

Implicit Cognition

Implications for Global Health Disparities



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KEYWORDS

- Implicit cognition • Implicit bias • Social inequalities in health
- Patient-physician relationship • Global health

KEY POINTS

- Implicit measures of cognition are not equivalent to our explicitly endorsed beliefs.
- Implicit beliefs and biases predict measures of physical and mental health independently of explicit beliefs.
- Implicit biases interact with demographic variables and daily experiences to predict markers of health.
- Implicit biases held by both patient and physician influence communication, perceptions of quality of care, and treatment decisions.

As humans, we are inclined to believe that our conscious thoughts and beliefs shape our behavior and decisions. However, implicit cognition, or our unconscious attitudes, beliefs, and biases, is also a powerful shaper of our actions. These implicit beliefs or associations are activated without intention or awareness, and everyone possesses them regardless of their socioeconomic status (SES), gender, race, or age.¹ Our early life experiences begin the shaping of these implicit cognitions, and they continue to develop over the course of the lifespan informed directly and indirectly through our experiences, the media, and observing the behavior of others.^{2,3} Although these implicit cognitions have wide-reaching effects, this article focuses on ways in which they can affect mental and physical health, contribute to health disparities, and affect the patient-physician relationship and treatment decisions.

IMPLICIT VERSUS EXPLICIT

Before discussing specific ways in which implicit cognitions can affect health, it is important to understand the difference between implicit and explicit measures of

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cognition. Explicit cognitions are typically associated with deliberate responses that are within an individual's control, whereas implicit measures capture attitudes, beliefs, or personal and cultural biases that exist outside of our conscious awareness. Given this distinction, our implicit associations do not necessarily align with the beliefs or associations that we explicitly endorse.⁴ However, they are not mutually exclusive and may in fact work to reinforce one another. Both are significant, and neither should be considered the sole authentic measure of cognition.⁵

IMPLICIT MEASURES OF BIAS

Implicit biases come from the culture. I think of them as the thumbprint of the culture on our minds. Human beings have the ability to learn to associate two things together very quickly—that is innate. What we teach ourselves, what we choose to associate is up to us.

—Dr Mahzarin Banaji.

An implicit bias is a discriminatory bias that is largely based on implicit attitudes or stereotypes and can be either favorable or unfavorable. With regards to biases about social groups, in-group bias designates favoritism toward ones' own social group, whereas out-group bias is a negative bias toward individuals from another social group.⁶ Implicit measures of bias are particularly important and informative with respect to topics that are politically, culturally, or socially sensitive (eg, race, gender, religion, obesity). For example, accurately capturing racial attitudes of Americans presents a significant challenge as respondents are motivated to answer in such a way that indicates the absence of racial bias.⁶ As such, implicit measures of bias may offer a more accurate examination of the relationship between our beliefs and biases in these domains and health outcomes.

As a result of repeated reinforcement of social stereotypes, these implicit biases take root early in life.⁷ Evidence suggests that explicit beliefs about race become more egalitarian with age, whereas implicit beliefs remain unchanged,⁸ and it is possible that implicit and explicit beliefs about other demographic variables or traits may follow similar trajectories. These implicit biases are powerful shapers of our daily behaviors and actions. For example, in a sample of college students, implicit racial bias had no relation to self-reported egalitarian values; however, they predicted perceived friendliness in interactions with a black student.⁹

CAPTURING THE IMPLICIT

Because these implicit measures cannot be captured with traditional self-report, social psychologists, borrowing methods from cognitive psychology, developed the Implicit Association Test (IAT). The IAT assesses the ease or difficulty with which the mind makes associations. Based on the understanding that learning is a result of changes in neural function of different neurons that are active at the same time, the cognitive principle that the IAT is based on is that concepts in the mind that are closely associated with each other are more closely linked.¹⁰ These associations can occur for unconscious processes in addition to conscious processes. Although there are other instruments used to obtain implicit measures, this discussion focuses on the IAT because it is the task most commonly used for this purpose.

More specifically, the IAT measures relative strengths of automatic associations between 2 contrasted target concepts and 2 attribute concepts. Words from all 4 concept categories appear in the middle of a computer screen in mixed order. Individuals taking the IAT are instructed to sort the words with a left (Q) or right (P) response

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