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An Historical Review of Empirical Research Regarding Homophobia

Andrew Klopp

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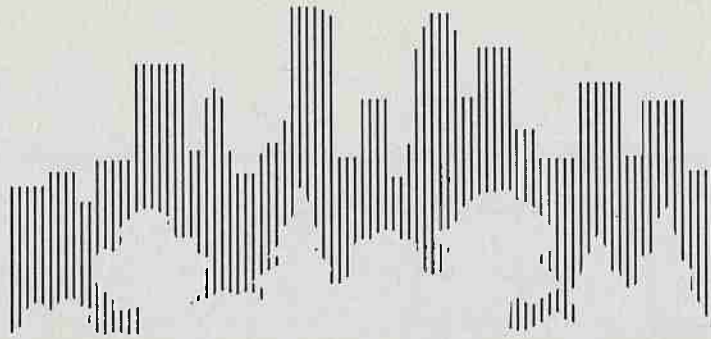
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MASTERS IN SOCIAL WORK THESIS

Andrew Klopp

**An Historical Review of Empirical Research
Regarding Homophobia**

**MSW
Thesis**

Thesis
Klopp

1998

An Historical Review of Empirical Research
Regarding Homophobia

Andrew Klopp

Submitted in partial fulfillment of
the requirements for the degree of
Master of Social Work

AUGSBURG COLLEGE
MINNEAPOLIS, MINNESOTA

1998

MASTER OF SOCIAL WORK
AUGSBURG COLLEGE
MINNEAPOLIS, MINNESOTA

CERTIFICATE OF APPROVAL

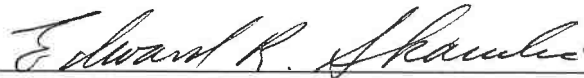
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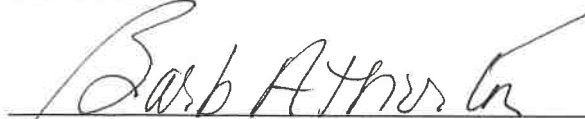
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Edward Skarnulis



Curt Paulsen



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Abstract

An Historical Review of Empirical Research Regarding Homophobia Andrew Klopp

This study sought to explore empirical research which exists regarding homophobia. Only within the last thirty years has there been a serious attempt by researchers to critically examine and discuss homophobia in our society with regard to heterosexuals' attitudes toward gays and lesbians. Three themes emerged from the literature: 1) discussions of how homophobia may be quantifiably measured; 2) how the fear of Acquired Immune Deficiency Syndrome (AIDS) is equated with the fear of homosexuals; and 3) how direct practice with clients is affected by a practitioner's own homophobia. This researcher found varied social, medical and political schools of thought regarding homophobia represented throughout the last three decades. By historically reviewing the work of empirical research, this paper will discuss homophobia and its relevance to social work practice.

Abstract

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Chapter One Introduction to the Study

Definitions

Homophobia is the "...irrational fear of, aversion to, or discrimination against homosexuality or homosexuals" (Merriam-Webster, 1993). Homophobia dates back as early as the fourth century BC (Blumenfeld & Raymond, 1993). Christianity, with its pronouncements against homosexuality, became the official religion in Rome. Subsequently, laws were enacted which severely restricted same-sex eroticism. These laws are important because they were incorporated into the *Corpus juris civilis*, an extensive collection of Roman laws which were later used as the basis for canon and secular law in Europe and America (Blumenfeld & Raymond, 1993). These laws helped perpetuate homophobic attitudes and beliefs. For example, as recently as 1986 the United States Supreme Court upheld a Georgia state anti-sodomy law, in the case of *Bowers v. Hardwick*, using those same religious teachings. The chief justice added to the court's majority opinion by saying that condemnation of those practices is firmly rooted in Judaeo-Christian moral and ethical standards, and holding the act of homosexual sodomy as a fundamental right would be casting aside millennia of moral teaching (Robson, 1997).

Historically there has been a symbiotic relationship between religious and secular teachings on the issue of homosexuality (Blumenfeld & Raymond, 1993). Our society still sees homosexuality as a lifestyle which is less deserving of the same equal rights which heterosexuals receive. Therefore, homophobia is still an acceptable form of discrimination which continues to affect the lives of gay and lesbian people.

“Homophobia focuses primarily on the target of scorn, the homosexual, and the related interpersonal processes that result in stigma” (Appleby, 1995, p.4).

Acquired Immune Deficiency Syndrome (AIDS) is a life threatening illness which impairs the body’s immune system and leaves the victim susceptible to various infections (Compton, 1996). AIDS is transmitted by direct contamination of the bloodstream with body fluids that contain the virus from an infected person. The AIDS virus was first discovered in 1980. In cities such as Los Angeles, New York, and San Francisco homosexual men were dying from rare lung infections and a rare form of cancer called Kaposi’s sarcoma. Because the first cases involved homosexual men in America and Europe, and they subsequently became the largest portion of the population to become infected with the AIDS virus, the disease was initially called Gay Related Immune Deficiency (GRID) (National Museum & Archive of Lesbian and Gay History, 1996). With an increasing number of gay men becoming infected with the AIDS virus, a number of researchers (Bouton, et al. (1989), Young, et al.(1991), Bouton, et al.(1987) began examining if a relationship existed between the fear of AIDS and homophobia.

This study is an attempt to trace the historical development of homophobia. This study will also explore the term “heterosexism” as a complementary definition for the term homophobia. Heterosexism refers to heterosexuals’ belief that theirs is a more fulfilling and worthwhile life than that of the homosexuals’. Heterosexism does not equal homophobia, but rather reflects some heterosexuals’ beliefs that theirs is a more “valued” lifestyle. Examining implications for direct social work practice with gays and lesbians with regard to homophobia and heterosexism will be considered.

Focus of the Study

Homophobia has its origins in the early days of Roman law, therefore a tremendous amount of opinion, debate, and written and oral discourse exists on the topic. However, empirical research regarding homophobia is relatively new. Only within the last thirty years has there been a serious attempt by researchers to critically examine and discuss homophobia in the context of heterosexual attitudes toward gays and lesbians (see, for example, Smith, 1971; Hudson & Ricketts, 1980, Herek & Glunt, 1993, Berkman & Zinberg, 1997). This researcher has chosen to focus on three predominant themes which have emerged in the literature: 1) how homophobia can be quantifiably measured (see, for example, Herek, 1984; Poirer, 1980); 2) how the fear of the AIDS virus equates with fear of homosexuals (see, for example, Seltzer, 1993; Stipp & Kerr, 1989); and, 3) how homophobia can affect direct social work practice with clients (see, for example, Hartman, 1990; Schwanberg, 1996). The literature review contained in this research will not attempt to analyze or compare and contrast the similarities and differences between the studies being reviewed. Instead, it will discuss these three themes mentioned above, as well as discussion about empirical research on gays and lesbians prior to the 1970's. This author will critique and analyze the research regarding homophobia in the discussion chapter of this study.

1) Measuring Homophobia

Homophobic attitudes are sometimes difficult to identify, let alone to quantify. Only recently have there been attempts by researchers to try and measure these discriminatory attitudes in the heterosexual population. A number of researchers have looked at heterosexual biases and homophobia, and how these prejudices contribute to

negative and harmful beliefs toward gays and lesbians (see, for example, Herek, 1984; Herek & Glunt, 1993; Hudson & Ricketts, 1980; Larsen, Reed, & Hoffman, 1980; Poirer, 1988; and Riggle & Ellis, 1994).

2) Fear of AIDS

There have been a number of researchers who have examined homophobia and how the AIDS epidemic has increased prejudice against gays (see, for example, Appleby, 1995; O'Hare, Williams, & Ezpviski, 1996; Krieger, 1988; Magruder, Whitbeck, & Ishii-Kuntz, 1993; Larsen, Serra, & Long, 1990; Riley & Greene, 1993; Rounds, 1988; Seltzer, 1993; Stipp & Kerr, 1989; St. Lawrence, Husfeldt, Kelly, Hood, & Smith, Jr., 1990; and Vandevyer, 1993).

3) Direct Practice

Practitioner bias toward gays and lesbians is also a relatively new topic in empirical research. The social work profession did not start publishing research related to homophobic practitioners until the 1980's (see, for example, Wisnieski & Toomy, 1987). The social work profession has continued to study how homophobia affects direct practice with clients well into the 1990's (see, for example, Berkman and Zinberb, 1997).

Chapter Two Methodology

The methodology employed for this study is that of historical research. In an historical review of research, one must know not only what the facts are, but more importantly, what these facts tell us about the past. “Historical research deals with the meaning of events” (Leedy, 1989, p. 233). A simple re-telling of events is not historical research, rather it is an interpretation of the facts presented from previous research. “The heart of the historical method is, as with any other type of research, not the accumulation of the facts, but the interpretation of the facts” (Leedy, 1989, p. 233).

