Confrontation's Health Outcomes and Promotion of Egalitarianism (C-HOPE) Framework

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Negative physical and psychological health outcomes have been frequently associated with discrimination for stigmatized group members including racial minorities, women, and sexual minorities. The current review presents a framework for the dual functions of confronting discrimination as a health promotion behavior. The Confrontation's Health Outcomes and Promotion of Egalitarianism (C-HOPE) framework considers confronting discrimination as an active coping strategy that buffers against negative health outcomes while simultaneously serving as a prejudice reduction strategy that may prevent discrimination recurrence. The C-HOPE framework integrates the documented positive and negative physical health, psychological health, and interpersonal outcomes associated with confronting discrimination for stigmatized group members. This framework further identifies potential moderating and mediating processes to help advance current theorizing on this largely underutilized, and underinvestigated strategy of coping in the stigma and health literature. Challenges to confronting (and ways to overcome them) are discussed, and translational applications of this framework are highlighted.

Keywords: racial/ethnic discrimination, confrontation, coping style, minority health

Discrimination toward racial minorities, women, and sexual minorities results in psychological distress and strain on the physical body (for a review, see Pascoe & Smart Richman, 2009). In stigmatized populations, individuals may cope with aversive discrimination experiences by engaging in health risk behaviors (e.g., substance abuse; Martin, Tuch, & Roman, 2003). The immediate, short-term effects of discrimination can accumulate into long-term psychological and physical health problems that may contribute to health disparities between targets of discrimination and their perpetrators. For example, sexual minorities living in high-

prejudice communities have a shorter life expectancy than sexual minorities who live in low-prejudice communities (Hatzenbuehler et al., 2014). Thus, discrimination may be an underlying and contributing cause to numerous negative health consequences, and as such, discrimination reduction serves as a critical avenue into health promotion.

Active coping, defined as behavioral and cognitive attempts to directly address the stressor (discrimination), has been identified as an effective strategy for mitigating the negative affective outcomes of discrimination (Utsey, Ponterotto, Reynolds, & Cancelli, 2000). Active coping strategies such as seeking social support and "doing something about the discrimination" can also help lessen the effect of negative physical health outcomes of discrimination, including lower blood pressure compared to individuals who "accept the discrimination" (Krieger & Sidney, 1996).

Confronting discrimination, defined here as challenging a blatant, subtle, or unspoken act of discrimination aimed either directly at the transgressor or indirectly, has been identified as an

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active coping strategy with direct health benefits (e.g., Noh & Kaspar, 2003), and a second line of research has identified confrontation as a prejudice reduction strategy (e.g., Czopp, Monteith, & Mark, 2006). Below, we present the Confrontation's Health Outcomes and Promotion of Egalitarianism (C-HOPE) framework of the confrontation literature that synergizes the dual roles of confronting discrimination as both an active coping strategy and a prejudice reduction strategy that suggests novel applications for health promotion (see Figure 1). We review a growing body of literature exploring confronting discrimination as a psychological and physical health promotion coping strategy for stigmatized populations. Furthermore, we review the role of confrontation as a prejudice reduction strategy, highlighting its application in promoting an egalitarian norm. We define an egalitarian norm as a widely accepted attitude and belief in human equality in regard to social, political, economic, and health outcomes, which encourages and promotes behavior in line with these beliefs. Development of an egalitarian norm can further minimize future instances of discrimination for

stigmatized groups, ultimately reducing the negative health outcomes associated with discrimination. Thus, confronting discrimination provides health promotion via 2 processes, serving as both a proactive (confrontation to prevent future discrimination) and a retroactive strategy (confrontations to cope with discrimination). We conclude by discussing the identified interpersonal costs and challenges to confronting discrimination and ways to overcome them, as well as important areas of future research and applications of confronting.

