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**A COMPARISON OF GAY AND LESBIAN SENSITIVITY TRAININGS  
ON STUDENT COUNSELORS' ATTITUDES TOWARD  
SAME GENDER SEXUAL BEHAVIOR**

by

**H. Dean Dorman**

**A Dissertation  
Submitted to the  
Faculty of The Graduate College  
in partial fulfillment of the  
requirements for the  
Degree of Doctor of Education  
Department of Counselor Education  
and Counseling Psychology**

**Western Michigan University  
Kalamazoo, Michigan  
December 1996**

**A COMPARISON OF GAY AND LESBIAN SENSITIVITY TRAININGS  
ON STUDENT COUNSELORS' ATTITUDES TOWARD  
SAME GENDER SEXUAL BEHAVIOR**

**H. Dean Dorman, Ph.D.**

**Western Michigan University, 1996**

This study explored the effect of both gender and three different panel discussion formats on the positive modification of attitudes toward same gender sexual behavior. Subjects were randomly assigned to either a control group or one of three treatment groups: (1) a live panel discussion, (2) a videotape of the live panel discussion with a facilitator, or (3) a videotape of the live panel discussion without a facilitator.

Attitudes toward same gender sexual behavior were measured by pre- and posttests of the Attitudes Toward Lesbians and Gay Men Scale (ATLG) developed by Gregory Herek. Subjects in this study were 86 graduate students enrolled in counseling and/or psychology related programs at Western Michigan University and the University of North Carolina-Charlotte. Subjects were placed in the appropriate cells of a 2 X 4 factorial design and the data were analyzed using a Welch approximate t procedure. It was hypothesized that there would be no significant difference ( $p < .05$ ) between subjects viewing the live panel discussion and the subjects viewing either the videotape of the panel discussion with a facilitator, or the videotape of the panel discussion without a facilitator.

All null hypotheses were accepted except two. As hypothesized, there was no significant difference between subjects exposed to the live panel discussion and subjects viewing the videotape with a facilitator ( $p=.095$ ) on attitudes toward same gender sexual behavior. There was a significant difference between subjects viewing the live panel discussion and subjects viewing the videotape without a facilitator ( $p=.008$ ) on attitudes toward same gender sexual behavior. There was also a significant difference between the live panel discussion and the control group ( $p=.006$ ).

It was concluded that there was no significant statistical difference between a videotape of a live panel discussion with a facilitator and a control group. However, contrary to previous research, this study found no significant difference between gender.

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H. Dean Dorman

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## CHAPTER I

### INTRODUCTION

Homosexuality and society's response to it, has had a long and inconsistent history. Homosexuality has enjoyed social acceptance ranging from tolerance of gay male relationships between older men and their mentees, to, in more recent years, intolerance and stigmatization (Blumenfeld & Raymond, 1988). Researchers have labeled this intolerance and fear of gay and lesbians "homophobia" (Weinberg, 1972). The term homophobia, is, in actuality, a misnomer. What researchers are actually trying to describe is a negative attitude or prejudice toward gay and lesbian individuals which is more comparable to sexism or racism than an actual phobia such as claustrophobia (Hancock, 1986, as cited in Croteau & Kusek, 1992).

Recent research reports that Americans tend to have negative attitudes towards, and to some extent nearly phobic reactions to, individuals from the gay and lesbian community (Clark, 1979). Individuals who make a career decision to become social workers, counselors and psychologists are exposed to the same institutional homophobia as others in our culture (Dworkin & Gutierrez, 1989). It may be questioned, therefore, do individuals who request psychotherapy and counseling services receive unbiased and nonprejudicial treatment by counselors and psychologists?

Homonegative attitudes do not appear to be limited to any single population. A large percentage of psychotherapists view homosexuality as pathological and less desirable than heterosexuality, though many display some willingness to accept gay and lesbian clients (Rudolph, 1988a). The Task Force on Bias in Psychotherapy with Lesbians and Gay Men (1990) found results similar to that found in research completed for the American Psychological Association. The Task Force found that 58.2% of the 2,544 psychologists responding to their survey reported that they knew of critical incidents where there were problems or biases in the providing of services to members of the gay and lesbian community.

Members of the gay and lesbian community have charged that many helping professionals have long been guilty of holding negative attitudes toward gay and lesbian individuals (Fradkin, 1980), insensitivity, bias and ignorance about gay and lesbian issues (Dulaney & Kelly, 1982; Saghir & Robins, 1973). Abbott and Love (1972) stated that the gay and lesbian community believed that helpers in general were judgmental and uninformed with regard to homosexuality. A significantly larger percentage of gay men and lesbian women also report dissatisfaction with their treatment compared with heterosexuals (Saghir, Robins, Walbran, & Gentry, 1970). A recent study of psychiatric nurses found that 77% scored in the moderate range of homophobia, and 20% scored in the severe range, on the Index of Homophobia (Smith, 1993).

Until the late 1970s the Diagnostic and Statistical Manual of Mental Disorders (DSM) included homosexuality as a psychological disorder. This implies

that professionals in the field up until that time continued to view homosexuality as pathological. This is particularly relevant to the gay and lesbian population since, according to Dworkin and Gurtierrez (1989), the biases, opinions and beliefs that counselors take into the therapy session do affect the way clients and their problems will be viewed, handled and conceptualized. Despite the removal of homosexuality as a diagnosis from the DSM, a large number of counselors continue to perceive homosexuality as pathological and view heterosexuality as being more favorable than homosexuality (Randolph, 1989).

