People often form ideas about their sexual performance and ability to sexually satisfy partners and evaluate their own ability to manage the sexual aspects of their lives. Furthermore, how individuals evaluate sexual aspects of their lives has importance for sexual satisfaction (Birnbaum, Reis, Mikulincer, Gillath, & Opraz, 2006) and relationship satisfaction (Brassard, Dupuy, Bergeron, & Shaver, 2015); these are key factors in relationship stability and commitment. Subsequently, it is useful to understand how those with different genders (e.g., women, men, transgender, genderqueer) and sexual identities (e.g., lesbian, gay, bisexual, pansexual, heterosexual) evaluate their own sexuality in forming conceptualizations of clients and theories of sexuality, alike. Limited (and sometimes contradictory) research currently makes it difficult to infer how gender and sexual identity are related to aspects of sexual self-concept. Recently, authors have commented on the distinction between sexual identity and sexual orientation. Hughes, Camden, and Yangchen (2016) point out that, while sexual orientation communicates an individual’s (mostly) enduring attraction, sexual identity “is the label that people adopt to signify to others who they are as a sexual being, particularly regarding sexual orientation” (Grollman, 2010, para.4 as cited in Hughes et al. 2016, p. 145). In the present study, we hoped to explore how those of different genders and sexual identities understand aspects of their sexual self-concept.

Compared to heterosexual individuals, those who identify as lesbian, gay, and bisexual (LGB) face unique stressors in life. Despite advances in gaining legal equality and social acceptance (Pew Research Center, 2013), recent research has continued to indicate that LGB people are targets of stigma by society in general (Nadal, 2013) and by police officers (Mallory, Hasenbush, & Sears, 2015), experience marginalization of romantic relationships (Lehmiller & Agnew, 2007), and confront unique challenges in identity formation (Rosario, Schrimshaw, & Hunter, 2008; Rosario, Schrimshaw, Hunter, & Braun, 2006). Previous findings have suggested that the impact of managing these experiences results in greater mental distress for people who identify as LGB than those who identify as heterosexual (Cochran, 2001; Meyer, 2003, Riggle & Rostosky, 2011; Wadsworth & Hayes-Skelton, 2015). How people who identify as LGB manage...
Exploring Sexual Self-Concept

Shepler, Johnson, and Ho | Summer 2017

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these experiences have recently become a focus of researchers (Bruce, Harper, & Bauermeister, 2015; Hill & Gunderson, 2015; Meyer, 2015). Although these reports have furthered understanding of LGB psychology, they have not addressed how sexual orientation and sexual identity may be related to aspects of sexual self-concept. However, it seems possible that being a member of a group stigmatized because of sexual orientation may impact LGB individuals’ sexual self-concept. This possibility has implications for understanding identity development and advocacy. For example, if holding a stigmatized identity or gender is associated with sexual self-concept, clinical interventions and psychoeducation programming may be important resources to make available to individuals. Similarly, if gender differences exist in sexual self-concept, it is important to consider whether differences are attributable to gender alone or if there might be an interaction effect between gender and sexual identity. Because gay and bisexual men often experience disproportionate stigma because of their sexual identities compared to lesbian and bisexual women, we might expect to find that an interaction between gender and sexual identity would result in gay and bisexual men reporting higher sexual anxiety and lower sexual esteem than any other combination of gender and sexual identity. Similarly, we might expect heterosexual men to report lower levels of sexual anxiety and higher levels of sexual esteem than heterosexual women and LGB men and women.

Two of the most discussed aspects of sexual self-concept are sexual esteem and sexual anxiety. Sexual esteem and sexual anxiety may be related to gender and sexual orientation and, more specifically, to sexual identity. For example, Snell, Fisher, and Schuh (1992) found “that there is a tendency for males to report greater sexual esteem than females” (p. 265). Considering that social norms are internalized for both heterosexual and LGB individuals, violating such norms may result in decreased sexual esteem and increased sexual anxiety for people who identify as LGB compared to heterosexual individuals. This is because, despite more recent social acceptance, historically, LGB sexual orientation has been considered to be a deviation from the social norm (Nadal, 2013). If these social norms are then internalized, LGB individuals may experience decreased sexual esteem and increased sexual anxiety. Consistent with this possibility, Dupras (1994) reported that gay men who were less accepting of their sexual orientation reported higher levels of sexual anxiety and lower levels of sexual esteem than gay men who were more accepting of their sexual orientation. Furthermore, prior investigations have indicated that gender is intricately linked to sexual orientation and sexual identity development (Martos, Nezhad, & Meyer, 2015), and sexual self-concept (Garcia, 1999). For example, Wiederman (2000) found that women reported lower levels of sexual esteem and higher levels of sexual anxiety than men. In this exploratory study, we sought to clarify whether differences in sexual esteem and sexual anxiety exist between men and women of different sexual identities.

