Part IV: Current and Future Trends in Multicultural Counseling Research
Category-Based and Feature-Based Bias: Measurement and Application

Category-Based and Feature-Based Bias: Measurement and Application

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On the dark, rainy night of February 26, 2012, Trayvon Martin, a 17-year-old teenager in a hooded sweatshirt, went to a nearby convenience store to purchase a pack of Skittles candy and Arizona iced tea and was walking back to the townhome where he was staying. George Zimmerman, a 28-year-old neighborhood watch volunteer in Sanford, Florida, spotted the teenager and called 911 to report “a suspicious person” walking in the neighborhood. Zimmerman received instructions to remain in his vehicle and not to follow Martin; he disregarded the instructions. Minutes later, neighbors reported sounds of gunfire, and unarmed Martin was found dead.

This case brought issues of race, and more specifically, racial bias, into the national spotlight as Trayvon Martin was an African American, while George Zimmerman was the son of a European American father and a Peruvian mother. Some speculated that Martin’s murder was driven by racial hatred and that Zimmerman was a violent racist who shot Martin simply because of his disdain for African Americans. Some argued Zimmerman labeled and treated Martin as a criminal simply because he was a young African American male in a hooded sweatshirt. Yet, others argued Zimmerman could not be racist as he was also a member of a minority group himself (i.e., half Hispanic).

In this chapter, we aim to shed some light on this tragic event by drawing upon theories and empirical findings from social psychology research on racial bias. More specifically, we will first review two major distinct, yet clearly related, processes involved in racial bias (i.e., category-based bias and feature-based bias) and explicate how these processes can be used to explain the tragic outcomes of the Martin-Zimmerman case. We will then provide an overview of measures developed and used by social psychologists to assess both types of bias, with more focus on what is called implicit measures. Finally, we will conclude this chapter by discussing applications of social psychology research on racial bias to multicultural counseling. We note the current
review primarily focuses on racial and ethnic biases, particularly bias toward African Americans, mainly because there are more empirical studies examining this particular form of bias in social psychology research. However, some of the processes involved in category-based and feature-based bias reviewed in this chapter should be applicable to other forms of bias, such as bias toward women, sexual minorities, individuals with mental or physical disability, or individuals with obesity.

The Role of Social Categorization in Stereotyping, Prejudice, and Discrimination: Category-Based Bias

In social psychology, we consider bias as consisting of processes operating at multiple levels: cognitive, affective, and behavioral levels. Stereotyping is a cognitive level process in which people make inferences about an individual based on his or her group membership to a certain social group. Prejudice is a negative affective reaction to an individual based on their group membership, and discrimination is a behavioral reaction to an individual, again based on their belonging to a certain social group. As can be seen in these definitions of bias, research has postulated for a long time that categorizing others into social groups is a precursor to many form of bias (Allport, 1954).

Because human beings live in a complex world where they are constantly required to process large amounts of information, we have developed strategies to preserve cognitive resources (Macrae, Milne, & Bodenhausen, 1994). One such strategy is to categorize information (people, animals, objects, etc.) into meaningful groups based on certain characteristics. According to the major models of impression formation, such as the dual process model (Brewer, 1988) and the continuum model (Fiske & Neuberg, 1990), when people encounter and make judgments of a new individual, they often automatically categorize that person into a particular social group based primarily (and oftentimes solely) on visible physical features, as they have mental representations of a variety of social groups. For instance, people have concepts of how typical men and women should look in terms of eyebrow shape, cheekbones, stubble, and hairstyle, and use them when identifying an individual’s sex (Brown & Perrett, 1993). Once people categorize the target person into a specific social group, they then form their impressions of that person based on the stereotypes associated with the social group to which the target person was
categorized, as well as their attitudes toward the group. If their beliefs about and attitudes toward the social group are negative, their beliefs about and attitudes toward the target person would be also negative, resulting in category-based racial bias (Brewer, 1988; Fiske & Neuberg, 1990). Thus, although automatic categorization of people into social groups is part of normal perceptual processes that help human beings function effectively in everyday life, it can have negative consequences when impression formation is overgeneralized (Otten & Moskowitz, 2000).

