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Healing Through Community Connection? Modeling Links Between Attachment Avoidance, Connectedness to the LGBTQ+ Community, and Internalized Heterosexism

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Sexual minorities high in attachment avoidance (i.e., discomfort with closeness) and attachment anxiety (i.e., fear of abandonment) tend to report greater internalized heterosexism. Yet, the causes of this link have not been fully explored. Some propose that insecure attachment schemas may make it difficult to form the types of social connections that can help alleviate internalized stigma (and vice versa: internalized heterosexism might make one avoid the types of relationships that would foster secure attachment). This study used structural equation modeling to test whether reduced connection to the LGBTQ+ community could help explain the link between insecure attachment and internalized heterosexism. Study 1 (n = 480) explored links between attachment avoidance, attachment anxiety, community connectedness and internalized heterosexism. Higher avoidance predicted lower connection which, in turn, predicted higher internalized heterosexism. Attachment avoidance's association with internalized heterosexism was fully explained by an indirect effect through connectedness. Conversely, attachment anxiety did not predict connectedness or internalized heterosexism. Study 2 (n = 447) replicated these findings. These results suggest low connectedness might help explain the association between attachment insecurity and internalized heterosexism, though this path might be specific to attachment avoidance.

Public Significance Statement
This study suggests reduced connection to the LGBTQ+ community might help explain links between attachment avoidance and internalized heterosexism. Counselors taking an attachment-based approach to sexual minority stress may benefit from exploring both personal and collective elements of identity development.

Keywords: attachment avoidance, internalized heterosexism, community connectedness, sexual identity, structural equation modeling

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A recent report by the Mental Health Commission of Canada noted a striking mental health difference between sexual minorities and the general population. Sexual minorities were 50% more likely to experience high daily life stress and almost 200% more likely to report DSM diagnoses (Mental Health Commission of Canada, 2015). The minority stress model attributes this mental health gap to identity-specific stressors caused by societal heterosexism (e.g., discrimination against sexual orientations and behaviors that deviate from heterosexual norms; Meyer, 2003). One identity-specific stressor is internalized heterosexism, which denotes societal heterosexism's negative shaping of the self-concept, such that even acute experiences of discrimination could have chronic effects on sexual minority wellbeing (Szymanski, Kashubeck-West, & Meyer, 2008a, 2008b). In other words, helping sexual minorities cope with sexual minority stress requires understanding how societal heterosexism can shape thoughts, attitudes and beliefs about one's own sexual orientation (Hatzenbuehler, 2009; Herek, Gillis, & Cogan, 2015; Lin & Israel, 2012). Refining intervention efforts also requires understanding why levels of internalized heterosexism differ across sexual minorities. Thus, some psychologists have focused on studying individual differences that shape people's experiences with internalized heterosexism.

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For example, the integrated attachment and sexual minority stress model (IASMSM), suggests insecure attachment styles (relational patterns governing support seeking and stress coping) might have a mutually reinforcing relationship with sexual minority stressors, like internalized heterosexism (Cook & Calebs, 2016). They suggest integrating attachment theory and sexual minority stress theory would improve our understanding of sexual minority wellbeing. Yet, the pathways linking attachment and sexual minority stress are still not fully understood. Cook and Calebs (2016) note that the mechanisms linking attachment and sexual minority stress are still mostly theoretical and urged others to explore mechanisms that might help explain this link. Indeed, none of the 11 studies demonstrating links between attachment and negative identity explored intermediary mechanisms (Brown & Trevethan, 2010; Elizur & Mintzer, 2001, 2003; Gemberling et al., 2015; Jellison & McConnell, 2004; Keleher, Wei, & Liao, 2010; Mohr & Fassinger, 2003; Sherry, 2007; Trub, Quinlan, Starks, & Rosenthal, 2017; Wang, Schale, & Broz, 2010; Wells & Hansen, 2003). Our study builds on and advances this literature by asking "Why are they linked?"

One proposed pathway is that insecure attachment patterns (e.g., difficulty trusting and opening up to others) may disrupt critical social support networks (e.g., LGBTQ+ community connectedness) that help counter internalized heterosexism and foster positive identity (e.g., Allan & Westhaver, 2018; Mohr & Fassinger, 2003; Sherry, 2007; Wang et al., 2010). This connection hypothesis has never been empirically tested, only theorized. The current study addressed this gap by testing the viability of a model wherein an indirect effect through one's connectedness to the LGBTQ+ community (or lack thereof) helps explain the link between adult attachment and internalized heterosexism.

Insecure Attachment and Internalized Heterosexism

Attachment theory argues that distress activates an innate attachment system which drives people to seek out figures who will provide security (Bowlby, 1982). Individual differences in levels of felt attachment security fall along two dimensions: attachment avoidance (discomfort with closeness) and attachment anxiety (preoccupation with abandonment; Shaver & Mikulincer, 2002). The theory suggests that these dimensions are underpinned by implicit working models of attachment - unconscious scripts about the likely success of proximity seeking. Attachment avoidance reflects a *negative working model of others,* an expectation that others will be unable or unwilling to provide effective support. Consequently, individuals high in attachment avoidance tend to keep distance from others and suppress emotional distress (e.g., Vetere & Myers, 2002). Conversely, attachment anxiety reflects a *negative working model of self,* the expectation that one is unlovable and unable to elicit support. Consequently, individuals high in attachment anxiety tend to be preoccupied with the possibility that others will reject or abandon them (Mikulincer & Shaver, 2009; Shaver & Mikulincer, 2002). Because working models continue to develop over the course of the life span through a variety of close relationship experiences (Fraley, 2002; Fraley, Roisman, Booth-LaForce, Owen, & Holland, 2013; Fraley, Vicary, Brumbaugh, & Roisman, 2011; Pascuzzo, Cyr, & Moss, 2013; Simpson, Collins, Tran, & Haydon, 2007), their development is likely sensitive to sexual minorities' unique social experiences (Cook & Calebs, 2016; Elizur & Mintzer, 2001; Mohr & Fassinger, 2003; Mohr & Jackson, 2016).

The integrated attachment and sexual minority stress model (Cook & Calebs, 2016) takes into consideration that sexual minorities are more likely to experience the kind of social upheavals and traumas that would theoretically update or shift attachment representations (Fraley, Vicary, et al., 2011; Mohr & Jackson, 2016). They argue integrating attachment theory and sexual minority stress theory requires a dynamic framework: attachment working models could shape minority stress responses and sexual minority stressors could shape working models (e.g., being rejected by parents after coming out). Though minority stressors could shift attachment toward insecurity, the model also argues that support might shift sexual minorities' attachment toward security (Cook & Calebs, 2016).

