

Comparing Information versus Empathy in Decreasing Homophobic Attitudes:

An Intervention Study

Senior Research Project

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Abstract

This study explored the effects of information-only versus information with empathy exposure through video components on reducing homophobic attitudes and increasing understanding towards the GLBT community. Participants (n = 34) were randomly assigned to one of three conditions: (1) Information-only exposure (“The Gay Gene”); (2) Information and empathy exposure (“Ugly Ducklings: A Documentary”); and (3) Neutral exposure, or control (“Buffy the Vampire Slayer”). In the Information-only group participants were exposed to a video on the genetic basis of sexual orientation. In the information and empathy exposure participants were exposed to a video interviewing actresses involved with the play addressing the damaging effects of homophobia in an all girls’ summer camp. The neutral exposure, or control group watched a video on a topic unrelated to GLBT issues. All participants completed the Scale Items for Attitudes Towards Lesbian and Gay Men (ATLG) and the Empathy Towards Homosexuals Scale, both before and after receiving their group’s exposure. It was expected that the Information-only and the Information and Empathy groups would show significant increases in empathy when compared to the control groups. By utilizing a 2 by 3 Mixed ANOVA design with the first factor being time (pre- or post-test) and the second factor being the condition (Information-only, Information and empathy, or Control video intervention) it was found that there were no significant main effects or interactions for either survey regarding participants’ levels of empathy. Possible factors involved with not finding

significance as well encouraging non-statistically significant trends are discussed later in this paper.

Comparing Information versus Empathy in Decreasing Homophobic Attitudes: An Intervention Study

Homophobia is still widely present in our culture, and although attitudes towards homosexuality have been improving over the past few decades or so (Avery, Chase, Johansson, Litvak, Montero, and Wydra, 2007), there is still a clear need for improvement to foster more empathy in our communities. As the term “homophobia” can have the tendency to imply a clinical fear despite there being no such diagnosis, it seems important to clarify that for the purposes of this study homophobia is used to describe any of the wide varieties of discrimination or stigmas against the GLBT community. In a recent study in the Princeton Review Hanover College was rated as the 14th highest school, out of the 366 colleges polled, in the category of campuses where “alternative lifestyles aren’t an alternative” (The Princeton Review, 2007). It was really surprising to learn this was true of the institution of higher learning where this study was conducted. While Hanover College is situated in an extremely rural area and has a prevailing history of conservative Presbyterian affiliation, it seemed an accepting and supportive campus. Rural areas do tend to be more conservative with higher degrees of religious orthodoxy and thus more likely to promote homophobic attitudes, making it extremely difficult for anyone to be open about their

homosexuality or bisexuality (Herek, 1988). Many GLBT youth in these situations have to actively strive to be perceived as straight so that they could be accepted as normal, but received a great deal of negative attention for not fitting into “normal” constructs of gender. Heterosexual males in particular exhibit the strongest displays of homophobic behavior, and target homosexual males much more so than homosexual females (Herek, 1988). But in the case of all gay youth it is certain that the lack of supportive reactions from their parents and peers makes GLBT individuals more likely to experience “adverse psychological and behavioral outcomes, such as internalized homophobia, low self-esteem, and high-risk sexual behaviors” (Willoughby, Malik, Lindahl, 2006).

Homophobia is not just a problem because the justifications for being anti-gay are so largely based in ignorance, but because of the harm it inflicts on those who are even perceived to possibly be gay (Kindlon & Thompson 1999). The violence against “gays” and damage stemming from homophobic attitudes have a very direct impact on the GLBT community that unfortunately may go much farther than name calling, which powerfully underscores the need for psychological interventions to reduce homophobia. Some extreme examples of intolerant behavior would first of all include the case of Matthew Sheppard, who was beaten and left to die tied to a fence out in a desert in Laramie, Wyoming (Marcus, 1999). Matthew’s case is a fairly well known example and is extremely powerful. Matthew Shepard’s mother Judy Shepard now travels across the country and speaks to the public in an effort to combat homophobia. Judy Sheppard talks about what it was like for her and her husband to hear about what

had happened to their son while they were out of the country. Judy and her husband came back to find Matthew dying in a hospital room; he was so beaten up and bandaged that Judy said she could not even immediately recognize her own son until she saw the blue of the one eye he had partially open. In this powerful quote about her son, Judy Sheppard said:

