

HETEROSEXIST ATTITUDES:
CHANGES FOLLOWING CONTACT WITH AN OPENLY GAY INSTRUCTOR

by

DAVID KILMNICK

A dissertation submitted to the Graduate Faculty in Social Welfare in partial fulfillment
of the requirements for the degree of Doctor of Philosophy,
The City University of New York

2006

UMI Number: 3204999

Copyright 2006 by
Kilmnick, David

All rights reserved.

UMI[®]

UMI Microform 3204999

Copyright 2006 by ProQuest Information and Learning Company.
All rights reserved. This microform edition is protected against
unauthorized copying under Title 17, United States Code.

ProQuest Information and Learning Company
300 North Zeeb Road
P.O. Box 1346
Ann Arbor, MI 48106-1346

© 2006

DAVID KILMNICK

All Rights Reserved

This manuscript has been read and accepted for the
Graduate Faculty in Social Welfare in satisfaction of the
dissertation requirement for the degree of Doctor of Philosophy.

Gerald P. Mallon

_____ **[required signature]**
Date Chair of Examining Committee

Michael Fabricant

_____ **[required signature]**
Date Executive Officer

Gerald P. Mallon

Paul A. Kurzman

Michael J. Smith
Supervision Committee

THE CITY UNIVERSITY OF NEW YORK

Abstract

HETEROSEXIST ATTITUDES:
CHANGES FOLLOWING CONTACT WITH AN OPENLY GAY INSTRUCTOR

by

David Kilmnick

Advisor: Professor Gerald P. Mallon

One promising avenue in reducing prejudice has been contact between minority and majority populations. This study investigated the relationship between prejudice and contact, with a long-term goal of understanding the causes of heterosexism and homophobia. The purpose of this work was to determine the extent to which contact with an openly gay instructor influenced attitudes and beliefs in a group of community college students. The study used a nonequivalent contrast group quasi-experimental design comparing 61 students from a community college human sexuality class taught by a gay instructor who disclosed his sexual orientation to the class early in the semester with 79 students from the same course taught by a heterosexual instructor who also disclosed her sexual orientation. There were six hypotheses tested: first, that students in classes with an openly gay instructor would evidence a greater drop in heterosexism from pretest to posttest than students in classes with a heterosexual instructor; second, that certain individuals would show more heterosexist attitudes after being in a class taught by a gay instructor; third, that subjects who define homosexuality as an individual choice would have more heterosexist attitudes; fourth, that individuals in the gay instructor group would evidence a greater increase on a validated measure of attitudes about homosexuality; fifth, that individuals who perceive their peers and parents as possessing

negative attitudes toward homosexuality would have more heterosexist attitudes; and sixth, that those individuals who report close relationships with gay and lesbian individuals would hold more accepting attitudes toward gays and lesbians. The major findings are that contact with a gay instructor does reduce heterosexist attitudes among college students. Subjects were more likely to show reduced heterosexist attitudes if they believed that homosexuality is not a choice. Furthermore, heterosexism among friends and family members of subjects may be a significant predictor of heterosexism. An unexpected finding was that demographic variables such as race and religion did not play a large role in determining attitudes. These results have implications for social work theory and practice, especially with respect to how social workers are educated.

TABLE OF CONTENTS

CHAPTER	PAGE NUMBER
CHAPTER I	
INTRODUCTION	1
CHAPTER II	
REVIEW OF LITERATURE	11
CHAPTER III	
RESEARCH METHODS	48
CHAPTER IV	
RESULTS OF QUANTITATIVE RESEARCH	64
CHAPTER V	
DISCUSSION	88
APPENDIX A	102
REFERENCES	111

LIST OF TABLES

TABLE	PAGE NUMBER
TABLE 1.	
Means and Standard Deviations for ATG Change Scores as a Function of Race	70
TABLE 2.	
ANOVA Summary Table for ATG Change Scores as a Function of Race	71
TABLE 3.	
Means and Standard Deviations for ATL Change Scores as a Function of Race	71
TABLE 4.	
ANOVA Summary Table for ATL Change Scores as a Function of Race	71
TABLE 5.	
Means and Standard Deviations for ATG Change Scores as a Function of Religious Affiliation	72
TABLE 6.	
ANOVA Summary Table for ATG Change Scores as a Function of Religious Affiliation	73
TABLE 7.	
Means and Standard Deviations and ANOVA Summary Table for ATL Change Scores as a Function of Religious Affiliation	73
TABLE 8.	
ANOVA Summary Table for ATL Change Scores as a Function of Religious Affiliation	73
TABLE 9.	
Means and Standard Deviations for ATG Change Scores as a	

Function of Political Affiliation	75
TABLE 10.	
ANOVA Summary Table for ATG Change Scores as a Function of Political Affiliation	75
TABLE 11.	
Means and Standard Deviations for ATL Change Scores as a Function of Political Affiliation	76
TABLE 12.	
ANOVA Summary Table for ATL Change Scores as a Function of Political Affiliation	76
TABLE 13.	
Means and Standard Deviations for ATG and ATL Pretest and Posttest by Subjects Belief if Homosexuality is a Personal Choice or Not a Personal Choice	79
TABLE 14.	
Results of the McNemar Test for Comparisons Between Pretest and Posttest Responses to the New York Times Poll Items for Heterosexual and Gay Instructor	85

CHAPTER I

INTRODUCTION

The history of our nation has demonstrated that separate is seldom, if ever, equal. For no rational reason the marriage laws of the Commonwealth (of Massachusetts) discriminate against a defined class; no amount of tinkering with language will eradicate that stain. The [civil unions] bill would have the effect of maintaining and fostering a stigma of exclusion that the Constitution prohibits. – Massachusetts Supreme Judicial Court Advisory Opinion on Same-Sex Marriage, February 3, 2004

Our social and public policies are shaped by our underlying attitudes and beliefs. For example, attitudes towards gay, lesbian, bisexual, and transgender (GLBT) persons are refracted through the lens of same-sex marriage. Older Americans tend not to support it, believing that homosexuality is “against nature, . . . against society, and . . . against the Bible”, yet their sons and daughters, having grown up in an era when gays and lesbians are far less closeted and even featured on popular television shows, tend not only to be less homophobic but actively support gay marriage (Rosenberg, 2004).

The question of gay marriage is a polarizing issue in the U.S.; a number of states have initiatives banning it on their ballots in elections, and it has become a litmus test for many voters when eyeing their candidates. Few issues have drawn so much attention disproportionate to the number of actual individuals involved. Yet notably absent from the fevered discussion over whether gays should be allowed to marry is a careful examination of the attitudes and beliefs that underlie these positions. The underlying attitudes and beliefs are important because, consciously held or not, they inform public policy toward GLBT persons and thus toward the practice of social work. This lack of knowledge remains a major obstacle not only to discussing gay marriage but to

developing humane social and public policy involving GLBT persons with respect to an array of issues, from health care and education to basic civil rights. Without this knowledge, it is difficult to assess the extent to which the attitudes and beliefs about gay marriage are prejudiced and what concrete effects that prejudice may have.

The long-term goal of this project is to better understand the complex nature of prejudice—specifically, the form of prejudice that takes shape as heterosexism. The problem of prejudice is long-standing, but the ways in which it is expressed vary over time and among cultures. The study of prejudice against gays and lesbians can be traced to the works of Allport (1954) and Goffman (1956), who looked at the cognitive and social functions of prejudice and stereotyping. In general, as Allport noted, prejudice appears to have a cognitive function—it is a way to categorize persons so that we can go about our business without having to work too hard. These forms of categorization have had profound effects on the ways in which prejudice against GLBT persons has been expressed. For example, throughout much of the 20th century, gays and lesbians were thought to be “sick.” Evelyn Hooker’s (1957) seminal work laid the groundwork for officially undoing that particular form of heterosexism among mental health professionals, but Herek (2002) has shown that among the general population, this prejudice is alive and thriving.

Statement of the Problem

One promising avenue in reducing prejudice has been contact between minority and majority populations (Allport, 1954). But can contact with openly GLBT individuals reduce heterosexist or even heterocentrist attitudes? The answer is unclear. Research does suggest that heterosexism and homophobia are mitigated by contact with GLBT individuals (Cullen, Wright Jr, and Alessandri, 2002; Herek and Glunt, 1997). This

evidence accords with the contact hypothesis, which predicts that when minority and majority groups with equal status pursue common goals, prejudice against minority groups is reduced (Allport, 1954; Brown, 1995; Cook, 1978). Yet we do not know whether contact with GLBT persons creates or is created by less heterosexist attitudes toward gays and lesbians. Previous research has demonstrated that contact with an openly gay college instructor reduced levels of heterosexist attitudes (Waldo and Kemp, 1997). But questions about the nature of these attitudes remain, in part because the respondents' previous contacts with gays and lesbians were not studied and in part because the only demographic information sought from participants was their gender.

Social interaction, which increases contact, has been shown to reduce prejudice by allowing people to form more individuated judgments (Brewer and Miller, 1984). That contact reduces heterosexism seems to hold true, at least in the short term (Bowman, 1979; Bresser, 2002; Bruce, Shrum, Trefethen, & Slovik, 1990; Gentry, 1986; Glassner & Owen, 1976; Hansen, 1982; Herek, 1988; Herek & Capitanio, 1996; Millham, San Miguel, & Kellogg, 1976; Pratarelli and Donaldson, 1997; Weis & Dain, 1979). But whether this holds true in the long term has yet to be determined. Research involving controlled field experiments and longitudinal studies assessing the impact of contact on heterosexist attitudes is greatly needed (Herek and Capitanio, 1996; Herek and Glunt, 1993).

Homophobia, Heterosexism, and Heterocentrism

GLBT persons have usually been regarded with attitudes that have been termed heterosexist or homophobic. A third term, heterocentric, has been gaining in use, as well. Heterosexism is defined as the assumption that heterosexuality, as well as the privilege and power it confers, is both the norm and the ideal (Chesir-Teran, 2003). Homophobia is

defined as the irrational fear of homosexuality. Heterocentrism may be defined as an assumption that the norm is heterosexuality and that people are heterosexual unless they indicate otherwise. A useful comparison is the difference between ethnocentrism and racism. Racism is overt discrimination, while ethnocentrism can be characterized as a lack of awareness of the viewpoint of others. Similarly, heterosexism may be regarded as overt discrimination (a constitutional ban on same-sex marriage), while heterocentrism may be regarded as a less conscious form of oppression, based in lack of awareness of GLBT issues, concerns—or even existence. Thus, calls to allow civil unions for same-sex couples, but not marriage rights, might be regarded as heterocentrist, since this view implies that marriage between men and women is the norm, and civil unions, though they confer fewer and weaker benefits, should be an acceptable alternative for people who are, after all, not “normal.”¹

Yet whatever their definition, such attitudes result in preventing GLBT persons from full expression of their lives. Heterosexist and heterocentrist attitudes prevent GLBT persons not only from marrying, but also from obtaining good health care, from safety as they pursue their education, from full property rights, and from living daily life without fear of harassment and violence. Though attitudes toward GLBT persons have changed for the better in recent decades, discrimination remains, and the cost of this discrimination—economically, socially, and personally—is high.

Past Attempts to Deal with Heterosexism

Attempts to deal with heterosexism have been initiated only relatively recently.

In the health-care field, for instance, the Gay and Lesbian Medical Association was

¹ Because heterocentrism is an emerging term and is not yet well defined in the literature, I will use the term ‘heterosexist’ throughout the study, except when a distinction has been made.

established in 1981 to combat heterosexism and homophobia within the medical community and throughout society, forms of prejudice that have both acute and chronic effects on human health.

Similarly, schools across the nation have begun to recognize homophobia as an impediment to education and have begun to implement programs to address it (Schwartz, 1994). One illustration is the formation of Gay-Straight Alliances (GSAs). GSAs are high-school organizations that provide a safe space for GLBT youth and their friends while simultaneously providing education on the topic of sexual orientation. GSAs represent an institutional response from each school and each community and serve a variety of functions. These functions include: (1) providing a safe space for youth to identify as GLBT without fear of harassment, discrimination, or violence; (2) create visibility to GLBT youth who are systemically silenced and made invisible by institutional heterosexism; (3) provide an opportunity for non-GLBT youth and school staff to address heterosexism and homophobia; and (4) provide an opportunity for students and staff to take action within their own communities for social change by seeking to end heterosexism and homophobia. Gay-straight alliances seem to provide benefits to both the GLBT youth and their schools. A GSA can reduce violence and provide equality for all youth, and research suggests such efforts have a positive effect on reducing heterosexism (Szalacha, 2001).

With respect to research, attempts to understand the nature of heterosexism (and its more pernicious form, homophobia) are longer-lived. For most of the 20th century, homosexuality was defined by the mental health community as a sickness. In recent decades, however, mental-health providers have reconceptualized homophobia and heterosexism as the sicknesses. Past attempts to theorize about the reduction of prejudice

have concentrated primarily on contact and education. Of these two strategies, contact has been the most effective. These ideas are discussed further in Chapter II.

Since 1998, with the work of Gerald P. Mallon, a third category of prejudice against GLBT persons has been emerging: heterocentrism. This expansion has potential to increase insight into attitudes, behaviors, and policies that result in unconscious oppression of GLBT individuals. However, its definition is still developing. An important question, then, is to what extent heterocentrism can be distinguished from heterosexism with respect to: a) attitude and b) behavior. This would be a useful distinction because it could open up new arenas of policy and practice, as well as uncover institutionalized prejudice against GLBT persons.

Goals of the Study

This study attempts to build on the work of Waldo and Kemp by developing a richer demographic picture underlying attitudes toward GLBT persons. Specifically, using detailed questionnaires, I examined the complex relationship between contact with GLBT persons and attitudes towards them by investigating the demographic and personality factors that are associated with heterosexism before and after students have received information about homosexuality and before and after having contact with an openly gay instructor. If contact can be shown to be a useful strategy for reducing heterosexism, this research may have profound implications for social policy. The present study is an attempt to investigate the relationship between prejudice and contact. The long-term goal of this study is to understand the causes of prejudice, and in particular, heterosexism and homophobia, and to attempt to find ways to mitigate them. The specific social change sought is to improve the lives of GLBT people through education, advocacy, services, human rights, and social policy--all significant pieces of the field of

social welfare. By examining the demographic and personality influences on attitudes toward homosexuality before and after contact with an openly gay instructor, I hope to be able to contribute to that improvement.

Significance for Social Work

Prejudice allows us to understand new individuals in terms of old beliefs (Hamilton and Sherman, 1994). Yet for social workers especially, this form of cognitive efficiency is counter-productive. If we accept that our individual clients require individuated understandings in order to truly address their needs, then understanding the effects of prejudice in general, and homophobia and heterosexism in particular, is crucial. Moreover, the populations with whom social workers work--the poor, the homeless, the mentally ill, racial and ethnic minorities, women and gays--are frequently victims of prejudice and discrimination. For both practical and theoretical reasons, then, it is essential that the social work profession make an effort to understand prejudice and how to best prevent it.

Heterosexism as a form of prejudice has implications for the social welfare of heterosexuals and homosexuals alike. Reducing the social and economic cost of poor health care, insufficient education, and violence benefits all members of the community. But understanding the cause and roots of heterosexism, as well as searching for any potential remedies for prejudice against gay men and lesbians, is especially important to the gay community. Social workers come into contact with many gay clients and many social workers themselves are gay (Kahn, 1991; Modrcin and Wyers, 1990). Yet many social workers may also have homophobic, heterosexist, or heterocentrist attitudes (Berkman and Zinberg, 1997). Therefore, assessing the most useful methods for decreasing heterosexism is highly relevant to social work, both for the populations we

serve and for the individuals who work in the field. Studying heterosexism has implications for both the practical work of social welfare professionals and for the ethics of the profession. The ethics of the social work profession oblige social workers to take an active role in advocating for policies locally and nationally, as well as within the agencies where they work, that are fair and non-discriminatory. It is essential that those of us in the social work profession strive to change the heterosexist and homophobic policies of the settings in which we provide services. For instance, in many elementary and secondary schools, workers feel that conveying a positive attitude towards gay people might be interpreted as “promoting homosexuality” (Silin, 1995). Given the campaigns to restrict or prohibit the discussion of homosexuality in schools across America, a worker must have courage to take a positive stance. Social workers in support of ethical work with the gay community should resist anti-gay policies. Public opinion might not support pro-gay policies, but social work ethics demand their implementation.

This study is presented in a five-chapter format. This chapter, Chapter I, has included an overview of the need for addressing heterosexism; the purpose of the study; the significance of the study; and the definition of terms. Chapter II will offer a review of the literature related to the problem, specifically addressing the challenges faced by gay and lesbians in a variety of social work contexts, as well as the evolving research on heterosexism and homophobia. Chapter III describes the methods. It includes the definitions used in the study, the research questions and hypotheses and the research methodology. This study is a descriptive and explanatory using quantitative methods to determine whether contact with an openly gay instructor could reduce heterosexism in a community college population. The study used a nonequivalent control group quasi-experimental design comparing a convenience sample of 139 students from a community

college human sexuality class. Attitudes and beliefs were measured with a 10-item short form of Herek's Attitudes toward Lesbians and Gay Men (ATLG) scale, which has been shown to be a reliable and valid measure of heterosexuals' attitudes toward lesbians and gay men (Herek and Capitanio, 1996; Herek, 1988, 1994), as well as additional items to augment this scale. While the quantitative portion of this study used self-report scales, the survey included additional qualitative, open-ended questions looking at the impact of the contact. The central hypothesis was that contact would reduce levels of heterosexism.

Chapter IV presents the results of the study. The principal findings were that—as predicted—contact with an openly gay instructor can reduce heterosexism, that a significant predictor of heterosexism was having parents or friends with negative attitudes toward homosexuality, and that students who believe sexual orientation is not the choice of the individual were significantly less heterosexist than other students.

Chapter V describes conclusions, limitations of the study, implications, and evolving questions. The major conclusions of this dissertation are not only that contact with a gay instructor can reduce heterosexist attitudes among college students but also that demographic variables such as race and religion, which were predicted to influence the levels of heterosexism, may not matter as much as has previously been reported. Together, these results have important implications for social work practice, as well as for future research.

CHAPTER II
REVIEW OF THE LITERATURE
AND BACKGROUND OF THE STUDY

This chapter develops the background and conceptual framework for this study. Background supporting this inquiry is provided through a discussion of homophobia, heterosexism, and heterocentrism in general and the variables that have been shown to relate to these phenomena. First, I will discuss the research on attitudes toward homosexuality. Next, I will discuss theories of heterosexism, queer theory, social identity theory, and symbolic interactionism. Gaps in research and methodological problems will be addressed. The review will also focus on studies that have explored the relationship between education about homosexuality and attitudes toward homosexuality, and between contact with gay people and attitudes toward homosexuality (Herek & Capitanio, 1996; Herek & Glunt, 1993). Following this, research that specifically explores the impact of a contact intervention on attitudes towards gays and lesbians will be discussed (Pagtolum-An & Clair, 1986; Lance, 1987). A study that examined the impact of a gay instructor disclosing his sexual orientation to his students on their attitudes towards homosexuality will also be discussed (Waldo & Kemp, 1997). Two studies that found that contact can lead to discrimination rather than acceptance will also be described (Franklin, 1998; Rey & Gibson, 1997). The limitations of these studies will be taken into account throughout the literature review.

A Brief History of Attitudes Toward Homosexuality

The nature of research on homosexuality has changed dramatically over the last 100 years. Historically, those studying homosexuality searched for a cause and cure for what was deemed a mental illness (Apperson & McAdoo, 1968; Bieber, 1962; Buxbaum, 1959; Evans, 1959; Ibrahim, 1976; O'Connors, 1964; Schofield, 1965; West, 1959). Yet the basis for this classification—which was made official in the first *Diagnostic and Statistical Manual* of the American Psychiatric Association in 1952 (RF)—did not reflect actual research but instead reflected the long-standing biases of mental health professionals and their culture.

The work of Evelyn Hooker (1956) was germinal in showing that homosexuality was not a pathological condition. She gave projective tests to matched groups of heterosexual and homosexual men, then had a blinded group of experts assess the results using Rorschach criteria. The expert group not only found the test results to be largely free of psychopathological indications, but also failed to differentiate homosexual and heterosexual men. This work gave rise to many further studies by other groups, who confirmed Hooker's findings. In 1973, after numerous protests by the modern gay rights movement and growing empirical evidence, the board of trustees of the American Psychiatric Association (APA) made a landmark decision, stating that "homosexuality...by itself does not constitute a mental disorder." The APA created a new category called "Sexual Orientation Disturbance," which covered those gay men and lesbians who "are either disturbed by, in conflict with, or wish to change their sexual orientation" (Miller, 1995, 256). In 1986, the APA removed all references to homosexuality from the DSM-III-R.

Contemporary research no longer focuses on uncovering proof of mental deficits in homosexuals. Social scientists in the 1970s began to move away from “gay is sick” theories and began for the first time to address the problem of attitudes of prejudice toward gay men and lesbians and to look for a cause and cure for anti-gay attitudes. And today, an emerging consensus among many is that homosexuality is simply a natural and normal expression of human sexuality (Hunter, 1998; Mallon, 2001).

Current Attitudes Toward Homosexuality

In the past 25 years, more than 100 cross-sectional studies have measured the attitudes of heterosexuals towards homosexuality, along with demographic measures and scales (Franklin, 1996). Variables that have been shown to correspond to homophobia are religious orthodoxy, belief in traditional gender roles, authoritarianism, age, education, and being raised in urban or rural settings. But while homophobia is challenging enough, heterosexism appears to be a more pervasive problem—even among social workers. Berkman and Zinberg (1997) found that 10% of the social workers in their study displayed homophobic attitudes and that the majority had heterosexist attitudes.

