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AUTHOR Russell, C. Denise; Ellis, Jon B.
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ABSTRACT

Homophobia is a term used to describe irrational fears about, prejudice, and discrimination against homosexuals. Past research has shown that religious people were more homophobic than nonreligious ones and that these same individuals were more likely to have a high level of sex anxiety. In recent research, it has been found that with the onset of Acquired Immune Deficiency Syndrome (AIDS) in the gay community, negative attitudes against homosexuals have increased. This study examined the relationship between homophobia, AIDS attitudes, sexual anxiety, religion, and gender. Undergraduate students (N=144) completed a demographic questionnaire and the Attitudes Toward Lesbians and Gay Men Scale, the Religious Attitude Scale, the Sex Anxiety Inventory, and a modified version of DiClemente's AIDS knowledge and attitude scale. Findings revealed main effects for religiosity, sex anxiety, and AIDS attitudes. Subjects who described themselves as religious were more homophobic than nonreligious subjects; subjects who scored high on sexual anxiety were more homophobic than ones scoring low on sexual anxiety; and subjects with negative attitudes about AIDS were more homophobic than those with positive attitudes. The hypothesis that heterosexual men would be more homophobic than heterosexual women was not supported. (NB)

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Religiosity, Gender, Sex Anxiety, and AIDS Attitudes as they
Affect Attitudes Towards Homosexuals

C. Denise Russell

and Jon B. Ellis

East Tennessee State University

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Running head: ATTITUDES TOWARDS HOMOSEXUALS

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ABSTRACT

Homophobia is a term used to describe irrational fears about prejudice and discrimination against homosexuals. This type of prejudice is expressed in many ways, some of which threaten the lives of many homosexuals. Homophobia also affects the laws of the United States, with 25 states currently having laws that prohibit private homosexual acts between consenting adults. Past research has shown that religious people are more homophobic than nonreligious ones and that these same individuals are more likely to have a high level of sex anxiety. In recent research, it has been found that with the onset of AIDS in the gay community, negative attitudes against homosexuals have increased. In many of these studies, heterosexual men were found to be more homophobic than heterosexual women. A total of 144 people (85 women, 59 men) participated in this study. Each subject answered a demographic questionnaire, a religiosity questionnaire, a sex anxiety inventory, an AIDS attitudes questionnaire and a homophobia questionnaire. Results showed main effects for religiosity, sex anxiety, and AIDS attitudes.

Religiosity, Gender, Sex Anxiety, and Aids Attitudes as they
Affect Attitudes Towards Homosexuals

The term homophobia was first coined in 1973 by George Weinberg to describe the irrational fear, hatred, and intolerance by heterosexuals of homosexual men and women (Weinberg, 1973). This definition has been expanded to include any negative attitudes, beliefs, or actions directed towards homosexuals (Hudson & Ricketts, 1980). Homophobia is expressed in a wide range of behaviors ranging from verbal expressions of dislike to physical attacks sometimes called "queer bashing" (D'Augelli, 1989, Herek, 1988; Slater, 1988). Homosexuals are often ridiculed by jokes or by derogatory terms like "fairy," "faggot," or "queer" (Borhek, 1988; Gramick, 1983; Masters, Johnson, & Kolodny, 1988). Recent studies suggest that as many as 92 percent of gay men and lesbians report being targets of verbal abuse or threats and well over one-third are survivors of violence related to their homosexuality (Fassinger, 1991; Herek, 1989).

It has been suggested that homophobia has increased as a result of AIDS. Two-thirds of lesbian and gay organizations who report incidents of violence believe that "the fear and hatred associated with AIDS has fostered anti-gay violence in their communities" (National Gay and Lesbian Task Force, 1988). Several studies have found a strong relationship between homophobia and negative attitudes toward those with AIDS

(Goodwin & Roscoe, 1987; Grieger & Ponterotto, 1988; O'Donnell, O'Donnell, Pleck, Snarey, & Rose, 1987).

