

In the Eye of the Beholder: Perceptions of the Centrality of Merit in Affirmative Action and Its Psychological Implications

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Affirmative action (AA) remains at the forefront of both public and scholarly discourse. Yet there is little empirical investigation of individuals' perceptions of how AA typically operates, particularly with respect to the centrality of merit in the implementation process. I suggest these perceptions are critical to the extent that they influence psychological reactions to AA. Results from two survey studies confirmed that the perceived centrality of merit in typical AA implementations predicted both endorsement of the policy and the view of beneficiaries' competence, above and beyond demographic factors. Theoretical and applied implications are discussed.

INTRODUCTION

Since its inception in the 1960s, affirmative action (AA) has been the topic of intense debate in political, social, and academic forums. Researchers have generated volumes of work on this topic, much of which has examined attitudes toward AA as well as the psychological consequences of AA for both beneficiaries and non-beneficiaries. Despite this enormous body of research, there is surprisingly little work on the public's perceptions of exactly what AA entails (Crosby, 2004; Harrison, Kravitz, Mayer, Leslie, & Lev-Arey, 2006). Yet understanding individuals' beliefs about how AA is implemented is critical to deciphering and interpreting many of the existing findings in the AA literature. That is, perceptions of how AA works may lend insight into people's endorsement (or non-endorsement) of the program. Moreover, many of the negative psychological consequences – namely, the well-documented finding that beneficiaries of AA are subject to a stigma of incompetence- may not be the result of the program itself, but rather *perceptions* of how AA programs are typically implemented.

The purpose of this study is to empirically and systematically address some of these issues. Specifically, this work is aimed at investigating individuals' beliefs of how AA is typically implemented, particularly with respect to the centrality of merit, and to determine whether these perceptions predict 1) general attitudes towards the program, and 2) the extent to which beneficiaries of AA are stigmatized as incompetent.

What is Affirmative Action?

AA was originally conceived as a policy designed to "overcome the discriminating effect of past or present practices, policies, or other barriers to equal employment opportunity" (Equal Employment Opportunity Commission, 1979). In 1964, President Johnson issued an executive order requiring organizations with more than 50 employees that wished to enter contracts with federal agencies to take "affirmative action" to ensure that all current and future potential employees were employed in fair

numbers and treated fairly on the job. Regulations set forth by the Secretary of Labor required organizations to develop internal monitoring to identify problem areas and, should underutilization be identified, required organizations to develop goals and timetables for remedying such problems. Examples of such affirmative action might include targeted recruitment, career advancement training, and validation of selection instruments (Green, 1989).

Despite its origin as a specific policy, AA has become a blanket term used to describe any number of active policies, mandated or voluntary, adopted by organizations in an attempt to remedy the effects of workplace discrimination (Clayton & Crosby, 1992; Glazer, 1988). The primary dimension that differentiates these various implementations is the centrality of merit in the decision making process. This dimension is often captured using the term “strength”, the harder an affirmative action plan (AAP), the more demographic information is weighted in decision making over merit (Kravitz, 2008). As examined in the literature, AAPs typically fall into one of four categories along the continuum (Kravitz, 2005; Harrison et. al, 2006). In both equal opportunity and opportunity enhancement implementations of AA, merit is the only basis for selection decisions as no weight is placed on demographic status. In tiebreak implementations of AA, merit is still the most central component as demographic status is only taken into account if qualifications are equivalent across candidates. Lastly, in preferential treatment implementations merit is less central in the process as preference may be given to less qualified target group members over more qualified individuals.

Despite the constant references to particularly hard forms of AAPs (preferential treatment) both in the academic literature and the national discourse about AA, a review of relevant legislation and case law verifies that harder forms of AA are in fact illegal. Federal regulations specifically prohibit preferential hiring and promotions and the selection of unqualified candidates is expressly forbidden (U.S. Department of Labor, 2011). Even tiebreak procedures are only considered legal in instances where prior discrimination or serious underrepresentation of the target group has been demonstrated (Pyburn, Ployhart, & Kravitz, 2008). Nonetheless, there is reason to believe that the public’s perception of how AA operates with respect to the centrality of merit is misaligned with legal implementations of the program (Aberson, 2007; Golden, Hinkle, & Crosby, 2001). These perceptions, even if flawed, may be key to understanding the public’s reaction to AA. This is because substantial evidence indicates that, when explicitly provided, information regarding the centrality of merit in an AAP significantly impacts both attitudes towards that AAP and how beneficiaries of that AAP are perceived in terms of competence.

