

PART II

RACIAL ANXIETY

Racial anxiety can be acute, experienced as physiological threat (Blascovich et al., 2001; Page-Gould et al., 2008) and cognitive depletion (Richeson & Shelton, 2003; Richeson et al., 2003; Richeson & Shelton, 2007) in anticipation of and following an interracial interaction. When people experience the physical symptoms of anxiety during a cross-racial interaction, they often distance themselves, are less apt to share eye contact, and use a less friendly and engaging verbal tone – behaviors which can obviously undermine an interaction (Dovidio et al., 2002).

Racial anxiety matters on multiple levels, and its effects can spill over into virtually every important life domain. Members of both racial minority and majority groups may experience racial anxiety and its concomitant discomfort in cross-race interactions; moreover, members of racial minority groups may be subject to adverse effects of the racial anxiety among members of the dominant group with whom they interact. Given that white people continue to be overrepresented in positions of greater power, their anxiety can have significant consequences for members of other racial and ethnic groups. What this means is, for example, a black patient may suffer the effects of her own experience of interracial anxiety with a white doctor, but may also suffer the effects of the doctor's anxiety. As a result, it is in everyone's interest to identify and address the effects of racial anxiety.

A. INTERGROUP ANXIETY AS AN EVERYDAY OBSTACLE

Beginning in the 1980s with work by Walter and Cookie Stephan (Stephan & Stephan, 1984, 1985), social scientists have developed a robust literature addressing the fact that people often feel more anxious when interacting with “out-group” members than with “in-group” members. In a review of the literature, Tropp and Page-Gould (2014) explain that this observation has been replicated with a “host of convergent measures of anxiety, ranging from self-reported anxiety (Britt et al., 1996; Stephan & Stephan, 1985) to anxious behaviors (Dovidio et al., 2006; Dovidio et al., 2002) and physiological stress responses” (Amodio, 2009; Mendes et al., 2007; Page-Gould et al., 2008, Tropp & Page-Gould, 2014). Although the studies are not limited to race as the source of stigma (Blascovich et al., 2001), we are particularly interested in the application of this research to racial dynamics because race – and specifically relations between whites and African Americans – has represented such a salient divide in the United States.

Who Experiences Racial Anxiety

Racial anxiety, like implicit bias, is common, but not experienced by everyone. Some people may be more susceptible to experiencing racial anxiety, and it may have different underlying causes for the people who do experience it. For some, bias or prejudice is the source of the racial anxiety (Page-Gould et al., 2008; Stephan & Stephan, 1985). However, for others, it is the concern that the interracial interaction will not go well – rather than bias – that causes the racial anxiety (Tropp & Page-Gould, 2014; Trawalter et al., 2009). As we will discuss below in the interventions section, it is important to know the source of the anxiety to know how best to ameliorate it.

Other research emphasizes the role of both actual and perceived psychological threat as fundamental components of intergroup anxiety (Stephan & Stephan, 2000; Tropp & Page-Gould, 2014). This model when applied to race can be applicable both to whites as the dominant group and people of color as stigmatized groups. Among many whites, racial or ethnic prejudice predicts anxiety. These whites are more likely to perceive interactions with people of color as demanding (Dovidio et al., 2002; Trawalter et al., 2009), and they are worried about how they will be seen during the interactions (Amodio, 2009; Vorauer, 2006; Vorauer & Kumhyr, 2001; Vorauer et al., 2000). In a set of intriguing studies, prejudiced whites were actually likely to spend more cognitive resources trying to make the interaction go smoothly (Richeson & Shelton, 2003; Richeson et al., 2003; Richeson & Shelton, 2007). People with little prior contact with out-group members have also been found to react viscerally and more negatively to cross-group interactions (Blascovich et al., 2001; Mendes et al., 2002).

On average, people of color have more contact with whites and, as a result, may feel a greater sense of efficacy about interacting with whites (Doerr et al., 2011). Nonetheless, they may still experience anxiety when they expect to be rejected on the basis of race or ethnicity (Mendoza-Denton et al., 2006; Page-Gould et al., 2008; Pinel, 1999; Stephan & Stephan, 1989; Tropp, 2003).

