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ARTICLE



An examination of ingroup preferences among people with multiple socially stigmatized identities

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ABSTRACT

The current study uses large datasets from the Project Implicit website to better understand the role of belonging to multiple stigmatized groups on ingroup attitudes. Participants from stigmatized groups completed explicit and implicit measures of attitudes in three domains – race, sexuality, and disability. Our investigation focused on whether occupying multiple stigmatized identities (compared to a single stigmatized identity) is associated with the magnitude of ingroup preferences on a single dimension. The results showed that: (1) there is considerable variation in the strength of ingroup favoritism across members of stigmatized groups, (2) Black people (particularly Black men) showed the weakest levels of ingroup preference, and (3) White women in particular showed the greatest degree of ingroup preferences.

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stigmatized identities;
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In 2017, only nine of the 376 articles appearing in *Journal of Personality and Social Psychology*, *Personality and Social Psychology Bulletin*, and *Journal of Experimental Social Psychology* (three of the top journals in social psychology) used participant samples specifically comprised of people with multiple socially stigmatized identities (e.g. individuals who identify as both racial and sexual minorities). The picture in 2018 was similar (7 of 382 articles). This lack of representation from individuals with multiple stigmatized identities highlights how psychological processes or outcomes unique to such groups are overlooked in the broader social psychological literature (Goff & Kahn, 2013). Given the importance of intersectionality in understanding experiences of identity (Cole, 2009), the present work sought to leverage the existence of large datasets to present the first analysis of ingroup preference among people with multiple stigmatized identities. Specifically, we investigate how occupying multiple stigmatized identities (compared

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Authors' Note

The third and last authors are consultants with Project Implicit, Inc., a non-profit organization that includes in its mission “to develop and deliver methods for investigating and applying phenomena of implicit social cognition, including especially phenomena of implicit bias based on age, race, gender, or other factors.” Project Implicit supported this research. All study materials are available on the Open Science Framework (<https://osf.io/hm82a/>).

 Supplemental material, datasets, and syntax are available at <https://osf.io/hm82a/>

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to a single stigmatized identity) is related to implicit and explicit ingroup attitudes regarding race, sexual orientation, and disability.

Possessing multiple stigmatized social identities can add complexity to the experience of stigmatization and carry important psychological implications for one's own sense of identity (Kang & Bodenhausen, 2015). Previous work has suggested that one outcome associated with holding multiple stigmatized identities is that of "intersectional invisibility" (Purdie-Vaughns & Eibach, 2008), wherein individuals with multiple stigmatized identities are viewed as non-prototypical members of each of their groups and, as a result, experience unique consequences of such stigmatization. For instance, given existing tendencies toward ethnocentrism (envisioning the standard person as a member of the dominant ethnic group, such as White in the United States; Devos & Banaji, 2005) and androcentrism (envisioning the standard person as male; Eagly & Kite, 1987; Hegarty & Buechel, 2006), Black women are perceived as non-prototypical for both their race and gender identities.

One result of intersectional invisibility is that individuals possessing multiple stigmatized identities are then viewed as less representative of those identities. Indeed, one study found that participants completing a speeded categorization task were slower to associate the category of "Black women" with the concept of "Black" than the category of "Black men", and were also slower to associate the category "Black women" with the concept of "woman" than the category of "White women" (Thomas, Dovidio, & West, 2014). In other work, participants' likelihood to write about a male when prompted to simply describe a "person" was higher when the person was Black (Schug, Alt, & Klauer, 2015); that is, compared to other racial prompts, participants were less likely to imagine a woman when told to think of a Black person. A related effect is observed in the development of unique stereotypes toward individuals with multiple stigmatized identities that are not merely the combined stereotypes of each individual stigmatized identity. For instance, when participants were asked to generate stereotypical attributes of Black women, 10 of the 15 most popular responses were not listed when participants were similarly asked to generate stereotypical attributes for Black people and women separately (Ghavami & Peplau, 2013).

The influence of non-prototypicality also has the potential to shape individual's lived experiences. For example, Black women are less likely to be recognized and have their contributions correctly remembered in a group discussion compared to their White male, Black male, and White female counterparts (Sesko & Biernat, 2010). Separate work has found that individuals with a disability are more likely to have filed formal allegations of disability harassment when also having other stigmatized identities (e.g. in regards to race or gender; Shaw, Chan, & McMahon, 2012). Furthermore, people with multiple stigmatized identities reported feeling more invisible, receiving more unfair treatment, and having greater stereotype concerns than people have one or no stigmatized identities (Remedios & Snyder, 2018). Put simply, past research strongly supports the conclusion that possessing multiple stigmatized identities leads to unique psychological consequences in perception and treatment that are more than simply the added effects associated with each individual stigmatized identity.

The present work

The present work seeks to advance research on individuals holding multiple stigmatized identities by investigating the role of ingroup preferences in attitudes. While the already limited previous literature focuses on people with multiple stigmatized identities as

targets of non-stigmatized perceivers' attitudes, even less work has examined their own attitudes toward their groups. Ingroup preferences in attitudes are highly robust (Mullen, Brown, & Smith, 1992), develop early in life (Dunham, Baron, & Banaji, 2008), are related to meaningful behavior (Jellison, McConnell, & Gabriel, 2004), and are associated with strength of ingroup identity (Tajfel & Turner, 1986). In short, ingroup attitudes are a key factor in understanding individuals' behavior toward and identification with fellow stigmatized group members.