C-HOPE Framework

This framework proposes that confronting discrimination influences health through three avenues: affect, cognition, and behavior. Confronting discrimination may increase autonomy (affective; Sanchez, Himmelstein, Young, Albuja, & Garcia, 2015), and reduce rumination (cognitive; Shelton, Richeson, Salvatore, & Hill, 2006), thus buffering individuals from the negative health effects of discrimination. Confrontations also have behavioral outcomes, in-
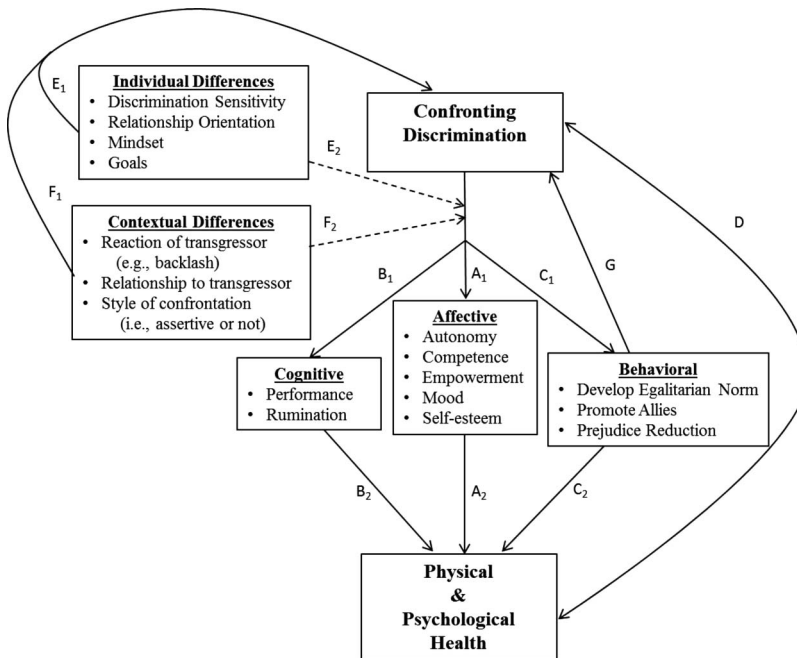

Figure 1. C-HOPE framework. An organization of the confrontation literature highlighting the health promotion aspects of confrontation. Dashed lines represent a lack of empirical evidence to date.

cluding the promotion of egalitarian norms and behaviors (Czopp et al., 2006) and potentially ally recruitment, thus encouraging nontarget confronting and preventing future discrimination and its negative health outcomes. These three avenues, in addition to potential individual and contextual moderators, are each discussed below via an integrated review of existing literature regarding confrontations' influence on well-being and prejudice reduction. Importantly, costs to confronting discrimination are identified and potential strategies to mitigate them are discussed. Thus, the C-HOPE framework provides a unique presentation of the confrontation literature by moving beyond factors that influence decisions to confront presented in past models (Ashburn-Nardo, Morris, & Goodwin, 2008; Kaiser & Miller, 2004) to an integrated framework highlighting the effects of confronting discrimination on physical and psychological health outcomes that make confrontation an effective active coping strategy.

Direct Benefits of Confronting Discrimination

Research exploring confrontation as an active coping strategy has found both physical and psychological health benefits (Figure 1, Path D). Positive outcomes include less reported distress for Korean Canadians who confront discrimination (Noh & Kaspar, 2003), and greater self-reported well-being over time for women who confront sexism with anger compared to confrontations that are indirect or attempt to educate (Foster, 2013). Furthermore, "doing something" about discrimination is associated with lower blood pressure in middle-class Black adults (Krieger & Sidney, 1996), and lower rates of psychiatric disorders in women and Black individuals who also seek social support compared to those who "accept it" (McLaughlin, Hatzenbuehler, & Keyes, 2010). While "doing something" about discrimination can encompass a broad range of activities, including confrontation, the above findings highlight the importance of actively coping with discrimination. Together, these findings suggest that confrontation may be an effective coping strategy that buffers against some of the physical and psychological effects of experiencing discrimination.

