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What is This?
Ethnicity-Related Sources of Stress and Their Effects on Well-Being

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Abstract

Early research on ethnicity focused on the stereotyped thinking, prejudiced attitudes, and discriminatory actions of Euro-Americans. Minority-group members were viewed largely as passive targets of these negative reactions, with low self-esteem studied as the main psychological outcome. By contrast, recent research has increasingly made explicit use of stress theory in emphasizing the perspectives and experiences of minority-group members. Several ethnicity-related stressors have been identified, and it has been found that individuals cope with these threats in an active, purposeful manner. In this article, we focus on ethnicity-related stress stemming from discrimination, from stereotypes, and from conformity pressure arising from one’s own ethnic group. We discuss theory and review research in which examination of ethnicity-related outcomes has extended beyond self-esteem to include psychological and physical well-being.

Keywords

ethnicity; stress; coping; discrimination; stereotypes; well-being

Racial and ethnic categories, such as “white,” “black,” “Asian,” and “Hispanic,” reflect complex sets of sociocultural and historical factors (Williams, Spencer, & Jackson, 1999). The meaning and impact of these factors at an individual psychological level are not well understood. Of the many aspects of ethnicity2 that appear to influence psychological processes, several may be conceptualized as psychological stressors, that is, as perceived threats to physical or psychological well-being. A number of qualitatively distinct ethnicity-related stressors have recently been subject to intensified investigation; we discuss three of them in this review.

ETHNIC DISCRIMINATION

Ethnic discrimination involves unfair treatment that a person attributes to his or her ethnicity. We discuss discrimination at some length because it has been given increased attention recently in journalistic accounts and in analyses involving systematic coding of the content of interviews with victims of discrimination. Discrimination also has been recognized in recent quantitative research and theoretical analyses as a psychological stressor and a possible risk factor for physical illness. These efforts have sparked new interest in the topic and identified some major issues. They represent a shift away from an emphasis on determinants of discriminatory behavior toward a focus on the perception and experience of discrimination by minority-group members. In another shift, by contrast with earlier accounts that emphasized major, often institutional, forms of discrimination (e.g., hiring practices), more recent accounts have highlighted subtle forms of discrimination that are embedded in everyday life (e.g., being followed in a store as a suspected shoplifter).

There have been several efforts to delineate the various forms of ethnic discrimination. For example, in a recent study (Contrada et al., in press), we identified five: (a) verbal rejection: insults, ethnic slurs; (b) avoidance: shunning; (c) disvaluation: actions that express negative evaluations; (d) inequality-exclusion: denial of equal treatment or access; and (e) threat-aggression: actual or threatened harm. This set of distinctions accords well with Allport’s (1954) suggestion that the behavioral expression of prejudice may be described in terms of a continuum of increasing intensity.

Explicit conceptualization of discrimination as a psychological stressor has guided several recent theoretical analyses. This work suggests that members of ethnic minority groups form expectations regarding the likelihood that discrimination will be encountered in certain settings, decide whether to approach or avoid situations in which it is anticipated, and prepare for its occurrence (Swim, Cohen, & Hyers, 1998). Thus, the ever-present possibility of discrimination itself constitutes a stressor, requiring vigilance and other proactive coping responses.

Minority-group members also must judge whether specific events constitute discrimination. Feldman Barrett and Swim (1998) have con-
ceptualized this process in terms of signal detection theory. This theory was developed as a way to distinguish between noticing a stimulus and responding to it once it is noticed, using the concepts of sensitivity and response bias. In the present context, sensitivity involves the ability to detect the presence or absence of cues indicating discrimination. It is determined, in part, by properties of discriminatory events or conditions. Acts of discrimination are often ambiguous because they can be subtle or involve treatment that is of borderline acceptability (“The waiter seemed to be ignoring me . . .”), the ethnicity-related motives that define them as discriminatory (“. . . because I am black . . .”) are often unobservable, and the behavior in question may be subject to alternative explanations (“. . . though the restaurant was extremely busy”). Sensitivity also may reflect attributes of the person, such as general knowledge, previous experience, and social awareness. Response bias involves the tendency either to underestimate or to overestimate the occurrence of discrimination. It is influenced by general beliefs about the probability that individuals are prejudiced, and by the goals a person has (e.g., self-protection) when judging whether discrimination has occurred.

