview, whereas for the latter, discrimination confirms it (see also Foster, Sloto, & Ruby, 2006; Foster & Tsarfati, 2005; Sellers & Shelton, 2003; Townsend, Major, Sawyer & Mendes, 2010). Perceived discrimination is more strongly predictive of poorer psychological health among those whose social identity is considered controllable, such as the obese, than among those whose identity is not considered controllable, such as ethnic groups (Friedman, Reichmann, Costanzo, Zelli Ashmore, & Musante, 2005; see Schmitt et al., 2014 for a review), for those who ruminate versus those who do not (Hatzenbuehler, Dovidio, Nolen-Hoeksema, & Phillips, 2009), and for those who do not (vs. those who do) employ active coping strategies like positive appraisal (Borders & Liang, 2011). It is important to note, however, that not all studies show a relationship between perceived discrimination (unfair treatment attributed to social identity) and health. For example, Matthews and colleagues (2005) found that among Black and White adolescents, greater attributions of unfair treatment to a personal characteristic—physical appearance—were associated with elevated ambulatory blood pressure, whereas greater attributions of unfair treatment to race were not.

**Conceptual and Measurement Issues**

While the relationships among perceived discrimination and psychological and physical health are robust, several thorny conceptual and methodological issues pervade this area of research. First, the accuracy of self-reports of perceived discrimination on survey questionnaires is a subject of some debate (Pascoe & Smart-Richman, 2009). This is because in most cases, discrimination is perceived and reported by participants without verification of actual events. In some cases, discrimination is blatant and unambiguous,
and the correct attribution is clear. But often it is not. As noted above, perceptions of
discrimination are judgments that are shaped not only by characteristics of the event
itself, but also by characteristics of the situation and person, and thus may not always be
veridical reflections of objective circumstances. Reports of having been discriminated
against also vary depending on how the question is asked (Gomez & Trierweiler, 2001).
Accuracy is an important consideration, especially in legal contexts and in designing and
implementing interventions. However, we believe that the subjective perception that one
has been a victim of discrimination is likely to be stressful, and impact psychological and
physiological outcomes, irrespective of verification by others.

Second, when perceived discrimination is assessed retrospectively on questionnaires,
self-reports of discrimination experiences reflect both the frequency (and pervasiveness)
of exposure to negative life events and/or unfair treatment and the attribution of those
events to discrimination. This makes it difficult to isolate the negative consequences of
being frequently exposed to negative/unfair treatment from the consequences of
attributing those events to discrimination. Indeed, some authors equate the perception
of being treated unfairly (without attribution to social identity) with the perception of
being discriminated against (see Williams et al., 1997). Longitudinal studies have found
that experiencing unfair treatment in general (not linked to social identity) predicts
coronary disease, hypertension, and morbidity (De Vogli, Brunner, & Marmot, 2007; De
Vogli, Ferrie, Chandola, Kivimäki, & Marmot, 2007). An important research agenda for
the future is to disentangle the effects of perceived discrimination (unfair treatment
attributed to social identity) from the effects of perceived unfair treatment in general
(i.e., that is not labeled as discrimination).

Third, it has been assumed that attributing a negative event to one facilitative cause (e.g.,
discrimination) discounts the plausibility of other facilitative causes of that event (e.g., a
lack of personal effort; Crocker & Major, 1989). Thus, Crocker and Major (1989) assumed
that the more individuals attribute rejection to discrimination, the less likely they are to
attribute rejection to themselves. However, events are often attributed to multiple causes
simultaneously—especially when they are attributionally ambiguous (McClure, 1998).
Major, Blodorn, Henry and Kaiser (2014) found in a series of studies based on more than a
thousand participants that the more Whites and ethnic minorities report that they experi-
enced negative events (e.g., a poor evaluation, an interpersonal rejection) due to ethnic
discrimination, the more they also report that they experienced the same type of negative
events due to something they said or did. That is, blaming negative events on discrimina-
tion and blaming negative events on the self were positively and significantly correlated in
questionnaire studies. Furthermore, when both attributions to discrimination and self-
attributions were examined simultaneously as predictors of self-esteem and mental health,
self-attributions were significant predictors, whereas discrimination attributions were not.
Both types of attributions were significant predictors of self-reported physical health. These
findings illustrate the importance of disambiguating discrimination attributions from
other attributions when considering their implications for health and well-being.