Affective Benefits of Confronting Discrimination

Confrontations may indirectly influence physical and mental health through affective processes (Path A_1, Path A_2) such as sense of autonomy. *Autonomy* is defined as a feeling of authentically expressing and acting on one's true desires and wishes (Deci & Ryan, 1995) and has been identified as a critical psychological need in the self-determination literature (Ryan, Kuhl, & Deci, 1997). Confronting may increase autonomy (Path A_1; Sanchez et al., 2015), and previous research has demonstrated a direct connection between high levels of autonomy and greater physiological and psychological health outcomes such as greater self-esteem, physical health, and overall psychological health (Path A_2; e.g., González, Swanson, Lynch, & Williams, 2014; Reis, Sheldon, Gable, Roscoe, & Ryan, 2000). In a recent exploration of the link between confronting discrimination and autonomy, ethnic minority participants completed measures of confrontation frequency, discrimination frequency, and psychological distress. Analyses revealed that more confronting was associated with less psychological distress, and that this relationship was mediated by a sense of autonomy (Sanchez et al., 2015). These findings were limited to correlational data, and future research should experimentally explore the possibility that confrontation promotes autonomy, which in turn may buffer against the psychological distress produced by experiencing discrimination.

In addition to boosting autonomy, actively coping with discrimination by confrontation may have other psychological benefits. For example, Gervais, Hillard, and Vescio (2010) led female participants to believe that they were a team leader interviewing other participants for their team, during which a male interviewee made a sexist comment about having a female leader. Results revealed that increased confrontation, operationalized here as reporting the comment as inappropriate to others on a response scale, was associated with a greater sense of empowerment (a sense of control and ability), competence, and self-esteem for women. Importantly, empowerment and a sense of control have been identified as key promoters of psychological health (Mirowsky & Ross, 1990; Wallerstein, 1992), and self-esteem is widely considered a central aspect of psychological

health (e.g., Pyszczynski, Greenberg, Solomon, Arndt, & Schimel, 2004). Indirect confrontations, confrontations not directed at the transgressor, may also provide affective benefits. For example, after reading articles about the continued presence of sexism in society, publically tweeting about the articles resulted in decreased negative affect and increased psychological well-being for women (Foster, 2015). Together these findings suggest that implementing confrontations as a coping strategy may provide affective benefits that promote psychological health via autonomy, empowerment, self-esteem, and psychological well-being (Path A_2).

Cognitive Benefits of Confronting Discrimination

Another proposed benefit to confronting discrimination is the improved cognitive outcomes for stigmatized group members, including reduced rumination and increased cognitive performance (Path B_1). Rumination, or obsessive, negative thoughts about an event, is often linked with undesirable subjective and objective psychological (see Thomsen, 2006, for a review) and physical health outcomes (Path B_2; Roger & Najarian, 1998). However, assertive confrontations (e.g., directly labeling the comment as discriminatory) may reduce rumination, such that women who assertively confront sexism are less likely to experience regret or lingering anger and are less likely to continue planning a future response than women who confronted unassertively (e.g., ignoring or laughing it off; Hyers, 2007). Furthermore, when recalling a sexist experience, women who felt they ought to confront (i.e., reported a high commitment to challenging discrimination) but failed to do so, engaged in more rumination and experienced feelings of shame and guilt (Shelton et al., 2006).

Rumination and self-directed negative affect require emotion suppression, and this effort can impair cognitive abilities (Richards & Gross, 2000). Thus, rumination not only results in negative health outcomes, but may also impair one's ability to perform at work or in a classroom. This is especially detrimental to women and racial minorities (i.e., target confronters) as they already face cognitive deficits when they are the only one of their gender or race in a group (Sekaquaptewa & Thompson, 2002).

Thus, we propose that choosing to confront discrimination can prevent subsequent rumination, mitigating some of the negative health outcomes that result from experiencing discrimination, and potentially freeing up cognitive resources that would otherwise be engaged in the rumination process. This has important implications for increasing workplace productivity and performance in academic environments.