Sexual Esteem

Snell (1998) described sexual esteem as “a generalized tendency to positively evaluate one’s own capacity to engage in healthy sexual behaviors and to experience one’s own sexuality in a satisfying and enjoyable way” (p. 521). Sexual esteem is different from global self-esteem and differentially predicts sexual communication in couples (Oattes & Offman, 2007). Sexual esteem has been found to positively correlate with sexual communication in that those with higher sexual esteem more readily communicate their preferences to their partners and more readily initiate satisfying sexual behaviors (Menard & Offman, 2009; Oattes & Offman, 2007). Sexual esteem has also been found to positively correlate with safer sex practices (Adler & Hendrick, 1991; Seal, Minichillo, & Omodei, 1997) and greater sexual satisfaction (Menard & Offman, 2009).

Many factors have been found to influence ratings of sexual experiences including body weight, body size, and facial attractiveness. Although Snell, Fisher, and Schuh (1992) found that men tended to report greater sexual esteem than women, Oattes and Offman (2007) found no gender differences in levels of sexual esteem; yet they reported that sexual esteem appears to fluctuate within different groups of women. Similarly, Wiederman and Hurst (1998) found that young women who reported high levels of sexual esteem were influenced only by their subjective views of attractiveness and women who reported lower levels of sexual esteem were influenced by the specific environment, social constructs, and degree of investment in their physical appearance. The authors pointed out that these factors related not only to a person’s sexual esteem, but also influence an individual’s sexual experiences. Notably, no previous research...
exploring possible differences in sexual esteem among those of different sexual orientations or sexual identities could be located. Subsequently, we sought to further examine how sexual esteem may differ based on sexual identity while also re-examining the relationship between gender and sexual esteem.

Sexual Anxiety
Sexual anxiety is “the tendency to feel tension, discomfort, and anxiety about the sexual aspects of one’s life” (Snell, 1998, p. 521) and has been found to be inversely associated with sexual esteem (Shepler, 2012). Sexual anxiety is often associated with sexual dysfunction for both men and women, and as many as 50% of men and women have reported they are dissatisfied with sexual aspects of their lives (Laumann, Gagnon, Michael, & Michaels, 1994). Additionally, men and women attribute sexual dysfunction to attitudes toward sex, relationship satisfaction, and performance anxiety (McCabe, 2005). Sexual anxiety has also been found to explain some of the association between attachment styles and sexual functioning. For example, women with attachment anxiety were found to have increased sexual anxiety and decreased sexual satisfaction (Brassard et al., 2015).

Although some research has addressed impacts of sexual anxiety in heterosexual men and women, little empirical research has considered possible similar impacts regarding how sexual anxiety affects LGB men and women. McCabe (2005) indicated that sexual anxiety is important in both the development of sexual dysfunction and sexual identity. Therefore, it would be beneficial to determine if sexual anxiety levels are comparable among men and women of different sexual identities. Such information would be useful for researchers attempting to estimate population differences and for clinicians who are attempting to develop specific treatment plans to improve sexual esteem and reduce sexual anxiety related issues (e.g., sexual dissatisfaction and sexual dysfunction) or better understand how sexual identity and gender are related.

Purpose
Given the inconsistent findings regarding gender and sexual identity as it relates to sexual self-concept, we hesitated to offer specific hypotheses. Instead, we opted to explore four relationships in hopes of providing some clarification as to how sexual esteem and sexual anxiety were related to gender and sexual identity. First, due to the nature of sexual esteem and sexual anxiety, we expected to find an inverse relationship among these two variables given that higher sexual esteem is usually associated with positive sexual self-concept and that higher sexual anxiety is typically associated with negative sexual self-concept. Furthermore, we expect that this will be true regardless of gender or sexual identity. Second, we wondered whether LGB individuals would report different or similar levels of sexual esteem and sexual anxiety than their heterosexual counterparts. Given that we could not identify any research on sexual orientation or sexual identity and differences in sexual esteem and sexual anxiety, this question seemed particularly relevant to explore. Inconsistent reports of how gender is related to sexual esteem and sexual anxiety (Oattes & Offman, 2007; Snell et al., 1992) led us to explore how gender is related to sexual esteem and sexual anxiety. Finally, building on the first two points of inquiry, we considered whether an interaction effect for sexual identity and gender might be observed for sexual esteem and sexual anxiety. Specifically, we expect that the greatest level of sexual esteem will be reported by heterosexual men, followed by heterosexual women, lesbian and bisexual women, and gay and bisexual men with an inverse pattern emerging for sexual anxiety.