“...The historical researcher attempts to establish, through the scientific method, a rational explanation for the cause of events and, based upon historical data, a logical interpretation of the effect that such events have upon the lives of individuals and the society in which they live.” (Leedy, p. 233).

It is this rational explanation of events that this researcher is seeking. By gathering, when possible, primary as well as secondary sources of data, this researcher will attempt to find the *meaning* of events. Traditional historical research deals with happenings, events, and personalities. This study is focusing on tracing the origin, development, and influence of ideas and concepts, namely homophobia. This type of historical research is as important as traditional historical research because it is these ideas and concepts which exert an influence on a civilization or nation (Leedy, 1989).

Events can crystallize into meaningful clusters (Leedy, 1989). This researcher has chosen to focus on these *clusters*, which in this study, are the three themes which emerged from the literature: 1) how homophobia can be quantifiably measured; 2) how

the fear of the AIDS virus equates with fear of homosexuals; and, 3) how homophobia can affect direct social work practice with clients. By examining these clusters over the last thirty years this researcher will discuss homophobia as it has been studied empirically.

Chapter Three Literature Review

As noted in the Introduction of this paper, a review of the literature regarding homophobia draws out three significant categories: 1) how to quantifiably measure an individual's level of homophobia; 2) how the fear of AIDS equates with the fear of homosexuals; and, 3) how homophobia can affect direct social work practice with clients. Homophobic attitudes have been an elusive and somewhat problematic concept to quantify.

1) Measuring Homophobia

Measuring an individual's negative attitudinal beliefs regarding homosexuals comprises a large portion of the literature related to homophobia. It is worth noting that prior to 1973 the American Psychological Association (DSM III) "pathologized" homosexuality. Thus, it was studied only as a problem or sickness of the gay individual, not a societal problem. Prior research primarily dealt with the problem of homosexuality rather than those who were fearful of homosexuals. Research dealing with gays and lesbians conducted between 1967 and 1974 was primarily concerned with diagnosis, cause, and cure (Newman, 1989). Studies conducted during the 1970's demonstrated that few psychiatrists, psychologists, or social workers viewed gay men and lesbian women as normal (Newman, 1989). When it was later viewed as a non- pathological life experience research increased. An extension of the research regarding homosexuality was the research on homophobia; what it is, and how it could be measured.

2) Fear of AIDS

There have been a number of researchers who have concluded that the AIDS epidemic has correlated with negative attitudes toward gays (see, for example, Appleby, 1995; O'Hare, Williams, & Ezpviski, 1996; Krieger, 1988). The fear of AIDS equating with the fear of homosexuals has only recently been examined by researchers due to the fact that AIDS was not an epidemic an issue in this country until the 1980's. Research regarding the fear of AIDS and the fear of homosexuals has continued into the 1990's and continues to comprise a large portion of the literature which exists on homophobia.

3) Direct Practice

Homophobia is a topic which social work practitioners must deal with in their practice. Whether it is dealing with clients who are homophobic, dealing with one's own internalized homophobia, or dealing with a gay client who has suffered discrimination, this issue is one which will come to the attention of most social workers at some point (see, for example, Hartman, 1993; Schwanberg, 1996; Wisniewski & Toomey, 1987, Dunkel & Hatfield, 1986; McDonell, 1993; Scherer, Wu, & Haughey, 1991). Whether it is practitioner bias, a practitioner's fear of getting AIDS, or working with gay or lesbian clients, social workers need to be aware of how homophobia can influence their work with clients.

Chapter Four Data Collection

Homophobia: Quantifiable Measures

Over the past thirty years there has been an attempt by researchers to try and measure these attitudinal beliefs or fears in the heterosexual population. A number of researchers (Young & Whertvine, 1982; Smith, 1971; Herek, 1988) have looked at homophobia, and how this fear contributes to negative beliefs toward gays and lesbians. Empirical research conducted since the early 1970's (see, for example, Smith, 1971) regarding how to measure an individual's level of homophobia has dealt with measuring attitudinal beliefs (including fear). A majority of the instruments designed to measure homophobic attitudes were developed and tested in the 1970's and 1980's.

One of the first empirical studies regarding homophobia was conducted by Smith (1971). In this study, the researcher sought to gather information about the individual who is particularly negative or fearful regarding homosexuality (Smith, 1971). Prior empirical research had only focused on studying the homosexual rather than those who are homophobic, and according to Smith (1971) this type of research is insufficient. The author administered a 24 item questionnaire, of which nine items comprised the homophobia (H-scale) (see appendix A). The scale was an attempt to measure negative or fearful responding to homosexuality. Smith's (1971) instrument describes a tentative personality profile of an individual who is homophobic: the person is status conscious, authoritarian, sexually rigid, and may view homosexuals as sick. Smith (1971) states the person's stance on pacifism, censorship, and religious affiliation require additional study. It is interesting to note that no significant differences were found for men or women, thus

their results were combined for analysis. Smith (1971) found that a personality profile of the homophobic individual showed these people as viewing homosexuality as sick. Smith (1971) is viewed by Newman (1989) as one of the first to conduct empirical research looking at the homophobic individual rather than the homosexual.

MacDonald, Jr., Huggins, Young, & Swanson (1973) postulated that research regarding homosexual individuals that tried to substantiate a belief in their “abnormality” resulted from the fact that: 1) attitudes are determined by conservative standards of sex morality, and, 2) attitudes are determined by a need to preserve a double standard; that is, the way in which the homosexual is condemned to reduce sex-role confusion. In their own research, the authors developed and administered the Attitude Toward Homosexuality Scale (ATHS). “Thus, it appears that attitudes toward homosexuals are more highly associated with support for a double standard for the sexes than with permissive or nonpermissive attitudes regarding premarital sexual intimacy” (MacDonald, Jr., et al., 1973, p. 161). There is a connection to the individual who exhibits negative attitudes toward homosexuals, as was noted in Smith (1971).

Homosexuality declassified: Research after homosexuality was no longer pathologized

Further research regarding heterosexual views of gays and lesbians was conducted by Nyberg & Alston (1976). The authors state that an increase (at the time of their study) in the measurement of public attitudes toward homosexual behavior is of particular importance to the gay and lesbian community because their legal and social status are dependent upon public perceptions and attitudes. In an effort to uncover these public perceptions and attitudes, Nyberg & Alston (1976) examined the relationship between

standard demographic and status variables and the public's evaluation of homosexual behavior. Education, as well as religious preference and urban settings have an impact on heterosexuals' attitudes toward gays and lesbians. The researchers found no significant difference between the sexes when it came to prejudice against homosexuals. They state that most white Christians in America do not accept homosexual activity, but that there are other social groups, such as those that are college educated and urban, who are relatively tolerant of and favorable toward homosexual relations (Nyberg & Alston, 1976). The size of these groups are unrelated to either sex or age differences. Thus, the authors see education as an important variable in the attitudes toward homosexuality among heterosexuals. Nyberg & Alston (1976) further state that by 1974 little or no change had occurred in the public's attitudes toward homosexuality despite increasing media exposure and public relations efforts of gay organizations. Thus, the negative attitudes held by individuals regarding homosexuality seemed to remain constant over time. While the findings of Nyberg & Alston (1976) do not identify a rigid adherence to sex roles by heterosexuals, they do help identify other attitudinal beliefs (such as religious preference and level of education) of homophobic individuals.

“To delineate the structure of attitudes toward homosexuals and to provide an instrument for locating an individual along these attitude dimensions”, Millham, San Miguel, & Kellogg (1976, p.4) measured homophobic attitudes. The authors state a “considerable shift and liberalization of attitudes toward homosexuality by the mental health and legal professions” (p. 3) had occurred by the time they conducted their research. This “shift” also occurred at the same time that Nyberg & Alston (1976) state that *individual* attitudes toward homosexuals seemed to be remaining constant. Millham,

et al. (1976) developed the Homosexuality Attitude Scale for both males and females and administered this questionnaire to heterosexual undergraduates at the University of Houston. They sampled a broad spectrum of beliefs and attitudes toward homosexuality and their findings indicated the variance in response to homosexuality could be described by six independent factors: 1) Repressiveness-Dangerous-the belief that homosexuals are dangerous, and the belief that homosexuals should be subject to legal and social restrictions not imposed upon the rest of society; 2) Personal Anxiety-in the presence of homosexuals one displays anxiety, disgust, and avoidance; 3) Preference for Female over Male Homosexuals-female homosexuals are preferable to male homosexuals; 4) Cross-Sexed Mannerisms-the belief that homosexuals manifest certain characteristics of the opposite sex; 5) Moral Reprobation-the belief that homosexuality is a sin and morally wrong; and, 6) Preference for Male over Female Homosexuals-male homosexuals are preferred to female homosexuals (Millham, et al., 1976). Their results indicated that persons express significantly more personal anxiety with respect to same-sexed homosexuals, and there appears to be a pattern of more negative descriptions of same-sexed homosexuals. The greatest degree of variance in responding to male homosexuality was related to differences among subjects in advocating social and legal repression of male homosexuals (Millham, et al., 1976). Nyberg & Alston (1976) argue that it is the legal and social status of homosexuals which are dependent upon public perceptions and attitudes. Hence, Millham, et al.(1976) appear to contradict themselves when they stated that there has been a “shift” and “liberalization” of attitudes toward homosexuality. The findings presented by Nyberg & Alston (1976) and Millham, et al,

(1976), while published the same year, clearly indicate two different modes of thinking regarding homosexuality.