Those individuals who tend to hold the most favorable attitudes toward homosexual relations are under the age of 30 and are more educated (Irwin & Thompson, 1997; Nyberg & Alston, 1997), though having more education is not always associated with less heterosexist attitudes (Berkman and Zinberg, 1997). Older people are generally less tolerant of homosexuals (Landen and Innala, 2002). Authoritarianism (Dunbar, Brown, & Amorosa, 1973; MacDonald & Games, 1974) and religiosity (Berkman and Zinberg, 1997; Hayes & Oziel, 1976; Johnson, Brems & Alford-Keating, 1997; Ross, 1975) are significantly negatively correlated with attitudes toward homosexuality. Those

who attend church frequently have tended to be more homophobic (Hayes & Oziel, 1976; Ross, 1975; Irwin & Thompson, 1977), and Protestants and Roman Catholics appear to be less tolerant of homosexuals than Jews, members of other religions, and those who do not associate themselves with any other religion (Irwin & Thompson, 1977). People who were less tolerant of homosexuals were more likely to be raised in the rural south and Midwest (Levitt & Klassen, 1974). In addition, those people who hold negative attitudes toward homosexuals have been found to be more likely to support the maintenance of traditional sex-roles (MacDonald & Games, 1974), to stereotype the sexes (Dunbar, Brown, & Amoroso, 1973) and to favor preserving the double standard between men and women (MacDonald, 1974, MacDonald et al., 1972).

The nature of prejudice is complex and multidimensional; it is composed of numerous social, political, and cognitive factors (Flammer, 2001). Yet the cross-sectional studies looking at the association between attitudes towards gay people and various demographic and personality characteristics did not distinguish between those who were anti-gay because they had neither accurate information about nor contact with gay people and those who were anti-gay in order to serve other psychological functions, a theory supported by the work of Herek (1992). His theory of heterosexism describes five functions of anti-gay attitudes. According to him, prejudice due to a lack of contact with gay men and lesbians has an anticipatory function. For individuals with no personal contact, stereotypical images of gay people portrayed on television and in the movies and stereotypes disseminated by some churches, mosques, or synagogues help to create their anti-gay attitudes. But the extent to which prejudice against gays and lesbians can be ascribed to a lack of contact remains unanswered.

Heterosexism in Practice and Theory

Concerns about heterosexism emerge from research on their effects on a wide range of social welfare issues--especially social policy regarding discrimination and hate—that are a part of many professions and aspects of life. Research in this area is complicated by the difficulty in categorizing people based on their sexuality. The debates about sexuality can be understood as debates between essentialist and constructionist positions (Jagose, 1996). Essentialists assume that heterosexuality is “normal” and other forms of sexuality are atypical; they assume that categories of sexuality are dichotomous, mutually exclusive, and fixed for life. Constructionists, however, assume that sexuality is a cultural construction that is influenced by social norms and conditioning and is therefore changeable and fluid. They believe that “much is invested culturally in representing homosexuality as definitionally unproblematic, and in maintaining heterosexuality and homosexuality as radically and demonstrably distinct from one another” (Jagose, 1996). These different theoretical positions, consciously held or not, have different concrete effects on social policy, influencing everything from health care to marriage to property laws.

Over the course of life, many people have been intimate with both same-sex and opposite-sex individuals. Determining when an individual will define him or herself as primarily gay, lesbian, bisexual or heterosexual can be difficult. For example, is a married individual who is having an affair with someone of the same sex a heterosexual or a homosexual? Is a woman in a committed same-sex relationship who does not define herself as a lesbian therefore heterosexual? The difficulty in answering these questions suggests that it is more difficult to categorize people by their sexuality than most people

and researchers assume (Brown, 1995; Huston and Schwartz, 1995; Jagose, 1996; Simkin, 1998). Moreover, prejudice against GLBT people prevents many people from openly identifying as such. Thus, research in this area is generally limited to understanding the characteristics of those GLBT people who are “out” (Huston and Schwartz, 1995).

The research that is available tells us that this group suffers from a range of problems that demand insight in order to detect and prevent them. GLBT persons must struggle with social factors that affect their well-being. They are subject to specific forms of violence and abuse (Harrison, 1996). Moreover, the stigmatizing of GLBT persons not only complicates diagnosis and treatment but also affects access to high-quality care (Dean et al., 2000; Harrison, 1996; Simkin, 1998; Walpin, 1997). Public policies that forbid insurance companies to offer insurance benefits to domestic partners, health-care providers who stereotype GLBT patients, and routine disregard for issues of confidentiality are but a few of the ways that GLBT persons are failed by the health-care system. Not only does cultural heterosexism make it difficult for this population to receive health care basics such as insurance, but their health is affected by violence and stress brought on by the continual jeopardy of their civil rights. For instance, a GLBT person may have difficulty retaining custody of children, participating in the political process, or even keeping jobs (Dean et al., 2000; Harrison, 1996). Dean et al. (2000) has exhaustively noted the myriad ways in which the health care of GLBT persons suffers because of heterosexism.

Unfortunately, the very professionals who are supposed to help relieve such problems tend to lack experience in dealing with them. They may also lack empathy.

Studies with nurse practitioners and social workers confirm feelings of uncertainty about, discomfort with, or dislike of GLBT patients (Bartlett, King, & Phillips, 2001; Berkman & Zinberg, 1997; Gonser, 2000; Morrissey, 1996; Nerdahl et al., 1999). This is also true, surprisingly, among psychotherapists. Hart and Heimberg (2001) note that many of the clinical problems suffered by GLBT youth are treatable through psychotherapeutic intervention. And yet, too many psychologists are ill equipped to deal with their GLBT patients. East and el Rayess (1998) confirm that many pediatricians are unsure how to manage the “complex relationship of patient and doctor” when their patients are GLBT (p.191).

In general, then, many professions lack a sound framework within which to give serious thought to the particular concerns of GLBT persons and their social welfare. And mainstream social science research has also been influenced by heterosexism, which leads to oversights and limitations in understanding GLBT people and their relationships (Huston and Schwartz, 1995).

Heterosexism and Education

GLBT students face a variety of challenges during their school years. Violence and harassment against GLBT youth in schools is a serious problem. One recent study reported that over 2 million GLBT youth face daily harassment and abuse in our schools (Human Rights Watch, 2001). Other studies have found that 97% of public high school students hear homophobic remarks often, and 53% of students reported hearing these remarks from school staff (Report, 1993). Beyond hearing homophobic remarks, more than 27% of GLBT youth report physical harassment (being shoved or hit) and more than 13% report physical assault (being beaten, punched, or kicked) (ACLU, 2001).

Harassment based on sexual orientation force 28% of GLBT youth to drop out of school (Remafedi, 1987). Additionally, GLBT students are more likely to skip school due to the fear, threats, and property vandalism that is directed at them (Garofalo et al., 1998). One survey revealed that 22 percent of gay respondents had skipped school in just one month because they felt unsafe there (Chase, 2001).

GLBT youth may experience chronic stress from anti-gay harassment, and this may be intensified if race is also a factor. One study found that 50% of its respondents, mostly black and Hispanic gay and bisexual adolescent males, reported chronic stress due to ridicule (Rosario, Rotheram-Borus, & Reid, 1996). Even classes that are thought to be open to GLBT students can be oppressive. For example, heterocentrist norms in classes such as sex education, where good communication is highlighted as an essential feature of sexual health, actually undermine the goals of the curriculum and further contribute to the marginalization of non-heterosexual students (Fields, 2001).

Heterosexism and Health Care

The most challenging “health” problem to solve for the GLBT population is pervasive heterosexism that results in assumptions about what GLBT persons are like or even what counts as a GLBT person. Health-care workers commonly fail to ask whether patients are sexually active, and when they do ask, they most often assume that ‘yes’ means ‘with a person of the opposite sex’ (Allen et al., 1998; Simkin, 1998). When health-care providers know a client is GLBT, they may focus on the sexual identity of a patient rather than the sexual behavior (Simkin, 1998). Yet, with the exception of violence or abuse, it is not sexual identity so much as sexual behavior that puts people at

risk for health problems (Simkin, 1998). Thus, women may identify themselves as lesbians and still have sex with men; they may also refrain from any sexual activity and still identify themselves as lesbians. Or they may be sexually active exclusively with women and *not* identify themselves as lesbians (Simkin, 1998). Together, then, the assumptions about sexual norms influence the delivery of health care to the GLBT population.

Furthermore, heterocentrism and heterosexism make the GLBT population invisible to health care providers, a problem that is manifested in a number of ways. First, many providers assume that their patients are heterosexual and thus fail to ask insightful questions about sexual activity or other practices that may put their patients at higher risk for certain health problems (Dean et al., 2000; Gonser, 2000; Harrison, 1996; Simkin, 1998). Second, providers fail to assure confidentiality, thus exacerbating the fear of stigmatization (Allen; 1998; Dean et al., 2000; Harrison, 1996; Simkin, 1998; Sobocinski, 1990). Third, when providers know that their patients are GLBT, bias and stereotyping may prevent them from fully recognizing the preventive care and treatment requirements of this population (Bartlett, King, & Phillips, 2001; Dean et al., 2000; Gonser, 2000). Lesbians, for example, need pap smears whether or not they have sex with men, but some providers assume they do not (Diamant, Schuster, & Lever, 2000; Simkin, 1998).

GLBT Youth and Heterosexism

GLBT youth, defined here as those between the ages of 13 and 24, should be of great interest to social workers because they tend to engage in riskier behavior, they are

less clear about their sexual identity (and are thus denied the protective effects of identifying with and participating in an accepting community), and in general do not regularly seek health care (Blake et al, 2001). Furthermore, they are often the victims of overt and covert heterosexism and homophobia leading to violence and assault, as well as harassment, in schools (Aston, 2001). Moreover, since the age of this population is roughly the same as the population under study, it is relevant to examine the specific risks to GLBT youth. It is likely that contact experiences would be among this population.

Because of their age and experiences, the sexual identity of GLBT youth may be in a state of flux, where individuals may feel confusion over or emerging awareness of this identity. Or perhaps due to lifelong bigotry, GLBT youth may feel the need to hide their sexual orientation. Many people experience challenges over sexuality and identity during adolescence. But GLBT youth have the additional challenge of coping with a stigmatized sexual identity. GLBT youth may need secrecy in their sexual contacts, which can result in impulsive sexual activity. GLBT youth may turn to public cruising areas. But because these areas are highly charged and may involve alcohol or other substances, they are consistently found to contribute to unsafe sex (Greenwood et al. 2001; Hays, Kegeles, & Coates, 1990, 1997; Lemp, et al., 1994). For many GLBT youth, the process of coming out can be turbulent, producing low self-esteem, emotional distress, and a lack of motivation to practice safe sex, especially in those who have negative attitudes toward homosexuality (Rosario et al., 2001). Others in this population are uncertain about their sexual identity and in seeking answers, they may engage in unprotected sex (Gonsiorek, 1989).

The desire for acceptance encourages younger members of this population to engage in risky behaviors for which they are physically and emotionally unprepared. Simply wanting to fit in and have intimacy can lead to unprotected sex. (Hays, Kegeles, & Coates, 1990; 1997). GLBT youth may find it difficult to communicate or negotiate safer sex with partners, or may not know how to make safer sex more pleasurable. According to one report, young gay men are more likely to engage in unsafe sex with a boyfriend—someone whose affection is very important to them (Hays, Kegeles, & Coates, 1990; 1997). Young lesbians may have unprotected sex with men to “prove” they are not lesbians (Miller et al., 1997). And GLBT youth who are sexually active tend to have more lifetime sexual partners than heterosexual youth, as well as reporting frequent alcohol use before last sex—and a history of pregnancy (Hart & Heimberg, 2001).

These high-risk sexual behaviors are particularly important because, as Dean et al. (2000) observe, adolescent and young adult Men Who Have Sex With Men (MSMs) are “the leading edge of the HIV epidemic” (p. 115). Adolescents and young adults are the most likely to engage in high-risk sexual behaviors and to use drugs; they are also the most likely to contract STDs. According to data from the State of New York, HIV infection is a leading cause—in some populations, *the* leading cause—of death for men and women ages 20 to 39 in the state (New York State Department of Health, 2001-02). Most HIV infections are transmitted sexually, and many of these young adults were infected in their teens and early twenties.

GLBT teenagers may also have mental health issues. They can be at increased risk for depression, social anxiety, and body image disturbance (Hart & Heimberg, 2001). These feelings are often related to constant homophobia expressed by family members,

authority figures and friends at home, at school, or at work (Hart & Heimberg, 2001). A number of studies have found results similar to Blake et al. (2001), who note that “[Gay, lesbian, and bisexual] youths reported more substance use, high-risk sexual behaviors, suicidal thoughts or attempts, and personal safety issues than did heterosexual youths” (p. 940).

Many studies have found that GLBT youth are an at-risk population (e.g., Dean et al., 2000; Hays, Kegeles, & Coates, 1997; Rew, Whittaker, Taylor-Seehafer, & Smith, 2005; Rosario, Hunter, & Gwadz, 1997). Rosario, Hunter and Gwadz (1997) showed that that 25% of gay and lesbian youth have serious substance abuse problems. But GLBT youth may also suffer from prejudice and violence: compared with students who were not harassed, students harassed based on actual or perceived sexual orientation are more than twice as likely to report seriously considering suicide and more than twice as likely to report making a plan for suicide; three times as likely to report missing school; and more than three times as likely to carry a weapon to school (California Safe Schools Coalition and 4-H Center for Youth Development, 2004). Furthermore, two out of every three students who identified as GLBT reported harassment based on actual or perceived sexual orientation. (California Safe Schools Coalition and 4-H Center for Youth Development, 2004). Significantly, 19% of gay men and 25% of lesbians report suffering physical violence at the hands of a family member as a result of their sexual orientation. (Philadelphia Lesbian and Gay Task Force, 1992). BalsanRothblum , and Beauchaine, (2005) found in a sample of 1245 adults (557 lesbian or gay, 163 bisexual, and 525 heterosexual) that sexual minority adults experienced more childhood physical, psychological, and sexual abuse from parents or caretakers than heterosexual subjects.

Significant percentages of homeless youth also identify as gay or lesbian. (Streetwork Project Study, 1991; Rew, Taylor-Seehafer, Thomas, & Yockey, 2001).

Gaps in Research and Methodological Problems.

Numerous gaps in research on the GLBT population contribute to a lack of insight about how to overcome heterosexism. First, as Flammer (2001) notes, the nature of prejudice is generally undertheorized, with no theory providing a full account of heterosexism or any other kind of prejudice. But other gaps exist as well. Dean et al. (2000) outline numerous methodological concerns with published health research on GLBT persons. These findings suggest problems in sampling, measuring, and even in how some researchers define what GLBT means. While empirical studies may proceed with internally consistent definitions of what is meant by ‘gay’ and ‘lesbian’ and ‘bisexual’, as a whole, the research community has not yet developed a consistent terminology. Is a gay man one who has sex with another man? Or is it a matter of identity? Or both? Dean et al. (2000) found in a review of public health papers published between 1990 and 1992 that “research publications rarely provided a conceptual definition of the populations they sampled” (p.135). They call for more attention to this issue, similar to that which has taken place for race and ethnicity. From studies such as these, consistent definitions and reliable and valid measures of sexual orientation and identity could be constructed. They also observe that the purpose of the research can help to guide the measure of sexuality. For example, self-identification could be useful in researching access to health care, while sexual behavior might yield more useful results when studying STDs (p. 135).

Sampling too has been questioned: samples of GLBT patients fall prey to the difficulties inherent in sampling any rare population, and this is especially true with the elusive GLBT youth population, who may remain hidden—indeed, they may learn to pass as heterosexual or to hide to protect themselves (Martin, 1982). Thus, studying this group presents both methodological and financial challenges. Limitations in available subjects may influence results; samples may be confined to those who identify as GLBT. (Dean et al. point out that for now, these sampling difficulties may be inevitable, since it is difficult to obtain information on same-sex behaviors from persons who may not admit they practice them or even think about them as “same-sex behaviors”). Furthermore, research on GLBT persons is influenced by the fact that it is of a sensitive nature that must be compensated for by carefully constructed, nonleading questions, as well as by air-tight confidentiality. And this does not even touch upon the unique problems of studying transgender persons, whose specific risks tend to be elided with those of the gay and lesbian populations, when in fact their concerns might be quite different.

Theories of Heterosexism

While the nature of prejudice is generally undertheorized, a number of theories have nevertheless been developed to account for heterosexism. Guiding this study are five of them: Herek’s theory of heterosexism, social identity theory, symbolic interactionism, attribution theory and queer theory and social constructionism.

Herek’s Theory of Heterosexism

Gregory Herek, a research psychologist at the University of California at Davis, has developed a comprehensive theory of prejudice towards homosexuals, and much of

the work proposed in this study is informed by his research. Herek's (1992) theory takes into account both cultural and psychological elements to what he calls "heterosexism". Herek (1992) defines heterosexism as an ideological system that denies, denigrates, and stigmatizes any non-heterosexual form of behavior, identity, relationship, or community (Herek, 1992, 1989). Heterosexism is manifested both in societal customs and in political and social institutions, such as religion and the legal system (cultural heterosexism), and in individual attitudes and actions (psychological heterosexism) (Herek, 1992).

Herek's theory is based on three assumptions. The first is that psychological heterosexism is often functional for the individual who has prejudicial attitudes. Secondly, the principal function served by these attitudes and behaviors differ for each person, depending on the individual's psychological needs. And finally, the transformation of individual needs into negative attitudes and behaviors towards homosexuals involves the interaction of deep-seated personality characteristics, salient aspects of the immediate situation, and cultural definitions of sexuality and gender. "In short," he writes, "no single explanation of psychological heterosexism applies to all people" (Herek, 1992, p.151).

Herek is interested in understanding why some heterosexuals are quite tolerant and accepting in their attitudes towards gays while others feel hostile. He points out that Americans display considerable variability in their individual attitudes towards gay men and lesbians, citing poll data in which 61% of Americans characterized homosexual relations as "always wrong" (Herek, 1992). His theory of psychological heterosexism is influenced by the functional approach to attitudes, which was first outlined in the 1950's (McClintock, 1958; Smith, Bruner, and White, 1956; Katz, 1960, 1968). This approach

suggests that people hold and express certain attitudes because they receive psychological benefit from doing so. According to the functional approach, people can have completely different reasons for expressing similar attitudes.

Heterosexism can therefore serve different psychological functions for each individual. The principal psychological functions of prejudice against gay men and lesbians are *evaluative* and *expressive* (Herek, 1992). For example, one evaluative function is called the experiential function. Attitudes that serve as an experiential function help some people make sense out of their past experiences with gay people. The individual generalizes from previous experiences with certain gay people to create an image of homosexuals in general. Yet because many people do not know an openly gay person, their attitudes may not be based on experiences with an openly gay individual (Herek & Capitanio, 1996; Herek & Glunt, 1993). Thus, the attitudes of those individuals who do not know an openly gay person serve an anticipatory function, that is, they are based on the anticipation of future interactions with homosexuals (Herek, 1992). Usually these attitudes come from a variety of sources. Stereotypical images of gay men and lesbians on television and in the movies might influence an individual's attitudes toward homosexuality.

The research in this dissertation draws on Herek's insights by attempting to identify student attitudes toward gays and lesbians and to then measure the extent to which these attitudes might be mitigated by contact.

Social Identity Theory

Social identity theory was first postulated in 1979 by Henri Tajfel and John Turner. Tajfel and Turner believe that our social judgments are developed in a process of

categorization, identification, and comparison. Just as we classify objects in order to understand them better, so we categorize people to make sense of our social environment. To make these judgments, we use categories such as race, sex, religion, nationality, occupation, and so on. We believe that using the description “white male teacher” gives us accurate information about what a person is like. These categories are essential for us to make sense of the social environment. If we walk into a third-grade classroom and see a white male adult in the front of the room, we can be reasonably sure that he, and not one of the 8-year-old girls, is the teacher. We also categorize ourselves, using our self-categorization to determine norms of behavior.

This initiates the second element of social identity theory: identification. We have two sorts of identity, personal and social. The groups we belong to shape our identity in two ways. First, we use groups to define ourselves against: “I” vs. “he or she.” This is personal identity. And we also use groups to distinguish ourselves from “them.” This is social identity, and it fluctuates depending on the circumstances. Yet though it is somewhat fluid, it is nonetheless real, profound, and constitutive of identity. (McGarty, Haslam, Hutchinson, and Turner, 1994) Second, however, we identify ourselves with groups and use this identification to make the categorizations described above. We can treat groups as ingroups or outgroups, the groups we identify with and the groups we reject (McGarty, Haslam, Hutchinson, and Turner, 1994).

Finally, the third element of social identity theory is social comparison. The idea of social comparison is based on the observation that we compare ourselves with others who are similar in order to evaluate ourselves (McGarty, Haslam, Hutchinson, and Turner, 1994). But because a positive self-concept is essential to effective interaction

with the world, we like to feel important. One way to achieve this is to identify ourselves as members of important groups. Thus, we bolster our social identity by belonging to groups that we are convinced put us in a favorable light—at least to ourselves. Moreover, we tend to see our own groups as better than other groups, especially similar ones; we also tend to minimize group differences for the sake of being able to compare ourselves favorably (e.g. “Political Parties X and Y want the same things, but my party, Political Party X, has a more realistic vision of how to achieve those things”) or re-focus comparative criteria in order to elevate the position of our own groups. Thus, we can say to ourselves, “It is true that my political party lost the election. But my party has the ethically sound platform.”

Symbolic Interactionism

Symbolic interactionism is a social psychological theory that investigates how people define social situations, and how they construct meaning out of social situations (Berscheid and Peplau, 1983). George Herbert Mead, one of the major thinkers associated with symbolic interactionism, called his approach to this theory "social behaviorism" (Ritzer, 2000). This theory is helpful for seeing homophobia and heterosexism as social problems.

Drawing on John Dewey and Charles Cooley, Mead was deeply interested in how individuals became conscious selves. He argued that the social aspect of a human is *prior* to the individual self—that, indeed, we become “I”s only after becoming “me”s. Mead too was “deconstructing” an epistemological binary: that of self and other. He was

interested in explaining "the conscious mind and the self-awareness and self-regulation of social actors" –that is, the individuals who perform actions (Ritzer, 2000). Mead hypothesized that the self emerged from the social interaction of humans. Through this process, the individual internalizes the attitudes he perceives in both real and imagined others, and part of the process of becoming an individual involves taking on the role of the "other" (Ritzer, 2000). That is, Mead (1934) writes,

The individual experiences himself as such, not directly, but only indirectly, from the particular standpoints of other individual members of the same social group, or from the generalized standpoint of the social group as a whole to which he belongs. For he enters his own experience as a self or individual, not directly or immediately, not by becoming a subject to himself, but only in so far as he first becomes an object to himself just as other individuals are objects to him or in his experience; and he becomes an object to himself only by taking the attitudes of other individuals toward himself within a social environment or context of experience and behavior in which both he and they are involved. (p. 138).