The philosophy of the American Psychological Association (APA, 1992) is clear:

Whenever differences of age, gender, race, ethnicity, national origin, religion sexual orientation disability, language, or socioeconomic status significantly affect psychologists' work concerning particular individuals or groups, psychologists obtain the training, experience, consultation, or supervision necessary to ensure the competence of their services, or they make appropriate referrals. (p. 1602)

Since gay and lesbian individuals seek psychotherapy two to four times as often as members of the heterosexual community (Jay & Young, 1979), it is important for counselor training programs to address the problem of prejudice, ignorance, and judgmental attitudes that continue to persist in the population. Research has shown (McDermott, Tyndall & Lichtenberg, 1989) that if given the choice, gay or lesbian individuals tend to prefer a gay or lesbian counselor. However, the same research showed that a sizable number of gay/lesbian individuals believe that the counselor's sexual orientation does not make a difference as long as there was no perceived discomfort or homonegative attitudes present in the



counselor.

Few will debate the fact that sensitivity to, and understanding of, the population which an individual counsels has a great influence on the efficacious treatment of clients by therapists. An awareness of therapists' own values is important for effective counseling when using any non-sexist therapy. As therapists, it is important to recognize homonegative attitudes since in counseling members of the gay and lesbian community, values are communicated and the personal values of a counselor can influence which behaviors a client values in themselves.

Dillon (1986) reports that both gay and lesbian students and faculty would benefit from the development of more gay affirmative medical and mental health services, yet states:

It is likely that homophobia... has deterred many college health providers of all disciplines and services from vigorously educating themselves in gay lifestyles and identity issues and then offering high-visibility programs of health promotion and psychosocial support to campus gays at various places in the life cycle. (p. 36)

Clearly, it is the responsibility of the mental health community to provide unbiased and ethical treatment to members of the gay and lesbian community. The research suggests that there is a critical need for more training for counselors who work with the gay and lesbian community (Buhrke, 1989; Whitman, 1995). Despite this need, the integration of gay and lesbian studies into the counseling curriculum has been slow to occur (Iasenza, 1989).

It appears that what might be needed is the integration of gay and lesbian sensitivity training into the curricula of psychology, counseling, and social work

programs to reduce the pathologizing, misinformation, and confusion that therapists appear to associate with homosexuality. The introduction of gay and lesbian sensitivity training for counselor trainees while still in the formative period of their instruction, may reduce the need for retraining and amelioration of negative attitudes toward gay and lesbian individuals later in their professional career. More importantly, the reduction of negative attitudes might help student counselors later in their professional career by allowing them to be less judgmental and more empathic therapists.

### Origins of Homophobia

Homonegative sentiment appears to have several different sources. Western religion is generally credited with institutionalizing homophobia by virtue of the contents of several scriptures condemning homosexuality (Blumenfeld & Raymond 1988). Modern day homophobia may have gained strength from the Acquired Immune Deficiency Syndrome (AIDS) crisis, as well as fear of the disease itself (Carney, Werth & Emanuelson, 1994; Croteau & Morgan, 1989; Royse & Birge, 1987). Blumenfeld and Raymond (1988) point out that many individuals associate homosexuality with the AIDS virus and cite this connection as the justification for their hate for, and aggression against, gay and lesbian individuals. Wright and Yates (1985) state that as AIDS educators, they have had to respond to such homonegative statements as "AIDS is a gay disease, those other poor, innocent people (hemophiliacs, newborns) - they were just minding their own

business when they got what the homosexuals and IV drug users got" (p. 10). There has been a recent increase in the number of hate crimes toward gays and lesbians (Herek, 1989; Schneider, 1993). According to Herek (1989) the city of New York alone had an increase of 42% in the number of hate crimes against members of the gay and lesbian community from 1985 to 1987. San Francisco's Community United Against Violence, a community based organization formed to assist those who are targets of anti-gay violence, reported an increase of 98% in the number of individuals requiring medical assistance for anti-gay and lesbian "hate crimes" between 1984 and 1987 (Herek, 1989).

With such antagonism against them it is not unanticipated that gay men and lesbian women would frequently report problems. However, Thompson and Fishburn (1977) found that most counseling trainees feel ill-prepared to deal with gay and lesbian clients and are unsure about the etiology of homosexuality. This research showed that female students were slightly more informed about and more comfortable with their attitudes toward homosexuality than were male students.

Homophobia can be evidenced in several forms. Minor forms of homophobic attitudes may be expressed in the form of feeling uncomfortable around gay or lesbian individuals, whereas more serious forms of homophobia may be expressed as anger, fear, or hatred of lesbian or gay individuals (Blumenfeld & Raymond, 1988; Dynes, 1990).

Homophobia as a social prejudice may reveal itself in many forms

including institutional, individual and internalized homophobia (Blumenfeld & Raymond, 1988; Dynes, 1990). Institutional homophobia is the form of homophobia which is manifest at the macro level of society. Institutional homophobia can be seen as a failure of organized religion, as well as failure of federal and state governments, to provide sanctions and protections for the rights of members of the gay and lesbian community (Dynes, 1990).

Individual homophobia, like institutional homophobia, may take several forms. This manifestation of homophobia reveals itself as an internal-negative response to gay and lesbian individuals. This form of homonegative attitude may range from open hostility toward gay or lesbian individuals to simply the holding of a heterosexist view of the world (Dynes, 1990).

Internalized homophobia denotes a sense of self contempt that gays and lesbians feel regarding their own sexual orientation. The essence of this self-contempt or self-hate involves the rejection of one's own gay male or lesbian sexual orientation (Dynes, 1990; Sophie, 1987).

Alfred Kinsey stunned the world when he revealed in his landmark sexual research that nearly 10 percent of the population of the United States had been sexually active with a member of the same sex (Kinsey, Pomeroy & Martin, 1948). Obtaining accurate estimates of the size of the gay and lesbian community is very difficult, due to homophobic attitudes and perceived fears of rejection. Kinsey based his estimate on findings resulting from approximately 20,000 interviews done on both men and women in the 1940s and 1950s.

Until these findings became available, few would have suggested that members of the gay and lesbian community would have represented such large numbers. Based on these estimates of the size of the gay and lesbian population, homophobia can be seen as a significant problem affecting a sizable number of individuals.