EFFECTS OF DISCRIMINATION PERCEPTIONS/ATTRIBUTIONS
ON HEALTH AND WELL-BEING: EXPERIMENTAL STUDIES

The ambiguities that correlational studies pose regarding causation and measure-
ment highlight the importance of also examining the consequences of perceived
discrimination and discrimination attributions using experimental methods. The benefit of experimental approaches is that the characteristics of the negative event or unfair treatment to which participants are exposed can be held constant (or manipulated) across participants. This increases confidence that all individuals are exposed to the same objective event and that differences in perceptions and reactions can be linked to individual differences or situational manipulations. This approach also enables researchers to investigate whether attributing a specific negative event to discrimination versus not making this attribution has different effects. Of course, for ethical reasons laboratory experiments cannot re-create the kinds of discrimination to which many stigmatized groups are regularly exposed. Furthermore, they are more informative about immediate, rather than long-term reactions to discrimination, and cannot show the effects of repeated, cumulative exposure to discrimination. Thus, a full understanding of reactions to discrimination perceptions and attributions requires both survey and experimental approaches.

Two main types of experimental approaches have been used to examine reactions to discrimination perceptions and attributions. In one approach, researchers manipulate the participants’ exposure to discrimination against their group and measure their reactions. For example, participants read about a study showing that discrimination against their group is pervasive or declining (e.g., Eliezer, Major & Mendes, 2010; Major et al., 2007), or they hear about an incident in which a member of their group was a target of blatant or ambiguous discrimination (e.g., Schmitt, Branscombe, & Postmes, 2003). In this approach, researchers are typically examining reactions to discrimination perceptions but with more control than is possible in the typical survey design. This approach also makes it easy to subtly manipulate aspects of the social context, actors in the scenario, cultural norms, and the perceived pervasiveness or legitimacy of the discrimination in order to home in on the boundary conditions and mechanisms of the effect. In some cases, participants are asked to respond to hypothetical scenarios, some of which portray discrimination, and to indicate how they would respond. This approach assumes a high level of consciousness and self-awareness on the part of the participant. Furthermore, how people respond to hypothetical scenarios may bear little relation to how they would respond to actual discrimination experiences. For example, Swim and Hyers (1999) found that although women reported on a questionnaire that they would directly confront a sexist comment made by a male interaction partner, when they were actually placed into that situation, almost no one did.

In a second type of experimental paradigm, researchers expose the participants to a personal rejection, negative evaluation, or hostile interaction partner, manipulate the plausibility that discrimination is present, and then measure participants’ attributions and reactions (e.g., Townsend et al., 2012). Because there is greater control and greater ability to parse sensitivity to discrimination and attributions to discrimination, the latter experiments yield a more nuanced picture of the psychological and physical consequences of discrimination attributions than emerges from survey data. However, experimenters are limited to contrived interactions which may fail to accurately mirror the discrimination experiences faced by individuals in daily life. Reviews of this literature have appeared previously (Major, Quinton & McCoy, 2002; Pascoe and Smart-Richman, 2009; Schmitt et al., 2014). Here, we limit our discussion to the consequences of attributions to discrimination for self-esteem and stress.
Discrimination Attributions/Perceptions and Self-Esteem

Sparked by a seminal paper by Crocker and Major (1989), much of the early work on the psychological consequences of discrimination attributions focused on self-esteem as an outcome (see Major, Quinton & McCoy, 2002). Many theoretical perspectives suggest that attributing negative events to discrimination will result in negative affect and lower self-esteem (e.g., Branscombe et al., 1999). In contrast, Crocker and Major (1989) proposed that blaming poor treatment or negative outcomes on discrimination may allow stigmatized individuals to discount internal, stable aspects of themselves as causal, allowing them to maintain positive self-esteem. The debate over these differing perspectives has been discussed at length elsewhere and we will not repeat it here (see Major, Quinton, & McCoy, 2002; Major & Sawyer, 2009). We focus here on highlighting the situations in which discrimination attributions are likely to buffer the effect of unfair treatment on self-esteem.