Behavior: Developing an Egalitarian Norm

Confrontations are also a powerful prejudice reduction strategy (Path C_1) that may develop an egalitarian norm, in turn preventing future acts of discrimination and possibly increasing the frequency of ally confronters (Path G). When transgressors are made aware of the discrepancy between their behavior and egalitarian self-concept because of a confrontation, they become dissatisfied with themselves and exhibit subsequent reductions in discriminatory responses (Czopp et al., 2006). Moreover, after being confronted transgressors are more likely to engage in compensatory behavior (Mallett & Wagner, 2011) and demonstrate fewer biases and prejudice after being confronted (Czopp et al., 2006). Ultimately, less future discrimination should allay the negative health outcomes associated with discrimination (Path C_2).

Confrontations may decrease discrimination in not only transgressors, but also observers who could further promote the development of an egalitarian norm. Past work has demonstrated that observers use the reactions of targets as cues for appropriate behavior (Crosby, Monin, & Richardson, 2008), suggesting that seeing a target confront may reduce observers' biases and facilitate egalitarian climates. The promotion of an egalitarian norm via bias reductions in transgressors and observers from confrontations may in turn encourage nontarget allies to confront discrimination. Confrontations by allies may actually be more effective at inducing negative affect and reducing prejudice than target confronters (Czopp & Monteith, 2003; Drury & Kaiser, 2014; Rasinski & Czopp, 2010), largely because they do not face the same backlash (negative evaluations) for confronting discrimination experienced by target confronters (see Drury & Kaiser, 2014 for review; Kaiser & Miller, 2001). Thus, we propose that confrontations promote an egalitarian

norm by addressing immediate discrimination and producing enduring effects (i.e., reduced biases, ally confronters), thus creating a long-term impact in the social contexts in which the confrontation occurred.

An egalitarian norm should have further positive health ramifications for stigmatized group members by (a) reducing the levels of future discrimination experiences (Path C_2) and (b) encouraging allies to confront (Path G). Both of these changes limit the need for targets to single-handedly confront discrimination (preventative health promotion) and limit the risk of experiencing backlash when confronting discrimination (reactive health promotion) due to a more accepting egalitarian norm (Path C). Thus, these dual functions of confrontations provide psychological and physical health benefits for individuals through immediate (Paths A, B, and C) and reciprocal pathways (Path C_1 to G and Path D).

Individual Differences and Contextual Factors That Affect Confronting Discrimination

Importantly, confrontations do not happen in a vacuum and the outcomes of confronting discrimination depend on contextual factors and individual differences. Several contextual factors influence confrontation behavior, including one's power in a social relationship (Ashburn-Nardo, Blanchar, Petersson, Morris, & Goodwin, 2014) and responsibility in the situation (Ashburn-Nardo et al., 2008; Swim & Hyers, 1999). Furthermore, numerous individual differences that increase confrontations have been identified, including a communal relationship orientation (Gervais et al., 2010), an incremental mindset of prejudice (i.e., a belief that levels of prejudice can change; Rattan & Dweck, 2010), and an optimistic outlook on life (that lowers perceived costs; Kaiser & Miller, 2004). Additionally, women confront more assertively when the goal to be respected outweighs the goal to be liked (Mallett & Melchiori, 2014) and report greater perceived benefits of confronting discrimination when they value their gender social identity (Leaper & Arias, 2011).

The Confronting Prejudice Response model (CPR; Ashburn-Nardo et al., 2008) suggests additional moderators that may affect confronting frequency. For example, the CPR proposes

that individuals' sensitivity to discrimination may affect one's identification of discrimination, and thus the frequency of confrontation, while the level of anger experienced due to a prejudicial remark may influence the likelihood of automatically deciding to confront. We propose that the same individual (Path E_1) and contextual factors (Path F_1) that influence the decision to confront may further influence the outcome of the confrontation. For example, women who have a greater desire to be respected (Mallett & Melchiori, 2014) also confront more assertively, a style of confrontation that others have found leads to greater well-being and less backlash (Dickter, Kittel, & Gyurovski, 2012; Foster, 2013). We encourage future research to explore the influence of other moderators (Path E_2) and contextual factors (Path F_2) on the direct and indirect health outcomes of confronting discrimination.