When subjected to possible discriminatory behavior, members of ethnic minorities may be motivated to protect themselves against unfair treatment, but they also may wish to avoid false alarms (i.e., perceiving discrimination when it did not in fact occur). False alarms can disrupt social relations, cause members of ethnic minority groups to be identified as “thin-skinned,” and undermine life satisfaction. One important task now being pursued by researchers is identifying conditions that favor minimizing false alarms, and those that favor being careful not to miss detecting acts of discrimination when they do occur (Feldman Barrett & Swim, 1998). There is accumulating evidence that when the situation is even just slightly ambiguous, members of ethnic minority groups may minimize the personal experience of discrimination. For example, they may attribute negative outcomes (e.g., unfavorable evaluations) to personal factors (e.g., the quality of their performance), which apparently serves to enhance their perception of personal control (Ruggiero & Taylor, 1997).

Coping with discrimination also requires decisions based on a complex set of factors (Swim et al., 1998). Different responses to perceived discrimination may serve different goals, some aimed at dealing with the initiating social situation, and some focusing on its emotional impact. Assertive reactions, such as the highly visible, confrontational communication of displeasure, may be directed at terminating the offensive behavior or at retaliation. Less assertive responses, such as trying to placate the perpetrator, may be aimed at self-protection or preservation of social relationships. Cognitive coping responses, such as reinterpreting the event as benign or as not ethnicity related, may preserve a positive, if illusory, view of the social consequences of one’s ethnicity. Because discrimination can cause members of ethnic minority groups to feel badly about themselves personally, or about their group as a whole (Crocker, Major, & Steele, 1998), certain coping responses may be self- or identity-focused. They may, for example, involve either reduction or enhancement of psychological identification with one’s ethnic group (Deaux & Ethier, 1998). Deciding whether and how to respond to discrimination appears to involve cost-benefit considerations, similar to those involved in the perception of discrimination, that have only recently begun to receive systematic attention (Swim et al., 1998).

**Stereotype Threat and Stereotype-Confirmation Concern**

Stereotype threat has been defined, in part, as the condition of being at risk of appearing to confirm a negative stereotype about a group to which one belongs (Steele, 1997). Stereotype threat has been examined as a social psychological state created by situational cues in susceptible individuals. Much of this work has investigated stereotype threat associated with the American cultural beliefs that African Americans are low in intellectual ability and that women are not skilled in mathematics and physical sciences. One way stereotype threat is induced in this research is by instructing participants that their scores on tests that they are about to take will be diagnostic of their intellectual ability. Results have suggested that induction of stereotype threat activates relevant stereotypes in the thinking of participants, increases anxiety, and impairs test performance. In the long term, these experiences may promote disidentification, which, in this context, is a coping response of psychological disengagement from academic activity (Osborne, 1995). Thus, threat created by very subtle cues associated with ethnic stereotypes may have a negative impact with severe long-term implications.

Stereotype-confirmation concern arises from the relatively enduring or recurring experience of stereotype threat (Contrada et al., in press). It refers to a dimension defined at one extreme by chronic apprehension about appearing to confirm an ethnic stereotype, and at the other extreme by the absence
of such concern. Stereotype-confirmation concern reflects both environmental factors (e.g., other people’s ethnicity-related attitudes and behaviors) and personal attributes (e.g., one’s ethnicity, the sensitivity and response bias constructs described earlier). Members of all ethnic groups are susceptible to stereotype-confirmation concern, and for each group, there are multiple stereotypes that may create such concern. For example, college undergraduates of diverse ethnicities have reported stereotype-confirmation concern with respect to a wide range of behaviors that might be linked to ethnic stereotypes (e.g., eating certain foods, dressing or speaking a certain way; Contrada et al., in press). Reports of stereotype-confirmation concern have been found to be only moderately correlated with reports of ethnic discrimination. Therefore, although not as widely recognized as ethnic discrimination, stereotype-confirmation concern appears to represent a distinct dimension of ethnicity-related stress.

OWN-GROUP CONFORMITY PRESSURE

Members of an ethnic group often have expectations about what is appropriate behavior for that group. For example, some African Americans who excel academically are accused by their peers of “acting white” (Fordham & Ogbu, 1986). This appears to be just one facet of a wider and more general form of stress originating in one’s own ethnic group—what is called own-group conformity pressure.