The interaction of an individual's self-conception ("I") and the generalized, perceived view that others have of the individual ("Me") is central to Mead's viewpoint. Mead asserted that by continually "reflecting on ourselves as others see us, we become competent in the production and display of social symbols." The "me" is the group internalized; the "I" is the response to the attitudes organized by the "me"; it is "the

condition for novelty, creative advance, and reconstructions of social experience (Thayer, 1981, p. 259).

Within this framework, we can use symbolic interactionism to define homophobia as a social problem through its analysis of deviance and its labeling theory. Symbolic interactionists understand deviance and conformity as the responses of others; thus heterosexism and homophobia are responses *to* GLBT persons rather than actions performed by GLBT or straight persons. This theory argues that it is the labeling that creates the deviance and not the other way around (Scheff, 1964). This theory also looks at deviance through an “appreciative” lens (Matza, 1969). Appreciative sociologists are more apt to try to empathize with the groups they are studying and to attempt to understand the ways in which these groups fit into society (Moses and Hawkins, 1982).

Symbolic interaction theory enables us to reconceptualize a phenomenon, making a shift from moral judgment to a medical diagnosis (Ritzer, 2000). This change best describes this theory's explanation for homophobia as a social problem. It views homosexuality and homophobia as having each shifted in the opposite direction, so that homosexuality is recharacterized from “bad” to “different,” while homophobia is recharacterized from “normal” to “sick.”

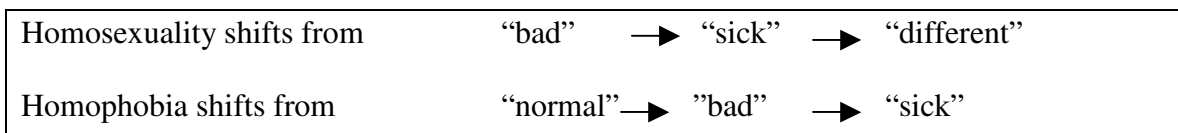


Figure 1. Societal recharacterization of homosexuality and homophobia

This shift to defining homophobia as the “sickness” can have great implications and consequences for social policy. When homophobia is defined as the problem, solutions can be sought through policy change and legislation. It also shifts the focus from personal responsibility to involuntary treatment. This means once again that the GLBT person is not blamed or identified as the deviant, but rather homophobia and heterosexism are defined as social problems that must be corrected.

Attribution Theory

Attribution theory also informs this study. This theory tries to account for how people explain cause and effect. Based on principles of social psychology, attribution theory specifically deals with social perception and how individuals infer causes from information (Heider, 1958). Heider’s premise was that people act on their beliefs, no matter how valid, reasonable, or consistent their beliefs are. Consequently, researchers should listen to their subjects’ accounts of their own beliefs, since they may provide insight into behavior.

Attribution theory is particularly useful for assessing individuals’ perceptions of responsibility. Attributions are classified into external and internal attributions, where external attributions are those social or environmental forces thought to be out of the control of an individual, and internal attributions are those personal traits thought to be within the control of the individual. Responsibility will be assigned according to the balance of these external and internal attributions (Lewis and Daltroy, 1990). Thus, for example, Armesto and Weisman (2001) found that heterosexual college students who perceived homosexuality as being within the control of an individual—that is, as an internal attribution—experienced increased negative responses to an imagined

homosexual child. Conversely, college students who perceived homosexuality as something that was out of the control of an individual—that is, as an external attribution—experienced more positive responses to an imagined homosexual child.

Attribution theory has also been used in studies of gay men, particularly those with HIV or AIDS. Lima, Lo Presto, Sherman & Sobelman (1993) found that the self-esteem of gay males—especially those with HIV—suffered if the subjects displayed homophobic attitudes. Clement and Schonnesson (2001) found that internal attribution of HIV was correlated with depressive moods whereas external attribution of HIV did not. (Interestingly, however, they also found that those with no theory about how they became infected with HIV displayed good psychological function.)

Queer Theory and Social Constructionism.

Against the backdrop of AIDS and the religious right's strong anti-homosexual politics, and from within an increasingly large, diverse and conflicted GLBT community, a new strand of thinking about sexuality emerged within academia in the 1990s: queer theory. Queer theory is the academic discourse that has largely replaced what used to be called gay and lesbian studies. The term was coined by Teresa de Lauretis at a working conference on “theorizing gay and lesbian sexualities” held at the University of California, Santa Cruz in February 1990 (Jagose, 1996). The word “queer”, more frequently used by the younger generation today, has since come to be commonly accepted by some as synonymous with GLBT people, but in the early 1990s one of its main advantages was seen as its inclusiveness: “queer” covered gay men, lesbians,

bisexuals, transgendered people, sadomasochists, and a potentially endless list of others marginalized by their sexuality (Duberman, 1997, 1999; Jagose, 1996).

Queer theory offers insightful ways of understanding the role and function of homophobia by deconstructing a fundamental epistemological binary that concerns sexuality: heterosexuality “versus” homosexuality. This binary, which the vast majority of Americans would take as a given, is a powerful construct that not only defines who people are, but has a role in shaping how people think and behave (Sedgwick, 1992). It therefore sets the boundaries of what is acceptable and what is taboo with respect to sexual identity, thus regulating identities (Nelson, 1999). Sexual identities are divided into two categories: the dominant and therefore “normal” heterosexual, and the minority and therefore “deviant” homosexual (de Lauretis, 1990; Foucault, 1980; Halperin, 1990; Hartman & Laird, 1998).

This two-category, binary way of thinking invites two epistemological problems, however. First, binaries are inherently hierarchical. One axis of the binary is always the preferred axis in a cultural setting. Thus, queer theory finds fault with the epistemology that underlies both the majority of academic thinking about homosexuality and the dominant politics within GLBT communities, an epistemology that rests on turning homosexuals into minorities (Sedgwick, 1992; Butler, 1990). This minoritizing view sees homo/heterosexual definition as an issue of active importance primarily for a small, distinct, relatively fixed homosexual minority, rather than seeing it as an issue of continuing determining importance in the lives of people across the spectrum of

sexualities (Sedgwick, 1992). Queer theory, however, identifies the homo/heterosexual binary, and its related binary, “inside/outside,” as a central organizing principle of modern society and culture, and it takes this binary as its key problematic and political target (Fuss, 1991).

Second, however, binary thinking cannot account for the full range of experience. Like other poststructuralist theories that reject the exclusionary and regulatory nature of binary identity categories, queer theory rejects the idea of a unified homosexual identity. It sees the construction of sexual identities around the binary opposition of homo/heterosexual as inherently unstable (Sedgwick, 1992). Queer theory questions the very notion of the essential poles of the binary, recognizing the “polyvocal or dialogic nature of any defining label or category” (Nelson, 1999). Are people always either/or, heterosexual or homosexual? Or is sexual identity more complex than the cultural binary allows? This question points toward one of the vital functions of a binary, that of defining one axis of the binary in opposition to the other; in this case, heterosexuality is defined “in critical opposition to that which it is not: homosexuality” (Fuss 1991).

Queer theory is basically a form of social constructionism and its origins can be detected in the work of Michael Foucault (1980), in particular his *History of Sexuality: Volume One, Introduction*. Foucault's theory is that our ideas about sexuality are a modern invention. Before the nineteenth century, there was no such thing as a homosexual. There was just sodomy, a particular kind of sin that anyone, potentially, could engage in. But in the late 1870s, the “homosexual” was invented, somebody whose

life was defined around the sex acts he participated in (Foucault, 1980). Subsequently, this sort of categorization spread until everyone's life was defined by his or her sexuality.

Social constructionists, including many queer theorists, believe that notions of heterosexuality and homosexuality are created in cultural contexts. Sexual behavior in and of itself does not necessarily invest an individual with a particular identity that can universally be described as “homosexual” or even “heterosexual” in the same way that Western cultures use these words. Even in the United States, many men and women who engage in same-sex intimate acts do not identify as gays or lesbians. Thus social constructionists favor cultural and historical explanations for homosexuality and heterosexuality (de Lauretis, 1990; Foucault, 1980; Halperin, 1990).

This position is not without controversy, however, since many researchers believe that homosexuality—like heterosexuality—has its roots in biology. These researchers point to genetic or developmental determinants of sexual orientation, such as hormonal factors or the intrauterine environment, rather than to cultural or historical causes. They also cite examples from other organisms, as well as the fact that same-sex intimacy, sanctioned or not, is found throughout all cultures. (LeVay, 1996; Norton, 2002)

This dissertation takes a middle position: it draws insight from the social constructionist position that the meanings and implications of same-sex intimacy are culturally determined, while leaving open the possibility that sexuality itself may (or may not) be biologically determined. Indeed, recent research implies that no single

explanation of sexual preference is likely to be valid (Dickson, Paul, and Herbison, 2003).

Summary of the Theoretical Perspective.

These five theories combine to provide a theoretical lens through which to study heterosexism by accounting for the ways in which we understand ourselves in relation to others. While I am not testing theories, these theoretical perspectives nevertheless inform my work. Social identity and symbolic interactionism help us understand in a general way how heterosexuals and GLBT persons alike use gender as a socially meaningful category, a position underscored by queer theory. An important implication of Foucault's account of the invention of homosexuals is that it allowed, for the first time, for a "reverse discourse": homosexuals could begin to defend their interests using the same categories and terminology that had been used to marginalize them (Seidman, 1996). Although the category "homosexual" functioned to oppress those it labeled, it also let them see themselves as a definable group with common interests that could be fought for and defended (Seidman, 1996). GLBT persons could rethink their "outgroup" status. Furthermore, social identity and symbolic interactionism help us see how heterosexist and homophobic attitudes are internalized and may be present even in GLBT individuals. Attribution theory helps us understand how individuals infer causes of homosexuality and thus assign responsibility for it. And Herek helps to explain the individual "benefits" of heterosexism and homophobia—the ways in which individuals utilize the attitudes of the generalized other to promote their own psychological function. All of these theories are useful for creating a theoretical framework to understand heterosexism.

The Impact of Interventions on Attitudes Toward Gay Men and Lesbians

Past attempts to theorize about the reduction of prejudice have concentrated primarily on contact and education. A number of contact and education interventions have been tested to see whether they change attitudes toward gay men and lesbians. A summary of the research on these interventions follows.

The Impact of Educational Interventions

The evidence concerning education—here, meaning education about GLBT issues rather than the demographic variable of educational level—is mixed. When education is specifically targeted toward reducing homophobia, the educational efforts appear to be successful, at least in the short term (Bresser, 2002; Pratarelli and Donaldson, 1997). Bresser's (2002) study was the first to demonstrate that preservice teachers experienced more knowledge of and positive attitudes about gay and lesbian issues after a unit devoted to heterosexism and homophobia. This research is important to the present study because one of the modes of education was having their course instructor come out.

Interestingly, education about the potential biological basis of homosexuality seems to have mixed effects. Oldham and Kasser (1999) and Pratarelli and Donaldson (1997) report that biological explanations for homosexuality do not comprehensively affect attitudes. Indeed, for some students, the biological determinist argument seemed to negatively influence attitudes (Oldham & Kasser, 1999). In general, education about the possible biological origins of homosexuality has a positive effect for some students and a negative effect for others (Hegarty and Pratto, 2001; Oldham and Kasser, 1999).

The Impact of Contact

Some studies have explored the impact of past interaction with gay individuals on attitudes towards gay men and lesbians. Only 25% of a national sample of adults reported personal contacts with a gay person (Herek & Capitanio, 1996; Herek & Capitanio, 1993). Respondents consistently reported more favorable attitudes towards gay men and lesbians if they had experienced positive personal contact with a gay person in the past (Bowman, 1979; Bresser, 2002; Bruce, Shrum, Trefethen, & Slovik, 1988; Gentry, 1986; Glassner & Owen, 1976; Hansen, 1982; Herek, 1988; Herek & Capitanio, 1996; Millham, San Miguel, & Kellogg, 1976; Pratarelli and Donaldson, 1997; Weis & Dain, 1979). However, the specific nature and strength of the contact was not fully explored. Subjects were simply asked if they had a friend, relative or acquaintance who is homosexual.

Two cross-sectional studies explored the issue in greater depth focusing primarily on the effect of contact with gays and lesbians on attitudes towards homosexuals (Herek & Capitanio, 1996; Herek & Glunt, 1993). Results of a cross-sectional study (n=937) indicated that interpersonal contact is strongly associated with positive attitudes towards gay men (Herek & Glunt, 1993). A longitudinal study (n=538 at Wave 1; n=382 at Wave 2) also found that heterosexuals who reported interpersonal contact (31.3%) manifested more positive attitudes toward gay men than those without contact. Attitudes were more favorable when they reported more relationships, closer relationships, and receiving direct disclosure from a gay individual. These findings were replicated one year later for attitudes towards lesbians as well as gay men (Herek & Capitanio, 1996).

Consistent with the contact hypothesis, the results found that interpersonal relationships characterized by intimacy, shared values, and common goals are more likely than superficial or distant relationships to be associated with favorable attitudes towards gay people as a group (Herek & Capitano, 1996). Closer relationships were associated with more favorable attitudes and favorable attitudes were more likely among heterosexuals who reported multiple contacts with gay people. Only those who knew at least two gay people were significantly different from those with no contacts (Herek & Capitano, 1996).

However, the first study's cross-sectional design does not permit conclusions about causality. While the assumption is that contact leads to more positive attitudes towards homosexuality, it is also quite feasible that these individuals had higher levels of contact with gay people because they were already perceived as more accepting of homosexuality. Gay people choose to whom they wish to disclose their sexual identity. Heterosexuals perceived as having positive attitudes are more likely than others to experience contact – a disclosure of homosexuality from a gay individual.

The Impact of Specific Contact Interventions

Some studies have looked at the impact of exposure to gay individuals on attitudes towards gay men and lesbians in university settings (Pagtolum-An & Clair, 1986; Lance, 1987). The interactions with gay individuals in these studies ranged from 1-1/2-hour to 3-hour sessions. Both studies found that interaction with a gay individual decreased negative attitudes towards gay men and lesbians in general. Yet no follow-up measures were conducted to assess any long-term effects of these changes.

Clearly, one 1-1/2 hour to 3-hour interaction with a gay individual does not meet the ideal conditions of the contact hypothesis (social and institutional support, acquaintance potential, equal status and cooperation). Although the ideal conditions of the contact hypothesis are not met in these studies, nevertheless it is interesting to note that for many people, negative attitudes towards lesbians and gay men lessen after these types of interventions. For some individuals, a 1-1/2 to 3 hour interaction is extremely powerful and is sufficient enough to change their attitudes (at least in the short term).

Grack and Richman (1996) looked at the effectiveness of cooperative contact as a method to reduce homophobia. Actors identified themselves as either homosexual or heterosexual and took the leadership role in the experiment where two to four subjects participated in a logic problem-solving task. Findings suggest that heterosexism can be modified in a cooperative group situation.

The Impact of a Teacher's Coming Out

Two studies have investigated the impact of a gay instructor disclosing his sexual orientation to his students at a university on their attitudes towards homosexuality (Cain, 1996; Waldo & Kemp, 1997). Cain tested whether his coming out to his own students would influence their attitudes towards GLBT persons; he found that this act was reassuring to his gay students and it increased the comfort level of his heterosexual students. His goal was to expose the "double standard" of heterosexual privilege, where heterosexual professors may openly discuss their partners, while homosexual professors must not. The goal of exposing this double standard was to increase understanding among the students, and Cain reported that 23% of the students were made uncomfortable by the disclosure, while 27% had increased comfort. The relatively high number of students

reporting increased comfort may reflect a reduction in alienation among gay students as well as the positive effects of contact for heterosexual students. Cain also reported that even the number of students who reported discomfort may be interpreted positively, since it provided an important contact experience, one that will prepare students for future. The study was also revealing for its illustration of heterosexism at work—for example, one student reported feeling uncomfortable because it was a “loaded question”; but asking students to assess their comfort with an openly gay professor is only a loaded question if the student presumes that heterosexuality is the sole norm.

Cain’s study is useful as a starting point, but it is limited by its small sample, its lack of a control group, and by the fact that it does not account for the possibility of researcher bias in the interpretation of results; nor does he account for the fact that his relationship with his students may have affected their responses. A more systematic study was performed by Waldo and Kemp (1997). In this study, Herek’s (1984, 1994b) Attitudes Toward Lesbians and Gay Men (ATLG-S) scale was used to measure students attitudes at the beginning and end of the semester. No identifying information was collected other than the participants’ gender. As part of a lesson on sexual orientation, one instructor revealed his gay identity. This class was compared with another class taught by a heterosexual instructor where minimal discussion of sexual orientation had occurred. Results of the post-test administered at the end of the semester indicated that students in the gay instructor’s class exhibited improved attitudes towards gay men and lesbians when compared with students in a class taught by a heterosexual instructor.

Exceptions to the Rule: Contact Leading to Discrimination Rather Than Acceptance

Franklin's (1996) groundbreaking research compared individuals who had purposefully assaulted a gay man or lesbian because of their sexuality with individuals who were non-assailants. Four hundred and eighty four community college students were administered a survey on violence towards gay men and lesbians. In addition, eleven assailants of gay people were interviewed. "Although personal contact has consistently been correlated with more tolerant attitudes towards homosexuals, and indeed is one of the best predictors of such attitudes," writes Franklin, "such contact did not appear to mediate against assault among interviewees." Ten out of the 11 interviewed reported at least some contact with homosexuals before their assaults, although the levels and types of contact varied. Three reported close gay friends or immediate family members, including a gay male workout partner, a childhood family friend, and a lesbian mother. The remainder reported having gay friends, acquaintances, or relatives, but did not specify that the relationships were intimate (Franklin, 1996, 156).

The results of Franklin's (1996) study are quite interesting, because it is clear that even with personal contact with a gay individual (in one case the assailant's own mother), anti-gay attitudes can still be very strong. This research speaks to the fact that intimate interaction, even contact that comes quite close to meeting the condition of the contact hypothesis, is not a panacea for reducing prejudice against gay men and lesbians. The question becomes for those individuals with intimate personal contact who remain anti-gay, what psychological function do their attitudes serve?

Franklin (1996) administered Herek's Attitude Functions Inventory (AFI) to her sample. The response patterns on the AFI showed a majority of respondents attributed

their views (both positive and negative) about homosexuality to moral and religious values (value-expressive function), followed by personal contact, and social-expressive functions. The least often indicated function of attitudes towards gay men and lesbians was the defensive function (Franklin, 1996). However, when assailants and non-assailants were compared on the four sub-scales of the AFI, only the defensive scale and anti-gay assault were significantly correlated with perpetration ($p < .001$) (Franklin, 1996).

Rey and Gibson (1997) studied heterosexist discrimination by examining self-reported anti-gay behaviors of heterosexual college students. Respondents were 226 college students. Approximately, 95% had perpetrated some form of discriminatory behavior towards gay men and lesbians and 33% had committed a behavior that was rated as moderately harmful or higher. A higher amount of self-reported discriminatory behavior was associated with being male, having more homophobic attitudes, and having lower GPAs. Discriminatory behaviors were not related to political ideology, religious influence, or interaction with gay men and lesbians (Rey & Gibson, 1997). Again, the opportunity to discriminate implies some sort of interaction with a gay individual. Similarly to the study by Franklin (1996), we see that some individuals use interaction with gay people as an opportunity to express their anti-gay attitudes rather than as a means of becoming more accepting.

A regression analysis by Simoni (1996) linked negative contact experiences with gays and lesbians to low self-esteem. She sees heterosexism as reinforced by a vicious circle: low self-esteem prevents positive contacts with gays and lesbians, which then reinforces heterosexist attitudes.

Summary

What distinguishes those individuals whose attitudes change from those people whose attitudes remain anti-gay after contact? The answers remain elusive. Empathy appears to be significantly correlated with lower levels of homophobia (Johnson, Brems, and Keating, 1997). Variables that have been shown to correspond to anti-homosexual attitudes include religiosity, belief in traditional gender roles, authoritarianism, age, education, low self-esteem, and cognitive rigidity. Other personality correlates are less clear, in part because of an absence of research. Pagtolum-An and Clair (1986) and Lance (1987) included pre- and posttest measures of attitudes towards gays and lesbians, and a contact intervention; however, they did not fully explore the personality and demographic factors associated with those who were accepting of gay people compared with those who held more negative attitudes after the contact intervention. Testing the impact of taking a human sexuality class from an openly gay instructor will begin to answer some of these questions.

Waldo and Kemp's (1997) study is the most similar to this proposed study. However, the fact that little demographic information (gender alone) was collected and the only scale that was used was Herek's Attitudes Toward Lesbians and Gay Men Scale (ATLG) limit the study. In the present study, I will use a variety of scales to explore the demographic and personality factors that are associated with those individuals who continue to hold strong anti-gay attitudes after having a contact experience versus those who do not.

The long-term goal of this study is to better understand the nature of prejudice—in particular, prejudice against those who are gay and lesbian. As a step toward this goal,

this work seeks to develop a more complete picture of the demographic factors that influence attitudes toward homosexuality, to analyze the relationship between these factors and contact with gays and lesbians, and to ascertain whether contact has a measurable effect on attitudes toward homosexuality.

Goals and Conceptual Framework

The underlying concept of this dissertation is that heterosexist attitudes are internalized as part of the process of the generalized other, where they serve various psychological functions. The present study will analyze the demographic and personality factors that are associated with heterosexism before and after students have received information about homosexuality and before and after having contact with an openly gay instructor. For some students, this will be their first contact experience with an openly gay person and their first class addressing issues involving homosexuality. I will examine the function of attitudes toward gay and lesbians before and after a contact experience, comparing those individuals whose attitudes remain heterosexist with those individuals whose attitudes become more accepting. Furthermore, the study will provide pre- and posttest measures of attitudes toward lesbians and gay men in order to get a clearer picture of predictors of the impact of contact on attitudes towards lesbians and gay men. Finally, I will explore in greater detail the precise nature of previously reported personal contacts. The specific objectives of this study are to develop a more complete picture of the personality and demographic factors that influence attitudes toward homosexuality, to analyze the relationship between these factors and contact with gays and lesbians, and to ascertain whether contact has a measurable effect on attitudes toward

homosexuality. The long-term goal of this study is to better understand the nature of prejudice in order to aid the social work profession in combating homophobia and heterosexism.

