

Vive la Difference (Not la Deficit)

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The study of human differences has been an important part of psychological science, but comparing people — in terms of intelligence or various measures of personality or ability — has major perils and pitfalls. One of these dangers is the (intentional or unintentional) stigmatization of groups that may result when differences between groups are interpreted as deficits. This year's Presidential Symposium, "Stigma From Science: Group Differences, Not Group Deficits," chaired by APS President Morton Ann Gernsbacher, addressed the subject of social stigmas and the role psychology has played both in reinforcing them and also in helping us overcome them.

Divisive Dichotomies

Susan T. Fiske, Princeton, began her talk "Venus and Mars, or Down to Earth?" by reflecting on some of her early motivations in going into psychological science. In her undergraduate courses in psychology, she couldn't help noticing that "all the individual differences had a good end and a bad. And you could almost always tell which end described the person who made up the scale."

Since, at that point in time, most of the people making the scales were men, it isn't surprising that the "good" ends of the scales were often named with traits that seemed to connote stereotypically masculine values: "*Perceptually thorough, math self-confident, linguistically specialized, physically directly assertive, tough minded, justly moral.*"

Fiske, who is a Past President of APS, described her "eureka moment" as being when she came across the term *field independence*. "Field dependence was this disease women had," she said.

She showed the shift of perspective that occurs when you change the phrasing of these personality categories: "What about being *field sensitive* instead of being field dependent? What about being *perceptually fast*? Oh, does that mean men are perceptually slow? What about being *cautious about math*, instead of being un-self-confident? What about women being *generally linguistically skilled*? What about women being *subtly socially assertive*?"

"We all love dichotomies," Fiske said. "Even scientists tend to think in dichotomies — either/or — but the similarities are often greater than the differences between the groups that we're studying." People tend to maximize the differences between categories and minimize differences within them, she said, citing as an example the low effect sizes found in meta-analyses of gender differences. "It's just not either/or."

Despite ambivalent differences found in much gender research and the advances made by women in the field since Fiske's undergraduate days, psychologists are still not immune to gender-biased thinking. "It's quite clear that people's values and identities matter when they do this kind of science."

"I'm not saying that people are politically biased and that their science is suspect," Fiske explained. "I'm saying that people pursue what they find interesting, and what people find interesting is informed

by their values and their identities.”

Group differences, when used unjudiciously, “have the tendency to divide us and oversimplify,” Fiske said. For one thing, differences assumed to exist between groups can become self-fulfilling (as in the phenomenon of “stereotype threat”) and prescriptive. Even positive attributes can be damaging when assigned to a whole group.

“When there is stigma, it is likely to be on multiple dimensions,” Fiske said. She cited research that 80-85 percent of variance in interpersonal and intergroup impressions is explained by two dimensions: perceptions of warmth and perceptions of competence. Groups can be stigmatized even if they are viewed positively on one of these dimensions. Precisely where different groups fall in this two-dimensional warmth-by-competence space determines the kinds of stigma groups can expect.

For example, housewives and effeminate gay men fall in the upper left — perceived as warm and nice but not competent — and may arouse pity as a result. Career women and Asians, by the same token, fall in the lower right — competent but cold — and may be received with reactions of envy. People who are mentally ill or poor fall in the lower left — not competent and not friendly — and may be dehumanized as a result.

“Stigmas differ. It’s not just ‘I hate them’ and ‘I love us.’ It’s not just that ‘My end of the scale is good, and your end of the scale is bad.’ ... These stigma dimensions matter because emotional prejudices come quickly on their tail: pity, envy, disgust. Those are different kinds of stigma. And the discrimination that gets directed at these different groups is quite distinct and quite predictable from the emotions. For instance, consider the difference between being attacked and being neglected. Both of those are discrimination.”

Multiple Cultural Perspectives

Two of the panelists transposed many of these themes to the domains of culture and racial differences. In his address on “The Home-Field Disadvantage,” APS Fellow Douglas L. Medin, Northwestern University, noted that the past history of psychology is not only largely male, but also largely European American — an attribution that applies not only to the scientists but to the subjects of psychological research. “A big problem in research is you start with what you know, in your own culture.” As a result, he said, it is easy to export our own presumptions to other cultures and other ethnicities and to minimize the differences within cultural/ethnic groups.

“Whiteness is the unmarked form,” he said. Members of a majority culture are less often reminded of their ethnicity. Consequently, they tend to see other majority culture members as individuals but see members of minority cultures less as individuals and more as representatives of their own group. “Almost everything is cultural,” he said. But “the combination of being in a position of power and psychological distance biases people toward making dispositional attributions.”

