An Introduction to Prejudice, Stigma, Privilege, Oppression, Discrimination, and Clinical Science

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Abstract

Clinical psychology as a profession could be justifiably accused of neglecting or at best only obliquely addressing prejudice, stigma, privilege, oppression, and discrimination. Admittedly, it is not clear that any behavioral health profession or health profession for that matter has done any better. While there is no doubt that these problems have existed for centuries and currently exist in manifold ways, the profession of clinical psychology has been relatively indirect at dealing with these. For example, clinical psychologists, with the possible exception of feminist therapists, have not developed standardized and valid measures of the extent to which their clients' presenting problems may be due to prejudice and discrimination. However, unfortunately, feminist therapies have also not been sufficiently studied through randomly controlled trials to determine their efficacy and safety (see Chambliss). Clinical psychologists have not developed interventions that directly ameliorate the effects of these problems on our clients. This book provides an overview of potential ways to mitigate this issue.

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Clinical psychology as a profession could be justifiably accused of neglecting or at best only obliquely addressing prejudice, stigma, privilege, oppression, and discrimination. Admittedly, it is not clear that any behavioral health profession or health profession for that matter has done any better. While there is no doubt that these problems have existed for centuries and currently exist in manifold ways, the profession of clinical psychology has been relatively indirect at dealing with these. For example, clinical psychologists, with the possible exception of feminist therapists, have not developed standardized and valid measures of the extent to which their clients' presenting problems may be due to prejudice and discrimination. However, unfortunately, feminist therapies have also not been sufficiently studied through randomly controlled trials to determine their efficacy and safety (see Chambliss). Clinical psychologists have not developed interventions that directly ameliorate the effects of these problems on our clients. No effective prevention technologies regarding these phenomena have been developed and validated. The diagnostic manual we use is oriented toward individual problems; however, still there is no diagnostic category for something along

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the lines of "psychological problems due to the effects of prejudice, or discrimination, or stigma, etc." Nor is there a category of mental disorder for someone who is virulently prejudiced—a KKK member embracing the standard beliefs of the Klan would be not diagnosable as mentally disordered by virtue of those beliefs which seem not only false but also disordered. Admittedly, these issues might be becoming increasingly difficult even to talk about, let alone theorize about or study, partly because of the importance and complexity of these problems but partly also because there is increased scrutiny and consequences for speech or positions that are regarded by some as problematic. Scholarly debate has been chilled due to the uncivil and hostile acts or problematic campus speech codes (see thefire.org). This book aims to provide a forum for providing discussion on these important topics in a clinically relevant manner. It attempts to help understand how clinical psychologists ought to conceptualize and respond to the prejudice and oppression in clinical and other professional contexts.

Cultural sensitivity seems to be the major response of our profession to these problems (Frisby & O'Donohue, 2018). There seems to be the perhaps unstated notion that if professionals are trained to be "culturally sensitive" or "culturally competent," then at least the majority of the problems associated with prejudice and discrimination will be overcome. However, even conceptually, the effectiveness of this promise is none too clear. First, it is important to see that cultural sensitivity programs often do not deal directly with prejudice, discrimination, stigma, privilege, and oppression. These focus much more on alleged facts about a particular culture or a small subset of cultures, for example, Asian Americans may be collectivistic or may hold more stigma regarding mental illness than those in the majority culture; however, this does not deal directly with prejudice toward these individuals (see chap. Huang & Nagayama Hall, this volume); cultural sensitivity is at least somewhat an orthogonal concern. Second, there is little empirical evidence that, over the last several decades, progress has been made in the science of cultural sensitivity: there are still conceptual problems in defining culture (for example, those that fall under the category Latinx—one culture—or perhaps many different cultures that may actually share few overlapping commonalities, e.g., Brazilians do not even speak Spanish. (O'Donohue & Benuto, 2010)). There is equivocal evidence at best that cultural tailoring interventions have improved clinical outcomes (e.g., Huey & Tilley, 2018; Benuto & O'Donohue, 2015); and there is little evidence that cultural sensitivity can even be taught (Benuto, Casas & O'Donohue 2018; also see Frisby & O'Donohue, 2018 for a more extended treatment of problems with this construct). In addition, there is a concern that the sophistication of understanding these cultures has been problematic, which can lead to its own kind of stereotyping—for example, "Hispanic-American males are 'macho.'" Given the oblique and stagnant nature of this approach, a fresh and a more genuine approach aimed at making substantive progress for these serious problems is needed.