Attitudes Toward Affirmative Action

There is a vast literature dedicated to examining predictors of attitudes toward AA. These predictors can be conceptualized as falling into two broad categories: individual difference variables and structural variables (Kravitz, 1995). While researchers have unequivocally documented the predictive value of a number of individual difference variables - from demographic variables (e.g. race) to psychological variables (e.g. prejudice) (for full review see Kravitz et al., 1997, Harrison et al., 2006), there is evidence suggesting that structural variables may be significantly more important in understanding individuals’ endorsement of AA (Kravitz, 1995). Structural variables refer to implementation details about a particular type of AA program, particularly the centrality of merit in the decision processes vis a vis the weighting of demographic status.

Researchers who have studied the impact of structural variables on attitudes toward AA have overwhelmingly done so by providing explicit, detailed descriptions of an AAP, or a particular component of an AAP, and then asking participants to indicate the extent to which they endorse that plan (Kravitz, 2009). In one such study, Kravitz (1995) found that 77% of the variance in attitudes toward different implementations of AA was accounted for by the structure of the AA plan, while individual difference predictors explained only an additional 4% of the variance. Overwhelmingly, findings have documented a positive relationship between the centrality of merit in an explicitly defined AAP and the endorsement of that AAP: the more weight given to merit in a particular implementation, the more favorably it is evaluated (e.g. Bobocel, Son Hing, Davey, Stanley, & Zanna, 1998; Kravitz, 1995; Kravitz & Platania, 1993; Nacoste, 1985).

Yet little research has examined whether individuals' underlying assumptions regarding the structural features of typical AAPs maintain their predictive power in the absence of specific details about the policy. Nacoste (1994) has argued that individuals are likely to develop policy schemas – a set of beliefs about the “typical” procedures employed in AA. Thus, when details are lacking about how an AAP is implemented, do individuals presume a particular implementation strategy, particularly with respect to the weighting of merit? And, do these structural assumptions in turn predict endorsement? I hypothesized that in the absence of information regarding the structural details of an AAP, assumptions regarding the centrality of merit in typical AAPs, would predict general endorsement of AA. More specifically:

Hypothesis 1: The more likely participants perceive merit to be central in typical AA implementations, the more likely participants will endorse AA as a policy.

The Stigma of Incompetence

Another significant body of literature has been dedicated to examining the psychological consequences of AA for both beneficiaries and non-beneficiaries. One facet of this research has examined how individuals who are believed to have benefited from AA are viewed by others. This body of work generally supports the notion that there is a stigma of incompetence associated with those said (Heilman, Block, & Lucas, 1992; Heilman, Block, & Stathatos, 1997; Resendez, 2002), or presumed to be (Heilman & Blader, 2001), beneficiaries of AA. Importantly, evidence suggests that beneficiaries of AA are penalized *beyond* what would be predicted by stereotyping process more generally (Heilman, Block, & Lucas, 1992).

Overwhelmingly, empirical exploration of this phenomenon has been conducted employing experimental paradigms in the laboratory. The relevance of this work has been challenged by some (e.g. Evans, 2003) due to the strong manipulation of AA as preferential treatment in many of these studies. The argument is that strong preferential treatment with little regard for merit is illegal and unlikely to occur in real selection procedures. As such, the stigma of incompetence associated with AA is largely an artifact of the laboratory. Yet whether an operationalization of AA is legal or not is arguably irrelevant in determining whether beneficiaries actually suffer from the stigma of incompetence in the real world. Rather, I suggest that the *perception* of how AA is typically implemented in the mind of evaluators may be a critical determinant driving these negative psychological consequences.

