1.

Some years ago Donald Dutton and Arthur Aron, two social psychologists, asked a group of male college students to walk, one at a time, across the Capilano Bridge just outside of Vancouver, British Columbia, in Canada. The Capilano Bridge is a narrow, wobbly walkway with a rope handrail 450 feet long that spans the Capilano River, 230 feet below. As each man reached the other side, he was met by an attractive young woman interviewer who, after getting him to complete a questionnaire, gave him her phone number and invited him to call her if he had any further questions about the study she was ostensibly doing.

Dutton and Aron were interested in a basic question about human nature: Do we have direct knowledge of our emotions, or can we be so out of touch with them that sometimes we are unaware of them or get them confused, mistaking one emotion for another?

This big question about human nature was boiled down, in their experiment, to a concrete question: Could the lingering anxiety that these men had after they crossed the Capilano Bridge be mistaken by them as attraction for the young woman interviewer they met on the other side? If we don’t always have direct knowledge of our emotions, and if one emotion can sometimes be mistaken for another, then these men might mistake the dissipating anxiety they experienced after crossing the scary bridge as attraction for the young woman now standing right in front of them. Dutton and Aron measured attraction toward the young woman as the number of men who called her that night for “additional information.”

Two other groups participated in the experiment. In one, men crossed the Capilano Bridge, but met a male interviewer on the other side. This group tested whether the lingering anxiety from the bridge crossing could somehow cause more phone calls, even when it didn’t—in all likelihood—make the interviewer more attractive. In the last group, men met the attractive woman interviewer, but they didn’t cross the Capilano Bridge, they crossed a bridge that was solid and low to the ground, a bridge crossing that caused no anxiety. This group tested whether the attractiveness of the interviewer was able, by itself, to inspire more telephone calls that night.

What happened? Many more of the men who met the young woman after crossing the Capilano Bridge called her that night than did men in either of the other two groups. Crossing this bridge had caused anxiety, which had lingered for a while. Not having direct awareness of this anxiety, and then being face to face with an attractive young woman, these men interpreted their feelings not as anxiety, but as intense attraction.
Men in the other groups could apparently keep things straight. When the interviewer was male, they didn’t mistake their lingering anxiety for attraction. There was simply no cue in that situation that could make attraction seem like a plausible emotion to be having. And for the men who crossed an unscary bridge, there was simply no lingering anxiety to fuel any special attraction for the interviewer. Men in these groups seldom called.

Our ability to grasp our emotions, then, is not perfect. When they are very strong, it is easier to know them directly. But when they are moderate, like the lingering anxiety one would feel after crossing the Capilano Bridge, we have less direct access to them. To know and interpret our more moderate emotions, we rely more on what’s going on in the immediate situation. Standing in front of the attractive interviewer, the men in the Dutton and Aron experiment who had just crossed the Capilano Bridge felt an intense attraction, even though what fueled that attraction was lingering anxiety from having crossed a scary bridge.

2.

It’s a good thing Steve Spencer, Josh Aronson, and I knew this when we turned to the problem of how identity threat has its effects, because we ran smack into this limitation of human functioning, people’s limited access to their feelings and to the causes of their feelings. We had always assumed that identity threat made people anxious and that it was the anxiety it caused that directly impaired performance. Anxiety, we thought, was the performance-damaging handmaiden of threat. It seemed obvious.

In our very first experiments, though, when Steve and I asked women taking a difficult math test under stereotype threat how anxious they felt, they reported no more anxiety than women taking the test under no stereotype threat (that is, when they understood the test to show no gender differences). The women performed worse under stereotype threat—the finding that launched this research—but they didn’t report being any more anxious. We were puzzled.

Later on, Josh and I got further puzzling results. As the data came in showing the effects of stereotype threat on black students’ verbal test performance, our feet on the desk, we wondered whether the threat was making them anxious and whether that was why they underperformed. Josh started interviewing our research participants. He found nothing; those under stereotype threat reported no more anxiety than those not under stereotype threat. The stereotype threat participants seemed calm, resolved. They said the test was difficult, but that they were determined to bear down and do well. They believed that their effort would see them through. They said these things even as we could see from their test booklets that they hadn’t done well at all.