In the current study, we focus on attitudes concerning three socially stigmatized groups in the United States: Black people, gay people, and disabled people. Given the widespread influence of ethnocentrism and androcentrism in perception and behavior, we then investigate how individuals' race and gender identities are associated with the magnitude of ingroup preferences on these stigmatized identities. First, we investigate how occupying a stigmatized gender identity impacts ingroup racial attitudes among Black participants. Next, we examine whether ingroup preference among gay participants is associated with individuals' race and gender identities and run a similar analysis among participants who self-identify as disabled. Specifically, we compare the strength of (1) ingroup racial attitudes between Black men and Black women; (2) ingroup sexuality attitudes across White and Black gay men and women; and (3) ingroup disability attitudes across White and Black disabled men and women.

Drawing from prior work on intersectional invisibility (Purdie-Vaughns & Eibach, 2008), one potential outcome is that being a non-prototypical member of a marginalized group *weakens* ingroup preference. That is, the consistent treatment and perception that one is a non-prototypical member of a group could lead to lower ingroup favoritism. For instance, as Black women are not perceived as prototypically Black, they may show weaker ingroup racial preference compared to Black men. Similarly, as ethnocentrism and androcentrism would suggest the exemplar for both gay and disabled people is a White man, it is possible that Black men, Black women, and White women are *all* non-prototypical exemplars and would therefore show weaker ingroup favoritism relative to White men. Such results would align with work on Social Identity Theory (SIT; Tajfel & Turner, 1979), which argues that people use their ingroup identity as a means of deriving a positive self-concept; as a result, when members of a stigmatized group are viewed and treated as non-prototypical, they may then rely on that identity less when forming their self-concept and in turn have weaker feelings of ingroup preference.

Another possible outcome is that due to their non-prototypicality, people with multiple stigmatized identities are less likely to be the target of discrimination based on any single stigmatized identity, which may *strengthen* ingroup preference. For instance, because men are more likely than women to be defined as the prototypical member of many social groups, men with stigmatized identities may be greater targets for active forms of oppression based on that identity. For example, since people hold more negative attitudes toward gay men than gay women (Kite & Whitley, 1996), gay men may then be the target of more negative treatment based on their sexual orientation, leading to weaker ingroup preference for gay people in general among gay men.

In terms of gender, this outcome would be consistent with the notion from social dominance theory of the "subordinate male target" (Sidanius & Pratto, 1999), wherein forms of oppression are disproportionately allocated toward men versus women. For instance, in an audit study investigating discrimination in car sales, Black men were told

higher estimates than Black women (Ayres & Siegelman, 1995), with similar results emerging in a meta-analysis looking more generally at treatment of male versus female members of stigmatized groups in the context of hiring discrimination (Sidanius & Pratto, 1999). To the extent that such discrimination leads to weaker identification with one's own racial group, males with stigmatized identities should show weaker ingroup preference than females. The possibility also exists for these effects to extend to race; if White members of stigmatized groups experience less discrimination based on that identity than Black members, we may expect White people to form stronger ingroup preference on that single stigmatized identity.

Ingroup preferences in explicit and implicit attitudes

In this work, we investigate the question of ingroup preferences using both *explicit* measures of attitudes – where responses are relatively more intentional, resource-dependent and controllable – as well as *implicit* measures of attitudes – where responses are relatively more unintentional, resource-independent and uncontrollable (De Houwer & Moors, 2012; Gawronski & De Houwer, 2014). Explicit measures of attitudes typically utilize self-report and implicit measures typically utilize methodologies that either do not alert participants to what is being measured or do not allow full control over their responses even if they do know what is being measured. In this manuscript, we use the term “explicit attitudes” to refer to the outcomes of an explicit measure (in this case, self-reported preference between two groups), and “implicit attitudes” to refer to the outcome of an implicit measure (in this case, the Implicit Association Test [IAT]; Greenwald, McGhee, & Schwartz, 1998). As the most popular measure of implicit attitudes, the IAT's psychometrics have been validated previously in terms of both construct validity (Bar-Anan & Vianello, 2018) and predictive validity (Kurdi, Seitchek, et al., 2018).

Explicit and implicit attitudes are differentially sensitive to various forms of information (Cao & Banaji, 2016), with implicit attitudes believed to be more tied to cultural messages concerning social status that cannot be easily disavowed consciously (Axt, Ebersole, & Nosek, 2014). As a result, it is plausible that the impact of multiple stigmatized identities on ingroup favoritism is different for implicit versus explicit attitudes. Finally, though prior work often finds that members of minority or stigmatized groups show weaker ingroup preference – or even no ingroup preference – in implicit attitudes (e.g. Nosek, Banaji, & Greenwald, 2002; Rudman, Feinberg, & Fairchild, 2002), the present work is more concerned with *relative* degrees of ingroup favoritism among individuals sharing a stigmatized identity.

Study overview

The current study employed archival data from the Project Implicit demonstration website (Xu, Nosek, & Greenwald, 2014), where online visitors choose a topic from a list of attitude objects and complete implicit and explicit measures of attitudes.

