The IRAP is not very sensitive

to the attitudes and learning histories it seeks to assess

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# Abstract

Several recent articles have reached the same conclusion that effects on the Implicit Relational Assessment Procedure (IRAP) are biased in some way or demonstrate generic patterns of effect regardless of what domain is being assessed. Multiple accounts have been advanced to explain why this might be the case. However, no work has sought to either (a) precisely estimate this generic effect or (b) consider its implications for the validity of conclusions in published and future research. This study pooled published and unpublished (file-drawer) studies in multiple domains to obtain a large sample size (*N* = 501). Results demonstrated a specific generic pattern among IRAP effects that was common across domains. The majority of variance in IRAP effects is attributable to the generic pattern rather than the domain being assessed. The IRAP is therefore relatively insensitive to the attitudes or learning histories that it is intended to assess. The existence of the generic pattern may also undermine the validity of many conclusions made in the published IRAP literature.

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Implicit measures have seen widespread use across many clinical and social domains over the past two decades and are now a mainstay of psychological measurement (Greenwald & Lai, 2020; Nosek et al., 2011). A wide variety of implicit measures have been created, with each procedure having unique features and benefits. In particular, the Implicit Relational Assessment Procedure (IRAP: Barnes-Holmes et al., 2010) is acknowledged to be one of few implicit measures that allows researchers to assess the *relations* between stimuli of interest (Gawronski & De Houwer, 2011). That is, the IRAP can assess not only how automatically concepts and attributes are associated (e.g., self and negative) but also the manner in which they are related. For example, the distinction between “I *am* bad” versus “I *want to be* bad” (Remue et al., 2013, 2014).

## Generic patterns in IRAP data

However, the IRAP has also been subject to an important criticism: effects on the task appear to suffer from a ‘positive framing bias’. Stimulus categories are often evaluated positively on the IRAP even whenthe participant would be expected to hold neutral or negative attitudes towards that category (O’Shea et al., 2016). This effect may explain some of the counter-intuitive findings in the IRAP literature, such as the finding that normative participants demonstrate positive evaluations of death on the IRAP (Hussey, Daly, et al., 2015).

More specifically, O’Shea et al. (2016) argued that this effect occurs due to the valence of the IRAP response options: ‘True’ is more positively valenced than ‘False’, and valence congruence between the response option and the valence of the attribute stimuli generate positive IRAP effects. To put this another way, whereas the IRAP is intended to provide a measure of the automatic relating of the category and attribute stimuli (e.g., ‘Black people’ and ‘Pleasant’), the effect may instead be driven by the congruence between the valence of the attribute stimuli and response option (e.g., ‘Pleasant’ and ‘True’ vs. ‘False’). O’Shea et al. (2016) therefore advance two key ideas: (1) they argue that IRAP effects are driven in large part by some factor that is unrelated to the phenomenon that is of direct interest to researchers using the task, and (2) they advance a specific explanation of this, which will we refer to here as the ‘valence congruence account’.

Subsequent research has agreed with the idea that IRAP effects are influenced by factors other than category-attribute relations, but have provided alternative explanations of why this phenomenon occurs. Finn et al. (2016) employed an IRAP which involved relating non-evaluative stimuli (i.e., colors and shapes). Despite including no evaluative stimuli, a comparable bias was demonstrated, whereby effects on some trial types were larger than others. This would seem to suggest that O’Shea et al.’s (2016) valence congruence account is insufficient. Finn et al. (2016) advanced an alternative account of this effect, which they continued to develop in a subsequent publication (Finn et al., 2018). The key point to be appreciated here is that while O’Shea et al. (2016) and Finn et al. (2016, 2018) disagree as to the *cause* of this bias in IRAP effects, they presence, replicability, and generalizability of these biases in IRAP effects is apparently uncontroversial.

## Goals of the current research

In contrast with previous work, which has focused on explanations of these biases in IRAP effects, the current research seeks to (1) quantify this bias more precisely, and (2) consider its implications for the validity of the conclusions made in the published literature. We will hereafter refer to these biases as the ‘generic pattern’ observed in IRAP effects.

