

1994

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EFFECTS OF ATTITUDES, ONSET CONTROLLABILITY, AND
CONTROLLABILITY OF BEHAVIOR ON STIGMATIZATION OF GAYS AND
LESBIANS

A Thesis Presented

by

MICHELLE C. JACOBO

Submitted to the Graduate School of the
University of Massachusetts Amherst in partial fulfillment
of the requirements for the degree of

MASTER OF SCIENCE

May 1994

Department of Psychology

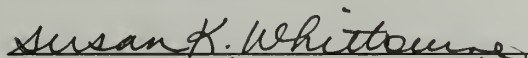
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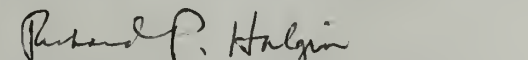
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ACKNOWLEDGEMENTS

First, I wish to thank my advisor, Susan Whitbourne, without whose efforts, insights and enthusiasm this project would not have been possible. I am indebted to my committee members, Richard Halgin and Robert Feldman, whose comments moved me toward greater conceptual and methodological clarification throughout this endeavor. To Jeanine Vivona, my mentor, colleague and friend, I owe a deep gratitude for careful editing, sound advice and repeated encouragement. Finally, I thank my partner, Patricia Zudeck, for her unfailing support and for her gift of never allowing me to doubt the merit of this thesis.

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CHAPTER I

INTRODUCTION

Research on stigma formation toward the gay and lesbian population is both necessary and timely. Stigmatization of gays and lesbians has historical roots dating from the 13th century (Berrill & Herek, 1990). Currently, the debate over allowing gays and lesbians to serve in the armed forces highlights the vast array of attitudes and feelings people in the US hold toward gayness. Some who disapprove of this policy, and of homosexuality in general, have channelled negative affect into behaviors which include physical violence against the gay and lesbian population. Perhaps the most dramatic consequence of negative attitudes toward the gay and lesbian population is the killing of someone because he or she is gay (Berrill & Herek, 1990). Violence against gay and lesbian individuals, such as murder, assault, sexual assault, arson and vandalism, harassment and threats, is on the rise; the National Gay and Lesbian Task Force (NGLTF) reported that violence against gays and lesbians has increased 161 percent between 1988 and 1991 (NGLTF, 1991).

The many serious ramifications of negative attitudes and the resultant negative affect and behavior toward gays and lesbians make it more than an academic exercise to explore the process through which people form these attitudes. Clearly, the gay and lesbian population is stigmatized; however, suggesting that everyone in society

holds negative attitudes toward this group would be an exaggeration. Understanding why some people do not hold negative attitudes toward the gay and lesbian population may be just as important as understanding why some people do come to regard members of this group in a negative way.

In general, a stigma is an evaluative response to an outcome, characteristic or state that an observer considers negative or unwanted (Jones, et al, 1984). To understand stigma formation it is necessary to determine the factors that contribute to or constitute the process through which a behavior, mental state, or physical attribute receives a negative evaluation. Understanding the unique influence each factor contributes to the stigma formation process is an important step toward attempting, in an informed manner, to reduce stigmas.

Factors That Contribute to Stigma Formation

The stigma formation process involves characteristics of both an observer and a target. Ultimately, a stigma exists as a social construct (e.g., the gay population is a stigmatized group). Whether an individual's attitudes are in accordance with or differ from that construct influences his or her affective and behavioral reactions toward a member bearing that stigma. Pre-existing attitudes toward a stigmatized group are an essential component in the stigma formation process. Some researchers in the area of stigma formation appear to have focused their efforts solely on what characteristics of a stigmatized person lead others to

judge him or her negatively; however, this approach does not take into account the extent to which the observer's pre-existing attitudes affect stigma formation.

Attitudes of the Observer

The attitudes and expectancies of the observer (the person noticing or inferring the negative evaluation or "mark") contribute to the perception that a characteristic, outcome, or state is negative. In general, the attitudes or expectancies of the observer derive from the larger social group to which the observer belongs (Jones et al., 1984). As a member of a social group, the observer shares the group's affective, cognitive, and behavioral attitudes toward other groups. Jones and his colleagues (1984) posit that these attitudes shape a marker's sense of self and well being and ultimately his or her reality and normative structure. If a mark is challenging to the observer's normative structure, it will be perceived as dangerous or threatening. Therefore, in order to maintain one's normative structure, the mark must be viewed as marginal and hence negative and deviant (Jones et. al., 1984).

The influence of attitudes on the stigmatization of the gay and lesbian population is one example of this process of defining a challenging mark as a stigma. Heterosexuals who hold conservative beliefs have more negative attitudes toward gay and lesbian people (Larson, Reed, & Hoffman, 1980). In particular, conservative religious and moral beliefs contribute to one's view of homosexuality as

negative. Similarly, Hudson and Ricketts (1980) found that people with a conservative view of sexuality viewed homosexuality more negatively than people who were more liberal sexually. Attitudes of the observer, then, are one of the factors influencing stigma formation.

Dimensions of the Target

There are several dimensions of the mark itself which influence stigma formation. These include its origin, the concealability of the stigma, stability over time, how disfiguring it is, its potential to be threatening, and how disruptive the stigma is in daily interaction (Jones et. al., 1984).

While all dimensions of the mark influence stigma formation, much has been written about the origin dimension. One reason for researchers' interest in the origin dimension may be that a stigma is viewed as an outcome. According to attribution theory, a search for the cause of a particular outcome is initiated by the observer of that outcome. The observer's view of the cause of the stigma appears, in turn, to affect the observer's future affective and behavioral responses toward the targeted individual (Weiner, Perry, & Magnusson, 1988). Research supports the notion that when the cause of a stigma is perceived as within a person's control, such as a mental or behavioral disorder, the marker's affective response tends to include anger. In contrast, when the cause of the stigma is considered uncontrollable, such as physical handicaps or illness, the

marker may experience pity as a response (Rodin, Price, Sanchez, & McElligot, 1989; Weiner, et. al., 1988; Whiteley, 1990). Furthermore, different behavioral responses characterize each of these affective responses; that is, anger is likely to lead the observer to ignore or punish the target; by contrast, pity leads to helping behavior (Rodin, Price, Sanchez, & McElligot, 1989; Weiner, et. al., 1988; Whiteley, 1990).

Perceptions of Responsibility and Blameworthiness

Perceptions of responsibility and blameworthiness contribute further to the stigma formation process. Responsibility and blameworthiness are influenced by causality (i.e. origin), but have independent influences as well. Causality is the antecedent or subset of antecedents that are sufficient to produce an event (Shaver, 1985). Responsibility is comprised of several dimensions: causality, moral standards, determinism, voluntary choice, and extenuating circumstances (Shaver, 1985). Blameworthiness incorporates elements of causality and responsibility, however, there is the additional influence of moral offense; this is the idea that the person being blamed has done something about which he or she should be ashamed. Also important to blameworthiness are the perceived levels of intentionality, appreciation of moral implications of action, and knowledge of consequences (Shaver, 1985). Given these distinctions, the dimensions of causation, responsibility, and blameworthiness must be

assessed separately in attempting to understand the stigma formation process (Shaver & Drown, 1986).

Review of Stigma Research

Some of the concepts mentioned above were investigated in a study by Weiner, Perry and Magnusson (1988). They examined three components of the stigma formation process: the cause of the mark, the target's involvement in behavior, and an evaluation based on both source of mark and responsibility of the target for the behavior. In this study, Weiner and his colleagues attempted to assess reactions to stigmas via the attributional analyses of causation, responsibility, and blame. Causation was determined based on measures of responsibility and blame. This work assessed varying levels of onset controllability and its effects on the subsequent levels of responsibility and blame. That is, each stigma was presented as having a controllable, uncontrollable, or ambiguous onset. Manipulation of controllability of onset allowed the researchers to investigate the correlation between controllability and responsibility in the stigma formation process.