"Matthew had an interest in politics and current news events. He was quite adept at understanding complex issues and was equally adept at expressing his opinions on these issues. He had such hopes for the future, his future. He was always anxious for the next step - the next stage of his life to begin. Every new step meant new challenges, new friends and new experiences. He knew that judging people before knowing them was the loss of an opportunity. He never understood why everyone didn't think that way. Matthew felt there could be nothing better on this earth than another friend" (Shepard, J. 2006)

One student in the audience asked Judy if the two young men responsible for the attack had ever apologized. They are still in jail serving out their sentence, and to this day do not believe they did anything wrong by brutalizing a young man to the point of causing his death, just because Matthew was gay. Examples such as these also help indicate the clear need for psychological interventions to help people in learning more about GLBT individuals and to help them overcome the negative stereotypes they've been exposed to.

Another example is the case of Mary Griffith, who was horribly distraught over discovering her son Bobby was gay and convinced him that if he prayed

hard enough, God would take this horrible thing away from him (Marcus, 1999). Bobby Griffith kept a journal in which he described how scared he was about going to hell for his feelings and about how desperately he wanted God to take those thoughts away from him so he could be a good person. Mary only realized her mistake after her son killed himself to end the internal conflict of feeling worthless and evil for something he should never have been made to feel so guilty about (Marcus 1999). Even in less extreme examples though, there are enough anti-gay sentiments around in such frequent and smaller doses to make the majority of gay and lesbian individuals feel terrible about themselves for feelings they don't have control over (Goodenow, C., Szalacha, L. & Westheimer, K. 2006).

When looking at the issue of homophobia in a broader sense, there are a number of disturbing findings from numerous studies addressing the prevalence and instances of discrimination against the GLBT community. For example, Gregory Herek administered a survey in 1988 of two thousand gay and lesbian individuals in which slightly less than 90% of males and about 75% of females reported having experienced harassment, about 50% of males and more than 33% of females reported having experienced threats of violence, and about 20% of males and 10% of females had experienced direct physical violence because of their sexual orientation (Herek 1988). In a similar study in 1995, Hershberger and D'Augelli surveyed two hundred gay and lesbian participants who also reported high levels of victimization, with 80% reporting verbal insults and 17% reporting having been physically assaulted because of their sexual orientation

(Hershberger & D'Augelli 1995). This study showed very comparable statistics even years later, representative of a similar trend in attitudes towards the GLBT community throughout the 90's. In some of the most recent studies, the FBI reported in 2006 that 15.5% of the 7,720 reported hate crime incidences were crimes relating to sexual orientation. Also, in 2006 The National Gay and Lesbian Task Force, working in conjunction with the U.S Department of Health and Human Services, estimated that between 20-40% of homeless youth identify as GLBT. In their over two hundred page long report, they went on to indicate that part of the problem arises from the fact that about 50% of individuals who come out to their parents receive a negative reaction and that 26% of GLBT youth are disowned by their parents and forced to leave their homes upon disclosing their sexual orientation. The negative reactions GLBT individuals receive from their parents, peers, and the community at large have an obviously detrimental impact on the mental health of GLBT people who have been found to be as much as four times more likely to attempt to commit suicide than their heterosexual peers. The National Gay and Lesbian Task Force also reported that one out of every three teenaged suicide attempts are by a GLBT individual. When looking at these horribly high statistics, the rates of homelessness, suicide attempts, and the prevalence of discrimination GLBT people experience are really very disproportionate as GLBT individuals only make up an estimated 3-5% of the total population.

From these examples and statistics it is abundantly clear that such discrimination is very much present in our society and that it is extremely harmful