Previous debate about the nature of any generic pattern may have been driven by the fact that this pattern has not yet been well estimated, due to a combination of small sample sizes (typically 40 to 60 participants) and a limited range of domains. In order to overcome this, this article therefore used an unprecedently large sample (*N* = 501) across multiple attitude domains (*k* = 7). This was achieved by collating data from published and unpublished IRAP studies conducted across two labs that undertook multi-year IRAP research programs. This work aimed to: (1) assess the evidence that IRAP effects tend to follow a generic pattern; (2) estimate the generic pattern more precisely; (3) understand the severity of the generic pattern by quantifying the proportion of variance in IRAP effects that comes from undesirable sources (i.e., the generic pattern) versus desirable sources (i.e., sensitivity to the domain being assessed); and (4) make recommendations about which common analytic strategies give rise to valid versus invalid inferences as a result of this generic pattern.

# Method

All analysis code is available on the Open Science Framework ([osf.io/vhzsn](https://osf.io/vhzsn/)). We report how we determined our sample size, all data exclusions, all manipulations, and all measures in the study (Simmons et al., 2012).

## **Data**

Data was pooled from among the authors’ published and unpublished (file-drawer) IRAP studies. The current study therefore employs secondary analysis of existing data, with sample size being determined by data availability. Inclusion criteria were as follows: (1) Studies must include at least one standard IRAP (i.e., not variants such as the MT-IRAP or Training IRAP). (2) The study must have been completed in an experimental setting from university student populations. (3) The IRAP must employ single-word, valenced attribute category stimuli (e.g., positive vs. negative). This did not include other more specific categorizations (e.g., masculine/feminine) or more elaborate propositions (e.g., ‘I can approach’ vs. ‘I cannot tolerate it’). This served to limit the differences between IRAPs to the domain being evaluated while keeping other aspects of the procedure relatively consistent. (4) The IRAP must have used ‘True’ and ‘False’ as response options within the procedure. (5) When a study employed multiple IRAPs within participants, only the first IRAP that each participant completed was included. Data from tasks other than the IRAP and demographics items were not considered.

Data from 11 studies across 7 domains and a total of 501 participants met inclusion criteria. Some of this data has been used in other publications for different purposes (Drake et al., 2016; Hussey, Daly, et al., 2015). This sample size is roughly 10 times the size of the typical IRAP study, and includes more participants that the all studies combined in a previous meta-analysis of clinically-relevant IRAP effects (Vahey et al., 2015).

## Performance exclusions

Participants whose percentage accuracy or mean reaction time on the IRAP test blocks were more than 2.5 standard deviations from the mean were excluded as outliers. These exclusions were calculated separately for each domain to allow for differences in the distributions of mean reaction times. This method was adaptive to differential mean response latencies between domains, removed the need for an arbitrary cutoff, and is consistent with recommendations for the treatment of outliers in the wider reaction-time literature (Ratcliff, 1993; Whelan, 2008). A total of 21 participants (4%) were excluded on this basis. In the remaining participants, accuracy and latency performances were typical of previous IRAP studies (*M*RT = 1482, *SD* = 268; *M*accuracy = 92%, *SD* = 4.7%).

## Participants

Ethical approval for each original study was granted by the local institutional review board, and informed consent was obtained from all individuals prior to participation. The final analytic sample after performance exclusions contained 480 participants (307 women [64%], 159 men [33%], 1 identified as nonbinary; *M*age = 21.4, *SD* = 6.5). 13 participants had missing demographics data. *N*s per domain were: 29 Body Image, 122 Life-Death, 97 Lincoln-Hitler, 62 Personalized Friend-Enemy, 112 Race, 35 Religion, and 23 Non-Words.