Not only does homophobia affect gay and lesbian individuals, but in as much as it is a prejudice, it affects all individuals. As Blumenfeld and Raymond (1988) state:

It is obvious that each of us is different and unique. In some way, then, all of us deviate from a norm, whether that deviation be physical, social, attitudinal, or behavioral. Each of us, therefore, can benefit from alleviating prejudice. And as prejudice diminishes in society, each of us can feel less threatened by our own uniqueness. If homophobia--fear and hatred of gays, lesbians, and bisexuals is a form of prejudice, then it has destructive effects not only on gay people but also on those who are homophobic. Just as racism cripples both white people and people of color, so homophobia threatens to undermine all of us (p. 15).

Thus, homophobia also appears to affect non-gay and non-lesbian individuals as well. Men seem to fear being perceived as gay and may therefore present themselves as overly masculine. This overly masculine posturing may have two negative side effects; first, to continue homophobic attitudes, and second, to inhibit the male from becoming in touch with his more sensitive, caring and feminine qualities. A reduction in the stigma of being gay or lesbian might therefore have a secondary benefit on heterosexual, adolescent male development by allowing males to be less fearful of the less-aggressive, caring and nurturing sides of their personalities.

### Definition of Key Terms

Homophobia or Homonegative attitude: An illogical, persistent fear of gay or lesbians or the thought of homosexuality. A general negative reaction to gay or lesbian individuals or references to homosexuality.

Gay male: A male who is primarily attracted in thought, fantasy and action to other males; who feels psychologically completed by other males, and is an individual who seeks sexual gratification with a same sex partner.

Lesbian: A female who is primarily attracted in thought, fantasy and action to other females; who feels psychologically completed by other females, and is an individual who seeks sexual gratification with a same sex partner.

Counselor Trainee: An individual who is involved in the process of learning to be a counselor or therapist, usually at the Master's level.

Heterosexual or straight: An individual who is primarily attracted in thought, fantasy, and action to individuals of the opposite sex, and who feels psychologically completed with individuals of the opposite sex, and who will seek out sexual gratification with an opposite-sex partner.

### Description of the Problem Area

The problem in this investigation was to evaluate the effects of a gay and lesbian sensitivity training program upon Master's level counselor trainees within a Counselor Education and Counseling Psychology Department of a large

Midwestern university. Of concern was the students' attitudes toward gay and lesbian individuals as influenced by the exposure to one of three forms of a gay and lesbian sensitivity training. Determining the relative effects of a live gay and lesbian panel discussion vis-à-vis a videotape of the same panel discussion with and without a facilitator was the major problem to be studied in this research.

It was hypothesized that a video tape of an actual panel discussion, followed either by: (a) a facilitator-led discussion, or (b) facilitator-less discussion, would be as effective as contact with a live gay and lesbian panel discussion, in producing a change in homonegative attitudes.

Alternatives to live panel discussions need to be explored due to the fact that time constraints, cost, and the availability of individuals who openly acknowledge their homosexuality and are willing to share their experiences are limited. If an alternative method of providing this needed information can be produced with the same desired results, then a choice could be given to counselor education programs when seeking this type of training. This rationale was reached taking into account that sensitivity training, as long as it is effective, is only going to change homonegative attitudes if it is practical enough to be used.

### Purpose of the Study

The major purpose of this study was to examine the possible cause and effect relationships between exposure to one of three forms of gay and lesbian sensitivity training, and a reduction in homonegative attitudes.

While a gay and lesbian panel discussion (Anderson, 1981; Croteau & Kusek, 1992; Martin, 1983) and information about homosexuality (McLaury, 1984; Morin, 1974; Rudolph, 1989) appears to be effective in changing homonegative attitudes, the program may only be available to the chosen few who attend a large university or training institute. If successful, the use of videotapes for reducing negative attitudes towards gay and lesbian individuals could be implemented in a variety of settings including business, industry, and other organizations.

In essence, this research tried to determine: Is a videotape with or without a facilitator as effective as a live panel discussion? What exactly is it about the panel discussion that makes it so effective? (i.e., Is it the format that the panel discussion provides or is it the "immediacy" of it?) Therefore, a multi-modal presentation on homosexuality using a comprehensive information- plus-exposure via a videotape treatment format was conducted to assess its impact on counseling student's homonegative attitudes.

Specifically, the purpose of this research was to study the following research questions:

1. Which of three different modes of training will have the greatest effect on the attitudes of counselors-in-training toward gay and lesbian individuals?
2. Do the three different modes of training affect males and females equally, or does gender makes a difference in which mode of training is most effective at changing counselors-in-training attitudes toward gay and lesbian individuals?



These research questions led to the following hypotheses.

### Statement of the Null Hypotheses

Ten null hypotheses were investigated in this study. The hypotheses examined the effects of exposure to a gay and lesbian speaker panel and its effects related to changes in attitudes toward the gay and lesbian population.

Null Hypothesis 1: There will be no significant differences on posttest scores between the group exposed to the gay and lesbian speaker panel only and the group exposed to the videotape of the gay and lesbian speaker panel with a facilitator on attitudes toward homosexuality as measured by the Attitudes Toward Lesbian and Gay Males Scale (ATLG).

Null Hypothesis 2: There will be no significant difference in posttest scores between the group exposed to the gay and lesbian speaker panel only and the videotape of the speaker panel without a facilitator on attitudes toward homosexuality.

Null Hypothesis 3: There will be no significant difference on the posttest scores between the group exposed to the gay and lesbian speaker panel only and the control group regarding attitudes toward homosexuality.

Null Hypothesis 4: There will be no significant difference in posttest scores between the group viewing the videotape of the panel discussion with a facilitator and the group viewing the videotape without a facilitator on attitudes toward homosexuality.

Null Hypothesis 5: There will be no significant difference on the posttest scores between the group exposed to the videotape of the gay and lesbian speaker panel with a facilitator and the control group regarding attitudes toward homosexuality.