to people psychologically. Such information also clearly underlines the need for and the importance of having GLBT friendly allies. It is therefore imperative that psychologists find effective ways to intervene in the community to prevent people from discriminating against GLBT individuals and strive to improve tolerance across all communities to the best of their abilities. Toward this end psychologists, as professionals concerned with the emotional and mental well-being of such a highly marginalized group, should seek to make information more widely available through educational programs and psychological interventions. Increased availability of information on the GLBT community and the challenges they face will lead to support for gays and lesbians among the rest of the population. This concern has led me to search for programs and interventions to counter-act unconscious homophobic attitudes and to improve empathy and understanding towards homosexual individuals. The SAFE Zone program is used by many colleges to help educate people about gays and lesbians and to equip them with knowledge and methods for being supportive to homosexual individuals as well as helping establish an emotional connection to the experiences of GLBT individuals by non-GLBT people (Evans, N.J. 2002). Although the SAFE Zone's exact origins appear to be unknown, it has been taken up in a variety of different colleges and universities with individual differences existing among these SAFE Zone programs (Finkel, Storaasli, Bandele, & Schaefer, 2003). Despite these individual differences among various college programs, the SAFE Zone Ally Training programs have the united theme of educating participants on becoming allies to the GLBT community by giving

them information regarding current GLBT terminology, challenges facing the GLBT community, ways in which heterosexuals have privilege without perhaps even realizing it, and how to respond to GLBT people in the community in a supportive manner (Finkel, Storaasli, Bandele, & Schaefer, 2003). Studies have shown that the methods employed in SAFE Zone training methods do have a positive effect on participants, such as a University of Denver SAFE Zone training in which only about 8% of participants said that the training had little or no effect on their attitudes towards gays and lesbians (Finkel, Storaasli, Bandele, & Schaefer, 2003). The methods of the SAFE Zone program led me to my research question seeking to understand if information alone is effective in decreasing homophobic attitudes or if the added component of empathy leads to the most effective changes. Empathy can be defined as a “vicarious emotional response to the perceived emotional experience of others” (Mehrabian & Epstein 1972). Empathy may be an extremely important component to utilize in an intervention to improve attitudes towards the GLBT community as it has been shown to be effective in increasing positive attitude changes towards a variety of stigmatized groups, such as the mentally ill (Taylor, S. M. & Dear M. J. (1981). As it is difficult to get extremely anti-gay individuals to willingly participate in a program for increasing understanding towards the GLBT community, attempting to increase empathy in individuals who may be neutral or somewhat supportive seemed the more practical route to take, while of course not excluding individuals who may show up with those extremely homophobic views. Through this study, I hoped to address the question of how empathy (emotional) and informative

(intellectual) components inspired by SAFE Zone training compared to information-only as an intervention to decrease homophobia by increasing empathy towards GLBT individuals.

Method

Design

A pre-test and post-test intervention study design was used. The three intervention groups for my study were the information-only group, the information and empathy group, and a control group. For all the groups, the surveys were given before viewing their respective videos, and then again afterwards.

Participants

Participants ($n = 34$) consisted of almost exclusively Hanover College students with the exception of one faculty member participant, all of 18 years of age or older. For the information-only ($n = 11$), information and empathy ($n = 13$), and the control video ($n = 10$) groups the participants had reasonably even groupings across the three video treatment conditions. The age range for participants was 18-40 years with a mean age of 20.5 years. The majority of participants (70.6%) were female. To reduce the bias of self-selection, I was intentionally vague in calling the study an intervention study related to relationships (“perceptions of relationships”) so participants would not know it has to do with GLBT issues until they got there. Most participants were from introductory psychology classes pursuing a chance for extra credit; the disproportion of participants will be taken to account in the discussion section.

Materials

The surveys used for this study consisted of three groupings of questions, the first of which was a Basic Demographics section asking participants about their age, class rank, the hometowns they come from, gender, political affiliation, religious background, and et cetera. The second groupings of questions were Likert scaled sections of questions designed to measure their homophobic or accepting attitudes towards situations involving GLBT individuals. These questions came from two surveys. One of the surveys was from the modified C.A.M.I. (Taylor, S.M. & Dear, M.J., 1981) from Stephanie Turner's Independent Study on reducing stigma towards the mentally ill in which I altered questions to apply to homosexuals instead (see Appendix A). This survey was known as the Empathy Towards Homosexuals Scale.

The second source of questions was from the Scale Items for Attitudes Towards Lesbians and Gay Men (or ATLG; see Appendix B) (Herek, G., 1988), which were referenced in one of my resource articles (see Appendix C).

It was decided to utilize both surveys as the ATLG was very brief and the Empathy Towards Homosexuals Scale seemed to more directly take a measure of empathy once questions were modified from the original CAMI wordings.

