In the United States, prejudice and discrimination have been at the forefront of social issues since the birth of the country. In the past year especially, this problem has become increasingly worrisome with the racial-based deaths of Black men and women. These severely detrimental actions are likely the result of years of discriminatory beliefs and biases held by the perpetrators. Sexism as a form of prejudice and discrimination has also been a common issue throughout history. Problems associated with sexism have been exasperated with the worldwide pandemic which has caused, for example, many working parents with children to reconsider traditional gender roles or household/work responsibilities. There has also been a noticeable increase in discrimination toward sexual minorities as more people feel comfortable expressing that facet of themselves in society. Sadly, sexual minorities living in more prejudiced communities have a shorter lifespan than those living in low-prejudiced communities (Hatzenbuehler 2014). For this review, I will explore the health effects of discrimination itself and confronting versus not confronting, and what researchers have said about how to do it effectively.

The negative effects of discrimination and prejudice are not solely present in the actual interaction between perpetrator and victim. Researchers have shown that anticipated prejudice before and rumination after the event can lead to several poor mental and physical health outcomes (Levin & Van, 2005; Taylor et al., 1997). Poor health outcomes could be the result of prolonged allostasis, a process that occurs in response to an event that is perceived as harmful (Eccleston, 2008). Allostasis triggers the activation of the sympathetic nervous system and leads to the release of cortisol. When the situation becomes less threatening, the cortisol levels should return to normal, however, when faced with consistent discrimination or prolonged exposure, allostatic overload occurs. Consistent overload has been linked to diseases and disorders due to the deteriorating functionality of the allostatic system. Moreover, Taylor et al., (1997) posit that prolonged activation of this system increases chances of atherosclerosis (cardiovascular disease), chronic inflammatory diseases, irritability in the lungs of people with asthma, and, in terms of mental health, increased depression, anxiety, and anger. These and other negative health effects of prejudice are believed to be associated with five general pathways proposed by Stuber et al. (2014).

First, perceived discriminatory events lead to increased stress, which in turn leads to poorer physical and mental health (Krieger, 1990). Next, structural discrimination can lead to health disadvantages – the stratification or unfair treatment of people representing a certain group can result in inaccessibility to healthcare or other necessary resources. The third pathway is the unawareness of biases held by perpetrators – harmful beliefs that can result in spontaneous discriminatory behavior and lead to the perception of discrimination by stigmatized populations. The discrimination of unmarginalized others can lead to internalized stigma of the marginalized population which leads to negative health outcomes (limited social networks, lowered self-esteem, poor well-being, and depressive symptoms), this is the fourth pathway. Finally, anticipated discrimination leads to psychological arousal and impaired social interaction with others, especially socialization with unmarginalized populations. These pathways are mutually inclusive, there are many others that researchers have found to be relevant to this linkage (Stuber et al., 2014).

As evidenced above, the health effects of discrimination are extensive, and many pathways to and from discrimination cause negative outcomes. Although much has been and is being done to reduce all forms, it seems unlikely it will be completely eradicated from society. To decrease some instances of discrimination, researchers have found confronting the perpetrator to be effective (Mellor, 1994; Czopp et al., 2006). (By “confront,” it is not meant as becoming argumentative or aggressive, but to express dissatisfaction through an action/comment.) However, studies have shown that many people choose not to confront or respond to discriminatory comments. Swim and Hyers (1999) recruited undergraduate women and had them engage in a conversation with a male confederate who made sexist or nonsexist remarks. Although only 1% of an independent sample said they would ignore a sexist comment, in reality, 55% of women ignored or did not respond to the sexist comments. Furthermore, 75% of women privately rated the male confederate as sexist following the interaction.

Myriad studies point us to the interpersonal and intrapersonal reasons people stay quiet and do not confront discrimination. Hyers (2007) explains that any member of a disadvantaged group who confronts a member of a non-marginalized group risks the possibility of being seen as “aggressive,” “difficult,” or “hypersensitive.” Victims of discrimination may also feel uncomfortable speaking up because they do not want to ruin interpersonal relationships (Shelton & Stewart, 2004), face economic or social reprisal and other forms of retaliation (Gervais & Hillard, 2014), be less liked or respected by others (Dodd et al., 2001), be perceived as a troublemaker, or not be believed (Kaiser & Miller, 2004). These beliefs are not unfounded. Haslett and Lipman (1997) found that among attorneys who had confronted a coworker about a discriminatory remark, none of them reported that the relationship had improved because of the confrontation – the relationship either stayed the same or worsened.