Bias toward African Americans can be explained using these models of impression formation. Some physical features are shared by many African Americans and more informative than other features when it comes to categorizing individuals into a social group “African American.” That is, people have mental representations of what African Americans look like in general based on commonly shared physical features. These features include darker skin and eye color, wider nose, thicker lips, and coarse hair, and they are collectively referred to as Afrocentric features (Blair, Judd, Sadler, & Jenkins, 2002). When people encounter African American individuals whom they do not know, they are likely to use Afrocentric features to automatically categorize the target person as African American. Once the target person is categorized as African American, he or she is subjected to stereotypes associated with the social group “African American,” which include negative attributes such as aggressive, dangerous, and criminal. Zimmerman’s attitudes toward Martin were also likely to be based on his attitudes toward African Americans. These activated stereotypes and prejudicial attitudes then affected Zimmerman’s behavior, especially as it was carried out in ambiguous (dark, rainy night)
and stereotype-consistent context (the neighborhood was recently burglarized) (Barden, Maddux, Petty, & Brewer, 2004).

**The Role of Individuating Features in Stereotyping, Prejudice, and Discrimination: Feature-Based Bias**

Although many African Americans experience bias, even within their same racial group there is still variation in the amount of bias they experience even within the group. That is, some African Americans experience more bias than other African Americans. Such within-group variation is difficult to explain by category-based bias. Over the past decade, an increasing number of studies have started to provide strong evidence that Afrocentric features are used to not only categorize others into “African American” or “European American” groups but also to determine the degree to which individuals appear “African American” or “European American” (Stepanova & Strube, 2009; 2012a; Stepanova, Strube, & Yablonsky, 2013). This work shows that certain phenotypic features contribute to people’s perceptions how much “African American” or “European American” an individual appears. Our most recent work (Stepanova & Strube, 2012a; Stepanova et al., 2013) indicates that skin tone and facial features interact to impact racial categorization. Specifically, when skin tone is dark, people tend to pay attention to skin tone only, and perceive such faces as unambiguously African American. However, when the skin tone is light, people attend to facial features as well, and their racial categorization judgments are more variable.

The within-group variation in Afrocentric features also affects attitudes and behaviors. For instance, African Americans with stronger Afrocentric features (dark skin and eye color, wide nose, thick lips, coarse hair) were more likely to be perceived as possessing attributes consistent with stereotypes (both negative and positive) associated with African American than African Americans with weaker Afrocentric features (light skin and eye color, narrow nose, thin lips, and soft hair; Blair, 2006; Blair, Judd, & Fallman, 2004; Blair et al., 2002; Maddox & Gray, 2002). Additionally, research has shown participants, on average, feel more negatively toward African Americans with stronger Afrocentric features than African Americans with weaker Afrocentric features (Hagiwara, Kashy, & Cesario, 2012; Livingston & Brewer, 2002; Stepanova & Strube,
2012b). Importantly, these negative perceptions of and attitudes toward African Americans with stronger Afrocentric features more frequently and intensely result in negative treatment of them. For instance, Blair, Chapleau, and Judd (2005) have demonstrated that inmates with stronger Afrocentric features (whether they were African American or European American) were more likely to receive harsher sentences than inmates with weaker Afrocentric features. Similarly, Eberhardt, Davies, Purdie-Vaughns, & Johnson (2006) found that Black male defendants with stronger Afrocentric features were more likely to be sentenced to death than their counterparts with weaker Afrocentric features when the victim was White. In fact, differential treatments of African American individuals based on physical features are further reflected in their reports of experiences with racial discrimination. Klonoff and Landrine (2000) have found that African Americans with darker skin tone reported experiencing racial discrimination 11 times more often and appraising their experiences with racial discrimination as more stressful as compared to those with lighter skin tone. Furthermore, several studies have shown such increased perceived discrimination often results in poorer self-reported and objectively diagnosed health (Boyle, 1970; Dressler, 1991; Hagiwara, Penner, Gonzalez, & Albrecht, 2013; Sweet, McDade, Kiefe, & Liu, 2007).

