

The Winthrop McNair Research Bulletin

Volume 1 The Winthrop McNair Research Bulletin Volume 1

Article 5

2015

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Alexandra D. Foster
Winthrop University, fostera14@winthrop.edu

Brad Tripp Ph.D
Winthrop University, trippb@winthrop.edu

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Recommended Citation

Foster, Alexandra D. and Tripp, Brad Ph.D (2015) "A Cross-Racial Study of Attitudes toward and Beliefs about Male Homosexuality," *The Winthrop McNair Research Bulletin*: Vol. 1, Article 5.

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A Cross-Racial Study of Attitudes toward and Beliefs about Male Homosexuality

Alexandera D. Foster Bradley Tripp, Ph.D. (Mentor)

ABSTRACT

This study presents data about the attitudes toward homosexuality of black and white people. The survey used in this study was adapted from Furnham and Saito (2009) which compared the attitudes and beliefs about male homosexuality of British and Japanese participants. The sample consisted of 131 (37 black, 97 white) Winthrop students. The results were analyzed using T-tests. The results of the study were consistent with the literature in inconsistency, of the 17 categories tested significant racial differences were found in 6. There were no significant racial differences in beliefs about the following factors: Attributing homosexuality to biological causes, the role of gender roles in causing homosexuality, a relatively high percentage of all participants believed that factors such as father-son relationships could cause homosexuality, belief that abnormality caused homosexuality, although abnormality was the least favored of all the factors. There were significant racial differences in the following factors: The black participants were significantly more likely to believe that contact with homosexuals contributed to homosexuality, black participants were significantly more likely than whites to believe that the rights of homosexuals should be protected, the white participants were much more likely to hold stereotypical views of homosexuals. The size effect was small for all factors.

LITERATURE REVIEW

Early Attitudes

Prior to the twentieth century, attitudes about homosexuality in Western cultures remained stagnant for almost 2,000 years (Bullough 1977). Most of the prevailing negative attitudes toward homosexuality were based on Greek ideology that was adopted by the authors of early Christian texts. In the late 19th and early 20th centuries traditional attitudes toward homosexuality were backed by new medical and scientific "research" (Bullough 1977). Most doctors and scientists during this time classified homosexuality as an illness, and classifying it as an illness gave rise to the idea that it could be "cured" (Bullough 1977).

This public interest and belief in cures (brought on by the increase in contemporary literature on the subject) for homosexuals gave psychiatrists during this time period personal and professional interests in keeping "cures" for deviant sexual behaviors under their jurisdiction (Bullough 1977). Simply put, when the public believed that psychiatrists could "cure" them or their family members of homosexuality, they were more than willing to *pay* for those treatments (Bullough 1977). The public's belief in the efficacy of treatments for homosexuality helped psychiatrists' practices and bank accounts flourish (Bullough 1977).

While the medical model did not criminalize homosexuality (in most cases) it is important to note that most of the medical "knowledge" at this time was based on inadequate information. For example some very prominent doctors at the time believed that menstruation was pathological because it prevented conception (Bullough 1977). Many physicians during this period believed that sexual deviance, including homosexuality, was a direct result of masturbation or other sexual conduct for any purpose other than procreation (Bullough 1977).

In many Eastern cultures, early attitudes toward homosexuality were very favorable. In some cultures (Japanese, Korean) Shaman and other spiritual leaders often participated in homosexual

relationships and were cross-dressers (Furnham, and Saito 2009). Korean and Japanese warriors-who were revered-also frequently engaged in same-sex relationships (Kim, and Hahn 2006).

In Japan homosexuality was not only tolerated but taught in Samurai classes, monasteries (Buddhist), and in male brothels associated with Kabuki theatres (Furnham, and Saito 2009). Some Eastern cultures believed that homosexuality taught young men honesty, virtue, and to appreciate beauty (Furnham, and Saito 2009). At that period in history women were considered inferior to men and because of this belief relationships with women were devalued (Furnham, and Saito 2009).

Homosexuality was also widespread in many cultures in pre-colonial Africa (Pincheon 2000). Ritualized homosexuality has been documented by early anthropologists as well as traders and travelers that visited Africa before imperialism took hold (Pincheon 2000). There is some debate among scholars however about the validity of these accounts because outsiders were often excluded from the intimate lives of those they studied (Pincheon 2000). While they may have been allowed to observe the public lives of their subjects and make inferences based on what they observed, it is highly unlikely they were ever allowed to actually observe the sex lives of the natives (Pincheon 2000). There are accounts of Africans being punished in colonial America for violating anti-sodomy laws (some of them were even murdered for the offense), that lend credence to the idea that homosexuality was a part of many African cultures before colonization (Pincheon 2000).