Continuing Research on the “Normal” Homosexual

Further research regarding homosexuality and femininity in men was conducted by Storms (1978). His study sought to uncover attitudes toward homosexuals by testing the hypotheses that homosexual men would be disliked more than heterosexual men, and that due to sex-role violations, effeminate homosexual men would be disliked more than masculine homosexual men. Subjects in the study were administered a questionnaire with a description of a college student with stereotypically feminine or masculine attributes, and were asked to rate how well they liked or disliked the character on a 17 point scale, as well as to indicate their own sexual orientation on a 7-point scale, and finally to rate their own gender attributes on a 17 point scale. The results indicated that attitudes against homosexuality are more evident than attitudes against femininity (Storms, 1978). However, the masculine homosexual man was liked less than the feminine homosexual man. These results contradict those of MacDonald, et al. (1973) of the notions about the relationship between attitudes against homosexuals and attitudes against sex-role violators. It is therefore important to examine the findings regarding masculine homosexual men more closely. Storm (1978) believes this may provide the key to understanding the true relationship between sexual orientation and attitudes toward sex roles. The masculine homosexual man violates a widely believed, important and useful stereotype (Storm, 1978, p. 262). The author does point out that attitudes toward sexual orientation are predominant in that people primarily dislike homosexuals. Thus, not much of a change can be seen in the two years since Millham, et al. (1976) indicated

there had been a “shift” and “liberalization” toward homosexuality. Storm (1978) shows that non-adherence to perceived sex-role definitions actually caused homosexual men to be liked less than those who adhere to a perceived stereotype.

1980-Two New Measures of Homophobia

Larsen, Reed, & Hoffman (1980) attempted to measure levels of homophobia by developing a Likert-type scale to measure heterosexuals' attitudes toward homosexuals. The authors stated that because prior research had been primarily concerned with diagnosis, cause, and cure (Morin, 1977, as cited in Larsen, et al., 1980), they sought to develop such a scale. In order to better understand the attitudes of heterosexuals toward homosexuals, Larsen, et al.(1980) administered the Heterosexual Attitudes Toward Homosexuality (HATH) scale (see appendix B) to individuals in their study. The authors sought to establish reliability and construct validity of their HATH scale by administering the questionnaire in a number of different trials. Their results confirm a predictable pattern of anti-homosexual attitudes rooted in a conservative and punitive outlook. An outlook where “...behavior is measured against religious work ethics and morality” (Larsen et al., 1980, p.255). Based on the scales which they administered, Larsen, et al. (1980) found male business students who were frequent church attendees and who responded to negative peer attitudes were most likely to have expressed homophobic attitudes on their scale. The authors state that these results point to a conservative punitiveness not unlike that found for other minority groups. The authors note that homophobia seems rooted in the fundamental insecurities of the negative respondent (Larsen, Reed, & Hoffman, 1980).

Another study which not only defines homophobia but attempts to measure it was conducted by Hudson & Ricketts (1980). The authors discussed how until recently (1980), previous literature on homosexuality consisted of attempts to show homosexuals as abnormal or psychologically unhealthy, and that the attitudinal bias that prompted their research "...has led a majority of Americans to fear, dislike, and distrust homosexual men and women" (Hudson & Ricketts, 1980, p.357). It is the judgment of these authors that research and clinical workers do not have a dependable means for obtaining good measurements of the degree or magnitude of homophobia. They used a short-form scale to measure homophobia and describe their findings (Hudson & Ricketts, 1980). The Index of Homophobia (IHP) (see appendix C) is a questionnaire they developed to measure homophobic responses and was found to have good construct, content, and factorial validity. In their sample Hudson & Ricketts (1980) found over half of the population to measure in the homophobic range. Age, years of education, and marital status were all strongly correlated with homophobic scores. These results in 1980 confirmed that there had been little, if any change in the attitudes held toward homosexuals by the heterosexual population since Smith's (1971) research.

Discrimination as a Predictor of Homophobia

Anti-black attitudes, religious orthodoxy, permissiveness and sexual information were studied with regard to heterosexuals' attitudes toward homosexuality (Larsen, Cate, & Reed, 1983). The researchers administered an instrument consisting of several scales and indices measuring the previously mentioned variables, as well as several other indices of sexual behavior to students in one of two courses on human sexuality or introductory psychology. Larsen, et al.(1983) found that anti-black attitudes were the best predictor of

attitudes towards homosexuals. There was also a significant finding related to attitudes toward homosexuality with regard to religious orthodoxy, another component in the syndrome of conservative punitiveness (Larsen, et al., 1983). Their findings suggest the relationship between heterosexual permissiveness and attitudes toward homosexuality was only marginal. Their study also sought out the relationship between education and attitude change. Results suggest that educational courses may provide a climate of tolerance, thus encouraging re-evaluation of certain stereotypes of unpopular minorities and that a course in human sexuality appears to influence the change of attitudes toward homosexuality (Larsen, et al., 1983). However, it appears that attributes of those who are more negative toward homosexuals are still seen as authoritarian, again noting little change has occurred since this trait was discussed in Smith's (1971) research.

Herek (1988) investigated the principle correlates of heterosexual reactions to gay people, with special attention to gender differences in attitudes. He conducted three different studies to determine if a sex difference in attitude could be found. Consistently, heterosexual men held more negative attitudes than did heterosexual females. "Males' attitudes were more negative toward gay men than toward lesbians, while females' attitudes did not differ significantly according to gender of target" (Herek, 1988, p. 469). Attitudes toward gays and lesbians are influenced by a number of sources: hostility; perceptions of one's friends holding similar attitudes toward homosexuals; strong adherence to an orthodox religious ideology; and, past negative experiences with gay people. No single correlate of heterosexual attitudes emerged as more predictive of respondent's scores toward gays and lesbians than did any others (Herek, 1988). Because males emphasize the importance of masculinity and therefore reject men who violate the

heterosexual norm, adherence to this type of ideology would inevitably limit a male's opportunities for contact with gays and lesbians since these people would be less likely to disclose their sexual orientation to a person whom they anticipate to be hostile (Herek, 1988).

The 1990's-A Changing Climate

Herek & Glunt (1993) examined heterosexual attitudes toward gay men and their interpersonal experiences with lesbians or gays with data from a national AIDS telephone survey. Interpersonal experiences with gays and lesbians were more likely to be reported by people who were highly educated, politically liberal, young, and female. The data indicated interpersonal contact is strongly associated with positive attitudes toward gay men. "Most of the superficial fear regarding male homosexuality can be attributed to ignorance about, or lack of direct experience with, gay men" (Morin & Garfinkle, 1978, p34). Therefore it is interesting to note that the study by Herek & Glunt (1993) confirmed that interpersonal contact with gays and lesbians is the best predictor of an individual's level of homophobia. While Herek & Glunt (1993) were able to determine a predictor of attitudes toward gay men, their results showed a majority of their sample population still expressed negative attitudes toward gay men; citing that male homosexuality is "just plain wrong".

A study of comparative attitudes toward homosexuality was conducted by Pratte (1993). The author sought to examine attitude changes in a population using two samples drawn from the same population. Her research used a sample of participants who were surveyed in 1986, and the other sample was taken in 1991. With each cohort, the author administered a questionnaire which assessed negative attitudes toward homosexuality.

Those with greater anti-homosexuality attitudes were males, participants in the 1986 study, and respondents from the rural community (Pratte, 1993, p. 80-81). This research does suggest a decrease in negative attitudes toward homosexuality and/or homosexuals in the five year time span between 1986 and 1991 (Pratte, 1993). These findings support Levitt and Klassen's (1974) conclusion that those with more negative homosexuality attitudes were more likely to be rural, Caucasian, male, and from the Midwest (Pratte, 1993, p.81).