Why are African Americans whose physical features are strongly associated with their racial group more likely to be subjected to negative perceptions, evaluations, and treatment? According to the attribute-based linear models of judgment (Anderson, 1981; Carroll & Johnson, 1990), people identify attributes of the target person that are relevant to the specific dimension of judgments. Then, they weigh and combine the implication of each attribute algebraically to come up with an overall judgment. Finally, people determine the degree of similarity/dissimilarity of the target person to the existing mental representation of social group “African American.” In the context of the judgment of Afrocentricity, this model suggests some African American individuals possess physical features similar to the existing mental representation of “African American” as stored in the minds of the general public more than others. They are likely to be subjected to stereotyping, prejudice, and discrimination that are associated with the social group “African American,” resulting in feature-based bias.
Let’s go back to the Martin case and explore how it may be explained by processes involved in feature-based bias. Many of Martin’s pictures available online show that his appearance does present rather unambiguously strong Afrocentric features; he has dark skin, a wide nose, and coarse hair. Feature-based bias suggests Zimmerman might have automatically inferred negative stereotypes associated with African Americans (e.g., aggressive, dangerous, or threatening) as more applicable and meaningful because Martin’s physical appearance was similar to the existing mental representation of “African American” stored in Zimmerman’s mind. Once Zimmerman perceived Martin to be aggressive and dangerous, those perceptions likely influenced his decision to shoot Martin.

**Measuring Category- and Feature-Based Racial Bias**

Whether category-based or feature-based biases contributed to Martin’s demise, perhaps the reasons behind his murder are not rooted as much in open hatred and blatant racial bigotry but rather in more subtle (but nonetheless quite dangerous) racial biases. In social psychology, the first form of bias is commonly referred to as *explicit racial bias*, whereas the latter form is referred to as *implicit racial bias*. Due to social norms valuing egalitarianism, most people are highly motivated to be (or appear to be) egalitarian (Shelton, Richeson, Salvatore, & Trawalter, 2005; for review, see Crandall & Eshleman, 2003). Thus, when participants are asked to report their beliefs about or attitudes toward African Americans, most do report favorable attitudes toward African Americans (Dovidio & Gaertner, 1996). However, people are still aware of negative attributes that are socially attached to African Americans. Such knowledge can still influence their attitudes and behaviors toward African Americans even without their conscious awareness (e.g., Dovidio, Kawakami, Johnson, Johnson, & Howard, 1997; Fazio, Jackson, Dunton, & Williams, 1995; Greenwald, McGee, & Schwartz, 1998; Payne, 2001; Wittenbrink, Judd, & Park, 2001). Experimental evidence indicates that even African Americans have negative implicit attitudes toward fellow in-group members (Ashburn-Nardo & Johnson, 2008; Dasgupta, 2004; Livingston, 2002; Goff, Eberhardt, Williams, & Jackson, 2008).
Social psychology research has consistently demonstrated that distinguishing implicit and explicit bias is critical, as they predict different types of behavior. More specifically, research has robustly documented how explicit bias (within conscious awareness) often predicts planned behaviors (e.g., verbal behaviors), whereas implicit bias (outside conscious awareness) often predicts spontaneous behaviors (e.g., nonverbal and paraverbal behaviors; see Hodson, Dovidio, & Gaertner, 2004, for review). Explicit bias is usually assessed with self-report measures because people are aware of such bias. There are many self-report measures aiming to assess explicit attitudes toward African Americans, such as the Modern Racism Scale (McConahay, Hardee, & Batts, 1981), Symbolic Racism Scale (Henry & Sears, 2002), and Feeling Thermometers, where participants ask to rate their feelings for various social groups from “warm” to “cold” (Nelson, 2008). In contrast, implicit bias cannot be assessed with self-report measures as people are often unaware of such bias.

To address this problem, social psychologists have developed several measures that aim to assess association between a social group “African American” and negative objects or concepts by utilizing the priming methods and reaction time assessments (for review, see Blair, 2001; Fazio, 2001; Fazio & Olson, 2003; Gawronski & De Houwer, in press). Below, we will provide a quick review of the most popular measures tapping into implicit bias.

Although the actual procedures vary by measures, generally, in these tasks, people are presented with primes representing certain social groups (commonly pictures of individual faces or lexical labels of social groups such as “African American” and “European American”) followed by, or simultaneously presented with, target stimuli such as positively or negatively valenced words/images or stereotypic and nonstereotypic words/images. While the target stimuli vary depending on whether the measures are designed to assess affective, cognitive, or behavioral reactions, the premise here is that the nature of the prime influences the accuracy and speed of participants’ responses to the target stimuli.