The importance of understanding individuals' beliefs of how AA typically operates with respect to the stigmatization of beneficiaries is underscored by findings suggesting that the known structure of an AAP is a critical determinant of the degree to which beneficiaries are stigmatized. That is, different AAPs (with respect to their centrality of merit) elicit differential levels of derogation of beneficiaries' competence (Evans, 2003; Heilman, Battle, Keller, & Lee, 1998). For example, Heilman and colleagues (Heilman et al., 1998, study 2) presented participants with information regarding the hire of a white woman who had ostensibly been hired for a job under 1 of 4 selection policies, which varied along the centrality of merit dimension, ranging from solely merit-based to strong preferential treatment. The less merit was seen as central to the decision-making policy, the greater the derogation of her competence. Furthermore, it is noteworthy that in a fifth control condition in which there was no information about the centrality of merit in the decision process – rather, it was only stated that there was an AA program – participants' responses were no different than when they had received information about a policy in which merit criteria had been totally disregarded. This finding is not only consistent with the notion that people may use their own definitions to disambiguate undefined AAPs, but also consistent with the idea that individuals may assume that AA is little more than preferential selection without regard to merit.

Given that AA can elicit the stigmatization of anyone presumed to be a beneficiary of AA - either because AA is said to be in place or because situational cues elicit the inference (Heilman & Blader, 2001) - it seems particularly important to investigate whether individuals' structural assumptions may account for the stigmatization process. I expected that in the absence of specific information about how a plan operates, individuals' perceptions of the centrality of merit in typical AAPs would predict the degree to which they stigmatize beneficiaries of AA as incompetent.

Hypothesis 2: The less likely participants perceive merit to be central in typical AA implementations, the more likely participants will view beneficiaries of AA as incompetent.

STUDY 1

Method

Participants

Nine-hundred and one participants completed a questionnaire (610 women and 274 men). Participants were undergraduate students who participated as part of an introductory psychology requirement. Participants ranged in age from 16 to 35 ($M = 18.99$, $SD = 1.60$); 58.8% were White, 18.4% were Asian-American, 11.2% were Hispanic, 4.8% were African-American, and 6.8% reported Other.

Procedure

Participants were instructed to think about how AA programs typically operate and rate the extent to which they agreed with a series of statements. Participants responded to a series of items intended to tap into different structural aspects of the program, particularly with respect to the centrality of merit (e.g. "In AA programs, merit is the most important criterion for selection decisions"); endorsement of the policy (e.g. "AA is a good policy"); and, perceived competence of beneficiaries (e.g. "People hired under AA programs will perform just as well as those who are not"). For all items, the response scale ranged from 1 (*strongly disagree*) to 5 (*strongly agree*). The items were drawn from past work on this topic (e.g., Kravitz & Platania, 1993) as well as pilot data in which respondents were asked to describe a typical AA program (free response).

Measures

Perceived centrality of merit. The degree to which participants perceived merit as being central to typical AAPs was assessed based on a composite measure of four items: "In AA programs, merit is an important criterion for selection decisions"; "In AA programs, merit is the most important criterion for selection decisions"; "In AA programs, qualifications are important criterion for selection decisions"; "In AA programs, qualifications are the most important criterion for selection decisions". The coefficient alpha for the merit scale was .82.

Endorsement of affirmative action. The endorsement of AA measure was based on two items: "AA is a good policy" and "I do not support AA programs" (reverse coded). The coefficient alpha for the endorsement scale was .93.

Perceived competence of beneficiaries. The perceived competence of AA beneficiaries was assessed using the following six items: "People hired under AA programs are equally qualified as people who are not hired under AA programs"; "Under AA programs, less qualified applicants are selected over more qualified applicants" (reverse coded); "Women and minorities hired under AA programs are just as qualified as women and minorities hired without an AA program"; "People hired under AA policies will perform just as well as those who are not"; "AA programs ensure qualified people get hired for the job"; and, "AA programs ensure the most qualified people get hired for the job." The coefficient alpha for the perceived competence of beneficiaries scale was .85.