As mentioned in the abstract, there were also three videos, one for each of the exposure conditions. The information-only group only viewed a video regarding GLBT issues from an objective standpoint called The Gay Gene, which specifically addresses research pertaining to the existence of genetic

components in determining sexual orientation. The information and empathy group viewed a video called *Ugly Ducklings: A Documentary* which incorporates informative and empathy components which shows the struggles of gay men who adopting children. The control group received the same surveys as the two experimental groups and watched a video not related to GLBT issues from the TV series *Buffy the Vampire Slayer* which had some scenes cut to shorten the episode down to about thirty minutes to better match the time of the other two videos, and to focus in only on the secret heterosexual relationship that one character reveals to a supportive character drawing a parallel between a kind of “coming out” process to an understanding ally friend.

Procedure

The participants were divided into the three groups based on the scheduled time they signed up for, and then I administered the surveys before showing any one group their video, and then again at the end of the video. The participants were allowed into the room and were first given the study description (see Appendix D) with the informed consent attached at the bottom for them to sign. Participants were given both the modified CAMI and the ATLG to fill out and then watched one of the three video conditions before filling out the modified CAMI and ATLG again. After the second set of surveys, the participants were then intentionally given the demographic survey (see Appendix E) last because a few of the questions, such as asking them about their level of previous contact

with GLBT individuals, could have potentially given away some of the study's intent beforehand. Finally, participants were given the debriefing form (see Appendix F) and were then allowed to leave. The entire study time never exceeded the hour long slots the sessions were scheduled for. When the forms were not in use for analysis or data entry, all materials were kept in a locked cabinet in an office area for use by senior psychology students to ensure confidentiality. Informed consent forms were kept separate from each participant's survey information sheets as soon as they signed them and before they received their first survey packet to ensure as much anonymity as possible.

Results

The two surveys each had high reliability for both the pre- and post-test with Cronbach's alphas of: CAMI pre-test $\alpha = .90$, CAMI post-test $\alpha = .91$, ATLG pre-test $\alpha = .95$, and ATLG post-test $\alpha = .96$. To determine whether the video conditions increased empathy, participants were randomly assigned to receive one of the three video intervention conditions. The participants' level of empathy was measured both before and after the intervention utilizing both surveys. Changes in empathy were analyzed using a 2 (time; pre- vs post-test) by 3 (condition: information, information and empathy, or control video intervention) mixed-factorial design with repeated-measures on the second factor for both the modified CAMI and the ATLG. The expected interaction between time and treatment for the modified CAMI was not significant, ($F(2,31) = 1.55, p = .23$). Tests of simple main effects for the modified CAMI were also not significant for

either time, ($F(1, 31) = 0.55, p = .47$ or condition, ($F(1, 31) = 1.55, p = .23$). The expected interaction between time and treatment for the ATLG was not significant, ($F(2,31) = 0.062, p = .94$). Tests of simple main effects for the ATLG were also not significant for either time, ($F(1, 31) = 2.53, p = .10$) or condition, ($F(1, 31) = 0.062, p = .94$). The statistical analysis did not support my hypothesis, as there were no main effects and no interactions for either of the surveys on participants' empathy levels in any condition.

Discussion

What I had expected to find with my study was that the video exhibiting both the qualities of information and empathy would result in the most positive changes in attitude. I had also hoped to find that the information-only group would have demonstrated a relatively strong effect on attitude changes over the control group. It would have been encouraging to see that even just making some objective information more widely available could be of some use in combating homophobic attitudes. The research mentioned in the introduction seemed to support the likelihood that the information and empathy group would exhibit the strongest changes, as it most closely resembles the comprehensive aspects involved with the SAFE Zone ally training program, which was not the case with this study.

While there were no statistically significant results for my study, there were at least some encouraging trends that, when coupled with the low statistical

power of only having about thirty participants overall, may indicate that there is at least some minor support for my hypothesis. For example, I performed some post-hoc analysis by utilizing cross-tabulations and pair-wise comparisons for pre-/post-test differences within each condition by subtracting the post survey scores from the pre survey scores for both surveys for each condition. By doing this, I was able to look at the percentages of participants whose scores showed a decrease, no change, or an increase in their empathy score. Again, while not statistically significant, looking at these results provided insight into the subtleties of the minor changes that did occur.