One of the most commonly used measures of affective reactions and stereotypic associations is the Implicit Association Test (IAT; Greenwald, McGhee, & Schwartz, 1998; Greenwald, Nosek, & Banaji, 2003). In the Race-IAT assessing affective reactions,
participants respond to items that are to be classified into four categories: two representing social groups (e.g., African American vs. European American) and two representing valence (positive vs. negative), which are presented in pairs. The premise is that participants respond more quickly when the social group and valence mapped onto the same response are strongly associated (e.g., African American and negative) than when they are weakly associated (e.g., African American and positive). In addition to the original IAT test, there are several other variations of the test, such as the Brief IAT (BIAT; Sriram & Greenwald, 2009) and single-category IAT (SC-IAT; Karpinski & Steinman, 2006). Although they vary in length and structure, they have been demonstrated to reliably assess implicit bias (Greenwald & Sriram, 2010; Karpinski & Steinman, 2006; see for review Gawronski & De Houwer, 2014).

Another popular set of measures tapping into implicit bias are affective priming or evaluative judgment tasks. One such measure is the Sequential Priming Task (SPT; Fazio et al., 1995). The task assesses how accurately and quickly people can categorize the target words as positive versus negative when preceded by primes (e.g., African American vs. European American). Faster reaction times to negative words following a particular prime indicate more negative affective reactions to that prime type, and faster reaction times to positive words following a particular prime indicate more positive affective reactions to that prime.

The target stimuli used in measures designed to assess cognitive reactions (i.e., the degree of activation of stereotypes) to African Americans are usually words either stereotype-consistent or –inconsistent (e.g., violent, athletic vs. greedy, intelligent). For instance, the Stereotype-IAT assesses how fast people respond when the social group and stereotypes mapped onto the same response are strongly associated (e.g., African American and violent or athletic), as opposed to weakly associated (e.g., African American and greedy or intelligent; Nosek, Banaji, & Greenwald, 2002). For another instance, the Lexical Decision Task assesses how quickly people can categorize a string of letters appearing on a computer screen as either actual words (e.g., VIOLENT, GREEDY) or nonwords (e.g., ROOR, GEEDLY) following primes (Wittenbrink, Judd, & Park, 1997). The premise here is that an individual would be faster to categorize a string
of letters consistent with stereotypes of African Americans as words, as compared to a
string of letters consistent with stereotypes of European Americans.

Note several tasks assessing implicit bias very clearly resemble a real-life situation in
which George Zimmerman found himself on the night of the shooting. While Trayvon
Martin’s case is one of the most recent to grab national attention, several other highly
publicized cases involved unarmed African American men mistakenly shot by police
officers (e.g., Timothy Thomas, Amadou Diallo, Sean Bell, and Officer Omar Edwards).
Payne (2001) has designed his Weapons Identification Task (WIT) after the case of
Amadou Diallo, an African immigrant. Diallo was shot by New York City police officers
who had mistaken his wallet for a gun; that research assesses associations between target
groups (e.g., “African Americans”) and guns, violence, aggression, and criminal behavior
or simply threat. In this task, participants are required to classify a target object (a gun or
a tool) as either a weapon or a nonweapon that appears on a computer screen following a
prime of either an African American or a European American face. Racial bias is
indicated by: (a) faster reaction times for correctly classifying a handgun as a weapon, (b)
slower reaction times for correctly classifying a nonweapon (e.g., wallet) as a
nonweapon, and (c) greater misclassification of a nonweapon as a handgun.

In a similar task, First Person Shooter Task (FPST; Corell, Park, Judd, & Wittenbrink,
2002; Corell, Urland, & Ito, 2006; see also other tasks by Greenwald, Oakes, & Hoffman,
2003; Plant, Peruche, & Butz, 2005), participants are asked to shoot a person with a
handgun and not to shoot a person with a nonweapon (e.g., a cell phone). The critical
component of this task is that researchers manipulate race of the target person holding the
object. Again, racial bias would be indicated by: (a) faster reaction times for shooting an
African American target with a handgun, (b) slower reaction times for not shooting an
African American target with a cell phone (participants are still required to press a key
for not shooting), and (c) greater errors of shooting an African American target with a
cell phone. These patterns of results suggest decisions to shoot an unarmed African
American individual are driven by associations between guns and African Americans. In
the context of this theory, it is plausible that in the Trayvon Martin’s case, Zimmerman’s
decision to shoot was driven by activation of certain racial associations in mere presence
of certain physiognomic cues (i.e., skin color and facial features) identifying Martin as African American.