Some may find it surprising that whites may experience “racial anxiety” given the continued dominance of whites generally – but in light of the importance of the prevailing social norm of egalitarianism, many whites truly fear being perceived as racist. Racial anxiety is more likely when whites are externally motivated not to appear racist than whites who are internally motivated by egalitarianism (Plant et al., 2008). In other words, we can be focused on not being racist – or focused on whether other people see us as racist. The latter can translate into the phenomenon of stereotype threat described in the next part of the report.

B. ANXIETY FEEDBACK LOOPS IN INTERACTION

People who are experiencing racial anxiety exhibit some of the same behaviors as those who have implicit bias – even though, as discussed above, the source may be different. Researchers have found that people who feel anxious during interactions with people of other races or ethnicities are less likely to seek out or engage in subsequent interactions (Butz & Plant, 2011; Dovidio et al., 2006; Plant & Butz, 2006; Plant & Devine, 2003; Tropp, 2003). A negative experience with someone of another race or ethnicity can trigger a negative feedback loop where the experience of racial anxiety predicts fewer and lower-quality interactions with other racial and ethnic groups in the future (Paolini et al., 2006; Tropp & Page-Gould, 2014). This negative feedback loop creates a barrier to effective interracial contact because people with limited contact experience are more likely to have awkward or negative interactions (Blascovich et al., 2001) and so will be more motivated to avoid future contact.

Conversely, prior positive interracial contact can have a wide range of positive consequences, including improved interracial attitudes, more successful interracial interactions, and following from these, more positive inclinations toward future interracial interactions (Levin et al., 2003; Swart et al., 2011; Tropp, 2003). Importantly, prior positive experiences with people of other races or ethnicities can reduce the effects of later negative experience (Paolini et al., 2014). These positive interactions also translate into greater resilience when a later interracial experience is stressful (Page-Gould et al., 2010).

The positive effects of interracial or ethnic contacts may not occur immediately, particularly among strangers after a single brief meeting (Page-Gould et al., 2008; Tropp & Page-Gould, 2014). Rather, these effects generally develop over time (Page-Gould et al., 2008). In other words, people become more comfortable and

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experience less racial anxiety if they have repeated interactions with members of other groups rather than meeting just once. Indeed, even people with high levels of implicit bias who showed physiological signs of stress during a first interracial interaction showed fewer signs of stress in a second meeting, and by the third meeting showed no more stress than they would have with a person of the same race

(Page-Gould et al., 2008). Stress levels during interracial experiences are important because they make that particular interaction more successful – but also because the lower stress level of one interracial interaction has been shown to make later interracial experiences more positive (Page-Gould et al., 2010).

C. DISTINGUISHING EFFECTS OF RACIAL ANXIETY AND BIAS

When we experience racial anxiety, we may not recognize it – and we are even less likely to recognize that the person with whom we are interacting may be experiencing it as well. Thus, as a result of “pluralistic ignorance,” whites and people of

color are apt to behave in ways that confirm the other's fears – failing to initiate contact through open body language, eye contact, and other non-verbal signals of welcoming interaction (Shelton & Richeson, 2005). The absence of this kind of body language makes both people appear unfriendly or unwelcoming. In sum, racial anxiety begets more racial anxiety.

Pluralistic ignorance occurs when “people observe others behaving similarly to themselves but believe that the same behaviors reflect different feelings and beliefs” (Shelton & Richeson, 2005). Shelton and Richeson have concluded that both whites and blacks report interest in contact with one another, but both believe the other group will have little interest in interaction with them (Shelton & Richeson, 2005). The studies confirmed that both attributed their own lack of action to engage in interracial contact to be a fear of rejection, but presume that inaction by the member of the other racial group reflects lack of interest.

These tendencies are particularly acute in the context of race. Because of continued patterns of segregation, people are particularly likely to generalize from a single act committed by an individual member of a different race to the larger racial group to which that individual belongs. For instance, a white person who does not feel welcome to sit at a table with a black person may generalize this experience into a broad conclusion that black people as a group are not interested in interacting with whites. Similarly, a black person who observed the white person walking by the open seat at the table will conclude that whites as a group are not interested in interacting with black people.

Such interactional dynamics may seem trivial when compared to structural challenges, but they are crucially important in our day-to-day experiences, including interactions with teachers, employers, and health care providers.