Another attitude study was conducted at the University of Kentucky by Riggle & Ellis (1994). They assessed individual attitudes toward, and acceptance of, general legal principles along with their willingness to extend application of these principles to various social and political groups, including homosexuals. They found that when the question of rights involve homosexuals, support depends on personal attitudes toward the group as much as support for the general legal principle involved (Riggle & Ellis, 1994). From a political perspective, the authors suggest that intolerance of homosexuals is legitimized because gays and lesbians are not defined as being a political group, and they are often not extended the same political rights and protections as other groups. Riggle & Ellis (1994) feel that attitudes toward homosexuals are affectively rather than cognitively based, and therefore equate more with feelings and emotions. They suggest any attempts to change these attitudes need to first account for the nature of the attitude. This research by Riggle & Ellis (1994) provides evidence that there are still people who hold intolerant views of homosexuals, as seen by not extending legal principles to gays and lesbians, as well as viewing them as a non-political group.

Fear of AIDS

Investigation of attitudes towards persons with AIDS and attitudes toward homosexuality were investigated by McDevitt, Sheehan, Lennon, & Ambrosio (1989). Administration of homophobia and AIDS phobia Likert scales to a college population yielded measures of these phobias which were highly associated with each other. They found that beliefs about public policy restrictions accounted for a large part of the association between fear of AIDS and homophobia. Men were found to be more homophobic than women, but there was no sex differences in the fear of AIDS (McDevitt, et al., 1989).

Fear of Homosexuals Equates with Sexual Conservatism

To verify whether negative attitudes about AIDS corresponded to traditional sexual ideology, Dupras, Levy, & Samson (1989) administered a questionnaire to 407 French Canadian adults regarding their acceptance of homosexuality, extramarital relations, and adolescent heterosexuality. Scores on the perceptions of homosexuality scale are most strongly associated with the attitudes toward AIDS scale (Dupras, et al., 1989, p.237). Results of the study show homophobia is a key indicator of sexual conservatism associated with negative attitudes about AIDS, and identifying homosexuals as a high-risk group may contribute to a perception that homosexuality is a social risk (Dupras, et al., 1989). This study seems to once again confirm the correlation between negative attitudes held toward homosexuals and persons with AIDS.

AIDS, Stigma, and Homosexuals

St. Lawrence, Husfeldt, Kelly, Hood, & Smith, Jr.(1990) conducted a study to determine what kind of stigma AIDS carries and how that stigma is also related to prejudice toward gay men. This study is one of the first empirical investigations of attitudinal and interpersonal stigma associated with AIDS (St. Lawrence, et al., 1990). In their study they presented three hundred college students with vignettes describing an ill person. These vignettes were identical except the illness was either defined as AIDS or leukemia and the individual was described as either homosexual or heterosexual. The study participants were asked to complete a set of measures sensitive to interpersonal evaluation, prejudicial attitudes, and willingness to interact casually with the portrayed individual (St. Lawrence, et al., 1990).

The findings indicate the presence of highly stigmatizing attitudes towards AIDS patients and suggest that the public view AIDS patients and gay persons with similar attitudinal prejudice (St. Lawrence, et al., 1990, p. 85). They also state that AIDS patients were evaluated much more harshly than leukemia patients, and homosexual males also had a number of negative responses. The study participants judged homosexual males as more responsible for their illness, more deserving of a life-threatening illness, more deserving of death, and for whom suicide might be the best solution. "...There appears to be little public sympathy for AIDS patients" (St. Lawrence, et al., 1990, p. 97).

Furthermore, they feel that the stigmatization of AIDS may also be linked to general discriminatory social attitudes toward homosexuality and gay lifestyles. The authors acknowledge the need for intervention to promote change toward AIDS patients and

toward homosexuality. This research suggests the attitude toward gays and the fear of AIDS remains unchanged since the prior research done by McDevitt, et al. in 1989.

Attitudes towards AIDS equates with Attitudes Toward Homosexuals

Examining attitudes toward homosexuals and AIDS victims, Larsen, Serra, & Long (1990) found significant correlations between the two sets of variables. The authors of this study state that attitudes toward AIDS victims are primarily a consequence of attitudes toward homosexuals. Attitudinal bias toward one minority group is often associated with bias toward other minority groups. Their administration of the HATH scale (mentioned previously) supports the idea that negative attitudes toward homosexuals are at the core of negative attitudes toward AIDS victims. They noted again that insecure or low self-esteem individuals have more negative attitudes. The authors argue, as have others, that authoritarian personality; rigid adherence to conventional middle class values, obedience, respect for authority, and aggression toward those who are unconventional make it easy to blame the AIDS victim. Again the authoritarian personality type correlates negatively with attitudes towards homosexuals, as well as AIDS victims. The reader will recall that as early as 1971 Smith blamed an authoritarian personality for negative attitudes toward homosexuals.

A survey measuring attitudes toward the fear of AIDS and homophobia was taken in 1985 and repeated in 1989 on the same university population by Young, Belasco, Barr, Gallaher, and Webber (1991). Of interest to the researchers were the changes, if any, between the research conducted in 1985 with that conducted in 1989. The researchers used two different scales in their study, one which measured the fear of AIDS, the other, fear of homosexuals. While they did find a decrease in the fear of AIDS between 1985 to

1989, the same was not true for homophobia. The researchers failed to find a statistically significant difference in the results of the two cohorts, thus demonstrating that the relationship between the fear of AIDS and homophobia remained essentially the same between 1985 and 1989 (Young, et al., 1991). The authors argue that if fear of AIDS were simply a socially acceptable form of homophobia, then a decrease in fear of AIDS should be accompanied by a similar decrease in homophobia, however, this was not the case (Young, et al., 1991). They argue that each of these fears may be driven by a third variable, but that such argument must remain tentative because each of the two variables were highly correlated in each survey, and the relationship between the fear of AIDS and homophobia remained essentially the same over the four year period (Young, et al., 1991).

Attitudes Towards AIDS and Homosexuals

Kunkel and Temple(1992) researched how attitudes toward AIDS and homosexuality may vary in different populations and may change as more is known about AIDS and as AIDS spreads to additional populations. Their study was designed to replicate and expand the study conducted by Bouton and his colleagues in 1985. Kunkel and Temple (1992) wanted to determine if the change in fear of AIDS, homophobia, and the relationship between the two were consistent with those reported by Young and his colleagues in 1991. They also wanted to identify subject characteristics that might predict differences in AIDS-phobia, homophobia, and their hypothesized relationships (Kunkel and Temple, 1992, p. 1032). The subjects in this research study were administered a multiple choice survey which consisted of demographic information, items which measured a person's fear of AIDS, and items which measured homophobia. Kunkel and

Temple (1992) found a significant relationship between the fear of AIDS and homophobia. Educational programs designed to alleviate misconceptions toward homosexuals and the relationship between homosexuality and AIDS are necessary so that negative attitudes which may hamper the attainment of life saving information can be reduced (Kunkel and Temple, 1992).

AIDS, Stigma, and Prejudice

Appleby (1995) looks at AIDS and homophobia in his research and discusses how the epidemic was inextricably associated with gay men, stigma, prejudice, and discrimination (see, for example, p.2, 3, & 4). AIDS continues to be used to rationalize prejudice, discrimination and violence against gay men and lesbians. Most people in the U.S. believe they aren't at risk for AIDS (Appleby, 1995). Appleby argues that such presumptions of invulnerability by the majority have led to the delay in developing public health policies, the lack of funding for programs, and injecting moral and political values into debates about a public health problem (Appleby, 1995).

There are several studies which Appleby (1995) discusses that show the connection between homophobia and the reluctance of mental health professionals to either treat persons with AIDS, or which show that homophobic attitudes did not diminish because homosexuality was removed from the Diagnostic and Statistical Manual of Mental Disorders (Appleby, 1995). The author makes several suggestions to decrease homophobia and increase acceptance of these individuals. He suggests developing a continuum of gay and lesbian medical, mental health, legal, and social services. Also, clinical work with these individuals needs to focus on the difference between internal conflict and internal homophobia. Further, social workers and counselors working with

gays and lesbians need to assist their clients in developing and maintaining a sense of the self and a healthy gay identity. Appleby (1995) states that anti-gay prejudice will end only when hate crimes against these and other minority individuals are confronted. Because AIDS and homosexuality are so closely related in the mind of the general public, it becomes difficult to separate the specific psychological impact of the fear of AIDS as opposed to the impact of homophobia (Appleby, 1995, p. 14).

Another study which looks at negative attitudes associated with persons with AIDS was conducted by O'Hare, Williams, & Ezoviski (1996). The survey they conducted examined the relationship between homophobia and the fear of AIDS. Their findings indicate respondents who are more liberal endorsed rights for gays and lesbians, were less homophobic, and had less fear of AIDS (O'Hare, et al., 1996). They wanted to see what biases existed when it came to the treatment of persons with AIDS. Because practitioners' views towards basic civil liberties are negatively associated with homophobia and the fear of AIDS, those professionals may be less willing to advocate for those afflicted with the disease (O'Hare, et al., 1996). The authors of this study suggest that social experience may be a better teacher than educational efforts because they found individuals who choose to work with high-risk groups are less fearful of contracting a disease. O'Hare, et al.(1996) suggest that social work education needs to include more assertive methods for desensitizing social workers, perhaps by using professionals from the gay community, HIV-infected professionals, and gay activist groups. These recent results again suggest a personality type which is more conservative, more fearful of homosexuals, and more fearful of AIDS. It appears there has been little, if any change in

the type of personality that holds negative views toward homosexual, and by extension, toward those with AIDS.