Null Hypothesis 6: There will be no significant difference in posttest scores between the group viewing the videotape without a facilitator and the control group on attitudes toward homosexuality.

Null Hypothesis 7: There will be no significant difference in posttest scores between males who view the speaker panel and males who view the videotape of the speaker panel with a facilitator on attitudes toward homosexuality.

Null Hypothesis 8: There will be no significant difference on posttest scores between males who view the videotape with a facilitator and females who view the videotape with a facilitator on attitudes toward homosexuality.

Null Hypothesis 9: There will be no significant difference on posttest scores between males who view the videotape without a facilitator and females who view the videotape without a facilitator on attitudes toward homosexuality.

Null Hypothesis 10: There will be no significant difference on posttest scores between males who view the live panel discussion and females who view the live panel discussion on attitudes toward homosexuality.

### Limitations of the Study

The participants in this study were Master's level graduate students who

chose to be involved with this research. Subjects who volunteered do not necessarily reflect the general population. Another limitation of this research is that there is no behavioral measure; the claim that attitudes changed rests solely on the scale-score changes. Also, subjects may have misinterpreted questions used to obtain self-reported responses.

The Human Subjects Institutional Review Board of Western Michigan University stipulated that all subjects be made fully aware of the activities involved in this research before they volunteered to participate. Those subjects who did volunteer may have been different in some unspecified way from the general population of graduate students in counseling and psychology. Other limitations are the possibility that some individuals, holding more negative views of homosexuality might self-select out of the study. Another limitation of this study was the small number of subjects who participated. Initially, 20 individuals were expected in each cell. Clearly, the small number of individuals in some of the cells may account for the lack of significance and difficulty determining interaction effects.

Another limitation was the ratio of males to females in the study. Ideally, an equal number of males and females would have been selected for the experiment. Another limitation in this study is the quantification of the panel members. With the exception of two persons, panel members, were for the most part, experienced in having been on at least one panel prior to this study. Due to low participation in the first live panel discussion, a second panel was required. The

differences in the two panels which were assembled, may have led to a significant difference between what each of the two "live panel" groups were exposed to.

Lastly, students on a Mid-Western campus may not hold attitudes representative of students in other sections of the country. The results of this study, therefore, have limited generalization.

### Summary of the Study

This study compared differences between graduate students who viewed a videotape of a panel discussion (either with or without a facilitator) as a means of reducing negative attitudes towards gay and lesbian individuals, and a live panel discussion. This research compared the level of attitude change which occurred as a result of being exposed to one of the three treatment groups. This study also attempted to determine whether certain gendered subjects would respond more positively to one of the treatment conditions. The rationale for this study was to ascertain whether one of the three treatment groups was more effective at changing counselors-in-training attitudes toward homosexuality.

## CHAPTER II

### REVIEW OF LITERATURE

There is a long history of anti-gay and lesbian sentiment in Western society (Bullough, 1979), and though the decade of the 1970s showed signs of growing tolerance, the past several years have witnessed a growing anti-gay and lesbian climate in this country (Blumenfeld & Raymond, 1988; Herek, 1988; O'Hare, Williams & Ezoviski, 1996). This leads to the following questions:

1. Why do some individuals have negative reactions to individuals who are gay or lesbian?
2. Does this negative reaction take more than one form?
3. What are the advantages of having positive attitudes toward homosexuality and what are the characteristics of such an individual?
4. What are successful strategies for reducing homonegative attitudes?
5. What are "attitudes" and how are they changed?
6. Is watching a videotape an effective means of changing attitudes?

#### Individual Homophobia

According to research, individual homophobia has various manifestations with many different etiologies. Individual homophobia may range from holding of a heterosexist view of the world or being mildly uncomfortable in the presence

of gay or lesbian individuals to open hostility toward gay or lesbian individuals. Therefore, individual homophobia can span nearly every variation of emotion from mild discomfort to disgust (Dynes, 1990; Blumenfeld & Raymond, 1988).

Various theories have been postulated regarding the etiology of these attitudes. Homophobia may be a general response to a number of specific fears. One possible fear is that gay or lesbian individuals will attempt to recruit or convert others to homosexuality. This view sees gay and lesbian individuals as "prose-lytizers, ready to seduce any unsuspecting heterosexual into becoming a homosexual" (Gramic, 1983 p. 138). A second fear, and one that is related in many respects to institutional homophobia, is the fear that the human race may become extinct if the practice of homosexuality becomes sanctioned or approved.

Another theory suggests that individuals fear gay and lesbian individuals because of the concern over "threat to values" that they see as associated with homosexuality (Forstein, 1988). Weinberg, (1972) suggested that the majority of the population may see individuals who do not share their goals and interests as posing a threat to the values of the whole, and therefore any sanctioning of this group may result in the undermining of society.

Another view of the role that individual homophobia plays is that it may instead be an expression of anxiety due to fears of one's own sexual impulses. These individuals, it is hypothesized, are attempting to reassure themselves of their heterosexuality by suppressing any homosexual impulses they may have (Herek, 1986; Weinberg, 1972). Homophobia in this case is viewed as a

"compensatory coping strategy" which may allow individuals to make sense of their feelings since they may not understand their own same-sex inclinations.

Instead of acting on their impulses these individuals may be acting out their projection by espousing homophobic attitudes. Herek (1986) states that if the question of why people are homophobic were posed to a group of gays or lesbians the answer would be "people are homophobic either because they fear their own latent homosexuality or because they are insecure in their own masculinity or femininity" (p. 923). Herek goes on to say that ignorance about homosexuality is one of the main causes of homonegative attitudes.

Yet another theory suggests that homophobia is a response to fear of sexual impulses of any kind, with individuals choosing to be prejudiced against any individuals whom they perceive as more openly expressing of their sexuality (Morin & Garfinkle, 1978).