So it was a good thing that we knew how limited people are in reporting on internal states like anxiety. It helped us not be convinced by the lack of evidence showing anxiety reactions to stereotype threat. And it helped us take more seriously some of the counterevidence. Remember that people under stereotype threat completed more word fragments with words related to the stereotype. This suggests they were anxious about confirming the stereotype or being seen as confirming it. Black students under stereotype threat also did other things that suggested they were anxious about being stereotyped. They reported less preference for things associated with blacks—jazz, hip-hop, and basketball—and more preference for things associated with whites—classical music, tennis, and swimming. They offered more excuses in advance of their performance, like saying they got little sleep the night before. Such tendencies suggested they were anxious. But these same
participants wouldn’t directly tell us they were anxious. Perhaps they didn’t want to admit to it. Or perhaps, like the men who met the attractive interviewer after crossing the Capilano Bridge, they didn’t know they were anxious.

To know how central anxiety was to stereotype threat effects, we needed a better measure of anxiety, one that didn’t depend on what people knew about themselves.

Led by James Blascovich, of the University of California at Santa Barbara, a team—Steve Spencer, Dianne Quinn, and I—did an experiment that directly measured a physiological component of stress and anxiety, mean arterial blood pressure (MAP). The experiment was pretty much like any other stereotype threat experiment, except for a few differences. As black and white college students arrived at the laboratory, they were hooked up to cardiovascular recording equipment to ostensibly measure their physiological reactions to mental tasks. Five minutes later, after a baseline blood pressure had been collected, they began a verbal task—a version of what’s called the Remote Association Task, each item of which gives three words that require the participant to come up with a fourth word that relates to the given words, as in “cheese” relating to “mouse,” “sharp,” and “blue.” They understood this task to be a test of intelligence.

Participants in the stereotype threat group were told nothing more. Remember, understanding the task as an intelligence test is all it takes to put blacks at risk of confirming the stereotype about their intellectual abilities.

For the no stereotype threat group, the test was said to be “race-fair.” It was said that blacks always did as well as whites on this particular test, and that the test had been developed at black colleges by a racially integrated research team. These statements made the stereotype about black’s ability implausible as an interpretation of their performance on this particular test.

The results were dramatic. The blood pressure of both the white and the black participants who were told the test was “race-fair” (under no stereotype threat) actually dropped from the time the blood pressure cuff was put on to the time they were in the middle of the test. The same was true for whites to whom the test was presented as an intelligence test. But the mean arterial blood pressure of their black counterparts rose dramatically while they took the test. People under stereotype threat might not be able to report that they were anxious or even whether their feelings were anxiety or love, but it didn’t mean that they weren’t anxious. Their physiological responses told us plainly they were.

Soon our understanding of stereotype threat’s physiological effects broadened even more. Wendy Mendes—a longtime colleague of James Blascovich—and another team of researchers tested whether the stereotype threat that whites can feel interacting with blacks would elevate blood pressure. Their experiment was starkly simple. While hooked up to a blood pressure cuff, they had white college students simply talk to either a white or black fellow student whom they didn’t know. Talking to a black stranger, compared with talking to a white stranger, should put white participants at greater risk of being seen stereotypically, as perhaps racially insensitive. And if this stereotype threat causes anxiety, these participants should have higher blood pressure. They did, substantially higher.

A picture was emerging. Even though people don’t seem very consciously aware of it, an identity threat like stereotype threat is enough to cause anxiety as measured by blood pressure. But, you might ask, how much anxiety? Is the anxiety caused by identity
threat strong enough to interfere with functioning, with a person's ability to perform tasks, for example?

Suppose I put a person under some form of stereotype threat—say, I had a group of women identified with math who expect to take a very difficult math test—and then I asked them to do something easy and something difficult, like repeatedly writing their names forward, the easy thing, and repeatedly writing their names backward, the difficult thing. Would the anxiety and arousal caused by this stereotype threat be enough to actually interfere with their performance of these tasks?