## Measures

The IRAP is a computer-based reaction time task. Its procedural parameters have been discussed in great detail in many other papers (Barnes-Holmes et al., 2010; Hussey, Thompson, et al., 2015), and so only a brief overview will be provided here (see Hussey, 2020). On each block of trials, participants are presented with images or words at the top of the screen and in the middle of the screen. Response options are presented on the bottom left and bottom right sides of the screen, and are mapped to the left and right response keys. In order to progress to the next trial, the correct response must be given. Incorrect responses result in a red X being presented on screen. Between blocks of trials, this correct response changes so that, for example, participants must respond to “white people” and “dangerous” with “True” on one block and “False” on the other block. Participants complete pairs of these blocks in two phases: practice and testing. In order to progress from practice to testing, the participant must respond quickly and accurately on both blocks within the pair (typically with median reaction time < 2000 ms and percentage accuracy > 80%). Should they fail to meet this criteria, the participant completes another pair of practice blocks. Should they meet the criteria, they progress to the testing phase where they complete three pairs of blocks in a row. Following standard practice, only reaction time data from the test blocks is used in the analyses (Hussey, Thompson, et al., 2015).

## Data processing

IRAP studies typically use the *D* scoring method to convert each participant’s reaction times into analyzable values. The *D* score has some similarities to Cohen’s *d*, insofar as it is a trimmed and standardized difference in mean reaction time between the two block types. The specifics of the *D* score have been discussed in precise detail in other publications (Barnes-Holmes et al., 2010; Hussey, Thompson, et al., 2015) and therefore will only be summarized here. Its key points are that reaction times > 10,000 ms are trimmed, a mean reaction time is calculated for the trials in each block type, and a standard deviation is calculated for the pooled trials in both blocks. The difference between the means is then divided by the standard deviation, resulting in a *D* score.

Four *D* scores were calculated for each IRAP, one for each of the four trial-types (e.g., ‘life – positive’, ‘life – negative’, ‘death – positive’, ‘death – negative’). Data for each study was scored so that positive *D* scores referred to faster responding on the blocks assumed to be consistent with participants’ learning histories, as in the original studies. For example, positive *D* scores on trial-type 1 on the body-shape IRAP referred to faster responding to the stimulus pair ‘thin – positive’ with ‘True’ relative to ‘False’; comparably, positive *D* scores on trial-type 1 on the Christian-Muslim IRAP referred to faster responding to ‘Christians – Safe’ with ‘True’ relative to ‘False’. Details of each IRAP’s stimuli, task parameters, and responding rules can be found in Table 1.

**Table 1.** Stimuli sets used in each IRAP.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Death | | | Race | | Body shape | Christian-Muslim | Lincoln-Hitler | Friend-enemy | Non-words |
|  | Death 1 | Death 2 | Death 3 | Race 1 | Race 2 |  |  |  |  |  |
| Category 1 | My Life | My Life | Living | *Images of white faces* | White people | Skinny | Christians | Abraham Lincoln | [friend's name] | CUG |
| Category 2 | My Death | My Death | Dying | *Images of black faces* | Black people | Fat | Muslims | Adolf Hitler | [enemy's name] | VEC |
| Attributes 1 | Exciting | Escape | Exciting | Safe | Good | Active | Compassionate | Caring | Caring | Exciting |
|  | Great | Calm | Great | Friendly | Worthy | Attractive | Correct | Friend | Friend | Great |
|  | Lovely | Soothing | Lovely | Polite | Deserving | Desirable | Good | Good | Good | Lovely |
|  | Pleasant | Relief | Pleasant | Kind | Superior | Disciplined | Loving | Nice | Nice | Pleasant |
|  | Satisfying | Peaceful | Satisfying |  | Motivated | Good | Safe | Safe | Safe | Satisfying |
|  | Enjoyable | Comfort | Enjoyable |  | Smart | Healthy | Truthful | Trustworthy | Trustworthy | Enjoyable |
| Attributes 2 | Distressing | Distressing | Distressing | Dangerous | Bad | Bad | Cruel | Bad | Bad | Distressing |
|  | Awful | Awful | Awful | Aggressive | Deficient | Ill | Flawed | Cruel | Cruel | Awful |
|  | Hurtful | Hurtful | Hurtful | Rude | Inadequate | Lazy | Bad | Dangerous | Dangerous | Hurtful |
|  | Horrible | Horrible | Horrible | Violent | Inferior | Sloppy | Hateful | Enemy | Enemy | Horrible |
|  | Painful | Painful | Painful |  | Lazy | Disgusting | Dangerous | Hateful | Hateful | Painful |
|  | Upsetting | Upsetting | Upsetting |  | Stupid | Ugly | Dishonest | Selfish | Selfish | Upsetting |
| *Notes*: The friend-enemy IRAP employed personalized category 1 and 2 stimuli that were provided by the participant. | | | | | | | | | | |