In addition it has been found that people who score high on homophobia scales also score high on measures of sexual anxiety and guilt (Dunbar, Brown, & Amoroso, 1973; Dunbar, Brown, & Vourinen, 1973; Weis & Dain, 1979). Morin and Garfinkle (1978) report that persons least accepting of homosexuals are anxious about sexual impulses in general. Berry and Marks (1969) found evidence suggesting that individuals with the greatest personal sex guilt are most disapproving of homosexuals. Yarber and Yee (1983) found that men and women possessing high sex anxiety had more negative attitudes toward both lesbianism and male homosexuality.

Throughout history organized religion has considered homosexuality a sin. It has been called "unnatural," "A crime against nature," "that unmentionable crime not fit to be mentioned by Christians," and at the very least a "sickness" (Alvarez, 1974). Responses by some religious groups to homosexuals have included stoning, burning, ostracism, imprisonment, banishment, and even torture or sexual mutilation.

Finally, one of the most consistent findings in homophobia research is that heterosexual men are more homophobic than heterosexual women (D'Augelli, 1989; Glassner & Owen, 1976; Goodwin & Roscoe, 1987; Hansen, 1982; Herek, 1988; Kite, 1984; Slovenko, 1965; Yarber & Yee, 1983).

Due to the increase of negativity towards homosexuals in the last several decades, there exists a need to examine the relationships between social factors and homophobic attitudes. Thus, the purpose of this study was to examine the relationship between homophobia, AIDS attitudes, sexual anxiety, religion, and gender.

Method

Subjects

Subjects were 144 undergraduate (85 women, 59 men) students participated in this study. Data from two subjects were not used because of missing data. Individuals ranged in age from 17 years to 49 years with the majority being under 25 years old.

A demographic questionnaire included items assessing age, sex, marital status, number of children, ethnic background, current employment, education level, religious affiliation, and sexual orientation.

Measures

The Attitudes Toward Lesbians and Gay Men Scale (ATLG) (Herek, 1988) was used to assess homophobic attitudes. The ATLG consists of two ten-item subscales, one for attitudes toward gay men and the other for attitudes toward lesbians. Subjects respond to statements on a 9-point Likert scale ranging from "strongly disagree" to "strongly agree". Scoring is accomplished by summing scores across items for each subscale. Total scale scores can range from 10 (extremely positive attitudes) to 180 (extremely negative attitudes). Criterion

validity has been established and satisfactory alpha coefficients have been revealed (Herek, 1988).

The Religious Attitude Scale (Poppleton & Pilkington, 1963) contains 21 statements concerning religious beliefs. Subjects indicate on a 5-point Likert scale (strongly agree to strongly disagree) how well each of the characteristics describes him or herself. Scores can range from 40 (low religiosity) to 136 (high religiosity). Predictive validity is reported as high.

The Sex Anxiety Inventory (SAI) (Janda & O'Grady, 1980) consists of 25 questions in which subjects are asked to respond to statements about sexual attitudes, sexual guilt, and social desirability.

A modified version of DiClemente's AIDS knowledge and attitude scale was used to assess attitudes towards AIDS. Ten statements were chosen that best applied to the current study. Subjects were asked to respond to statements about AIDS on a five-point Likert scale ranging from strongly agree to strongly disagree.

Scoring was accomplished by adding the numbers for each respondent. Scores can range from 10 to 50, with the higher scores indicating negative attitudes and lower scores indicating more positive attitudes.

Procedure

Subjects were recruited from undergraduate psychology and sociology courses. Participation was completely voluntary. An

informed consent was handed out for each participant to read and sign before completing the questionnaires. Upon returning the informed consent each participant was handed a packet of questionnaires to fill out and return. Anonymity was guaranteed, with the consent forms being stored separately.

Results

Subjects were assigned to groups by use of a median split method, using the median scores from this sample. Therefore, subjects who scored above the median (3.70) on the religiosity scale were labeled "religious." Those scoring below the median were designated as "non-religious." A similar method was used to assign individuals as high or low sexually anxious (median = 1.47), and negative or positive on AIDS attitudes (median = 2.02).