Practitioner Bias

The psychotherapists' negative biases about personal variables or aspects of the client's life impact both the therapeutic relationship and the psychotherapeutic outcome in negative ways, for any successful psychotherapeutic outcome must include the ability of the psychotherapist to be both empathic and neutral in the relationship to the client (McHenry and Johnson, 1993, p.142).

Implications for providing services to gay clients can be seen in the research of Wisniewski & Toomey (1987). They obtained results from MSW social workers in Ohio by administering Hudson's Index of Attitudes toward Homosexuals (IAH). The purpose was to determine if social workers evaluate gay and heterosexual men differently based on information obtained in a case study. One third of the participants earned scores which fell into the homophobic classifications. Prior research (Smith, 1971) has found that those with more negative attitudes toward homosexuality are more authoritarian, and present results indicate that two measures of authoritarianism explain a small but significant portion of the variance in IAH scores for social workers (Wisniewski & Toomey, 1987). Hence, there is a continuance of negative attitudes which are held toward those who are gay or lesbian.

Homophobia and Countertransference by Practitioners

Homophobia, countertransference, and counselor gender has been explored by Gelson, Fassinger, Gomez, & Latts (1993). The concept of countertransference seeks to capture the therapist's emotional reactions during treatment, often as those reactions

implicate the therapist's own conflicts and issues (Gelson, et al., 1993). Due to conflicted attitudes which counselors tend to hold about gays and lesbians, the therapist's effectiveness with the client may be impaired. The authors of this study examined male and female counselors' countertransference reactions to client actresses whom counselor participants were led to believe were lesbian or heterosexual (Gelson, et al., 1993). Their hypothesis (which was supported) presumed that the higher the level of homophobia in the therapist, the greater the avoidance behavior in response to the client's material. This research supports the need for social workers to address their own homophobia, and shows that women who are perceived as being lesbians are people whom the therapist loathed. The responses of those practitioners who were homophobic again help to explain the negative attitudes which are central to the idea of homophobia, showing that those who are homophobic have the same views today as those nearly thirty years ago when the topic was first discussed in empirical research.

Social Work and Homophobia

"There is nothing more oppressive than denying another's reality"(Hartman, (1993, p. 245). She discusses gay and lesbian oppression, and how social work's mission has been to work on behalf of oppressed people. Several points relating to the oppression of gays and lesbians are discussed. She notes a survey of people which shows that eighty percent of those polled thought gays and lesbians should have equal employment opportunities, but only thirty-eight percent polled believed that sexual relations between consenting gay and lesbian adults should be legalized. Hartman (1993) also discusses how the AIDS epidemic caused gays and lesbians to fight and search for treatment, and has given them a voice. The author's opinions indicate that there is still a perceived

irrational fear or dislike of homosexuals in this country due to the fact that only thirty-eight percent of those polled believed that sexual relations for gays and lesbians should be legalized. It is information such as this which demonstrates how homophobia is still present in our society, and only a small attitude change seems to have occurred regarding certain legal principles for gays and lesbians.

Service Level Affected by Homophobia

A person's positive or negative diagnosis of AIDS should not affect what kind of services they receive from professionals in the field, nor should the fact that one is gay or lesbian. Examining the attitudes of health care workers both before and after the AIDS epidemic, Schwanberg (1996) researched fifty-one studies addressing this issue. More than half of the studies she examined do not report any evaluations of reliability or validity. She found that these various studies were concerned with a variety of issues, and numerous, varied instruments were used to obtain data. Findings suggest that a variety of attitudes exist regarding homophobia. In many negative situations which could adversely affect patient care, the situation could be modified. The author states that attitudes have a universal structure regardless of the subject, and calls for further research on this issue. Studies that use valid and reliable instruments would better provide an index or measure of health care professionals' levels of homophobia. The author states there is research which suggests homophobia still exists among health care workers.

Today's Perceptions

A study conducted by Berkman & Zinberb (1997) found that ten percent of their respondents (social workers) were homophobic, and a majority were heterosexual (believing that heterosexuality is superior to and/or more natural than homosexuality).

Several scales with high levels of reliability were used as measures for this study. While the percentage of social workers found to be homophobic is only ten percent, this still indicates that there are professionals in the field who may be biased when providing services to gay and lesbian clients. The authors acknowledge that more research should be undertaken so the profession might better understand how education about homosexuality might reduce homophobia and heterosexism. In comparing this study with prior research (Wisnieski & Toomey ,1987), the present results indicate that as a profession, social work has seen a small decrease in the number of people who hold homophobic beliefs or values.

Research regarding homophobia and the fear of AIDS focuses on subjects' attitudes regarding gays, lesbians, persons with AIDS, and how they are perceived. The literature shows that although gays and lesbians suffer persecution, they are not deemed as worthy of rights and privileges as heterosexuals. The findings are worse when it comes to gay people who have AIDS. These individuals are held responsible for their illness and should consider suicide as an option (St. Lawrence, et. al., 1990). While current research calls for further study into homophobia and the fear of AIDS, few studies mention what to do to prevent this prejudice. We must recognize there are still professionals who themselves hold biases against gays and lesbians.

Chapter Five Discussion

An historical perspective on homophobia can by no means account for or reconstruct the “history of homophobia in American society”. However, this author feels it is important to try and draw from the literature on the topic and make causal inferences regarding society’s view of homophobia. While one can acknowledge the limitations of comparisons and inferences which can be drawn, it is nevertheless important to try and critically examine how and why homophobia became an important topic in professional literature. Or, conversely, when homosexuality had existed for centuries, why was there relatively little published on the topic?

In addition to falling into three thematic groupings, the studies reviewed seemed to lend themselves to grouping by decade. The themes were organized by decade from the early 1970’s to the late 1990’s. The reader should note the discussion of the 1970’s contains a dialogue related to only one theme, how homophobia is measured, since relatively little information regarding homophobia, AIDS, and social work practice was available. The discussion of the 1980’s and 1990’s focuses on all three themes presented in the literature.

I. The 1970’s-The Beginning of a Definition

The 1970’s was a decade of considerable importance for homosexuality and homophobia. Psychologists “declassified” homosexuality as a mental disorder, and, as previously noted, research began to move away from viewing homosexuals as sick and focused instead on the type of individual who was homophobic. The literature from that

decade focuses almost exclusively on how homophobia is measured as a trait of one's personality. The measurement of this trait produced some interesting and, in this author's opinion, not surprising results. Several different personality traits emerged as part of a profile of a homophobic individual, i.e., authoritarianism, sexual rigidity, conservatism, and religiosity. These findings suggest that in the 1970's, the homophobic individual was someone who simply reflected the social and political climates of the decade.

A. Quantifiable Measures of Homophobia

1. The Beginning of a Personality Profile

As noted in chapter two, Smith (1971) was interested in the individual who was particularly negative or fearful of homosexuality. Administration of a questionnaire sought to elicit a tentative personality profile of a homophobic individual. According to Smith (1971) those individuals were "status conscious, authoritarian, sexually rigid, and may view homosexuals as sick." The personality profile was seen as an important piece of information regarding homophobic individuals. This "conservative" outlook on homosexuality set the tone for the findings regarding homophobic individuals for the next twenty-five years.

The conservative position, along with sexual rigidity and authoritarian views, may explain why prior research regarding homosexuality was concerned with diagnosis, cause, and cure (Newman, 1989). Because homosexuality was viewed as sick, Smith's (1971) findings do not seem surprising. What does seem surprising is that Smith (1971) felt issues regarding censorship and religious affiliation would require "additional study". One would expect that such religious affiliations would be closely linked to a

conservative outlook and would automatically define the characteristics of the homophobic personality. Given that Smith's work was published in 1971, some thought should be given to the social and political climate of the time. This country was engaged in the Vietnam war, and under the leadership of a Republican President. Although the Stonewall riot had occurred in New York two years prior to Smith's research, it seems not to have influenced society's views on homosexuality. Gays and Lesbians for the first time in the twentieth century were becoming visible. They were standing up for themselves and willing to be in the spotlight in order to bring attention to their oppression. At the time of Smith's work there was a public division between the gay and lesbian movement and those who were supportive of the status quo.