Own-group conformity pressure is defined as the experience of being pressured or constrained by one’s ethnic group’s expectations specifying appropriate or inappropriate behavior for the group. This experience may be shaped by both internal and external factors, the former including one’s ethnicity and perception of in-group norms and expectations, and the latter including explicit, overt sanctions for violating ethnic-group norms, as well as more subtle reminders about “how ‘we’ are supposed to behave.” As with stereotype-confirmation concern, own-group conformity pressure is relatively enduring or recurring, and is potentially applicable to persons of all ethnic groups. Among ethnically diverse college students, reports of own-group conformity pressure relate to personal style and interests (e.g., pressure to dress a certain way, listen to particular music) and social relations (e.g., pressure to date or interact with members of one’s own group only; Contrada et al., in press). Reports of own-group conformity pressure in these students are only moderately correlated with reports of ethnic discrimination and stereotype-confirmation concern. Thus, ethnicity-related stressors can arise from members of other ethnic groups, from societal stereotypes, and from members of one’s own ethnic group, and these three categories of stressors are all relatively independent.

ETHNICITY-RELATED STRESSORS AND WELL-BEING

Until recently, research examining the impact of ethnicity-related stressors focused on the possibility that internalizing the pejorative stereotypes and prejudiced attitudes of the dominant majority might have a negative impact on the self-concepts of members of ethnic minority groups. However, the evidence does not suggest that being a member of an ethnic group that is devalued by the dominant majority leads inevitably, or even usually, to lower self-regard. For example, it has been found that African Americans do not score lower than whites on self-esteem measures (Crocker et al., 1998).

Regarding psychological outcomes other than self-esteem, there is evidence that members of certain minority groups experience higher rates of depressive symptoms than Euro-Americans (Crocker et al., 1998). However, simple comparisons of ethnic groups may reflect numerous causal determinants, including socioeconomic status and sociocultural norms, in addition to ethnicity-related stressors (Anderson & Armstead, 1995). The contributions of these factors to ethnic-group differences in well-being have yet to be teased apart. Nonetheless, several studies that have examined ethnic discrimination directly have reported that it is associated with negative psychological health outcomes (Williams et al., 1999).

A small but growing body of research has implicated ethnicity-related stressors as a determinant of physical health outcomes. Much of this work has focused on discrimination experienced by African Americans, whose rates of physical disease and mortality significantly exceed those of Euro-Americans (Williams et al., 1999). Some studies have focused directly on disease outcomes. For example, Krieger and Sidney (1996) found that higher blood pressure among African Americans, compared with whites, could be partially explained when blacks’ experience of discrimination and their coping responses to such treatment were taken into account. Other work has examined physiological and behavioral factors that may increase risk of disease. Regarding the former, Armstead, Lawler, Gorden, Cross, and Gibbons (1989) demonstrated that when blacks viewed videotaped vignettes of situations involving discrimination, they showed cardio-
vascular responses thought to contribute to the development of cardiovascular disorders. In an example of research addressing cigarette smoking, a major behavioral risk factor for disease, it was found that African Americans with high scores on a measure of discrimination experienced in everyday life were significantly more likely to be smokers than those with low scores (Landrine & Klonoff, 1996).

**CONCLUSION**

Research on ethnic discrimination, stereotype threat and stereotype-confirmation concern, and own-group conformity pressure illustrates an emerging new perspective based on the premise that members of ethnic minority groups are not passive victims of prejudice and discrimination, but rather are active agents in making sense of and coping with multiple and distinct ethnicity-related threats. Among the many unresolved questions raised by this proposition are those pertaining to the features of social situations that give rise to ethnicity-related stress, and to the psychological factors that influence detection of these stressors and shape ensuing coping activities. Equally important is the need to isolate the effects of ethnicity-related stressors from the effects of other correlates of ethnic-group membership that may buffer the impact of these stressors. The concept of ethnicity-related stress provides new directions for investigating just some of the many psychological ramifications of ethnic-group membership.

**Recommended Reading**


Steele, C.M. (1997). (See References)

**Notes**

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2. We use the term ethnicity to refer both to broad groupings of individuals based on culture of origin and to those social groupings conventionally referred to in terms of “race,” without presupposing that these groupings reflect a single, fixed quality or essence, biological or otherwise.

**References**