Results

Perceived Centrality of Merit

The first task was to descriptively explore participants' perceptions of the centrality of merit as being typical of AA plans. To the extent that perceptions of structure drive important psychological consequences, an understanding of the prevalence of these perceptions is an indicator of the importance of the effect. The mean for the perceived centrality of merit scale was 3.18 ($SD = 0.77$). To get a sense of the distribution, I looked at the percentage of participants that agreed with key statements. Results indicated that participants had varied opinions about how AA programs actually operate. For example, only 21.0%

agreed (15.4% agreed, 5.6% strongly agreed) that merit is the most important criteria for selection decisions, whereas 42.7% disagreed (33.6% disagreed, 9.1% strongly disagreed). Similarly, only 27.2% agreed that qualifications are the most important criteria for selection decisions (20.4% agreed, 6.8% strongly agreed), whereas 37.6% disagreed (30.3% disagreed, 7.3% strongly disagreed).

Endorsement of Affirmative Action

To address the question of whether the perceived centrality of merit in typical AAPs impacts the extent to which individuals endorse the policy, I conducted a hierarchical linear regression in which I regressed endorsement of AA on age, sex, and race in the first step, and perceived centrality of merit, in the second step. Table 1 summarizes the results of this analysis. The individual difference variables entered in the first step accounted for 9% of variance in the endorsement of AA, $R^2 = .09$, $F(6, 823) = 13.60$, $p < .001$. However, controlling for age, sex, and race, perceived centrality of merit accounted for an additional 18 % of the variance, $\Delta R^2 = .18$, $F(1, 822) = 204.50$, $p < .001$. Congruent with the first hypothesis, the more likely merit was perceived to be central in typical AA programs, the more likely participants were to endorse AA, $\beta_{\text{merit}} = .43$, $p < .001$.

TABLE 1
HIERARCHICAL REGRESSION ANALYSES: PREDICTORS OF ENDORSEMENT OF AFFIRMATIVE ACTION AND PERCEIVED COMPETENCE OF BENEFICIARIES (N= 901)

Predictors	Endorsement of AA		Perceived competence of beneficiaries			
	Step 1		Step 1		Step 2	
	ΔR^2	β	ΔR^2	β	ΔR^2	β
	.09**		.18**		.11**	.29**
Age		.06		.05		.08*
Sex (female)		-.03		-.01		.01
Black		.21**		.17**		.23**
Hispanic d		.23**		.17**		.25**
Asian		.01		.02		.02
Other race		.04		.03		.09*
Centrality of merit				.43**		.55**

* $p < .05$; ** $p < .001$

Perceived Competence of Beneficiaries

To address whether the perceived centrality of merit in typical AAPs impacts the extent to which beneficiaries of AA are perceived competent, I conducted another hierarchical linear regression in which age, sex, and race were entered in the first step and perceived centrality of merit in the second step. The results of this analysis are reported in Table 1. Once again, the first step of the model accounted for a significant amount of variance, $R^2 = .11$, $F(6, 813) = 16.08$, $p < .001$. Yet, controlling for age, sex, and race, perceived centrality of merit accounted for an additional 29% of variance, $\Delta R^2 = .29$, $F(1, 812) = 388.17$, $p < .001$. As hypothesized, the more likely merit was perceived to be central in typical AA programs, the more likely participants were to refrain from stigmatizing beneficiaries of AA as incompetent, $\beta_{\text{merit}} = .55$, $p < .001$.

Discussion

These data support the notion that in absence of specific details about a particular AAP, individuals have underlying assumptions about the centrality of merit in “typical” AA implementations. Furthermore, these assumptions explain some of the variance in important psychological consequences associated with

the policy. Specifically, the more merit was perceived to be central in typical AAPs, the more likely participants were to endorse AA and the more likely participants were to view beneficiaries of AA as competent. It is also noteworthy that perceived centrality of merit accounted for at least double the amount of variance in both measures, above and beyond the demographic variables. This finding is consistent with other work that has documented the importance of explicitly described structural details of AAPs, beyond demographic variables.

While the results of the first study lent support for the hypotheses, the data was collected from a student sample. Arguably there are a number of potentially relevant differences between a student and a non-student sample, including that AA in educational systems is different from AA in employment contexts. The student sample is also arguably less likely to have experience working in organizations and thus less experience with AA in employment contexts. These factors may contribute to a differential understanding of how AA programs are typically implemented. Therefore, I administered the survey to participants recruited in the field to test whether the results would generalize to a non-student sample.