This is an interesting experiment because the handwriting tasks are unrelated to the math stereotype. Doing them badly would not confirm the stereotype about women's math ability. The fear of confirming this stereotype would not affect their performance on these tasks. The only thing that could affect their performance on these tasks would be the anxiety caused by the identity threat these women felt as they waited for the difficult math test. If that anxiety alone is enough to interfere with their performance, then these women shouldn't do very well on the handwriting tasks, perhaps especially not on the difficult task of writing their names backward.

This is the question that Avi Ben-Zeev and his students at San Francisco State University asked in an experiment they set up precisely this way. They obtained a clear answer. Even the modest anxiety that math-identified women experienced while waiting for a difficult math test—nothing like the arousal caused by crossing the Capilano Bridge or by taking a real-life, high-stakes SAT math test—was enough to interfere with how well they could write their name backward. Identity threat is a constant presence. The typical laboratory experiment can implement this threat, in good conscience, to only a modest degree—for example, the amount women experience waiting for a math test in an experiment versus the amount they would experience waiting for a real Graduate Record Exam. But even these limited implementations cause enough cardiovascular stress to make them stumble in doing even modestly difficult things.

So we can say now that part of stereotype threat's effect—its impairment of women's math performance, of lower-class French students' performance on language exams, of white males' miniature golf performance, and so on—is caused directly by its effect of increasing heart rate, blood pressure, and related physiological signs of anxiety to the point that these reactions interfere with performance. We can also say that people aren't much aware of this as it is happening. They don't report it when asked. It's a cost we don't seem to recognize we're paying. But is it the only way identity threat interferes with performance? Wouldn't it directly affect our thinking as well?

As you will see, the answer is yes. It makes us worry about confirming the stereotype (“Will I be seen as in over my head?”), about the consequences of doing so (“How will people react if they think I'm racist?”), about what we have to do to beat the stereotype (“Will I have a chance to show these people that I am a good person?”), and so on. It induces rumination, which takes up mental capacity, distracting us from the task at hand—from the questions on the standardized test we’re taking or from the conversation we’re having with persons of a different race. So beyond the physiological reactions that identity threat causes, it also impairs performance and other actions by interfering with our thinking.

Or at least that is what Jean-Claude Croizet, the French social psychologist I introduced in chapter 5, and his colleagues thought.
They found a particularly ingenious way to test this idea. It hinged on a little-known but astonishingly simple piece of human physiology, a direct connection between mind and body: the intervals between your heartbeats tend to be more stable the more involved you are in mental activity, or the greater your “cognitive load,” in psychology parlance. This phenomenon reflects the metabolic demands of mental activity, and it means that the variation in how fast your heart is beating is an indicator of how much you are thinking. The greater the cognitive load, the more stable your heartbeat interval; the less that load, the more variable this interval.

With this fact in mind, and the requisite physiological recording equipment in hand, Croizet and his group tested a simple idea: if stereotype threat imposes a greater cognitive load on people by pressuring them to ruminate about the threat and its consequences, then people under stereotype threat should have more-stable heartbeat intervals than people not under stereotype threat.

Croizet’s team took advantage of what we psychologists find to be an especially unsavory stereotype at his French university: that science majors are smarter than psychology majors. We hate it. But there it is. The team gave science and psychology majors the Raven’s Progressive Matrices IQ test and got a standard pattern of stereotype threat results. The psychology majors scored lower than the science majors when the test was represented as an IQ test—thus putting the psychology majors at risk of confirming the negative stereotype about their group’s intelligence—but they scored the same as science majors when this pressure was removed by representing the test as essentially a puzzle, non-diagnostic of intelligence.