All these measures reviewed above were originally developed to assess category-based bias. However, recent studies have demonstrated that they can be modified to assess feature-based bias (Hagiwara et al., 2012; Kahn & Davies, 2011; Livingston & Brewer, 2002; Ma & Correll, 2011; Stepanova & Strube, 2012b). For instance, Hagiwara et al. (2012) and Stepanova and Strube (2012b) assessed people’s affective reactions to African Americans with different degrees of Afrocentric features by using variations of an affective priming task. In these studies, we manipulated skin color (from dark to light) and Afrocentricity of facial features (from more to less Afrocentric) of African American faces, resulting in four subgroups of African Americans: (a) dark-skinned African Americans with more prototypical facial features, (b) light-skinned African Americans with more prototypical facial features, (c) dark-skinned African Americans with less prototypical facial features, and (d) light-skinned African Americans with less prototypical facial features. The authors have shown that European Americans do respond differently toward each subgroup. Specifically, people’s implicit affective reactions toward African American male targets were both independently affected by skin tone and facial features, indicating that certain facial cues can directly lead to feature-based bias, potentially skipping category-based bias altogether.

In another study, Kahn & Davies (2011) assessed people’s behavioral reactions to African Americans with varying degrees of Afrocentric features by using a modified version of FPST. In this study, they had target categories representing African Americans with strong Afrocentric features and those with weak Afrocentric features. They found respondents (including African Americans) adopted a lower shooting criterion for the target with strong Afrocentric features, demonstrating that they were more willing to shoot them, either correctly or incorrectly.

It is beyond our scope to provide step-by-step explanations of the procedures involved in these measures. Readers who are interested in learning how to administer these measures in their research are strongly encouraged to look at the original papers cited in this chapter for more detailed descriptions of the procedures. It should be also noted that there are a number of measures designed to assess implicit racial bias that we could not
review in this chapter due to the limited space (e.g., Bargh, Chen & Burrows, 1996; Brown, Croizet, Bohner, Fournet, & Payne, 2003; Chen & Bargh, 1997; Payne, Cheng, Govorun, & Stewart, 2005; Phelps et al., 2002; Spencer, Fein, Wolfe, Fong, & Dunn, 1998; see also for review Gawronski & De Houwer, 2014).

**Theoretical and Practical Implications of Category- and Feature-Based Bias for Multicultural Counseling**

It is well-documented that racially/ethnically concordant client-therapist interactions have more positive consequences than racially/ethnically discordant interactions (for review, see Cabral & Smith, 2011; cf. Shin et al., 2005). The most recent meta-analysis by Cabral and Smith (2011) revealed clients prefer a therapist of their own race/ethnicity and perceive therapists of one's own race/ethnicity more positively than therapists of other races/ethnicities; additionally, African American clients specifically receive the highest benefits in terms of treatment outcomes in racially concordant pairs.

According to the U.S. Census Bureau (2012) projections, by 2060, non-Hispanic European Americans will comprise 43% of the U.S. population (compared to 63% in 2012), while proportions of Hispanic of any race, African American, or multi-racial individuals will increase to 31% (compared to 17% in 2012), 15% (compared to 13% in 2012), and 6.4% (compared to 2.4% in 2012) correspondingly. As racial and ethnic diversity of the population increases, racially/ethnically discordant client-therapist interactions are inevitable in the future. Thus, understanding the mechanisms underlying racially/ethnically discordant client-therapist interactions is important because they are often characterized as negative. We believe that research on category- and feature-based bias in social psychology is useful for understanding such mechanisms.

**Potential Negative Consequences of Category-Based Bias in Counseling and its Implications**

Category-based bias may affect the quality of racially/ethnically discordant client-therapist relationships in at least three ways. First, category-based bias can affect European American therapists’ perceptions of and attitudes toward African American clients. Some evidence is provided by current work on racial healthcare disparities (for
review, see Penner, Gaertner et al., 2013; Penner, Hagiwara et al., 2013). For instance, non-African American healthcare providers view African American patients as less trustworthy and compliant than European American patients (Cooper et al., 2012; Moskowitz et al., 2011). Analogously, upon encountering an African American client, a non-African American therapist might perceive the patient as less trustworthy and/or compliant, even without explicit awareness.