Weiner and his associates examined a number of currently stigmatized groups representing both perceived controllable and uncontrollable cause. Some of the most dramatic discrepancies in levels of perceived responsibility and blame were found within the AIDS group. For example, subjects attributed significantly more responsibility and

blame to people who acquired AIDS from a promiscuous sex life (controllable cause) than to those who acquired AIDS from blood transfusions (uncontrollable cause). These data underscore the strength that controllability of onset has over assessments of blame and responsibility and therefore over affective reactions and behavior toward the marked person. In fact, when comparing the uncontrollable condition to the controllable condition, anger increased dramatically while helping behavior, operationalized as charitable donations, decreased (Weiner, et al., 1988).

The results of Weiner's study support other researchers' findings that perceptions of controllability of onset affect emotional and behavioral reactions toward stigmatized groups. Specifically, those marks considered to have a controllable onset tended to elicit higher levels of responsibility, blame and negative affect toward the group compared to marks seen as uncontrollable (Weiner et al., 1988).

One of the problems with Weiner's study, however, is that researchers had difficulty deriving independent measurements of the concepts of causality, responsibility, and blameworthiness. The index of causality in this study was measured via subjects' assessments of responsibility and blame. Failing to operationalize the concepts as distinct obfuscates the role each concept plays in the attributional analysis of reactions to stigma. It is therefore difficult to determine whether levels of responsibility and blame

derive from differences in perceived causality or in the behavior of the stigmatized person. A second problem with this study is that the researchers failed to obtain baseline data on the attitudes of subjects toward these groups.

Assessing onset controllability allows one to look at origin, which is clearly an important dimension of stigma formation. However, this approach does not take into account other dimensions of stigma formation, such as behavior of a member of a stigmatized group subsequent to onset (i.e. the course of the mark), the disruptiveness of the mark to interpersonal relationships, its aesthetic nature, and the peril associated with the stigma.

A second study by Schwarzer and Weiner (1991) attempted to assess controllability of behavior subsequent to onset in addition to controllability of onset. Specifically, the researchers assessed how each of these factors contributes to affective and behavioral reactions toward stigmatized groups. In this study, the researchers examined eight health-related stigmas, varying onset of the stigma (controllable or uncontrollable) and the coping behavior of the target (coping actively or not coping). Thus, subjects were presented with one of four controllability conditions. Affective and behavioral responses to each condition were assessed. The results indicated that when onset was controllable, higher levels of blame and lower levels of social support were extended toward the groups. Furthermore, targets who did not engage in active coping

behaviors received more blame, less pity, and fewer offers of social support. In contrast, actively coping targets were rated as less blameworthy and more deserving of pity, and were given more offers of social support. Similarly, the target groups that did not cope actively elicited higher levels of anger, regardless of onset controllability. Finally, interesting results were obtained when the stigma of AIDS was examined. When given a hypothetical case of an AIDS victim, people were more likely to help only when the onset was presented as uncontrollable, regardless of the target's subsequent coping behavior. In other words, what mattered most was how AIDS was contracted and not how the victim dealt with it. Some researchers posit that this phenomena may be due to the association of AIDS to previously stigmatized groups, such as gays and IV drug users (Herek, 1988).

Schwarzer and Weiner's research shows the importance of examining multiple factors that influence the stigma formation process. In fact, the researchers assert the importance of separating responsibility for causing a stigma from responsibility for maintaining that stigma when measuring peoples' reactions toward stigmatized persons.

While Schwarzer and Weiner's study addressed the effects of behavior subsequent to onset, it did so only for health-related stigmas. In each of the eight stigmas examined, coping behaviors are a necessary component of healing; one could argue that coping behaviors are helping

the individual toward health. The study did not address people's reactions to behaviors that stigmatized groups engage in that are not unhealthy, but that maintain the stigmatized identity. For example, how would people react to behavior that is openly gay, i.e. kissing a same-sex partner in a public place? A second criticism is that the researchers failed to assess subjects' attitudes toward these groups prior to their participation in the experiment.

Research on Stigma Formation and the Gay and Lesbian Population

In a study of the relationship between heterosexuals' attributions for the cause of homosexuality and attitudes toward the gay and lesbian population, Whiteley (1990) hypothesized that when the cause of homosexuality is seen as controllable, it is viewed more negatively. He further hypothesized that people with more positive attitudes toward the gay population see homosexuality as less controllable. Thus, he examined the relationship between subjects' attitudes toward the gay and lesbian population and perceptions of controllability of homosexuality. He also looked at the mediational effects of having a gay friend or acquaintance. Subjects' attitudes were assessed using the Heterosexual Attitudes Toward Homosexuality (HATH) and the Index of Homophobia (IHP); the first scale is a measure of attitudes toward the societal role of gay people; the second measure is an assessment of feelings about interacting with gay people. Subjects were then asked to rate homosexuality

on a Causal Dimension Scale (CDS). Results indicated that the perception of homosexuality as controllable was related to more negative attitudes toward gay people. Also, heterosexuals' held more negative attitudes toward gay people of their own sex. Contrary to the researcher's hypothesis, the results refuted the notion that subjects with positive attitudes toward homosexuality view it as less controllable.

While this investigation revealed the impact of perceived controllability on negative affect toward the gay and lesbian population, it failed to assess other factors which may also contribute to negative affect. Whiteley (1990) concluded by encouraging researchers to explore the relationship between negative attitudes toward homosexuality and additional dimensions of homosexuality, particularly the impact that controllability of homosexual behavior may have on negative attitudes.

One question that remains is whether onset controllability and controllability of behavior subsequent to onset similarly mediate affective and behavioral responses for stigmas involving behavior that is not "unhealthy", but is still disparaged. The gay and lesbian population is a group whose behaviors, while not unhealthy, are still looked down upon. While the origin of homosexuality is not fully known, one's perception of the origin of homosexuality as either uncontrollable (genetic) or controllable (environmental) can be measured. In

addition, this is a group whose stigmatized behavior may be seen as controllable. While current research supports the idea that subjects' beliefs in the perceived controllability of homosexuality yields more negative affect toward the gay population (Whitely, 1990), there is little which investigates the effect of controllability of behavior on affective responses to the gay and lesbian population.

Purpose of the Present Study

This research was an attempt to inform current knowledge of the stigma formation process toward the gay and lesbian population by measuring characteristics of both the target and the observer. First, subjects' attitudes toward the gay and lesbian population were assessed. Second, subjects who yielded either a tolerant or intolerant rating toward homosexuals were given scenarios in which two dimensions of the target were varied. Specifically, controllability of causation (controllable and uncontrollable) and controllability of behavior (high and low levels) were varied. Third, measures of causation, responsibility, and blame for gayness were assessed separately. Lastly, measures of affect were administered to investigate how affective responses are influenced by original attitudes, controllability of onset and controllability of behavior. By measuring subjects' attitudes toward the gay and lesbian population, manipulating onset controllability and controllability of behavior subsequent to onset, and measuring causation,

responsibility and blame separately, this study allowed more complete elucidation of those dimensions of the stigma formation process toward the gay and lesbian population.