In this book, we attempt to construct a foundation by exploring basic issues regarding these phenomena. Basic scientific information about prejudice is reviewed, the current status of many of the major minority groups are explored (some are unfortunately missing because despite repeated effort, we could not find chapter authors), and chapters examine the possible role of prejudice and oppression in our institutional structures such as the Diagnostic and Statistical Manual and our professional organizations (see Frisby this volume). It is also important to note that this book examines the status of the profession with respect to these issues. It critically examines the evidence that the profession has responded adequately to these social problems. It examines the problems of underrepresentation of many minority groups in the profession. It also covers current related issues rocking our college campuses such as safe spaces, micro-aggressions, privilege, and trigger warnings.

Definitions of Prejudice, Discrimination, and the *isms*

According the Merriam-Webster dictionary (n.d.-a), prejudice is defined as: "Injury or damage resulting from some judgment or action of another in disregard of one's rights preconceived judgment or opinion; an adverse opinion or leaning formed without just grounds or before sufficient knowledge; an instance of such judgment or opinion; an irrational attitude of hostility directed against an individual, a group, a race, or their supposed characteristics." Conversely, per the Merriam-Webster dictionary (n.d.-b), discrimination is defined as: "the act, practice, or an instance of discriminating categorically rather than individually; the act of making or perceiving a difference." Both prejudice and discrimination are often viewed as repercussions or elements of the *isms* (e.g., racism, sexism). Harrell (2000; pp. 43) defined an *ism* as, "A system of dominance, power, and privilege based on [racial] group designations; rooted in the historical oppression of a group defined or perceived by dominant-group members as inferior, deviant, or undesirable; and occurring in circumstances where members of the dominant group create or accept their societal privilege by maintaining structures, ideology, values, and behavior that have the intent or effect of leaving non-dominant-group members relatively excluded from power, esteem, status, and/or equal access to societal resources."

Implications of Prejudice, Discrimination, and the *isms*

The implications on those who experience prejudice and discrimination are substantial. While an extensive discussion of the implications of prejudice and discrimination is not provided here, due to the fact that each chapter in this book contains an extensive discussion of how prejudice and discrimination impact different populations, suffice to say that the impact is substantial. The extant literature has clearly indicated that there are implications on both mental and physical well-being. For example, perceived racial discrimination at work was associated with poor self-rated health (Fujishiro, 2009; Molina et al., 2019). Fujishiro examined data from 22,412 respondents in seven states and found that participants who reported being treated worse than other racial groups in the workplace had poorer health. Even more alarmingly, researchers found that perceived discrimination is related to risk of cardiovascular event (Everson-Rose et al., 2015). Thus, when engaging with individuals who report a history of experiencing discrimination, psychologists should be aware of the potential physical health ramifications of these experiences and prepared to provide appropriate referrals.

Behavioral Health Implications: Pursuits in Applied Psychology

In addition to the implications that prejudice, discrimination, and the *isms* have on physical health, emotional and behavioral health are undoubtedly impacted across racial, ethnic, and cultural groups. For example, Lowe, Tineo, and Young (2018) collected data from 141 Muslim American college studies and found that perceived discrimination was related to depression and anxiety and that a strong cultural identify moderated this relationship. Similar findings have been documented among Asian Americans—Bowie Chau, and Juon (2018)—that among Asian Americans, experiences with discrimination and unfair treatment were associated with greater odds of being depressed. These findings extend to African Americans. A meta-analysis of the research on the relationship between perceived discrimination and Black men indicated a positive relationship among this population (Britt-Spells, Slebodnik, Sands, & Rollock, 2018). Additionally, perceptions of unfair treatment are associated with more symptomology among African American women; more specifically, regularly being treated with less courtesy, being insulted or called names, and receiving poorer service are psychologically burdensome to African American women (Nadimpalli, James, Yu, Cothran, & Barnes, 2015). Finally, among Latinx populations, perceived discrimination was associated with

psychological distress, suicidal ideation, state anxiety, trait anxiety, and depression (Hwang & Goto, 2009). An additional important point of consideration is with regard to intersectionality. While economic status may be hypothesized to act as a protective factor against discrimination (and via mediation or moderation the associated sequalae), for racial minorities, improving one's economic prospects unfortunately does not reduce the frequency of encounters with discrimination or unfair treatment (Colen, Ramey, Cooksey, & Williams, 2018).