There is no clear conclusive evidence to determine what causes homophobia or homonegative attitudes. Modern research appears to acknowledge the existence of many forms of homophobia with many etiologies. Perhaps the best way to understand and make sense of homophobia is to try and understand the role that homophobia plays for each individual.

### Institutional Homophobia

Institutional homophobia is defined as the socially accepted prejudice against gay and lesbian individuals which appears at the macro level of society

(Dynes, 1990). Institutional homophobia can be seen as a failure of organized religion as well as failure of federal and state governments to provide protection for and establish rights for members of the gay and lesbian community (Whitam, 1991). Institutional homophobia may also be seen in the way that certain denominations of organized religion view homosexuality, and their reluctance to ordain gay and lesbian ministers (Dynes, 1990; Herek, 1987; Wagner, 1978). Courts and legislatures that pass anti-gay laws (Dressler, 1979) that allow for the dismissal of teachers who are gay/lesbian, as well as laws that forbid consensual sexual activity between two adults of the same sex are also examples of institutional homophobia (Herek, 1986).

Research into the etiology of institutional homophobia points to the need of some members of society to maintain and define strict gender roles for its members. Weinberger and Millham (1979) found that gender role attitudes were the primary predictor of males' attitudes towards lesbians. The same research found, however, that females' attitudes towards lesbians were based primarily on their parent's attitudes towards lesbians and secondly on their own gender role attitudes (Herek, 1988).

How individuals perceive gay males and lesbian women also appears to play a role in the developing of positive or negative attitudes towards them. Some evidence suggests that it is not only the actively going against accepted gender roles that causes negative attitudes, but that it may be the behavioral presentation of these differences that cause negative perceptions (DeCrescenzo, 1984).



Laner and Laner (1979) found that the highest levels of acceptance of gays and lesbians was found in those examples which most closely approximated the heterosexual norm, with a "standard masculine" gay male being more acceptable than a macho or effeminate gay male. Negative attitudes towards gay and lesbian individuals may then be traced to a need for society to adhere to a double standard which maintains that men and women are different. This perceived sex- role confusion may threaten the maintenance of this "masculinity-femininity dichotomy" which certain portions of the population may find intimidating (MacDonald, Huggins, Young & Swanson, 1973). This hypothesis appears to have some historical evidence to confirm it. In ancient civilizations, such as Greece, some forms of homosexuality were accepted. However, males who were passive and highly effeminate were ridicule, with Aristophanes and Menander making them objects of comedy in their dramas (Churchill, 1967, as cited in MacDonald, 1976).

As Herek (1986) also points out, eliminating homophobia requires changing individual attitudes. However, one of the most effective ways of combating personal prejudice is to confront institutional prejudice. This requires the changing of institutions in which individuals spend much of their lives. Changing organizational policies and laws in such institutions as businesses, government agencies, and the church will eventually overcome cultural homophobia. As Dynes (1990) states:

Among major successes in challenging institutional homophobia have been the elimination of homosexuality as a diagnostic category from the Diagnostic and Statistical Manual (DSM-III-R) of the American Psychiatric

Association, recognition and acceptance of gay people by some liberal religious denominations, repeal or overturning of several sodomy laws, and the passage of anti-discrimination legislation in one state (Wisconsin) and more than 40 municipalities. (p. 554)

Therefore, while gender role expectation is important, other factors such as parental attitudes, gender, and the institutions that individuals exist within, all play significant roles in how individuals and society as a whole view homosexuality.

### Internalized Homophobia

Internalized homophobia is that form of homophobia where gays and lesbians feel self-contempt or self-hate as a result of their sexual orientation. The essence of this self contempt or self-hate involves the rejection of one's own attraction to members of their same sex (Malyon, 1982). Dynes (1990) provides insight into internalized homophobia when he states that "this phenomenon is analogous to the self-contempt felt by members of stigmatized ethnic groups" (p. 554).

Internalized homophobia appears to be related to the minority status attributed to gays and lesbians, and thus also appears to be significantly influenced by institutionalized homophobia.

What causes homonegative attitudes and perhaps more importantly what role these attitudes play for the person or society in general are significant, because in order to modify or ameliorate these attitudes it is important to

understand what role the homophobia plays for the individual. Only when researchers fully understand individual, institutional and internal homophobia, will they be able to design and implement the best strategies for reducing it.

### Personality Factors and Homophobia

Research suggests that it may now be possible to draw a personality profile of individuals who hold either positive or negative attitudes toward gay men and lesbians. Based on demographic and psychological data researchers are now better able to understand the role that gender, religiosity and other personality traits plays in the development of homonegative attitudes.

Current research suggests that gender differences may play a part in the acceptance of, or tolerance for, homosexuality. According to MacDonald and Games (1974), men are more likely to hold negative views of homosexuality than females, with the highest levels of anti-gay sentiment being shown by heterosexual males against gay men. Harry (1995), found that sports ideology was positively associated with sexist and anti-homosexual attitudes in males but not females. Kite (1984) found that women in general tend to hold slightly more favorable attitudes toward homosexuality. Similar research by Herek (1988) found that heterosexual males tend to hold more hostile attitudes than females, especially toward gay males. Not only do men generally hold more hostile attitudes towards homosexuality, but also hold more negative attitudes in general toward gay males than toward lesbians (Herek, 1988; Kite, 1984; Whitley, 1988).

According to this research, the variables that appear to accompany negative attitudes towards gay males and lesbians are religiosity, hostility, traditional attitudes about family and gender roles, and the belief that these views are commonly held by most of their friends (Herek, 1988).