Of course, Croizet and his colleagues were interested in something else. They measured heartbeat intervals throughout the IQ test for all participants. They found that the interval was more stable for all of those who thought it was an IQ test. Both psychology majors, who were under stereotype threat, and science majors, who were under less stereotype threat during this IQ test, seemed to be bearing a substantial cognitive load. It was something else that distinguished the two groups: the relationship between their heartbeat interval and how well they performed. The harder the science majors (under less stereotype threat) thought, as indicated by a more stable heartbeat interval, the better they did. But the harder the psychology majors (at risk of confirming the stereotype) thought, the more stable their heartbeat interval, the worse they did. Hard thinking for the science majors, under little stereotype pressure, reflected constructive engagement with the test. Hard thinking for the psychology majors, at risk of confirming the stereotype, reflected performance-worsening rumination.

When we’re at risk of confirming a stereotype that we don’t like, and it’s about something we care about, our minds race. They’re probably doing all sorts of things: arguing against the stereotype; denying its applicability to us; disparaging anyone who could ever think that of us; feeling sorry for ourselves; trying to buck ourselves up to disprove the stereotype. We are defending ourselves and coping with the threat of being stereotyped. We’re probably aware of some of this defending and coping. But much of the time we may miss it, unless we try very hard to listen. A big implication of the Croizet team’s finding is that a mind trying to defeat a stereotype leaves little mental capacity free for anything else we’re doing.

Two psychologists from the University of Arizona, Toni Schmader and her then graduate student Michael Johns, developed a precise model of exactly what capacities the racing mind interferes with. Its core impairment is working memory, “the type of memory used to retain and manipulate information for immediate or near immediate use” (p. 44), such as for taking tests, participating in conversations or discussions, or reading homework assignments for an African American political science class all alone in a dorm room.
Schmader and Johns asked college women interested in math to count the vowels in a number of sentences, and between the sentences they inserted unrelated words. They found that women under the stereotype threat of waiting to take a difficult math test could count the vowels in the sentences just fine, but couldn’t remember the words between the sentences—at least not as well as women who, because they were waiting to take a nondescript problem-solving test, were not under stereotype threat. The racing mind at work. It impaired the ability of women under stereotype threat to pick up the extra words between the sentences; that is, it impaired their working memory capacity. And just as important, Schmader and Johns showed that the more stereotype threat impaired this capacity—as shown by fewer incidental words being remembered—the worse the women performed on the subsequent math test. Stereotype threat’s impairment of working memory directly caused its impairment of math performance.

Schmader and Johns developed a model of the racing mind. First, the threat of confirming the stereotype makes us vigilant to all things relevant to the threat, and to what our chances of avoiding it are. Second, it raises self-doubt and then rumination over how warranted the doubts are. Third, these concerns lead us to constantly monitor how well we’re doing (something that can cause “choking” in athletes, for example). Finally, it pressures us to suppress threatening thoughts, thoughts about not doing well or about bad consequences of confirming the stereotype. Ever been there? If so, you know that that’s a lot of mental activity, and while it’s going on, there isn’t much mind left over for other things.

This view is further corroborated by the research of Anne Krendl, Jennifer Richeson, William Kelley, and Todd Heatherton, who used fMRI imaging technology to examine stereotype threat’s effect on brain activity. They invited twenty-eight strong women math students to solve fifty difficult math problems while lying in an fMRI brain scanner. By detecting blood flow in regions of the brain, the scanner could measure the level of mental activity in different brain regions as the women did the math. Half of the women were under stereotype threat while they worked (having been reminded that “research has shown gender differences in math ability and performance” before starting the math problems); the other half were not under stereotype threat, or were under relatively less of it while they worked (having not been reminded of the math gender stereotype).

What neural structures were activated by stereotype threat? They found a clear pattern: “Although women [not under stereotype threat] recruited neural networks that [from previous research] are associated with mathematical learning (i.e., angular gyrus, left parietal and prefrontal cortex), women who were [under stereotype threat] did not recruit these regions, and instead revealed heightened activation in a neural region [that from previous research is] associated with social and emotional processing (ventral anterior cingulate cortex)” (p. 168). Stereotype threat dampened down activity in the part of the brain we use to do mathematics and increased activity in the part of the brain associated with vigilance to one’s social context and to emotion. Again, in the authors’ words, “stereotype threat may direct women’s attention toward the negative social and emotional consequences of confirming negative stereotypes about their group, thereby increasing performance anxiety” (p. 173). Other research teams have produced similar results, and research in this area is rapidly expanding our understanding of the neural structures affected by stereotype threat.