2. Conservative Sexual Morality Equates with Homophobia

Further discussion of conservative standards of sexual morality are found in MacDonald et al. (1973). . They developed the HATH which helped them measure homophobic attitudes. The authors determined that attitudes toward homosexuals are associated with a double standard for the sexes more so than with permissive attitudes regarding premarital sexual intimacy. It is interesting to note that it has been the condemnation of homosexual behavior which helps heterosexuals reduce sex-role confusion. MacDonald et al. (1973) state there is an element of sexual rigidity which accounts for negative views toward homosexuals. Two years prior, Smith also noted that sexual rigidity in heterosexuals accounted for a negative view of homosexuals.

3. Contradictions Regarding the Homophobic Personality

Nyberg & Alston (1976) and Millham et al. (1976) seem to be at odds regarding attitudes toward homosexuals. Millham et al. argued there had been a shift in liberal attitudes toward gays and lesbians in the mental health and legal professions. Nyberg and Alston argued the reverse, that little or no change had occurred in the public's attitudes toward homosexuality despite increasing media exposure. Nyberg & Alston did, however, state those who were college educated were relatively tolerant toward homosexual relations.

The two studies are in agreement when they discuss the personality of an individual who is homophobic. Nyberg & Alston noted that most white Christians in America were not accepting of homosexual activity. Millham et al. (1976) found a broad spectrum of beliefs toward homosexuality, and they characterize homosexuality as being a sin and morally wrong. These findings support this author's view that certain religious groups would have difficulty with homosexuals, and support the findings of Smith (1971) who found that homophobic individuals are conservative. Nyberg & Alston (1976) and Millham et al. (1976) both discuss a religious component to the homophobic person's personality which would, in this author's opinion, equate with the conservative sex standards discussed in MacDonald et al. (1976).

The mental health profession no longer pathologized homosexuality in the early 1970's. Millham et al. (1976) make a point of discussing a "considerable shift and liberalization of attitudes toward homosexuality by the mental health and legal professions" (p. 3). Yet Newman (1989) discusses the research conducted between 1967 and 1974 dealing with gays and lesbians was primarily concerned with diagnosis, cause,

and cure. Millham's research was conducted in 1974. During that time the concern was more with diagnosis than with shifting liberal attitudes. While it may be the case that those in the mental health profession were no longer viewing homosexuality as "sick" *individual* attitudes at the time suggests otherwise (see Nyberg & Alston, 1976).

4. Homophobia and Perceived Sex Roles

Storm's (1978) research on homosexuality and femininity tried to provide a key to understanding a relationship between sexual orientation and attitudes toward sex roles. Storm (1978) also drew a relationship between the two. Homosexuals are disliked, and the masculine homosexual is disliked more than the feminine homosexual because he violates a widely held stereotype of homosexuals as effeminate (Storm, 1978). Because there is a need for a sex-role norm, the feminine homosexual appears to be that norm. While MacDonald et al. (1973) suggest that homosexuals are "used" to reduce sex-role confusion, Storm (1978) suggests this sex-role confusion causes homosexual men who do not adhere to a perceived stereotype to be liked less than those who do. Homophobic individuals need sex-role stereotypes to help affirm and support their perceived images of sexuality. This further lends support to the argument that individuals who are homophobic are more sexually rigid (See Smith, 1971, MacDonald et al., 1973). Sexually rigid views would only affirm the stereotype of the effeminate male homosexual and not lend support to a homosexual man being masculine.

II. The 1980's-The Reagan Years

A. Quantifiable Measures of Homophobia

1. Homophobia and Personality Traits-Continued

Larsen, Reed, & Hoffman (1980) sought to measure levels of homophobia by administering the HATH. Their results indicated that anti-homosexual attitudes are rooted in a conservative outlook, and these results also point to a conservative punitiveness not unlike that found for other minority groups. Nine years after Smith's (1971) research, the personality of the homophobic individual was still essentially a conservative one. One wonders if the political climate of the time could have influenced these results. At this time there had been a fairly large shift in the political climate of the country. The nation moved further away from a liberal position to a conservative one, as was evidenced by the election of Ronald Reagan as President, and a sizable increase in self-described conservatives in Congress.

2. More Homophobic Profiles

Hudson & Ricketts (1980) also sought to measure homophobia. Over half of their study sample measured in the homophobic range on the Index of Homophobia scale which the authors developed for their study. They felt at the time of their study that an attitudinal bias "had led a majority of Americans to fear, dislike, or distrust homosexual men and women" (Hudson & Ricketts, 1980, p.357). This attitudinal bias may be explained, as was noted earlier, by the change in political climate in the United States at the time. A majority of the respondents in Hudson & Rickett's study were found to have homophobic attitudes. Homophobic attitudes have been previously correlated with

conservative and authoritarian views. This “social conservatism” is to some degree (in this author’s opinion) associated with the Republican party, which at the time of this study, was in the White House. This “social conservatism” can be further noted by the fact that in 1987, President Reagan gave his *first* speech on the AIDS epidemic, some six years after the virus was first diagnosed, and after almost *twenty-one thousand people had died* (emphasis added) from the virus (National Museum & Archive of Lesbian and Gay History, 1996). Therefore, Hudson & Ricketts’ study which found a majority of respondents to have homophobic attitudes in 1980 seems in keeping with the climate of the times.

3. Homophobia Equates with Minority Sentiment

By examining attitudes toward racial minority groups, religious groups, and issues of sexual “permissiveness”, Larsen et al. (1983) sought to determine what factors best predicted homophobic attitudes. Anti-black attitudes were the single best predictor of negative attitudes toward homosexuals. Given the conservative, perhaps even fundamentalist view of society at the time, such a finding is not surprising. What is disturbing, however, is that since Smith (1971) first reported his findings more than a decade prior to Larsen et al. (1983), there appears to be little shift in the traits of those individuals who are homophobic. In fact, Larsen, et al. (1983) also reported that religious orthodoxy produced a significant finding related to attitudes toward homosexuality. Nyberg & Alston and Millham et al. also discuss religiosity as a trait of the homophobic personality. In this author’s opinion, religious orthodoxy is equal to a conservative outlook. Because the political climate of the 1980’s remained rooted in the right wing,

conservative, religious view, the homophobic personality profile was in accordance with the political climate of the times.

4. Religious Views Continue To Affirm Homophobia

Near the end of the 1980's, researchers continued to study negative attitudes toward homosexuals. Herek (1988) presented two findings in his research that affirm previous studies (See Larsen et al., 1983, MacDonald, et al., 1973). He found that: 1) orthodox religious ideologies; and 2) heterosexuals who reject men who violate sex-role norms were the two main characteristics associated with a homophobic personality. It is not surprising that these two characteristics of the homophobic personality still hold true in the late eighties. It is surprising, however, that Herek (1988) *found no one single measure* of negative heterosexual attitudes toward gays and lesbians *to be more predictive of a homophobic score than any other* on his survey. While Herek (1988) agrees with Nyberg & Alston and Millham, et al. that negative attitudes toward gays and lesbians are correlated with a number of variables, including an orthodox religious ideology, he also suggests that there is no one definitive correlate which best predicts a homophobic personality.

B. AIDS

By the mid 1980's the AIDS virus was becoming an epidemic. By 1985 more than eleven thousand Americans had contracted the AIDS virus. Gay men and intravenous drug users were the two groups of people most affected by the disease. McDevitt et al. (1989) and Dupras, et al. (1989) published studies which posited a relationship between fear of AIDS and homophobia. McDevitt et al.(1989) found that public policy restrictions linked the fear of AIDS to homophobia. They concluded that

men tended to be more homophobic than women. Dupras, et al. (1989) found that perceptions about homosexuality were most strongly associated with negative attitudes towards AIDS. Further, the authors suggested homophobia is a key indicator of sexual conservatism. It is important to note that in Dupras, et al. (1989) sexual conservatism now takes on new meaning. Homosexuals are seen as a high risk group, and therefore, identifying oneself as a homosexual is a social risk. In this author's view, being a homosexual is not only a "social risk" as defined by Dupras, et al. (1989), but adding the AIDS label would carry much more stigma than merely being homosexual. Dupras, et al. (1989) attempted to look at traditional sexual ideology in their research. They found that a level of sexual conservatism not only helps define being homophobic, but it is also associated with negative attitudes about AIDS.

C. Social Work Practice and Homophobia

Social Work and Homophobia in the late 1980's

Social work practice and homophobia is a relatively unexplored topic in empirical research. This researcher found few studies conducted in the late 1980's which addressed the topic. Wisnieski & Toomey (1987) examined whether or not social workers evaluate gay and heterosexual men differently. As previously noted in chapter two, their administration of the IAH found that a full one third of those surveyed had results which fell into homophobic classifications. Results of this study also validate prior research (see, for example, Smith, 1971) thus suggesting that the personality traits which are identified with the homophobic individual have remained consistent over time.