By the same token, when doing cross-cultural research, psychological distance makes it easy to oversimplify. “Culture is not an independent variable and should not be essentialized.” He cited, as an example, the high suicide rate among First Nations (aboriginal) people in Canada. It was only when researchers did fine-grained work at the tribal level that they discovered vast differences between different First Nations groups: Specifically, suicide rates were negatively correlated with whether bands

were actively trying to revive their tribal cultures and languages. Groups who were doing so actually had much lower suicide rates than are found in Canada overall.

Lumping different cultural groups together under a larger rubric — an effect of psychological distance — makes it hard to see differences that may be important.

Medin recommended a number of correctives, including developing collaborative relationships and research partnerships with people for whom White, upper-middle class is the marked, rather than unmarked, category; studying phenomena of interest on the terms of the cultures being studied; and not falling under the illusion that there may be one neutral, objective point of view.

“Don’t try to be objective,” Medin advised. “The idea of trying to be objective is like trying to draw a map that doesn’t have a perspective. ... Take multiple perspectives.”

Shine Our Scientific Lights

In his talk, “I’m White, and You’re Not: the Value of Unraveling Ethnocentric Science,” APS Fellow James Jones, University of Delaware, echoed this view: “Diversity in science follows from diversity in the scientists,” he said.

The White-biased history of psychology and the general disposition to view differences as deficits led to the perpetuation of racial stereotypes and even to the reinforcement of differences, according to Jones. “There were widespread early beliefs about Black inferiority and American Indian inferiority, and psychological research was designed to demonstrate this inferiority.” He cited several mental deficiencies that were once attributed to Blacks, as well as preconceptions about deficiencies in physical skill.

For example, there once was a perception that Whites were better baseball pitchers than were Blacks because the former were more numerous. But James’s own work in the early 1970s on self-paced versus reactive sports activities for Blacks and Whites showed that Blacks performed better in pitching (as well as hitting), but that there was a “heightened bias toward White mediocrity” in baseball that lowered the bar for Whites in the sport.

“If you allege that groups are inferior, and then you develop opportunities for them consistent with that inferiority, then of course they behave in ways you predict so you have a sort of scientific self-fulfilling prophecy.”

Alluding to historian Hugh Trevor-Roper’s comment that Africa had no history of its own, only “darkness,” Jones concluded: “We need to shine our scientific lights on the darkness: Lessen the tendency to produce deficiency models of the other and expand our ability to employ our science to learn more about human capacity, capability, and potential.”

Getting Past Stigma

If psychology has sometimes played a role in reinforcing cultural stigmas, it also has led the way in helping society move past them. A perfect example and the subject of the last talk, by APS Fellow and

Charter Member Gregory M. Herek, University of California-Davis, is homosexuality. Historically, the mental health fields played a central role in maintaining heterosexism by pathologizing homosexuality and by turning a blind eye to heterosexuality as a behavior worthy of investigation. Yet the field also has followed a “remarkable path” in leading the way to greater social enlightenment on this issue.

On the subject of homosexuality, Sigmund Freud was ahead of his time, Herek said. Although he maintained that homosexuality reflected a less-than-optimal object choice, he did not consider it a sickness. But despite following the psychoanalytic paradigm through the first half of the century, the American psychiatric establishment departed from Freud on this matter and classified homosexuality as an illness. It was a classification based on assumptions and not on sound empirical data.

“The logical response was to cure it,” Herek said, and numerous techniques were tried to alter people’s sexual orientation — all unsuccessful, some tragic.

As early as the late 40s and early 50s, sex researchers like Kinsey began to produce strong data that homosexual experiences were re-markably common, and other research showed that homosexuality was not directly associated with any forms of psychopathology. Yet cultural assumptions and biases prevailed within the mental health establishment, and homosexuality remained classified as an illness in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM). It was only when stigmatized groups themselves exerted pressure on the mental health profession that the American Psychiatric Association’s board of directors finally voted to remove homosexuality from the DSM in 1973.

This had a profound social effect, Herek said. “When the mental health profession reversed its view, one of the supporting pillars of heterosexism crumbled.”

But in this day and age of increasing conservatism and intolerance, heterosexism is still alive and well in our society. Anti-gay/lesbian groups like Focus on the Family invoke wrongly interpreted science against gay/lesbian parenting (for instance by misusing studies on the effects of single parenting to buttress claims about the detrimental effects of growing up in gay or lesbian households). But the science is actually clear, Herek said: No reliable disparities are found when gay/lesbian parents are compared with heterosexual parents.

As both sides in the debate look to psychological science for its stamp of approval, psychological science still has a role to play, he said. “Even though we as psychologists have progressed beyond the notion of sexual differences as deficits, society has not, and we continually face the challenge of teaching society what we have learned.”