Diversity in Practice

What Does Your Brain 'See'?

November 2012
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A senior partner rushes out of a law firm's management committee meeting and hurries down the hall to a conference room where a client is waiting for a meeting that has now been delayed for about 20 minutes because of the partner's schedule. When the partner nears the conference room, one of the associates working on the client's matters intercepts the partner to warn the partner about the very angry mood of the client.

The partner listens with frustration, takes a deep breath and silently considers the best way to calm the client down to ensure a productive meeting.

As the partner walks into the conference room, a sharp stabbing pain in the partner's chest area and a severe shortness of breath interrupt the partner's momentum. The associate sees the sudden change in the partner's physical comportment and immediately urges the nearby receptionist to call 911.

As you read the above vignette, chances are extremely high (about 94 percent actually) that you imagined the partner to be a man and the chances are equally high (about 90 percent) that you imagined the partner to be a white man.

The chances are almost 100 percent that you imagined the receptionist to be a woman. You are statistically also very likely (about 60 percent) to have imagined the client also to be a white man and about equally likely (at least 60 percent) to have imagined the associate to be white and male.

Although the vignette does not specifically state the gender or race of any of the people, less than 1 percent of people read the words without populating the characters with imagined genders and/or races.

We have surveyed hundreds of people using this vignette to gauge how people imagine characters who are not assigned a race and/or gender and we have studied what experiences and information people utilize to create assignments of race and/or gender.

The research effectively disproves that any of us are "color-blind" or "gender-blind." We "see" race and gender even when those characteristics are unidentified.
Our brains "see" these characteristics without our conscious effort or even our conscious recognition and our brains "see" these characteristics using the most readily available social images that make sense to us, thereby making a "senior partner" a white man and a "receptionist" a woman.

Interesting research, but does it tell us anything more than just the surface workings of our imaginations? Actually, understanding the mechanics of how our brains assign race and/or gender to characters in a narrative can mean the difference between, well — life and death.

If that senior partner is a black man, there is a higher probability that his visit to the emergency room for chest pain will not result in the same life-saving interventions for potential heart disease or attack that a white man would receive.

The chances of the black partner being referred for the same high-tech, life-saving measures as his white counterpart is not only lower, but it decreases even further when he is seen by a physician who demonstrates a higher implicit bias for whites in the Implicit Association Test.

In other words, a physician's implicit preference for one race over another changes the course of treatment for a heart attack regardless of similarity in symptoms. Why? Because we see what we think we see even if what we are thinking is not actually consistent with what we are seeing.

The situation is eerily similar for women as well. If our hypothetical senior partner is a woman, her probability of receiving cutting-edge cardiac care in the emergency room is significantly lower than that of her white male counterpart, especially if she describes her life as having a high level of stress. When a woman says that she is feeling "stressed," she is more likely to be seen as having psychosomatic symptoms by physicians even though she is presenting with symptoms of acute heart disease. Why? Because the physicians, like the majority of people in our study, are more likely to see her as a receptionist than a senior partner, a person whose stress level is personal instead of professional.

Just as the majority of people who are exposed to the vignette see the senior partner as a white man, a woman or a minority attorney with a high stress level is more likely to be seen as an individual who "can't deal with stress" as opposed to a white man whose high stress level is seen as a byproduct of higher levels of responsibility. In a law firm, that may change who we see as having the potential for partnership and leadership; in the emergency room, it translates into who warrants aggressive intervention and who is just having some symptoms of being overwrought.

Implicit bias has explicit consequences in law firms, in emergency rooms and in any and all environments where human beings are making decisions about other human beings. Recognizing your biases will allow you to actually see what is in front of you instead of seeing what you think you see. The difference may be implicit, but the consequences are anything but.