Confronters are faced with the dilemma of staying quiet and choosing to avoid perceived negative consequences or speaking up and facing other consequences – both seem to lead to a perceived negative outcome. However, studies have shown that staying quiet is actually quite detrimental to one’s mental and physical health. For example, Krieger and Sidney (1996) found that among African American women who consistently dealt with prejudice and discrimination and who had accepted it as an ordinary aspect of life (and thereby did not respond to or confront it), had higher blood pressure than those who responded to the unfair treatment. The suppression of emotion and action in such situations can thus become a constant source of stress.

Furthermore, staying silent in the face of discrimination when one would have liked to speak up can lead to lower self-esteem and introduce intrusive and obsessive thoughts, as indicated by Swim and Thomas (2005). These researchers point to the *self-discrepancy framework* to explain the cause of negative cognition. This framework, first presented by Higgins (1987) posits that there are three self-domains: *the actual self (*the person one actually is), *the ideal self* (who one would like to be), and *the ought self* (who you believe you should be). For those who see prejudice as an issue, self-discrepancy comes from the comparison between the actual self and the ought self. In the case of prejudice, cognitive dissonance is a result of failing to confront a perpetrator’s comments and therefore inadequately following personal behavioral standards. Self-discrepancy can lead to feelings of guilt, shame, uneasiness, self-contempt or criticism, and other negative affective or cognitive consequences, such as those mentioned previously.

The negative outcomes of self-discrepancy in terms of prejudice are pervasive in individuals who are committed to reducing prejudice. In a study done by Shelton et al. (2005), women were asked to think of a time they had been exposed to discrimination but did not confront or respond to it. Between those who were committed to challenging sexism and those who were not, the committed women suffered greater negative self-directed effects when they did not confront the perpetrator. These women experienced more obsessive thoughts, and guilt or shame. In similar studies about remaining silent, participants reported experiencing an increased negative effect about feeling as though they had let down or failed their group to make their own lives easier in the moment (Shelton et al., 2005). Indeed, by remaining silent, individuals may indicate complicity and others may incorrectly perceive the silence as the individual consenting to the behavior. In contrast to the women committed to fighting discrimination, the women who were less committed and did not confront the perpetrator did not experience the same negative consequences. Their lack of commitment essentially protected them from most of the resulting negative feelings, although they did experience some.

Most people in our current society notice discriminatory remarks and have a desire to say something even though it is difficult (Mallet & Wagner, 2019). Luckily, there *are* plenty of benefits associated with confronting discrimination. First, confronters of discrimination generally report feeling more agentic, liberated, happy (Hyers, 2007), and an increased sense of personal control, competence, self-esteem, and empowerment (Gervais et al., 2010). In a study of Black individual’s experience with race-based discrimination, an association was found between increased response options, likelihood of responding assertively, and level of personal and decisional control of the situation (Lykes, 1983). The consequences of confronting a perpetrator have largely been studied in terms of how such responses to discrimination reflect an active and problem-focused coping strategy for dealing with stress or negative emotions. These forms of coping are generally more effective and lead to better health outcomes (Snow-Turek et al., 1995), especially compared to avoidant coping, which can be conveyed by remaining silent in the face of prejudice. Additionally, by considering confrontation a coping strategy, it is perceived as less aggressive and contentious and more beneficial for the victim and society at large (Chaney et al., 2015). Active and problem-focused coping reflects less victimization and is present in the attitude of “doing something” about discrimination. One study found that Black individuals who felt they were *actively* challenging racism reported lower blood pressure and lower instances of psychiatric disorders, such as depression, compared to those who were passive about it (McLaughlin et al., 2010). Other studies comparing minorities who choose to speak up and those who do not show that the more outspoken individuals report lower anxiety, stress, and hostility, and greater well-being (Noh & Kasper, 2003).