CHAPTER III

METHODS

The purpose of Chapter III is to describe the methods that were used for this study. This chapter presents the definitions and key terms of the study, hypotheses and research questions, research design, and techniques for data collection and data analysis. Human subjects considerations are also described.

Definitions

The following definitions are used in this study:

Contact hypothesis. The contact hypothesis used in this study is defined by Allport (1954), which predicts that when minority and majority groups with equal status pursue common goals, prejudice against minority groups is reduced.

Heterosexism. Herek's definition guides this study. This definition states that heterosexism is "an ideological system that denies, denigrates, and stigmatizes any non-heterosexual form of behavior, identity, relationship, or community" (Herek, 1990. p. 316). Heterosexist attitudes may be held by anyone, even nonheterosexuals, at both a conscious and an unconscious level.

Homophobia. Homophobia is used in this study to mean an irrational and active fear of homosexuality.

Dependent variable. A variable is an item that can be assigned different values or characteristics and is often used in assessing cause and effect. A dependent variable is the phenomenon that is measured when a new environment is introduced. In other words, the dependent variable is what is affected by a program, treatment, situation, or other

“cause” (the independent variable). For this study, the dependent variable is heterosexist attitudes.

Independent variable. The independent variable is the item that is thought to influence or cause a certain phenomenon (the dependent variable). The independent variable in this study is contact with an openly gay instructor, who will reveal himself early in the term by mentioning his partner (see Data Analysis).

Research Questions and Hypotheses

The following six research questions and hypotheses were addressed in this study. The research questions will be stated first, followed by the specific hypothesis generated from the research question.

1. When comparing the two classes with an openly gay instructor with the two classes taught by an openly heterosexual instructor, will there be a greater decrease in heterosexist attitudes from pretest to posttest within the classes taught by the gay instructor when compared to the classes taught by the heterosexual instructor?

Waldo and Kemp (1997) tested a similar hypothesis and found that the attitudes towards gays and lesbians in the gay instructor's course became less heterosexist whereas students enrolled in the same course taught by the heterosexual instructors demonstrated no change in their attitudes. It was anticipated that this study would duplicate these findings. However, the goal of this study was to advance their work by giving a more complete picture of the demographic correlates of these attitudes.

Hypothesis: Students in classes with an openly gay instructor will evidence a greater decline in heterosexist attitudes from pretest to posttest when compared to the students in classes with a heterosexual instructor.

2. Do some individuals become more heterosexist after experiencing contact with a gay individual?

Hypothesis: Certain individuals will evidence an increase in heterosexist attitudes when experiencing contact with a gay instructor. Furthermore, certain personality or demographic variables will predict this increase.

3. What is the relationship between attributions of choice (beliefs about the origins of homosexuality) and heterosexism at pre- and posttest?

This study examines the relationship between beliefs about the origins of homosexuality and heterosexism. One theory, attribution theory, holds that stigmatized individuals are more likely to be regarded negatively when their stigma is perceived as controllable and when they are perceived as responsible for having it (Weiner, 1993). Studies have found that people who felt that homosexuality was a choice manifested more negative attitudes than did those who regarded it as something beyond an individual's control (Herek and Capitano, 1995; Agüero, Block and Byrne, 1984; Schneider and Lewis, 1984; Whitley, 1990). In contrast, biological explanations for homosexuality have also elicited negative attitudes toward homosexuality (Oldham and Kasser, 1999; Pratarelli and Donaldson 1997). More research is needed to clarify this conflicting evidence.

Hypothesis: Individuals who define homosexuality as an aspect of one's life over which an individual has no control will display less heterosexism.

4. What differential impact will the gay and heterosexual instructor have on changes from pretest to posttest on the subscales of the Attitude Function Inventory (AFI)?
The Attitude Functions Inventory addresses why individuals hold the attitudes they do. Personal contact, social expressive, defensive and value expressive are some examples of the functions explored by the AFI.

Hypothesis: There will be a greater increase from pretest to posttest on the Experiential-Schematic scale of the AFI in the gay instructor group when compared to the heterosexual instructor group.

5. What is the relationship between social norms and level of heterosexism?

When compared to those with more favorable attitudes toward lesbians and gay men, studies have found that persons with negative attitudes are more likely to perceive their peers as manifesting negative attitudes, especially if the respondents were males (Herek, 1984; Larsen, Reed, and Hoffman, 1980). Franklin (1998) found that assailants of gay people had higher social norms scores among their friends, not their parents. Assailants' closest friends were significantly more opposed to homosexuality than were friends of nonassailants.

Hypothesis: The more individuals perceive their peers and parents as possessing negative attitudes toward homosexuality the higher their heterosexist attitudes will be.

6. What is the relationship between closeness of personal relationships with gay or lesbian individuals and attitudes toward gay men and lesbians as a group?

Hypothesis: Those individuals who report close relationships with a gay or lesbian individual are more likely to hold more accepting attitudes toward gay men and lesbians as a group.

Research Design

This quantitative study was both descriptive and explanatory. The study used a nonequivalent contrast group quasi-experimental design; it compared 61 students from a community college human sexuality class taught by a gay instructor who disclosed his sexual orientation to the class early in the semester with 79 students from the same course taught by a heterosexual instructor who also disclosed her sexual orientation early in the semester. When signing up for the class, called “Family Life and Human Sexuality,” students did not have prior knowledge of the instructor to which they were assigned, and there are numerous sections offered, thus reducing chances of bias.

The study was based on the Nonequivalent Control Group Design, one of the most commonly used designs in educational research (Campbell and Stanley, 1963). With this design, groups are not randomly assigned, and therefore, there is no pre-experimental sampling equivalence. In this design, both the control group and the experimental group were given a pretest and a posttest. Campbell and Stanley (1963) argue that this type of design is superior to the One-Group Pretest-Posttest Design because of the addition of a nonequivalent control group, which greatly reduces the

equivocality of the interpretation. If the means of the two groups' levels of heterosexism were similar at the pretest, then the control group becomes quite useful (Campbell and Stanley, 1963). If any baseline group differences did exist, they were controlled for in the analysis.

The quantitative portion of this study used a questionnaire that includes self-report scales. The survey included additional qualitative, open-ended questions looking at the impact of the contact.

The principal researcher collected and controlled all information. To protect respondent confidentiality, the names of all participants in surveys were coded. Anonymity of all participant comments also ensured confidentiality. The professors whose classes were studied did not have access to the data.

Study Population

The population of interest was community college students 18 or older in the United States. The makeup of the population at Nassau Community College in 2001-2002 was 45% male and 55% female. The racial/ethnic makeup of the school was 54% White, 16% Black, 11% Hispanic, 5% Asian, and 14% immigrant status or other. One in every three students at Nassau Community College is over 25 years of age. Sixty percent of the students are between the ages of 18 and 25 years.

Sampling Plan

A convenience sample of approximately 139 students at Nassau Community College in a Human Sexuality Class was used. Two classes, 61 students total with a gay instructor and two classes, 78 students total with a heterosexual instructor were used for

comparison. In addition to respondents who identified as heterosexual, the respondent who identified himself as gay was included in the statistical analysis exploring change in attitudes towards lesbians and gay men. The theories of symbolic interactionism and attribution indicate that including GLBT students in the analysis could have yielded interesting results about the pervasive nature of heterosexism.

Limitations for sampling plan.

Because participants came from one community college on Long Island only and were not randomly selected, those who participated cannot be considered representative of the population as a whole. Furthermore, because it was a convenience sample, it might not reflect the population of all students at Nassau Community College.

For the purposes of this study, I did not measure specific attitudes toward transgender or bisexual individuals. Herek (2002) has noted that bisexuals are viewed more unfavorably than all groups except intravenous drug users. There is also a dearth of specific research on attitudes toward individuals with transgender identity. Thus, the findings of this study will not be extensible to these groups.

Study site.

The study site was Nassau Community College. This college is located in Garden City, New York about an hour outside of New York City. It is the largest of the 30 community colleges in the State University of New York (SUNY) system. The college offers 60 degree and certificate programs and has 21,000 students. Questionnaires were filled out in the classroom at Nassau Community College.

Data Collection Techniques.

Surveys distributed at the beginning and end of the course provided the data. Pretesting occurred at the beginning of a semester and posttests occurred three months later. A coding number for the purposes of confidentiality was assigned to all surveys.

Pretests

Specifically, the researcher recruited subjects from four sections of a community college class called “Family Life and Human Sexuality.” On the first day of class, the instructor of each section left the last 20 minutes of class for the purposes of this research. The instructors left the classroom to allow the researcher to administer the pretest and preserve student confidentiality. The researcher stressed in writing that the research is completely voluntary and confidential and would not have any impact on the grade they receive in class. This was put in writing for the students in their consent forms. It was also stressed that the instructor would never have access to any information regarding who specifically responded and who did not or the nature of their responses. The researcher described how there are no right or wrong answers; rather the purpose of the research was to learn about their attitudes.

The researcher stressed the private nature of the information being collected and stressed that people needed to focus on their own surveys. The researcher stayed and monitored the situation to assure that privacy was respected at all times. After this introduction, the surveys and consent forms were passed out to the class. Students were told that if they chose to participate, they must sign the consent form. They were further told they could either stay and fill out the survey (which takes about 20 minutes) or they

could hand back an unsigned consent form if they did not want to participate. The researcher left a box in the front of the class for them to leave their consent forms and surveys (completed or not).

Posttest

On the last day of the term, the researcher attended the class of each section in order to elicit participation in the posttest. Students were given 20 minutes at the end of class to complete the questionnaire. It took about 10 minutes to complete the posttest survey. Twelve subjects did not complete both the pretest and posttest.

Data Management

This study was approved by the Institutional Review Board at the Graduate Center at the City University of New York and data were strictly managed according to the criteria outlined in the IRB application. Because anonymous pretest and posttest measures were used, complete anonymity was provided to human subjects. The anonymity of all subjects was maintained at all times, as the investigator personally retained control of the data specific to this study. No instructor was present when the investigator administered the pretest and posttest measures to the students, so as to maintain anonymity. Survey data were available only to the principal investigator. Responses to the questionnaires and all identifying information remained confidential. No names were used in the presentation of the material. A number for each section of the Family Life and Human Sexuality class was used to connect the consent form to the survey and pretest and posttest measures. The key to the code of the sections of the

classes was kept in a locked file separate from all other research materials. All documents were stored at the investigator's home office in locked files to which no one else had access. Only the investigator had access to any of the documents and data connected to this study. Informed consent was obtained for all participants in both the pretest and posttest measures. Data entry was checked and double-checked for accuracy by the investigator.

Operationalization of Concepts/Measurement of Variables

The baseline and post-test survey instrument (see Appendix) consisted of the following items:

- a) a short form of the Attitudes Towards Lesbians and Gay Men Scale (ATLG-S) (Herek, 1988);
- b) items from a New York Times Public Opinion Poll about homosexuality and gay civil rights;
- c) the Attitude Functions Inventory (Herek, 1987);
- d) 8 items measuring social norms toward homosexuality;
- e) demographic items.

I. ATTITUDES TOWARDS GAY MEN AND LESBIANS

In previous studies, researchers have found a coefficient alpha for a reliability of .92 for the ATLG-S, a .87 for the ATG-S, and a .85 for the ATL-S (Herek and Glunt, 1993; Herek and Capitanio, 1996; Herek, 1988, 1994).

Levels of heterosexism was measured with a 10-item short form of Herek's Attitudes toward Lesbians and Gay Men (ATLG) scale, which has been shown to be a reliable and valid measure of heterosexuals' attitudes toward lesbians and gay men (Herek and Capitanio, 1996; Herek, 1988, 1994). A 5-item sub-scale refers to lesbians (Attitudes Toward Lesbians sub-scale, ATL-S), and five identically worded items refer to gay men (Attitudes Toward Gay Men sub-scale, ATG-S). The short form is highly correlated with its longer counterpart ($r = .97$). For each item, respondents were provided four response alternatives (agree strongly, agree somewhat, disagree somewhat, disagree strongly), which were scored on a four-point scale. Item responses were reversed as necessary and summed to yield a scale score that ranged from 5 (extremely positive attitudes) to 20 (extremely negative attitudes) for the sub-scales, and 10 (extremely positive attitudes) to 40 (extremely negative attitudes) for the combined scales (ATLG-S).

II. NEW YORK TIMES POLL ITEMS

Some items from a New York Times Poll were used for comparisons to national samples. These items addressed a variety of attitudes such as attitudes towards gays in the military, gay marriage, gays on TV, gay civil rights and attributions of choice. Reliability for this scale has not been determined.

III. THE ATTITUDE FUNCTIONS INVENTORY

(Herek, 1987; Franklin, 1998)

The Attitude Functions Inventory (Herek, 1987; Franklin, 1998) was included as well. A four-point Likert Scale was utilized, with answers ranging from “not at all true of me” to “very true of me.” The 9-item scale contained four sub-scales. Factor analysis indicates that the sub-scales touch upon relatively independent motivations for attitudes, with all interfactor correlations less than .25. Due to the fact that the sub-scales consist of only two or three items, intercorrelation was moderate to high (.72 – .82 for Defensive, .67 – .82 for Experiential-Schematic, .53 – .61 for Value Expressive, and .41 – .62 for Social Expressive) (Franklin, 1998). Herek saw the Attitude Functions Inventory (AFI) more as an approach than a standardized questionnaire (Franklin, 1998). However, the AFI has been used to assess the functions of attitudes towards persons with cancer, AIDS and mental illness (Herek, 1987; Brandyberry and MacNair, 1996). The Attitude Functions Inventory addresses why individuals hold the attitudes they do. Personal contact, social expressive, defensive and value expressive were the functions explored by the AFI.

IV. SOCIAL NORMS

Items measuring social norms regarding homosexuality were also used (Franklin, 1998). Norms can be enforced in subtle ways, such as through the fear of losing one’s reputation and being considered different (Axelrod, 1986). For this study, items were adopted from studies by Fishbein and Ajzel (1975; 1980) and Franklin (1998). Because young adults are influenced by social norms with which they were raised in addition to

norms of a peer group, and these two norms may be in competition, separate items to assess the opinions of close friends and parents were included.

V. ADDITIONAL ITEMS

Additional items of interest that address issues explored by theories of prejudice such as similarity/dissimilarity between heterosexuals and homosexuals, and feeling the gay community poses a threat to society or that gay people are a privileged group, were included. For instance the item, “gay people are just like heterosexuals except for the fact that they have sexual relationships with people of their same gender” explored the issues of similarity/dissimilarity that are central to Social Identity Theory (Tajfel & Turner, 1979) and the Similarity Attraction hypothesis (Byrne, 1971). The items “gay people are a very privileged group, they do not deserve any special rights” and “if gays are given the right to marry, the traditional family will be destroyed” both got at some of the issues explored by Realistic Conflict Theory developed by Muzafer Sherif in the 1960’s.

VII. DEMOGRAPHICS

The following demographics were studied: a) gender b) age, c) ethnicity or race, d) religious affiliation and religiosity, e) sexual orientation, f) relationship ideology, g) political party affiliation, h) raised in urban, rural or suburban setting, i) immigrant or non-immigrant status, j) marital status, k) number of children, and l) socio-economic status.

Potential Pitfalls

Because the nature of the information collected was potentially sensitive, there are a number of pitfalls that may have influenced the completion of this study. There may have been political and ethical problems in gaining access and maintaining the commitment of participants. Students may also have responded in a manner that they thought that they should have responded, that is they may have answered questions, especially post-test questions, in a socially desirable manner. This may have especially impacted the gay instructor group, who may have responded more positively to questions regarding attitudes toward homosexuality, because they had a gay instructor and believed it would have been the more socially desirable response. The participants may also have responded to the questionnaires based on their assessment of the instructors' effectiveness as a teacher, rather than their sexual orientation. In addition, class dynamics may have influenced outcomes—classes have different characteristics that influence participation, quality of discussion etc. Classes were held at different times of day, and this may also influence outcomes.

Students may have also answered post-test questions based on whether they simply liked or disliked the instructor.

Data Analysis Plan

To address the question of whether or not contact with an openly gay instructor led to decreased levels of heterosexism, the mean baseline and posttest scores on the ATLG-S scale was compared. If any baseline differences existed between the two groups (classes taught by a heterosexual instructor versus classes taught by an openly gay

instructor), they were controlled for in the analysis by analyzing score differences. In this analysis, the pre-test scores were subtracted from the post-test scores and differences between the two groups were assessed. Therefore, if there were differences in the pre-test scores between the two groups, only the net differences from pre-test to post-test between the two groups would be tested in the statistical analyses. The classes with the heterosexual instructor were compared to the classes with the openly gay instructor to see if the pretest-posttest mean changes were different between the two instructors. The instructors revealed themselves by talking about their families. The heterosexual instructor said that she has a husband, while the gay instructor mentioned his partner and his name. The instructors did not speak about their respective relationships in an ongoing manner during the remainder of the course.

Data were analyzed using Microsoft® Excel® 2005, a spreadsheet, and SPSS® 13.0 for Windows®, a statistical software program for interpretive statistics. The data were organized into tables that are appropriate for this study. T-tests, ANOVAs and correlations were used to test the hypotheses generated in this study.

CHAPTER IV

RESULTS

The purpose of this study was to determine whether contact with an openly gay instructor influenced attitudes and beliefs in a group of community college students. There were six hypotheses tested in this study: first, that students in classes with an openly gay instructor would evidence a greater drop in heterosexism from pretest to posttest than students in classes with a heterosexual instructor; second, that certain individuals would show an increase in heterosexist attitudes after being in a class taught by a gay instructor; third that subjects who define homosexuality as an aspect of one's life over which an individual has no control will display less heterosexist attitudes when compared to those subjects who define homosexuality as an individual choice; fourth, that individuals in the gay instructor group would evidence a greater increase on the Experiential-Schematic scale of the Attitude Functions Inventory (AFI) when compared to individuals in the heterosexual instructor group; fifth, that individuals who perceive their peers and parents as possessing negative attitudes toward homosexuality would have higher heterosexist attitudes and the sixth hypothesis stated that those individuals who report close relationships with gay and lesbian individuals will hold more accepting attitudes toward gay men and lesbian women.

There were 139 subjects that completed the pretest and posttest measure. Seventy-eight were in the heterosexual instructor's class and 61 were in the gay instructor's class. Subjects self-selected their class without knowledge of the instructor or the instructor's sexual orientation, and completed the pretest measures prior to being

exposed to the orientation of their instructors. The power of each of the analyses was all greater than .80 to detect 10% of the variance at the .05 alpha level. An alpha level of .05 was used to test each of the hypotheses.

Pretest Differences between Heterosexual and Gay Instructor Classes

To establish a baseline, analyses were conducted to assess differences between classes with heterosexual and gay instructors on pretest measures. The results indicated several significant findings, indicating there were pretest differences between the two groups. Two-tailed tests were used in all pre-test comparisons.

Attitudes toward Gays and Lesbian Scale

The Attitudes toward Gays and Lesbian Scale measures level of heterosexism in individuals. It is divided into two scales, one that measures attitudes toward gays and another that measures attitudes toward lesbians. On the Attitudes Toward Gays scale (ATG), subjects in the gay instructor's classes ($M = 12.39$, $SD = 4.57$) scored significantly higher than subjects in the heterosexual instructor's classes ($M = 10.51$, $SD = 3.96$) $t(134) = -2.57$, $p = .011$). Similarly, on the Attitude Toward Lesbians scale (ATL), subjects in the gay instructor's classes ($M = 11.17$, $SD = 4.00$) scored significantly higher than subjects in the heterosexual instructor's classes ($M = 9.77$, $SD = 3.72$) $t(133) = -2.10$, $p = .037$). These results indicate that individuals in the gay instructor's classes had higher pretest means than individuals in the heterosexual instructor group and therefore had higher heterosexist attitudes prior to participating in the study.

Social Norms Questionnaire

The Social Norms Questionnaire measures the attitudes that friends and family have toward homosexuality. There are two scores derived from this scale, one that reflects friends' attitudes toward homosexuality and a second that reflects families' attitudes toward homosexuality. There were no significant differences between the two groups on the two total scores of the social norm questionnaire. However, the total score that assessed social norms of friends, the difference between subjects in the heterosexual instructor's classes ($M = 7.46$, $SD = 3.08$) and gay instructor's classes ($M = 6.52$, $SD = 3.11$) did approach significance $t(136) = 1.78$, $p = .077$.

Previous Contact

Previous contact was assessed by asking subject if they knew a gay or lesbian individual, had a gay or lesbian friend or had a gay or lesbian family member. A chi-squared analysis indicated that more subjects in the heterosexual instructor's classes (91%) knew a gay or lesbian individual than subjects in the gay instructor's classes (75.4%) $\chi^2(1) = 6.27$, $p = .012$. Similarly, more subjects in the heterosexual instructor's classes (65.4%) had a gay or lesbian friend than subjects in the gay instructor's classes (36.7%) $\chi^2(1) = 11.23$, $p = .001$. There were no differences between the heterosexual instructor's classes (24.7%) and gay instructor's classes (28.3%) with respect to having a gay or lesbian family member $\chi^2(1) = .233$, $p = .63$. These results indicate greater level

of personal contact in the heterosexual instructor's classes than in the gay instructor's classes.

New York Times Poll Items

The New York Times Poll assesses attitudes toward gays and lesbians with respect to various cultural issues. In this study, pretest differences were found in nine of the 17 New York Times poll items. All differences indicated that subjects in the gay instructor's classes had a more negative attitude toward homosexuals than those in the heterosexual instructor's classes at pretest.