With the results for the modified CAMI (see Figure 1) the percentage of participants who increased in empathy was highest for the Information and Empathy exposure at 61.5%; conversely it also showed the lowest percentage of participants who decreased in their empathy scores at 30.8%. When looking at the other two groups, there were the unexpected results of the control group showing a higher increase in empathy scores than the Information-only group at 50%, as well as the Information-only group demonstrating the highest percentage of participants whose empathy decreased with 54.5% of participants. A possible explanation for the control group having a higher effect on increasing empathy could be that despite not directly dealing with GLBT issues, it was still an empathy-eliciting video with the main character sobbing at the end and begging the supportive friend whom she disclosed her secret relationship to, to please not forgive her. With the relatively high percentage of individuals decreasing in empathy in the Information-only condition, there is a possibility that confirmation

biases played a role. The Information-only video condition presented both strong support and strong skepticism of the genetic basis of homosexuality; because individuals at the college level have almost certainly been exposed to this debate, it is likely that they already had opinions on the matter and simply ignored some information not pertinent to their views and focusing instead on information reinforcing their own conclusions on the matter.

Looking at these same pair-wise comparisons for the ATLG survey, the pattern of results (see Figure 2) was less ambiguous and at least showed a non-statistically significant trend showing more or less exactly what my hypothesis would have predicted. The control group demonstrated 40% for both those who increased and decreased, the Information-only group demonstrated a slightly higher percentage of increase at 45.5%, and the Information and Empathy group again demonstrated the higher percentage increase in empathy scores at 61.5% while also showing the lowest percentage of those who decreased in empathy at 23.1%. While this is again only looking at non-statistical results, it was encouraging to see an exact pattern in one of the surveys and also seeing that the Information and Empathy group was the most effective in both surveys in increasing some positive attitude changes.

There are a number of possible influencing factors that could explain the lack of finding statistical significance. First of all, the videos used did not perfectly or exclusively capture the components I sought to utilize. I had to rely on what already exists in the culture and there do not seem to be any directly designed to intervene of homophobic attitudes. I sought out a great number of

videos, some of which were not at all what I was looking for and some of which had real potential. The particularly difficult part in selecting videos was trying to get them to all basically match in having a similar topic and having parallels. One video I found that had great potential for inducing an empathetic response was on gay adoption and the struggles homosexual couples have to face in addition to those any couple could expect to face in adopting a child. The focus of that particular video though was just too specific on the adoption issues to the exclusion of the other aspects of being GLBT or being an ally, and so it, along with many others, was deemed not as useful as the videos I ended up deciding upon as time became an essential concern.

A second and powerful factor for my study was a very high ceiling effect. Negative or strongly anti-gay attitudes could not actively be sought out, but participants overall had an extremely high overall supportive attitude at the beginning of the study. My participants were largely psychology majors either seeking to support my study because they understood how important it was to have as many participants as possible, or to receive extra credit for their psychology classes. Almost half of my participants (about 44%) were declared or expected psychology majors. When I averaged both of the pre-test survey scores together, 26 of the 34 participants began with scores of 4 or higher, meaning there was not a great deal of room for increased empathy changes within this particular population. Participants also reported high levels of previous contact with GLBT individuals from the question addressing their type of previous contact on the demographics questionnaire. Only five individuals said

their previous contact with GLBT individuals was at the “acquaintance” level, ten rated their previous contact as being a family member, seventeen reported previous contact as having a GLBT friend, and three reported their contact as “self”. No participant reported their previous contact with the GLBT community as “none”.

A few final considerations addressing not finding the statistical significance I had expected could be attributed to selection bias and demand characteristics. Although I was intentionally vague in naming the study as a “Perceptions of Relationships” study when recruiting participants to leave any GLBT terms out of the title, Hanover is a small campus. As an openly gay individual attending a school with only about a thousand students, it is not difficult to believe that participants might know me and therefore have an idea about my topic regardless of what I named it. With the demand characteristics, it is also possible that participants might have been motivated to answer in a more politically correct way, especially with an “out” individual sitting in the room with them conducting the study.