West (1977) examined data collected in 1973 by the National Opinion Research Center and found that individuals with less positive attitudes toward homosexuality had the following traits: a tendency to be older, to be less well educated, and to hold less prestigious jobs. Research by Irwin and Thompson (1977) using data from the same 1,504 interviews in the National Opinion Research Center survey, found that those who identified themselves as Christians, who were from the South and Mid-West, and who were from rural backgrounds had less positive attitudes toward gay and lesbian individuals. Those with more homophobic attitudes are also more likely to endorse orthodox or conservative religious beliefs, to hold more conservative beliefs regarding gender roles (Gould, 1985) (specifically gender role ambiguity and sexuality), and show higher levels of authoritarianism (Smith, 1971). In addition, individuals who espouse anti-gay sentiment are less likely to admit to having engaged in homosexuality, and are less likely to have contact with or to know gay or lesbian individuals (Dynes, 1990).

Conversely, a set of personality traits has also been found for individuals who hold more positive and accepting attitudes toward homosexuality. It has been found that individuals who support equality between the sexes also hold

more positive views about homosexuality (MacDonald & Games, 1974). Individuals who hold membership in a religion with more liberal beliefs, who hold non-traditional views of family and gender roles, and who have had positive experiences with gay and lesbian individuals also appear to be linked to acceptance of gays and lesbians (Herek, 1988).

Anderson (1981) found a number of variables which characterize individuals holding more positive attitudes toward homosexuality: emotional stability, objectivity, good personal relations, restraint, friendliness, an interest in masculine activities, higher support for equality of the sexes, and more liberal attitudes and more open attitudes about what constituted sex-appropriate behavior. One of the strongest predictors of gay and lesbian affirmative beliefs is a liberal political orientation (Jensen, Gambles & Olsen, 1988).

### Reducing Homophobia

Reducing homophobia or promoting tolerance for gay and lesbian individuals appears to be an area of research where a good deal of data exists. The elimination of homonegative attitudes at the individual level has stimulated most of the empirical research.

Researchers have approached the problem of how to change homonegative attitudes in a number of different ways. As stated earlier, homophobia plays different roles for different individuals, so the process of eliminating these attitudes must be approached in a number of different ways.

Much of the research in the field has focused on the reduction of negative attitudes of college students toward gays and lesbians. The majority of these studies have examined the effects of exposure to a number of different treatments, ranging from lectures and gay speaker panels and discussions, to the viewing of sexually explicit homo-erotic videotapes.

Morin (1974), in his seminal work on reduction of homophobia, found that students rated the term "homosexual" significantly more positively after being exposed to a college course on homosexuality which included several groups of gay speakers. Anderson (1981) and Martin (1983) both showed small improvements in attitudes toward gay and lesbian individuals after exposing subjects to both gay speaker panels and lectures/discussions about gay and lesbian issues. Pagtolun-An & Clair (1986) found that individuals had a more positive attitude toward homosexuality after having interaction with an openly gay speaker. West (1977), Millham (1976) and Lance (1987) also reported that direct experience with a gay or lesbian individual led to a less negative characterization of both gay and lesbian individuals. Christiansen and Sorensen (1994) found that a multi-factor program consisting of audiovisual material, discussion, reading material and role playing, positively influenced the attitudes of child and youth worker students toward homosexuality. In similar studies, information, discussion, and films sympathetic to gay and lesbian issues proved to be effective in reducing homophobia (Van De Ven, 1995; Walters, 1994). Gay and lesbian panel discussions have been shown to significantly reduce negative attitudes toward homosexuality in females

(Green, Dixon & Gold-Neil, 1993), and to produce more positive "written responses" to gay and lesbian individuals by both males and females (Geasler, Croteau, Heineman & Edlund, 1995).

Wells (1991) found that a combination of lecture, discussion, explicit films and a gay and lesbian panel significantly changed the level of homophobia in college students in a human sexuality course. However, Goldberg (1981) and Nevid (1983) showed an actual increase in homonegative attitudes when they exposed individuals to explicit homo-erotic videotapes. The results of both of these studies was essentially the same; it was found that individuals who viewed these videos were less tolerant of homosexuality after the exposure than before. An interesting finding in nearly every study was that the greater the initial level of anti-gay sentiment the greater the degree of improvement on scales of homonegativity.

Overall, the research indicates that while there is no one strategy which has been found to be superior in changing homonegative attitudes, positive personal contact with gay or lesbian individuals appears to be the most influential factor in decreasing homonegative attitudes (Lance, 1987). It can be speculated that contact may result in a more complete view of an individual and allow the individual with homophobic attitudes to relate to the gay or lesbian person as an individual rather than as a negatively stereotyped object.

### Attitudes and Attitude Change

Bem (1970) described an attitude as a simple like or dislike of an object.

Gordon Allport (1935) stated that he believed an attitude was a slightly more complex construct being "a mental and neural state of readiness, organized through experience, exerting a directive or dynamic influence upon the individuals' response and readiness to all objects and situations with which it is related" (p. 112). More recent work on attitudes has acknowledged their complex nature and have begun to focus on the discrete components of an attitude.

While some studies in the area of attitudes emphasized the feeling component, McCann-Winter (1983) specified that before an individual can have a feeling there must be a cognitive component in place. Triandis (1971) believed that an attitude was comprised of three components: (1) a cognitive element, (2) an affective element, and (3) a behavioral element. This definition seems to appropriately represent the complexity of an "attitude" and also seems to consolidate several of the concepts postulated by other attitude theorists (Allport, 1935; Bem, 1970; McCann-Winter, 1983).

According to social psychologists and communication theorists, attitude change seems to be influenced by several factors, which include: (a) the content of the message, (b) the credibility of the communicator, (c) the similarity between the communicator and the audience, (d) the recipient's personality factors, and (e) the manner in which the message is presented (Appelbaum & Anatol, 1974; Applebaum, Bodaken, Sereno & Anatol, 1974; Bettinghaus, 1973).

According to Petty and Cacioppo (1981), psychologists have focused on the concept of attitudes because of the assumed relationship between attitude and



behavior. Rajecki (1982) stated that "knowing a person's attitude gives us confidence that we can predict or anticipate his/her reactions in general" (p. 6). Other research points out that attitudes do appear to influence behaviors in the form of a cause and effect type of relationship and that the importance of the attitude to be changed, its components, and how attitudes are altered are all of equal importance (Rajecki, 1982).