In summary, the 1980's produced research on the topic of homophobia with regard to how it is measured, how it is associated or equated with the fear of AIDS, and

how it has implications for social work practice. This change from the 1970's which only focused on quantifiable measures of homophobia suggests that homophobia was becoming an increasing focus of concern in the professional social work literature. The 1980's also saw a new element in the whole equation, AIDS, appeared and gave researchers the opportunity to really evaluate and examine homophobia, and how it is viewed by the public.

III. The 1990's-Recent Research

1990's research on homophobia continued to focus on these areas of concern, but with an increased emphasis on AIDS and social work practice and while all three themes still exist in the literature of the 1990's, trying to measure and determine traits of the homophobic individual, as was previously done in the 1970's and 1980's, has taken a back seat to the other two themes in this decade.

A. Quantifiable Homophobic Measures-The 1990's

1. Homophobic Measures

In 1993 two different studies were published which examined homophobia. Herek & Glunt and Pratte both examined attitudes toward homosexuals, and their findings contradicted each other. First, Herek & Glunt (1993) stated that a majority of their sample population still expressed negative attitudes toward gay men, while Pratte's (1993) research suggested a decrease in negative attitudes toward homosexuality and/or homosexuals. While these findings contradicted each other, they both supported the ambivalence found in previous research of the 70's and 80's (see Levitt & Klassen, 1974; Morin & Garfinkle, 1978). Pratte's (1993) findings support a personality profile of the

homophobic individual, namely those with more negative attitudes toward homosexuals as more likely to be Caucasian males from rural Mid-western areas. As noted in chapter two, Herek & Glunt (1993) presented findings which stated that people who were more likely to have interpersonal experience with gays and lesbians were highly educated, politically liberal, young and female. This research not only supports the research of Nyberg & Alston (1976), but Morin & Garfinkle (1978) as well as Smith (1971).

It is interesting to note that Smith (1971) reported that homophobic individuals view homosexuals as “sick”, while Herek & Glunt (1993) found homophobic individuals view homosexuality as “just plain wrong”. Over the course of twenty-two years, the homophobic individual’s personality profile has not changed significantly.

2. Another Measure of Homophobia

Riggle & Ellis (1994) conducted a study to examine acceptance of general legal principles and the willingness of individuals to extend application of these principles to various social and political groups, including homosexuals. When the question of rights involved homosexuals, Riggle & Ellis (1994) found that *support depends on personal attitudes toward the group as much as support for the legal issue* (emphasis added). It is important to note that for homosexuals, the personal attitudes and beliefs of individuals is as important as the legal issue at hand.

3. Heterosexism

The findings presented by Riggle & Ellis (1994) suggest that not extending legal principles to gays and lesbians as well as viewing them as a non-political group promote heterosexism. Heterosexism forces gays and lesbians to struggle constantly against their own invisibility and makes it much more difficult to integrate a positive sexual identity

(Blumenfeld & Raymond, 1993). “Gay people have no safe haven in our culture...”

(Jung & Smith, 1993, p. 15). Living in a heterosexist culture, homosexuals are viewed as a lower class of society. “Perhaps the most widespread manifestation of prejudice is the mocking and ridicule of gays and lesbians, as well as the trivialization of their concerns”

(Jung & Smith, 1993, p. 32).

B. The Fear of AIDS in the 1990’s

1. Stigma, prejudice, and AIDS

In the 1990’s equating the fear of AIDS with the fear of homosexuals continued to be an emergent theme in the literature. Stigma and prejudice were of concern to St. Lawrence, et al. (1990) when they conducted their research. Their findings indicated the presence of highly stigmatizing attitudes towards AIDS patients and suggested that people view AIDS patients and gay persons with similar prejudices (St. Lawrence, et al., 1990). They also acknowledged a need for promoting change toward AIDS patients and toward homosexuality.

St. Lawrence, et al. confirms the work of Larsen, et al. (1990) who also found significant correlations between attitudes toward homosexuals and AIDS victims, as well as research by McDevitt, et al. (1989) who suggested that the same attitudes were present regarding AIDS and homosexuality at the time their research was conducted. While St. Lawrence, et al. (1990) draw no conclusions about the personality of those who equate fear of AIDS with fear of homosexuality, Larsen, et al. (1990) argued that the authoritarian personality makes it easy to blame the AIDS victim. This authoritarian personality also makes it easy to hold negative attitudes towards gays.

As previously noted, Larsen, et al. (1990) found that negative attitudes toward homosexuals are at the core of negative attitudes toward AIDS victims. This is slightly reversed from the findings of St. Lawrence, et al. (1990) who found that while there is little public sympathy for AIDS patients, an AIDS stigma seems to be linked to discriminatory attitudes toward gays. This is not the case with Larsen, et al. (1990). The authoritarian personality was also found to be central to the negative views expressed toward homosexuals (Larsen, et al., 1990). Nineteen years after Smith (1971) first proposed this trait, the personality profile of homophobic persons remains greatly unchanged.

While both Larsen, et al. and St. Lawrence, et al. draw the same conclusions, namely that prejudice toward certain groups helps validate the discrimination which they receive, only Larsen, et al. (1990) chose to address the personality traits of these individuals. It is interesting to note that once again it is the authoritarian point of view which seems to define the homophobic personality.

2. Fear of AIDS Continues to Equate with Fear of Homosexuals

Young, et al. (1991) sought to find differences between 1985 and 1989 with regard to attitudes toward the fear of AIDS and homophobia. While they did find a decrease in the fear of AIDS over the four year period, they did not find the same results for homophobia. They failed to find a statistically significant difference in the results of the two cohorts, and argue that these groups may be driven by a third variable which helps account for the high correlations in each survey. What is interesting to this author is how homophobia remained at a fairly stable level over the four year period. This

comparison study suggests that allowing time to elapse does not equate the same for homosexuals as it does for AIDS victims.

Young, et al. (1991) measured attitudes toward the fear of AIDS and homophobia on a university population in 1985 and again in 1989. They were interested in any changes which could occur between the two data collection dates. The authors did find a decrease in the level of the fear of AIDS between 1985 and 1991, but not for homophobia. What is curious to the researchers is the correlation between the two variables; fear of AIDS and homophobia, and why this correlation between the two remained high despite a decrease in the fear of AIDS. This research helps confirm previous research by St. Lawrence, et al.(1990), Larsen, et al.(1990) and McDevitt, et al.(1989) which states that the fear of AIDS is correlated with the fear of homosexuals.

Kunkel and Temple (1992) designed a study to replicate the findings of Bouton, et al. (1985), and to determine if a change in the fear of AIDS and the relationship between homophobia and the fear of AIDS were consistent with the findings of Young, et al. (1991). Furthermore, they sought to examine subject characteristics which might predict differences in AIDS-phobia, homophobia, and their hypothesized relationships (Kunkle and Temple, 1992). They too found a significant relationship between the fear of AIDS and homophobia (see for example, Young, et al., 1991; St. Lawrence, et al., 1990).

Appleby (1995) examines AIDS and homophobia in his research. He states the connection between homophobia and the reluctance of mental health professionals to treat persons with AIDS. Furthermore, connections between homophobia and AIDS can be seen by the delay in developing public health policies and the lack of funding for programs for AIDS patients. Also, Appleby (1995) states that most people in the U. S.

believe they aren't at risk for AIDS. This author believes a naïve statement such as this is justified by viewing AIDS as a disease which only gays get, further promoting discrimination against gays. The author states that because AIDS and homosexuality are so closely related in people's minds, it becomes difficult to separate the psychological impact of AIDS as opposed to the impact of homophobia (Appleby, 1995) (see for example; Young, et al., 1991).

O'Hare, et al. (1996) examined negative attitudes and persons with AIDS. They examined the relationship between homophobia and the fear of AIDS. They found respondents who were more liberal endorsed rights for gays and lesbians, and that social experience may be a better teacher than educational efforts at eliminating discrimination toward gays, lesbians, and persons with AIDS. This statement is consistent with the findings of Herek and Glunt (1993) who state that interpersonal contact with gays is associated with positive attitudes toward gay men.

C. Practitioner Bias in the 1990's

Homosexuality and Social Work Practitioner Bias

Gelson, et al. (1993) examined homophobia and countertransference. Countertransference is an emotional reaction, usually unconscious and often distorted, on the part of the therapist to a patient or member of a family in treatment (Nichols & Schwartz, 1995). Because some counselors hold conflicted attitudes about gays and lesbians, their effectiveness with the client may be impaired. For this reason, the authors examined both male and female counselor's countertransference reactions to actresses who posed as clients that were believed to be lesbian or heterosexual (Gelson, et al.,

1993). They found the greater the therapist's level of homophobia, the greater the level of avoidance to the client. As recent as 1993, the field of social work produced research which shows professionals as homophobic and thus, ineffective with gay or lesbian clients.