Internalized heterosexism is generally thought to emerge from exposure to societal heterosexism (Herek et al., 2015; Szymanski, Kashubeck-West, & Meyer, 2008a, 2008b), not from attachment insecurity. Why, then, is there a consistent link between attachment insecurity and internalized heterosexism? There are a number of non-mutually exclusive possibilities. First, there may be a third variable issue wherein societal heterosexism leads to both insecurity and internalized heterosexism for sexual minorities. That is, some of the social experiences that would cause one to feel negatively about one's sexual orientation (e.g., rejection from parents) would also likely impact one's willingness to trust others (Elizur & Mintzer, 2001; Landolt, Bartholomew, Saffrey, Oram, & Perlman, 2004; Mohr & Fassinger, 2003; Mohr & Jackson, 2016). Second, attachment security might be a protective factor that reduces internalization of external heterosexism (e.g., Trub et al., 2017). Third, insecure attachment schemas (e.g., emotional processing styles that keep threatening information out of consciousness) might indirectly preserve negative sexual identity (e.g., suppressing sexual identity distress rather than exploring and challenging it; Cook & Calebs, 2016; Mohr & Jackson, 2016). Fourth, positive sexual identity development might indirectly promote self-acceptance and attachment security (Elizur & Mintzer, 2001, 2003). Thus, explanations for the association between attachment insecurity and internalized heterosexism generally invoke a third variable or a mechanism that helps link these two variables. Consequently, one approach to studying the link between attachment and internalized heterosexism is to uncover mechanisms that might conceptually bridge the two. One potential link is community connectedness.

Attachment Avoidance and Community Connectedness

One challenge of counseling sexual minorities through the identity development process is that rather than a singular linear process, sexual identity can be thought of as involving multiple dimensions (Mohr & Kendra, 2011). Sexual identity development involves not just figuring out one's sexual desires, but also one's social identity (Fassinger & Miller, 1997; McCarn & Fassinger, 1996). The latter often involves connecting and identifying with a broader LGBTQ+ community. Distinguishing between individual and group identity development is important because these different aspects of identity are interdependent but do not always develop at the same rate (Fassinger & Miller, 1997). For example,

engaging with the LGBTQ+ community might cause one to reflect on internalized stigma.

Indeed, developing a connection to a broader sexual minority community is one way sexual minorities might develop a more positive identity. For example, some sexual minority youth develop resilience by forging close relationships with other sexual minorities and connecting to the broader LGBTQ+ community (DiFulvio, 2011). The subjective component of this connection is sometimes referred to as community connectedness (Frost & Meyer, 2012). Feeling strong connection to the LGBTQ+ community could involve a sense of closeness to other community members and a sense of common fate (e.g., shared struggles and political goals; Frost & Meyer, 2012). Developing this connection likely fosters the kind of positive identity-salient experiences that could counter internalized heterosexist attitudes and messages (DiFulvio, 2011; Lin & Israel, 2012; Meyer, 2003; Morandini, Blaszczynski, Dar-Nimrod, & Ross, 2015; Riggle, Gonzalez, Rostosky, & Black, 2014). Indeed, a number of studies suggest that sexual minorities who are more connected to the LGBTQ+ community tend to have less negative identity (e.g., Frost & Meyer, 2009, 2012; Morandini et al., 2015; Puckett, Feinstein, Newcomb, & Mustanski, 2018). Though not the only determinant of positive identity, its relational nature makes community connectedness a plausible path between insecure attachment and internalized heterosexism (Mohr & Fassinger, 2003; Sherry, 2007; Wang et al., 2010).

It seems likely, however, that this path would mainly link to the attachment avoidance dimension (negative working models of others). There are multiple reasons why attachment avoidance might be particularly associated with community connectedness. First, attachment avoidance inhibits support seeking, possibly discouraging attempts to reach out to a sexual minority community. Second, attachment avoidance has also been linked to identity concealment in sexual minorities, which may make it harder for individuals to integrate into the LGBTQ+ community (Gemberling et al., 2015; Mohr & Fassinger, 2003; Ridge & Feeney, 1998). Third, people high in attachment avoidance sometimes distance themselves from groups to preserve their need for independence (Boccato & Capozza, 2011; Rom & Mikulincer, 2003). Thus, attachment avoidance might influence group identity development. Indeed, one study found gay men's attachment avoidance (but not attachment anxiety) predicted lower connectedness to the gay community and more negative feelings toward other gay men (Brown & Trevethan, 2010).

Because individual and group identity are intertwined, this connectedness pathway might also explain how internalized heterosexism could influence attachment. For instance, individuals with high levels of internalized stigma might be less likely to seek out connection with other sexual minorities (Szymanski et al., 2008a, 2008b). Just as attachment insecurity might bar sexual minorities from encountering more positive attitudes toward their sexual identity, it seems equally likely internalized heterosexism could hinder sexual minorities from developing the positive and supportive connections that might update negative working models (Cook & Calebs, 2016; Elizur & Mintzer, 2001, 2003; Fraley, Vicary, et al., 2011). If so, a model where internalized stigma preserves insecure attachment style by blocking community connection is equally sound.

Thus, both insecure attachment schemas and negative sexual identity could discourage engagement with the LGBTQ+ community (Kashubeck-West et al., 2008b; Puckett, Levitt, Horne, & Hayes-Skelton, 2015). These connections with liked and supportive sexual minorities could challenge negative beliefs about sexual minorities and also more fundamental beliefs about the trustworthiness of other people, essentially challenging the bases of both sexual minorities' negative sexual identity and insecure attachment models. If so, insecure attachment and internalized heterosexism might maintain one another partly by discouraging connection. Though past studies inferred that disrupted connection might potentially link attachment and negative identity, to our knowledge no study has directly tested whether connection to the LGBTQ+ community could act as a pathway. If this hypothesis is correct, community connectedness should be able account for some of the relationship between attachment insecurity and internalized heterosexism.

The Present Studies

The goal of the present studies was to test whether (lack of) connectedness with other sexual minorities could help in understanding the relation between insecure attachment and internalized heterosexism. However, properly testing intermediary mechanisms generally requires a) a clear understanding of the conceptual order of the variables and b) a methodology that can distinguish or control the temporal order of the variables (Fiedler, Schott, & Meiser, 2011; Tate, 2015). As we have discussed, attachment insecurity and internalized heterosexism likely develop contemporaneously, making it difficult to designate either construct as a conceptual starting point. Though we believe there is sufficient reason to expect community connectedness could act as an intermediary path between these variables, the proposed model does not meet the conceptual timing criteria for testing mediation (Tate, 2015). Even if we possessed strong evidence for conceptual timing, it would still be necessary to test it with methodology that could tap into temporal ordering (e.g., experimental manipulations, longitudinal methods (Fiedler et al., 2011). However, these methods tend to be more resource-intensive, especially when used to study difficult to recruit populations (like sexual minorities) and especially when examining a long time-course. Thus, it is important to first get a sense of whether the hypothetical model is upheld in a cross-sectional study. If community connectedness is a pathway between attachment avoidance and internalized heterosexism, then a model with connectedness as an indirect pathway between attachment avoidance and internalized heterosexism should be viable. Note however, this logic does not work in reverse: if a pathway model with connectedness as the intermediary variable is viable it does not mean that community connectedness is actually a pathway between attachment avoidance and internalized heterosexism. It is necessary for the cross-sectional data to be consistent with the hypothesis, but consistency is not sufficient for confirming the hypothesis or causality.