Subjects in the heterosexual instructor's classes (79.5%) favored permitting homosexuals in the military more so than subjects in the gay instructor's classes (64.4%) $\chi^2(1) = 3.88, p = .049$. Subjects in the heterosexual instructor's classes (82.1%) also favored permitting homosexuals in the military if they kept their sexual orientation to themselves more so than subjects in the gay instructor's classes (64.4%) $\chi^2(1) = 5.50, p = .019$. Subjects in the heterosexual instructor's classes ($M = 2.46, SD = 1.04$) reported that if their college-aged son or daughter revealed that they were homosexual, they would be less upset than would subjects in the gay instructor's classes ($M = 2.10, SD = .83$) $t(137) = 2.27, p = .028$. More subjects in the heterosexual instructor's classes (83.3%) thought that homosexual relations between consenting adults should be legal than did subjects in the gay instructor's classes (63.3%) $\chi^2(1) = 7.16, p = .007$.

Likewise, subjects in the heterosexual instructor's classes (30.7%) thought that homosexuality was something people chose to be less so than did subjects in the gay instructor's classes (50.8%) $\chi^2(1) = 5.71, p = .017$. Those in the heterosexual

instructor's classes (87%) thought that gay individuals are just like heterosexuals except that they have sexual relations with individuals of the same sex more so than those in the gay instructor's classes (65%) $\chi^2(1) = 9.33, p = .002$. In the heterosexual instructor's class, fewer subject (20.5%) thought that gay people ask to be given rights to marry or join the military because they are just trying to be like heterosexuals when they are really quite different less so than subjects in the gay instructor's classes (36.2%) $\chi^2(1) = 4.14, p = .042$. Similarly, fewer subjects in the heterosexual instructor's classes thought that if gays are given the right to marry, the traditional family will be destroyed (36.4% vs. 54.1%) $\chi^2(1) = 4.34, p = .037$. Finally, far fewer subjects in the heterosexual instructor's classes (19.7%) thought that if gays are allowed to join the military, the morale of the troops will suffer than those subjects in the gay instructor's classes (41%) $\chi^2(1) = 7.39, p = .007$.

Hypotheses

The hypotheses that addressed differential changes from pretest to post-test as a function of the sexual orientation of the instructor utilized an analysis of change scores. The change score for the subjects was computed by subtracting pretest scores from posttest scores. The mean change score was subsequently analyzed using independent t-tests.

The first hypothesis stated that the subjects in the gay instructor's classes would show a greater decrease in their heterosexist attitudes from pretest to posttest when compared to the subjects in the heterosexual instructor's classes. In order to test this hypothesis, the change scores on the ATG and ATL were subjected to independent t-

tests. The results indicated that subjects in the gay instructor's classes ($M = -2.83$, $SD = 4.73$) evidenced a greater decrease in heterosexist attitudes toward gays when compared to subjects in the heterosexual instructor's classes ($M = -.55$, $SD = 3.29$) $t(134) = 3.32$, $p = .001$. Similar results were found with heterosexist attitudes toward lesbians, with subjects in the gay instructor's classes ($M = -1.91$, $SD = 4.02$) showing a greater decrease when compared to subjects in the heterosexual instructor's classes ($M = -.597$, $SD = 2.76$) $t(133) = 2.25$, $p = .026$ on the ATL. These differences were found despite the fact that at posttest, there were no differences in heterosexist attitudes toward gays $t(136) = .712$, $p = .478$ and heterosexist attitudes toward lesbians $t(136) = .032$, $p = .974$ between the two instructor's classes. This was because there were pretest differences between the two instructors on the ATG and ATL (see above). While the latter is true, the results of the analysis of change scores were consistent with the stated hypothesis, and the hypothesis was supported.

The second hypothesis stated that certain individuals would show more heterosexist attitudes after experiencing contact with a gay instructor. This hypothesis required an assessment of the relationship of demographic variables with the change scores on the ATG and ATL within the gay instructor's classes only. The first analysis assessed for differences as a function of race and utilized a one-way Analysis of Variance (ANOVA). The race independent variable comprised three categories: Black, Latino and White. The remaining subjects were heterogeneous and included Asian and individuals of mixed race were not included in the analysis. These differences shown by analysis of the ATG were not significant $F(2, 48) = 1.72$, $p = .19$, nor were those in the analysis that addressed the ATL $F(2,47) = 1.17$, $p = .198$. The group means and the ANOVA

summary tables for the ATG are in Table 1 and Table 2, respectively and the group means and the ANOVA summary table for the ATL are in Table 3 and 4, respectively. These tables show that all races evidenced a drop in heterosexist attitudes toward both gays and lesbians; however, the drop for Latinos was not significant for the ATL $t(8) = -1.59, p = .151$.

Table 1.

Means and Standard Deviations for ATG Change Scores as a Function of Race

	Black	Latino	White
Mean	-4.92	-2.22	-2.03
Standard Deviation	1.31	1.58	.882
N	13	9	29

Table 2.

ANOVA Summary Table for ATG Change Scores as a Function of Race

Source	SS	<i>Df</i>	MS	F	<i>p</i>
Race	80.02	2	39.3	1.72	.19
Error	1216.87	48	22.86		

Table 3.

Means and Standard Deviations for ATL Change Scores as a Function of Race

	Black	Latino	White
Mean	-3.58	-2.00	-1.07
Standard Deviation	4.91	3.77	3.67
N	12	9	29

Table 4.

ANOVA Summary Table for ATL Change Scores as a Function of Race

Source	SS	<i>df</i>	MS	F	<i>p</i>
Race	80.02	2	26.97	1.67	.198
Error	1216.87	47	16.1		

The second analysis assessed for differences between religions and also utilized an ANOVA. The religion variable comprised three categories: Catholicism, Judaism and other forms of Christianity. The differences found by analysis of the ATG were not

significant $F(2, 47) = 2.87, p = .067$; nor were those found by the, analysis that addressed the ATL $F(2,46) = 2.12, p = .131$. The ANOVA summary tables and the group means are presented in Table 5 and Table 6, respectively. These tables show that Catholics and Christians evidenced a drop in heterosexist attitudes, while Jews evidenced an increase in heterosexist attitudes toward both gays and lesbians. This increase for Jews was not significant for the ATG $t(3) = -.59, p = .6$ and ATL $t(4) = -.46, p = .67$. However, the decrease for Christians was significant for both the ATG $t(14) = 3.32, p = .005$ and ATL $t(13) = 2.19, p = .048$, as well as Catholics on the ATG $t(30) = 3.27, p = .003$ and ATL $t(29) = 3.14, p = .004$.

Table 5.

Means and Standard Deviations for ATG Change Scores as a Function of Religious Affiliation

	Catholic	Jewish	Christian
Mean	-2.54	1.75	-4.53
Standard Deviation	4.34	5.91	5.29
N	31	4	15

Table 6.

ANOVA Summary Table for ATG Change Scores as a Function of Religious Affiliation

Source	SS	<i>df</i>	MS	F	<i>p</i>
Religion	129.84	2	64.92	2.87	.067
Error	1062.16	47	22.60		

Table 7.

Means and Standard Deviations and ANOVA Summary Table for ATL Change Scores as a Function of Religious Affiliation

	Catholic	Jewish	Christian
Mean	-1.70	1.20	-3.14
Standard Deviation	2.96	5.81	5.38
N	30	4	14

Table 8.

ANOVA Summary Table for ATL Change Scores as a Function of Religious Affiliation

Source	SS	<i>df</i>	MS	F	<i>p</i>
Religion	70.53	2	35.27	2.12	.131
Error	764.81	46	16.63		

The third analysis assessed for differences in ATG and ATL change scores as a function of subject's gender. The results were that males ($M = -3.42$, $SD = 5.10$) and

females ($M = -1.95$, $SD = 4.15$) did not differ on the ATG $t(56) = 1.14$, $p = .261$. Males ($M = -1.54$, $SD = 4.11$) and females ($M = -2.55$, $SD = 3.99$) also did not differ on the ATL $t(55) = .91$, $p = .37$. Males evidenced a significant decrease in their heterosexist attitude scores on the ATG $t(35) = 4.03$, $p < .001$ and ATL $t(34) = 2.22$, $p = .033$ from pretest to posttest. Females also evidenced a decrease on the ATG $t(21) = 2.21$, $p = .038$ and the ATL $t(21) = 2.99$, $p = .007$ from pretest to posttest.

The fourth analysis assessed for differences in the ATG and ATL change scores as a function of political affiliation. There were three categories that comprised this variable: Democrats, Republicans, and Other. The results indicated no differences in the ATG change scores $F(2,55) = .196$, $p = .823$ and the ATL change scores $F(2,54) = .477$, $p = .623$ as a function of political affiliation. The means and standard deviations and the ANOVA summary table are presented in Tables 9 and 10. Democrats evidenced a significant decrease in heterosexist attitudes as reflected in the drop on the ATG $t(26) = 2.91$, $p = .007$ and the ATL $t(26) = 2.25$, $p = .033$, as did the “Other” political affiliation on the ATG $t(13) = 2.26$, $p = .042$ and the ATL $t(12) = 2.39$, $p = .034$. Republicans evidenced a drop on the ATG $t(16) = 2.62$, $p = .018$; however, they did not show a decrease on the ATL $t(16) = 1.57$, $p = .137$.

Table 9.

Means and Standard Deviations for ATG Change Scores as a Function of Political Affiliation

	Democrats	Republicans	Other
Mean	-2.67	-3.47	-2.50

Standard Deviation	4.76	5.46	4.15
N	27	17	14

Table 10.

ANOVA Summary Table for ATG Change Scores as a Function of Political Affiliation

Source	SS	df	MS	F	P
Political Affiliation	9.16	2	4.58	.196	.823
Error	1287.74	55	23.41		

Table 11.

Means and Standard Deviations for ATL Change Scores as a Function of Political Affiliation

	Democrats	Republicans	Other
Mean	-1.93	-1.29	-2.77
Standard Deviation	4.45	3.41	4.17
N	27	17	13

Table 12.

ANOVA Summary Table for ATL Change Scores as a Function of Political Affiliation

Source	SS	<i>df</i>	MS	F	<i>p</i>
Political Affiliation	16.03	2	8.02	.477	.623
Error	907.69	54	16.81		

The fifth analysis assessed differences in ATG and ATL change scores as a function of whether the subject was born in the United States or abroad. There were no differences between U.S. born subjects ($M = -2.79$, $SD = 4.86$) and non – U.S. born subjects ($M = -3.07$, $SD = 4.65$) on the ATG $t(55) = .44$, $p = .823$. There were also no differences between U.S. born subjects ($M = -1.60$, $SD = 3.80$) and non – U.S. born subjects ($M = -2.93$, $SD = 4.80$) in the ATL changes scores $t(55) = -1.06$, $p = .294$. Subjects born in the United States evidenced a drop on the ATG $t(43) = 3.82$, $p < .001$ and ATG $t(42) = 2.77$, $p = .008$, as did subjects not born in the United States on the ATG $t(13) = 2.47$, $p = .028$ and on the ATL $t(13) = 2.29$, $p = .04$.

The results of the five analyses indicated that none of the demographic variables were related to the ATG and ATL change scores and that no group evidenced a significant increase in their ATG or ATL scores from pretest to posttest. Therefore, there was no support for hypothesis two. However, within the gay instructor's classes, most groups evidenced a significant drop in heterosexist attitudes, which was reflected in

significant drops in ATG and ATL scores from pre to posttest. These analyses did not support the stated hypothesis.

Hypothesis three stated that subjects who define homosexuality as an aspect of one's life over which an individual has no control will display less heterosexist attitudes when compared to those subjects who define homosexuality as an individual's choice. The means and standard deviations for this hypothesis are given in Table 13. This analysis assessed if pretest and posttest ATG and ATL scores differed as a function of the New York Times poll item that inquired if homosexuality was a personal choice or something people cannot change. The results indicated that on the ATG pretest, subjects who believed that homosexuality is a personal choice ($M = 13.72$, $SD = 3.99$) had higher heterosexist attitudes than subjects who believed that homosexuality is not a choice ($M = 9.65$, $SD = 3.72$) $t(131) = 6.00$, $p < .001$. The same results were found on the ATL pretest $t(130) = 6.25$, $p < .001$, where subjects who believed that homosexuality is a personal choice ($M = 12.63$, $SD = 3.95$) also had higher heterosexist attitudes when compared to subjects who believed that homosexuality is not a choice ($M = 8.84$, $SD = 2.99$). These differences also emerged on the posttest of the ATG $t(133) = 4.01$, $p < .001$ with those believing that homosexuality was a personal choice ($M = 11.46$, $SD = 4.97$) continued to have more heterosexist attitudes when compared to subjects who believed homosexuality is not a choice ($M = 8.63$, $SD = 3.24$). Finally, the same was found on posttest ATL scores $t(133) = 3.36$, $p = .001$, where those believing that homosexuality was a personal choice ($M = 10.48$, $SD = 4.51$) had higher heterosexist attitudes when compared to those who believed that homosexuality is not a choice ($M = 8.29$, $SD = 3.05$). These results therefore support the hypothesis.

An additional analysis was conducted assessing whether the type of instructor and belief in the choice of homosexuality interacted in determining ATG and ATL change scores from pretest to posttest. In other words, it was of interest to determine whether the findings for hypothesis one, that subjects in the gay instructor's classes evidenced a greater drop in heterosexist attitudes, also held true for subjects who believed that homosexuality was a choice and those who believed that it was not a choice. The results of this analysis indicated that there was no interaction with respect to type of instructor and belief in choice of homosexuality for ATG $F(1,129) = 2.74, p = .10$ and ATL $F(1,128) = 2.10, p = .149$.

Table 13.

Means and Standard Deviations for ATG and ATL Pretest and Posttest by Subjects Belief if Homosexuality is a Personal Choice or Not a Personal Choice

	ATG Pretest	ATG Posttest	ATL Pretest	ATL Posttest
Choice				
Mean	13.72	11.46	12.63	10.48
SD	3.99	4.97	3.95	4.51
Not a Choice				
Mean	9.65	8.63	8.84	8.29
SD	3.72	3.24	2.99	3.05

Note: As indicated above, there were significant differences between the Choice and Not a Choice groups on the ATG and ATL at both pre and posttest.

Hypothesis four stated that individuals in the gay instructor group would evidence a greater increase on the Experiential-Schematic scale of the Attitude Functions Inventory (AFI) when compared to individuals in the heterosexual instructor group. The analysis of change scores supported this hypothesis, $t(134) = -2.235, p = .027$.

Individuals in the gay instructor group evidenced an increase in their Experiential-Schematic scores ($M = 1.38, SD = 3.25$) more so than individuals in the heterosexual instructor group ($M = .34, SD = 2.16$). There were no differences on the Social-Expressive scale, $t(134) = -.885, p = .378$, the Defensive scale, $t(133) = -1.868, p = .065$ and Value-Expressive scale, $t(136) = -.233, p = .824$.

Hypothesis five stated that individuals who perceive their peers and parents as possessing negative attitudes toward homosexuality would have higher heterosexist attitudes. This analysis was tested by utilizing a Pearson Correlation and correlating the total score for friends and parents on the pretest social norms questionnaire with ATG and ATL scores at pretest. The results indicated a strong relationship between subjects' ratings of closest friends' attitudes toward homosexuality and pretest scores on the ATG $r(134) = -.568, p < .001$ and pretest scores on the ATL $r(133) = .442, p < .001$. The same was found in the relationship of subjects' ratings of parental attitude toward homosexuality and pretest scores on the ATG $r(132) = .546, p < .001$ and ATL $r(132) = -.519, p < .001$. All correlations indicated that as subject ratings of friend and parent attitudes became more negative, subjects' own heterosexist attitudes increased. These findings support the stated hypothesis.

Hypothesis six stated that those individuals who report previous relationships with gay and lesbian individuals will hold more accepting attitudes toward gay men and lesbian women. This hypothesis was assessed in a number of ways. First, it was assessed whether heterosexist attitudes, as measured on the pretest of the ATG and ATL, differed if subjects knew a homosexual individual, if subjects had a homosexual friend and if subjects had a homosexual family member. The results indicated greater heterosexist attitudes on the ATG pretest for subjects who did not know a homosexual individual ($M = 13.76$, $SD = 3.79$) when compared to subjects who did know a homosexual individual ($M = 10.88$, $SD = 4.28$) $t(134) = -2.88$, $p = .005$ and greater heterosexist attitudes on the ATL pretest for subjects who did not know a homosexual individual ($M = 12.32$, $SD = 3.79$) when compared to subjects who did know a homosexual individual ($M = 10.05$, $SD = 3.83$) $t(134) = -2.39$, $p = .018$. The results also indicated greater heterosexist attitudes on the ATG pretest for subjects who did not have a homosexual friend ($M = 13.16$, $SD = 4.27$) when compared to subjects who did have a homosexual friend ($M = 9.81$, $SD = 3.71$) $t(133) = -4.89$, $p < .001$ and greater heterosexist attitudes on the ATL pretest for subjects who did not have a homosexual friend ($M = 11.79$, $SD = 4.06$) when compared to subjects who did have a homosexual friend ($M = 9.22$, $SD = 3.31$) $t(134) = -4.03$, $p < .001$. Finally, the results indicated no differences in heterosexist attitudes on the ATG pretest between subjects who did not have a homosexual family member ($M = 11.72$, $SD = 4.36$) and subjects who did have a homosexual family member ($M = 10.24$, $SD = 4.16$) $t(132) = -1.73$, $p = .085$ and no difference in heterosexist attitudes on the ATL pretest between subjects who did not have

a homosexual family ($M = 10.72$, $SD = 3.92$) and subjects who did have a homosexual family member ($M = 9.37$, $SD = 3.75$) $t(131) = -1.77$, $p = .079$.

The second manner in which this hypothesis was addressed was by creating a total score that reflected the level of closeness a subject had with homosexual individuals. This was accomplished by combining the three questions that inquired about different levels of closeness and assigning a score of one if the subject answered no to the item and two if the subject answered yes to the item. This resulted in a total score that ranged from three (least level of closeness – subject answered no to all closeness questions) to six (most level of closeness - subject answered yes to all closeness questions). This total score was correlated with ATG and ATL pretest score. The results indicated that as level of closeness increased both ATG $r(131) = -.363$, $p < .001$ and ATL $r(130) = -.321$, $p < .001$ scores decreased, reflecting less heterosexist attitudes. These findings support the hypothesis.

New York Times Poll Items

The 17 New York Poll items were analyzed from pretest to posttest within the heterosexual and gay instructor's classes. A McNemar test was utilized to assess for differences in responses from pretest to posttest on 16 of the items and a pair sample t-test was used on the remaining item. The McNemar test is used when there is dichotomous response variables that have been collected repeated times from the same subjects. The results of these analyses are summarized in Table 14, which shows that within the heterosexual instructor group, the only item where responses changed from pretest to posttest was the one that assessed whether subjects thought that homosexuality

was a choice or not ($p = .001$). At pretest, 31.9% of subjects thought that homosexuality was a personal choice and posttest, 16.7% thought this was the case.

However, within the gay instructor group, response patterns on nine of the items changed from pretest to posttest. These changes all indicated more positive attitudes toward homosexuality at posttest when compared to pretest. Four of these items were related to thoughts and beliefs about gays in the military. When subjects were questioned about their general belief regarding gays in the military, more subjects favored homosexuals in the military at posttest (83%) when compared to the pretest (64.4%). There continued to be a significant increase in those favoring gays in the military at posttest (84.5%) when compared to pretest (65.5%) if the circumstances changed to where gay individuals openly announced their homosexuality. If gay individuals kept their homosexuality to themselves, there continued to be an increase from pretest (64.4%) to posttest (88.1%) in those favoring gays in the military. On the final item related to the military, a significantly less percent of subjects believed at posttest (21.3%) that gays would hurt moral when compared to pretest (41%). More subjects at posttest (76.7%) indicated that they would permit their child to read a book about a homosexual couple when compared to the pretest (60%). A greater percentage of subjects indicated that the passing of equal rights legislation was necessary for homosexuals at posttest (85.2%) when compared to the pretest (67.2%). As with the heterosexual instructor, a lesser percentage of subjects with the gay instructor believed that homosexuality was a personal choice at posttest (32%) when compared to pretest (51.7%). A lower percentage of subjects at posttest (13.1%) believed that homosexuals don't deserve any special rights when compared to the pretest (27.9%). Finally, on the item that questioned if the

traditional family would be destroyed if gays were allowed to marry, significantly less subjects at posttest (27.9%) indicated that they believe it would when compared to the pretest (54.1%). When these results are viewed in their entirety, approximately 50% of those subjects originally responding to an item negatively at pretest responded positively at posttest.

Despite these nine differences in the gay instructor's classes from pretest to posttest, subjects in the heterosexual and gay instructor groups differed in response patterns on only three posttest items. This appears related in part to the pretest differences that were present on the New York Times items (see above). There were pretest differences on five of the nine items found to have significantly changed from pretest to posttest within the gay instructor group, but not within the heterosexual instructor group. On these five items there were also no differences at the posttest between the two instructor groups. The decrease within the gay instructor group resulted in similar attitudes at the posttest between the gay and heterosexual instructor groups. A greater percentage of subjects in the gay instructor's group (76.7%) would permit their child to read a book about a homosexual couple than in the heterosexual instructor group (57.9%). A larger proportion of subjects in the heterosexual instructor group (90.8%) indicated that they agreed that homosexuals are just like heterosexuals when compared to the gay instructor group (73.3%). Finally, a larger percentage of subjects in the gay instructor group agreed with the statement that homosexuals want to be like heterosexuals when they are different when compared to the heterosexual instructor group (12%). The two latter items indicated a more negative attitude toward homosexuals in the gay instructor group, a finding that is contrary to the spirit of the hypotheses stated above.

There was one item from the New York Times Poll that was not dichotomous, but instead continuous in nature and required a *t*-test to assess statistical significance. This item asked how upset subjects would be if their college-aged child disclosed that he or she was homosexual. The results indicated no changes from pretest to posttest within the heterosexual instructor group $t(76) = -.60, p = .55$ and the gay instructor group $t(60) = -.25, p = .80$.

Table 14.