Pilot Study

The purpose of the pilot study was to assess potential scenarios and dependent measures. The results were used to refine the scenarios and measures. Subjects read either one or two scenarios; after each scenario, subjects answered a questionnaire. Then, subjects discussed both their opinions about the exercises and their opinions about the gay and lesbian population with the researcher. Subjects were assured of confidentiality.

Subjects

Thirty-four undergraduates who were enrolled in at least one psychology course participated to fulfill a requirement for research credit.

Procedures

Subjects were given either one scenario or a packet of two scenarios. After reading each scenario, subjects completed a short questionnaire.

Scenarios were gender-consistent (i.e. females read about a female and males read about a male), and varied on controllability of onset and controllability of behavior yielding four conditions per sex (controllable onset/low behavior, controllable onset/high behavior, uncontrollable onset/low behavior, uncontrollable onset/high behavior). For subjects receiving two scenarios, the order in which the

two scenarios were presented was consistent throughout. Eight scenarios were evaluated in all. All subjects participated in a discussion with the researcher after completing the questionnaire. The researcher asked the following questions of everyone:

1. Was there anything about the scenarios or the questionnaire that didn't make sense or seemed confusing?
2. Was there anything you found affecting your feelings in either a positive or negative way?
3. Did it seem that your own attitudes about the gay and lesbian population were affecting the way you answered the questionnaire?
4. How do you believe gayness and lesbianism is caused?
5. Do you think it would make a difference if the person in the scenario was someone to whom you were close (i.e. a roommate)?
6. How could one give the people in the scenario both low and high behaviors?

Results of Qualitative Analyses

Subjects indicated that the scenarios were not confusing and made sense to them; however, some subjects found some of the questions difficult to answer. Specifically, the questions, "How much do you like the person in the scenario?" and "How interesting do you find the person in the scenario?" were difficult for subjects to

answer. Subjects said they did not have enough information about the person to make a judgement of this sort.

In terms of their feelings during the procedure, some subjects responded that they felt pity for people who cannot control being gay (i.e. genetic onset); others viewed the belief in a genetic cause as self-defensive rather than reality-based. Of interest were the people who felt positively toward the person in the high behavior condition for standing up for him/herself. These subjects also felt negatively toward the person in the low behavior condition for not being true to him or her self.

This finding might be explained by the more liberal and tolerant beliefs of the people who signed up for this experiment. The fact that most people who signed up for this experiment were fairly tolerant of the gay and lesbian population may be accounted for by the fact that the advertisement recruiting subjects explicitly stated the study was about the gay and lesbian population. Many subjects made a point of telling the experimenter that gayness did not bother them. In fact, many subjects admitted that their attitudes about the gay and lesbian population had more to do with how they answered the questionnaires than the information presented in the scenarios.

In terms of subjects' beliefs concerning the cause of homosexuality, most subjects believed either that being gay was a combination of nature and nurture, or that it was

completely genetic; nobody believed it was completely by choice. Several subjects indicated the belief that nobody would want to be gay by choice given how gayness is viewed in society.

Concerning the subjects' relative closeness to the portrayed person, some subjects believed it would make a difference if the person in the scenario were closer to them, while others felt it would not. For those who felt it would make a difference, they responded that it might make them feel more uncomfortable.

Finally, subjects spent time talking with the researcher about ways to improve the scenarios. Suggestions for high behavior were offered most frequently. Some examples of these suggestions were that the person in the scenario could be going on a picnic and kissing his or her partner in public, or he or she could be raising children. Low behaviors seemed more difficult to portray but secretly holding hands and being caught was one idea.

Results of Quantitative Analyses

Analyses of variance (ANOVAs) were run on all eight dependent variables for each condition. In the case of causation, there was no main effect for either controllability of onset or behavior conditions; however, the four conditions did show a range among the means. The uncontrollable / low behavior condition yielded the lowest value (1.71) and the controllable / low behavior condition yielded the highest value (2.54). In the case of

responsibility, there was a main effect for controllability ($F = 5.122$ $p = .028$) and a main effect for behavior ($F = 4.129$ $p = .047$). Target persons were held more responsible for controllable onset and high behavior. In the case of blame, there was no main effect for either controllability of onset or behavior conditions. Of interest is the finding that the controllable / low behavior condition had the highest mean (2.08). This is consistent with subjects' reporting negative feelings toward someone failing to be true to him / herself (i.e. seeing gayness as a choice and yet choosing not to behave gay).

In the case of liking the target person, there was no main effect for either controllability or behavior. The people in both high behavior conditions were liked the most; this is consistent with subjects' reporting positive feelings toward someone choosing to act in a way that is true to himself or herself. Nevertheless, since the means are all within the middle range of the scale (i.e. three on a scale of one to five), it seems that the question does not discriminate among the four conditions. Additionally, subjects reported difficulty answering this question.

For the variable interest, there was no main effect for either controllability or behavior. The range of mean scores was narrow (between 3.21 and 3.62). Subjects felt it was difficult to answer this question, which may explain the scores in the middle range of the scale.

The main effect for pity was significant ($F = 13.60$ $p = .001$). The two scenarios which had the highest means were both low behavior conditions. If it can be assumed based on the self reports of the subjects that this is a group that is tolerant toward the gay and lesbian community, then it may be inferred that subjects felt most sorry for people who were not openly gay, regardless of onset.

In the case of how positively subjects felt toward the target person, there was no main effect for controllability or behavior. However, the effect of behavior approached significance ($p = .069$). It appears that subjects felt more positively toward people in the high behavior conditions.

Finally, there was no main effect for anger by either controllability or behavior. The mean scores only ranged from 1.15 to 1.38. This finding seems consistent with subjects' reports of tolerance toward the gay and lesbian population.

Discussion

The effect of responsibility was significant for both controllability and behavior; thus targets' behavior may mediate subjects' responses. These preliminary results indicated the benefit of pursuing the initial hypothesis with a much larger sample. Specifically, the second study more fully assessed the extent to which raters' attitudes, onset controllability, and controllability of behavior subsequent to onset, mediate affective and behavioral

responses toward gays and lesbians. Several implications of the pilot data were considered. First, the pilot study confirmed the importance of assessing subjects' prior attitudes toward the gay and lesbian population; both qualitative and quantitative data supported the notion that subjects' prior attitudes influence how they will view the person presented in the scenario. A limitation of the pilot study was that it included few subjects who were relatively intolerant of members of the gay and lesbian community. One might hypothesize that less tolerant subjects would react differently to the scenarios. Specifically, intolerant subjects may report more blame and have more negative affect toward the high behavior targets. Thus both tolerant and intolerant subjects were included among the subjects in the subsequent study.

Second, a number of modifications to both the dependent measures and the scenarios were suggested by the pilot study. Scenarios were rewritten to portray actual behaviors as opposed to solely beliefs about how one should behave is one such modification. Dependent measures were also modified to represent more fully both positive and negative affect toward the target persons. This allowed for a more thorough investigation of how subjects' attitudes toward the gay and lesbian population interacted with specific dimensions of the target person. For example, one question the pilot data raised is why subjects who are tolerant toward the gay and lesbian community would rate low behavior

gays negatively. This finding warranted further investigation. Finally, questions that subjects found confusing and difficult to answer (i.e., how much they liked the target person and found him or her interesting) were discarded.

CHAPTER II

METHOD

Subjects

Subjects were 157 undergraduates at the University of Massachusetts whose scores on the prescreening measure, The Attitudes Toward Lesbians and Gay Men, categorized them as either tolerant or intolerant toward the gay and lesbian community. These subjects were randomly selected for participation out of a possible 621 subjects scoring as either tolerant or intolerant toward the gay and lesbian community on the prescreen measure. Subjects were given research credit for their participation in this study.