In a recent meta-analysis, Schmitt and colleagues (2014) reported a null relationship between experimentally manipulated discrimination and self-esteem. We believe that the null effect reported by Schmitt et al. (2014) reflects the fact that their analysis grouped together studies that differed in key ways. As reviewed previously (see Major, Quinton & McCoy, 2002; Major et al., 2007; Major & Sawyer, 2009), discrimination attributions are most likely to buffer self-esteem under certain conditions—when discrimination is blatant (rather than ambiguous), when individuals face a threat directed at themselves personally (as opposed to the group as a whole or face no threat), and among individuals who believe that the system is unfair (vs. those who believe it is fair). An experiment by Major, Quinton, & Schmader (2003) is illustrative. They found that women rejected in the presence of blatant discrimination had significantly higher self-esteem than women rejected either in the presence of ambiguous discrimination or no discrimination cues.1 Attributions to discrimination and to the self were positively correlated in the absence of discrimination cues, uncorrelated when discrimination was ambiguous, and negatively correlated when discrimination was blatant. Furthermore, discrimination attributions were positively related to self-esteem in the presence of blatant discrimination cues, but negatively related to self-esteem in the absence of discrimination cues. Overall, the more women discounted rejection from a male evaluator (i.e., blamed it on discrimination rather than on themselves), the higher their self-esteem. This experiment highlights the importance of considering attributions to discrimination in the context of other attributions that a person might also make for the same event, especially when the cause of negative outcomes is ambiguous. In addition, it illustrates that the meaning of an attribution to discrimination, and its consequences for self-esteem, differ dramatically depending upon context.

Similar buffering effects of attributing negative feedback to prejudice on self-esteem have been observed in a number of other studies (e.g., Dion, 1975; Dion & Earn; 1975; Hoyt, Aguilar, Kaiser, Blascovich, & Lee, 2007; Major, Kaiser, and McCoy, 2003; McCoy & Major, 2003). Dover et al. (2014) recently replicated this buffering effect, finding that when Whites and Latinos were treated in a blatantly unfair manner by a member of a different ethnic group (i.e., were discriminated against), they made more attributions to discrimination and had higher self-esteem than when they were treated in a blatantly unfair manner by a member of their own ethnic group. Nonetheless, there are many conditions under which we would not expect attributions to discrimination to buffer self-esteem. These would include, for example, when individuals do not face a personal...
threat, when discrimination is ambiguous or unclear, or among those who believe the system is fair. In these situations, we would expect attributions to discrimination to be related to lower self-esteem.

**Discrimination Attributions/Perceptions and Physiological Stress Responses**

Most scholars assume that perceived discrimination negatively affects health and well-being by increasing stress. A small but growing number of experiments have examined physiological stress responses among individuals exposed to discrimination manipulations in the laboratory. Pascoe and Smart-Richman’s (2009) review identified seven experiments that had examined the impact of exposure to discrimination in the lab on physiological stress responses. Most were manipulations of perceived discrimination, such as watching racist film clips, recalling a discrimination episode, or imagining racially noxious scenes. All examined cardiovascular responses, including systolic and diastolic blood pressure changes, mean arterial pressure, and total peripheral resistance, and all found some sort of significantly increased physiological responding in response to the discrimination manipulation. Since that review, Eliezer, Major & Mendes (2010) assessed the extent to which perceived discrimination against the ingroup was associated with both cardiovascular and self-report indices of stress. Women gave a speech summarizing an article that described sexism as prevalent or rare while their cardiovascular reactivity was assessed. They then sat for a recovery period. Women in the prevalent sexism condition exhibited a CVR profile consistent with threat (see below) during the speech and reported greater anxiety post-speech than did those in the rare sexism condition. Furthermore, women high, but not low, in gender identification in the prevalent sexism condition exhibited a sustained threat pattern of CVR during the recovery period and reported higher anxiety post-recovery. This study illustrates that while perceived discrimination against the ingroup may be stressful for all members of the group, it may be particularly so for those who are highly identified with the group, at least in the short term.