Results of the McNemar Test for Comparisons Between Pretest and Posttest Responses to the New York Times Poll Items for Heterosexual and Gay Instructor

Item		Heterosexual Instructor Pretest	Heterosexual Instructor Posttest	$P^{(a)}$	Gay Instructor Pretest	Gay Instructor Posttest	$P^{(a)}$
Favor/oppose homosexuals in the military (b)	Favor Oppose	61 16	67 11	.227	38 21	49 10	.007
If openly announce homosexuality, favor or oppose gays in military	Favor Oppose	55 23	61 17	.238	38 20	49 10	.021
If kept homosexuality to self, favor or oppose homosexuals in military (b)	Favor Oppose	64 14	70 8	.146	38 21	52 7	.004
Object/not object if elementary child had homosexual teacher	Object Not Object	14 63	16 61	.804	19 42	15 46	.454
Permit/not permit child to watch TV show with homosexual character	Permit Not Permit	50 27	52 25	.824	34 25	34 25	1.00
Permit/not permit child play at home with homosexual parent	Permit Not Permit	56 19	54 21	.754	38 22	42 18	.503
Permit/not permit child to read book about homosexual couple (c)	Permit Not Permit	47 29	44 32	.549	36 24	46 14	.031
Necessary/not necessary to pass law for equal rights for homosexuals	Necessary Not Nec	56 19	62 13	.146	41 20	52 9	.019
Homosexuality should/ should not be legal for consenting adults (b)	Should Shouldn't	63 13	67 9	.289	38 22	46 14	.077
Homosexuality chosen/ something that can't be changed (b)	Choice No choice	23 49	12 60	.001	31 30	16 45	.004
Agree/disagree that	Agree	66	69	.607	39	44	.405

homosexuals are just like heterosexuals (b) (c)	Disagree	10	7		21	16	
Agree/disagree that gays have more rights than they deserve	Agree Disagree	12 63	10 65	.688	16 44	8 52	.096
Agree/disagree homosexuals want to be like heterosexuals when they are different (b) (c)	Agree Disagree	16 59	9 66	.065	21 37	15 43	.286
Agree/disagree don't deserve any special rights	Agree Disagree	18 58	15 61	.607	17 44	8 53	.035
Agree/disagree if gays can marry, traditional family will be destroyed (b)	Agree Disagree	28 47	24 51	.344	33 28	17 44	.002
Agree/disagree that if gays join military, moral will suffer (b)	Agree Disagree	14 56	12 58	.804	25 36	13 48	.038

Note: (a) The results of the McNemar Test (b) Pretest differences between the instructor conditions (c) Posttest differences between the instructor conditions
Interaction of Instructor Condition and Demographic Variables

Analyses were also conducted to assess if the findings that supported hypothesis one (i.e., a greater drop in heterosexist attitudes in subjects with gay instructor) could be generalized across all demographic groupings. For example, did the findings extend to all races, or were there particular races where this finding did not occur? This required a two-way ANOVA to be conducted where change scores from pretest to posttest on the ATG and ATL served as the dependent variables and the instructors' classes and the demographic variable under study served as the two independent variables. There were four demographic variables included in four separate ANOVA analyses: race, religion, gender and political affiliation. The interaction effect in the ANOVA was of interest, as it directly addressed the question posed above and the main-effects of the instructors' classes and demographic variables that were analyzed earlier. The results revealed that there was no interaction of gender and type of instructor on the ATG $F(1,131) = .098$, $p = .755$ or on the ATL $F(1,130) = 1.88$, $p = .172$, religion and type of instructor on the ATG $F(2, 115) = 2.95$, $p = .056$ or on the ATL $F(2,114) = 1.68$, $p = .191$, political affiliation and type of instructor on the ATG $F(2,129) = .83$, $p = .44$ or on the ATL

$F(2,128) = 1.2, p = .303$, or race and type of instructor on the ATG $F(2,116) = 2.20, p = .114$. However, on the ATL, there was an interaction of race and type of instructor $F(2,115) = 3.14, p = .047$. The analysis of simple main-effects of race within each type of instructor revealed no differences between Whites, Latinos and Blacks in their changes from pretest to posttest with both the heterosexual instructor group $F(2,68) = 1.34, p = .27$ and the gay instructor group $F(2,47) = 1.68, p = .198$. The analysis of simple main-effects of instructor within each race revealed that Blacks in the gay instructor group evidenced a greater decrease from pretest to posttest on the ATL ($M = -3.58$) when compared to Blacks in the heterosexual instructor group ($M = -.89$) $t(19) = 2.55, p = .019$. Latinos $t(14) = .86, p = .404$ and Whites $t(82) = .45, p = .65$ did not differ on their ATL scores as a function of type of instructor group. Perhaps with the exception of Blacks on the ATL, these results indicate that the previously described results that the gay instructor group evidenced a greater drop in heterosexist attitudes than the heterosexual instructor group, generalizes across demographic variables.

CHAPTER V

DISCUSSION, SUMMARY, AND IMPLICATIONS

The major findings of this dissertation are that contact with a gay instructor does reduce heterosexist attitudes among college students. An unexpected finding was that demographic variables such as race and religion did not seem to matter. These results have important implications for social work practice, as well as for future research. These findings and their implications are the subject of this chapter.

Major Findings

Contact reduces heterosexism

The dominant finding of this work was a significant decrease in heterosexist attitudes across the board for contact with the gay instructor, which validates the findings of Waldo and Kemp (1987) and also supports Allport's contact (1954) hypothesis. By itself, this result was not surprising. But several nuances within this finding were unexpected. Two variables predicted to result in more heterosexist attitudes, race and religion, did not have such influence in this study. This result was unexpected, given that those who attend church frequently have tended to be more homophobic (Hayes & Oziel, 1976; Ross, 1975; Irwin & Thompson, 1977), and Protestants and Roman Catholics appear to be less tolerant of homosexuals than Jews, members of other religions, and those who do not associate themselves with any other religion (Irwin & Thompson, 1977). However, the dates of these previous studies suggest that attitudes toward homosexuality may be changing even within the context of religions. In addition,

younger people tend to be more tolerant toward homosexuality, and it is a feature of mainstream culture.

Likewise, race did not influence attitudes toward homosexuality. This result is surprising as the influence of the Black Church along with the importance of the role of masculinity and the role of the family have been seen as causes of homophobia and heterosexism in the Black community (Watson, 2005).

Another survey item asked whether subjects already knew someone who was homosexual. Knowing someone who was homosexual indicated greater understanding, and support for GLBT people and issues, and the more a subject knew someone who was homosexual as a friend or other non-relative, the less heterosexist their attitudes were. Surprisingly, however, there was no significant difference in heterosexist attitudes when it came to subjects' having a family member who was gay or lesbian. This lack of difference might be explained in several ways. It could mean that the relative who is gay or lesbian or who they suspect to be gay or lesbian has not come out to them yet, which can create negative attitudes about homosexuality due to the secrecy and hiding. It could also mean that the subjects themselves have experienced heterosexism from being teased or harassed about having a gay or lesbian family member. While being a victim of this harassment may seem to indicate a greater awareness and understanding, it also can bring some resentment to the gay or lesbian family member. Or it could simply mean that a person with a gay or lesbian relative is already sensitized and that further contact makes little measurable difference in their attitudes no matter where they are at the baseline.

It is important to note that the content of the class spent little time directly addressing sexual orientation. One 1 hour and 15 minute session out of 32 scheduled

classes covered the topic of sexual orientation. Issues discussed in this session included stereotypes, definition of sexual orientation, and the discrimination and oppression that GLBT people face in today's society. This strongly suggests that it was the contact with the instructor, and not the content of the class itself, that moved students' attitudes.

New York Times Poll results suggest directions for social justice policy

The New York Times poll results indicate the most powerful effects that contact with a gay individual can bring, which is movement toward equality and social justice on major social policy issues affecting the lives of GLBT people. The 17 New York Times Poll items were analyzed from pretest to posttest within the heterosexual and gay instructor's classes. Interestingly, within the heterosexual instructor group, the only item where responses changed from pretest to posttest was the one that assessed whether subjects thought that homosexuality was a choice. But within the gay instructor group, response patterns on nine of the items changed, suggesting more positive attitudes toward homosexuality after contact. And interestingly, in three items (object/not object if elementary school child had a homosexual teacher, permit/not permit child to play at home with a homosexual parent and permit/not permit child to read a book about a homosexual couple), subjects in the heterosexual instructor's classes increased in heterosexist attitudes at the posttest while subjects in the gay instructor's classes became less heterosexist. These results together suggest that contact with an openly gay instructor can not only positively affect progressive social policies that promote economic and social justice but also play a great role by teaching children at a very early age about the diversity of families.

Heterosexism was reduced in students who believe that sexual orientation is not a choice

Lamden and Innala (2002), among others, have noted that those who believe that homosexuality is not a choice but a natural variation in human sexuality are much less likely to be homophobic or heterosexist. The results of this study support this conclusion as well. Subjects who believed homosexuality is a lifestyle choice were more heterosexist, while those who believe it is biologically rooted were not. Lamden and Innala report that more people than in the past believe that homosexuality is biologically rooted. Why that finding should indicate more tolerance for homosexuality is not clear, especially given that other forms of prejudice such as race do not benefit from their biological associations.² This is most likely due to the many who view oppression and discrimination through a hierarchical lens in which groups are ranked in order of who has it worse in society. Within this hierarchical framework, people believe that GLBT people can “hide” who they are, whereas people of color cannot, therefore creating not only a hierarchy of victimization but also a hierarchy of guiltiness.

Heterosexist attitudes among families and friends may be a significant predictor of heterosexism.

This study found that subjects were more likely to have negative attitudes if their parents and friends also had negative attitudes toward homosexuality. Given that symbolic interactionism is a major conceptual model behind this thesis, this finding was not surprising. However, it raises the question of how do we become free thinkers in the first place? We do not carry our parents’ and friends’ attitudes forever. This study

² Race is also arguably a cultural construction, but the part of ‘race’ that is visible—e.g., skin color—is a biological feature.

suggests that people can change their minds based on knowledge and experience—an important implication for both theory and social work practice in the areas of human behavior and social policy.

Strengths and Limitations of the Study

A major strength of this study is that it added to the knowledge base about the contact hypothesis by developing a fuller picture of how contact changed attitudes. Two previous studies have investigated the impact of a gay instructor disclosing his sexual orientation to his students at a university on their attitudes towards homosexuality (Cain, 1996; Waldo & Kemp, 1997). Cain's study was limited by its small sample, its lack of a control group, and by the fact that it does not account for the possibility of researcher bias in the interpretation of results. A more systematic study was performed by Waldo and Kemp (1997). In this study, Herek's (1984, 1994b) Attitudes Toward Lesbians and Gay Men (ATLG-S) scale was used to measure students attitudes at the beginning and end of the semester, like this study. Also like this study, as part of a lesson on sexual orientation, one instructor revealed his gay identity. This class was compared with another class taught by a heterosexual instructor where minimal discussion of sexual orientation had occurred. Results of the post-test administered at the end of the semester indicated that students in the gay instructor's class exhibited improved attitudes towards gay men and lesbians when compared with students in a class taught by a heterosexual instructor. However, Waldo and Kemp collected no demographic data other than the participants' gender. Thus, because the present study used a variety of scales to gather information that gender alone cannot convey including socio-economic status, religion,

political affiliation and other categories, it gathered information that gives a more complete picture of the factors including heterosexist attitudes.

This study is not without limitations, however, to both external and internal validity. With respect to internal validity, because students were not assigned randomly to the different instructor conditions, a bias may have existed in that students choose their instructor. However, in the proposed study, because the instructors were not listed in the course catalogue, students did not know which instructor they would receive when signing up for class. Therefore, it seems unlikely that these selection biases were an issue. However, after the instructor disclosed his sexual orientation to his class (after the pretest), it was possible that some students could choose to switch sections, which could have led to a selection bias. To my knowledge, no student switched sections.

Another limitation to the design is that the differences between the content and unique makeup of the four class sections could have explained any differences in posttest findings. Regression was another potential internal validity issue for this design, especially since the two groups did not turn out to be equivalent at the pretest. Given that the gay instructor group had higher heterosexist scores at the baseline the differences between the groups may have been due to regression rather than the differences as to the sexual orientation of the instructor.

Internal validity was increased through the use of standardized measures whenever possible. Self-report was the primary method of data collection in both the surveys and the interviews. Whenever self-report is used, issues regarding the validity of the data may arise. People prefer to present themselves in a positive light. People who choose to take a human sexuality class (rather than the other options, which are Personal

and Family Health, Death and Dying, Community Health, or Alcoholism and Substance Abuse) to fulfill their health class requirement might have been interested in presenting themselves as accepting of various sexualities, especially after they learned that their instructor was a gay man. This issue could have affected the validity of the data. Students might have answered in the way they believed they were expected rather than how they honestly felt. Some people may have felt ashamed to admit they held negative attitudes towards gay men and lesbians. They may have wished they did not feel uncomfortable with homosexuality and yet they did. This may have been particularly true at the end of the class after students received education on human sexuality. They knew what the socially desirable response would be given the particular norms of human sexuality classes. Or perhaps students in the gay instructor's class were concerned about hurting the teacher's feelings and therefore did not express how they truly felt about homosexuality. All of these issues had the potential to cast doubts on the validity of the study.

The issue of selection was also a problem when considering external validity. The effects of an intervention hold only for the unique population from which the experimental and control groups were jointly selected. The sample of Nassau Community College students in a human sexuality class was a nonrepresentative sample. These students choose to take a class in human sexuality to fulfill a health requirement. These students themselves may have been more open to learning about human sexuality than the general population. Any effects found, while internally valid, might be specific to such community college human sexuality classes. Therefore results should not be generalized to all students at Nassau Community College or other colleges.

In addition, the reactive or interaction effect of testing in which a pretest might have increased or decreased the respondent's sensitivity or responsiveness to the experimental variable (contact with a gay instructor and information about homosexuality) could have contaminated the results, and "thus make the results obtained for a pretested population unrepresentative of the effects of the experimental variable for the unpretested universe from which the experimental respondents were selected" (Campbell and Stanley, 1963). Reactive effects of experimental manipulations prevent generalization about the effect of contact with a gay instructor and information about homosexuality upon persons being exposed to it in nonexperimental, unpretested settings. According to Campbell and Stanley (1963), "one rarely sees in print as concentrated a dose of hostile statements as is found in the typical prejudice test...it is quite likely that the person's attitudes and his susceptibility to persuasion are changed by a pretest." This issue would affect both groups equally; however, it does interfere with the ability to generalize to an unpretested population.

Multiple-treatment interference (whenever multiple treatments are applied to the same respondents), such as experiencing both contact and education about homosexuality, may have been problematic because the effects of each intervention cannot be assessed separately. The existence of a control group would have been useful in this sort of situation. The curriculum, including the text and the flow of topics in each class was presented identically. However, the exact nature of the educational intervention did most likely differ for each class, possibly confounding results.

Because of these limitations, the results of this research should be interpreted with caution.

Implications for Practice

A number of practical implications were raised by the findings in this research. First, the results from the New York Times Poll items reflect policy issues that are crucial to achieving social justice for GLBT people and their families, in particular whether GLBT persons should be allowed to marry, to serve their country in the military, to exercise their right to an education, and so on. Currently, GLBT persons suffer oppression and discrimination, threats to safety, and deprivation of the inalienable right to pursue happiness.

The findings in this study suggest that contact with GLBT persons will go far in reducing these negative conditions. They imply that improving contact may have a long-term effect of reducing suicide rates, improving mental and physical health, establishing a safer and more just society, and so on. The question then becomes how to promote contact.

There are several ways to approach this issue. First, social workers should continue to advocate for programs such as gay-straight alliances, which have been shown to reduce conflict, violence, and homophobia. Such programs are endangered under the current federal administration, so continued documentation of their efficacy is crucial. Second, it would be useful to design interventions that target institutional practices in fields such as law, education, and medicine. For example, as Dean et al. (2001) point out, most health care providers are not culturally sensitive to the issues facing gays and lesbians. If contact with gays and lesbians reduces heterosexism, social workers could team up with organizations such as the Gay and Lesbian Medical Association to develop such interventions. Doctors coming out to their colleagues to educate them about the

ways in which being gay and lesbian impact care would be powerful. Likewise, the field of social work itself should develop such interventions. Of course, these ideas assume that those who self-identify as gays or lesbians will not suffer professional consequences for their honesty.

This study can also be helpful in designing simple strategies to defeating anti-gay marriage ballot initiatives and other anti-gay policy proposals. The very nature of contact helped to change peoples' attitudes in a short, four-month period. Importantly, the instructors did minimal lecturing regarding sexual orientation. The very fact that these students changed their minds so dramatically on key policy issues presents us with a powerful organizing tool that is underutilized – just being forthright about sexuality. Of course, there are barriers to coming out, as noted above (lack of protection against discrimination, fear, etc.). However, no amount of money poured into advertising, either for or against such ballot measures, can defeat the personal, “small-town” organizing efforts of coming out to those one works with, studies with, shops with, and lives with.

Finally, one policy recommendation would be to advocate for expanding Affirmative Action policies to specifically include sexual orientation as a category that covered gays, lesbians, bisexual and transgender people. While some universities actively seek out GLBT faculty, this practice is not universal. The fact that it is not universal shows that this is an omission. For example, most universities do not include a box to check to indicate one's sexual orientation as they do for one's race and gender. Including GLBT people in Affirmative Action policies will help to move colleges and universities from heterocentric staffing and hiring practices to one that is more inclusive and fair and equal.

Future Research and Implications for Social Work Education

This dissertation research also revealed several areas that would be fruitful to pursue in future studies.

The relationship between different types of contact and attitudes towards homosexuals is a complex one that should be the focus of future research. One cannot assess the causal relationship between closeness of relationship and attitudes towards gays. Was the relationship a close one because the individual was more accepting of homosexuality to begin with? Or did the closeness allow the person to learn to accept homosexuality as a result of intimate contact with a member of the gay community? One longitudinal study (Herek & Capitanio, 1996) did not find a statistically significant change in attitudes for those individuals (n=26) who did not know a gay person at the pretest and then reported knowing one or more gay persons at posttest. However, the new relationship reported at the posttest reported by this subgroup tended to be distant, either in acquaintance or a distant relative (Herek & Capitanio, 1996). This study found that knowing a nonrelative who was gay or lesbian created the conditions for less heterosexism, but having a relative seemed to have no effect, as noted earlier in this discussion. More studies examining the nature of contact would be useful, especially as homosexuality becomes more “mainstream.”

A further study should be conducted on sex role rigidity. Sexism plays a huge part in people’s heterosexist attitudes, and the relationship between sexism and heterosexism remains under-researched. Likewise, and related to this area, whether these results are extensible to bisexuals and transgendered individuals should be pursued.

Bisexuals and transgendered persons may suffer prejudice unlike that experienced by other sexual minorities, and the shadings of this prejudice should be fully drawn out. Also, more attention should be given to the relationships of political affiliation, race, and religion. These variables had less influence than expected, but the reasons for this finding are not wholly clear.

This study also suggests areas for further research on how prejudice develops over time—or is undone by experience. If people can change their minds, the process of how that occurs should be more fully studied. To mitigate prejudice, this process needs to start earlier – at the elementary level rather than the collegiate level. It would be fascinating to find out the attitudes of children who are in elementary and middle school on a scale written for them, pinpointing when prejudice begins to develop—and even more fascinating to find schools and parents who would allow us to do such a study.

Finally, it is important to study the profession of social work education itself to evaluate the extent to which heterosexism is present in policies that govern issues such as hiring, promotion, and tenure. As the study has indicated, contact reduces prejudice, with the levels of heterosexism significantly reduced in the gay instructor's classes. Moreover, attitudes regarding social policy issues that affect the daily lives of GLBT people and promote social justice shifted toward the positive end in the gay instructor's classes. With this knowledge, it will be important to determine the makeup of Social Work faculty in regards to sexual orientation. An assessment of numbers and percentages of openly gay and lesbian faculty in Social Work Schools should be conducted to see the current status of representation.

If, as this study indicates, contact reduces prejudice, then faculty members belonging to sexual minority groups need be confident that they can be open about this status without worrying whether it will affect their professional lives. In order to promote this goal, research is needed to determine whether the field of Social Work education hires, promotes, and includes out gay faculty—as well as the nature of any of these practices. For example, if gay faculty are out, is it in spite of hiring and promotion policies? Do these policies reflect a “don’t ask, don’t tell” policy? By studying the landscape of hiring and promotion policies with respect to sexual minorities, it may be possible to determine the status quo and, if necessary, develop strategies to change it.

Summary

The findings from this study provide evidence that contact with a gay college instructor can reduce levels of heterosexism in community college students. Support was found for most of the hypotheses, and the findings provide valuable insight into the nature of heterosexism and how it might be addressed and eradicated. But further studies are needed beyond community college students to both younger and older individuals to clarify our understanding of prejudice and the impact of contact on reducing it.

APPENDIX A

STUDENT SURVEY

Survey# (HC1 + last 4 digits of Soc. Sec. #)

Attitudes Toward Homosexuality

A Confidential Questionnaire

David Kilmnick, M.S.W.
34 Park Avenue
Bay Shore, NY 11706

Doctor of Social Welfare Program
Graduate Center at the City University of New York

This Questionnaire is designed to find out people's attitudes toward homosexuality. It is part of my doctoral research project at the Graduate Center at the City University of New York. It takes about 15 minutes to fill out and is ANONYMOUS and CONFIDENTIAL: No one other than me will know how you answer. Thank you for your help.

WHAT IS YOUR BACKGROUND?

So that your opinions and experiences may be compared with those of other people, please answer the following questions about your background.

- 1. What is your gender?**
 - 1) Male
 - 2) Female

- 2. How old are you?**

- 3. Which of the following best describes your race/ethnicity?**
 - 1) Black/African/American
 - 2) Asian/Pacific Islander/Filipino
 - 3) Latino/Hispanic/Chicano
 - 4) White/Caucasian
 - 5) American Indian/Native American
 - 6) Mixed or other (Please specify) _____

- 4. Were you born and raised in the United States?**
 - 1) No
 - 2) Yes

- 5. If you were not born here, at what age, did you immigrate to the U.S.?**

I was age _____.