Similar findings to those described above extend to other cultural groups. Specifically, a relationship between gender discrimination and anxiety and depression has been identified. Researchers have gone as far so to demonstrate a relationship between the wage gap (a form of discrimination) and depression and anxiety. Platt, Prins, Bates, and Keyes (2016) quantified and operationalized the wage gap in order to explain the gender disparity in depression and anxiety disorders using data from a nationally representative sample of 22,581 working adults. The results from their study indicated that perhaps structural forms of discrimination are related to the development of anxiety and depression (Sutter & Perrin, 2016).

The above research is expanded upon the associated chapters throughout this book. The purpose of this section was to offer a cursory overview of the manner in which prejudice, discrimination, and the *isms* impact populations that clinical psychologists are likely to encounter. Clinical psychologists should be mindful (across the many contexts in which they might work) that prejudice, discrimination, and the *isms* have a substantial impact on the physical health, emotional well-being, and behavioral health of many minority populations in the United States. In the role of clinician, clinical psychologists may wish to assess for experiences of perceived discrimination and/or unfair treatment and provide appropriate interventions if needed. Depending on the presentation of the client and referral to primary care may also be merited. Clinical psychologists may also work in academic settings and encounter studies who have a history of perceived discrimination and/or unfair treatment; in such settings, psychologists may wish to be prepared to provide an appropriate referral if it seems that behavioral health services are needed.

Definitions and Theories of Stigma

Because of its obvious importance, stigma has been a focus of research in the field of applied psychology for many decades (Haghighat, 2001; Kurzban & Leary, 2001; Major & O'Brien, 2005). According to many scholars, most theories of stigmatizing process in psychological science can be traced to Goffman's seminal work (Goffman, 1963). Goffman (1963) theorized stigma as a process of global devaluation of an individual or a group of individuals who are deemed to possess a deviation attribute from the normative perspective. Accordingly, Jones et al. (1984) defined stigma as a "mark" that sets a person apart from others by associating the marked individuals with undesirable characteristics. Similarly, deviance theory proposed by Elliott, Ziegler, Altman, and Scott (1982) conceptualized stigma as a form of deviance that leads others to judge a certain individual or group of individuals as being illegitimate for participation in an interaction. Finally, Crocker, Major, and Steele (1998) postulated that stigmatized people are believed to possess some attributes that devalue the individual in a particular social context regardless of the presence of an obvious "mark."

To date, there are several other notable theories of stigma that view stigma more broadly, including its effects on individuals and their environments (Major & O'Brien, 2005). These theories can be collectively called a social cognitive approach (Corrigan, 2000; Fiske, 2005; Major & O'Brien, 2005), which includes labeling theory (Link & Phelan, 2001). In general, the social cognitive approach views stigma as a cognitive structure (e.g., schema) constructed by an individual through social interactions to make sense of the world (Crocker & Lutsky, 1986). Once elaborated, these cognitive structures become effective means in categorizing, labeling, comparing, and evaluating information about other groups of individuals (Link & Phelan, 2001). In this light, stigma is theorized to serve as a socially shaped and cost-effective tool in providing a quick and

easy notion of a given person based on the person's categorized group (Macrae, Milne, & Bodenhausen, 1994), for the purpose of quickly and automatically solving specific problems in the context of a particular social environment (Haghighat, 2001; Kurzban & Leary, 2001).

How Stigma Can Affect the Pursuit of Applied Psychology

One of the limitations of the above-mentioned theories is the difficulty in applying them to the development and refinement of interventions (Corrigan & Penn, 1999; Hayes et al., 2004). This is in part because these theories do not directly address variables that can be systematically manipulated to alter stigmatizing attitudes and behaviors. Social cognitive psychologists have also noted that there is a gap between these theories and extant stigma reduction interventions; That is, protest, education, and contact-based intervention, interventions that are commonly used as stigma reduction strategies, are relatively independent of theories of stigma (Hayes et al., 2004), and their mechanisms of change are generally unknown (Penn & Corrigan, 2002).

How Does Stigma Differ from Prejudice?