Along with the intrapersonal benefits of confrontation, interpersonal benefits exist as well, even though they appear less frequently. Kaiser et al., (2009) found that those who had strong group identification, namely African and Asian Americans, rated other members of their ingroup more favorably when they confronted discrimination. Results from Czopp et al., (2006), show that although confronters felt more agitated and irritable toward confronters, subsequent discriminatory remarks were less frequent among those who had been confronted versus those who had not. Furthermore, this behavioral change was brought about most efficaciously when feelings of negative self-directed affect were present, such as disappointment, shame, guilt, anger, etc. These findings are similar to those of Rokeach and Cochkane (1972) who showed that when perpetrators experience feelings of self-dissatisfaction or are made aware of personal contradictions with personal standards of behavior, significant long-term value and behavior changes occur. For bystanders, confrontation may elicit stronger beliefs that a discriminatory remark was indeed biased against the victim (Gulker et al., 2013). Additionally, Czopp (2007) found that bystanders rate a racist joke as more discriminatory and less favorable when the perpetrator is confronted. Thus, it seems that confrontation leads to greater benefits to society as a whole in the fight to decrease discrimination and can increase ingroup camaraderie.

For each individual, weighing the costs and benefits of confronting instances of discrimination is inevitable. Of course, confronting a perpetrator is not as simple in the moment. The CPR model, introduced by Ashburn-Nardo et al. (2008), proposes that to confront discrimination, one must overcome several hurdles in the process. First, an observer must *recognize* remarks or actions as prejudiced; then, that individual must interpret the event as an *emergency* (unusual, atypical); they must then assume personal *responsibility* for dealing with the prejudice; next, the observer then needs to identify a response to the prejudice; finally, the individual must decide to take action. However, studies have shown that not all people face the same barriers when confronting prejudice.

Gulker et al., (2013) discovered that members of the non-stigmatized group (White, heterosexual, men) who confront discrimination, have several advantages over the stigmatized group. Black confronters were more often viewed as “complainers” than White confronters. Because of this impression, their confrontations were rated as less acceptable by observers. These results were similar to Gervaise and Hillard (2014) who found that men were perceived as generally more persuasive than women in confronting sexism. Additionally, when women do confront sexism, it is best if they do it indirectly and privately, which may not be all that effective in the end. Researchers presume this was found because this behavior is in line with the gender expectations for women to be quiet, passive, and communal. For men, it is most effective to confront publicly, which is also in accordance with male gender expectations (Eagly, 1987). Because marginalized confronters are less liked and less persuasive than non-marginalized confronters, it can be even more difficult for them to speak up. However, as discussed previously, remaining silent can do more harm than good for most individuals and society in general.

With that information, there are two major pathways to take. First, non-stigmatized groups can become educated about standing up for others, this will allow them to use their social influence to decrease prejudice. As an example, after training high-school students to intervene and speak up when they noticed biased or discriminatory acts among their classmates, these “peer trainers” were more likely to recognize and step into situations where unfair treatment was occurring (Paluck, 2011). Researchers also noted that the learned behavior was adopted by peers in their social group and throughout the school.

The second path is to educate stigmatized people about effective ways to confront perpetrators. This path is more effective because it puts the control in the hands of discriminated people. Moreover, adverse health effects of discrimination may occur if discriminated individuals allow unfair treatment to continue, and there are both interpersonal and intrapersonal benefits. It would thus be beneficial to know how stigmatized *and* non-stigmatized individuals learn how to respond in the most effective way.

Most research has shown that avoiding hostile, aggressive, threatening, and extreme (otherwise known as H.A.T.E.) confrontations will increase the chances the confronter will remain likable after the confrontation and can lead to a certain degree of reduced prejudice (Monteith et al., 2019). Indeed, Becker et al. (2014) found that participant’s perceptions of a person were more favorable when their message was less aggressive and hostile. Adding to this, after WWII in 1950 when racism in America was high, researchers were interested in understanding how to best respond to discrimination (Citron, Chein, & Harding, 1950). They found that calm, quiet statements focusing on American values (teamwork, fairness, etc.) were most effective. (I would argue these have become worldwide values since this time, so this study may be generalizable outside the U.S.) The focus on fairness and egalitarianism has been shown in other studies to be effective during the interaction and produces reduced biases in the long run as well because people are faced with inconsistent behaviors and self-values which internally prompts them to realign those ideas (Czopp, 2006; Rokeach & Cochkane, 1972). Additionally, focusing less on a person’s character flaws or poor intentions and more on the behavior or how something they said was disturbing has been shown to be effective (Gulker et al., 2013). One more effective tactic to utilize while confronting another comes from the *Common Ingroup Identity Model* which proposes that using terms such as “We” rather than “Us” and “Them” promotes more inclusivity and can foster a more empathetic relationship (Gaetner & Dovidio, 2005).