Obviously, individuals interested in changing others opinions about something must take into account a number of variables. Research has shown that the way speakers present themselves, the degree of similarity between speakers and their audience and the nature of the attitude to be changed all affect the efficacy of speakers ability to change their audience's attitude.

Based on what is known about attitudes and how these are modified or changed, researchers have attempted to use various methods of information presentation to bring about attitude change. The goal of this research is to find a method of information presentation which will be the most effective means of sharing information, in the least amount of time with the greatest amount of attitude change.

Schneider and Anderson (1980) found that attempts to change attitudes toward a stigmatized population by providing individuals with information alone produced negligible results. However, their review of the research did reveal that most studies offering both information and contact experience with members of the stigmatized population did result in a positive impact regardless of the

characteristics of the target population. These results also showed that providing information alone about a stigmatized group appears to be less costly and more practical (but less effective) in changing homonegative attitudes (Goldberg, 1981).

### Audiovisual Material and Attitude Change

A number of teaching methods are used in schools today to educate people in a variety of topics. One method that is often used in education is audiovisual material. Films, television shows and videotapes are the most common forms of audiovisual material. Since these forms of audiovisual materials are used in educating, it is important to determine if these materials are capable of impacting the attitudes of individuals viewing the material.

Audiovisual materials have been used to influence attitudes in a variety of settings and with a variety of topics. Use of videotapes for providing both training and attitude change has a long and successful history.

Stanley and Caballero (1983) found that videotape information significantly increased the supportiveness of men towards women's career development. In another study Gottleib (1980) found that children in the third through sixth grades had a significant decrease in negative attitudes toward the developmentally disabled after viewing a videotape with an accompanying discussion about the video and the condition of mental retardation itself.

Donaldson and Martinson (1977) found that both videotapes of a live discussion panel, as well as an actual live panel of individuals with physical

disabilities were effective in positively affecting stereotypic attitudes toward the physically disabled.

In addition, attitude change has successfully been demonstrated in such diverse areas as attitudes toward birth control (Herold, 1978), abortion (Lewis, 1973), sexual attitudes (Mosher & Abramson, 1977), and ethnic groups (Houser, 1978).

Although there have been several studies comparing the effectiveness of audiovisual materials on a number of topics, research on the effectiveness of audiovisual material on reducing negative attitudes toward gay and lesbian individuals is limited. Goldberg (1981) investigated the effects of three different types of audiovisual programs on attitudes toward homosexuality. Subjects consisted of 131 undergraduate students. Treatment conditions were: (a) an audiovisual tape which depicted prejudice toward various groups (but not gays or lesbians), (b) a videotape of a gay male minister who discussed homosexuality, or (c) two films depicting gay and lesbian couples engaging in homoerotic behavior. No significant differences were found between groups at posttest, but follow-up showed that the group viewing the clergyman video maintained a significantly more positive attitude toward homosexuality than the other treatment groups.

### Chapter Summary

Research suggests that there are three distinct forms of homophobia: (1) individual (Dynes, 1990); (2) institutional (Dressler, 1979; Herek, 1987; Wagner,

1978); (3) and internal homophobia (Sophie, 1987).

Research also suggests that a number of factors affect how an individual will perceive gay and lesbian individuals. Research has shown that gender may play a role in how homosexuality is viewed (Herek, 1988; Kite, 1984; McDonald & Games, 1974; Whitley, 1988). In addition, other traits such as where individuals were raised, political views (Gould, 1985; Jensen, Gambles & Olsen, 1988), experiences with gay and lesbian individuals (Dynes, 1990), as well as general characteristics such as religiosity (Herek, 1988) and education (West, 1977) play a part in whether or not an individual will hold homophobic attitudes.

Studies on the reduction of negative attitudes toward homosexuality have shown improvement using such techniques as direct experience with a gay or lesbian individual (Millham, 1976; Lance, 1987; West, 1977), a gay speaker (Pagtolun-An & Clair, 1986), audiovisual material, discussion, readings and role playing (Christensen & Sorensen, 1994), information, discussion and exposure to panel discussions (Anderson, 1981; Martin, 1983; MacLaury, 1983; Rudolph, 1989), and gay and lesbian speaker panels (Geasler, Croteau, Heineman & Edlund, 1995; Van De Ven, 1995; Wallick, Cambre & Townsend, 1995; Walter, 1994).

Since research shows that viewing videotapes is an effective means of modifying attitudes (Donaldson & Martinson, 1977; Gotleib, 1980; Stanley & Caballero, 1983) and that gay and lesbian panel discussions have also been shown to be effective in reducing homonegative attitudes, it would seem that the next logical step in research would be to investigate the efficacy of the integration of

these two strategies.

Given that gay and lesbian individuals seek professional counseling services at a higher level than the general population (Jay & Young, 1979) and that a significant portion leave their therapy experiences dissatisfied because of the anti-gay sentiment reportedly encountered from counselors (Abbott & Love, 1972; Dulaney & Kelly, 1982; Saghir & Robins, 1973; Saghir, Robins, Walbran, & Gentry, 1970) it appears that steps need to be taken to correct counselors' homophobic attitudes.

Since research suggests that homophobia is a significant and widespread issue, and that many individuals who provide counseling services also struggle with similar attitudes toward homosexuality, there appears to be a need for additional training surrounding these issues. Research also suggests that these attitudes are only rarely addressed in counselor training programs. It appears that what is needed is a brief, easy to access training tool focusing on exposure to and sensitivity toward homosexuality as a means of combating homophobia in counselor training curriculums.

## CHAPTER III

### RESEARCH DESIGN AND PROCEDURES

This chapter describes the methodological procedures and the research design employed in this study. The chapter is subdivided into eight sections: (1) Method and Research Design, (2) Description of Participants, (3) Description of the Treatments, (4) Instrumentation, (5) Development of Gay and Lesbian Panel, (6) Logistical Procedures, (7) Field Procedures, and (8) Data Collection.