Furthermore, some researchers have questioned the feasibility of extant stigma reduction interventions that are designed to directly change stigmatizing and prejudicial thoughts and behaviors in form and frequency (Bargh, 1999; Wilson, Lindsey, & Schooler, 2000). This is mainly because of the pervasive, rigid, and automatic nature of stigma and prejudice (Greenwald & Banaji, 1995; Macrae, Bodenhausen, Milne, & Jetten, 1994; Moxon, Keenan, & Hine, 1993; Watt, Keenan, Barnes, & Cairns, 1991). According to a contemporary behavior analytic model of complex human behavior, stigma and prejudice involve normal and adaptive human language/verbal abilities that have been "inappropriately" applied (Lillis & Levin, 2014; Masuda, Hill, Morgan, & Cohen, 2012). Colloquially speaking, stigmatization is the psychological process of objectifying and deindividualizing self or others because of their participation in normal verbal processes of categorization, association, and evaluation (Hayes, Niccolls, Masuda, & Rye, 2002). This broad definition implies that bias and discrimination can be applied to any verbally categorized groups of individuals (i.e., social categorization), both positive or negative, such as "White," "gay," "Muslim," "woman," "poor," "addict," "handicapped," and so on. This definition also implies that ordinary language/verbal processes make acts of bias and discrimination possible.

If stigmatization is viewed as a contextually shaped verbal behavior (cognitive process), several notable implications are derived. First, the process of stigmatization can be pervasive and automatic mainly because cognitive process can occur in virtually every sociocultural context automatically (Hayes et al., 2002; Hayes, Barnes-Holmes, & Roche, 2001). Second, stigma and prejudice are inherently rigid (Major & O'Brien, 2005). As with the case of any cognitive schemata, new ideas are met with resistance when they are not consistent with extant stereotype-consistent beliefs (Macrae, Bodenhausen, et al., 1994; Moxon et al., 1993), and efforts to suppress stigmatizing thoughts can paradoxically increase their frequency and intensity (Wenzlaff & Wegner, 2000). Furthermore, the process of stigmatization and prejudice can have an evolutionarily adaptive value. That is, the automatic and derived nature of stigmatizing process allows an individual to more easily navigate complex sociocultural interactions (Kurzban & Leary, 2001; Macrae, Milne, & Bodenhausen, 1994). These arbitrary categorization and association are learned early in childhood and continue throughout one's lifetime (Hayes et al., 2001; Pauker, Ambady, & Apfelbaum, 2010; Pauker, Williams, & Steele, 2016).

Controversies

As implied above, a major controversy in the applied side of this topic is that extant stigma reduction interventions, such as protest, education, and contact-based intervention (see Corrigan

& Penn, 1999; Dalky, 2012), may not adequately reflect the accumulated body of evidence in stigma research and applied implications derived from it. Findings from psychological science research suggest that directing challenging stigmatizing beliefs is not only futile, but also counterproductive (see Corrigan & Penn, 1999; Plaut, Thomas, Hurd, & Romano, 2018) and that targeting specific forms of stigma in content or frequency may be too peripheral without targeting their underlying cognitive process (Lillis & Levin, 2014; Masuda et al., 2012; Masuda, Donati, Schaefer, & Hill, 2016). One alternative effort for undermining the cognitive process is the enhancement of meta awareness, the repertoire of intentionally noticing cognitive process of stigma without acting on them for the purpose of undermining the rigid distinction of "us vs. them" (Langer, 1989). Furthermore, following an applied behavior analytic framework (Miltenberger, 2012), such as differential reinforcement of alternative behavior for undermining a target behavior, the promotion of functionally incompatible behavioral alternative, such as empathy and the sense of sameness, may be more fruitful than attempting to directly challenge stigmatizing beliefs (Levin et al., 2015; Masuda et al., 2007).

