

Correlates of Knowledge/ Attitudes towards Lesbian, Gay, and Bisexual Individuals

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Students entering college are likely to meet people from diverse backgrounds and sexualities. While still in their formative years, students continue to develop their sense of self and adult sexual identity. Conceivably, heterosexual students might, for the first time in their lives, knowingly interact with gay, lesbian, bisexual (LGB) individuals, often a hidden minority on campus and in the classroom. How positively heterosexual students feel towards LGB peers may relate to their own mental health and sexual maturity. Those suffering from depression or burdened with sexual guilt may act out toward LGB students.

Our cross-sectional, correlational study examined the associations of depression and guilt with students' knowledge/attitudes of lesbian, gay, bisexual individuals. We hypothesized that depression and guilt would explain a significant portion of the variance in students' knowledge and attitudes of LGB. More specifically we hypothesized that (1) increased depression would relate to increased hate and religious conflict, and decreased internal affirmativeness, support for civil rights, and LGB knowledge; (2) increased sexual, conscious, and hostile guilt would relate to increased hate and religious conflict, and decreased internal affirmativeness, support for civil rights, and LGB knowledge.

Participants were recruited from a university campus in a major southern urban location. Inclusion criteria included 18 years of age or older and verified university enrollment. Participants (N=653; 70% female) were diverse, with 60.3% self-identifying as Caucasian, 20.3% African American, 8.8% Latino, and 10.6% other. Ninety-four percent self-identified as heterosexual, 2% gay/homosexual and 3.8% bisexual. The mean age of the sample was 20.73 years (SD=3.67), and ranged from 18 to 54 years. Fifty-five percent of participants reported a GPA between 3.0 and 4.0 with 59.4% freshman and sophomores. Twenty-four percent of our sample majored in psychology, 18.3% were business majors and 6.5% were kinesiology/health promotion majors (the three most frequently reported majors).

In addition to self-reported demographic information, participants completed measures that assessed guilt, depression, and knowledge/attitudes towards LGB individuals. The Revised Mosher Guilt Inventory (Mosher, 1966) assesses guilt along 3 dimensions [sex-guilt ($\alpha=.68$), morality-conscious guilt ($\alpha=.54$), and hostility-guilt ($\alpha=.77$)]. Higher scores on each sub-scale indicate more scripted guilt. On the Center for Epidemiological Studies-Depression (CES-D; Radloff, 1977) our participants scored a mean of 15.42 (SD=10.32, Range 0-60, $\alpha=.72$). As Radloff suggests, scores of 16+ suggest risk for clinical depression.

Finally, participants reported the following scores on the 5 subscales of the Lesbian, Gay, and Bisexual Knowledge and Attitudes Scale for Heterosexuals (LGB-KASH; Worthington, 2005): The Civil Rights subscale (M= 24.50; SD= 8.65; Range 5-35; $\alpha=.65$) measures beliefs about the civil rights of LGB people concerning marriage, children, and insurance. The Internalized Affirmativeness subscale reflects a personalized affirmativeness and willingness to engage in proactive social activism with LGB persons (M=15.56; SD= 8.31; Range=5-35; $\alpha=.63$). Next, avoidance, self-consciousness, hatred, and violence toward LGB individuals is measured with the Hate subscale (M= 11.38; SD= 6.31; Range 6-42, $\alpha=.51$). The Religious Conflict subscale (M=24.18; SD= 7.93; Range= 7-43; $\alpha=.68$), describes conflictual beliefs and ambivalent homonegativity (often of a religious nature). Finally, the Knowledge subscale (M=13.96; SD= 13.76; Range 5-116; $\alpha=.41$) reflects basic knowledge about history, symbols, and organizations related to the LGB community.

We tested 5 models to determine which variables would account for the variance in each of the 5 subscales of the LGB-KASH. We performed a hierarchical regression analyses for each model where demographic variables were entered stepwise into block 1, student variables, e.g., current number of hours enrolled, were entered stepwise into block 2, and the variables of interest, depression and the three dimensions of guilt, were entered simultaneously into block 3.

Four of our 5 models resulted in significant explanations of the variance in the dependent variables, ranging from 18% to 32% [adj.R² = .18; F (7,652) =21.35, $p<.001$], [adj.R² = .23; F (6,653) =33.45, $p<.001$], [adj.R² = .26; F (7,652) =34.58, $p<.001$], [adj.R² = .32; F (6,653) =53.18, $p<.001$]. Depression was a positive significant predictor of Civil Rights ($t= 3.45$, $p<.001$) and Internal Affirmativeness ($t= 4.409$, $p<.001$). Surprisingly, depression was not significantly associated with Hate or Religious Conflict.

We found a pattern such that Sexual Guilt was a significant predictor of Civil Rights ($t = -12.61, p < .001$), Internal Affirmativeness, ($t = -10.66, p < .001$) and Hate ($t = -7.85, p < .001$) but had an inverse relationship with the later variables. Sexual Guilt was a positive significant predictor of Religious Conflict ($t = 6.91, p < .001$). Next, Conscious Guilt was a consistent predictor (both negatively and significantly) of Civil Rights ($t = -2.65, p < .01$), Internal Affirmativeness ($t = -1.966, p < .05$), and Hate ($t = -2.34, p < .05$) with the exception of Religious Conflict where it was a positive significant predictor ($t = 3.67, p < .001$). Also, Hostile Guilt significantly contributed to the following models: Civil Rights ($t = 3.93, p < .001$), Internalized Affirmativeness ($t = 2.620, p < .01$), and Hate ($t = 4.09, p < .01$). Hostile Guilt was not associated with Religious Conflict

Our fifth model that looked at Sexual, Conscious, and Hostile Guilt and depression and their relationship to student's knowledge of LGB individuals revealed insignificant results.

In conclusion, the majority of our hypotheses were supported by our analyses. LGB students often face increased risk of violence, harassment and discrimination, which may be associated with increased risk for drug use, suicides, and STD/HIV infections. In response to these concerns, it is imperative that all students support the safety of LGB students through campus health protective policies and LGB friendly behaviors.

Although our study's cross-sectional correlation design limits our ability to make causal inferences our findings are important in that they suggest to clinicians who work with college students that they should focus not only on common stressors in this age group (depression and guilt) but also on student's knowledge and attitudes towards LGB persons. Given our results college counselors are encouraged to work with students on issues of diversity and equality. We feel that the healthier attitudes about minority groups that people hold the more civility and equality can diffuse into the college setting and perhaps into society. On campus interventions designed to reduce depression, guilt, or negative attitudes towards LGB might promote great acceptance of diversity on college campuses.