Taking into consideration the results of the study and some of the discussed issues, there are some future directions that would be beneficial to keep in mind in continuing to pursue this topic of research. The most obvious would be to obtain a larger sample size; 34 participants is not a very large sample size, especially when that number was split roughly even three ways into the three video intervention groups. It would be beneficial to attempt to use a sample where individuals most likely did not know me and could not be

influenced by previous contact with or knowledge of me. Using more appropriate videos would also perhaps give better results which could either involve screening even more videos to find even better pre-existing video interventions, or having the time and means to make a video myself. I also feel that directly utilizing contact theory would be of great help. The Information and Empathy video intervention did have the best overall trend results and it was the closest video substitute to actual contact with GLBT individuals providing a kind of vicarious contact in attempting to make a more personal and effective connection with participants.

Originally, I had sought to run participants through a SAFE Zone ally training program at Hanover as my intervention group. Although this was not possible for this study, my work in modifying and conducting SAFE Zone trainings on campus as well as my experience performing this research make me excited at the prospect of continuing to pursue this topic with the greater understanding I now possess. Performing this study has only increased my interest and I hope I can employ this recently gained knowledge in pursuing further research with SAFE Zone or other intervention programs more directly in the future to help come up with more refined and keenly targeted methods for increasing positive attitude changes toward the GLBT community.

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Appendix A: Modified CAMI-Empathy Towards Homosexuals Scale

1=Strongly Disagree 2=Disagree 3=Neutral 4=Agree 5=Strongly Agree

*Indicates a reversed scale item

- 1.) I get very angry when I see a GLBT individual being ill-treated.
- 2.) I rarely let the feelings of others affect me.
- 3.) There is something about homosexuals that makes it easy to tell them from normal people.*
- 4.) GLBT individuals deserve our sympathy
- 5.) There is no reason for GLBT people to be mistrusted.
- 6.) People make too much of the feelings and sensitivity of gays and lesbians.*
- 7.) Seeing people in distress doesn't bother me.
- 8.) The misfortunes of the GLBT community don't bother me.*
- 9.) In most ways, GLBT people are just like the rest of us.
- 10.) I am annoyed by GLBT people who are just sorry for themselves.*
- 11.) One of the main causes of homosexuality is a lack of self-discipline and will power.*
- 12.) Gays and lesbians have for too long been the subject of ridicule.
- 13.) The best way to handle GLBT individuals is to keep them away from everyone else.*
- 14.) The best way for homosexuals to be normalized is to be a part of our communities.

- 15.) We need to adopt a more tolerant attitude towards homosexuals in our society.
- 16.) As soon as a person shows signs of homosexual inclinations, it should be counter-acted.*
- 17.) I would not want to live next door to someone who was homosexual.*
- 18.) Homosexuals need the same kind of control and discipline as a young child would.*
- 19.) We have a responsibility to provide the best possible care for homosexuals.
- 20.) Anyone with a history of homosexuality should be excluded from public office.*
- 21.) Homosexuality is a mental illness like any other.*
- 22.) Homosexuals don't deserve our sympathy.*
- 23.) Homosexuals should not be denied their individual rights.
- 24.) Homosexuals should not be treated as outcasts of society.
- 25.) Homosexuals are a burden on society.*
- 26.) Homosexuals should be encouraged to assume the same responsibilities as any other person.
- 27.) Less emphasis should be placed on protecting society from homosexuals.
- 28.) No one has the right to exclude homosexuals from their neighborhood.
- 29.) It is frightening to think of people with homosexual orientations living in residential neighborhoods. *
- 30.) Orientation-altering therapy is an outdated means of treating homosexuals.

Appendix B: Community Attitudes Toward the Mentally Ill Scale (CAMI)

1=Strongly Disagree 2=Disagree 3=Neutral 4=Agree 5=Strongly Agree

- 1.) One of the main causes of mental illness is a lack of self-discipline and will power.
- 2.) The mentally ill have for too long been the subject of ridicule.
- 3.) Residents should accept the location of mental health facilities in their neighborhood
to serve the needs of the local community.
- 4.) The best way to handle the mentally ill is to keep them behind locked doors.
- 5.) More tax money should be spent on the care and treatment of the mentally ill.
- 6.) The mentally ill should be isolated from the rest of the community.
- 7.) The best therapy for many mental patients is to be part of a normal community.
- 8.) There is something about the mentally ill that makes it easy to tell them from normal
people.
- 9.) The mentally ill should not be given any responsibility.
- 10.) We need to adopt a more tolerant attitude toward the mentally ill in our society.
- 11.) A woman would be foolish to marry a man who has suffered from mental illness,
even though he seems fully recovered.
- 12.) As far as possible, mental health services should be provided through
community
based facilities.