Method
Participants
Following approval from the Michigan School of Professional Psychology institutional review board, participants were recruited from a LGB Pride celebration in the Midwest. A total of 462 participants completed surveys. However, 18 people reported a gender identity other than man or woman, and an additional 11 failed to complete one or more of the three scales used to assess the dependent variables. Because gender was considered a grouping variable in the study design, and too few participants identified as outside of the gender binary (e.g., identified as transgender, genderqueer), data from these individuals were removed from further analysis. Furthermore, those who failed to complete the instruments used to measure the dependent variables were also excluded from analysis. In total, data from 29 individuals were excluded, resulting in analysis of data from 433 participants.

The 209 (48.30%) men who participated self-identified as gay (n = 163, 78.00%), bisexual (n = 16, 7.70%), and heterosexual (n = 30, 14.40%).
The underrepresentation of heterosexual men is likely due to the fact that data were collected at an urban LGB Pride celebration. One possible reason for the underrepresentation of bisexual men in the sample may be due to their current relationship status. For example, men who have bisexual attraction might have identified as gay if they were in a same-sex relationship at the time of participation. The 224 (51.70%) women who participated self-identified as gay/lesbian (n = 116, 51.80%), bisexual (n = 50, 22.30%), and heterosexual (n = 58, 27.80%). Although some researchers include other members of the broader sexual minority community (such as those who identify as “queer” or “intersex”), we opted not to do so in the present study due to concerns regarding statistical power. Participants self-identified as White/European American (n = 262, 60.93%), Black/African American (n = 106, 24.65%), Hispanic/Latino/a (n = 16, 3.72%), Native American (n = 3, 0.70%), Bi/Multiracial (n = 34, 7.91%), Asian American/Pacific Islander (n = 5, 1.16%), and Middle Eastern (n = 3, 0.70%). Three participants (0.70%) did not report their race/ethnicity. However, because race was not required for analysis, data from these individuals was retained. Participants ranged in age from 18 to 75 years old (M = 30.00, SD = 11.82). On average, men were 32.51 years of age (SD = 12.74) and women were 27.65 years of age (SD = 10.39). Most participants (n = 257, 59.40%) reported being in a relationship.

Procedures
Masters and doctoral students in clinical psychology completed a brief training regarding how to invite participants to take part in a survey. The research team was stationed at a booth at an urban LGB Pride celebration. As celebration attendees passed by the booth, students approached the attendees, explained that they were collecting data for a study on sexuality, and invited them to complete the paper-pencil survey. No inducements were offered for participation. Attendees who opted to participate in the study were provided with a space to sit and a clipboard and pen to complete the informed consent and survey documents. The anonymous survey was composed of demographic items and standardized scales. Participation took approximately 10 minutes.

Instruments
Rostosky, Dekhtyar, Cupp, and Anderman (2008) used 8-item Likert scales to measure sexual anxiety and sexual esteem. Participants respond to items (e.g., “I worry about the sexual aspects of my life” for sexual anxiety or “I feel good about the way I express my own sexual needs and desires” for sexual esteem) using a 5-point Likert-type scale ranging from 1 = very uncharacteristic of me to 5 = very characteristic of me. Rostosky et al. reported acceptable internal reliability for both the sexual esteem (α = .90) and sexual anxiety (α = .88) scales. The mean score for our sample on the sexual esteem was 32.11 (SD = 6.37), and internal reliability was acceptable (α = .87); the mean score for sexual anxiety was 16.08 (SD = 7.04), and internal reliability was acceptable (α = .85).

