

THEory into ACTion

A Bulletin of New Developments in Community Psychology Practice

Prejudice: It's Bad for Your Health

We're familiar by now with many of the negative effects of prejudice: it can be damaging to the person on the receiving end, both psychologically and physiologically; it can prevent expression of one's full capacities; it limits contributions to society; and it's an unfair moral judgment, based on insufficient information.

What may be less apparent is that prejudicial attitudes may have negative impacts upon the person expressing the prejudice, not just on the receiver. That's the basic finding of a recent research study led by Khanh Dinh, a community psychologist and professor of psychology at University of Massachusetts Lowell.

Working together with Ivy Ho and Michelle Haynes, both also professors in the same department, and Michelle Holmberg, a former community psychology graduate student there, Dinh and her colleagues tested 500 undergraduate students on measures of bias toward race, gender, sexual orientation, disability, body size, and immigrant status. The researchers then looked at these measures in relation to indicators of personal well-being, including self-reported levels of depression, social support networks, presence of physical symptoms, general perceived health status, and self-esteem.

The team's key finding was that prejudice and personal well-being are inversely related. The main results "[indicate] a significant relationship between prejudicial attitudes and negative well-being, particularly in the areas of depression, social support, and general physical health," Dinh and her team say. Moreover, prejudice tends to generalize: "Prejudicial attitudes in one area were linked to prejudicial attitudes in all other ones," while conversely, "positive functioning in one area is related to positive functioning in the other areas."

While this study is correlational, with further work needed to verify cause, it has broad implications and raises some intriguing practical questions. Does this mean we can increase the well-being of individuals and communities by lowering prejudice? And if that is true, can we successfully intervene to make that happen?

Dinh thinks so. In an e-mail, she writes: "I do believe that if we (as a society) implement systematically and systemically early prejudice prevention programs (i.e., beginning in grade school), even just targeting one form of prejudice (e.g., racism), that we would significantly reduce all forms of prejudice, which would help increase the overall well-being of individuals and communities."

And her article concludes by broadening the scope: "A reduction or elimination of prejudice would have rippling effects on community and societal well-being overall, including potentially a reduction in the financial costs of addressing health problems related to prejudice." Prejudice, in this view, is bad not only for one's own health; it's bad as well for the health and the fiscal integrity of our society.

A full report of this research study, with more detailed findings, is scheduled for publication in the Journal of Cultural Diversity. Quotes come from that report in press, unless otherwise indicated. This Bulletin also draws in part upon a university news

release, at http://www.uml.edu/News/stories/2010-11/prejudice_affects_health.aspx. For more information about Khanh Dinh's work, contact her at Khanh_Dinh@uml.edu.

This is one of a series of bulletins highlighting the use of community psychology in practice. Comments, suggestions, and questions are welcome. Please direct them to Bill Berkowitz at Bill_Berkowitz@uml.edu.