# Results

## Comparisons of different domains

We report both frequentist (*p*-value based) and Bayes Factors ANOVAs. The former has the benefits of providing multiple metrics of effect size. The latter have the benefit of being able to quantify the evidence in favor of the null hypothesis, which was relevant to our research question here. Note that it is a common misconception that a non-significant *p* value can be interpreted as evidence for absence of differences between condition, but this is in fact not the case (Greenland et al., 2016). All analyses were done in R (R Core Team, 2020) using the packages ez (Lawrence, 2016), schoRsch (Pfister & Janczyk, 2019), and BayesFactor (Morey et al., 2018).

First, we assessed the evidence for a generic pattern among IRAP effects. Next, we assessed the size of the generic pattern relative to the IRAP’s sensitivity to the stimulus domain being assessed. We hypothesized that if the IRAP is relatively sensitive to the domain being assessed, a greater proportion of variance should be attributable to the main effect for IRAP stimuli domain and/or the interaction between domain and trial type. However, if IRAP effects are mostly driven by the generic pattern, then the main effect for trial type effect would be larger. This would imply that the IRAP is relatively insensitive to the stimulus domain being assessed.

A mixed within-between frequentist ANOVA was run using type III sum of squares method with IRAP *D* scores as the DV, IRAP trial-type as the within subjects IV (category A-positive, category A-negative, category B-positive, category B-negative), and domain as the between subjects IV. Only data from the domains using known-words was used (i.e., all domains other than the non-words IRAP). This revealed a main effect for both domain, *F*(5, 451) = 3.87, *p* = .002, and trial-type, *F*(3, 1353) = 123.65, *p* < .001, but not their interaction, *F*(15, 1353) = 0.69, *p* = .789. A comparable Bayes Factor ANOVA was run using a default prior (JZS prior with Cauchy distribution with *r* = 0.5 placed on the effect size). In the case of main effects, Bayes Factors compared the hierarchical models of (H1) all main effects, relative to (H0) all main effects other than the effect of interest (i.e., the equivalent of frequentist type II sum of squares method). In the case of interaction effects, Bayes Factors compared the hierarchical models of (H1) all main effect and their interaction effect, relative to (H0) all main effects without the interaction effect of interest (i.e., the equivalent of frequentist type III sum of squares method). Results were interpreted following the guidelines defined by Lee and Wagenmakers (2013). For readers less familiar with Bayes factors, BF10 > 3 corresponds very roughly with *p* < .01 in the frequentist framework (although it should be noted that the two do not have a one-to-one interpretation and can provide divergent results; for a thorough yet accessible introduction to analyses using Bayes Factors see Rouder et al., 2009). Results provided no strong evidence for or against the main effect for domain (BF10 = 1.63), extreme evidence for trial type (BF10 > 1000), and extreme evidence against the interaction effect (BF10 < 0.001). Results from both frequentist and Bayes Factors hypothesis testing methods therefore supported the conclusion that IRAP effects are mostly driven by the generic pattern rather than the domain being assessed. Figure 1 (upper panel illustrates the comparable generic pattern in between-trial type effects that is observed in all domains.