Cultural Privilege

In the context of equity and social justice, the concept of cultural privilege has become a flashpoint, with members of dominant in-groups arguing that any supposed privilege they enjoy is a result of effort and merit and members of non-dominant out-groups pointing repeatedly to the privilege that is not earned but conferred based on socially constructed hierarchies that has been codified at all levels of governmental regulation and in the policy documents and administrative manuals of our private and public institutions. For so long, the United States has touted itself as a cultural melting pot, a descriptor that implies cultural inclusiveness but, more accurately, reflects acculturation and assimilation imperatives imposed by dominant in-groups and embraced by non-dominant out-groups as a strategy for managing the fragility of in-group members and avoiding individual and institutional harms that occur in response to efforts to maintain and celebrate diverse cultural identities (Liu et al., 2019). In light of the reality that dominant United States cultural identities include whiteness, maleness, and high socioeconomic status, public discussions of cultural privilege often revolve around the comfort of these identities and often devolve into laments regarding the hardships faced by members of dominant in-groups rather than discussions of the flagrant inequality of hardships faced by persons who hold dominant cultural identities relative to persons who hold non-dominant cultural identities. These inequalities include pay and hiring disparities (Thomas et al., 2018), unequal access to education (American Psychological Association (APA), 2012; Kuchynka et al., 2018), unequal access to and receipt of healthcare (Paradies et al., 2015; Pietrse, Todd, Neville, & Carter, 2012), disproportionate contact with the justice system (Hall, Hall, & Perry, 2016; National Council on Crime and Delinquency, 2007), and disproportionate experiences of individual and institutionalized violence (Hall et al., 2016; Herrero, Rodríguez, & Torres, 2017; Inter-American Commission on Human Rights, 2018).

The concept of cultural privilege is beginning to take hold at a societal level, with discussions of the unearned advantage of holding privileged identities and the unearned disadvantage of not holding such identities occurring in primary, secondary, and college classrooms, in town hall meetings, and on the floors of our nation's most venerated governing institutions. To ensure student understanding of the concept of privilege, the National Association of School Psychologists (NASP), in an article titled *Understanding Race and Privilege*, provides a straightforward definition of privilege as "unearned advantages that are highly valued but restricted to certain groups" (NASP, 2016, p. 2). This NASP article delineates the disparities that are part and parcel of cultural privilege:

> Unearned advantages are those that someone receives by identifying or being born into a specific group. It is important to note that the groups who have received these advantages have not earned them due to their own hard work but rather their affiliation (e.g., being born into a wealthy family provides privileges that others do not have, such as accessing education as well as mental health and medical services; White Americans are more likely to walk into a mall without the suspicion of stealing). Equally important to note is the reality that while some benefit from unearned advantages, others are victims of unearned disadvantage. Unearned entitlements are things of value that all people should have; however, they are often restricted to certain groups because of the values of the majority culture that influence political and social decisions. (p. 2)

It must be acknowledged that, in the context of clinical service delivery, the concept of cultural privilege has not received much research attention. Pamela Hays (2008) has forwarded a definition of privilege and a model of cultural privilege that is among the most comprehensive approaches to evaluating the many cultural identities that can confer privilege in a given context. Referencing the pioneering work of feminist and racial activist Peggy McIntosh, Hays defines privilege as "the advantages one holds as a result of membership in a dominant group" (p. 6). In forwarding the ADDRESSING model, Hays (2001, 2008) provides a concrete strategy by which clinicians may increase their awareness of their cultural heritage and the privilege conferred by the cultural identities they hold. Specifically, Hays tasks clinicians with determining their cultural privilege in relation to **a**ge, developmental **d**isabilities, **d**isabilities acquired later in life, **r**eligion and spiritual orientation, **e**thnic and racial identity, **s**ocioeconomic status, **s**exual orientation, **i**ndigenous heritage, **n**ation of origin, and **g**ender. Hays' work represents a significant contribution to a larger move toward the integration of culture into every aspect of psychological service provision. In producing the current version of the model authors provided a definition of culture and a structure for evaluating the relevance of culture to clinical assessment and diagnosis, to the therapeutic interaction, to the likelihood that empirically supported psychological interventions will result in comparable benefit to persons who hold diverse cultural identities. Although not without controversy (see La Roche, Fuentes, & Hinton, 2015), the approach to culturally informed case formulation forwarded with in the DSM-5 serves to emphasize culture as a variable to be explored *with intention* rather than something that can be assumed to be captured and addressed in the normal course of psychological assessment and treatment without intentional consideration.