In particular, we analyzed data from three tasks, each assessing attitudes toward one social group category relative to another: (1) Black people versus White people, (2) gay people versus straight people, (3) disabled people versus abled people. These three tasks were selected because they compare attitudes toward socially stigmatized groups

relative to dominant groups and there is a clear distinction between people who belong to the stigmatized group compared to other available tasks (e.g. attitudes toward “old” versus “young” people).

Method

Participants

The datasets included responses from 99,144 participants who completed one of three tasks on the Project Implicit (<http://implicit.harvard.edu>) demonstration website between 1 January 2017 to 31 December 2018. We employed data from 2017 and 2018 because before 2017 there were many changes and inconsistencies in demographic items across tasks, and these items were standardized beginning in 2017. In the race task, 60,138 Black participants were included in the analysis: 67% women; age $M_{age} = 27.72$ years, $SD = 12.40$. In the sexuality task, 22,641 participants were included in the analysis: 46% women; 91% White; age $M_{age} = 28.78$ years, $SD = 12.78$. Finally, in the disability task, 16,365 participants were included in the analysis: 76% women; 93% White; age $M_{age} = 29.67$ years, $SD = 13.23$.

In the ANOVA analyzes below that compare attitudes across multiple groups, the minimum sample size provided 80% power for detecting an effect as small as $\eta^2_p = .0007$. For follow-up comparisons among any two groups, the median sample size provided 80% power for detecting an effect as small as Cohen's $d = .10$, and the minimum sample size provided 80% for detecting an effect as small as Cohen's $d = .20$.

Materials and procedure

After proving consent, participants chose a task from among fourteen topics. Each task includes an implicit measure, explicit measure, and a demographic questionnaire; order of measures was presented randomly across participants.

Implicit measure

The Implicit Association Test (IAT; Greenwald et al., 1998) assesses implicit attitudes for one group relative to another. During critical blocks, participants categorize two target categories (e.g. Black or White faces) and two attributes (e.g. good or bad words) as quickly as possible using two keys on a computer keyboard. When a participant responds more quickly during one combination of category and attributes (e.g. when White faces are paired with Good words and Black faces paired with Bad words) compared to the opposite combination (e.g. when Black faces are paired with Good words and White faces are paired with Bad words), this indicates a more positive implicit attitude for White people compared to Black people. See online supplemental materials for specific stimuli information in the race, sexuality, disability IAT.

The IAT contains seven blocks. For example, in the first and second blocks of the Race IAT, participants categorize faces using the *e* key to sort White face and *i* key to sort Black faces; the same keys are then used to sort bad words and good words to the correct category. Next, a target (Black or White) and attribute (Good or Bad) is assigned to the same key (e.g. White/Bad to the *e* key and Black/Good to the *i* key). Participants must correctly sort faces and attribute words to these two pairings. In the fourth block,

the headings are switched so the *e* key is assigned to Black faces and the *i* key is assigned to White faces. In the final blocks, a target and attribute are again paired to one key but in the opposite order of Block 3 (e.g. Black/Bad to the *e* key and White/Good to the *i* key). The incongruent pairing (White/Bad; Black/Good) and the congruent pairing (White/Good, Black/Bad) are presented in a counterbalanced order between participants.

The IAT was scored according to the *D* algorithm (Greenwald, Nosek, & Banaji, 2003). Notably, to ease interpretation concerning ingroup favoritism among members of minority groups, we made positive *D* scores indicate a stronger implicit preference for Black compared to White people, for Gay compared to Straight people; and for Disabled compared to Abled Persons.

Explicit measure

Participants self-reported their preference for one group relative to the other on a 7-point scale ranging from “I strongly prefer Group A to Group B” (−3) to “I strongly prefer Group B to Group A” (+3), with the midpoint “I prefer the two groups equally”. Again, for this analysis, we made scores indicate a preference for the stigmatized over the non-stigmatized group (e.g. Gay people over Straight people). Prior work (Axt, 2018) has found that this single-item measure is a satisfactory measure of intergroup preferences.

Demographics

For race, participants selected one racial identity from a list of 9 options: American Indian/Alaskan Native, East Asian, South Asian, Native Hawaiian or other Pacific Islander, Black or African American, White, and Other/Unknown. Next, participants reported their current gender identity: male, female, trans man, trans woman, genderqueer or gender nonconforming, or a different identity. Participants had the option to select multiple gender identities. This section also included other demographic items that were not used in the analysis; more information can be found in the codebook for each task (<https://osf.io/y9hiq/>).

In this analysis, we refer to those whose only selected gender identity was “female” as women, and whose only selected gender identity was “male” as men. Similarly, we refer to those whose only selected race was “Black/African American” as Black, and whose only selected race was “White” as White.

Categorizing stigmatized group membership

Race task. Group membership was defined using responses to the race item in the demographic questionnaire as described above. We categorized participants as belonging to the stigmatized group if they identified as Black/African American.

Sexuality task. Participants responded to a single item asking “do you consider yourself to be” heterosexual or straight, lesbian or gay, bisexual, queer, or other. We categorized participants as belonging to the stigmatized group if they identified as lesbian or gay.

Disability task. Participants responded to a single yes/no item asking “do you have a disability or learning difficulty?”. We categorized participants as belonging to the stigmatized group if they responded “yes”.

Data inclusion criteria and analysis plan

In order to be included in the analysis, participants had to be (1) American citizens (2) a member of a stigmatized group (3) self-identify as White or Black and (4) self-identify as men or women as a gender identity. Additionally, each participant's data needed to include both the completed explicit and implicit measure, with an error rate below the accepted criteria for implicit measures (Nosek et al., 2007).