Thus, the present studies compared multiple models to explore the relationships between the variables, creating a base of understanding that could guide future confirmatory studies. In Study 1, we used structural equation modeling (SEM) to explore whether connectedness to the LGBTQ+ community could function as a link between attachment avoidance and internalized heterosexism.

Because the temporal structure of the model is unknown, we also explored the viability of alternate models representing other causal hypotheses (e.g., internalized heterosexism linking attachment avoidance to community connectedness). To prevent capitalizing on any spurious findings that might arise from testing multiple models (Stangor & Lemay, 2016), we replicated these results in a second sample of sexual minorities (Study 2). We hypothesized that attachment avoidance would predict lower connectedness and higher internalized heterosexism, that connectedness would predict lower internalized heterosexism, and that at least part of the association between attachment avoidance and internalized heterosexism would be due to an indirect effect through community connectedness. In other words, we expected that highly avoidant sexual minorities would be less connected to the LGBTQ+ community and that reduced connection would partly explain their levels of internalized stigma. Because internalized heterosexism is an equally viable conceptual starting point, we expected the model would work equally well in reverse (i.e., internalized heterosexism would have an indirect effect on attachment avoidance through connectedness).

It was less clear what to expect for the attachment anxiety dimension. In past studies attachment anxiety has predicted negative identity (Brown & Trevethan, 2010; Mohr & Fassinger, 2003), but not community connectedness (Brown & Trevethan, 2010). Consequently, we expected that attachment anxiety would only predict higher levels of internalized heterosexism and would not be associated with community connectedness.

Study 1

Method and Participants

Participants were 689 self-identified sexual minorities living in either Canada or the United States. We removed 209 participants (see Results for rationale), creating a final sample of 480 (M_{age} = 32.55, SD_{age} = 9.54, range = 18 to 70). The final sample was comprised of participants identifying as lesbian (20.2%), gay (22.7%), bisexual (46.5%), queer (4.6%), questioning (2.1%), asexual (1.5%) or other (1%; about 1.5% of participants preferred not to report their sexual identity). The sample was predominantly cis men (25.8%) and cis women (49.4%) but also included trans men (2.5%) and trans women (2.3%). Other participants identified as genderqueer (4.8%), nonbinary (5.2%), other (1.9%) or preferred not to say (7.9%). Most participants indicated their ethnicity was White (77.5%), followed by Black/African American (9.2%), Hispanic or Latino (5.4%), East Asian (3.1%), South Asian (1.7%), Pacific Islander (.4%) Aboriginal (.2%), other (1%) or preferred not to say (1.5%). Thus, the sample had a mix of sexual identities but mostly reflected the responses of white, cis sexual minorities (see online supplementary materials for complete demographic information for both Study 1 and Study 2). Participants received 85 cents compensation upon completion.

Measures

Attachment. We assessed participants' levels of attachment avoidance and attachment anxiety using the global version of the Experiences in Close Relationships—Relationships Structures Questionnaire (Fraley, Hudson, Heffernan, & Segal, 2015; see Table 1 for all scale means, SDs, alphas and intercorrelations). This scale contains six items measuring general attachment avoidance (e.g., I do not feel comfortable opening up to others) and three items measuring general attachment anxiety (e.g., I often worry that other people do not really care for me) which were rated using a 7-point Likert scale with endpoints labeled 1 (*strongly disagree*) and 7 (*strongly agree*). Studies suggest the ECR-RSQ subscales have shown good construct and discriminant validity, predicting related constructs like relationship functioning and depression (Fraley, Heffernan, et al., 2011). The Global ECR-RSQ is derived from the Experience in Close Relationships scale (ECR; Sibley, Fischer, & Liu, 2005), which has been used to measure attachment in samples of gay, lesbian and bisexual individuals (e.g., Gemberling et al., 2015; Keleher et al., 2010; Wang et al., 2010). Though the ECR-RSQ has relationship specific variants (i.e., attachment to mother, father, romantic partner, and best friend), we selected the global version because community relationships would likely bridge across relationship types (e.g., close friends, romantic partners). For similar reasons, we selected it over the ECR (which has been traditionally used as a "global" measure of attachment), because studies suggest the original ECR mainly taps into attachment to romantic partners and does not necessarily assess global attachment (Fraley, Heffernan, et al., 2011). Both scales showed

Table 1
Summary of Means, Standard Deviations, Alphas and Intercorrelations on All Measures for Study 1 and Study 2

Measures	*M*	*SD*	*A*	Range	1	2	3	4	5	6
M					4.36	3.36	5.08	2.48	2.83	2.29
SD					1.74	1.18	1.27	1.43	1.40	1.11
A					.92	.86	.93	.88	.94	.86
Range					1.00–7.00	1.00–7.00	1.00–7.00	1.00–7.00	1.00–7.00	1.00–5.25
1. ECR-RSQ (G) - Anxiety	3.98	1.70	.91	1.00–7.00	—	.26***	−.08	.24***	.02	.03
2. ECR-RSQ (G) - Avoidance	3.38	1.23	.86	1.00–7.00	.35***	—	−.33***	.19***	.17***	.13**
3. CLGBTQCS	3.05	.58	.91	1.00–4.00	−.15**	−.38***	—	−.36***	−.51***	−.35***
4. LGBQIS - Internalized homophobia	2.28	1.29	.94	1.00–6.00	.18***	.14**	−.28***	—	.45***	.51***
5. Modern homonegativity	2.70	1.32	.94	1.00–6.92	.02	.18***	−.39***	*.43***	—	.71***
6. HABS - Normative beliefs	2.32	1.10	.87	1.00–5.50	−.08	.04	−.21***	*.53***	.69***	—

Note. Study 1 (N = 480) is below diagonal; Study 2 (N = 447) is above the diagonal; ECR-RSQ (G) = Experiences in Close Relationships, Relationships Structures Questionnaire (Global version); CLGBTQCS = Connectedness to the LGBTQ Community Scale; LGBQIS = Lesbian, Gay, Bisexual.
** $p < .01$. *** $p < .001$.

good internal reliability (avoidance α = .86; anxiety α = .91). Past studies generally found high reliability with various forms of the ECR-RSQ (e.g., global avoidance α = .81). We created indicators for the attachment avoidance latent variable by sequentially assigning each avoidance item to one of three indicator parcels and then averaging the items within each parcel (e.g., ECR1 to Parcel 1, ECR2 to Parcel 2, ECR3 to parcel 3, ECR4 to Parcel 1 and so on; we used this method for each latent variable that required parceling; Yang, Nay, & Hoyle, 2010). The three attachment anxiety scale items were used as indicators for the attachment anxiety latent variable.