Measures

All subjects in the subject pool were asked to complete Attitudes Toward Lesbians and Gay Men (ATLG), a 20-item scale designed to assess the attitudes of heterosexuals toward homosexuals. This scale is comprised of two 10-item subscales: the Attitudes Toward Lesbians (ATL) and Attitudes Toward Gay Men (ATG). Construct validity was established through correlation with the Attitudes toward Women Scale (AWS), which assesses sex-role attitudes, the Traditional Family Ideology scale (TFI), and a dogmatism scale both of which assess authoritarianism. Internal consistency for the entire scale and its subscales are: .90 for the ATLG, .89 for the ATG. and .77 for the ATL (Herek, 1988).

Attached to this questionnaire were five additional questions. The first three questions asked the person to

indicate on a Likert scale his or her beliefs about the causes of homosexuality. The fourth question asked the subject if he or she knew anyone who is gay. Finally, each subject was asked to identify his or her own sexual orientation. A sample questionnaire can be found in Appendix A.

Subjects were chosen from the prescreening based upon two criteria: tolerance scores on a measure of attitudes toward homosexuals and self-identification as a heterosexual. On the prescreen measure, tolerance was defined as having a mean score of between 0 - 2 out of a possible 8 and intolerance was defined as having a mean score of between 6 - 8 out of a possible 8.00. Specifically, those heterosexual subjects scoring in either the top third (most homophobic) or the bottom third (least homophobic) were contacted at a later time and asked to participate in a study of impression formation.

Procedure

157 subjects were recruited to participate in the second portion of the study. The tolerant group was made up of 74 women and 31 men and the intolerant group was made up of 20 women and 32 men. The majority of subjects were freshman (100), followed by sophomores (35), juniors (20) and seniors (2). Subjects who agreed to participate in the second portion of the study were told that the study involved investigating minority groups and how characteristics of an individual within a certain group

might affect how others think and feel. After signing an informed consent form, subjects were asked to spend 15 to 30 minutes reading a scenario about someone at the university, and answer questions based on this scenario. A sample informed consent form and a copy of the scenarios and affective measure can be found in Appendices B C and D respectively. The scenarios were distributed in a gender-consistent fashion (i.e. females read about a female and males read about a male). They varied on controllability of onset and controllability of behavior yielding four conditions per sex (controllable onset/low behavior, controllable onset/high behavior, uncontrollable onset/low behavior, uncontrollable onset/high behavior).

After reading the scenarios, subjects completed a questionnaire that assessed their beliefs about the levels of causation, responsibility, and blame toward the gay person in the scenario. They were also asked a series of questions which attempted to document the subjects' positive and negative affective responses to the person in the scenario (Ernulf & Innala, 1987). Finally, subjects were given the opportunity to explain any responses or reactions they may have while participating in the study.

Initially, data were analyzed using 2 (attitude of rater) x 2 (sex of rater) x 2 (controllability) x 2 (behavior) analyses of variance (ANOVAs) to investigate the extent to which sex of the participant contributed to the findings given the disproportionate number of women in the

tolerant group and the disproportionate number of men in the intolerant group. Findings revealed that sex effects were not significantly contributing to the results and so collapsing across sex, a 2 (attitude of rater) x 2 (controllability) x 2 (behavior) analyses of variance (ANOVAs) was done. Post-hoc tests were conducted using Tukey's HSD test at the .05 level of significance.

CHAPTER III

RESULTS

The Effects of Attitudes, Controllability and Behavior on Measures of Causation, Responsibility, and Blame

Table one includes means and standard deviations as well as F values for the variables causation, responsibility and blame.

There was a main effect for attitudes on levels of causation. Thus, subjects who are intolerant of the gay and lesbian population see the hypothetical gay individual in the scenarios as more likely to cause his or her gayness, $F(1,149) = 65.8$ $p < .0001$. There was also a main effect for onset controllability, $F(1,149) = 8.1$ $p < .004$, such that when becoming gay is explained as a matter of choice as opposed to being genetically caused, people assign significantly higher levels of causation to gayness. It is interesting to note that the influence of levels of behavior on measures of causation nearly approached significance, $F(1,149) = 3.6$ $p < .059$, suggesting that higher levels of behavior may contribute to the idea that a gay or lesbian individual is more likely to cause his or her gayness.

There was a main effect of attitudes on levels of responsibility, $F(1,148) = 74.6$ $p < .0001$. Intolerant subjects see the individual as more responsible for his or her gayness than members of the tolerant group. A main effect for onset controllability, $F(1,148) = 10.9$ $p < .001$,

and behavior, $F(1,148) = 6.5$ $p < .01$, revealed that, when the gay person's onset was controllable and his or her behavior in the scenario was highly visible, people ascribed higher levels of responsibility to that person.

There was a main effect of attitudes, $F(1,149) = 344.3$ $p < .0001$, when measuring levels of blame ascribed to the persons in the scenario. Intolerant subjects found the individual in the scenario as significantly more blameworthy for his or her gayness than members of the tolerant attitude group. The main effects of controllability, $F(1,149) = 11.7$ $p < .0008$, and behavior, $F(1,149) = 15.2$ $p < .0001$, on measures of blame are qualified by interaction effects with the variable of attitudes, $F(1,149) = 11.4$ $p < .0009$ and $F(1,149) = 3.6$ $p < .001$ respectively. The findings reveal that intolerant subjects are more likely than tolerant subjects to blame a gay person whose onset is controllable and they blame that gay person significantly more than when his or her onset is genetic.

The Effects of Attitudes, Controllability and Behavior on
Measures of Feeling Relaxed and Positive

Table two includes means and standard deviations as well as F values for the variables of feeling relaxed and positive.

There was a main effect of attitudes on the measure of feeling relaxed, $F(1,149) = 150.4$ $p < .0001$, such that

intolerant subjects felt significantly less relaxed with the gay person in the scenario than did tolerant subjects.

There was also a main effect of behavior on the measure of feeling relaxed, $F(1,149) = 5.2$ $p < .02$, which was qualified by a significant two-way interaction between behavior and onset controllability, $F(1,149) = 4.4$ $p < .03$. These findings reveal that when onset of gayness is viewed as controllable, subjects felt less relaxed with the gay person exhibiting high versus low behavior.

There was a significant main effect of attitudes on measures of feeling positive, $F(1,147) = 362.7$ $p < .0001$ such that tolerant subjects felt more positive toward the gay person than intolerant subjects. There was also a significant two-way interaction between behavior and onset controllability, $F(1,147) = 9.0$ $p < .003$. Thus, subjects feel more positive about an openly gay individual if onset is viewed as uncontrollable and they feel significantly less positive about an openly gay individual if onset is viewed as controllable. Similarly, when onset is viewed as uncontrollable, subjects view an openly gay person more positively than a gay person who hides his behavior.

The Effects of Attitudes, Controllability and Behavior on
Measures of Feeling Anxious, Frightened and Sorry

Table three includes means and standard deviations as well as F values for the variables of feeling anxious, frightened and sorry.

The measure of anxiety revealed a main effect for attitude, $F(1,149) = 42.8, p < .0001$ and behavior, $F(1,149) = 7.0, p < .008$, indicating that overall, intolerant subjects are more anxious with the gay person than are tolerant subjects but that both groups are significantly more anxious with the gay person exhibiting high versus low behavior.

There was a main effect of attitudes on the measure of feeling frightened, $F(1,149) = 89.5, p < .0001$. In other words, intolerant subjects were significantly more frightened of the gay person in the scenario than were tolerant subjects.