Contemporary Attitudes

Havelock Ellis and Magnus Hirschfeld who took many of their ideas from Freud began applying cultural relativism to the study of sexuality (Bullough 1977). Ellis believed that sexual variation was natural and not pathological and began to appeal for tolerance, because he believed sexual deviation is harmless. Hirschfeld also campaigned for change and was one of the first researchers to distinguish between cross-dressing and homosexuality. Although these two and others like them lobbied for change in attitudes toward homosexuality they didn't actually achieve it.

Cultural attitudes didn't really change until the homosexual community began to organize and pressure the medical and political communities for change. The Society of Friends, the American Law Institute, and the American Civil Liberties Union are among the groups responsible for helping change both laws and attitudes (Bullough 1977).

A 2009 study including Asian students showed that they scored much higher than white students on homophobia measures (Furnham, and Saito 2009). Asian students were also more likely than white students to endorse the statement that their universities would be better if heterosexuals alone attended (Furnham, and Saito 2009). Asian students are also more likely than white students to believe that "cures" for homosexuality worked. The treatment method they thought would be the most effective for "treating" homosexual males was a "satisfying" sexual relationship with a women (Furnham, and Saito 2009). They seemed to consider homosexuality to be a deficiency or sexual anomaly.

Homosexuality is illegal in most contemporary African countries (Amy Adamczyk & Cassady Pitts 2009). Many contemporary African natives view homosexuality as a depravity forced on their cultures by European colonialists (Pincheon 2000) Although homosexuality is illegal and generally disapproved of in African nations such as Zimbabwe, there are relatively few hate crimes committed against homosexuals there (compared to Western nations). Part of contemporary Zimbabwean's apparent inability to understand or accept homosexuality is due to the importance of fertility in their culture (homosexual sex doesn't produce offspring, therefore, many believe it is pointless) (Marc Epprecht 1998). Because of pressure from elders and the economic benefits a large family provides many Zimbabwean homosexuals still marry and have children with someone of the opposite sex. There seems to be a strong correlation between education and acceptance of homosexuality in African cultures, from that it could be inferred that as the nation develops and more of the population begins to receive an education there will be a corresponding increase in acceptance of homosexuality (Mwaba 2009).

There is some contemporary evidence that blacks exhibit more negative attitudes toward homosexuality than their white counterparts (Vincent 2009). However, the small amount of studies that have attempted to shed some light on the issue have produced some very contradictory findings. Some

studies find that there are no significant differences between whites and blacks when it comes to attitudes toward homosexuality (Morris Jenkins, Eric G. Lambert, and David N. Baker 2009). Empirical evidence that suggests that blacks are more homophobic than the general population is scarce; some studies even suggest that Whites (especially White men) are more likely to be homophobic than any other group (Jenkins 2009).

It is often suggested that blacks might be more homophobic than any other group because of the importance of the church in the black community, but in actuality religion is a more reliable predictor of homophobia in whites than it is for blacks (Jenkins 2009). Some studies have found that education, religion, age, and gender have weaker effects on the attitudes of blacks than they do for whites suggesting that attitudes have different root causes for both groups (Gregory B. Lewis 2003). Although some studies have shown that blacks seem to be more likely to view homosexuality as wrong, once demography has been controlled for the differences become insignificant (Lewis 2003).

There is some evidence that black homosexuals are less likely than homosexuals of other races to be comfortable with other people knowing about their homosexuality that lends credence to the idea that the black community may be less accepting of homosexuality (Rosario 2004). About half of all black homosexuals report dealing with racism in the LGBT community. If they are also facing homophobia in the black community that puts them in a very unfavorable position (Lewis 2003).

Decreased acceptance of homosexuality in Eastern cultures has coincided with Westernization. The history of homosexuality in Eastern cultures is now viewed as an ancient dishonor and an example of behavior in undeveloped societies (Furnham, and Saito 2009). Because many Eastern cultures are collectivist they are less willing to openly engage any activity-including sexual activity-that could reflect poorly on their family's reputation (Kim, and Hahn 2006). As a result homosexuals living in these cultures are less likely to be open about it, and because of this the societies they live in are not exposed to homosexuals in their lives and because they are unfamiliar with it are more likely to stigmatize it (Furnham, and Saito 2009).

A 2009 study by Amy Adamczyk and Cassady Pitt found that more developed nations tend to be more tolerant towards homosexuality than less developed countries. Religion seems to play a much greater role in societal norms in more developed countries as well. Worldwide, religion seems to have a more significant impact on attitudes in individualistic societies such as the US. There is some research that suggests that classes teaching people about homosexuality helps to cut down on prejudice considerably (Larsen, Cate & Reed 1983). It seems to hold true across all cultures that the most significant shifts in attitudes toward homosexuality happen between generations and not within them (Adamczyk 2009).