- 13.) As soon as a person shows signs of mental disturbance, he should be hospitalized.
- 14.) Our mental hospitals seem more like prisons than like places where the mentally ill can be cared for.
- 15.) I would not want to live next door to someone who has been mentally ill.
- 16.) Locating mental health services in residential neighborhoods does not endanger local residents.
- 17.) Mental patients need the same kind of control and discipline as a young child.
- 18.) We have a responsibility to provide the best possible care for the mentally ill.
- 19.) Anyone with a history of mental problems should be excluded from taking public office.
- 20.) Residents have nothing to fear from people coming into their neighborhood to obtain mental health services.
- 21.) Mental illness is an illness like any other.
- 22.) The mentally ill don't deserve our sympathy.
- 23.) The mentally ill should not be denied their individual rights.
- 24.) Mental health facilities should be kept out of residential neighborhoods.
- 25.) The mentally ill should not be treated as outcasts of society.
- 26.) The mentally ill are a burden on society.
- 27.) Mental patients should be encouraged to assume the responsibilities of normal life.

- 28.) Local residents have good reason to resist the location of mental health services in their neighborhood.
- 29.) Less emphasis should be placed on protecting the public from the mentally ill.
- 30.) Increased spending on mental health services is a waste of tax dollars.
- 31.) No one has the right to exclude the mentally ill from their neighborhood.
- 32.) Having mental patients living in residential neighborhoods might be good therapy, but the risks are too great.
- 33.) Mental hospitals are an outdated means of treating the mentally ill.
- 34.) There are sufficient existing services for the mentally ill.
- 35.) The mentally ill are far less of a danger than most people suppose.
- 36.) It is frightening to think of people with mental health problems living in residential neighborhoods.
- 37.) Virtually anyone can become mentally ill.
- 38.) It is best to avoid anyone who has mental problems.
- 39.) Most adults who were once patients in a mental hospital can be trusted as babysitters.
- 40.) Locating mental health facilities in a residential area downgrades the neighborhood.

Appendix C: Scale Items for Attitudes Towards Lesbian and Gay Men (ATLG)

Scoring is reversed for starred (*) items.

- 1.) Lesbians just can't fit into our society
- 2.) A woman's homosexuality should not be a cause for job discrimination in any situation.*
- 3.) Female homosexuality is detrimental to society because it breaks down the natural division between the sexes.
- 4.) State laws regulating private, consenting lesbian behavior should be loosened. *
- 5.) Female homosexuality is a sin.
- 6.) The growing number of lesbians indicates a decline in American morals.
- 7.) Female homosexuality in itself is no problem, but what society makes of it can be a problem.*
- 8.) Female homosexuality is a threat to many of our basic social institutions.
- 9.) Female homosexuality is an inferior form of sexuality.
- 10.) Lesbians are sick.
- 11.) Male homosexual couples should be allowed to adopt children the same as heterosexual couple.*
- 12.) I think male homosexuals are disgusting.
- 13.) Male homosexuals should not be allowed to teach school.
- 14.) Male homosexuality is a perversion.

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

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

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

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

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

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

Appendix D: Study Description and Informed Consent Form

Perceptions of Relationships Research Study:**Study Description**

This research is being conducted by Steven Minett, a senior psychology major at Hanover College. The experiment in which you are asked to participate is designed to examine students' perceptions and understandings of other peoples' relationships. You will be asked to watch a video about human relationships. You will fill out a brief demographic questionnaire after taking the two surveys. After you have finished filling out the surveys and watching the video, you will be debriefed.

The entire experiment will take less than one hour. The information you provide during the experiment is completely anonymous and at no time will you be associated with the responses you give. There are no known risks involved in being in the study beyond those of everyday life. However, some people find intimate discussions of relationships uncomfortable, this may or may not be the case for you. If you have any questions about what you will be doing in the study or about the study itself, feel free to ask them now or at any time during your participation.

If you have any questions after the study, please contact Steven Minett at minetts@hanover.edu or Michelle Mamberg at mamberg@hanover.edu or at x7239.

If you feel any discomfort during or after participating in this study please feel free to contact Michelle Mamberg x7239, Katie Dine-Young x6842, David Reetz x7399, or Carter Aiken x6738.