Several studies have explored physiological responses to discrete discrimination experiences within the framework of the biopsychosocial model of challenge and threat (Blascovich, 2008; Blascovich & Mendes, 2010). This model distinguishes two distinct cardiovascular reactivity (CVR) profiles that may occur during motivated performance situations. **Threat**, marked by vasoconstriction and reduced cardiac output, occurs when the task’s demands are perceived to outweigh one’s resources. **Challenge**, marked by increased cardiac output and a decline in vasculature resistance, occurs when one perceives oneself as having sufficient resources to face the situation’s demands. Threat reactivity is presumed to accompany a withdrawal motivational state and is accompanied by feelings such as anxiety, fear and shame. Challenge reactivity is assumed to reflect an approach motivational state, and is associated with feelings such as excitement and anger. Experiments using this approach suggest that the experience of discrimination (unfair treatment attributed to social identity) has a distinct physiological and emotional profile than differs from that associated with rejection or unfair treatment that is not attributed to social identity.

In particular, compared to individuals who are rejected or treated unfairly by members of their own ethnic group, individuals who are rejected by members of outgroups (e.g., other ethnic groups, the other gender) are more likely to attribute their rejection to discrimination, are angrier, and are more likely to exhibit a challenge pattern of CVR.
Individuals rejected by members of their ingroup, in contrast, are less likely to make
discrimination attributions, more likely to feel shame or anxiety, and are more likely to
exhibit a threat pattern of CVR (Dover et al., 2014; Jamieson, Koslov, Nock & Mendes,
2013; Mendes, Major, McCoy, & Blascovich, 2008). Furthermore, Blacks and Whites
rejected by a different race partner perform better on cognitive memory tests than those
rejected by a same-race partner (Mendes et al., 2008; Jamieson et al., 2013). Jamieson
et al. found that Blacks and Whites rejected by a different-race partner also displayed less
cortisol reactivity than those rejected by a same-race partner, which is consistent with the
former’s better performance on memory tests. Another study showed that when
interacting with an interaction partner who had sexist or racist attitudes, women and
ethnic minorities who believe the system is unfair (who are more likely to make
attributions to discrimination) showed a challenge or approach pattern of CVR, whereas
those who the system is fair showed a threat or withdrawal pattern of CVR (Eliezer et al.,
2011). Collectively, these studies suggest that when individuals attribute personal
rejection or unfair treatment to discrimination, the dominant emotional response is
anger, accompanied by a physiological profile characteristic of approach motivation.

The threat CVR profile (reduced cardiac output and vasoconstriction) is less efficient
cardiovascularly than the challenge CVR profile and is thought to be more pathophys-
iological (Blascovich & Mendes, 2010). Nonetheless, anger in response to perceived
discrimination can have a variety of negative implications. Gibbons et al. (2010) argue
that anger is the primary mediator between discrimination and poor health among
(specifically) Black youth. They found that the more African American adolescents
reported experiencing discrimination, the more likely they were to abuse controlled sub-
stances five years later. Furthermore, increased hostility mediated the relationship
between perceived discrimination and subsequent substance abuse. Gibbons et al. (2010)
also found that experimentally instructing Black youth to think about discrimination
(vs. a neutral event) resulted in more feelings of anger, which in turn predicted more self-
reported willingness to try drugs.