There was a main effect for behavior on the measure of feeling sorry, $F(1,149) = 13.9, p < .0002$. Interestingly, this main effect was qualified by a significant two-way interaction between behavior and attitude, $F(1,149) = 5.5, p < .01$, which revealed that this effect of behavior is true only for tolerant subjects. Specifically, tolerant subjects felt more sorry for the gay person in the scenario whose behavior was of low visibility than they did for the gay person in the scenario whose behavior was highly visible.

The Effects of Attitudes, Controllability and Behavior on Measures of Feeling Critical, Ashamed, Angered and Disgusted

Table four includes means and standard deviations as well as F values for the variables of feeling critical, ashamed, angered and disgusted.

There was a main effect of attitudes on the measure of feeling critical, $F(1,148) = 150.7$ $p < .0001$, such that intolerant subjects felt significantly more critical of the gay person than tolerant subjects.

The measure of feeling ashamed revealed a main effect for attitude, $F(1,149) = 272.1$ $p < .0001$, such that intolerant subjects were more ashamed of the gay person than were tolerant subjects. A significant two-way interaction between controllability and behavior, $F(1,149) = 6.5$ $p < .01$ was qualified by a significant three-way interaction, $F(1,149) = 4.7$ $p < .03$, between controllability, behavior and attitude which reveals the two-way interaction is only true for intolerant subjects. Thus when onset of gayness is viewed as controllable, intolerant subjects feel more ashamed of the gay person when their behavior is highly visible. However, when onset of gayness is viewed as uncontrollable, intolerant subjects feel less ashamed of the gay person in the high behavior condition.

There was a main effect of attitude on feeling anger, $F(1,149) = 179.9$ $p < .0001$, such that intolerant subjects

felt more angered by the gay person than did tolerant subjects.

There was a main effect of attitude on feeling disgusted, $F(1,149) = 520.6$ $p < .0001$ such that intolerant subjects felt more disgusted by the gay person in the scenario than did tolerant subjects. There was also a significant two-way interaction between controllability and behavior, $F(1,149) = 12.0$ $p < .0006$; however, a significant three-way, $F(1,149) = 11.1$ $p < .001$, reveals this is only true for intolerant subjects. Thus, intolerant subjects feel more disgusted about an openly gay individual whose gay onset is viewed as controllable than they do with an openly gay individual whose onset is uncontrollable. Similarly, when onset is viewed as controllable, intolerant subjects are more disgusted by an openly gay person as opposed to one who hides his or her behavior.

The Effects of Attitudes, Controllability and Behavior on Measures of Desire to Meet Gay Person and Feeling Bothered if Sibling Were Gay Person in the Scenario.

Table five includes means and standard deviations as well as F values for the variables of desire to meet gay person and feeling bothered if sibling were gay.

There was a main effect for attitude on the degree to which a subject wanted to meet the gay person in the scenario, $F(1,148) = 154.7$ $p < .0001$, such that tolerant

subjects wanted to meet the gay person in the scenario significantly more than did intolerant subjects.

There was a main effect for attitude, $F(1,149) = 258.4$, $p < .0001$, on the degree to which a subject would be bothered if the person in the scenario were a sibling. Thus, tolerant subjects were less bothered by this possibility than were intolerant subjects.

CHAPTER IV

DISCUSSION

The findings of the present study address several of the hypotheses posed prior to analysis. First, people's prior attitudes towards gay and lesbian individuals do influence their affective and behavioral reactions toward a specific member of that stigmatized group. Second, characteristics of the gay or lesbian individual, in this case onset controllability and levels of behavior subsequent to onset of gayness, do in fact affect the stigma formation process. Lastly, the concepts, attitudes of the subject and characteristics of the gay or lesbian individual, influence each other and jointly inform the stigma formation process. Each of these statements will be discussed below.

Attitudes of the Observer

Subjects' affective ratings toward the gay or lesbian individual in the scenario were influenced in part by their attitudes toward the gay or lesbian population in general. Irrespective of the characteristics of the gay person that were manipulated in this study, tolerant and intolerant subjects viewed the individuals in the scenarios in a manner consistent with their attitudes. Intolerant subjects attributed higher levels of causation, responsibility and blame and they endorsed higher levels of anxiousness, fright, shame, anger, critical feelings and disgust as well as lower levels of relaxation and positive affect.

Behavioral measures also differed along this dimension in the expected direction: intolerant subjects were less likely to want to meet the gay person and they were more likely to be bothered by a sibling who was gay. These data support the earlier claim that subjects will bring pre-existing attitudes toward the gay and lesbian population to their interaction with a member of that population. It seems prudent therefore, for researchers to gather baseline measures of subjects' attitudes toward a particular stigmatized group even when the major interest is in investigating the impact of specific characteristics of a stigmatized group on subjects' affective and behavioral responses.

As mentioned earlier in the literature review, one explanation for attitudes toward the gay and lesbian population lies in the nature of an individual's value system. It appears based on the quantitative as well as the qualitative data that tolerant subjects endorse a value system which embraces a global set of values and promotes the living of one's life freely. For example, one subject responded on the questionnaire, "love is love, make your own choices to find your own happiness". This philosophy would allow for individuals outside the tolerant subject's normative group to embrace different values, customs and traditions, in this case, the gay or lesbian individual. This is in marked contrast to the intolerant group whose attitudes tend toward conservative views on religion, family

and gender. It has also been suggested that individuals who hold more traditional values, rate values themselves as important in directing their lives (Haddock, Zanna & Esses, 1993). Hence, intolerant subjects would condemn individuals outside their normative group, in this case those who are gay or lesbian.

Perceptions of Responsibility and Blameworthiness

The findings that levels of onset controllability and levels of behavior independently affect ratings of causation, responsibility and blameworthiness support the notion put forth by Shaver (1985) that these variables should be measured separately as each contains unique elements. Thus, while both groups of subjects rated the gay individual in the scenario whose onset was controllable and whose behavior was highly visible as more responsible for his or her gayness, only intolerant subjects interpreted these characteristics contributing to blameworthiness. This finding then highlights the conceptual distinction between responsibility and blame as based on moral offense.

Dimensions of the Target

The findings in this study not only support earlier claims that onset controllability is an important dimension of the target but that behavior subsequent to onset is influential in the stigma formation process as well.

The effects of onset controllability and levels of behavior seem partly determined by how they are interpreted by the rater. In sum, the direction of the main effects of

the levels of onset controllability and the levels of behavior exhibited by the gay person in the scenario indicate that characteristics of the target person are salient to the degree that they deviate from the rater's normative structure and value system. For example, tolerant subjects have a significant affective response of sorrow for the gay individuals in the low behavior conditions because restricting one's behavior directly violates the tolerant subjects' normative structure of "living life according to one's own". Similarly, intolerant subjects find onset controllable and high behavior gay individuals as more blameworthy than onset uncontrollable and low behavior gay individuals and they feel more anger and disgust toward onset controllable, high behavior gay individuals precisely because the former conditions highlight the violation of the normative structure and exacerbate the notion of intentionality and moral offense.