STUDY 2

Method

Participants

One hundred and seven participants completed a questionnaire (47 women and 57 men, 3 did not report their sex). Participants were recruited around New York City in parks, train stations, and coffee shops and asked if they would be willing to complete a survey about AA. Participants ranged in age from 22 to 64 ($M = 37.1$, $SD = 11.67$); 74.8% were White, 4.7% were Asian-American, 3.7% were Hispanic, 8.4% were African-American, and 4.7% reported Other. Participants were employed for an average of 9.46 years ($SD = 10.56$) and worked an average of 42.83 hours per week ($SD = 13.46$). Participants reported a wide range of professions including consultants, accountants, and administrative assistants.

Procedure

Individuals were approached and asked if they would be willing to fill out a questionnaire on AA. If so, individuals were further screened to ensure that they had worked at least part time in the past six months and were over the age of 18. Eligible participants were told that we were interested in getting a better understanding of how people think AA programs typically operate. Participants were then provided with the questionnaire and upon completion were thanked for their time and offered a pen as a token of appreciation.

Measures

The same four measures were employed in the field replication study. The coefficient alphas were .80, .88, and .79 for perceived centrality of merit, perceived competence of beneficiaries, and endorsement of AA, respectively.

Results

Perceived Centrality of Merit

The mean for the perceived centrality of merit scale was 3.28 ($SD = 0.91$). In this sample, 38.7% agreed (29.9% agreed; 8.4% strongly agreed) that merit is the most important criteria for selection decisions in AA programs as compared to 39.6% who disagreed (29.2% disagreed; 10.4% strongly disagreed). While 42.8% agreed (32.7% agreed; 7.5% strongly agreed) that qualifications are the most important criteria in selection decisions, 40.9% disagreed (29.9% disagreed; 8.4% strongly disagreed).

Endorsement of Affirmative Action

To address the question of whether the perceived centrality of merit in typical AAPs impacts the extent to which individuals endorse the policy, I employed the same analytical strategy as in study 1. The results of the hierarchical linear regression are summarized in Table 2. The first step of the model that

included the demographic variables accounted for 13% of the variance in endorsement of AA, $R^2 = .13$, $F(6, 91) = 2.26$, $p < .05$. The addition of perceived centrality of merit accounted for an additional 18% of the variance, $\Delta R^2 = .18$, $F(1, 90) = 11.58$, $p < .001$. As predicted, the more likely participants perceived merit to be central in typical AAPs, the more likely they were to endorse AA, $\beta_{\text{merit}} = .46$, $p < .001$.

TABLE 2
HIERARCHICAL REGRESSION ANALYSES: PREDICTORS OF ENDORSEMENT OF
AFFIRMATIVE ACTION AND PERCEIVED COMPETENCE OF BENEFICIARIES
(N= 107)

Predictors	Endorsement of AA				Perceived competence of beneficiaries			
	Step 1		Step 2		Step 1		Step 2	
	ΔR^2	β	ΔR^2	β	ΔR^2	β	ΔR^2	β
	.07*		.17**		.24**		.29**	
Age		-.09		.10		-.25*		.07*
Sex (female)		.16		.14		.16		.03
Black		.22*		.18		.21*		.18**
Hispanic d		-.03		-.03		.12		.17**
Asian		.09		.12		.19*		.02
Other race		.19		.16		.17		.06*
Centrality of merit				.46**				.55**

* $p < .05$; ** $p < .001$

Perceived Competence of Beneficiaries

Once again, I employed hierarchical linear regression (see Table 2) to address whether perceived centrality of merit impacts the extent to which beneficiaries of AA are perceived as competent. Age, race and gender accounted for 24% of the variance, $R^2 = .24$, $F(6, 92) = 4.96$, $p < .001$. Controlling for these demographic variables, the centrality of merit accounted for an additional 21% of the variance, $\Delta R^2 = .21$, $F(1, 91) = 35.92$, $p < .001$. As hypothesized, the more likely merit was perceived to be central, the more likely participants were to refrain from viewing beneficiaries of AA as incompetent, $\beta_{\text{merit}} = .51$, $p < .001$.