Results
A Pearson bivariate correlation analysis was conducted to examine how the variables of interest (i.e., sexual esteem or sexual anxiety) were related to each other. As expected in the first hypothesis, sexual esteem was negatively related to sexual anxiety (r = -.35, p < .001). Notably, this suggests that participants likely responded meaningfully because this observation is consistent with other findings regarding the relationship between sexual esteem and sexual anxiety (Shepler, 2012). For this sample, the relationship between sexual esteem and sexual anxiety appeared stronger for men (r = -.41, p < .001) than for women (r = -.27, p < .001) and ranged from -.16 for bisexual to -.43 for heterosexual individuals. Subsequently, we examined whether the difference in the correlation strength differed based on gender. Review of Table 1 indicated that there was not a statistically significant difference for the strength of the correlation between sexual esteem and sexual anxiety for men (r = -.41, p < .001) and women (r = -.27, p < .001); or based on sexual identity (gay: r = -.37, p < .001; lesbian: r = -.40, p < .001; bisexual: r = -.16,

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<td>Results of Fisher’s Z Test for Gender and Sexual Orientation</td>
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A 2 x 3 Multivariate Analysis of Variance was conducted to determine whether differences in sexual anxiety and sexual esteem exist between gender (man, woman) and sexual identity (gay/lesbian, bisexual, heterosexual) as predicted in the second and third hypotheses. The assumption of homogeneity of variance was not violated (Box’s M = 19.56, p = .208). There was not a statistically significant main effect for sexual identity on the combined dependent variables, Wilks’ Lambda = .98, F(4, 852) = 2.01, p = .091, partial eta squared = .01. However, results did reveal a significant multivariate main effect for gender, Wilks’ Lambda = .97, F(2, 426) = 5.86, p = .003, partial eta squared = .03 (see Table 2). These findings indicate that differences in sexual esteem and sexual anxiety were not found based on sexual identity independent of or in combination with gender, but that gender differences in sexual esteem and sexual anxiety were present. Specifically, review of Table 3 indicated that gender had a statistically significant effect for sexual esteem; F(1, 427) = 3.99; p = .046, partial eta squared = .009, and for sexual anxiety; F(1, 427) = 10.91; p < .001, partial eta squared = .025. Women (M = 33.00, SD = 6.30) reported higher levels of sexual esteem than men (M = 31.30, SD = 6.40), and men (M = 17.14, SD = 7.20) reported higher levels of sexual anxiety than women (M = 15.10, SD = 6.80; see Table 4). Contrary to our fourth hypothesis, results indicated that there was not a statistically significant interaction effect between gender and sexual identity on the combined dependent variables, Wilks’ Lambda = 1.00, F(4, 852) = .56, p = .692, partial eta squared = .00.

1 Notably, Kenny (1987) pointed out that Fisher’s z seems to be especially prone to Type II error, which makes it difficult to determine whether an actual difference exists on the basis of gender or sexual orientation.
Discussion

In this study, we explored whether sexual esteem and sexual anxiety levels were comparable among men and women with different sexual identities. To do this, we examined whether people who identify as LGB would report different levels of sexual esteem and sexual anxiety compared to heterosexual individuals as well as whether differences exist in sexual esteem and sexual anxiety based on gender. Sexual esteem and sexual anxiety are considered to be major components of sexual self-concept with importance for sexual satisfaction and relationship satisfaction (Birnbaum et al., 2006; Brassard et al., 2015). Similar to previous research (Shepler, 2012), sexual anxiety and sexual esteem were found to be inversely related. This finding, although not original or unique to the present study, importantly confirms the relationship between these two aspects of sexual self-concept.

We explored whether LGB individuals would report different or similar levels of sexual esteem and sexual anxiety than their heterosexual counterparts, and we found that LGB individuals reported comparable sexual esteem and sexual anxiety. One possibility for this finding is that no actual differences exist in sexual esteem and sexual anxiety based on sexual identity. Alternatively, results may be more limited in generalizability. Although no effort was made to assess level of sexual orientation acceptance in our study, it is worth noting that Dupras (1994) found that gay men who were less accepting of their sexual orientation reported higher levels of sexual anxiety and lower levels of sexual esteem. Future research should seek to determine (a) whether such differences can be replicated and (b) if replicable, are there differences in sexual esteem and sexual anxiety among heterosexual individuals, high sexual orientation accepting LGB individuals, and low sexual orientation accepting LGB individuals.