Jamieson and colleagues (2013) found that exposure to cross-race rejection in the lab
(vs. same-race rejection) led not only to a challenge CVR profile and anger, but also to
greater levels of risk-taking in a card-playing paradigm and more attentional vigilance to
emotionally negative information, assessed via the emotional Stroop. Vigilance facilitates
the detection of danger and can thus help an individual cope with stressors. However,
once discrimination is perceived, attentional vigilance increases the likelihood of
increased sensitivity to threat cues. While this may be in some cases adaptive, chronic
attentional vigilance can also lead to false alarms and the detection of bias during
ambiguous situations (Wang, Leu & Shoda, 2011). For example, in two experiments,
Townsend, Major, Gangi & Mendes (2011) found that female participants who were high
in chronic perceptions of sexism (who are higher in attentional vigilance to sexism,
Kaiser, Vick & Major, 2006) showed higher neuroendocrine stress responses (had higher
cortisol) after interacting with a male partner, unless the situation contained cues that
sexism was not possible.

Researchers have also used functional resonance imaging (fMRI) to examine the
consequences of attributing cross-race rejection to discrimination (vs. not doing so). For
example, in one study Black participants who were in the scanner were led to feel excluded
by White peers (using the Cyberball paradigm), after which they indicated their
attributions for their exclusion (Masten, Telzer & Eisenberger, 2011). Relative to Black
participants who did not attribute their exclusion to discrimination, those who did attribute their rejection to discrimination displayed less negative affect, greater activation of the lateral temporal cortex and rostral anterior cingulate cortex (implicated in emotion-regulation), and less activation of the dorsal anterior cingulate cortex and motor cortex (implicated in social pain and response to social threats). The authors concluded that attributing rejection to discrimination may be less distressing at a neural level than failing to attribute it to discrimination. This view is supported by a review of discrimination’s effect on physiological reactivity (Harrell, Hall, & Taliaferro, 2003) that concluded that those who deny discrimination may be more likely than those who do not deny discrimination to have maladaptive physiological reactivity.

**Summary**

Perceptions of pervasive discrimination (usually assessed in correlational studies) and attributions of specific events to discrimination (usually assessed in experimental lab studies) tap different processes and often have different relationships to health and well-being. Correlational studies in which respondents are asked to report on past discrimination experiences demonstrate a robust negative relationship between self-reported experiences of discrimination and various indicators of mental and physical health. Experimental studies in which participants are exposed to instances of discrimination against their group also typically show negative effects on measures of psychological well-being and stress. In contrast, experimental studies in which people experience a personal threat that they can, or cannot, attribute to their social identity paint a more nuanced picture of the effects of attributing personal rejection to discrimination vs. to other factors. These studies indicate that when discrimination cues are blatant, attributing negative treatment to discrimination can buffer self-esteem. These studies also indicate that the dominant emotional response to discrimination is anger, accompanied by a physiological profile characteristic of approach motivation.

**CONCLUSIONS AND FUTURE DIRECTIONS**

Ongoing discrimination against people of color, women, sexual minorities, people who are overweight, are mentally ill, belong to non-normative religious groups, and many other low-status groups is well-documented. Although overt discrimination against many of these groups has declined, subtle forms of discrimination persist (see, e.g., Blume et al., 2012; Dardenne et al., 2007; Wang, et al., 2011). This discrimination is often ambiguous, difficult to prove with certainty, and frequently a matter of dispute. This chapter examined the antecedents and consequences of perceiving oneself to be a target of discrimination, i.e., a target of unfair treatment based on social identity. We reviewed research showing that a variety of factors can affect the likelihood that individuals will make attributions to discrimination, including characteristics of the event (e.g., its prototypicality), the situation (e.g., ambiguity), and the person (e.g., race-rejection sensitivity). We also reviewed research on the consequences of discrimination attributions and perceptions, in particular for psychological well-being and physical health, noting that conclusions differ slightly depending on methodology. This literature shows a robust negative relationship between self-reported experiences of discrimination and various indicators of mental and physical health. It also indicates, however, that under some circumstances, attributing personal rejection to discrimination can buffer self-esteem. In
such circumstances, the dominant emotional response to discrimination is anger, accompanied by a physiological profile characteristic of approach motivation.