Discussion

The results employing a non-student sample replicated the results from the first study and provide additional evidence in support of the hypotheses. Participants recruited in the field also appeared to have varying assumptions as to how AA programs are typically implemented. Moreover, assumptions regarding the centrality of merit were powerful predictors of the psychological attitudes towards AA, above and beyond demographic variables. Specifically, the more likely merit was perceived as central, the more likely participants were to endorse the plan and the less likely they were to view beneficiaries as incompetent.

GENERAL DISCUSSION

These results suggest that individuals have implicit assumptions about the centrality of merit in typical AA implementations. It is notable that across both samples, approximately 40% of participants *disagreed* with statements that merit and qualifications are the most important factors in typical AA implementations. This suggests that many individuals are misguided about how AA is implemented and conceptualize typical AAPs as particularly hard implementations of the program (albeit likely illegal). Yet, these underlying assumptions are critical to the extent that they enlighten important psychological

consequences including attitudes towards (endorsement of) the policy and those who are presumed beneficiaries of the policy.

With respect to endorsement of AA as a general policy, in the absence of specific information about implementation details, the assumptions about the structure of the program appear to operate as definitively as explicit definitions. The more individuals perceive merit as being a central component in how AA is implemented, the more likely they are to support it. These results, when coupled with the seeming prevalence of the misconception of what AA entails, give cause for pause. These findings suggest that some of the opposition to AA may be due to a misconstrual of exactly what the program entails.

Additionally, perceptions regarding the centrality of merit have important consequences for how beneficiaries of AA are viewed. When merit is thought to be central, beneficiaries are less likely to be stigmatized as incompetent. However given the prevalence of participants that *do not* think merit is central in typical AAPs, the stigma of incompetence is very much a potential reality for AA beneficiaries in the workplace. It appears that the operationalization of AA in lab studies as “preferential treatment” is representative of what some individuals consider prototypical of AA. As long as individuals doubt that merit is central to AA (irrespective of whether it represents a legal implementation or not), they are also likely to doubt the competence of those thought to be beneficiaries of the program.

These findings hold some promise for how both organizations and public policy advocates might mitigate some the opposition to AA and the negative consequences potential beneficiaries may be faced with. They suggest that some of these effects may be countered by providing individuals with explicit, objective, and credible information about how AA is actually implemented. Ensuring individuals understand the central role merit plays in the implementation process would presumably leave less room for individual perceptions of the program to color subsequent psychological consequences. Moreover, exposure to the centrality of merit in the operation of individual programs (within an organization for example) may over time culminate in shifting the general public’s perception of the policy as a whole.

Determining how individuals come to conceptualize typical AAPs in the absence of explicit information about an individual program is an important question in need of further empirical testing. An informational hypothesis would suggest that over time, individuals are exposed to information – media outlets, politicians, and public discourse more generally - about the centrality of merit in typical AAPs. This differential information may in turn predict attitudes towards AA. Yet a motivated cognition hypothesis is also plausible and would suggest that differential attitudes determine the “definitions” individuals choose to adopt. For example, there is some evidence that non-beneficiaries of AA (White men) may be more likely to conceptualize AA as quota system – a system often equated with a disregard for merit in the decision making process - as a mechanism to protect self esteem (Unzueta, Lowery, & Knowles, 2008). However, even if motivational forces are at work in how individuals construe their definitions of AA, the general ambiguity surrounding typical AAPs is likely to fuel these processes and leave their accuracy unchecked. To the extent that organizations and public policy advocates can repeatedly provide explicit evidence regarding the centrality of merit in typical AAPs, this would presumably quell the ability of individuals to define the policy on their own.

In sum, this study provides evidence that in the absence of explicit information regarding the centrality of merit in an AAP, individuals have their own assumptions regarding this important structural variable. These assumptions may be central to understanding resistance to the program. Moreover, these findings suggest that the stigma of incompetence beneficiaries may face is likely a reality in the workplace. Irrespective of the determinants of these structural assumptions, ensuring the provision of explicit information that clearly articulates the centrality of merit in AA policies, is likely to have promising impact. The extent to which perceptions of the program can be aligned with accurate information about how AA is typically implemented may bring us one step closer to resolving this longstanding social debate.

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