But even now, thanks to the physiological research, the research on cognitive load, the thinking of Schmader and Johns, and the brain research, a strong working consensus as to how stereotype threat affects us is emerging. It’s this: stereotype and identity threats—these contingencies of identity—increase vigilance
toward possible threat and bad consequences in the social environment, which diverts attention and mental capacity away from the task at hand, which worsens performance and general functioning, all of which further exacerbates anxiety, which further intensifies the vigilance for threat and the diversion of attention. A full-scale vicious cycle ensues, with great cost to performance and general functioning.

Something like this happened to Ted in his African American political science class. It happened to all of the participants under stereotype threat in all of the stereotype threat experiments. It often happens to ability-stereotyped people on real-life tests, when they talk to their teachers or when they participate in classrooms, labs, and workplaces where they could confirm the stereotypes they hate. Their minds race, their blood pressure rises, they begin to sweat, they redouble their efforts, they try to refute the stereotype in their own minds and what they can’t refute they try to suppress, the brain activity that underlies vigilance to threat increases, and this further suppresses the brain activity critical to performance and functioning. When the work is difficult, the people often underperform. The more they care, the more frustrated they are, and the higher the stakes of performance, the more these things happen. And if the threat is part of an ongoing situation in their lives—part of their ongoing experience in a workplace, for example, in a college major, in a relationship, in a school—then these reactions can become ongoing, chronic contingencies of their identity.

And all the while, the persons may have no more conscious grasp of what’s going on than the men who crossed the Capilano Bridge had of why they were so attracted to the woman interviewer.

There is, then, a clear set of facts on the ground. We know that stereotype threat has real effects on people. It causes a racing mind and a full complement of physiological and behavioral effects. We know that people aren’t much aware of all this as it’s happening, or at least they don’t want to acknowledge it. We also know that these threats and their effects are identity threats and effects, which go with particular social identities in particular situations: women in advanced math, white males very likely in the last 10 meters of the 100-meter dash, blacks in the vanguard of their class, and so on.

These effects are important. But they have been studied primarily in single-episode experiments. Thus, I’ve gotten curious about what happens when these threats become chronic, when they are an ongoing experience in some area of one’s life. People are in classrooms, workplaces, college majors, areas of sports, and the like, not just for a single episode but for long periods-months, years, sometimes decades. What happens then?

The facts suggest a worrisome answer: if people are under threats from stereotypes or other identity contingencies for long periods, they may pay a tax. The persistent extra pressure may undermine their sense of well-being and happiness, as well as contribute to health problems caused by prolonged exposure to the physiological effects of the threat. And all the while, like the participants in the Capilano Bridge study, they may have little awareness that they are paying this tax.

This thinking led me to ask a simple question: Is there any evidence of what long-term exposure to identity threats does to people?

5.

Enter a soft-spoken, intellectually precise African American epidemiologist and public health researcher named Sherman James. Born and raised in Hartsville, South Carolina, James majored in psychology at Talladega College and got a Ph.D. in psychology
from Washington University in St. Louis, Missouri. Toward the end of graduate school an old high school friend told James about his work in epidemiology and environmental health. James was impressed. It was what he had always wanted to do. A year passed. Then, while finishing his graduate training, apparently out of the blue, he got a call from the chair of the epidemiology department at the University of North Carolina Medical School in Chapel Hill. He was being offered a job; an assistant professorship in epidemiology. He couldn't explain why he'd gotten the call, but he knew what to say: yes.