We conducted *t*-tests for the race task and one-way ANOVAs for the sexuality and disability task with participant group membership as independent variable and their group attitudes as dependent variables (Warner, Settles, & Shields, 2018). Because of the large number of participants in the dataset, we used two criteria for deciding a reliable difference. One is statistical reliability (i.e. $p < .05$), and the other is effect size (i.e. Cohen's d no less than 0.200; Cohen, 1988). The difference between two groups needed to meet both criteria to be recognized as reliably different from each other.

Race attitudes

Overall implicit and explicit attitude

Similar to prior work (Jost, Banaji, & Nosek, 2004; Nosek et al., 2007), Black participants' implicit attitudes reflected no ingroup/outgroup preference ($M = 0.020$, $SD = 0.423$, 95% $CI_{Mean} = [0.017, 0.023]$, Cohen's $d = 0.047$). Black participants' explicit attitudes reflected an ingroup preference; i.e. a preference for Black people relative to White People ($M = 1.099$, $SD = 1.269$, 95% $CI_{Mean} = [1.089, 1.110]$, Cohen's $d = 0.867$). There was a small correlation between implicit and explicit racial attitudes, $r = 0.189$, 95% $CI_r = [0.181, 0.197]$.

Implicit and explicit attitudes by multiple group membership

Implicit attitudes

An independent samples *t*-test revealed that there was not a significant difference between Black women's ($M = 0.021$, $SD = 0.419$) and Black men's ($M = 0.019$, $SD = 0.430$) implicit group attitudes, $t(38,680.595) = 0.531$, $p = .596$, 95% $CI_{diff} = [-0.005, 0.009]$, Cohen's $d = 0.004$ (see Figure 1; see tables in online supplemental materials for all the descriptive statistics).

Explicit attitudes

An independent samples *t*-test revealed that Black women ($M = 1.211$, $SD = 1.264$) had more positive explicit pro-Black attitudes than Black men ($M = 0.873$, $SD = 1.248$), $t(40,042.327) = 31.141$, $p < .001$, 95% $CI_{diff} = [0.317, 0.360]$, Cohen's $d = 0.269$ (see Figure 2).

Sexuality attitudes

Overall implicit and explicit attitudes

Gay participants' implicit and explicit attitudes reflected an ingroup preference; i.e. a preference for Gay people relative to Straight people (Implicit: $M = 0.225$, $SD = 0.423$, 95% $CI_{Mean} = [0.220, 0.231]$, Cohen's $d = 0.532$; Explicit: $M = 0.866$, $SD = 1.166$, 95% $CI_{Mean} = [0.851, 0.881]$, Cohen's $d = 0.743$). There was a moderate correlation between implicit and explicit sexuality attitudes, $r = 0.228$, 95% $CI_r = [0.216, 0.240]$.

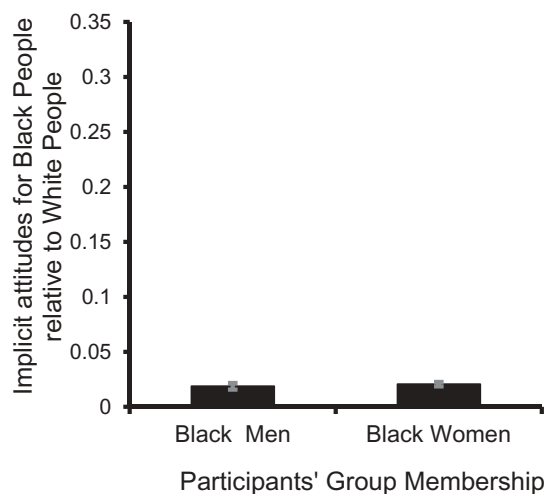


Figure 1. Black participants' implicit attitudes for Black people relative to White people (i.e. implicit ingroup preference) by participant gender.

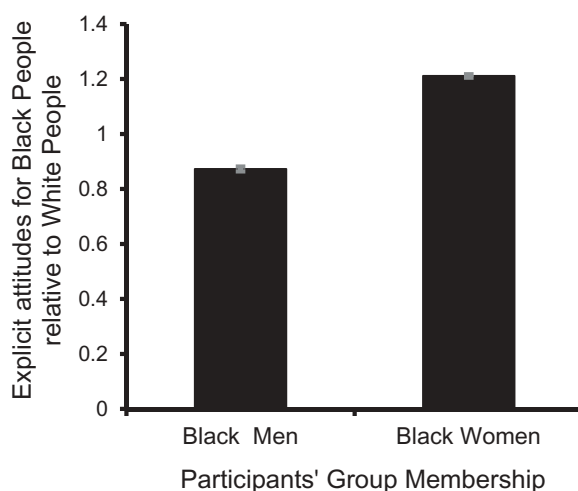


Figure 2. Black participants' explicit attitudes for Black people relative to White people (i.e. explicit ingroup preference) by participant gender.