Frequentist standardized effect sizes were also calculated, where η2 refers to the percentage of variance explained (akin to *r*2); (‘partial’) η2*p*refers to the percentage of variance explained after controlling for all other effects; and (‘generalized’) η2*g* also refers to percentage of variance after controlling for other effects, but is corrected to be interpretable across differential factorial designs (e.g., number of levels and within vs. between factors; see Lakens, 2013). All three metrics are reported here to maximize informativeness. Confidence intervals were bootstrapped using the case removal and percentile method with 1000 replications. Median bootstrapped estimates are reported for robustness. Following standard practice, 90% confidence intervals are reported on the basis that squared effect sizes can only be positive numbers. Comparisons can be made between the effects on the basis of the non-overlap of these intervals. Given the mix of within and between-subject effects, η2*g* is the most appropriate metric to compare in order to make such inferences. Results demonstrated that the majority of variance in IRAP effects was explained by the main effect for trial type (η2 = 0.70, 90% CI [0.63, 0.77], η2*p* = 0.22, 90% CI [0.19, 0.25], η2*g* = 0.16, 90% CI [0.13, 0.18]) with only a small fraction explained by either the main effect for domain (η2 = 0.06, 90% CI [0.03, 0.10], η2*p* = 0.05, 90% CI [0.02, 0.07], η2*g* = 0.02, 90% CI [0.01, 0.03]) or the interaction between domain and trial type (η2 = 0.04, 90% CI [0.02, 0.06], η2*p* = 0.01, 90% CI [0.01, 0.02], η2*g* = 0.01, 90% CI [0.00, 0.02]). Results from the effect sizes therefore also supported the conclusion that IRAP effects are mostly driven by the generic pattern and are relatively insensitive to the domain being assessed.

## Comparisons of known domains and non-word stimuli

A second set of ANOVAs compared IRAP effects between trial type and stimuli type – that is, between IRAPs that employed words as known concept category domains (e.g., race, religion, etc.) versus unknown non-words (i.e., evaluations of the non-words CUG and VEC, as used in O’Shea et al., 2016). This revealed a main effect for trial type, *F*(3, 1434) = 34.30, *p* < .001,η2 = 0.82, 90% CI [0.68, 0.89], η2*p* = 0.07, 90% CI [0.04, 0.09], η2*g* = 0.05, 90% CI [0.03, 0.06], but no evidence for a main effect for stimuli type, *F*(1, 478) = 0.41, *p* = .520, η2 = 0.01, 90% CI [0.00, 0.06], η2*p* < 0.01, 90% CI [0.00, 0.01], η2*g* < 0.01, 90% CI [0.00, < 0.01], or their interaction effect, *F*(3, 1434) = 0.99, *p* = .394, η2 = 0.04, 90% CI [0.00, 0.11], η2*p* < 0.01, 90% CI [0.00, 0.01], η2*g* < 0.01, 90% CI [0.00, 0.01]. Bayes Factors provided extreme evidence for trial type (BF10 > 1000), moderate evidence against stimuli type (BF10 = 0.18), and strong evidence against the interaction effect (BF10 = 0.09). Results suggested that, given available data, there is reason to believe that a similar generic IRAP pattern emerges regardless whether the concept words employed in the task are from known domains (e.g., race, religion) or unknown non-words. The generic pattern among IRAP effects, even among non-word stimuli, is illustrated in Figure 1 (lower panel).



**Figure 1.** IRAP effectsbetween domains (upper panel) and between words vs. non-words IRAPs (lower panel). Error bars represent 95% CIs.

# Discussion

Both hypothesis testing methods and effect sizes support the conclusion that IRAP effects are predominantly driven by a generic pattern among the trial-types rather than the domains being assessed. The IRAP is therefore relatively insensitive the attitudes or learning histories that it is intended to assess. Due to our far larger sample size and variety of domains, results also shed light on the nature of the effect: the generic pattern appears to take the form of a specific pattern among the trial-types (see Figure 1). In behavioural terms, the category stimuli exert relatively weak stimulus control over the relative speed of responses relative to other, likely less interesting, sources of control. However, it should be noted that these negative implications for the IRAP are agnostic to the level of analysis used by a researcher, whether represenationalist (e.g., that IRAP effects can be used to measures implicit attitudes or associations in memory, etc.) or functional analytic-abstractive (e.g., in terms of relational responding or other concepts developed within Relational Frame Theory; see Barnes-Holmes & Hussey, 2016; Hughes et al., 2011, 2012).