At North Carolina, he threw himself into the issue of racial disparities in health. This brought him to a well-known phenomenon: black Americans, both men and women, have higher rates of hypertension (blood pressure above 140/90) than white Americans. A recent report stated, "[N]early a third of black men (34%) and black women (31%) are considered hypertensive, compared to 25% and 21% of white men and women, respectively." One might think these disparities are due, in part, to black-white differences in income, education level, body mass index, smoking, and the like, all factors that cause hypertension. But these disparities persist even when they are adjusted for the effect of these factors. One might think the genetics of African ancestry contribute, but black Africans don't show elevated blood pressure.

James took up the mystery. He began writing a research grant. His preparation included interviewing black hypertensive outpatients at the University of North Carolina Hospital. One man was especially memorable, a raconteur and local community leader who regaled James with stories of his life triumphs.

The man was born in the upper Piedmont area of North Carolina in 1907 into the extreme poverty of a sharecropping family. Although he eventually learned to read and write, he went to school only through the second grade. But as James writes,

Even more impressive... through unrelenting hard work and determination... against tremendous odds—he freed himself and his offspring from the debt of bondage of the sharecropper system. Specifically, by the time he was 40 years of age, he owned 75 acres of fertile North Carolina farmland. . . . [But] by his late 50's, he suffered from hypertension, arthritis, and a case of peptic ulcer disease so severe that 40% of his stomach had to be removed. (p. 167)

One day James visited the man for a noon interview. They sat in the backyard. The man began his stories of struggle and triumph. After a while, his wife yelled from the house, "John Henry . . . it's time for lunch." Listening to the man's efforts in the face of hardship, and then hearing his name, gave James an idea that would shape the rest of his career. The man's name was the same as that of the legendary John Henry, the "steel drivin'" man of American folklore, and the similarity between the lives of the two John Henrys was hard to ignore.

The legend originated toward the end of the nineteenth century among railroad and tunnel workers. The details of the legend are just that—legendary—but the scholarly consensus is that something like the events of the legend happened, probably in the late 1870s near the Big Bend Tunnel in West Virginia. In the legend, John Henry is known far and wide for his amazing strength and endurance in driving railroad spikes. He is eventually enticed into a contest with a steam-powered spike-driving machine, and an epic contest ensues. They go neck and neck for several days. Then, in the final stretch, John Henry spurs to victory with a flurry of blows from his nine-pound hammer. His victory, however, exacts a terrible price. John Henry collapses from exhaustion and dies only seconds after crossing the finish line—a lesson for the industrial age.
For Sherman James, listening to the trials of a new John Henry and knowing the state of his health, the legend was more than a legend; it was a metaphor for a psychosomatic syndrome that might contribute to higher rates of black hypertension. James already knew S. Symes’s conjecture, in the 1970s, that “prolonged, high effort coping with difficult psychosocial stressors could be the most parsimonious explanation” for greater hypertension among poorer populations, including blacks. Although John Henry Martin—James’s new John Henry—had overcome many disadvantages, the intense and prolonged effort it took to do so may have taken a toll on his health. James saw the plight of John Henry Martin as emblematic “of the larger plight of African American men and women (especially those in the working classes) trying to free themselves from pervasive and deeply entrenched systems of social and economic oppression” (p. 169). He set out to test the “active coping/hypertension” hypothesis. In tribute to the “historical drama that he saw John Henry Martin’s life to be a part of,” he referred to it as the John Henryism hypothesis.

James first developed a scale to measure the values that make up John Henryism. It includes twelve statements such as “I’ve always felt that I could make of my life pretty much what I wanted to make of it” and “When things don’t go the way I want them to, that just makes me work even harder.” Respondents rate their agreement with each statement on a five-point scale. James hypothesized that coping with the stress of being low-income and black would be stressful for everyone, but that it would be especially stressful for those who scored high on his scale, that is, those in this group “who would persist with effortful active coping under difficult conditions.” Measured this way, John Henryism sounds like the attitude of people who show stereotype threat effects—people who are identified with, and care a lot about succeeding in, an area where their group is negatively stereotyped.