Implicit and explicit attitudes by multiple group membership

Implicit attitudes

A one-way ANOVA with group membership as the independent variable (White men, White women, Black men, Black women) and IAT score as the dependent variable revealed an overall effect of group membership on implicit attitudes, $F(3, 22,637) = 112.086$, $p < .001$, $\eta^2_p = .015$ (see Figure 3). Post hoc analyses (Bonferroni) showed that White gay women ($M = 0.286$, $SD = 0.419$) had stronger pro-gay implicit attitudes than: White gay men ($M = 0.184$, $SD = 0.418$), $p < .001$, 95% $CI_{diff} = [0.086, 0.117]$, Cohen's $d = 0.243$; Black gay

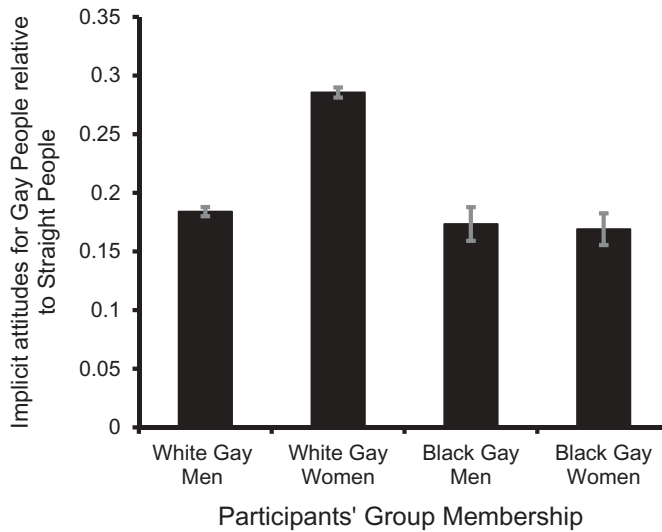


Figure 3. Gay participants' implicit attitudes for Gay people relative to Straight people (i.e. implicit ingroup preference) by participant race and gender.

men ($M = 0.173$, $SD = 0.429$), $p < .001$, 95% $CI_{diff} = [0.073, 0.151]$, Cohen's $d = 0.267$; and Black gay women ($M = 0.169$, $SD = 0.440$), $p < .001$, 95% $CI_{diff} = [0.081, 0.153]$, Cohen's $d = 0.277$. The remaining three groups were not reliably different from each other (p 's $> .05$ or Cohen's $d < 0.200$; see online supplemental materials for all pairwise comparison results).

Explicit attitudes

A one-way ANOVA with group membership as the independent variable (White men, White women, Black men, Black women) and self-report measure as the dependent variable found significant non-homogeneity (Levene's test: $F(3, 22,637) = 8.367$, $p < .001$). As a result, we used Welch's corrected F and Games-Howell post-hoc corrections. These tests revealed a significant difference in gay people's explicit ingroup preference, $F(3, 2538.611) = 150.698$, $p < .001$, $\eta^2_p = .019$ (see Figure 4). More specifically, White gay women ($M = 1.055$, $SD = 1.137$) had a stronger explicit pro-gay attitude than: White gay men ($M = 0.734$, $SD = 1.158$), $p < .001$, 95% $CI_{diff} = [0.281, 0.363]$, Cohen's $d = 0.280$; Black gay men ($M = 0.601$, $SD = 1.202$), $p < .001$, 95% $CI_{diff} = [0.346, 0.562]$, Cohen's $d = 0.397$; and Black gay women ($M = 0.822$, $SD = 1.231$), $p < .001$, 95% $CI_{diff} = [0.132, 0.335]$, Cohen's $d = 0.204$. The remaining three groups were not reliably different from each other (p 's $> .05$ or Cohen's $d < 0.200$).

Disability attitudes

Overall implicit and explicit attitudes

As in prior research (e.g. Nosek et al., 2007), disabled participants' implicit and explicit attitudes reflected an outgroup preference; i.e. a preference for abled people relative to disabled people (Implicit: $M = -0.473$, $SD = 0.467$, 95% $CI_{Mean} = [-0.480, -0.466]$, Cohen's

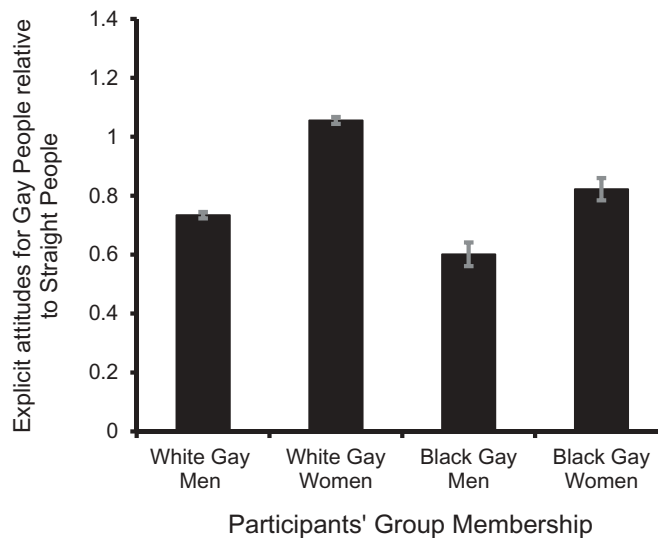


Figure 4. Gay participants' explicit attitudes for Gay people relative to Straight people (i.e. explicit ingroup preference) by participant race and gender.

$d = -1.014$; Explicit: $M = -0.223$, $SD = 0.905$, 95% $CI_{Mean} = [-0.237, -0.209]$, $d = -0.246$). There was a small correlation between implicit and explicit ability status attitudes, $r = 0.168$, 95% $CI_r = [0.153, 0.183]$.