In another area of research, studies have shown that while being assertive may not preserve other’s favorability, it does create the greatest and most long-standing effects of reducing bias (Dodd et al., 2001). Indirect forms of confrontation such as a passive remark, scoffing, eye-rolling, ignoring the remark, or changing the subject as an attempt to show dissatisfaction may go unnoticed by the perpetrator. In turn, an assertive response grabs attention and motivates others to stop the discriminatory behavior (Monteith et al., 2019). Participants in Hyers (2007) recorded personal interactions with anti-Black racism, anti-Semitism, sexism, and heterosexism speech or behavior for a week. Although 60% of responses by participants were non-assertive in their responses to discrimination, the 40% of participants who made assertive responses reported feeling personal control of the situation and an elevated mood. They also ruminated less about the occurrence than those who were non-assertive. One participant stated, “If you don’t assertively respond in the moment, you carry it with you afterward” (p. 9). This type of ruminating has been associated with poor health outcomes such as anxiety, depression, eating disorders, social anxiety (Nolen-Hoeksema, 2000), OCD, increased blood pressure and stress, increased perception of somatic pain (Sansone & Sansone, 2012), and finally, chronic illness (Soo et al., 2009).

Following the confrontation strategies from Citron, Chein, and Harding (1950), Plous (2000) created evidenced-based confrontation training for students. Students were placed into groups and given one of three roles: speaker (the individual who makes the prejudiced remark), responder (the individual who responds to the remark and tries to do so most effectively), and coach (the observer who provides feedback for the responder). Students were then given scenarios and told to find constructive ways to respond to discrimination. After the intervention, students reported feeling more comfortable confronting others after the exercise. Plous (2000) addresses four simple, effective ways to confront prejudice. First, one can use questions to generate answers and to avoid creating a hostile environment. Second, as mentioned previously, one can induce cognitive dissonance (e.g., guilt and shame) in the perpetrator by saying something like, “I’m surprised to hear you say that, I’ve always thought of you as someone who is very open-minded” (p. 199). Next, one can simply tell another how they feel because of what happened, instead of telling them how to act. The last suggestion is to treat the other with respect rather than anger, hostility, or displeasure.

Even with the tools to confront prejudice effectively, the cost of confronting another is simply too high in certain situations (in an important interview, or meeting with a boss). It may be extremely harmful to the relationship and the confronter to respond. Individuals should use their best judgment to determine whether speaking up would be helpful to them, the group they represent, and their mental and physical health. Although there are situations in which one may find it too detrimental to speak up, as discussed in this review, remaining silent and allowing discrimination to continue has obvious negative outcomes for an individual’s health and society in general. While there are many barriers to confrontation, by becoming educated about and considering the benefits of speaking up, one can become more comfortable doing so. When an individual chooses to confront, hostility, aggressiveness, threats, and extremity should be avoided. However, politeness, assertiveness, and a calm demeanor will be advantageous. Additionally, priming fairness and egalitarianism as well as using questions can elicit contemplation on the part of the perpetrator. Finally, a simple expression of dissatisfaction can go further than not responding at all.

Confronting prejudice is a small step to decreasing the amount of bias, and negative health outcomes of stigmatized individuals, and ultimately takes us a step closer to a safer, healthier environment. Though confronting discriminatory remarks related to racism and sexism were mostly considered here, the information and guidance for how to confront them can be applied in most situations. As this review has encouraged me to speak up against prejudice, my hope is that others will consider the benefits discussed here and be inspired to do their part as well.

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