Like discussions of prejudice, discussions of privilege must be undertaken with an exquisite respect for the complexity of interpersonal engagement and the challenges that sometimes arise when group membership is not shared and when prejudgments are made around unshared cultural identities. Effective address of the discriminatory practices that have maintained the cultural privilege enjoyed by members of dominant in-groups will require that persons participating in discussions of cultural privilege and associated discriminatory practices: (1) examine the intersecting cultural identities they hold; (2) challenge their conceptions related to the earned and unearned advantages that contribute to their place in the world relative to persons who hold other cultural identities; (3) develop a stronger appreciation for the advantages of a culturally diverse population defines by inclusiveness rather than acculturation; and (4) generate personally relevant and personally achievable actions in support of cultural equity and inclusion. Although each of us is likely to experience some discomfort as we attempt to meet these requirements, the challenge of becoming self-aware and translating that to a prosocial awareness of the other may be the greatest challenge. Particularly appreciated are the recommendations that have been forwarded by Hays (2001, 2008), La Roche and Maxie (2003), La Roche et al. (2015), Duckworth, Iezzi, Vijay, and Gerber (2009), and the NASP (2016) in relation to seeing clearly the moments of cultural privilege we experience, understanding the impact of our privilege on persons who hold different, non-privileged cultural identities, and expanding the societally defined cultural center to include and to respect as equal those cultural identities that have heretofore been relegated

to the borders of our lives. It is hoped that this discussion of privilege serves as a catalyst for examination of the multiple, intersecting cultural identities each of us holds: recognition of the benefits experienced in relation to certain centered (i.e., societally valued) identities, even when those benefits are not intentionally or consciously pursued; recognition of the oppression experienced by members of culturally diverse, non-dominant groups as a function of intentional and unintentional efforts to maintain the unearned benefits associated with holding one or more privileged identities; and full participation in social action that will raise the voices, societal value, and sociopolitical power of persons who hold diverse cultural identities.

The Future and the Scholarly Agenda

There are many issues that need more attention. What follows is a partial listing of some of the major unresolved issues:

1. *Relationship between science, morality, and politics.* First, it is fair to say that everyone ought to have an interest in these phenomena because these phenomena affect everyone, although in different ways, and in different magnitudes. Many are victims of discrimination and prejudice. Humans all hold stereotypes. Many individuals can be said by some definition to hold some level of prejudicial views toward some group or groups. Most would agree that minimizing these is essential for an improved, more just and healthier society. Nearly all would also agree that the presence of these causes negative effects (e.g., stress, depression, difficulty accessing healthcare) in the individual that fall squarely in the wheelhouse of clinical psychology and other health professionals.

   But the next level of detail has proven to be much more refractory. What is a valid consensual definition of prejudice? Is it wholly or at least partially subjective—entirely in the eye of the beholder? Is "reverse prejudice" (prejudice against the majority culture) a valid subtype of prejudice, or not? Is someone who is anti-abortion, and thus against what others regard as women's legitimate reproductive rights, sexist or misogynist—or simply expressing a valid and diverse opinion? A necessary but not sufficient condition for a valid measure of prejudice is such an accurate definition, but unfortunately, the field has no valid measure of prejudice in general or of specific subtypes (e.g., O'Donohue & Caselles, 1993 analysis of some of the difficulties in defining and measuring the construct of homophobia). Similar types of issues emerge with the other constructs in the field. The philosopher of science, Thomas Kuhn has said something quite apt regarding how the complexity of phenomena may impact scientific progress:

"[T]he insulation of the scientific community from society permits the individual scientist to concentrate his attention upon problems that he has good reason to believe he will be able to solve. Unlike the engineer, and many doctors, and most theologians, the scientist need not choose problems because they urgently need solution and without regard for the tools available to solve them. In this respect, also, the contrast between natural scientists and many social scientists proves instructive. The latter often tend, as the former almost never do, to defend their choice of a research problem–e.g., the effects of racial discrimination or the causes of the business cycle–chiefly in terms of the social importance of achieving a solution. Which group would one then expect to solve problems at a more rapid rate?" (Kuhn, 1970, p. 164).

Kuhn sees the problems of applied psychology are often simply more complex and the scientist's tools are often simply not developed sufficiently to solve these. The questions above also suggest that the study of these phenomena may be in what Kuhn (1970) calls a "pre-paradigmatic" state: there is little agreement on fundamentals such as definitions, measurement, the best methodologies for studying the phenomena, and so on.