Implicit and explicit attitudes by multiple identity status

Implicit attitudes

A one-way ANOVA with group membership as the independent variable (White men, White women, Black men, Black women) and IAT score as the dependent variable showed significant non-homogeneity (Levene's test: $F(3,16,361) = 8.389$, $p < .001$). As a result, we used Welch's corrected F and Games-Howell post-hoc corrections. These tests revealed a significant difference in disabled people's implicit group attitude, $F(3, 1044.116) = 109.177$, $p < .001$, $\eta^2_p = .019$ (see Figure 5). More specifically, White disabled women ($M = -0.433$, $SD = 0.468$) had a weaker implicit pro-abled attitude than: White disabled men ($M = -0.580$, $SD = 0.441$), $p < .001$, 95% $CI_{diff} = [0.125, 0.169]$, Cohen's $d = 0.318$; Black disabled men ($M = -0.593$, $SD = 0.441$), $p < .0001$, 95% $CI_{diff} = [0.090, 0.231]$, Cohen's $d = 0.343$; and Black disabled women ($M = -0.527$, $SD = 0.472$), $p < .001$, 95% $CI_{diff} = [0.051, 0.137]$, Cohen's $d = 0.201$. The remaining three groups were not reliably different from each other (p 's $> .05$ or Cohen's $d < 0.200$).

Explicit attitudes

A one-way ANOVA with group membership as the independent variable (White men, White women, Black men, Black women) and self-report measure as the dependent variable showed significant non-homogeneity (Levene's test: $F(3,16,361) = 64.983$, $p < .001$). As a result, we used Welch's corrected F and Games-Howell post-hoc corrections. These tests revealed a significant difference in disabled people's explicit group attitude,

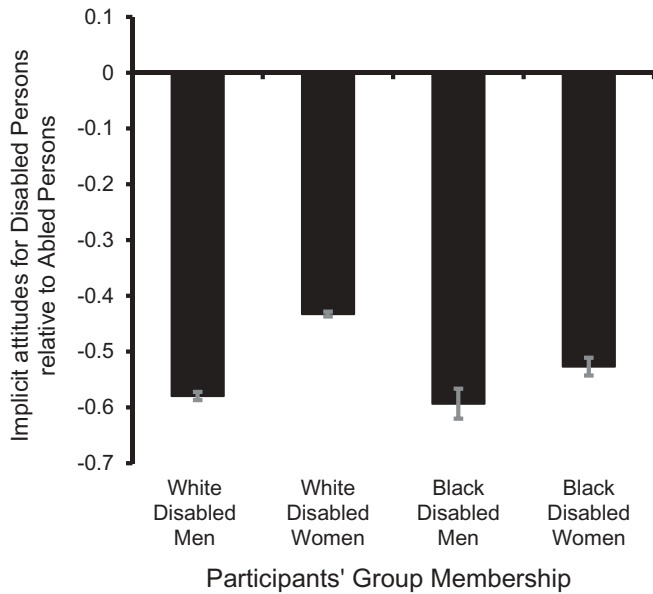


Figure 5. Disabled participants' implicit attitudes for Disabled Persons relative to Abled Persons (i.e. implicit ingroup preference) by participant race and gender.

$F(3, 1026.219) = 43.339, p < .001, \eta^2_p = .009$ (see Figure 6). More specifically, White disabled women ($M = -0.174, SD = 0.865$) had a less positive explicit pro-abled attitude than White disabled men ($M = -0.369, SD = 0.964, p < .001, 95\% CI_{diff} = [0.149, 0.241]$, Cohen's $d = 0.220$); and Black disabled men ($M = -0.422, SD = 1.016, p < .001, 95\% CI_{diff} = [0.088, 0.410]$, Cohen's $d = 0.286$). Black disabled women ($M = -0.206, SD = 1.042$) also had a less positive explicit pro-abled attitude than Black disabled men ($p = .013, 95\% CI_{diff} = [0.033, 0.400]$, Cohen's $d = 0.208$). The remaining comparisons were not reliably different from each other (p 's $> .05$ or Cohen's $d < 0.200$).

General discussion

The present work investigated the strength of stigmatized group members' ingroup preferences across three social identities (race, sexuality, and disability status). In particular, we examined whether holding multiple stigmatized identities (e.g. a Black person or woman with a disability) *weakens* or *strengthens* ingroup preference on a particular ingroup dimension (e.g. attitudes toward disabled people) compared to holding one single stigmatized identity (e.g. a White person or man with a disability).

The results revealed that certain non-prototypical identities showed stronger ingroup preference than prototypical identities. More specifically, among Black participants who completed the race task, Black women showed stronger explicit pro-Black attitudes than Black men, though there was no difference between Black women and Black men in implicit attitudes. Among gay participants who completed the sexuality task, White women showed stronger pro-gay attitudes than White men, Black men, and Black women, both implicitly and explicitly; there were no differences among the latter