How does one explain the findings with regard to onset controllability and levels of behavior which do not seem as directly relevant to the subjects' value systems? For example, why do both tolerant and intolerant subjects feel more anxious toward of gay people in the scenarios whose behavior is highly visible than they do toward people whose behavior is less visible? It is possible that the variable measuring anxiousness, which encompasses feelings of unease, nervousness and concern, is being endorsed by subjects in both tolerant and intolerant groups for a variety of

reasons. One possibility for this higher level of anxiety as a result of high behavior could be the subjects' degree of unfamiliarity and therefore discomfort with the stimulus, gay behavior. For example, one subject said, "I'm not sure, it may make me nervous at first" and another rater responded, "I'm not friends with any gay people, I may be afraid of offending them unintentionally" and still another responded, "...I would probably be nervous and anxious because of his obvious homosexuality". Another possibility is that subjects may feel that high levels of gay behavior might have implications for them, specifically, that the gay individual would be attracted to the rater, a stereotypic fear about gay and lesbian people. One rater claimed, "I would be anxious only if they 'approached' me - as they have", and another rater similarly responded, "I would kind of wonder if this person is going to hit on me".

It is possible that similar phenomena occur with the variable measuring "feeling relaxed". Both tolerant and intolerant subjects reported feeling less relaxed with an individual whose behavior was high. It seems plausible that this could be due to unfamiliarity with viewing gay behavior and therefore high levels of gay behavior may make one more self-conscious. On the other hand, some subjects may have responded to a controllable high behavior condition as strong evidence that the gay person may approach them. The variable "relaxed" yielded negative affect toward the high behavior gay person only when onset of gayness was viewed as

controllable. This finding suggests that onset controllability at times functions not only independently but also as a variable mediating affective responses toward behavior subsequent to onset.

The mediating role of onset controllability toward subsequent behavior is apparent in several variables, one of which is the variable assessing how positive subjects felt toward the gay or lesbian individual in the scenario. Specifically, when onset of gayness is viewed as controllable, subjects feel more negatively about the person in the high versus low behavior condition. However, the reverse is true for the uncontrollable condition; when onset of gayness is viewed as uncontrollable, subjects feel more negatively about the person in the low versus high behavior condition. What is curious about this variable is that both tolerant and intolerant subjects seem to be reacting in the same direction to the characteristics of the gay individual.

In the first condition, when onset of gayness is viewed as controllable and subjects feel more negatively about the person in the high versus low behavior condition, it may be that the degree of volition and intentionality elicits negative affect in tolerant as well as intolerant subjects. Given that this variable assesses negative affect in a somewhat indirect way, tolerant subjects may be inadvertently admitting to feelings of negative affect which they would be less likely to do given social desirability on other variables, such as the one assessing anger. On the

other hand, it is also possible that tolerant and intolerant subjects are responding in the same direction for different reasons. For instance, intolerant subjects, may once again be responding to characteristics which deviate from their norms and value system. In other words, onset controllability and high behavior not only exemplify intentionality but strengthen moral offense as well, thus increasing negative affect. A second explanation involves tolerant subjects. The combination of controllable onset and high behavior might lead these subjects to conclude that the gay individual's behavior will correspondingly be outrageous in content. For example, some subjects referred to the gay individual in this condition as perhaps a "militant" who would "shove who they are down my throat". The implication here might be that this type of a gay individual would not be tolerant of others' values, something important to the rater.

When attempting to make sense of the second finding, that individuals feel more positive about the person in the high versus low behavior condition when onset of gayness is viewed as uncontrollable, several explanations are also possible. First, subjects may simply be responding negatively toward the uncontrollable low behavior person for either not living his or her life the way one should, or for "hiding something" as one subject stated. Another hypothesis is that intolerant subjects may feel that not having control of one's gayness alleviates some of the gay

individual's moral obligation to reject or manage his or her gayness. It could be, therefore, when presented with an uncontrollable onset condition, intolerant subjects shift to a second-order set of values, one which may feel more positively about outward behavior as opposed to "hiding" or "covert behavior". This could be for defensive reasons, for example, the intolerant subject may feel that if gay people cannot control who they are, they should behave outwardly so the intolerant subject can know who he or she is and therefore avoid them.

The above explanations seem equally plausible in explaining the three way interactions for intolerant subjects on measures of disgust and shame. When onset of gayness is viewed as controllable, intolerant subjects feel more ashamed of and disgusted by the gay person when their behavior is highly visible. However, when onset of gayness is viewed as uncontrollable, intolerant subjects feel less ashamed of and disgusted by the gay person in the high versus low behavior condition. In the first condition, the degree of volition in onset controllability and high behavior strengthens the moral offense as perceived by the intolerant subject and in the second condition the intolerant rater may be responding to the subject based on a decrease in moral obligation. The logic may be as follows: if people can control their gayness they should; however, if it can't be helped, then overt behavior is preferable to

covert behavior so that the intolerant subject can be aware of with whom he or she is dealing.

Limitations

The above study is not without limitations. Since it is made up of mostly freshman the findings may be restricted in its applicability to other populations. Second, the fact that the study used an indirect technique, scenarios labelling someone as gay, limits the amount of information gathered. Further studies would benefit from investigating interactions between the observer and the target in face-to-face contact. Lastly, this study failed to collect thoroughly information from the subjects regarding their motivations behind certain responses. It remains for further researchers, to tease out the various underlying meanings and interpretations of the patterns of the findings reported here. This would more fully inform subjects' affective and behavioral responses. Similarly, it would be wise to measure subjects' social desirability as it seems possible this phenomena affected how willing tolerant subjects were to endorse measures of negative affect.

Conclusion

In conclusion however, it seems evident that attitudes of the subject, and characteristics of the gay or lesbian individual interact in many ways eliciting various affective and behavioral responses in the stigma formation process. Thus, subjects will use their attitudes toward the gay and

lesbian population, which reflect their value systems, as a norm against which characteristics of the gay and lesbian individual are compared. It is as if these value systems serve as the lenses through which onset controllability and levels of behavior pass before demonstrating their strengths as variables capable of eliciting different affective and behavioral responses. While earlier research has documented the importance of onset controllability as a variable in the stigma formation process of gays and lesbians, little research has investigated the importance of gay behavior subsequent to onset. Given that levels of behavior elicit different affective and behavioral responses by acting both independently and interacting with onset controllability, the importance of assessing this variable in the stigma formation process toward the gay or lesbian population is clear.

Any research investigating this phenomena, therefore, should assess characteristics of both the observer and the target in order to more fully comprehend the relationship between the two. One might argue, it is only by measuring the interactions between the observer and the target that one is able to more fully represent the social nature of the phenomena stigma.

Table 1

Means for Causation, Responsibility and Blame

	Intolerant			
	Choice Lo	Hi	Genetic Lo	Hi
	Mean SD (n=16)	Mean SD (n=11)	Mean SD (n=12)	Mean SD (n=13)
Causation	3.37 1.40	4.00 .89	2.58 1.24	3.07 1.11
Responsibility	4.00 .96	4.45 1.03	2.91 1.44	3.53 1.26
Blame	3.25 1.29	4.54 .82	2.75 1.13	3.30 1.37

	Tolerant			
	Choice Lo	Hi	Genetic Lo	Hi
	Mean SD (n=25)	Mean SD (n=27)	Mean SD (n=26)	Mean SD (n=27)
Causation	1.88 1.23	1.77 1.05	1.38 .75	1.81 1.05
Responsibility	1.92 1.07	2.37 1.39	1.52 .91	2.07 1.29
Blame	1.12 .33	1.07 .26	1.00 0.00	1.18 .62

Table 1 continued

F values for Causation, Responsibility and Blame

	Causation		Responsibility		Blame	
	F	p	F	p	F	p
Onset	8.1	.004	10.9	.001	11.7	.0008
Behavior	3.6	.05	6.5	.01	15.2	.0001
Attitude	65.8	.0001	74.6	.0001	344.3	.0001
Onset X Behavior	.27	.59	.1	.73	0.9	.32
Onset X Attitude	2.7	.10	2.5	.11	11.4	.0009
Behavior X Attitude	1.0	.30	.0	.92	11.2	.001
Onset X Beh X Att	.76	.38	.0	.93	3.6	.05