Costs and Challenges to Confronting Discrimination (and Ways to Overcome Them)

Though the C-HOPE framework of the confrontation literature presents confronting discrimination as an important tool to reduce both discrimination and negative health consequences of discrimination, there are several costs and barriers to confronting discrimination. Indeed, many targets of discrimination do not confront, even if they desire to (Swim & Hyers, 1999; Woodzicka & LaFrance, 2001). Understanding the costs and challenges to confronting can help promote effective coping interventions.

Concerns about social repercussions may account for the large discrepancy in anticipated and actual frequency of confrontations (Paths E_1 and F_1; Shelton & Stewart, 2004). For example, potential confronters who fear offending the transgressor or being perceived as overly sensitive are less likely to confront (e.g., Kaiser & Miller, 2001). These fears may be accurate, as negative evaluations of confronters come from both transgressors (Czopp et al., 2006) and out-group members who witness confrontations (Dodd, Guiliano, Boutell, & Moran, 2001), resulting in the derogation of confronters (Kaiser & Miller, 2003). Negative evaluations may come from not only out-group members (Dodd et al., 2001) but also in-group members. After

reading about an in-group member who confronted discrimination, women and Blacks who did not strongly identify with their group (gender or racial) also negatively evaluated the in-group target confronter (Kaiser, Hagiwara, Malahy, & Wilkins, 2009). Furthermore, confrontations by targets elicit greater feelings of irritation and are perceived as more of an overreaction than nontarget confrontations, whereas confrontations of gender bias are more likely to elicit amusement than confrontations of racial bias (Czopp & Monteith, 2003). Backlash likely results in more negative confrontation experiences that may directly (e.g., lowered well-being) and indirectly (e.g., potential loss of job; Path F_2) produce negative health outcomes. Future social and clinical research should further explore the health consequences of negative confrontations to construct better recommendations for confrontation styles.

Discrimination can be especially challenging to confront when the costs outweigh the benefits (Good, Moss-Racusin, & Sanchez, 2012). For example, women are especially unlikely to confront in high-cost confrontations, such as a sexist comment by either an interviewer (Shelton & Stewart, 2004) or someone in a position of power (e.g., a boss; Ashburn-Nardo et al., 2014). As demonstrated, costs and challenges to a confrontation can influence the likelihood of confronting discrimination as well as the affective, cognitive, and behavioral outcomes if one chooses to confront, ultimately affecting the target's health outcomes.

Confrontation styles may play an integral role in mitigating backlash, as assertive confrontations (i.e., directly labeling the comment as discriminatory) lead bystanders to evaluate transgressors more negatively than unassertive confrontations (i.e., labeling a comment as potentially offensive; Dickter et al., 2012), suggesting that assertive confrontations may protect against backlash from bystanders. Beyond mitigating backlash, confronting styles may determine the valence of health outcomes (Path F_2 through Path A_1). A 28-day diary study found that although confrontations intended to educate the transgressor (e.g., "I offered a one sentence response in a very gentle and caring manner to educate him.") provided initial boosts in self-reported well-being for women, those who continued to implement educational confrontation styles ultimately experienced de-

creased well-being (Foster, 2013). In comparison, individuals who confronted in anger (e.g., "This made me very angry and I immediately got into an argument with him.") experienced greater well-being initially and over time because they were able to express their emotions clearly with a direct-confrontation style (Foster, 2013). An important avenue for future confrontation research will be identifying effective confrontation styles and strategies that serve the dual roles of prejudice reduction and health promotion by lowering biases, minimizing backlash, and improving well-being.