Informed Consent

I acknowledge that I am participating in this study by my own free will. I understand that I may refuse to participate or stop participating at any time during the study. If requested, a copy of this consent form may be provided to me.

 Signature

 Date

Appendix E: Demographics Survey Form

**Perceptions of Relationships Research Study:
Demographics Questionnaire**

Please complete the following questions as accurately as possible.

1.) **Gender:** Male Female

2.) **Age:** _____

3.) **Year in School:** Freshman Sophomore Junior Senior

4.) **Major:** _____

5.) **Hometown/Area:** Rural Urban Suburban Other (please describe): _____

6.) **Political Affiliation:** _____

7.) **Religious Background:** _____

8.) **Previous Experience/Contact with GLBT Individuals:** (circle all that apply)

None Acquaintance Friend Family Member Self

9.) **Sexual Orientation:** _____

10.) Please feel free to add any comments you may have:

Appendix F: Debriefing Form

Perceptions of Relationships Research Study:

Debriefing Form

The study in which you just participated was designed to measure the effects of two intervention conditions aimed at providing information about and increasing empathy toward the GLBT (Gay Lesbian Bisexual Transgender/Transsexual) community. You either watched a video of an information-based approach to coming out about being gay (only factual information was provided), a video that provided an empathic portrayal of GLBT individuals (i.e., the empathy treatment condition), or a neutral control video on non-GLBT relationships. I will be testing whether the empathy-eliciting treatment condition has a greater effect in reducing stigmatizing attitudes and increasing empathy towards GLBT individuals than the information-only or neutral control conditions.

Please do not discuss this study with other potential participants until the semester has ended. If people know detailed content before the study begins, they may respond differently, which could distort the results of the study.

As soon as the results of the study are available you can contact me if you would like to read about them.

Again, if you felt any discomfort during or after participating in this study please feel free to contact Michelle Mamberg x7239, Katie Dine-Young x6842, David Reetz x7399, or Carter Aiken x6738.

If you have any questions or comments about this research, please contact Steven Minett at minetts@hanover.edu or Michelle Mamberg x7239. Thank you for participating, your time and participation are much appreciated!

Figure 1: Pair-wise comparisons of post-pre differences in percent change in empathy of participants for the modified CAMI.

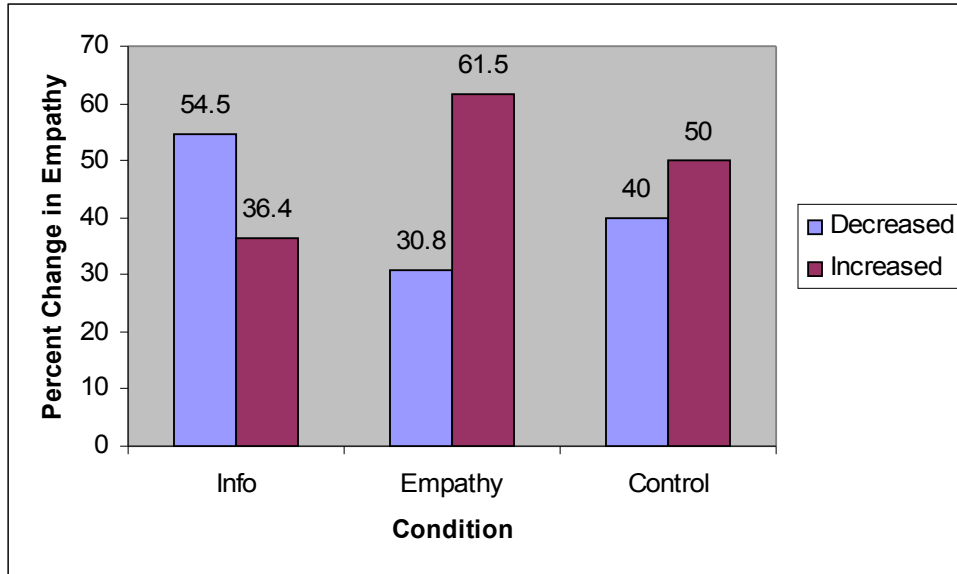


Figure 2: Pair-wise comparisons of post-pre differences in percent change in empathy of participants for the ATLG.