The most important thing that can be taken from studying the ways that attitudes toward homosexuality have evolved and shifted is that, because homophobia and heteronormativity are socially constructed, they can be socially deconstructed. Societal attitudes and cultural norms are constantly morphing, it is important for societies to look back at the past and how things have changed and see that things have not always been the way that they are, and they need not continue to be the way they are.

METHODS

131 Winthrop University students participated in this study. Winthrop is a small, public Liberal Arts University located in Rock Hill, South Carolina. Winthrop has an undergraduate population of 5,000 students and 67 % are women. Winthrop's undergraduate racial breakdown is as follows: 60% white, 30% black, 2% Hispanic, 1% Asian, 1% Two or more races, 3% International, and less than 1% each Native American/Alaskan Native, Native Hawaiian or other Pacific Islander, and undisclosed. 34 were black and 97 were white (self-identified). Because the participants were a cohort of Winthrop students we did not collect data about employment status. Previous cohort research such as the Philadelphia study and the Cambridge-Somerville Youth Study used the cohort design to help isolate risk factors for delinquency (Cabot 1940 & Erickson 1973). The use of cohorts makes it possible to isolate the effects of certain factors, in this case, race. A cohort design was chosen because it makes sense, given

the objective (and time constraints) of this study, grouping the participants into two cohorts that differ only in race makes it easier to compare the two groups. The use of cohorts makes it easier to isolate differences.

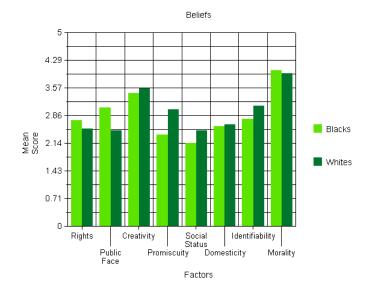
The questionnaire used in this study was adapted from Furnham and Saito (2009). The actual survey included 81 items and demographic information was gathered at the beginning of the survey. The survey included 3 sections, one on the etiology of homosexuality, another on attitudes and behaviors, and the third on the efficacy of "cures". The section on etiology asked participants to rate the likelihood (1=highly unlikely, 6=highly likely) of a factor causing homosexuality. The next section asked participants to rate how strongly they agreed (1=strongly disagree, 6=strongly agree) with a variety of statements about their attitudes toward homosexuals and the perceived practices of homosexuals. The third section asked participants to rate the efficacy of "cures" for homosexuality (1=highly ineffective, 6=highly effective).

RESULTS & DISCUSSION

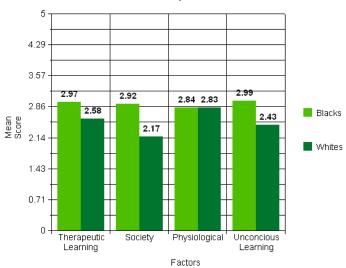
The results for both groups tended to fall in the middle of the scale. The black participants were significantly more likely than their white counterparts to believe that self-schema problems such as being unusually narcissistic causes homosexuality. There were no significant differences between the two groups when it came to the attributing biological causes to homosexuality. Most participants indicated that they believed that biology played a part in causing homosexuality. There was also no significant difference between the two groups on the role of gender roles in causing homosexuality, a relatively high percentage of all participants believed that factors such as father-son relationships could cause homosexuality. The black participants were significantly more likely to believe that contact with homosexuals contributed to homosexuality. Both groups were equally likely to believe that abnormality caused homosexuality, although abnormality was the least favored of all the factors. The size effect was small for all factors.

There were no significant racial differences in beliefs about the following factors: morality, identifiability, domesticity, creativity, and social status. Black participants were significantly more likely than whites to believe that the rights of homosexuals should be protected. The white participants were much more likely to believe that homosexuals are promiscuous. Belief in the efficacy of "cures" for homosexuality was low across all races. There were no significant racial differences in the beliefs in the efficacy of therapeutic learning and physiological cures for homosexuality. Blacks were significantly more likely than whites to believe in the efficacy unconscious learning and societal pressures as "cures" for homosexuality.

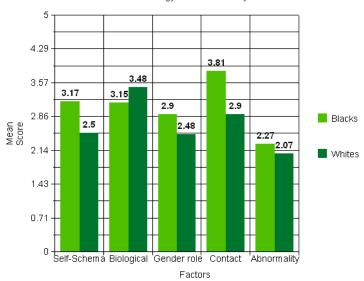
The results are consistent with the literature. Of the 17 subcategories that were examined, there were only significant racial differences in 6. The finding that blacks are more likely to be protective of the rights of homosexuals is consistent with the previous research. Previous studies have also found that whites are more likely than other groups to hold stereotypical views about homosexuality that was evidenced in this study by the white participants in this study being significantly more likely to believe that homosexuals are promiscuous as compared to the black participants. This study is still ongoing, so as more data becomes available it will become possible to examine some other factors that could be affecting the results such as religiosity and demography.



Efficacy of Cures



Etiology of Homosexuality



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