Community connectedness. We selected the Connectedness to the LGBTQ+ Community scale (CLGBTQ+; Frost & Meyer, 2012), which assesses participants feelings of connection to the LGBTQ+ community. This scale is derived from earlier measures of community connectedness in gay and bisexual men (Herek & Glunt, 1995), which Frost and Meyer (2012) adapted to fit a more diverse sexual minority sample. Their scale demonstrated validity and measurement invariance across sexual minorities of different orientations, genders and ethnicities (Frost & Meyer, 2012) and has been used in studies examining community connectedness in sexual minority samples similar to our own (Puckett et al., 2015). Validity tests suggest this scale converges with other measures of LGBTQ+ group identity, such as collective self-esteem and behavioral connectedness to the LGBTQ+ community but is distinct from more general sociability measures (Frost & Meyer, 2012). We selected this scale over more concrete measures because it allowed us to assess more subjective elements of community connection (e.g., feelings of closeness, shared struggle) that would likely be influenced by attachment working models. Though some studies have treated community connectedness as a subcomponent of internalized heterosexism, validity studies suggest it is more accurate to treat them as distinct constructs (Frost & Meyer, 2009, 2012; Moradi, Mohr, Worthington, & Fassinger, 2009; Szymanski et al., 2008a). The CLGBTQ+ contains eight items measuring sexual minorities' feelings of connection to their community (e.g., "You feel a bond to the LGBGTQ community"; 1 = *Agree Strongly* and 4 = *Disagree Agree*). We adapted this scale from Frost and Meyer's Connectedness to the LGBT Community scale by rewording items to reflect the sample (e.g., changing "LGBT" to "LGBTQ+"). We also dropped item 8 ("You feel a bond with [same gendered similar others]") because it was difficult to reword for a gender-diverse sample. This modified version showed good internal reliability (α = .91), somewhat higher than the internal reliability of the unmodified version (α = .81; Frost & Meyer, 2012). We used reverse scores of the remaining 7 items to create three parcels for a Community Connectedness latent variable.

Internalized heterosexism. We created an internalized heterosexism latent variable by taking participants' mean scores on the following scales: the Internalized Homonegativity Scale (Subscale of the Lesbian, Gay, and Bisexual Identity Scale; Mohr & Kendra, 2011), a revised Modern Homonegativity Scale (Morrison & Morrison, 2003), and the Normative Behavior subscale of the Heteronormative Attitudes and Beliefs scale (HABS; Habarth, 2015).

The LGBIS's Internalized Homonegativity subscale is a 3-item measure assessing negative attitudes toward one's own sexual identity using a 6-point Likert scale (1 = *Strongly Disagree* and 6 = *Strongly Agree*; e.g., "I wish I were straight). Like the CLGTBQ + scale, the LGBIS was adapted from traditional sexual identity scales to be more inclusive. This scale was validated in samples composed of lesbians, gay men and bisexuals (Mohr & Kendra, 2011), and has been used to study internalized stigma in broader sexual minority samples (e.g., Gemberling et al., 2015; Puckett et al., 2015). The original validation study found that the internalized homonegativity subscale correlated with other negative identity measures (e.g., Ego-Dystonic Homosexuality) and more general psychosocial distress variables, suggesting the subscale had good construct validity (Mohr & Kendra, 2011). It has also shown good internal reliability (α = .86) and test–retest reliability (α = .92; Mohr & Kendra, 2011). Similarly, the scale had good internal reliability in the present study (α = .91). Participants' mean score was used as an internalized homonegativity indicator for the internalized heterosexism latent variable.

The *Modern Homonegativity* scale contains 12 items assessing "socially acceptable" negative attitudes toward sexual minorities (Morrison & Morrison, 2003). This scale is generally used to assess prejudice in heterosexual samples and to our knowledge has not been previously used as a measure of internalized stigma. However, we believed this scale would be relevant to internalized heterosexism research. As public attitudes toward LGBTQ+ people become more positive, older measures of homonegativity become vulnerable to social desirability biases. The Modern Homonegativity Scale (MHS) was designed to bypass desirability bias by assessing "socially acceptable" manifestations of homonegativity, allowing more accurate measurement of contemporary sexual prejudice (Morrison & Morrison, 2003). Multiple studies have shown this scale has good construct and discriminant validity (e.g., converging with more overt or "old-fashioned" measures of homonegativity but predicting slightly different attitudes and beliefs; Górska, Bilewicz, Winiewski, & Waszkiewicz, 2017; Morrison & Morrison, 2003; Rye & Meaney, 2010). Because internalized heterosexism reflects broader social attitudes, the MHS could tap into more subtle instances of internalized stigma missed by traditional IH scales. We created an Internalized Modern Homonegativity Scale by adapting the MHS's items to fit a sexual minority sample (e.g., "Sexual minorities need to stop shoving their lifestyle down other people's throats" was changed to "*We* need to stop shoving *our* lifestyle down other people's throats"; 1 = *Strongly Disagree* and 7 = *Strongly Agree).* This modified scale showed good internal reliability (α = .94), comparable to the unmodified scale's internal reliability in past studies (e.g., α = .91; Morrison & Morrison, 2003; α = .89; Grzanka, Zeiders, & Miles, 2016). Participants mean score was used as an internalized modern homonegativity indicator for the internalized heterosexism latent variable.

The Normative Beliefs subscale contains eight items assessing heteronormative beliefs about gender roles, relationships, and family structures (e.g., "It is perfectly okay for people to have intimate relationships with people of the same sex." *Reverse scored;* 1 = *Strongly Disagree* and 7 = *Strongly Agree*) and has shown high internal reliability and convergent validity (Habarth, 2015). Like modern homonegativity, we felt that this construct is also relevant to internalized heterosexism. These norms either explicitly or implicitly marginalize nonheterosexual relationships and deviations from heterosexual gender roles, and when these norms are internalized, they likely contribute to negative identity. This scale has been shown to have both concurrent and discriminant validity,

correlating with higher political conservatism and lower tolerance toward ambiguity, but not with less relevant "conservative" constructs (e.g., environmental attitudes; Habarth, 2015). The original validation study suggested the scale is applicable to both heterosexual and sexual minority samples, with the only difference being sexual minorities tend to report lower levels of heteronormative beliefs (Habarth, 2015). In the original study, the normative belief scale showed decent internal reliability ($\alpha = .78$), which was substantially higher in the current study ($\alpha = .87$). Participants' mean score was used as an internalized normative beliefs indicator for the internalized heterosexism latent variable.

Demographics. Participants also completed a brief demographics questionnaire assessing their age, ethnicity, sexual identity, gender identity, and relationship status.

Procedure

The procedure for this study complied with the APA's ethical guidelines for human research and was approved by a research ethics committee. A study ad was posted on Amazon Mechanical Turk listing an opportunity for self-identified members of the LGBTQ+ community (over the age of 18 and living in Canada or the US) to fill out a brief Qualtrics survey in exchange for 85 cents. Participants completed an online consent form, followed by the measures listed above. After completing the above measures, they also completed an honesty check. One limitation of online mass sampling is that it is difficult to prescreen participants, so heterosexual participants could still take the survey and misrepresent their LGBTQ+ status to receive payment. To mitigate this, the survey's final question asked: "Because it is very important that we have an accurate sample, we would like you to confirm whether or not you actually identify as straight/heterosexual. Your response will not affect your compensation". Participants could select "Yes, I identify as straight/heterosexual" or "No, I do not identify as straight/heterosexual". Afterward, they were debriefed and given an Mturk compensation code.