Table 2

Means for Relaxed and Positive				
	Choice		Intolerant	
	Lo	Hi	Lo	Hi
	Mean SD (n=16)	Mean SD (n=11)	Mean SD (n=12)	Mean SD (n=13)
Relaxed	2.31 1.40	1.36 .67	1.75 .86	1.84 1.21
Positive	1.93 .79	1.63 .50	1.58 .66	2.30 .85

Means for Relaxed and Positive				
	Choice		Tolerant	
	Lo	Hi	Lo	Hi
	Mean SD (n=25)	Mean SD (n=27)	Mean SD (n=26)	Mean SD (n=27)
Relaxed	4.20 .91	3.59 1.11	4.15 .73	4.00 1.14
Positive	4.32 .69	4.22 .75	4.08 .86	4.48 .64

F values for Relaxed and Positive

	Relaxed		Positive	
	F	p	F	p
Onset	.15	.69	.45	.50
Behavior	5.2	.02	2.0	.15
Attitude	150.4	.0001	362.7	.0001
Onset X Behavior	4.4	.03	9.0	.003
Onset X Attitude	.38	.53	.35	.55
Behavior X Attitude	.01	.89	.05	.80
Onset X Beh X Att	.69	.40	1.0	.30

Table 3

Means for Anxious, Frightened and Sorry

	Intolerant			
	Choice Lo	Hi	Genetic Lo	Hi
	Mean SD (n=16)	Mean SD (n=11)	Mean SD (n=12)	Mean SD (n=13)
Anxious	2.37 .95	2.72 1.55	2.33 .98	3.15 1.21
Frightened	2.43 1.26	3.09 1.37	2.50 1.24	2.46 1.19
Sorry	2.43 1.54	2.00 1.61	2.75 1.28	2.61 1.44

	Tolerant			
	Choice Lo	Hi	Genetic Lo	Hi
	Mean SD (n=25)	Mean SD (n=27)	Mean SD (n=26)	Mean SD (n=27)
Anxious	1.36 .63	1.85 .81	1.53 .85	1.59 .93
Frightened	1.16 .47	1.29 .60	1.19 .80	1.18 .48
Sorry	2.44 1.15	1.44 .75	2.96 1.48	1.40 .79

Table 3 continued

F values for Anxious Frightened and Sorry

	Anxious		Frightened		Sorry	
	F	p	F	p	F	p
Onset	.21	.63	1.1	.28	2.8	.09
Behavior	7.0	.008	1.5	.21	13.9	.000
2						
Attitude	42.8	.0001	89.5	.0001	3.4	.06
Onset X Behavior	.00	.96	1.9	.16	0.9	.76
Onset X Attitude	.51	.47	.66	.41	.28	.59
Behavior X Attitude	.93	.33	.66	.41	5.5	.01
Onset X Beh X Att	1.9	.16	.84	.36	1.0	.30

Table 4

Means for Critical, Ashamed, Angered, and Disgusted

	Intolerant			
	Lo	Choice	Hi	Genetic
			Lo	Hi
	Mean	Mean	Mean	Mean
	SD	SD	SD	SD
	(n=16)	(n=11)	(n=12)	(n=13)
Critical	3.12	3.90	3.50	3.53
	1.45	1.44	1.00	1.05
Ashamed	3.18	3.81	4.00	3.23
	1.37	1.47	.95	1.53
Angered	2.81	3.27	3.08	2.84
	1.60	1.42	.79	1.28
Disgusted	3.56	4.72	4.16	3.61
	1.20	.46	1.11	1.32

	Tolerant			
	Lo	Choice	Hi	Genetic
			Lo	Hi
	Mean	Mean	Mean	Mean
	SD	SD	SD	SD
	(n=25)	(n=27)	(n=26)	(n=27)
Critical	1.52	1.50	1.42	1.44
	.77	.81	.70	.89
Ashamed	1.04	1.14	1.15	1.14
	.20	.36	.61	.60
Angered	1.12	1.07	1.23	1.00
	.33	.26	.71	.00
Disgusted	1.08	1.22	1.07	1.18
	.27	.50	.39	.62

Table 4 continued

F values for Critical and Ashamed

	Critical		Ashamed	
	F	p	F	p
Onset	.04	.82	.32	.56
Behavior	1.5	.21	.00	.95
Attitude	150.7	.0001	272.1	.0001
Onset X Behavior	1.1	.29	6.5	.01
Onset X Attitude	.05	.81	.03	.85
Behavior X Attitude	1.5	.21	.16	.68
Onset X Beh X Att	1.3	.23	4.7	.03

F values for Angered and Disgusted

	Angered		Disgusted	
	F	p	F	p
Onset	.04	.83	1.1	.27
Behavior	.00	.92	2.9	.08
Attitude	179.9	.0001	520.6	.0001
Onset X Behavior	2.4	.12	12.0	.0006
Onset X Attitude	.11	.73	.85	.35
Behavior X Attitude	.78	.37	.51	.47
Onset X Beh X Att	.82	.36	11.1	.001

Table 5
 Means for Desire to Meet Gay Person and Feeling Bothered if
 Sibling Were Gay

	Choice		Intolerant		Genetic	
	Lo	Hi	Lo	Hi	Lo	Hi
	Mean SD (n=16)	Mean SD (n=11)	Mean SD (n=12)	Mean SD (n=13)		
Meet	1.56 .72	1.00 .00	1.50 .79	1.46 .66		
Sibling	4.81 .54	4.36 1.20	4.41 1.24	5.00 .00		

	Choice		Tolerant		Genetic	
	Lo	Hi	Lo	Hi	Lo	Hi
	Mean SD (n=25)	Mean SD (n=27)	Mean SD (n=26)	Mean SD (n=27)		
Meet	2.96 .61	3.07 .82	3.00 .95	3.11 .89		
Sibling	1.88 1.01	1.92 1.10	1.96 1.11	1.70 1.06		

F values for Meet and Sibling

	Meet		Sibling	
	F	p	F	p
Onset	.80	.37	.02	.88
Behavior	.49	.48	.01	.91
Attitude	154.7	.0001	258.4	.0001
Onset X Behavior	.95	.32	1.1	.29
Onset X Attitude	.36	.54	.30	.58
Behavior X Attitude	2.4	.12	.25	.61
Onset X Beh X Att	.98	.32	3.7	.05

APPENDIX A

PRESCREEN MEASURE

Please answer the following questions regarding your opinions and beliefs about gay men and lesbians. The following scale should be used to document the degree to which you agree with each statement:

Strongly
Disagree

Strongly
Agree

1 2 3 4 5 6 7 8 9

1. Lesbians just can't fit into our society.

2.. Male homosexual couples should be allowed to adopt children the same as heterosexual couples.

3. Female homosexuality is detrimental to society because it breaks down the natural divisions between the sexes.

4. State laws regulating private, consenting lesbian behavior should be loosened.

5. I think male homosexuals are disgusting.

6. The growing number of lesbians indicates a decline in American morals.

7. If a man has homosexual feelings, he should do everything he can to overcome them.

8. Female homosexuality is a threat to many of our basic institutions.

Appendix A continued

PRESCREEN MEASURE

9. Female homosexuality is an inferior form of sexuality.

10. Lesbians are sick.

11. A woman's homosexuality should not be a cause for job discrimination in any situation.

12. Female homosexuality is a sin.

13. Male homosexuals should not be allowed to teach school.

14. Male homosexuality is a perversion.

15. Just as in other species, male homosexuality is a natural expression of sexuality in human men.

16. Female homosexuality in itself is no problem, but what society makes of it can be a problem.

17. I would not be too upset if I learned that my son were a homosexual.

18. Homosexual behavior between two men is just plain wrong.

19. The idea of male homosexual marriages seems ridiculous to me.

Appendix A continued

PRESCREEN MEASURE

20. Male homosexuality is merely a different kind of lifestyle that should **not** be condemned.

—
Please answer the following questions asking your beliefs about the causes of homosexuality.