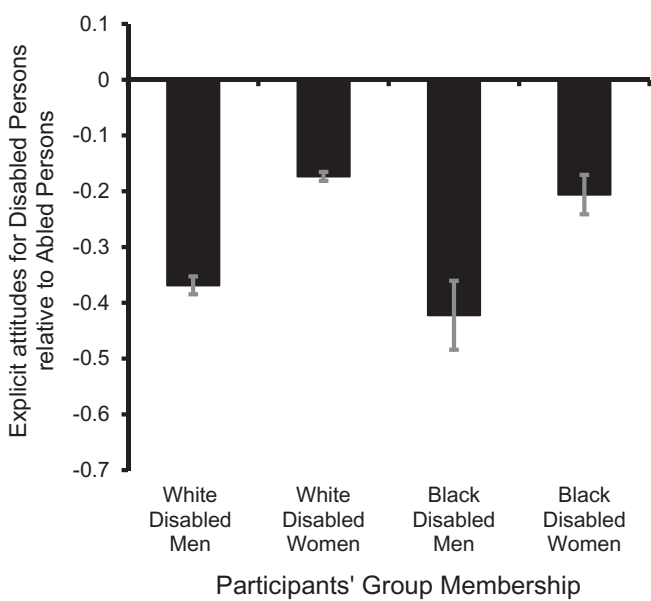


Figure 6. Disabled participants' explicit attitudes for Disabled Persons relative to Abled Persons (i.e. explicit ingroup preference) by participant race and gender.

three groups. Finally, among disabled participants who completed the disability task, White women showed weaker implicit pro-abled attitude (i.e. more ingroup preference) than White men, Black men, and Black women; there were no differences among the latter three groups. White women also showed weaker explicit pro-abled attitudes than White men and Black men.

For stigmatized group members in all three domains (race, sexuality, and disability), women largely had stronger ingroup preferences than men. One possible explanation for these results is that, because men are the prototypical members of these stigmatized groups (Purdie-Vaughns & Eibach, 2008), they are then greater targets for discrimination (Sidanius & Pratto, 1999). To the extent that being disproportionately targeted for such discrimination leads to weaker ingroup preference, it may explain the pattern of results found here that women generally had stronger ingroup preference (or lack of outgroup preference) than was shown by men.

While intriguing, more fine-grained analyses would be needed to identify experienced discrimination as the specific cause of weakened ingroup preference among male members of stigmatized groups. For one, this line of research would be strengthened from replication among other forms of identities (e.g. religion). More importantly, this question would certainly benefit from longitudinal data that can track feelings of discrimination based on one's identity (e.g. Brown et al., 2000) while simultaneously tracking changes in implicit and explicit ingroup preferences. We hope that the results presented here motivate such work, which can better our understanding of the inputs and outcomes associated with weakened ingroup preference among stigmatized group members.

At the same time, there were consistent differences in ingroup preferences between people who have multiple stigmatized identities. Most notably, results of the sexuality and

disability tasks found that *White* women specifically had more positive ingroup attitudes than Black women (as well as White and Black men). We see (at least) two possible explanations for this result. First, as White women already have one privileged identity (i.e. their racial identity), they may experience less discrimination based on their stigmatized identity than Black women. This perspective would mirror the prior argument predicted by Social Dominance Theory (Sidanius & Pratto, 1999) that female members of stigmatized groups receive less discrimination than male members, and this may be even more true for *White* women, who are additionally afforded a privileged racial identity. To further explore this idea, it would be informative to see whether similar patterns emerge in other stigmatized identities (e.g. among overweight participants).

A second possibility is that stigmatized identities are better accepted by White people than Black people. For instance, Black people, on average, have more negative attitudes toward gay people and disabled people than White people (Hill, 2013; Lewis, 2003; Nosek et al., 2007). As a result, it's possible that White women from these stigmatized groups may receive more support and accommodation from their community than Black women, leading to stronger ingroup preference. From this perspective, variation in ingroup preference among people with multiple stigmatized identities is more dependent on the perceived support individuals receive from fellow ingroup members (i.e. the extent to which people feel that one of their stigmatized identities is supported by those who share a different stigmatized identity). Again, understanding the explanations for White women and Black women's different level of ingroup preference will require more research, such as the ability to correlate perceived support for one's stigmatized identity with actual ingroup preference.

The difference between White women and Black women highlights the importance of the understanding that gender and race interact to shape the experience of stigmatization. As Crenshaw (1989) pointed out, in sex discrimination research, the focus is race- and class- privileged women. Often times White women's experience are used to represent all women's, and little empirical research exists to show the uniqueness of Black women's experience (Bowleg, 2008). The current finding suggests that there are considerable differences between White women and Black women in terms of their attitudes towards their stigmatized ingroup identities.

In summary, these data strongly suggest that the experience of possessing multiple stigmatized identities plays a role in shaping ingroup preference on a single stigmatized identity. In other words, it is important to consider the intersectionality of race and gender identities when examining overall ingroup preferences. A single stigmatized group, i.e. White men, can actually have less ingroup preference than certain multiply stigmatized group, i.e. White women. The experiences a multiply stigmatized group has, i.e. White women, may not necessarily match the experiences of other multiply stigmatized groups, i.e. Black women and men. People with multiple stigmatized identities, due to their non-prototypicality, are not viewed as representative of these identities. Their unique experiences are then often overlooked. The current study shows that different intersecting stigmatized identities has shaped individual's perception of their own identities differently.