Hartman (1993) speaks for the profession by stating that because social work's mission has been to work with those who are oppressed, we need to better advocate for gays and lesbians as well as confront our own homophobia. This author feels Hartman (1993) is correct with regard to confronting our own (practitioner) homophobia. Gelson, et al. (1993) illustrates how homophobia interferes with a practitioner's ability to work with gay and lesbian clients toward whom they may have a bias, thus supporting the work in Hartman.

Practitioner bias is again examined by Schwanberg (1996) with regard to AIDS and homosexuality. She examined fifty-one research studies examining health care workers' attitudes both before and after the AIDS epidemic began. Schwanberg (1996) reports that a variety of attitudes exist regarding homophobia. She states there are negative situations regarding a patient's care which could be modified, and further suggests that homophobia still exists among health care workers. It is disturbing to note that more than ten years after the AIDS epidemic, there are health care professionals which still fear homosexuals and thus prohibit these individuals from receiving adequate care. Schwanberg's work supports Gelson, et al. (1993) who summarized that the fear of the professional means inferior care for the client.

More recent research conducted by Berkman and Zinberb (1997) reports ten percent of social workers are believed to be homophobic and a majority to be

heterosexist. Ten percent is a relatively small proportion of professionals, but this means there are those in the field who are not able to eliminate their own prejudices and biases toward certain clients. What is troubling is that the majority of respondents in this survey were heterosexist, a bias that social workers need to examine in order to eliminate discrimination and bias toward gays and lesbians (see Hartman, 1993).

Chapter Six Summary and Conclusions

As noted in the introduction, this study was designed as an historical review of empirical research regarding homophobia. Homophobia, the irrational fear of, aversion to, or discrimination against homosexuals or homosexuality has been present in society for centuries. Laws against homosexuality have existed almost as long as homophobic attitudes. As recently as 1986, the United States Supreme Court upheld an anti-sodomy law in which the court said that holding a homosexual act as a fundamental right would be immoral. Because homosexuality is seen as a lifestyle less deserving of equal rights which heterosexuals receive, homophobia is still seen as an acceptable form of discrimination.

Because of this discrimination, it is important to understand not only what homophobia is, but how it impacts gays and lesbians. Therefore, a review of the empirical research helps social workers examine the traits and biases which homophobic individuals exhibit. A review of the literature showed three themes: 1) measures of homophobic attitudes; 2) the fear of AIDS equating with the fear of homosexuals; and 3) how practitioner bias affects work with gay or lesbian clients.

Homophobic attitudes were discussed by examining a number of studies which measured individuals' levels of homophobia as well as examined personality traits of those who are homophobic. The AIDS virus was examined to see what kind of correlations existed between the fear of AIDS and the fear of homosexuals. Research has shown that when one is fearful of AIDS, they are also fearful of homosexuals. A

decrease in the fear of the AIDS virus does not always account for a decrease in the fear of homosexuals. Finally, practitioner bias was examined in this study to see if social workers were homophobic, and if so, how did this affect their work with clients. As recently as 1997, ten percent of social workers were found to be homophobic. A majority of professionals are also still heterosexist; that is, believing their heterosexual lifestyle is more fulfilling and worthwhile than a homosexual one.

As social workers we need to understand how homophobia impacts our clients. Knowing what personality traits a homophobic individual may exhibit, or if someone is fearful of AIDS they will also be fearful of homosexuals is just the first step in identifying how homophobia presents itself. As a profession we need to try and eliminate our own heterosexist beliefs and be more accepting of gays and lesbians. The homophobic practitioner may do harm rather than help their gay or lesbian client. The fearful social worker may tend to miss appointments, terminate services prematurely, or shorten a client's sessions due to their own homophobia. It is these types of practices that we as professionals need to be aware of so that we are able to provide fair and impartial professional help to clients.

Implications for future research suggest that as social workers we need to study what type of contact heterosexuals and homosexuals have with each other, as well as examining whether or not homophobic beliefs and personality traits can be reduced as a result of personal contact with gays and lesbians. It is this inter-personal contact which heterosexuals and homosexuals have which is the best predictor of homophobic biases and attitudes being reduced. How can this contact be increased if gays and lesbians are still afraid to "come out of the closet" about their sexual orientation? As social workers

we need to not only try and increase contact with homosexual clients to relieve our own homophobia, but we need to also help promote this contact with others in the communities which we have contact; work, home, volunteer, and extra-curricular.

Helping others be aware of gays and lesbians with whom they have contact may help decrease heterosexist beliefs as well as homophobic attitudes. Gays and lesbians need to feel that their lives are as valuable as heterosexuals'. As social workers we need to understand and eliminate homophobia when we are able.

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Appendix A
H-Scale
K. T. Smith

3. Homosexual should be locked up to protect society.	Yes	No
4. It would be upsetting for me to find out I was alone with a homosexual.	Yes	No
6. Homosexuals should be allowed to hold government positions.	Yes	No
8. I would not want to be a member of an organization which had had any homosexual in its membership.	Yes	No
14. I find the thought of homosexual acts disgusting.	Yes	No
17. If laws against homosexuality were eliminated, the proportion of homosexuals in the population would probably remain about the same.	Yes	No
19. A homosexual could be a good president of the United States.	Yes	No
22. I would be afraid for a child of mine to have a teacher who was a homosexual.	Yes	No
23. If a homosexual sat next to me on a bus I would get nervous.	Yes	No

Note: Items are numbered as they appeared on the questionnaire, i.e., randomly interspersed among the other items.

Appendix B
 The Heterosexual Attitudes Towards Homosexuality (HATH) Scale and Item-Total
 Correlations
 Larsen, et al.

Items	Item-Total Correlations
1. I enjoy the company of homosexuals.	.61
2. It would be beneficial to society to recognize homosexuality as normal .	.67
3. Homosexuals should not be allowed to work with children.	.66
4. Homosexuality is immoral.	.73
5. Homosexuality is a mental disorder.	.64
6. All homosexual bars should be closed down.	.76
7. Homosexuals are mistreated in our society.	.62
8. Homosexuals should be given social equality.	.60
9. Homosexuals are a viable part of our society.	.60
10. Homosexuals should have equal opportunity employment.	.57
11. There is no reason to restrict the places where homosexuals work.	.61
12. Homosexuals should be free to date whomever they want.	.66
13. Homosexuality is a sin.	.66
14. Homosexuals do need psychological treatment.	.57
15. Homosexuality endangers the institution of the family.	.58
16. Homosexuals should be accepted completely into our society.	.65
17. Homosexuals should be barred from the teaching profession.	.74

Appendix B Continued

18. Those in favor of homosexuality tend to be homosexuals themselves.	.72
19. There should be no restrictions on homosexuality.	.64
20. I avoid homosexuals whenever possible.	.67

Appendix C
IHP
Hudson & Ricketts

Index of Homophobia (IHP)

This questionnaire is designed to measure the way you feel about working or associating with homosexuals. It is not a test, so there are no right or wrong answers. Answer each item as careful and accurately as you can by placing a number beside each one as follows:

1. Strongly agree
2. Agree
3. Neither agree nor disagree
4. Disagree
5. Strongly disagree

Please begin.

1. I would feel uncomfortable working closely with a male homosexual. _____
2. I would enjoy attending social function at which homosexuals were present. _____
3. I would feel uncomfortable if I learned that my neighbor was homosexual. _____
4. If a member of my sex mad a sexual advance toward me I would feel angry. _____
5. I would feel comfortable knowing that I was attractive to members of my sex. _____
6. I would feel uncomfortable being seen in a gay bar. _____
7. I would feel comfortable if a member of my sex made an advance toward me. _____
8. I would be comfortable if I found myself attracted to a member of my sex. _____
9. I would feel disappointed if I learned that my child was homosexual. _____
10. I would feel nervous being in a group of homosexuals. _____
11. I would feel comfortable knowing that my clergyman was homosexual. _____

Appendix C continued

12. I would deny to member of my peer group that I had friends who were homosexual. _____
13. I would feel that I had failed as a parent if I learned that my child was gay. _____
14. If I saw two men holding hands in public I would feel disgusted. _____
15. If a member of my sex made an advance toward me I would be offended. _____
16. I would feel comfortable if I learned that my daughter's teacher was a lesbian. _____
17. I would feel uncomfortable if I learned that my spouse or partner was attracted to members of his or her sex. _____
18. I would like to have my parents to know that I had gay friends. _____
19. I would feel uncomfortable kissing a close friend of my sex in public. _____
20. I would like to have friend of my sex who were homosexual. _____
21. If a member of my sex made an advance toward me I would wonder if I were homosexual. _____
22. I would feel comfortable if I learned that my best friend of my sex was homosexual. _____
23. If a member of my sex made an advance toward me I would feel flattered. _____
24. I would feel uncomfortable knowing that my son's male teacher was homosexual. _____
25. I would feel comfortable working closely with a female homosexual. _____