Separate one-way Analyses of Variance (ANOVA's) were used to test the first four hypotheses. Hypotheses 1, which stated that people who described themselves as religious would reveal themselves to be more homophobic than those people who described themselves as non-religious, was supported, $F(1,141) = 90.74, p < .0001$. Hypothesis 2 which stated that heterosexual men would reveal themselves to be more homophobic than heterosexual women was not confirmed. Hypothesis 3 which stated that subjects scoring high on sexual anxiety would be more homophobic than ones scoring low on sexual anxiety was supported, $F(1,141) = 16.83, p < .001$. Hypothesis 4 which predicted that people with negative attitudes about AIDS would

be more homophobic than people with more positive attitudes towards AIDS was also supported, $F(1,141) = 9.46, p = .01$. A 2 (sex) X 2 (religious vs. non-religious) X 2 (high vs low sex anxiety) X 2 (positive vs. negative AIDS attitudes) Analysis of Variance (ANOVA) revealed no interaction effects.

Discussion

The purpose of this study was to investigate relationships between gender, religion, sex anxiety, AIDS attitudes and homophobia. Most of the hypotheses in this study were confirmed, supporting past research (Basile, 1974; Herek, 1988; Kite, 1984; Weis & Dain, 1979). Previous research has shown that highly religious people are more homophobic than low religious or non-religious people. One reason that this may be true could be due to the fact that Christian teachings discourage and often forbid sex without the purpose of procreation. Past research has also shown that people who have a high level of sexual anxiety tend to be more homophobic than people who have a low level of sexual anxiety. The findings concerning religion and homophobia were expected and intuitively "make sense."

Recently, it has been suggested by many researchers that AIDS, being primarily associated with gay men, has increased homophobic attitudes (Grieger & Ponterotto, 1988). The results of this study supported the idea that people with negative attitudes about AIDS would be more homophobic than people with positive attitudes. Past research involving homophobia and

gender have been mixed. Homophobia may be defined as a maladaptive attitude or belief, and may be more related to gender role than to gender. Research has suggested that certain gender roles, androgyny in particular, correlate with a variety of positive attributes such as high self-esteem and low anxiety (Bem, 1976; Spence & Helmreich, 1978), attitudes which were measured in this study. Other studies have shown androgynous subjects to possess more positive signs of psychological health and self-concept (Flaherty & Dusek, 1980), stronger reasons for living (Ellis & Range, 1988) and more adaptability (Russell & Ellis, 1991). Thus, it may be more relevant to examine how gender roles relate to a maladaptive and destructive belief such as homophobia. This would lead to clinical implications when working with parents of small children who are in the process of sex-role development. It may be that with the relatively small number of subjects in this study, a full range of gender roles was not demonstrated. Another suggestion may be that as the perception of AIDS as a gay man's problem changes, so will the manner in which people view homophobia. This is not to say that men or women will become equally adaptive, which they may, but that they may both become equally prejudiced.

A limitation of this study involved the use of the sexual anxiety questionnaire. The questionnaire included a question and two possible answers from which to choose. Several of the subjects asked about the possibility of other answers and then commented that the answer depended on the situation and people

involved. This questionnaire did not accommodate for these exceptions. Perhaps sexual anxiety is so individualized and situational that it should not be measured as a global attitude or perhaps a Likert-type scale would be better for this type of measurement.

It is important that research of this type continue and be expanded. Prejudice and discrimination are detrimental, no matter who it is directed at, and with 10 to 15% of the population reported to be homosexuals, it is particularly important that homophobia begin to be understood and challenged. Homophobia not only affects the lesbian or gay man outwardly, but it also becomes internalized in such a way that lesbians and gay men incorporate negative beliefs about homosexuality into their own lives. This can become very damaging to self-esteem and affect the lives of many homosexual people in ways not yet recognized. Homophobia also affects laws, religious beliefs, employment opportunities, and many other areas of people's lives. It polarizes families and friendships. It is important that homophobia be studied and understood so that education programs may be applied to assist in reducing this form of prejudice.

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Author's Notes

Address correspondence to Jon B. Ellis, Department of
Psychology, Box 70649, ETSU, Johnson City, TN 37614-0649

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