Results

Data Removal

Of 689 responses to the Mturk survey, we removed 74 participants (10.74% of the data) because they reported they were straight, 22 participants (3%) because they did not give consent to participate, 111 because they failed the attention checks (16.4%) and two participants who did not sufficiently complete the study (completion <80%; .34%). Altogether we removed 209 participants (30.3% of the respondents, within the standard rate for Mturk studies with multiple exclusion criteria; Thomas & Clifford, 2017), retaining 480 participants for analysis. We dealt with any remaining missing data by using Expectation Maximization (EM) to impute missing data (Schlomer, Bauman, & Card, 2010).

Analysis

Measurement model. We ran the SEM in R v3.3.3 using the Lavaan package (v0.5). The data were multivariate non-normal, thus for all CFA and SEM analyses we used Robust Maximum Likelihood estimation ("estimate = MLR"), which uses a scaled χ^2 *factor* (Rhemtulla, Brosseau-Liard, & Savalei, 2012) and robust Hubert-White standard errors. We first constructed a measurement model with the four latent variables outlined in the materials section. All factor loadings were significant and most latent variable covariances were significant, barring the covariance between attachment anxiety and internalized heterosexism (see Table 2 for covariances). The measurement model showed good fit (CFI = .97; RMSEA = .07, 95% CI [.05, .08]; SRMR = .06), so we proceeded to the SEM stage.

Structural equation models. To test for indirect effects, we constructed a path model resembling a traditional mediation analysis (i.e., with an exogeneous "predictor" variable, and endogenous "mediator" and "outcome" variables). As mentioned earlier, our data is cross-sectional (i.e., all variables were measured at the same time), making it impossible for SEM to determine actual mediation, or even the correct order of variables in the model (Fiedler et al., 2011; Maxwell & Cole, 2007; Tate, 2015). Testing "true mediation" requires a strong knowledge of the temporal order of events and the causal relations between those events, such that we could be certain that the predictor is influencing the outcome by way of the mediator. Though our model resembles a traditional mediation structure, this structural resemblance is purely to test the significance of the predictors' direct and indirect effects. To reduce confusion, we will refer to the mediator position in the model as the "path" variable. Further, because there is no definitive causal order to the variables, we tested multiple pathway models assessing viable alternatives to our hypothesized model. In total, we tested four SEM models: our hypothesized model (connectedness path and internalized heterosexism outcome), a reversed version of our hypothesized model (connectedness path and attachment outcome), an alternate path model (internalized heterosexism path and connectedness outcome) and a reversed version of our alternate path model (internalized heterosexism path and attachment outcome). For each model, we used calculated parameter estimates to test whether there would be a significant indirect effect of the predictor variable on the outcome variable through the path variable. Notably, there were no path restrictions, so each model's fit was identical to the measurement model. Thus, the models had identical fit statistics but different path estimates.

Hypothesized model. We first tested an SEM with avoidance predicting connectedness, and with both avoidance and connectedness predicting internalized heterosexism. We included attachment anxiety in the model to as a covariate of attachment avoidance and allowed it to predict both connectedness and internalized heterosexism. We then calculated the indirect and direct effects of attachment avoidance and attachment anxiety on internalized het-

Table 2
Covariance Between Latent Variables in Study 1 and Study 2

Latent variables	1	2	3	4
1. Attachment avoidance	—	$.31^{***}$	$-.31^{***}$	$.18^{**}$
2. Attachment anxiety	$.38^{***}$	—	$-.09$	.07
3. Community connectedness	$-.40^{***}$	$-.16^{**}$	—	$-.55^{***}$
4. Internalized heterosexism	$.14^{*}$	$-.01$	$-.39^{***}$	—

Note. Study 1's covariances are below the diagonal and Study 2's are above the diagonal.
$^{*}p < .05$. $^{**}p < .01$. $^{***}p < .001$.

erosexism. In this section we report unstandardized path estimates (see Figure 1 for the path model with standardized estimates). Consistent with our hypothesis, attachment avoidance predicted lower levels of community connectedness ($B = -.43$, $SE = .07$, $p < .001$) and connectedness predicted lower levels of internalized heterosexism ($B = -.40$, $SE = .08$, $p < .001$). As predicted, the total effect of avoidance on internalized heterosexism was significant, with higher attachment avoidance predicting more internalized heterosexism ($B = .18$, $SE = .07$, $p = .006$). However, this total effect was driven by a significant indirect effect by way of connectedness: attachment avoidance predicted lower connectedness, which in turn predicted higher internalized heterosexism ($B = .17$, $SE = .04$, $p < .000$, 95% CI [.09, .25]). There was no direct effect of avoidance on internalized heterosexism ($B = .01$, $SE = .07$, $p = .836$). Surprisingly, attachment anxiety had no effects on connectedness or internalized heterosexism (all ps $> .133$), meaning the covariance between anxiety and connectedness became nonsignificant when accounting for the association between avoidance and connectedness. In total, this model explained 15.6% of the variance in connectedness and 15.9% of the variance in internalized heterosexism.

Reversed model. Because the data were cross-sectional and because the connectedness path is likely bidirectional, we also tested a reversed version of our hypothesized model (i.e., attachment as outcome variable). When reversed, internalized heterosexism predicted less connectedness ($B = -.43$, $SE = .08$, $p < .001$) and connectedness predicted lower attachment avoidance ($B = -.40$, $SE = .07$, $p < .001$). The indirect effect through connectedness was significant ($B = .17$, $SE = .04$, $p < .001$, 95% CI [.09, .25]) and there was no direct effect of internalized heterosexism on attachment avoidance ($B = -.02$, $SE = .06$, $p = .763$). Thus, the only difference from the original model was connectedness predicted lower attachment anxiety ($B = -.18$, $SE = .06$, $p = .002$), likely because the reversed model no longer controlled for attachment avoidance when estimating this path. The reversed model explained 15.4% of the variance in connectedness, 15.6% of the variance in avoidance and only 3.1% of the variance in anxiety.

Alternate model. Though the results of our hypothesized model supported our hypothesis that connectedness could function as a link between attachment avoidance and internalized heterosexism, we also tested alternate models that used internalized heterosexism as a path variable. For instance, it is possible that avoidantly attached sexual minorities are less connected because they have higher levels of internalized heterosexism, which could make them unwilling to reach out to other sexual minorities (Keleher et al., 2010). This model would be closer to the ones tested in past studies, in that attachment directly predicts internalized heterosexism without intermediary variables. Thus, we tested an alternate model with internalized heterosexism as an indirect link between avoidance and connectedness. In this model, attachment avoidance predicted higher internalized heterosexism ($B = .17$, $SE = .06$, $p = .005$), which in turn predicted lower connectedness ($B = -.40$, $SE = .08$, $p < .001$). Further, attachment avoidance had a significant total effect on connectedness ($B = -.46$, $SE = .08$, $p < .001$), which broke down into both a significant direct effect ($B = -.39$, $SE = .07$, $p < .001$) and a significant indirect effect through internalized heterosexism ($B = -.07$, $SE = .03$, $p = .019$, 95% CI [$-.13$, $-.01$]). The alternate model explained only 2.5% of the variance in internalized heterosexism but approximately 27.2% of the variance in connectedness.

