

SECDEI Journal Club

Consequences of attributing discrimination to implicit vs. explicit bias
Daumeyer et.al. Journal of Experimental Social Psychology 84 (2019) 103812 ([link](#))

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Overview

- 4 studies & internal meta-analysis
- Measured participants'
 - Perceptions of perpetrator accountability
 - Support for punishment
 - Level of concern about the bias
 - Support for efforts to reduce it
- Results suggest perpetrators of discrimination are held less accountable and seen as less worthy of punishment if their behavior is attributed to implicit rather than explicit bias.
- Results suggest some people express less concern about efforts to combat implicit (as opposed to explicit) bias, and are less likely to support such efforts.

With the exception of the final discussion questions, assume that all text has been taken (in)directly from the paper.

Definitions

Implicit biases

“Associations and reactions that emerge automatically and often without awareness upon encountering a relevant stimulus.”
Specifically focusing on “without awareness”

Explicit biases

“Preferences, beliefs, and attitudes of which people are generally consciously aware and can, when willing, identify and communicate to others”

Accountable

Blameworthy, morally responsible

Summary of studies

Study number	Topic	Behavior	Modifications
1A/1B	Medical	Doctors exhibited bias toward patients who engaged in politicized health behaviors (i.e. marijuana use).	
2		Doctors exhibited ageism toward older patients, specifically relating older adults with incompetence.	Included a “increased harm” matrix, where both explicit and implicit bias could lead to premature death.
3	Police	Attributed racial disparate outcomes to police-citizen encounters to explicit vs implicit biases.	Included matrix on “individual vs institutional” responsibility. Included information on the perceivers responsibility for their own bias.

Study 1A/1B

Participants read “articles” inspired by recent research modified to emphasize explicit or implicit biases.

Explicit: “Doctors were somewhat aware that they were treating patients differently, but thought they needed to be tough with their patients in order to encourage them to re-evaluate their behavioral choices and ultimately live a healthy lifestyle”

Implicit: “Doctors had no conscious knowledge that they were treating patients any differently based on their political views.

- Implicit bias ⇒ less accountable
- 1A (N=273)
 - No difference in support for punishment
 - No difference in concern about bias
- 1B (N=299)
 - Implicit bias ⇒ significantly less supportive of punishment
 - Implicit bias ⇒ less concern about bias
- Neither found difference in support for reform efforts

The image is a screenshot of a Yale News article. The header includes the YaleNews logo, navigation links for 'For the Media', 'Your Yale', and a search bar. Below the header are category links: ARTS & HUMANITIES, BUSINESS, LAW, SOCIETY, CAMPUS & COMMUNITY, SCIENCE & HEALTH, and WORLD & ENVIRONMENT. The article title is 'Doctors' Political Bias Affects Treatment of Patients' by R. J. Edwards, dated October 3, 2016. The article features an illustration of a doctor sitting at a desk with a computer, with a background of the American flag and the Democratic and Republican party symbols. The text of the article discusses a study where researchers measured the political party affiliation of physicians and their interactions with patients, finding that doctors' biases affect their treatment of patients. The article also includes a 'Contact' section for R. J. Edwards, a 'Print' button, a 'Send Us Feedback' button, and social media sharing options for Facebook, Twitter, LinkedIn, and Email. A 'HEADLINES' section at the bottom right shows 'Recent News' and 'Most Popular' links.

Study 2

Same articles as Study 1A/1B, with additional text about how intense the outcome of the bias was.

Four groups: explicit/low-harm, explicit/high-harm, implicit/low-harm, implicit/high-harm

Hypothesis: higher-harm condition would cause participants to assign more blame and show more concern.

Low-harm: “patients... reported being less satisfied with their medical encounter”

High-harm: “patients [got] less medical attention than they needed.... Patients... don’t live as long”

- Implicit bias ⇒ significantly less accountable regardless of harm level
- Implicit bias ⇒ less support of punishment
- High-harm ⇒ greater support of punishment (independent of bias)
- Implicit bias ⇒ less concern about bias (independent of harm level)
- Implicit bias ⇒ less support for reform (independent of harm level)

“These findings suggest that the communication of scientific studies detailing the effects of both implicit bias on behavior may unwittingly increase tolerance for both discriminators and discrimination itself, even when the harm is quite severe. “

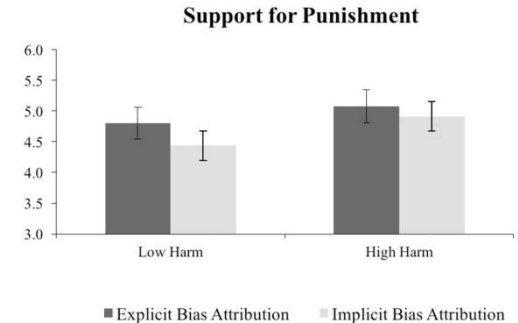


Fig. 1. Bias attribution and harm level on support for punishment. The effect of bias attribution condition (explicit vs. implicit) and harm condition (low vs. high) on support for punishment in Study 2. Error bars represent 95% confidence intervals.