Variations in strength of ingroup preference among stigmatized groups

One notable result from the present work was that, at the mean level, the three stigmatized groups (Black people who completed the race task, gay people who

completed the sexuality task, and disabled people who completed the disability task) differed drastically in the degree of ingroup preference shown. In particular, we found that gay participants showed robust ingroup preferences in both implicit and explicit attitudes; Black participants showed ingroup preferences for explicit but not implicit attitudes; and participants with a disability showed outgroup preferences (i.e. preferences for abled people) in both implicit and explicit attitudes. Though these results replicated past work (Jellison et al., 2004; Nosek et al., 2007), it is worth considering how these divergences in ingroup preference may reflect or inform the different experiences associated with each stigmatized identity.

We believe that several factors may contribute to the different levels of ingroup preferences of stigmatized people in race, sexuality, and disability domains. First, past work has found that minorities' implicit ingroup attitudes are moderated by their group status, with minorities high in status showing more implicit ingroup favoritism than minorities low in status (Axt et al., 2014). For instance, one study found that Jewish and Asian people, who have relatively higher status, had stronger implicit ingroup favoritism than overweight people and poor people, who have relatively lower status (Rudman et al., 2002). Therefore, it is possible that the ingroup preference differences we found are due to the status differences of these stigmatized groups.

Second, the identity of being Black, gay, or disabled may not be equally cohesive among these three stigmatized group members. Due to the broad nature of the term "disability", the identity of "disabled" appears to be much less cohesive. Indeed, the "disabled identity" can take on many forms and levels of impact vary considerably. It is then possible that the cohesiveness of a stigmatized group will influence their group identification and ingroup preference. Disabled people occupy an incredibly diverse identity, and those who are physically disabled often feel seen only for their disability (e.g. people only seeing their wheelchair) rather than for their individuality (Galvin, 2005). The perceived and often very real mistreatment of disabled people may lend to the outgroup preferences, where those with more concealable identities (e.g. concerning sexual orientation) do not have the same experience as people with physical disabilities.

Strengths, limitations and future directions

One reason that people with multiple stigmatized identities have been largely overlooked in the psychological literature is that researchers still grapple with how to analyze and present data from multiply stigmatized individuals, especially with quantitative research (Warner et al., 2018). One of the first steps to including individuals with multiple stigmatized identities who are often overlooked in research, such as Black gay women, is to provide an examination of how these groups perceive their stigmatized ingroup identity. Often researchers do not have adequate power when recruiting multiply stigmatized individuals and are then unable to examine the intersection of race, gender, and other stigmatized identities. However, we used the existence of large datasets to adopt an intersectional approach to examine how stigmatized group membership interacts with race and gender to predict social group attitudes. To our knowledge, this is the first analysis of implicit and explicit ingroup preference specifically focused on the impact of having multiple stigmatized identities. Moreover, we were able to complete this analysis among several

stigmatized groups. That is, because the Project Implicit data set included several tasks, we were not limited to one type of group membership and this helps increase the generalizability of these results.

However, one limitation of the current study is that participants who visit the Project Implicit website may not be representative of the general population. Visitors to Project Implicit often know that they will receive feedback and further information about their implicit attitudes, and this motivation among stigmatized group members to seek out information about implicit attitudes may differ from those who choose not to visit the site. For example, it is possible stigmatized group members may visit the site to affirm their ingroup favoritism. Replicating these findings in other samples, either in nationally representative samples or even convenience samples that participate in exchange for payment, will bolster the strength of these conclusions. Moreover, although this analysis focused on multiply stigmatized individuals, the majority of participants in the sexuality and disability tasks identified as White. As a next step, future studies should focus more on Black disabled individuals or Black gay men and women, as these identities may further moderate the magnitude of ingroup favoritism concerning attitudes towards people with a disability. As larger datasets become more readily available, researchers now have the unique opportunity to focus analyses on stigmatized people from racial minorities.

A second limitation is that, given the existing information collected on each task, we were unable to examine the impact of having even more stigmatized identities on ingroup preferences. For instance, the race and disability task demographics do not currently ask about sexual orientation, preventing us from conducting an analysis of the role of race, gender, *and* sexual identities in ingroup preferences concerning racial and disability attitudes. Such an analysis would have allowed for an even more thorough investigation into the impact of multiple stigmatized identities on ingroup favoritism. Indeed, this project has highlighted the need for such information to be collected, and as researchers affiliated with Project Implicit, we anticipate adding such information and allowing ourselves or others to complete this work in the future.

Future research should extend the findings to other domains of stigmatized identities, such as overweight, religious, and transgender groups. Also, it would be interesting to investigate from the developmental aspect to know when these variations in ingroup preference emerge. Finally, it would be informative to examine the state or county level differences of multiply stigmatized individuals' ingroup preferences and whether they are correlated with serious life outcomes, such as psychological wellbeing, physical health, and mortality rate (Leitner, Hehman, Ayduk, & Mendoza-Denton, 2016).

Conclusion

This analysis is one step forward to understanding how multiple stigmatized identities can interact to understand a person's ingroup attitudes, a research question that has received insufficient attention in the psychological literature. In summary, we found that (1) stigmatized group members reported ingroup favoritism that appeared to differ across groups, and (2) people with different intersecting identities within a stigmatized group showed different levels of ingroup favoritism, with women and White women in particular showing the greatest degree of ingroup preferences. We

hope this paper inspires other researchers to broaden their research questions to examine the intersection of race, gender, and other group membership. As society continues to change, people are enjoying more freedom to craft their identities as they see fit; our research questions should follow suit.

Disclosure statement

No potential conflict of interest was reported by the authors.

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