Reversed alternate model. Reversing the alternate model (with internalized heterosexism as the indirect path provided further support for our hypothesized model). In this reversed model, connectedness predicted lower internalized heterosexism ($B = -.43$, $SE = .08$, $p < .001$), but internalized heterosexism did not predict attachment avoidance ($B = -.02$, $SE = .06$, $p = .763$). Consequently, connectedness had a significant direct effect on avoidance ($B = -.44$, $SE = .08$, $p < .001$), but no indirect effect through internalized heterosexism ($B = .01$, $SE = .02$, $p = .764$,

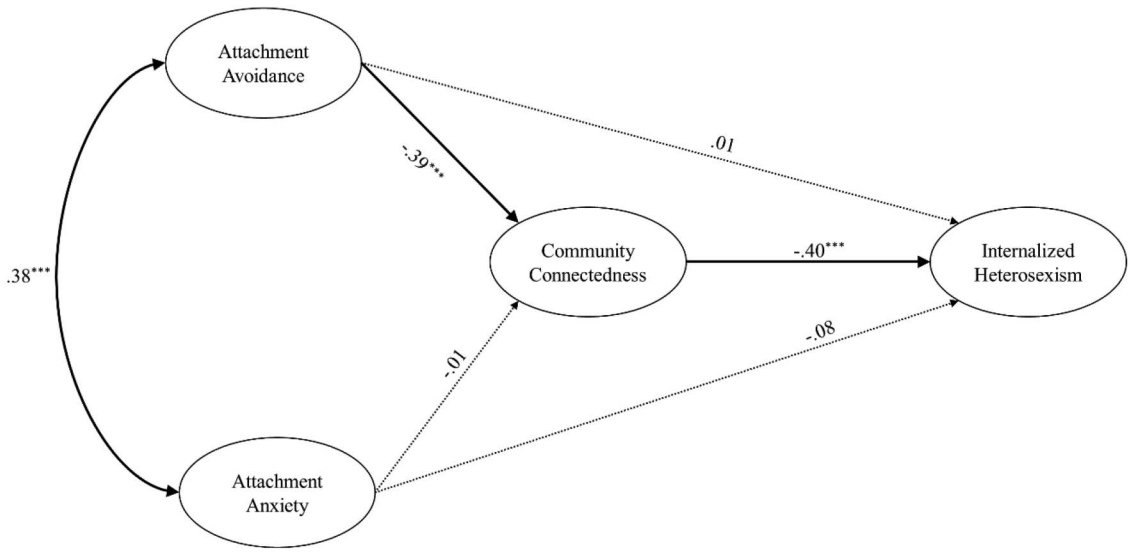

Figure 1. Hypothesized path model from Study 1 showing standardized path estimates between latent variables. Dotted lines indicate nonsignificant paths. *** $p < .001$.

95% CI [−.04, .06]). The reversed alternate model explained 15.4% of the variance in internalized heterosexism, 15.6% of the variance in avoidance and 3.1% of the variance in anxiety.

Summary

The results largely supported our hypothesis. Attachment avoidance had a robust association with connectedness across each model and a significant indirect effect on internalized heterosexism through connectedness. Conversely, the direct association between attachment avoidance and internalized heterosexism was only significant in the alternate model. Thus, the results of Study 1 were in line with our prediction that connectedness to the LGBTQ+ community could act as an indirect path between attachment avoidance and internalized heterosexism. Conversely, we did not find evidence in Study 1 that attachment anxiety was related to internalized heterosexism or connectedness.

Study 2

Because Study 1 involved exploratory tests of multiple models, we wanted to conduct a confirmatory replication of our selected model in a second sample of sexual minorities. Thus Study 2 was conducted as an identical replication of Study 1, with a few minor method changes (see the methods section for details). We hypothesized we would find results comparable to Study 1, where attachment avoidance would have an indirect effect on internalized heterosexism through connectedness. We were also interested in whether the finding evidencing a lack of an effect for attachment anxiety would replicate, as we had expected to find an association between attachment anxiety and internalized heterosexism in Study 1.

Method

Study 2's recruitment criteria were the same as Study 1, except we also hid the Mturk ad from users who completed Study 1 to ensure the recruitment of a new sample. We recruited a total of 660 LGBTQ+ Mturk users (447 after removals; M_{age} = 30.6 years, age range = 19–64, see online supplementary materials for further participant demographics). The final sample's characteristics were similar to Study 1's. Most sexual minorities identified as lesbian (15.2%), gay (19%) or bisexual (51.2%), with some identifying as queer (2.2%), questioning (2.9%), pansexual (3.8%), asexual (.2%), other (.4%) or preferred not to say (4.9%). The sample was still predominantly cis men (27.3%) and women (44.7%), though it had a slightly higher proportion of trans men (3.4%) and trans women (2.5%), with the remaining participants indicating they were genderqueer (3.1%), nonbinary (4.9%), other (4.7%) or preferred not to say (8.9%). Similarly, the second sample was also predominately White (76.29%), followed by Black/African American (10.29%), Hispanic or Latino (10.96%), East Asian (3.36%), South Asian (2.24%), Aboriginal (1.34%), Pacific Islander (.48%) or other (1.57%). Materials and procedures were identical to Study 1 with one key difference: to ensure that Study 1's results were not an artifact of the different Likert scales, we standardized all measures so that each became a 7-point Likert scale with endpoints 1 (*Completely Disagree*) and 7 (*Totally Agree;* see Table 1 for descriptives).

Results

Data Removal

Of the 660 respondents, we removed 20 who did not consent to participate (4% of the data) and 68 who reported they were straight (11%). We also removed an additional 77 who failed attention checks (14%). Finally, we removed 45 responses (6.82%) because they all came from the same IP address. Altogether 32.27% of respondents were removed, comparable to Study 1's removal rate (30.3%), leaving 447 participants for analysis.

Analysis

Measurement model. Analytic procedure and model construction approach was identical to Study 1. All factor loadings and covariances were significant and comparable to Study 1, with one exception: in Study 2 attachment anxiety did not covary with connectedness (see Table 2). The measurement model suggested good fit, comparable to Study 1 (CFI = .98, RMSEA = .07 [95% confidence interval: .05, .08], SRMR = .06). Thus, we proceeded to the SEM analysis, taking an identical procedure to Study 1.