- 6. What is your marital status?**
 - 1) Single
 - 2) I have a boyfriend or girlfriend, but we do not live together
 - 3) Living with partner but not legally married
 - 4) Married, living with spouse
 - 5) Married but separated
 - 6) Other (please explain) _____

7. ***Which of the following best describes the place you lived when you were 16?***
- 1) Large City
 - 2) Suburb of a City
 - 3) Small Town
 - 4) Rural Area
8. **What is the highest level of formal education completed by your father?**
- 1) Some grade school or junior high school
 - 2) Some high school
 - 3) High school graduate or GED
 - 4) Some trade school
 - 5) Trade school graduate
 - 6) Some college
 - 7) College graduate
 - 8) Post-graduate degree
9. ***What is the highest level of formal education completed by your mother?***
- 1) Some grade school or junior high school
 - 2) Some high school
 - 3) High school graduate or GED
 - 4) Some trade school
 - 5) Trade school graduate
 - 6) Some college
 - 7) College graduate
 - 8) Post-graduate degree
10. ***What religious denomination were you raised in (if any)?***
- 1) Catholic
 - 2) Jewish
 - 3) Lutheran
 - 4) Roman Catholic
 - 5) Protestant
 - 6) Christian
 - 7) None
 - 8) Baptist
 - 9) Mixed or Other (please explain) _____
 - 10) Jehovah's Witness
 - 11) Episcopalian
 - 12) Mormon
 - 13) Islamic
11. ***Which of the following best describes your current religion?***

- 1) I belong to an organized religion. It is _____
- 2) I believe in God, but do not belong to an organized religion.
- 3) I believe in the spiritual, but not religion or God.
- 4) I am an agnostic.
- 5) I am an atheist
- 6) Other (please explain) _____

12. How often did you attend religious services in the past year?

- 1) Never
- 2) Once or twice
- 3) Several times
- 4) Once or twice a week
- 5) About once a week
- 6) More than once a week

13. How important is religion in your life?

- 1) Very important
- 2) Fairly Important
- 3) Not too important
- 4) Not at all important

14. Which of the following best describes your sexual orientation?

- 1) Heterosexual
- 2) Bisexual
- 3) Gay or Lesbian

15. How would you describe yourself politically?

- 1) Democrat
- 2) Republican
- 3) Other

16. What is your household income per year?

- 1) less than \$10,000
- 2) \$10,000 to \$19,999
- 3) \$20,000 to \$39,999
- 4) \$40,000 to \$49,999
- 5) \$50,000 or more

YOUR OPINIONS:

For each item, circle the number at right that best describes your personal opinion, from "1" (STRONGLY DISAGREE) to "4" (STRONGLY AGREE).

WHAT DO YOU THINK ABOUT MALE HOMOSEXUALITY?

	Strongly Disagree	Somewhat Disagree	Somewhat Disagree	Strongly Disagree
1. Homosexuality behavior between two men is just plain wrong.	1	2	3	4
2. Male homosexuality is merely a different kind of lifestyle that should not be condemned	1	2	3	4
3. I think male homosexuals are disgusting.	1	2	3	4
4. Male homosexuality is a perversion.	1	2	3	4
5. Homosexuality is a natural expression of sexuality in men.	1	2	3	4

WHAT DO YOU THINK ABOUT LESBIANISM?

	Strongly Disagree	Somewhat Disagree	Somewhat Disagree	Strongly Disagree
1. Homosexuality behavior between two women is just plain wrong.	1	2	3	4
2. Female homosexuality is merely a different kind of lifestyle that should not be condemned	1	2	3	4
3. I think lesbians are disgusting.	1	2	3	4
4. Female homosexuality is a perversion.	1	2	3	4
5. Homosexuality is a natural expression of sexuality in women.	1	2	3	4

WHY DO YOU HOLD YOUR OPINIONS ABOUT HOMOSEXUALITY?

**How much are your opinions about homosexuality based on the following reasons?
For each item, please circle a number from "1" (NOT AT ALL TRUE OF ME) to
"4" (VERY TRUE OF ME).**

I hold my opinions about homosexual men and women because:

	Not At All True of Me	Slightly True of Me	Fairly True of Me	Very True of Me
1. Because of a friend or family member who is gay or lesbian.	1	2	3	4
2. Because of my personal contacts with specific gay persons.	1	2	3	4
3. Because of knowing people who have gay family members or friends.	1	2	3	4
4. Because of how my friends or family feel about gay men and lesbians.	1	2	3	4
5. Because of how people I respect feel about gay men and lesbians.	1	2	3	4
6. Because I don't want to think about homosexuality or gay people.	1	2	3	4
7. Because of my personal feelings or discomfort or revulsion with homosexuality.	1	2	3	4
8. Because of my beliefs about civil liberties.	1	2	3	4
9. Because of my religious or moral beliefs.	1	2	3	4

***WHAT DO PEOPLE IMPORTANT TO YOU THINK ABOUT
HOMOSEXUALITY?***

As far as you know, what do your closest friends think about homosexuality?

	Not At All True	Slightly True	Fairly True	Very True
1. My closest friends think that homosexuality is just plain wrong.	1	2	3	4
2. My closest friends think homosexuality is disgusting.	1	2	3	4
3. My closest friends think that homosexuality is a natural sexuality.	1	2	3	4

As far as you know, what do your parents think about homosexuality?

	Not At All True	Slightly True	Fairly True	Very True
1. My parents think that homosexuality is just plain wrong.	1	2	3	4
2. My parents think homosexuality is disgusting.	1	2	3	4
3. My parents think that homosexuality is a natural sexuality.	1	2	3	4

Circle the bolded words that are closest to your opinion.

- 1) Do you **favor** or **oppose** permitting homosexuals in the military?

- 2) What if they openly announce their sexual orientation? In that case would you **favor** or **oppose** permitting homosexuals to serve in the military?
- 3) What if they keep their sexual orientation to themselves? In that case would you **favor** or **oppose** permitting homosexuals to serve in the military?
- 4) Do you think it is **necessary**, or **not necessary**, to pass laws to make sure that homosexuals have equal rights?
- 5) Suppose you had a child of elementary school age. Would you **object** to having a homosexual as your child's elementary school teacher, or **wouldn't that bother you** much?
- 6) Would you **permit** or **not permit** your child to watch a prime time television situation comedy show with homosexual characters in it?
- 7) Would you **permit** or **not permit** your child to go play at the home of a friend who lives with a homosexual parent?
- 8) Would you **permit** or **not permit** your child to read a book that contains a story about a homosexual couple?
- 9) Suppose you had a college-age son or daughter who just revealed that they were homosexual. Would you be **very upset**, **somewhat upset**, **not too upset**, or **not upset at all**?
- 10) Do you think homosexual relations between consenting adults **should** or **should not** be legal?
- 11) Do you think being homosexual is something people **choose to be**, or do you think it is **something they cannot change**?
- 12) Gay people are just like heterosexuals except for the fact that they have sexual relationships with people of the same gender. **I Agree/ I Disagree**
- 13) Gays are getting more rights than they deserve. **I Agree/ I Disagree**
- 14) When gay people ask to be given the right to get married or join in the military, I feel like they are trying to be just like heterosexuals when they are really quite different. **I Agree/ I Disagree**
- 15) Gay people are a very privileged group. They don't deserve any special rights. **I Agree/ I Disagree**
- 16) If gays are given the right to marry, the traditional family will be destroyed. **I Agree/ I Disagree**
- 17) If gays are allowed to join the military, the moral of the troops will suffer. **I Agree/ I Disagree**

Please answer the following yes/no and open-ended questions.

- 1) Do you know any gay or lesbian individuals? **Yes / No**
- 2) How many? _____
- 3) Do you have any gay or lesbian friends? **Yes / No**
- 4) How many? _____
- 5) Do you have any gay or lesbian family members?
- 6) How are they related to you?

REFERENCES

- Acock, A.C. and Demo. D.H. (1994). *Family Diversity and Well-Being*. Thousand Oaks: SAGE Publications.
- Aguero, J. E., Bloch, L. & Byrne, D. (1984). The relationship among sexual beliefs, attitudes, experience and homophobia. In John P. DeCecco (Ed.) *Homophobia in American Society: Bashers, Baiters and Bigots*. New York: Harrington Park Press.
- Allen, L.B.; Glicklen, A.D., Beach, R.K., & Naylor, K.E. (1998). Adolescent health care experience of gay, lesbian, and bisexual young adults. *Journal of Adolescent Health, 23* (4), 212-20.
- Allport, G.W. (1954). *The nature of prejudice*. Reading, MA: Addison-Wesley.
- American Psychiatric Association (1987). *Diagnostic Criteria from DSM-III-R*. Cambridge: Press Syndicate of the University of Cambridge.
- Anhalt, K., & Morris, T.L. (1998). Developmental and adjustment issues of gay, lesbian, and bisexual adolescents: a review of the empirical literature. *Clinical Child and Family Psychology Review, 1* (4), 215-30.
- Apperson, L.B. & McAdoo, W.G. (1968). Parental factors in the childhood of homosexuals. *Journal of Abnormal Psychology, 73*.
- Armesto, J.C., & Weisman, A.G. (2001). Attributions and emotional reactions to the identity disclosure ("coming out") of a homosexual child. *Family Process 40*(2):145-61.

- Aston, J.R. (2001). Deconstructing heterosexism and homophobia in schools: Case study of a hate crime by an adolescent offender (Jon Buice, Paul Broussard). Texas A&M University.
- Axelrod, R. (1986). An evolutionary approach to norms. *American Political Science Review*, 80(4), 1095-1111.
- Balsam, K. F., Rothblum, E. D., Beauchaine, T. P. (2005). Victimization over the life span: a comparison of lesbian, gay, bisexual, and heterosexual siblings. *Journal of Consulting and Clinical Psychology*, 73(3): 477-487.
- Bamforth, N. (1997). *Sexuality, Morals & Justice*. London: Cassell.
- Bartlett, A., King, M., & Phillips, P. (2001). Straight talking: an investigation of the attitudes and practice of psychoanalysts and psychotherapists in relation to gays and lesbians. *British Journal of Psychiatry*, 179, 545-9.
- Bauer, G.R., & Welles, S.L. (2001). Beyond assumptions of negligible risk: sexually transmitted diseases and women who have sex with women. *American Journal of Public Health*, 91(8), 1282-6.
- Bedard, M. (1992). *Breaking with Tradition: Diversity, Conflict, and Change in Contemporary American Families*. Dix Hills: General Hall.
- Berkman, C.S. & Zinberg, G.(1997) Homophobia and heterosexism in social workers. *Social Work* 42(4):319-32.
- Berscheid, E. and Peplau, L.A. (1983). The Emerging Science of Relationships. In H.H. Kelley, E. Berscheid, A. Christensen, J.H. Harvey, T.L. Huston, G. Levinger, E.

- McClintock, L.A. Peplau and D.R. Peterson (Eds.), *Close Relationships*. New York: W.H. Freeman and Company.
- Bieber, I. (1962). *Homosexuality*. New York: Basic Books.
- Blake, S.M., Ledsky, R., Lehman, T., Goodenow, C., Sawyer, R., & Hack, T. (2001). Preventing sexual risk behaviors among gay, lesbian, and bisexual adolescents: the benefits of gay-sensitive HIV instruction in schools. *American Journal of Public Health, 91* (6), 940-6.
- Blumenfeld, W.J. (1992). *Homophobia: How We All Pay the Price*. Boston: Beacon Press.
- Bowman, R. (1979). Public attitudes toward homosexuality in New Zealand. *International Review of Modern Sociology, 9*, 229-238.
- Brandenberry, L.J. & MacNair, R.R. (1996). The content and function of attitudes toward AIDS. *Journal of College Student Development, 37* (3), 335-346.
- Bresser, P.J. (2002). The impact of a homophobia unit on preservice teachers (Doctoral Dissertation, Walden University, 2002). *Dissertation Abstracts International, 62* (A-12), AAT3036974.
- Brewer, M. B., & Miller, N. (1984). Beyond the contact hypothesis: Theoretical perspectives on segregation (pp. 281-302). In N. Miller & M.B. Brewer (Eds.), *Groups in contact: The psychology of desegregation*. Orlando, FL: Academic Press.
- Brown, L.S. (1995). Lesbian Identities: Concepts and Issues. In A.R. D'Augelli & C.J., Patterson (Eds.), *Lesbian, Gay and Bisexual Identities over the Lifespan: Psychological Perspectives*. New York: Oxford University Press.

- Brown, R.J. (1995). *Prejudice: Its social psychology*. Oxford; Cambridge: Blackwell Publishers Inc.
- Bruce, K.E., Shrum, J.C., Trefethen, C., & Slovik, L.F. (1990). Students' attitudes about AIDS, homosexuality and condoms. *AIDS Education and Prevention*, 2(3), 220-234.
- Butler, J. (1990). *Gender Trouble: Feminism and the Subversion of Identity*. New York: Routledge.
- Buxbaum, E. (1959). Psychosexual development: The oral, anal, and phallic phases. In M. Levitt (Ed.), *Readings in psychoanalytic psychology*. New York: Appleton.
- Byrne, D. (1971). *The Attraction Paradigm*. New York: Academic Press.
- Cain, R. (1996). Heterosexism and self-disclosure in the social work classroom. *Journal of Social Work Education*, 32, (1), 65-76
- California Safe Schools Coalition and 4-H Center for Youth Development, University of California, Davis. (2004) *Consequences of Harassment Based on Actual or Perceived Sexual Orientation and Gender Non-Conformity and Steps for Making Schools Safer*. Davis, California: University of California Davis Press.
- Campbell, D.T., & Stanley, J.C. (1963). *Experiment and quasi-experimental designs for research*. Palo-Alto: Houghton Mifflin Co.
- Chase, A. (2001). "Violent Reaction; What do Teen Killers have in Common?" *In These Times*, July 9.
- Chesir-Teran, D. (2003) Conceptualizing and assessing heterosexism in high schools: a setting-level approach. *Am J Community Psychol*. 31(3-4):267-79.

- Clement, U., & Schonnesson, L.N. (1998) Subjective HIV attribution theories, coping and psychological functioning among homosexual men with HIV. *AIDS Care*, 10(3): 355-63.
- Cook, S.W. (1978). Interpersonal and attitudinal outcomes in cooperating interracial groups. *Journal of Research and Development in Education*, 12, 97-113.
- Cossman, B. (1997). Family inside/out. In M. Luxton (Ed.), *Feminism and Families: Critical Policies and Changing Practices*. Halifax: Fernwood Publishing.
- Cullen, J.M., Wright, L.W. Jr., Alessandri, M. (2002) The personality variable openness to experience as it relates to homophobia. *Journal of Homosexuality*. 42 (4):119-34.
- D' Augelli, A.R. and Garnets, L.D. (1995). Lesbian, Gay and Bisexual Communities. In A.R. D' Augelli & C.J., Patterson (Eds.), *Lesbian, Gay and Bisexual Identities over the Lifespan: Psychological Perspectives*. New York: Oxford University Press.
- Davis, M.H. (1980). A multidimensional approach to individual differences in empathy. *JSAS Catalog of Selected Documents in Psychology*, 10,85.
- Dean, L., Meyer, I.H., Robinson, K., Sell, R.L., Sember, R., Silenzio, V.M.B., Bowen, D. J., Bradford, J., Rothblum, E., Scout, M.A., White, J., Dunn, P., Lawrence, A., Wolfe, D., & Xavier, J., (2000). Lesbian, Gay, Bisexual, and Transgender Health: Findings and Concerns. *Journal of the Gay and Lesbian Medical Association*, 4, 101-151.

- de Lauretis, T. (1991) Queer Theory: Gay and Lesbian Sexualities. *Differences: A Journal of Feminist Cultural Studies* 3, iii-xviii.
- D'Emilio, J. (1993). Capitalism and Gay Identity. in *The Gay and Lesbian Studies Reader*. Routledge: New York City.
- Diamant, A.L., Schuster. M.A., & Lever J. (2000). Receipt of preventive health care services by lesbians. *American Journal of Preventive Medicine*, 19 (3),141-8.
- Dickson N., Paul C., Herbison P. (2003) Same-sex attraction in a birth cohort: prevalence and persistence in early adulthood. *Soc Sci Med* 56(8),1607-15.
- Duberman, M (1997). Ed. *Queer Representations: Reading Lives, Reading Cultures*. New York: NYU Press.
- Duberman, M. (1997). Ed. *A Queer World: The Center for Lesbian and Gay Studies Reader*. New York: NYU Press.
- Duberman, M., Vicinus, M., Chauncey G. (1990). *Hidden from History: Reclaiming the Gay and Lesbian Past*. New York: Plume.
- Dunbar, J., Brown, M., & Amoroso, D. M. (1973). Some correlates of attitudes toward homosexuality. *Journal of Social Psychology*, 89, 271–279.
- East, J. A., & El Rayess, F. (1998) Pediatricians' approach to the health care of lesbian, gay, and bisexual youth. *Journal of Adolescent*;23 (4), 191-3.
- Eichler, M. (1997). *Family Shifts: Families, Policies and Gender Equality*. Toronto: Gage Publishing.
- Evans, R.B. (1959). Childhood parental relationships of homosexual men. *Journal of Consulting and Clinical Psychology*, 33.

- Fajer, M. (1992). Can Two Men Eat Quiche Together? Storytelling, Gender-Role Stereotypes and Legal Protections for Lesbians and Gay Men. *Miami Law Review*, 46.
- Fields, J. (2001). Risky Lessons: Sexuality and inequality in school-based sex education. (Doctoral Dissertation, University of North Carolina at Chapel Hill, 2001). *Dissertation Abstracts International*, 62 (A-11), AAT3031832.
- Fishbein, M. & Azjel, I. (1975). *Belief, attitude, intention and behavior: An introduction to theory and research*. Reading, MA: Addison-Wesley.
- Flammer, L.J. (2001). The nature of prejudice: Dimensions and patterns of racism, sexism, classism, and heterosexism among social groups (Doctoral Dissertation, Temple University, 2001). *Dissertation Abstracts International*, 62 (5-B), AAI3014431.
- Fone, B. (2000). *Homophobia: A History*. New York: Metropolitan Books.
- Foucault, M. (1980). *The History of Sexuality*, Volume 1: *An Introduction*, trans. R. Hurley. New York: Random House.
- Franklin, K. (1998). Unassuming motivations: Contextualizing the narratives of antigay Assailants. In G.M. Herek, (Ed.), *Stigma and Sexual Orientation: Understanding Prejudice against Lesbians, Gay Men, and Bisexuals*. (Vol.4). Thousands Oaks, CA: Sage Publications.
- Frye, M. (1983). *The Politics of Reality: Essays in Feminist Theory*. California: The Crossing Press.
- Fuss, D. (1991). *Insid/Out: Lesbian Theories, Gay Theories*. New York: Routledge.

- Garofalo, R., & Katz, E. (2001). Health care issues of gay and lesbian youth. *Current Opinion in Pediatrics, 13*(4), 298-302.
- Garofalo, R. Wolf, R.C., Kessel, S. Palfrey, J., DuRant, R.H. (1998). The association between health risk behaviors and sexual orientation among a school-based sample of adolescents. *Pediatrics, 101*, 895-902.
- Gentry, C.S. (1986). Social distance regarding male and female homosexuals. *Journal of Social Psychology, 127* (2), 199-208.
- George, V. & Wilding, P. (1985). *Ideology and Social Welfare*. London: Routledge.
- Giddens, A. (1998). *The Third Way – The Renewal of Social Democracy*. Cambridge: Polity Press.
- Glassner, B. & Owen, C. (1976). Variations in attitude toward homosexuality. *Cornell Journal of Social Relations, 11* (2), 161-176.
- Gonser, P.A. (2000). Culturally competent care for members of sexual minorities. *Journal of Cultural Diversity, 7* (3), 72-5.
- Gonsiorek, J. (1989). Mental health issues of gay and lesbian adolescents. *Journal of Adolescent Medicine, 9*:114-122.
- Grack, C., & Richman, C.L. (1996). Reducing homophobia through cooperative contact. *Journal of Psychology and Human Sexuality, 48*(3), 1-8.
- Green, S. (1992). *The Sexual Dead End*. London: Broadview Books.
- Greenwood, G.L., White, E.W., Page-Shafer, K., Bein, E., Osmond, D.H., Paul, J., Stall, R.D. (2001). Correlates of heavy substance use among young gay and bisexual

- men: The San Francisco Young Men's Health Study. *Drug and Alcohol Dependence*, 61(2), 105-12.
- Halperin, D. (1990) *One Hundred Years of Homosexuality and Other Essays on Greek Love*. New York: Routledge.
- Hamilton, D. L., and Sherman, J. W. (1994). Stereotypes, in T. K. Srull and R. S. Wyer, Jr. (Eds.), *Handbook of Social Cognition*. Vol 2, 1-68. Hillsdale, N J: Erlbaum.
- Hansen, G.L. (1982). Measuring prejudice against homosexuality (heterosexism) among college students: A new scale. *Journal of Social Psychology*, 117, 233-236.
- Harbeck, Karen M, ed. (1992). *Coming Out of the Classroom Closet: Gay and Lesbian Students, Teachers and Curricula*. Haworth Press.
- Harbeck, Karen M. (1997). *Gay and Lesbian Educators: Personal Freedoms, Public Constraints*. Malden, MA: Amethyst.
- Harrison, A.E. (1996). Primary care of lesbian and gay patients: educating ourselves and our students. *Family Medicine*, 28 (1), 10-23.
- Hart, T.A., & Heimberg, R.G. (2001). Presenting problems among treatment-seeking gay, lesbian, and bisexual youth. *Journal of Clinical Psychology*, 57(5), 615-27.
- Hartman A, & Laird J. (1998) Moral and ethical issues in working with lesbians and gay men. *Families in Society: The Journal* 79 (3), 263-227.
- Hayes, S.N., & Oziel, L.J. (1976). Homosexuality, Behavior, and Attitudes. *Archives of Sexual Behavior*, 5, 283-289.
- Hays, R.B., Kegeles, S.M., & Coates, T.J. (1990). High HIV risk-taking among young gay men. *AIDS*, 4, 901-907.