Part of the complexity, though, is that these phenomena seem to be inherently multi-

disciplinary. However not just multi-disciplinary in strictly a scientific science. Certainly, many diverse scientific disciplines are relevant to the study of prejudice: psychology, sociology, anthropology, economics, to name a few, all have potential methods to provide information. But the multi-disciplinary nature of prejudice and discrimination transcends the sciences—history as a liberal art is involved in understanding these phenomena, as these have a complex worldwide history. Morality is also involved, as these phenomena are also moral phenomena—to act in prejudicial manner is also an immoral act, one in which "ought" statements become involved—not simply the "is" statements of science (Hempel, 1965). Politics also is involved—discrimination is seen as politically unjust, and an improved, just society would minimize such acts. But politics is only partly a science and is also a discipline involving values—for example, decisions regarding what ought to be valued and what values are superordinate.

The general point is that these phenomena are complex—and this complexity has had something to do with the difficulty in making progress on these. It is interesting, although beyond the scope of this chapter, to ask what general approaches have made the most progress regarding ameliorating these. For example, the political realm from the Emancipation Proclamation, to the various civil rights acts in the 1960s, to decisions made by the Supreme Court (e.g., Brown v. Board of Education) seems to have outstripped the beneficial impact that the sciences and particularly applied psychology has had. Such considerations can influence how one decides to allot one's scarce time and energy: how does one parse one's time and effort regarding researching these phenomena or becoming politically active in some way? Or is it best to blend these as some liberation scientists have suggested?

Priority of these problems; funding, clinically, some subtypes have higher priority? Do the problems associated with prejudice, discrimination, stigma, and oppression have the appropriate priority in the training curricula in applied psychology? in federal and private funding mechanisms? in the research agendas of scholars? in our clinical case formulations? Do some forms of prejudice and discrimination have more priority than others? For example, is prejudice against minorities more important than prejudice toward majority culture individuals? Is prejudice against those groups who generally have higher poverty rates a higher priority than groups that are not? Do current events impact priorities—even so which ones and why? These questions are complex but need to be discussed and clarified.

Are these phenomena all of the same kind or are some sui generis? Are all prejudices of the same kind or are some idiosyncratic? For example, is prejudice against an ethnic group essentially the same as prejudice against a sexual minority or are there important differences? Is ageism the same kind of phenomena as prejudice against Muslims? Is the (alleged) prejudice against women in an anti-abortion stance the same kind of prejudice as those held by say a KKK member? Is prejudice a categorical variable (one either is or is not) or does it have degrees—one can be slightly prejudiced or highly prejudiced (and can these degrees be validly measured)? Can a person be prejudiced on Monday due to some acts; not prejudice on Tuesday—but prejudiced again on Wednesday—that is, is being prejudiced a trait variable or a state variable? How ought prejudice be comprehensively described—is it simply Person x is (or is not) prejudiced or is it Person x holds prejudicial views a,b, against group G?—what philosophers call a 3 place predication (Person, Behavior, Target)?—or is it even more complex: At time t, person x behaves in y fashion with respect to group z and g at time t is properly regarded as prejudiced for reasons a,b,c.? These are basic questions which can be regarded as important as they involve basic questions about the nature of prejudice.

Human nature—can prejudice be eradicated? Is prejudice something that is inherent in human nature. Pinker (2002) among others have

criticized psychologists for what he views as a naïve assumption that humans are blank slates. In contrast to this view is the view that humans have evolved and we have a nature—that is, tendencies. Is it in our nature, for example, to see the world in terms of in-groups and out-groups and to favor our perceived in-groups? If this or something along these lines is the case, how does this condition what we view as realistic goals for minimizing prejudice?

Identity politics and unintended effects Increasingly and perhaps related to political views (see O'Donohue, this volume), people are seen through the lens of identity politics—people identify (and perhaps are seen increasingly by others) as members of groups, such as Latinx, gay, elderly, Muslim, and so on, as well as their intersectionality. This may have some helpful benefits but does it come at a perhaps unintended cost—for example, does it create in-group–out-group categorizations that can serve as the basis for increased prejudice and discrimination instead of less? Is it contrary to what Dr. Martin Luther King called for in his "I have a dream speech"—for his children to not be seen by the color of their skin but by the content of their character?