SEM. SEM results were largely identical to Study 1: avoidance predicted lower connectedness ($B = -.32$, $SE = .07$, $p < .001$; see Figure 2 for path model with standardized estimates), connectedness predicted lower internalized heterosexism ($B = -.62$, $SE = .08$, $p < .001$), and the total effect of attachment avoidance on internalized heterosexism ($B = .22$, $SE = .07$, $p = .002$) could be broken down into a nonsignificant direct effect on internalized heterosexism ($B = .01$, $SE = .06$, $p = .824$) and a significant indirect effect through connectedness ($B = .20$, $SE = .05$, $p < .001$, 95% CI [.11, .29]). Like Study 1, attachment anxiety did not predict connectedness ($B = .01$, $SE = .06$, $p = .882$) or internalized heterosexism ($B = .02$, $SE = .06$, $p = .721$). Compared to Study 1, our hypothesized model explained only 9.4% of the variance in connectedness, but explained 30.5% of the variance in internalized heterosexism. Results from the alternate and reversed models were also the same as Study 1 (with the exception that connectedness did not predict attachment anxiety in the reversed models). Thus, the overall pattern of effects was identical to Study 1: the association between attachment avoidance and internalized heterosexism was fully accounted for by connectedness to the LGBTQ+ community.

General Discussion

Past studies detecting links between insecure attachment and negative sexual minority identity suggested that insecure attachment schemas could prevent people from making the social connections that help develop positive identity. The present study explicitly tested this hypothesis by examining whether one's connectedness to the LGBTQ+ community could act as a pathway between insecure attachment and negative identity. Our results suggest this path could apply to the attachment avoidance dimension, though it was not supported for the attachment anxiety dimension. In both studies, associations between attachment avoidance and internalized heterosexism could be fully explained by community connectedness. Sexual minorities high in attachment avoidance reported lower connection to the LGBTQ+ com-

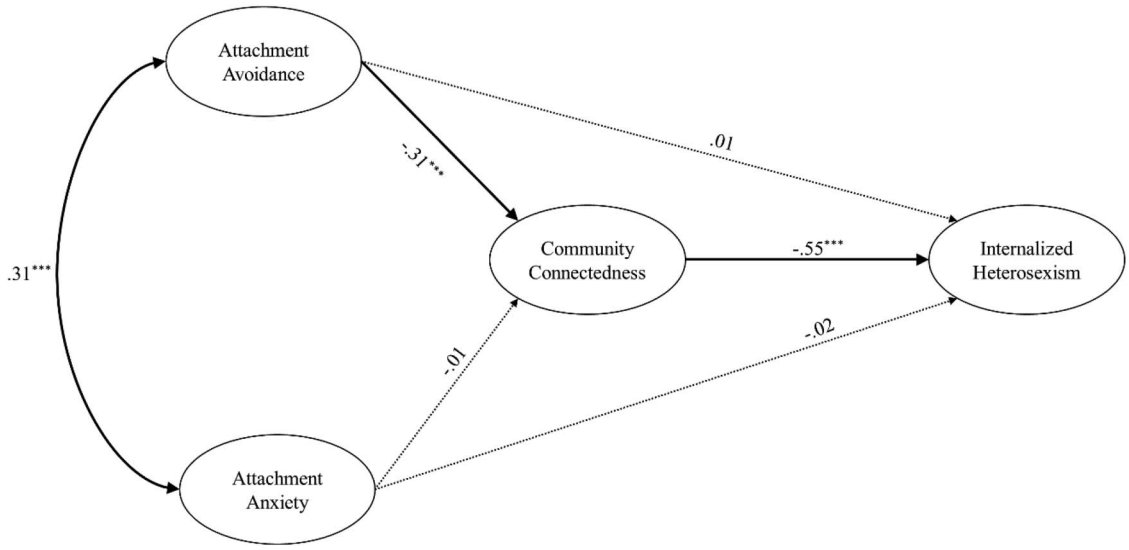

Figure 2. Hypothesized path model from Study 2 showing standardized path estimates between latent variables. Dotted lines indicate nonsignificant paths. *** $p < .001$.

munity, which predicted higher levels of internalized heterosexism. Notably, the reversed models fit the data equally well. Sexual minorities with more negative identity were less connected to the LGBTQ+ community, which predicted higher levels of both attachment avoidance and attachment anxiety. Though models where internalized heterosexism acted as a pathway between attachment avoidance and connectedness were viable, the association between attachment avoidance and internalized heterosexism was only significant when not controlling for connectedness. Because the data is cross-sectional, a lack of direct effect does not mean there is no actual direct link between attachment avoidance and internalized heterosexism (Fiedler et al., 2011). However, if this lack of a direct effect replicated in studies that can more adequately test causal hypotheses, it may indicate that negative working models of others are not directly related to internalized heterosexism. Instead, attachment avoidance might inadvertently perpetuate internalized stigma through its socially isolating effects. Based on our model results, it seems plausible that a negative working model of others could make one hesitant to connect with other sexual minorities or to adopt a more collective sense of identity. Consequently, internalized heterosexism may go unchallenged.

Attachment anxiety was inconsistently related to connectedness. Attachment anxiety did not predict connectedness when controlling for attachment avoidance in Study 1 and did not predict connectedness at all in Study 2. Even if attachment anxiety had been associated with connectedness, the connection hypothesis would not have been supported for attachment anxiety. Contrary to past findings, attachment anxiety was not associated with internalized heterosexism in our research. Our study may not have replicated past associations between attachment anxiety and negative identity because of our multipart operationalization of identity. That is, anxiety correlated with one of the three internalized heterosexism indicators (i.e., the internalized homonegativity subscale), but not with modern homonegativity and normative beliefs. Attachment anxiety's association with identity distress variables like internalized homonegativity might not entail agreement with heterosexist or heteronormative beliefs. Indeed, research suggests attachment avoidance and attachment anxiety may be linked to different aspects of negative identity, such as anxiety predicting acceptance concerns but not identity concealment (Gemberling et al., 2015; Mohr & Fassinger, 2003). If so, our findings may have diverged from past studies because of the variables we used to operationalize internalized heterosexism.

In sum, attachment avoidance and attachment anxiety might be related to different components of negative identity and through different pathways, highlighting the importance of exploring the relation between insecure attachment and negative identity at a higher level of resolution. More specifically, attempts to integrate attachment theory and minority stress theory should consider that both insecure attachment and sexual identity have individual and collective aspects. That connectedness fully accounted for the association between attachment avoidance and internalized heterosexism suggests that avoidance might be more closely linked to the collective dimensions of sexual identity development. It may be that negative models of self and negative models of others are most closely related to their conceptual analogues in sexual identity development: personal identity development and group identity development. Thus, determining attachment's role in one's sexual identity development would not just require understanding whether one is insecurely attached, but also how one is insecurely attached. For example, our results suggest the sexual identity struggles of a counseling client high in avoidance but low in anxiety might differ from a client low in avoidance but high in anxiety.

Clinical Implications

Our results support counseling interventions that target internalized heterosexism by helping the client explore their feelings about the LGBTQ+ community and the discomfort they might experi-

ence when trying to connect. Sherry (2007) suggests that if this discomfort with connection is maintained in part by insecure attachment schemas, then this approach might benefit from fostering attachment security within the therapeutic relationship. Our results are consistent with this logic, though our findings suggest attachment-based attempts to encourage connection may work best by exploring negative working models of others, as attachment anxiety was not related to connectedness.