Secondly, category-based bias may also have effects on African American clients’ perceptions of and attitudes toward their European American therapists. For instance, research has shown that African American patients are less likely to trust their non-African American healthcare providers (e.g., Blair et al., 2013; Doescher, Saver, Franks, & Fiscella, 2000; Halbert, Armstrong, Gandy, & Shaker, 2006) and show declines in trust immediately following an interaction with a non-African American physician (e.g., Gordon, Street, Sharf, Kelly, & Souchek, 2006). Similar effects may occur in racially discordant client-therapist interactions involving African American clients.

Thirdly, there is a potential for bias in an African American therapist-European American client dyad. While African American counselors show more multicultural awareness than European American counselors (e.g., Granello & Wheaton, 1998) and are less likely to perceive and treat clients of various racial/ethnic backgrounds differently (e.g., Rosenthal, Wong, Blalock, & Delambo, 2004; Kelly & Greene, 2010), cultural stereotypes of and attitudes toward African Americans also affect the client-therapist interactions and therapy outcomes when the counselor is an African American. Clients commonly apply these beliefs and attitudes to African American therapists (see Kelly & Greene, 2010).

The current emphasis on training in culturally sensitive counseling (for review, see Herman et al., 2007; Manese, Wu, & Nepomuceno, 2001) can make the general public aware of these biases and serve as the first step toward reducing negative consequences of racially discordant client-therapist interactions. However, increasing awareness might not be sufficient to eliminate the negative consequences. As we have previously reviewed, social categorization is part of normal mental processes we engage in everyday life. Because clients and therapists in racially discordant interactions are likely to differ in multiple social dimensions (e.g., race, status, power), therapists/clients are likely to
automatically categorize their racial/ethnic minority clients/therapists into a different social group than theirs, even if they successfully avoided using race/ethnicity as a basis for social categorization.

Therefore, it may be important to utilize training programs focusing on becoming aware of social categorization in addition to training that educates about potential negative consequences of category-based bias. There are several approaches that can be emphasized in training programs to ameliorate the effects of category-based bias. One of the approaches employed by counselors in discordant race dyads is broaching behavior—the counselor openly invites the client to explore the topic of race and ethnicity, including how different racial backgrounds might influence the client’s counseling concerns (see Day-Vines et al., 2007). Perhaps openly addressing consequences and mechanisms of social categorization in racially discordant therapist-client pairs is a first step in addressing the problem. This is especially important in situations when clients have also previously experienced racial biases. Besides acknowledging and validating clients’ concerns about racial profiling, counselors might need to employ certain strategies explaining the mechanisms of category-based race bias. In fact, the currently used Triad Model (see Pedersen, 1988; 2003) can be utilized for this purpose. In a team of counselors, a coached anticounselor (who makes an explicit negative message) can be trained to present how automatic and unavoidable social categorization is, while a coached procounselor (who makes an explicit positive message) can elaborate how social categorization can potentially lead to racial biases contributing to a client’s problems.

Additionally, prior work on health disparities (e.g., Penner, Gaertner et al., 2013) has shown changing mental representation of “us versus them” to “us” in racially discordant medical interaction between African American patients and European American primary care physicians by introducing a common in-group identity (a new group identity that encompasses both “us” and “them” and forms a new category, “us,” commonly through cooperation) has successfully increased African American patients’ subsequent trust in and adherence to non-African American primary care physicians. Extending these prior studies in health disparities research, we may be able to design more cost efficient, yet effective, interventions that are useful in counseling psychology.
Potential Negative Consequences of Feature-Based Bias in Counseling and its Implications

The quality of racially discordant client-therapist relationships is not only affected by category-based bias but also by feature-based bias. Just like category-based bias, feature-based bias may affect both European American therapists’ and African American clients’ perceptions of and attitudes toward one another and influence the quality of client-therapist relationships. From the European American therapist perspective, feature-based bias can affect attitudes and behaviors toward their African-American clients (i.e., non-African American therapists reacting more positively to African Americans with weak Afrocentric features than to African Americans with strong Afrocentric features), which is also predominant in the African American community at large (Russell, Wilson, & Hall, 1992; Spickard, 1989). While the effects of skin color have been addressed in the context of therapist-client dyadic relationships (e.g., Hall, 2010; Tummala-Narra, 2007), effects of other features on racial bias have been rarely discussed.