The complexity of adjudicating and false claims and unwanted chilling effects The phenomena associated with prejudice and discrimination are also phenomena that are involved in criminal, civil, and other regulatory adjudication. How can social science aid in just outcomes in these arenas? Is our science sufficiently developed that robust regularities have been found that can aid the trier of fact in these situations? It is also important to note that while these adjudications are meant to give justice to those aggrieved, it is unclear the extent to which these actually accomplish this. Are these adjudications inappropriately burdensome for the complainant? Have outcomes in these (say Title IX) investigations actually been reasonable—or is there reason to believe that the burden of proof has been too high or too low (see O'Donohue, 2020)? For example, there is some evidence that Title IX investigations, although intending to help women seek justice for sexual discrimination, have resulted in an inordinate number of negative consequences for African American males—there are nearly 80 Title IX judgments that subsequently courts have overturned (O'Donohue & Schewe, 2020). Can we also understand how false claims can originate and identify these? There have been infamous cases involving Tawana Brawley, Jussie Smollett, a University of Virginia fraternity, and the Duke Lacrosse team, to name a few.

Are all new constructs related to these phenomena useful? The case of microagressions Sue (2013) has advanced the construct of microaggression and states:

> Microaggressions are about experiential reality and about listening to the voices of those most oppressed, ignored, and silenced. Those voices tell stories of the many hurts, humiliations, lost opportunities, need for change, and the often unintentional microaggressions endured as they struggle against an unwelcoming, invalidating, and even hostile campus climate and society (D. W. Sue, 2013). People of color, for example, often have their lived racial realities about bias and discrimination met with disbelief by our society. They are often told that they are oversensitive, paranoid, and misreading the actions of others. They are asked, "Aren't you mind-reading? Aren't you distorting the truth? Where is your evidence?" In essence, Lilienfeld is applying the accepted scientific principle of *skepticism* to the study of microaggressions, which may unintentionally dilute, dismiss, and negate the lived experience of marginalized groups in our society. (pg. 70).

On the other hand, Lilienfeld (2017) states:

> The microaggression concept has recently galvanized public discussion and spread to numerous college campuses and businesses. I argue that the microaggression research program (MRP) rests on five core premises, namely, that microaggressions (1) are operationalized with sufficient clarity and consensus to afford rigorous scientific investigation; (2) are interpreted negatively by most or all minority group members; (3) reflect implicitly prejudicial and implicitly aggressive motives; (4)

> can be validly assessed using only respondents' subjective reports; and (5) exert an adverse impact on recipients' mental health. A review of the literature reveals negligible support for all five suppositions. More broadly, the MRP has been marked by an absence of connectivity to key domains of psychological science, including psychometrics, social cognition, cognitive-behavioral therapy, behavior genetics, and personality, health, and industrial-organizational psychology. Although the MRP has been fruitful in drawing the field's attention to subtle forms of prejudice, it is far too underdeveloped on the conceptual and methodological fronts to warrant real-world application. I conclude with 18 suggestions for advancing the scientific status of the MRP, recommend abandonment of the term "microaggression," and call for a moratorium on microaggression training programs and publicly distributed microaggression lists pending research to address the MRP's scientific limitations.

These obviously are two starkly different views. How does one adjudicate between these? Is it true that being skeptical or even neutral regarding microagressions itself problematic? These two positions show the complexity of these phenomena.

What is evidence-based practice—problems with implicit bias The notion of evidence-based practice has swept healthcare in the past few decades. Part of the rationale for this is the view that science is needed to actually determine if and the degree to which some intervention is effective: anecdotes, case studies, and pre–post data are not sufficient. Rather, randomly controlled trials, and replications of these, involving double blinds, manualized treatments, valid outcome measures assessing effectiveness and safety, and follow-ups to assess for recidivism are what is necessary. The American Psychological Association has produced the well-known Chambliss report which lists several dozen interventions for various problems that have met similar criteria.

Unfortunately, there does not seem to be the same emphasis in this domain. This ought to change. It is not sufficient to just "do something" because the problem is significant and urgent. Interventions can be iatrogenic and ineffective interventions can give the impression that "at least something was done," although it is none too clear why this is good if the actual impact on the target problem is unclear.

Implicit bias is a case in point. Although it is increasingly utilized by both institutions in the private and public sector, scientific studies raise questions about the validity of the Implicit Association Test, the causal relationship between so-called implicit biases, and the ability of any intervention to significantly change any putative implicit biases in a positive direction (e.g., Blanton et al., 2009; Mitchell & Tetlock, 2017). Despite the valid concerns that arise from these data and conceptual critiques, there is little evidence that the utilization of implicit bias training is being slowed. Part of the problem seems to be a lack of commitment to evidence-based practice and this needs to be corrected, as the problems are too important to just "do something" as opposed to "do something effective."

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