21. Homosexuals are born that way.

Strongly Agree	Agree	Disagree	Strongly Disagree
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22. Homosexuals choose to be that way.

Strongly Agree	Agree	Disagree	Strongly Disagree
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23. Homosexuals learn to be that way.

Strongly Agree	Agree	Disagree	Strongly Disagree
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Please answer the following questions:

24. Do you know any people who are gay? Yes No

25. On a scale of 0 to 6, please circle the number that best describes your sexuality:

0 1 2 3 4 5 6

exclusively
heterosexual

exclusively
homosexual

APPENDIX B
INFORMED CONSENT FORM

Person Perception
Informed Consent Form

The purpose of this study is to document some of the processes of impression formation given certain characteristics of an individual. I understand that I am being asked to read a scenario and then rate my perceptions of that person's levels of causality, responsibility, and blame along with certain feelings I have.

I further understand that if I have any questions regarding the procedure or purpose of this research study, I am free to contact Michelle Jacobo at 584 - 2532 and she will be available for answers.

I understand that participation in this study is completely voluntary and if at any time I would like to terminate participation I am free to do so.

I have been informed that all of my responses will be kept both confidential and anonymous.

Name (please print): _____

Signature: _____

ID Number: _____

Date: _____

APPENDIX C

SCENARIOS

Female\Uncontrollable\Low Behavior

Melissa is in her second year at the university. She is as yet undecided in her major, but she enjoys classes both in English and Biology. Since coming to college she has been romantically involved with women. She believes her gay identity is mostly due to genetics since both her siblings and several cousins are also gay. She also remembers having feelings for females from the time she was in elementary school. Melissa feels that as long as she keeps her relationship to herself and lives within the heterosexual world as best she can things should go smoothly. Therefore, although she and her girlfriend have strong feelings for each other, they never show affection in public.

APPENDIX C continued

SCENARIOS

Male\Uncontrollable\Low Behavior

Michael is in his second year at the university. He is as yet undecided in his major, but he enjoys classes both in English and Biology. Since coming to college he has been romantically involved with men. He believes his gay identity is mostly due to genetics since both his siblings and several cousins are also gay. He also remembers having feelings for males from the time he was in elementary school. Michael feels that as long as he keeps his relationship to himself and lives within the heterosexual world as best he can things should go smoothly. Therefore, although he and his boyfriend have strong feelings for each other, they never show affection in public.

APPENDIX C continued

SCENARIOS

Female\Uncontrollable\High Behavior

Melissa is in her second year at the university. She is as yet undecided in her major, but she enjoys classes both in English and Biology. Since coming to college she has been romantically involved with women. She believes her gay identity is mostly due to genetics since both her siblings and several cousins are also gay. She also remembers having feelings for females from the time she was in elementary school. She is a strong believer in the rights of gay couples to be legally married and the rights of gays and lesbians to be in the armed forces. Melissa feels that her relationships with women should be open and she has no difficulty displaying affection. For example, she and her girlfriend often hold hands and kiss each other even when in public.

APPENDIX C continued

SCENARIOS

Male\Uncontrollable\High Behavior

Michael is in his second year at the university. He is as yet undecided in his major, but he enjoys classes both in English and Biology. Since coming to college he has been romantically involved with men. He believes his gay identity is mostly due to genetics since both his siblings and several cousins are also gay. He also remembers having feelings for males from the time he was in elementary school. He is a strong believer in the rights of gay couples to be legally married and the rights of gays and lesbians to be in the armed forces. Michael feels that his relationships with men should be open and he has no difficulty displaying affection. For example, he and his boyfriend often hold hands and kiss each other even when in public.

APPENDIX C continued

SCENARIOS

Female\Controllable\Low Behavior

Melissa is in her second year at the university. She is as yet undecided in her major, but she enjoys classes both in English and Biology. Since coming to college she has been romantically involved with women. She believes her gay identity is mostly by choice. While she dated a few men in high school she finds herself more comfortable with women. Melissa feels that as long as she keeps her relationship to herself and lives within the heterosexual world as best she can things should go smoothly. Therefore, although she and her girlfriend have strong feelings for each other, they never show affection in public.

APPENDIX C continued

SCENARIOS

Male\Controllable\Low Behavior

Michael is in his second year at the university. He is as yet undecided in his major, but he enjoys classes both in English and Biology. Since coming to college he has been romantically involved with men. He believes his gay identity is mostly by choice. While he dated a few females in high school he finds himself more comfortable with males and so chooses to date males. Michael feels that as long as he keeps his relationships to himself and lives within the heterosexual world as best he can things should go smoothly. Therefore, although he and his boyfriend have strong feelings for each other, they never show affection in public.

APPENDIX C continued

SCENARIOS

Female\Controllable\High Behavior

Melissa is in her second year at the university. She is as yet undecided in her major, but she enjoys classes both in English and Biology. Since coming to college she has been romantically involved with women. She believes her gay identity is mostly by choice. While she dated a few men in high school she finds herself more comfortable with women. She is a strong believer in the rights of gay couples to be legally married and the rights of gays and lesbians to be in the armed forces. Melissa feels that her relationships with women should be open and she has no difficulty displaying affection. For example, she and her girlfriend often hold hands and kiss each other even when in public.

APPENDIX C continued

SCENARIOS

Male\Controllable\High Behavior

Michael is in his second year at the university. He is as yet undecided in his major, but he enjoys classes both in English and Biology. Since coming to college he has been romantically involved with men. He believes his gay identity is mostly by choice. While he dated a few females in high school he finds himself more comfortable with males and so chooses to date males. He is a strong believer in the rights of gay couples to be legally married and the rights of gays and lesbians to be in the armed forces. Michael feels that his relationships with men should be open and he has no difficulty displaying affection. For example, he and his boyfriend often hold hands and kiss each other even when in public.

APPENDIX D continued

Answer Sheet For Impression Formation Study

5. How much would you feel positively about the person in the scenario?

1	2	3	4	5
Not at				Very
All				Much

6. How much do you feel sorry for the person in the scenario?

1	2	3	4	5
Not at				Very
All				Much

7. How critical do you feel about the person in the scenario?

1	2	3	4	5
Not at				Very
All				Much

8. How frightened would you be of the person in the scenario?

1	2	3	4	5
Not at				Very
All				Much

9. How anxious would you be of the person in the scenario?

1	2	3	4	5
Not at				Very
All				Much

10. How ashamed would you be about the person in the scenario?

1	2	3	4	5
Not at				Very
All				Much

APPENDIX D continued

Answer Sheet For Impression Formation Study

11. How disgusted are you by the person in the scenario?

1	2	3	4	5
Not at				Very
All				Much

12. How angered are you by the person in the scenario?

1	2	3	4	5
Not at				Very
All				Much

13. How much would you want to meet this person?

1	2	3	4	5
Not at				Very
All				Much

14. How much would you be bothered if the person in the scenario were your brother/sister?

1	2	3	4	5
Not at				Very
All				Much

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