Given our reversed model fit equally well, our results also support Elizur and Mintzer's (2001) suggestion that positive identity development might foster secure attachment. In their research, they found that both self-acceptance and friend support independently predicted attachment security. As the integrated attachment and sexual minority stress model argues, if sexual minorities are supported when experiencing minority stress it could lead to more positive representations of self and other (Cook & Calebs, 2016). Connecting with other sexual minorities may spur one to reevaluate past experiences, not as indicators of self-worth or of the trustworthiness of others, but as instances of societal heterosexism. As people develop a sense of shared struggle and belonging with other sexual minorities, they might be more likely to believe there are people willing to support them in their times of need. Conversely, as they become more comfortable trusting others and forming support networks with other sexual minorities, they might work through lingering negative feelings about their own sexuality. One benefit highlighted by our model is that addressing how attachment avoidance and internalized heterosexism impact one's community relationships could have a looping effect, ultimately helping sexual minority clients feel more secure in both their relationships and their sexuality.

Limitations and Future Directions

The clinical implications of our results are qualified by key limitations that should be addressed in future research. First, as noted earlier, both of our studies are cross-sectional and cannot discern direction nor causality. The lack of experimental and longitudinal methods is a common limitation in the attachment and negative identity literature, and in sexual minority counseling research in general, partly because it can be difficult to recruit adequately sized samples of sexual minorities (Moradi et al., 2009). The lack of longitudinal research is especially problematic given this research involves the interplay of two developmental processes (attachment development and identity development). We have tried to minimize causal assumptions by analyzing and discussing the model from multiple directions, but further research will need to use longitudinal or experimental methods to test directional or dynamic hypotheses about the association between attachment avoidance and internalized heterosexism (Fiedler et al., 2011; Maxwell & Cole, 2007; Tate, 2015; Wiedermann & von Eye, 2015).

Further research should also explore additional social variables to determine whether community connectedness is the most appropriate "social" pathway for this model. For example, it could be that attachment avoidance is most relevant to a specific element of connectedness (e.g., behavioral participation in the LGBTQ+ community). Similarly, future research should test whether this social pathway is truly specific to connection with other sexual minorities or if connection from other sources might also play a beneficial role (Dane & MacDonald, 2009). Especially in an inclusive sample where some sexual minorities might primarily identify with the heterosexual community it may be incorrect to assume that connection to the LGBTQ+ community is the most important social variable (e.g., LGBTQ+ connectedness may matter more for gay vs. mostly straight males; Savin-Williams, Cash, McCormack, & Rieger, 2017).

Indeed, one of the most significant limitations to our study is the generalizability of our model. Past research and theorizing have focused on specific sexual minority populations (e.g., gay men) because identity development is not generalizable across different sexual minorities (Fassinger & Miller, 1997; McCarn & Fassinger, 1996); Even the theoretical model we drew on to explore the attachment and sexual minority stress link (the IASMSM) is specific to the experiences of sexual minority men (Allan & Westhaver, 2018; Cook & Calebs, 2016). Consequently, our use of broader inclusion criteria resulted in a heterogeneous sample that is somewhat at odds with the theoretical framework used to interpret it. For example, the dilemma of developing connectedness might be less pressing for sexual minority women, who are more likely to begin identity development having already established connections to the LGBTQ+ community (Fassinger & Miller, 1997; McCarn & Fassinger, 1996). Future research should use targeted recruitment methods to create comparable groups for moderation analyses. Qualitative approaches should supplement this work by exploring how the model's theoretical assumptions diverge from sexual minorities' own narratives about identity development and connection (Ghabrial, 2017; Hammack, Mayers, & Windell, 2013). Examining the limits and exceptions to this model is necessary for understanding the nature of the attachment and negative identity link. If connectedness is a critical link between attachment and negative identity, one would expect a weaker association between attachment and negative identity in sexual minorities whose identity development is less contingent on achieving connectedness. Indeed, this may explain why one study found the link between attachment avoidance and IH was only significant for sexual minority men, not sexual minority women (Mohr & Fassinger, 2003).

More broadly, the general clinical implications should be qualified by the client's unique context. Though our results might point to a beneficial approach within a specific context it is important to remember that traditional narratives about the virtues of "coming out", connecting to the community and overcoming negative identity reflect a sociohistorically specific conception of sexual orientation and this homogenizing narrative can obscure the vast diversity of sexual minorities' experiences (Barrett & Pollack, 2005; Fassinger & Miller, 1997; Hammack et al., 2013; McCarn & Fassinger, 1996; Moradi et al., 2009). For example, a limitation of our study is its inability to account for the intersectional experiences of sexual minorities—many sexual minorities are not just dealing with heterosexism in isolation, but in interaction with multiple sources of oppression, all of which can shape their relationship with the community and with their own identity (Croteau, 2008; Ghabrial, 2017).

Conclusion

In sum, community connectedness might be a path that helps explain the link between insecure attachment and internalized

heterosexism. If so, this finding would also open up room to explore more social and structural determinants of both insecure attachment and internalized heterosexism. For example, community connection varies based on region—sexual minorities in rural populations may be less connected because there may not actually be a community for them to connect to (Morandini et al., 2015). If connectedness plays a role in the development of both positive identity and positive working models, then one could conceive of a model examining more structural determinants. If insecure attachment and internalized stigma preserve each other by hindering community connectedness, then social barriers that restrict access to the LGBTQ+ community (e.g., socioeconomic status) could be conceived as risk factors for both internalized heterosexism and insecure attachment. Though individual-level interventions might help sexual minorities cope with heterosexism, they are not a substitute for addressing societal heterosexism. Nevertheless, developing a better understanding how societal heterosexism gets sublimated into a private experience of internalized heterosexism might help address both individual suffering and group-level discrimination.

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Correction to Choi, Israel, and Maeda (2017)

In the article "Development and evaluation of the Internalized Racism in Asian Americans Scale (IRAAS)," by Andrew Young Choi, Tania Israel, and Hotaka Maeda (*Journal of Counseling Psychology*, 2017, Vol. 64, No. 1, pp. 52–64. http://dx.doi.org/10.1037/cou0000183), the first sentence under the Centers for Epidemiologic Studies—Depression Scale, Short Form (CES-D-10) subheading in the Measures section, "(0 = *rarely or none of the time* to 4 = *all of the time*)" should be "(0 = *rarely or none of the time* to 3 = *all of the time*)" to reflect the appropriate Likert metric. In the first sentence under the Confirmatory factor analysis (CFA) subheading in the Procedure section, "rotation" should be excluded as this technique is only applicable in the EFA context. In the last sentence under the CFA subheading in the Cross-validation section, "statically" should be "statistically." And in the third sentence of the third paragraph of the Discussion section, "interethnic" should be "intraracial" to appropriately represent within-race discrimination (rather than between ethnicity).

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