The presence of this generic pattern is problematic for most research using the IRAP. Generally speaking, when researchers use the IRAP in their research, they wish to use the task to help explain another phenomenon of interest (i.e., behaviour within the IRAP functions as the thing that explains: the *explanans*) rather than in order to investigate behaviour within the IRAP itself (i.e., where behaviour within the IRAP represents the thing to be explained: the *explanandum*), although exceptions do exist (Finn et al., 2016, 2018; O’Shea et al., 2016). In the IRAP’s modal use-case, the presence of a generic pattern is likely to either represent a strong barrier to the task being useful to their goals. Or, more worryingly, the generic pattern may cause researchers to make invalid inferences, by misattributing the presence of IRAP effects to attitudes or learning histories when they are instead merely instances of the generic pattern. For example, Hussey, Daly, et al. (2015) concluded that normative participants demonstrated counter intuitive positive evaluations of death. In light of the generic pattern among IRAP effects, it would be more accurate – and less interesting – to characterize these results merely as ‘the generic pattern among IRAP effects was observed’, with no reference to what this might say about the original domain of interest.

## Implications for the validity of conclusions in the published literature

The existence of a generic pattern has significant implications for how the results of past and future IRAP studies should be interpreted. Indeed, many of the conclusions made in the published literature may be undermined or invalidated. To understand why this is the case, consider that, by definition, the generic pattern means that non-zero IRAP effects are likely to be observed regardless of whether participants possess attitudes or learning histories that would previously be expected to be the source of such IRAP effects. As such, the presence of IRAP effects – that is, *D* scores that are significantly different from zero – cannot be equated with evidence of implicit attitudes (i.e., cognitive abstractions) or learning histories involving the category stimuli (i.e., behavioural abstractions). Analyses that treat *D* = zero point as a reference point, even tacitly, will therefore produce false or invalid domain level inferences. Somewhat unfortunately, this concern about the validity of conclusions when the zero point is treated as meaningful have been around as long as the IRAP itself (Blanton & Jaccard, 2006). However, these have previously been conceptual arguments, where the current work is empirical.

In order to explicate which specific types of analyses and conclusions are impacted by the presence of the generic pattern among IRAP effects, we discuss each of the most common forms of analysis of IRAP data in turn. Table 2 provides a summary of the most common comparisons, research questions, analytic methods, and inferences from IRAP data, and the validity of such conclusions in light of the generic pattern. Figure 2 uses results from a hypothetical between-groups IRAP study to illustrates some of these common comparisons and the validity of their domain level conclusions.

**Table 2.** A description of commonly-used methods of analysis for IRAP data, as well as the inferences which tend to be made on their basis.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Comparison | Example research question | Analytic method | Common inference | Validity |
| Mean *D* scores from a single trial-type compared against 0 | Is the “White people – positive” *D* score significantly different from zero? | One-sample *t*-test | A “White people – positive” bias was observed. | Invalid |
| Mean *D* scores within-subject compared between-trial types | Does participant 1’s “White people – positive” *D* score differ from their “White people – negative” *D* score? | Within-subjects *t*-test/ANOVA | “White people – positive” biases were larger than “White people – negative” biases. | Invalid |
| Mean *D* scores from a given trial-type and participant compared between time points | Do *D* scores on the “white people – positive” differ between timepoints 1 and 2? | Within-subjects *t*-test/ANOVA | “White people – positive” bias did not change between timepoints/after the intervention. | Valid |
| Mean *D* scores from a given trial type compared between-subjects | Do effects on the “White people – positive” *D* score differ between Black and White participants? | Between-subjects *t*-test/ANOVA | White people demonstrated a larger “White people – positive” bias than Black people. | Valid |
| *D* scores from a given trial type correlated with other trial-types | Are “White people – positive” *D* scores negatively associated with “White people – negative” *D* scores? | Correlation/regression | Positive evaluations of White people are negatively associated with negative evaluations of White people. | Valid |
| *D* scores from a given trial type correlated with external variables | Are “Black people – negative” *D* scores positively associated with self-reported racism? | Correlation/regression | Negative evaluations of Black people on the IRAP and in a self-reported racism scale are positively associated. | Valid |
| *Notes:* Validity refers to the validity of domain-level conclusions in light of the presence of the generic pattern among IRAP effects. | | | | |