Although much has been learned over the last several decades about when people perceive discrimination and with what consequence, there is much still to be learned. We see several promising avenues for future research. One such avenue is research addressing when members of privileged groups view themselves as victims of discrimination and the consequences of these perceptions (cf. Wilkins & Kaiser, 2014). Prompted by changing demographics in the U.S., racial progress, and pro-diversity efforts (Dover, Major, & Kaiser, 2013; Outten, Schmitt, Miller, & Garcia, 2012; Wilkins & Kaiser, 2014), perceptions of discrimination among privileged, majority groups are growing (Norton & Sommers, 2011).

A second is expanding the domain of inquiry to include other targeted groups. The majority of research on the antecedents and consequences of attributions to discrimination has focused on ethnic minorities (particularly Black Americans) and women. It is also important to examine the antecedents and consequences of discrimination attributions among other stigmatized groups, such as LGBT individuals and the overweight. Unlike ethnicity and gender, these identities are typically seen as controllable and in the case of the overweight, lack a strong sense of group identity. Increasing attention to these types of identities will enrich our understanding of the antecedents and consequences of discrimination attributions.

A third direction for research is examining attributions for positive treatment of members of stigmatized groups. With the continuing rise of anti-prejudice norms and rhetoric, and the dissociation of explicit and implicit attitudes towards minorities among Whites, Whites’ positive treatment of minorities is increasingly attributionally ambiguous (Devine, 1989; Dovidio & Gaertner, 2004; Plant & Devine, 1998). Some ethnic minorities are suspicious that positive attitudes and treatment from Whites are not genuine, but motivated primarily by their desires to be politically correct and/or desire to cover actual prejudice (Major, Sawyer, & Kunstman, 2013). These individuals respond to highly positive interpersonal feedback from White peers with a threat pattern of CVR and lowered self-esteem (Major, Kunstman, Sawyer, Mendes & Malta, 2014). Understanding features of feedback situations that increase – or decrease – minorities’ trust in positive feedback and praise from Whites is an important research agenda.

A fourth direction for research is furthering understanding of how ingroup identification affects responses to discrimination. From one perspective, high group identification should make discrimination more stressful. When individuals are highly identified with their group, negative group-related events are more likely to be appraised as self-relevant. Negative events that are more self-relevant, in turn, are more threatening (Lazarus & Folkman, 1984). Consistent with this reasoning, in experimental paradigms in which discrimination against the ingroup was manipulated, or individuals were discriminated against personally, the more strongly participants identified with their ingroup, the lower self-esteem, greater anxiety and depression, and more prolonged physiological stress response they subsequently exhibited (Eliezer et al., 2010; McCoy & Major, 2003).

From another perspective, the ingroup can serve as a resource that individuals can draw upon to cope with discrimination. Groups can provide emotional, instrumental and informational support, social validation, and social consensus for one’s attributions. Thus, high group identification should decrease the stress of perceived discrimination.
Correlational studies that have examined this hypothesis, however, have provided mixed support. For example, a daily diary study of the relationship between discrimination experiences and psychological distress among Latinos found that individuals high in-group commitment were less distressed by daily experiences of discrimination than were those low in group commitment (Torres and Ong, 2010). However, a similar study of Black students found that discrimination was more strongly associated with negative affect and depression among Black students high (vs. low) in Black identity centrality (Burrow & Ong, 2010). Two meta-analyses of the relationship between perceived discrimination and health and well-being found no consistent buffering or exacerbating effect of strong group identification (Pascoe & Smart Richman, 2009; Schmitt et al., 2014). Understanding when and how group identification influences responses to discrimination is an important agenda for future research.

The nature of discrimination against many groups in society is changing. Overt, blatant discrimination is waning, while subtle, implicit biases persist. Groups that traditionally encountered explicit bias now face more attributional ambiguity. Groups that previously felt impervious to discrimination now feel vulnerable. As we outlined here, numerous personal and situational factors shape whether or not people will see themselves as victims of discrimination. Which judgment they make has downstream consequences not only for their motivation and interpersonal relationships, but also for their psychological well-being and physical health.

NOTE

1 The meta-analysis by Schmitt et al. (2014) combined the blatant and ambiguous conditions into one discrimination condition.

REFERENCES