We also sought to explore how gender is related to sexual esteem and sexual anxiety. Findings showed that women reported significantly higher levels of sexual esteem compared to men, and men reported significantly higher levels of sexual anxiety than women. These results suggest that there are distinct differences in how men and women report and experience sexual esteem and sexual anxiety. Contrary to our findings, Wiederman (2000) reported that men reported higher levels of sexual esteem and lower levels of sexual anxiety than women while Oattes and Offman (2007) found no gender differences in sexual esteem. This contradiction requires further research to clarify how gender is related to sexual esteem and sexual anxiety. It seems likely that a third, untested variable may mediate the relationship between gender and aspects of sexual self-concept such as sexual esteem and sexual anxiety. One construct that may be especially important to consider as a possible mediator is sexual identity development. Women who have a more coherent and integrated sexual identity make healthier decisions in their sex lives and therefore experience a greater sense of sexual well-being (Hucker, Mussap, & McCabe, 2010). Furthermore, women who developed a sense of their sexual self-concept during adolescence are less reserved with their sexuality, less anxious about their sex life, and experience more comfort with their sexuality as they transition into adulthood (Hensel, Fortenberry, O’Sullivan, & Orr, 2011). Potentially, women who attend Pride may have more developed sexual self-concepts or have a tendency to have a different developmental trajectory than women who do not attend events like Pride. This may account for the gender-based differences in sexual esteem and sexual anxiety that we observed in the present study. Subsequently, future studies are needed to compare how representative these findings are of non-Pride attendees. Indeed, some (Bailey et al., 1999; Bailey et al., 2016) have questioned the generalizability of findings based on data collected from convenience sampling at LGB Pride events.

We also considered whether an interaction effect for sexual identity and gender might be observed for sexual esteem and sexual anxiety. However, no interaction effect was observed on sexual esteem and sexual anxiety for sexual identity and gender. This means that the main effect for gender is likely consistent across those of different sexual identity groups. Subsequent research may benefit from clarifying if this finding is robust for those who are at different levels of sexual identity development.

Strengths and Limitations

Collecting our data from Pride over the course of one weekend allowed for several benefits to the study. For example, our sample size was relatively large and more racially diverse compared to many other studies, allowing for greater generalizability. Also, by collecting data over one weekend, the impact of history and maturation effects were minimized. This seems especially important given the rapid changes in LGB rights and equality that were
tolling sexual self-concept appears likely for individuals who are more achieved in their sexual identity development (regardless of sexual identity), this may not be true across differing levels of sexual identity development. For example, those of different sexual identity development statuses may not have similar levels of sexual esteem and sexual anxiety in earlier, comparable stages of sexual identity development. Nonetheless, our findings are important because much of what is known about sexual self-concept has been based on either samples of individuals with sexual disorders or adolescents/young adults. Future research may investigate sexual esteem and sexual anxiety across various levels of sexual identity development, measuring participants’ identity development status and sexual orientation acceptance.

Unlike previous researchers (Snell et al., 1992) who reported that men tended to report higher levels of sexual esteem than women, we found that women reported higher levels of sexual esteem (and lower levels of sexual anxiety) than men. Although results may accurately characterize gender-based differences, they may alternatively be due to a sexual identity-specific gender effect (i.e., an interaction) because the sample was composed predominately of those who identified as gay and lesbian. Unfortunately, due to the small number of heterosexual and bisexual individuals in the sample, the observed power for testing the interaction was considerably too low. Future researchers should seek to examine this possibility due to the implications for theory development. For example, if an interaction effect exists, this would indicate that it is important to not make broad characterizations about sexual anxiety and sexual esteem for men or women, but that care should be taken to specifically discuss these concepts for men and women who identify differently in terms of sexual identity. Another limitation of the present study is that a more completed analysis of the relationship between gender and the independent variables was not possible due to the small number of participants with transgender and other gender identities. Despite concerns regarding statistical power that limited our ability to explore the possibility of interaction effects, some significant differences were observed and results add to the discussion regarding sexuality and gender.

**Conclusion**

This study is one of the first to address a gap in the literature concerning possible interactions among sexual identity, gender, and sexual esteem and sexual anxiety in a community-based sample and subsequently expands our understanding of sexual self-concept. Results suggest that gender differences in sexual esteem and sexual anxiety are present although sexual identity group membership may not be related to sexual esteem and sexual anxiety. This is consistent with other research that has highlighted the role of gender as a major contributing factor to understanding individuals’ sexual satisfaction, relationship satisfaction, and overall sexual self-concept. Individuals’ sexual self-concepts are important factors in determining sexual satisfaction (Birnbaum et al., 2006) and relationship satisfaction (Brassard et al., 2015). Findings subsequently have implications for how those of different sexual identities and genders may experience their romantic relationships. Although further research is needed to confirm and extend the complexity of our understanding of how gender and sexual identity are related to sexual anxiety and sexual esteem, our findings provide direction for future researchers committed to examining such constructs. For example, findings leave open the possibility that within group differences in sexual esteem and sexual anxiety may be present for those who identify as LGB and future research is needed to clarify how sexual identity development status or self-acceptance of sexual orientation may be related to sexual esteem and sexual anxiety.

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