By integrating past research on prejudice reduction, backlash, and health outcomes of confronting, the C-HOPE framework has broad applications and identifies important next steps for the field. Possible applications include (a) implementing confrontation interventions to promote active coping for stigmatized individuals. Specifically, interventions that effectively teach confronting styles and promote future confrontations have been developed to reduce prejudice and promote egalitarianism (Lawson, Mc-Donough, & Bodle, 2010; Plous, 2000). Similar interventions could be implemented to teach confrontation styles that encourage active coping in place of health risk coping strategies. These interventions would be imperative in areas of high-structural stigma and easily implemented for stigmatized individuals who are already receiving treatment for psychological or physical health symptoms related to experienced discrimination.

Moreover, the proposed framework should be implemented to (b) develop greater awareness of the negative health outcomes of discrimination and confrontation's role as a health promotion strategy. Creating awareness of the negative health outcomes of discrimination via public confrontations and campaigns may serve to recruit allies and encourage an egalitarian norm while allowing stigmatized individuals a healthy and active outlet for coping with discrimination. Lastly, (c) organizations and institutions should create an egalitarian norm by offering informal and formal confrontation opportunities. Specifically, by developing more normative processes for confrontation, individuals will be provided with not only opportunities, but also motivation to confront discrimination and develop effective confrontation styles, assisting them in overcoming the barriers to

confronting. Developing an egalitarian norm within a company or organization and providing safe opportunities and processes for confrontation will encourage confrontation by making it a more normative behavior instead of a rare, and thus jarring, action. Although target confronters need opportunities to practice confrontation, transgressors too need to learn to respond in a productive manner to cocreate positive interpersonal communications and environments.

New Directions in Confronting Research

On the basis of our review of the literature through the C-HOPE framework, we have illustrated the effectiveness of confrontation as a health-promoting strategy and identified important moderators of this coping strategy (e.g., goals, style). Yet, this research is limited, and future research should continue to explore the health outcomes of confrontations, expanding to other stigmatized groups, including those with invisible stigmata (i.e., mental health) who may risk exposure by confronting discrimination (see Ragins, 2008, for a review of costs and benefits of disclosing invisible stigmata). Furthermore, we encourage future research to expand recent work by Foster (2015) to examine how social media may serve as a platform for confrontation, where threat of backlash may be heightened because of the anonymity of online activity. Furthermore, as tweeting about injustices is sometimes termed *slactivism*, a minimal effort and low-impact action intended to address a social issue, it will be important to determine whether social media confrontations result in prejudice reduction or simply serve the singular role of health promotion. Lastly, research examining how to best recruit and encourage allies to become confronters is limited but imperative. These future directions will be integral in expanding our understanding of the dual functions of confronting discrimination, namely, providing stigmatized individuals a strategy to develop an egalitarian norm while healthily and actively coping with discrimination.

Conclusion

By presenting the C-HOPE framework as an overview of the conditions under which confronting discrimination is a highly practical and useful coping strategy for stigmatized groups, we demonstrate that confrontations are an underutilized strategy that have many practical applications, including arming stigmatized individuals with a tool to promote egalitarianism and a buffer against the negative health consequences of discrimination. By viewing confrontations as a coping strategy as well as a prejudice reduction strategy, confrontations should not be seen as aggressive and combative actions, but instead as a potentially beneficial dual-functioning approach that can provide positive outcomes for minorities (i.e., reducing negative health outcomes of discrimination) as well as transgressors and society as a whole (i.e., egalitarian norm promotion). In particular, we see this as an excellent example of utilizing social psychological research to bear on health questions to serve the synergistic goals of improving minority health and reducing prejudice. Furthermore, we offer several directions for future research and encourage the application of this newly framed literature in informing policies and collective action movements, as well as arming stigmatized individuals with an effective health and egalitarian norm promotion strategy at a young age. We hope that the C-HOPE framework will encourage and enrich future research on how, why, and when confronting discrimination influences psychological and physiological health consequences for stigmatized groups.

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