James first tested this hypothesis with a small sample of black men from Pitt and Edgecombe counties, in North Carolina—two counties that, with some exceptions, were low-income and rural. Each participant filled out a John Henryism scale and had his blood pressure measured. That was all there was to the study. James’s guess was right: men who scored high in John Henryism generally had higher blood pressure than men lower in John Henryism, and this effect was stronger among poorer than among better-off men. Further studies in the same counties used bigger samples and found the same thing. One study in Pitt County included 1,784 participants between twenty-five and fifty years of age. It found that among blacks in the lower third of the income distribution, those low in John Henryism had only a 19.3 percent incidence of hypertension, while those high in John Henryism had a 35 percent incidence.

The formidable conditions faced by low-income blacks in this rural area were not enough, by themselves, to elevate blood pressure. For that to happen, people had to be high in John Henryism beliefs; they had to care about succeeding enough to endure a struggle against difficult conditions. Race was a factor, too. Whites who lived under these conditions and were high in John Henryism did not show elevated blood pressure. It was high John Henryism pitched against the conditions of being poor and black in these rural, southern areas that raised blood pressure. Recent studies have found similar effects even among middle-class blacks.

6.

The research in this chapter has a daunting, if perhaps obvious, message: caring about doing well in areas where your group is disadvantaged, discriminated against, and negatively stereotyped
can extract a price, sometimes a very heavy price. You may have no choice but to care. It would be difficult, for example, not to care about succeeding enough in society to become economically secure—the presumed motive of the high-John Henryism participants in Sherman James's research. There are costs even when the only barrier you face is being negatively stereotyped. That is what the experiments on stereotype threat's physiological effects show. Even the mild and short-lived doses of stereotype threat that can be implemented in these experiments are enough to raise your blood pressure, dramatically increase ruminative thinking, interfere with working memory, and deteriorate performance on challenging tasks. And if you continue for a long time to care and strive in an area where your group is negatively stereotyped, disadvantaged, and discriminated against, your acute reactions may turn into chronic health problems—with hypertension high on the list.

Ted experienced acute identity threat in his African American political science class. He didn't fully understand what was happening. But he could report intense symptoms—extreme nervousness, racing mind, lack of confidence about ordinary things, even about saying his name. The immediate effects of the threat were intense, but for Ted they were short-lived. Suppose they lasted for a long time. Suppose that, in order for him to achieve his basic life goals, he had to spend a major portion of his life in settings where, because of one of his identities, he had to endure the threat he experienced in this class. He'd get used to it, to some degree. He'd develop coping skills. He'd bond with others in the same identity boat. Still, he'd have to deal with this threat on an ongoing basis. It wouldn't be too much to expect that, after a while, he'd begin to pay with his health.

Even then, like John Henry Martin, he might be willing to pay these costs, so strong are the pressures to become economically secure and successful in society. But the truth is he would likely pay these costs with no better appreciation that he was paying them than the men who crossed the Capilano Bridge had of why they so liked the interviewer they met. Life's needs and goals are in the psychological foreground, the price of pursuing them in the background. We can't rely on Ted, or on the John Henry participants, to grasp the health costs they are paying as they pay them.*

To reduce those costs, we need to understand what makes them big and what makes them small, what makes the identity pressures that contribute to them worse, and what makes them better—the question to which I now turn.

*I want to be careful here. I don't want to imply that the pressure of identity threat and its cumulative impact on African Americans, even in intellectual areas, is so unmitigated and foreclosing as to allow only a few individual successes in these areas. There are clearly many such successes and many factors that can mitigate this threat for individuals. One can find oneself in intellectual achievement settings where stereotype threat is low (as we shall see, this can happen in settings where there is a "critical mass" of identity mates); one can find oneself personally treated as an exception to the stereotype; enjoying these benefits and having the requisite skills and motivation, one may achieve a level of public success that, itself, whistles Vivaldi and deflates stereotype judgment; one can have personal features (skin color, dialect and dress, etc.) that deflect stereotype judgment; and so on. And, I am sure that some John Henrys work hard enough to overcome the threat even under the worst of conditions. The point here, though, has been to reveal what it is that has to be surmounted for these successes to occur (this form of threat) and the fact that we may not always know the price we pay to do it.