**Figure 2.** Comparisons that would produce valid versus invalid domain-level conclusions on a hypothetical IRAP.

It is useful to unpack the example comparisons made in Figure 2 in detail in order to understand the validity of their domain level conclusions. In the case of the comparison labelled (a), a researcher might observe that the ‘White people – positive’ trial type showed an effect that was significantly greater than zero (e.g., using a one-sample *t* test). While it is indeed correct to describe the group as having demonstrated a non-zero IRAP effect here, it would be invalid to interpret this as evidence of a domain-specific effect. For example, the conclusion that “the sample evaluated White people positively”, or other similar conclusions, would be invalid because this particular IRAP effect would likely be generated regardless of what category stimuli were used. That is, our understanding of the generic pattern implies that the effect in our hypothetical study likely has little to do with the stimulus category ‘White people’, and therefore no conclusions regarding participants evaluations of ‘White people’ should be made. In general, we therefore recommend that comparisons of IRAP *D* scores against the zero point (e.g., via one sample *t* tests) should be avoided when attempting to make conclusions about the domain being assessed in an IRAP.

For the comparison labelled (b), a researcher might observe that the ‘Black people – negative’ trial type showed an effect that was significantly larger than the ‘Black people – positive’ trial type (e.g., using a paired samples *t* test). They might then make the domain level conclusion that ‘implicit negativity towards Black people is stronger than implicit positively towards them’. Although initially less obvious, this inference still relies on a common interpretation of the zero point between the two trial types (i.e., that *D* = 0 has some shared domain-level meaning between trial types). However, the empirical data we presented earlier demonstrates that this is not the case, as the generic pattern takes the form of IRAP effects of different magnitudes between trial-types (see Figure 1). As such, this conclusions would also be invalid. In general, we therefore recommend that comparisons of IRAP *D* scores between trial types within a single IRAP (e.g., via paired-samples *t* tests) should be avoided when attempting to make domain level conclusions.

Finally, for the comparison labelled (c), a researcher might observe that mean effects on the ‘Black people – negative’ trial type were significantly different between control and intervention conditions. They might then conclude that their intervention ‘served to reduce implicit negativity towards Black people’. Because this comparison involves scores on only a single trial-type, with no direct or tacit reliance on interpretation of the zero point, this domain level conclusion would not be invalidated by the existence of the generic pattern among IRAP effects. Similarly, a comparison made within-subjects on the same trial-type (e.g., pre-post intervention) would also remain valid. Although not illustrated in Figure 2, domain-level conclusions of the results of correlations among trial types and between trial types and external variables (e.g., self-report or behavioural tasks) are also unaffected by the existence of the generic trial type effect (see Table 2).

Given that we have argued that many common analyses of IRAP data give rise to invalid results, it would seem important to assess the prevalence of such invalid inferences and conclusions in the published literature. While this is beyond the scope of the current article, a systematic review of the IRAP literature is being conducted to address this question. We readily admit that many articles we ourselves have written are likely to contain invalid inferences.

## Conclusions

Evidence from a large dataset of published and unpublished IRAP studies demonstrated that IRAPs examining very different domains – even those using non-words – demonstrate startlingly similar patterns of effect. This finding is in agreement with several recent papers in the literature that argue that there is a generic pattern among IRAP effects. However, due to its relatively large sample size, this study is the first to quantify the generic pattern more precisely, and to consider its implications for the validity of published and future IRAP studies. Multiple common analyses of IRAP data are likely to produce invalid domain level conclusions. There is therefore a strong need to systematically evaluate the prevalence of these types of analyses and invalid inferences in the published IRAP literature.

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