Turning to African American clients’ perspectives, feature-based bias may affect African American clients’ expectations about their European American therapists. As research has shown, African Americans with stronger Afrocentric features do perceive greater discrimination than their counterparts with weaker Afrocentric features (Hagiwara et al., 2013; Klonoff & Landrine, 2000). African American clients with stronger Afrocentric features may be less open to European American therapists than African American clients with weaker Afrocentric features.

The negative consequences of feature-based bias have been also observed in racially concordant client-therapist relationships between African American clients and African American therapists. More specifically, Kelly and Greene (2010) have shown dark-skinned African American clients do not trust light-skinned African American therapists. This might be due to sentiment of anger and jealousy toward African Americans with lighter skin tone in African American communities, possibly due to the more favorable treatments such individuals historically received from European Americans (Kelly & Greene, 2010; Russell et al., 1992; Spickard, 1989).

Analogously, in racially discordant African American therapist-European American client dyads, feature-based bias can also have an impact on the quality of client-therapist
relationships (e.g., European American clients reacting more positively to African American therapists with weak Afrocentric features than to African American therapists with strong Afrocentric features). While the effects of Afrocentric features on client-therapist relationships have not been addressed empirically, the effects of skin tone, hair structure, and hairstyle in clients’ perception of African American therapists are documented (Kelly & Greene, 2010).

How do we reduce the negative consequences of feature-based bias? At this point, our suggestions for intervention are fairly limited. Research on feature-based bias is in its infancy, and the majority of the existing studies are primarily focused on describing the effects of such bias. Very few studies systematically examine the mechanisms involved in feature-based bias. In one study examining the effects of explicit education about the negative consequences of feature-based bias on people’s reactions to African Americans (Blair, Judd, & Fallman, 2004), researchers informed European American participants that psychological research has found that people use facial features to make judgments of other people resulting in stereotyping and prejudicial attitudes. Then, they gave explicit instructions to avoid using stereotypes associated with Afrocentric features when making inferences about African American individuals with a varying degree of Afrocentric features. They found participants, even with the explicit instructions, judged African American men with stronger Afrocentric features as significantly more stereotypic of African Americans than those with weaker Afrocentric features. This study clearly demonstrates how education alone cannot reduce the negative consequences of feature-based bias. As we discussed before, more research examining the mechanisms of feature-based bias is needed to design effective interventions.

**Concluding Remarks**

In this chapter, we provided brief reviews of two major forms of social bias: category-based bias and feature-based bias and demonstrated how these distinct yet interrelated processes can explain issues involved in interactions between African Americans and non-African Americans (mainly European Americans). While we are concluding writing this chapter, the whole country is watching Ferguson, Missouri. Michael Brown, an unarmed African-American teenager, was shot by a White police officer Darren Wilson,
which led to protests and civil unrest. Some eyewitness accounts indicate that Officer Wilson fired several shots at the teenager who appeared to surrender after attempting to flee (Kohler & Patrick, 2014). Many question why Darren Wilson did not simply taser Michael instead of using lethal force. While many individuals in the US are saddened by this tragic incident, the Brown-Wilson case is only one of several recent incidents involving an unarmed Black individual mistakenly shot and killed by a White police officer. Although the Brown-Wilson case is still undergoing extensive investigation and the full picture of what really happened is not understood, yet, one of the reasons behind the shooting of Michael Brown may be psychological processes involved in the Martin-Zimmerman unfortunate case as we discussed above. These events of unarmed Black victims of police shooting that have been happening repeatedly throughout our American history underscore the importance of educating the public and counseling professionals how two forms of social bias described in this chapter can be strongly associated with such disastrous outcomes.

We also aimed to inform counseling psychologists how these forms of bias are assessed in social psychology research and how the findings from such research can inform their work. Social psychology research on racial bias has very important theoretical and applied implications in counseling psychology. Besides describing the potential negative consequences of category- and feature-based bias on racially/ethnically discordant client-therapist relationships, it identifies roots and mechanisms of such bias and provides insights into developing effective interventions to improve the quality of racially/ethnically discordant client-therapist relationships. In fact, an increasing number of studies in health disparities research started to systematically investigate the effects of both category- and feature-based bias on the quality of racially discordant medical interactions (see Penner, Hagiwara et al., 2013). As there are some similarities between patient-physician relationships and client-therapist relationships, we believe bridging social psychology research of racial bias and counseling psychology is a promising area of research for multicultural psychology.

References


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