Study 3

Same type of study, but this one with “scientific news” on implicit & explicit bias in police interactions with racial minorities.

Multiple matrices: (implicit v explicit bias) (biased beliefs v behaviors)
(individual vs institutional responsibility) (high vs low IMS)

IMS: “Internal Motivation to respond without prejudice Scale”

When confronted with their implicit bias, folkx who try to reduce it → high IMS

(Hypothesis: these participants will want higher levels of accountability even if it’s implicit bias)

Caveat: high IMS could also mean some unacknowledged external biases, supplemented by societal condemnation of external bias → will be even more upset with external bias.

- Implicit bias ⇒ less accountable (but high IMS ⇒ more accountable)
- No difference between biased beliefs v behaviors
- No difference in support for individual-level punishment
- High IMS ⇒ more support for institutional response (explicit only)
- High IMS ⇒ more support for individual reform (explicit only)
- No difference in support for institutional reform

“...judgements beyond perpetrator accountability for discrimination due to implicit vs. explicit bias may be shaped, at least in part, by domain-relevant motivations of perceivers.”

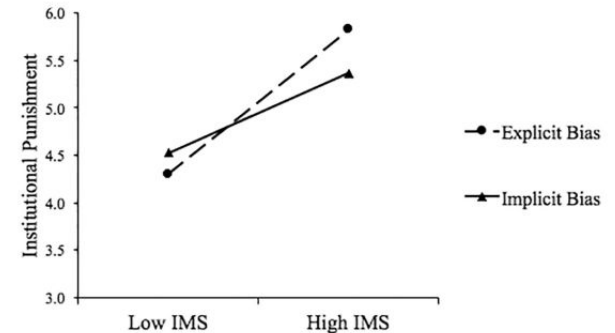


Fig. 2. Support for institutional punishment by bias attribution condition and internal motivation to respond without prejudice (IMS). High and low IMS represent ± 1 SD from the mean, respectively.

General discussion

- People hold perpetrators less accountable for discriminatory behavior when it is attributed to their implicit, rather than explicit, attitudes.
- This reduced accountability effect was observed in two contexts (medical and police interactions), across three different biases (political, age-based, racial) and was not attenuated when the consequences of the discrimination were especially severe (i.e. premature death).
- Perpetrators were somewhat less likely to be punished for implicit bias.
- Perceivers expressed lower levels of concern about and were less likely to support efforts to mitigate the effects of implicit bias.
- **These findings suggest that communications of scientific findings regarding the effects of implicit bias may unwittingly reduce the perceived severity of the discrimination it engenders.**

Questions

- 1) Implicit biases in physics are often brought up during advancement procedures (admissions, hiring, tenure, etc).
 - a) Is there a way to discuss accountability within these processes / panels, or is it something that needs to be “hard-coded” into the process (i.e. real, useful trainings or rubrics)?
 - b) Who is responsible for the effects of implicit biases in admissions/hiring/tenure panels?
 - c) Regardless of intent, the effects are the same -- less people from minoritized backgrounds are admitted or advanced. Does it matter if the bias was implicit or explicit?
- 2) The behaviors listed in the text (like police officer aggression) were intentional acts, regardless of the reasoning/biases behind them. How do you square the lack of accountability for implicit biases with the moral condemnation of intentional behavior?
- 3) 4% of the Study 1A/1B participants identified as working in a medical profession, yet their answers did not change. What does that say about physicists being able to assign blame/accountability to their own?
- 4) The authors suggest that the idea of “implicit bias \Leftrightarrow unconscious and/or uncontrollable” is no longer useful, namely that there is evidence that folkx can detect and override their biases. What would be a better way to talk about this?
- 5) Identifying implicit bias as “automatic” instead of “unconscious” “does not yield reduced moral responsibility judgements relative to explicit bias (Cameron et al., 2010)”. Why do you think this is?

Questions?