- Hays, R.B., Kegeles, S.M., & Coates, T.J. (1997) Unprotected sex and HIV risk taking among young gay men within boyfriend relationships. *AIDS Education and Prevention: Official Publication of the International Society for AIDS Education*, 9(4), 314-29.
- Hegarty, P. & Pratto, F. (2001). Sexual orientation beliefs: Their relationship to anti-gay attitudes and biological determinist arguments. *Journal of Homosexuality*, 41(1), 121-35.
- Heider, F. (1958). *The Psychology of Interpersonal Relations*. New York: Wiley.
- Herek, G.M. & Berrill, K.T. (Eds). (1992). *Hate crimes: Confronting violence against lesbians and gay men*. Newbury Park: Sage Publications.
- Herek, G.M. & Capitanio, J.P. (1996). "Some of my best friends": Intergroup contact, concealable stigma and heterosexuals' attitudes toward gay men and lesbians. *Personality and Social Psychology Bulletin*, 22 (4), 412-424.
- Herek, G.M. (1984). Beyond homophobia: A social psychological perspective on attitudes toward lesbians and gay men. *Journal of Homosexuality*, 10. 2-17.
- Herek, G.M. (1987). Can functions be measured? A new perspective on the functional approach to attitudes. *Social Psychological Quarterly*, 50, 285-303.
- Herek, G.M. (1988). Heterosexuals' attitudes toward lesbians and gay men. Correlates and gender differences. *The Journal of Sex Research*, 25, 451-477.
- Herek, G. M. (1990). The context of anti-gay violence: Notes on cultural and psychological heterosexism. *Journal of Interpersonal Violence*, 5, 316-333.

- Herek, G.M. (1991). Stigma, prejudice, and violence against lesbians and gay men. In J.C. Gonsiorek and J.D. Weinrich (Eds), *Homosexuality: Research implications for public policy*. Newbury Park, CA: Sage Publications. p. 60-80.
- Herek, G.M. (1994). Assessing heterosexual's attitudes towards lesbians and gay men: A review of empirical research with the ATLG scale. In B. Greene & G. Herek (Eds.), *Contemporary Perspectives in Lesbian and Gay Psychology* (Vol. 1, 206-228). Thousand Oaks, CA: Sage Publications.
- Herek, G.M. (2002). Heterosexuals' attitudes toward bisexual men and women in the United States. *Journal of Sex Research*, 39, (4), p. 264-74.
- Hooker, (1956).The adjustment of the male overt homosexual. *Journal of Projective Techniques*, 21, p. 18-31.
- Hunter, J. (1998): The high price of homophobia: HIV prevention education. In: R.A. Smith (Ed.), *Encyclopedia of AIDS: A Social, Political, Cultural, and Scientific Record of the Epidemic*. Chicago and London: Fitzroy-Dearborn, Inc., pp. 20.
- Huston, M. and Schwartz, P. (1995). The Relationships of Lesbians and Gay Men. In S. Duck and J. Wood and S. Duck (Eds.), *Understanding Relationship Processes: Vol. 6. Under-studied Relationships: Off the Beaten Track*. Thousand Oaks: SAGE Publications.
- Ibrahim, A. (1976). The home situation and the homosexual. *Journal of Sex Research*,12.
- Irwin, P. and Thompson, N. L. 1977. "Acceptance of the Rights of Homosexuals: A Social Profile." *Journal of Homosexuality* 3(2) Winter: 197-121.

- Jagose, A. (1996). *Queer Theory: An Introduction*. New York: New York University Press.
- Johnson, L.M., Mullick, R., & Mulford, C.L. (2002). General versus specific victim blaming. *Journal of Social Psychology, 142* (2), 249-63.
- Johnson, M.E., Brems, C. & Alfred-Keating, P. (1997). Personality correlates of homophobia. *Journal of Homosexuality, 34*(1), 57-69.
- Kahn, M.J. (1991). Factors affecting the coming out process for lesbians. *Journal of Homosexuality, 21* (3), 47-70.
- Katz, D. (1960). The functional approach to the study of public attitudes. *Public Opinion Quarterly, 24*.
- Katz, D. (1968). Consistency for what? The functional approach. In R.P. Ableson (ed.), *Theories of Cognitive Consistency: A Sourcebook*. Chicago: Rand-McNally.
- Kimmel, D.C. and Sang, B.E. (1995). Lesbian and gay men in midlife. In A.R. D'Augelli & C.J., Patterson (Eds.), *Lesbian, Gay and Bisexual Identities over the Lifespan: Psychological Perspectives*. New York: Oxford University Press.
- Kirkpatrick, C. (1936). The construction of a belief pattern scale for measuring attitudes toward feminism. *Journal of Social Psychology, 7*, 421-437.
- Kreiss, J.L., & Patterson, D.L. (1997). Psychosocial issues in primary care of lesbian, gay, bisexual, and transgender youth. *Journal of Pediatric Health Care, 11*(6), 266-74.
- Lambda Legal Defense Fund (2001). Available at <http://www.lambdalegal.org>

- Lance, L.M. (1987). The effects of interaction with gay persons on attitudes toward homosexuality. *Human Relations*, 40(6), 329-336.
- Landen, M., & Innala, S. (2002). The effect of a biological explanation on attitudes towards homosexual persons. A Swedish national sample study. *Nord J Psychiatry*, 56 (3), 181-6.
- Larsen, K.S., Reed, M., & Hoffman, S. (1980). Attitudes of heterosexuals toward homosexuality: A Likert-type scale and construct validity. *The Journal of Sex Research*, 16, 245-257.
- Lemp, G.F., Hirozawa, A.M., Givertz, D., Nieri, G.N., Anderson, L., Lindegren, M.L., Janssen, R.S., Katz, M. (1994) Seroprevalence of HIV and risk behaviors among young homosexual and bisexual men. The San Francisco/ Berkeley Young Men's Survey. *Journal of the American Medical Association*, 27, p 449-454.
- LeVay, S. (1996). *Queer Science: The Use and Abuse of Research into Homosexuality*. Cambridge, MA: The MIT Press.
- Levitt, E., & Klassen, A.D. (1974). Public attitudes toward homosexuality: Part of the 1970 national survey by the Institute for Sex Research. *Journal of Homosexuality* 1(1): 29-43.
- Lewis, F. M. and Daltroy, L. H. (1990). "How Causal Explanations Influence Health Behavior: Attribution Theory." In Glanz, K., Lewis, F.M. and Rimer, B.K. (eds.) *Health Education and Health Behavior: Theory, Research, and Practice*. San Francisco, CA: Jossey-Bass.

- Lima, G., Lo Presto, C.T., Sherman, M.F., Sobelman, S.A. (1993). The relationship between homophobia and self-esteem in gay males with AIDS. *Journal of Homosexuality* 25(4):69-76.
- Lock, J., & Steiner, H. J. (1999). Gay, lesbian, and bisexual youth risks for emotional, physical, and social problems: results from a community-based survey. *Journal of the American Academy of Child and Adolescent Psychiatry*, 38(3), 297-304.
- Luxton, M. (1997). Feminism and Families: The Challenge of Neo-Conservatism. In M. Luxton (Ed.), *Feminism and Families: Critical Policies and Changing Practices*. Halifax: Fernwood Publishing.
- MacDonald, A.P. (1974). Identification and measurement of multidimensional attitudes toward equality between the sexes. *Journal of Homosexuality*, 1 (2), 165-182.
- MacDonald, A.P., & Games, R. (1974). Some characteristics of those who hold positive and negative attitudes toward homosexuals. *Journal of Homosexuality*, 1, 9-27.
- MacDonald, A.P., Huggins, J., Young, S., & Swanson, R.A. (1972). Attitudes toward homosexuality: Preservation of sex morality or the double standard? *Journal of Consulting and Clinical Psychology*, 40, 161.
- Mallon, G.P. (1998). *We don't exactly get the welcome wagon: The experience of gay and lesbian adolescents in child welfare system*. New York: Columbia University Press.
- Mallon, G.P. (2001). Sticks and stones can break your bones: Verbal harassment and physical violence in the lives of gay and lesbian youths in child welfare settings. *Journal of Gay and Lesbian Social Services*, 13(1/2), 63-81.

- Martin, A.D. (1982). The socialization of the gay adolescent. In S.C. Feinstein, J.G. Looney, A. Schwartzberg, J. Sorosky, (Eds), *Adolescent psychiatry: Developmental and clinical studies*. Vol X. Chicago: U of Chicago Press, p. 52-65.
- Mathieson, C.M. (1998). Lesbian and bisexual health care. *Canadian Family Physician*, 44, 1634-40.
- Matza, D. (1969). *Becoming Deviant*, New Jersey: Prentice-Hall.
- McClintock, C. (1958). Personality syndromes and attitude change. *Journal of Personality*, 26.
- McGarty, C., Haslam, S. A., Hutchinson, K. J. & Turner (1994). The effects of salient group memberships on persuasion. *Small Group Research*, 25, 267-293.
- Mead. G.H. (1934). *Mind, Self, and Society*. Chicago: University of Chicago Press.
- Mehrabian, A. & Epstein, N. (1972). A measure of emotional empathy. *Journal of Personality*. 40 (4), 225-243.
- Miller, N. (1995). *Out of the past: Gay and lesbian history from 1869 to the present*. New York: Vintage Books.
- Miller, S., Hunter, J., Haymes, R., Hughes, B., Kilmnick, D., Scarella, J., Schreiberman, J., & Baer, J. (1997) *Working It Out*. HIV Center for Clinical and Behavioral Studies. New York: author.
- Millham, J., San Miguel, C.L., & Kellogg, R. (1976). A factor-analytic conceptualization of attitudes toward male and female homosexuals. *Journal of Homosexuality*, 2(1), 3-10.

- Mills, T.C., Stall, R., Pollack, L., Paul, J.P., Binson, D., Canchola, J., & Catania, J.A. (2001). Health-related characteristics of men who have sex with men: a comparison of those living in "gay ghettos" with those living elsewhere. *American Journal of Public Health, 91* (6), 980-31.
- Modrcin, M.J. & Wyers, N.L. (1990). Lesbian and gay couples: Where they turn when help is needed. *Journal of gay and lesbian psychotherapy, 1*(3), 89-104.
- Morrissey, M. (1996). Attitudes of practitioners to lesbian, gay and bisexual clients. *British Journal of Nursing, 5* (16), 980-2.
- Moses, A and Hawkins, R. (1982). *Counseling Lesbian Women and Gay Men: A Life-Issues Approach*, St.Louis: C.V. Mosby.
- National Opinion Research Center, The (NORC) (1996). *The General Social Survey*. Chicago: The University of Chicago.
- Nelson, C. (1999). Sexual Identities in ESL: Queer Theory and Classroom Inquiry. *TESOL Quarterly, 33*.
- Nerdahl, P., Berglund, D., Bearinger, L.H., Saewyc, E., Ireland, M., & Evans, T. J. (1999). New challenges, new answers: pediatric nurse practitioners and the care of adolescents. *Pediatric Health Care, 13*(4), 183-90.
- New York State Department of Health (2001-02). *AIDS in New York State*. Albany, NY: author. Available:
http://www.health.state.ny.us/nysdoh/hiv aids/aidsny_01/aidsny01.htm.
- Norton, R (2002). "Social Constructionism." *A Critique of Social Constructionism and Postmodern Queer Theory*. Available:
<http://www.infopt.demon.co.uk/social02.htm>

- Nyberg, K. L. and Alston, J. P. 1977. "Analysis of Public Attitudes Toward Homosexual Behavior." *Journal of Homosexuality* 2(2), Winter: 99-107.
- O'Connors, P.J. (1964). Etiological factors in homosexuality as seen in Royal Air Force psychiatric practice. *British Journal of Psychiatry*, 110.
- Oldham, J.D., & Kasser, T. (1999). Attitude change in response to information that male homosexuality has a biological basis. *Journal of Sex and Marital Therapy*, 25 (2), 121-4.
- Orenstein, A. (2001). Substance use among gay and lesbian adolescents. *Journal of Homosexuality*, 41(2), 1-15.
- Pagtolun-An, I.G., & Clair, J.M. (1986). An experimental study of attitudes toward homosexuals. *Deviant Behavior*, 7, 121-135.
- Paroski, P.A., Jr., (1987). Health care delivery and the concerns of gay and lesbian adolescents. *Journal of Adolescent Health Care*, 8(2), 188-92.
- Parrillo, V., Stimson, J., and Stimson, A. (1999). *Contemporary Social Problems*. Boston: Allyn and Bacon.
- Perrin, E.C., & Sack, S.(1998). Health and development of gay and lesbian youths: implications for HIV/AIDS. *AIDS Patient Care and STDS*, 12, (4), 303-13.
- Pharr, S (1997). *Homophobia: A Weapon of Sexism*, Little Rock: Chardon Press.
- Philadelphia Lesbian and Gay Task Force. (1992). *Discrimination and Violence toward Lesbian Women and Gay Men in the Philadelphia and the Commonwealth of Pennsylvania*. Philadelphia: Author.

- Platzer, H., & James, T.J. (1997). Methodological issues conducting sensitive research on lesbian and gay men's experience of nursing care. *Journal of Advanced Nursing*, 25(3), 626-33.
- Pleck, J.H., Sonenstein, F.L., & Ku, L.C. (1993). Masculinity ideology: Its impact on adolescent males' heterosexual relationships. *Journal of Social Issues*. 49 (3) 11-29.
- Popenoe, D. (1993). American Family Decline, 1960-1990: A Review and Appraisal. *Journal of Marriage and the Family*, 55 (3).
- Pratarelli, M.E., & Donaldson, J.S. (1997). Immediate effects on written material on attitudes toward homosexuality. *Psychological Report* 81, (3 pt. 2), 1411-5.
- Rey, A. & Gibson, P. (1997). Beyond high school heterosexuals' self-reported anti-gay/lesbian behaviors and attitudes. In: Harris M (ed.). *School experiences of gay and lesbian youth: the invisible minority*. New York: The Harrington Park Press.
- Remafeldi, G. (1987). Male Homosexuality: The Adolescent's Perspective. *Pediatrics*, 79, 326-330.
- Rew L, Whittaker T.A., Taylor-Seehafer M.A., Smith, L.R. (2005). Sexual health risks and protective resources in gay, lesbian, bisexual, and heterosexual homeless youth. *Journal for Specialists in Pediatric Nursing* 10:11-19.
- Rew L, Whittaker T.A., Taylor-Seehafer M.A., Thomas N.Y., Yockey, R.D. (2001). Correlates of resilience in homeless adolescents. *Journal of Nursing Scholarship* 33, (1), 33-40.
- Rich, A. (1980). Compulsory Heterosexuality and Lesbian Existence. *Journal of Women in Culture and Society*, 5 (4).

- Ritzer, G. (2000). *Modern Sociological Theory*. New York: McGraw-Hill.
- Robb, N. (1996). Medical schools seek to overcome "invisibility" of gay patients, gay issues in curriculum. *Canadian Medical Association Journal*, 155(6), 765-70.
- Rokeach, M. (1960). *The open and closed mind*. New York: Basic Books.
- Rosario, M, Rotheram-Borus, M.J, Reid, H (1996). "Gay-related stress and its correlates among gay and bisexual male adolescents of predominantly Black and Hispanic background." *Journal of Community Psychology*, 24: 136-159.
- Rosario, M., Hunter, J., & Gwadz, M. (1997). Exploration of substance use among lesbian, gay and bisexual youth: Prevalence and correlates. *Journal of Adolescent Research*, 12, 454-476.
- Rosario, M., Hunter, J., Maguen, S., Gwadz, M., Smith, R. (2001) The coming-out process and its adaptational and health-related associations among gay, lesbian, and bisexual youths: stipulation and exploration of a model. *American Journal of Community Psychology*, 29(1), 133-60.
- Rosch, E. 1978. Principles of Categorization, in E. Rosch and B. B. Lloyd (Eds.), *Cognition and Categorization*, Hillsdale, NJ: Erlbaum, p. 27--48.
- Ross, M.W. (1975). Relationship between Sex Role and Sex Orientation in Homosexual Men. *New Zealand Psychology*, 4, 25-29.
- Rotheram-Borus, M.J., Meyer-Bahlburg, H.F., Rosario, M., Koopman, C., Haignere, C.S., Exner, T.M., Matthieu, M., Henderson, & R., Gruen, R.S. (1992, Fall). Lifetime sexual behaviors among predominantly minority male runaways and gay/bisexual adolescents in New York City. *AIDS Education and Prevention* :

Official Publication of the International Society for AIDS

Education,(Supplement), 34-42.

Sanford, N.D. (1989). Providing sensitive health care to gay and lesbian youth. *The Nurse Practitioner*, 14(5), 30-2, 35-6, 39 passim.

Scheff, T. (1964). The Societal Reaction to Deviance. *Social Problems*, 11.

Schneider & Lewis, (1984). The Straight Story on Homosexuality and Gay Rights. *Public Opinion* 16, 31, 38.

Schofield, M. (1965). *Sociological Aspects of Homosexuality*. Boston: Little Brown.

Schwartz, M.A. and Scott, B.M. (2000). *Marriages and Families: Diversity and Change*. New Jersey: Prentice Hall.

Schwartz, W. (1994). *Improving the School Experience for Gay, Lesbian, and Bisexual Students*. ERIC Digest No. 101.

Sedgwick, E. (1992). *The Epistemology of the Closet*, Berkley: University of California Press.

Seidman, S. (1996). *Introduction in Queer Theory/Sociology*. Oxford: Blackwell.

Seidman, S., Meeks, C., and Traschen, F. (1999). Beyond the Closet? The Changing Social Meaning of Homosexuality in the United States. *Sexualities* 2(1).

Sell, R.L., & Becker, J.B. (2001). Sexual orientation data collection and progress toward Healthy People 2010. *American Journal of Public Health* ,91(6), 876-82.

Silin, J.G. (1995). *Sex, death and the education of children: Our passion for ignorance in the age of AIDS*. New York: Teachers College Press.

- Simkin, R.J. (1998). Not all your patients are straight. *Canadian Medical Association Journal, 159*, 370-5.
- Simoni, J.M. (1996). Pathways to prejudice: Predicting students' heterosexist attitudes with demographics, self-esteem, and contact with lesbians and gay men. *Journal of College Student Development, 37* (1), 68-78.
- Smith, M. B., J. S. Bruner, and R. W. White (1956). *Opinions and personality*. New York: Wiley.
- Snell, W.E., Belk, S.S., & Hawkins, R.C. (1986). The Stereotypes about Male Sexuality Scale (SAMSS): Components, correlates, antecedents, consequences, and counselor bias. *Social and Behavioral Sciences Documents, 16*(9).
- Sobocinski, M.R. (1990). Ethical principles in the counseling of gay and lesbian adolescents: issues of autonomy, competence, and confidentiality. *Professional Psychology, 21* (4), 240-7.
- Stoletenberg, J. (1990). You Can't Fight Homophobia and Protect the Pornographers at the Same Time – An Analysis of what went wrong with Hardwick. In Leidholt and Raymond (Eds.), *The Sexual Liberals and the Attack on Feminism*. New York: Pergamon Press.
- Stonewall (2000). *Section 28* at <http://www.stonewall.org>
- Strasser, Mark Phillip (1998). *Legally Wed: Same Sex Marriage and the Constitution*. Cornell University Press.
- Streetwork Project Study, 1991.
- Szalacha, L.A. (2001). The sexual diversity climate of Massachusetts' secondary schools and the success of the Safe Schools Program for Gay and Lesbian Students

- (Doctoral Dissertation, Harvard University, 2001). *Dissertation Abstracts International*, 62 (A-4), AAT3012938.
- Tajfel, H. & Turner, J. (1979). An integrative theory of intergroup conflict. In W. Austin and S. Worchel (Eds.), *The social psychology of intergroup relations*. Monterey, CA: Brooks/Cole, p. 33-47.
- Thayer, H.S. (1981). *Meaning and Action: A Critical History of Pragmatism*. Indianapolis: Hackett.
- Thompson, E.H. & Pleck, J.H. (1986). The structure of male role norms. *American Behavioral Scientist*, 29(5), 531-543.
- Turn Left – the Home of Liberalism on the Web* (2001). Available at <http://www.turnleft.com>
- Turner, J. C., Hogg, M. A., Oakes, P. J., Reicher, S. D., & Wetherell, M. S. (1987). *Rediscovering the social group: A self-categorization theory*. Oxford: Blackwell.
- Uribe, V. (1994). Project 10: A school-based outreach to gay and lesbian youth. *High School Journal*, 77(1&2), 108-113.
- Uribe, V., & Harbeck, K. M. (1992). Addressing the needs of gay, lesbian, and bisexual youth. In K. M. Harbeck (Ed.), *Coming out of the classroom closet: Gay and lesbian students, teachers and curricula*. New York: Harrington Park Press.
- Wainberg, M. L. (1999). The Hispanic, gay, lesbian, bisexual and HIV-infected experience in health care. *The Mount Sinai Journal of Medicine*, 66(4), 263-6.
- Waldo, C.R., & Kemp, J.L. (1997). Should I come out to my students? An empirical investigation. *Journal of Homosexuality*, 34(2), 79-94.

- Walpin, L. (1997). Combating heterosexism: implications for nursing. *Clinical Nurse Specialist, 11*, (3), 126-32.
- Watson, J. (2005). Sharpton Pledges Fight Against Homophobia Among Blacks. *New York Sun, August 3*.
- Weatherburn, P., Hickson, F., Reid, D.S., Davies, P.M., Crosier, A. (1998) Sexual HIV risk behavior among men who have sex with both men and women. *AIDS Care, 10* (4), 463-71.
- Weinberg, G. (1972). *Society and the Healthy Homosexual*. New York: St. Martin's Press.
- Weinberger, L. & Milham, J. (1979). Attitudinal homophobia and support of traditional sex roles. *Journal of Homosexuality, 4*(3), 237-253.
- Weiner, B. (1993). Sin versus sickness: A theory of perceived responsibility and social motivation. *American Psychologist, 48*, 957-965.
- Weis, C.B., & Dain, R.N. (1979). Ego development and sex attitudes in heterosexual and homosexual men and women. *Archives of Sexual Behavior, 8* (4), 341-356.
- West, D.J. (1959). Parental figures in the genesis of male homosexuality. *International Journal of Social Psychiatry, 5*, 85-97.
- Whitley, B. E., Jr. (1990). The relationship of heterosexuals' attributions for the causes of homosexuality to attitudes toward lesbians and gay men. *Personality and Social Psychology Bulletin, 16*, 370-378.
- Young, R.M., Weissman, G., Cohen, J. (1992). Assessing risk in the absence of information: HIV risk among injection drug users who have sex with women. *AIDS Public Policy Journal, 7* (3), 175-83.