#### Method and Research Design

This study employed a quasi-experimental, four randomized groups, pretest posttest design. This study is not considered a true experimental design due to some students self-selecting out of certain groups because of their inability to attend scheduled treatments. In addition, some students may have chosen not to participate in the study due to the subject matter.

For this research there were two independent variables; the first was the type of gay and lesbian sensitivity training that the students received: (a) live gay and lesbian panel discussion, (b) the videotape of the panel discussion with a facilitator, or (c) the videotape without a facilitator. The second independent variable was the gender of the subjects. The dependent variable for this study was the subject's scores on the Attitudes Toward Lesbians and Gay Men Scale

(ATLG).

### Description of the Participants

The participants for this research were recruited from both Master's and Doctoral level graduate classes in the Department of Counselor Education and Counseling Psychology at Western Michigan University (WMU). Subjects were also drawn from a graduate training program in counseling at the University of North Carolina, Charlotte.

Western Michigan University has a student population of approximately 26,000. It is a public university located near the downtown section of Kalamazoo. The University of North Carolina-Charlotte has a student population of approximately 18,000. The University of North Carolina-Charlotte is located on the outskirts of Charlotte, North Carolina.

Participants in this study were Master's and Doctoral students drawn (at WMU) from all options of the Counselor Education and Counseling Psychology Department. These options include: Community Agency Counseling, Counseling Psychology, School Counseling, Counselor Education and Counseling in Higher Education. All respondents in the study were volunteers and were randomly assigned to one of the four groups. An attempt was made to establish a representative sample of both male and female respondents. The mean age for female participants was 30.28 years old, with a range of 22 to 53 years old. The mean age for male subjects was 33.67 years old, with a range of 21 to 54 years old.

Female subjects reported knowing an average of 10.1 gay or lesbian individuals, with a range of 0 to 101. Male subjects reported knowing an average of 13.0 gay or lesbian individuals, with a range of 0 to 120.

### Treatment

Individuals in the first experimental group (Group 1) were exposed to a one hour live panel discussion featuring gay and lesbian individuals from the community sharing their experience of being gay or lesbian in a heterosexual world. Members of Group 2 were exposed to a videotape of the live panel discussion seen by the original Group 1 with the exception being that this group had the benefit of a facilitator to respond to questions. This videotape was shown in two equal 30 minute segments, with a break to allow the subjects to ask questions of the facilitator. Participants in the third treatment group were exposed to a one hour video tape of the actual live panel discussion seen by members of Group 1. These participants viewed the tape in its entirety (without a facilitator). The control (no treatment) group did not receive a gay and lesbian sensitivity training module. Control group participants were offered the opportunity to view the gay panel discussion videotape at an appropriate time in the future.

### Instrumentation

The instrument used to measure the subject's level of homophobia was the Attitudes Toward Lesbian and Gay Men scale (ATLG) (Herek, 1994). The



ATLG (Appendix C) is a 20-item scale measuring an individual's response to gay and lesbian individuals along a "condemnation-tolerance" continuum, asking such for agreement to such statements as "Female homosexuality is a sin" and "Male homosexual couples should be allowed to adopt children the same as heterosexual couples".

The ATLG measures attitudes on a 1 to 9 Likert style continuum. Responses range from, "strongly disagree" to "strongly agree". The range of scores is therefore a low of 20 (indicating a higher level of positive attitudes toward homosexuality) to a high of 180 (indicating a higher level of negative attitudes toward homosexuality).

The ATLG is actually two subtests: the Attitudes Toward Gay Males (ATG) and the Attitudes Toward Lesbians Scale (ATL) which are combined to form one instrument.

Herek (1994) initially administered this instrument to 368 Introduction to Psychology students (249 females, 119 males). Initial data collected found college students obtained mean scores on the Attitudes Toward Lesbian (ATL) subscale of 43.67 for females and 40.83 for males. Mean scores on the Attitudes Toward Gay Men (ATG) subscale were 51.54 for females and 57.96 for males. Alpha coefficients measuring internal consistency were determined to be .90 (N=368) for the entire instrument ATLG, with subscale alpha coefficients of .89 for the ATG and .77 for the ATL. These initial trials suggested satisfactory levels of internal consistency. Alternate or parallel forms of the ATLG yielded coefficients

of .96 for the ATLG and .92 for each of the subtests, ATL and ATG.

Construct validity analyses was accomplished using 110 heterosexual students. Significant construct validity measures were correlated ( $p < .05$ ) with scores on the ATL and the ATG. According to the author "As expected, ATG and ATL scores were significantly correlated with construct validity measures" (p. 211).

Construct validity of the ATLG is supported by its significant correlations with other measures completed by the sample. The ATLG was found to be correlated in the expected direction with such attitudes as attitudes toward sex roles [for females:  $r = .43$  on the ATG and  $.52$  on the ATL; for males:  $r = .58$  on the ATG and  $.62$  on the ATL] ( $p < .001$  for all coefficients)]; traditional family ideology [for females:  $r = .56$  on the ATG and  $.63$  on the ATL; for males:  $r = .48$  on the ATG and  $.51$  on the ATL ( $p < .001$  for all coefficients)]; dogmatism [for females:  $r = .21$  on the ATG and  $.27$  on the ATL; for males:  $r = .30$  on the ATG and  $.34$  on the ATL ( $p < .05$  on all coefficients)]; positive contact with gay men [for females:  $r = -.16$  on the ATG (not significant) and  $-.21$  on the ATL; for males:  $r = -.44$  on the ATG and  $-.46$  on the ATL (all coefficients except the females score on the ATG were significant at the  $p < .05$  level)]; and contact with lesbians [for females:  $r = -.34$  on the ATG ( $p < .01$ ) and  $-.35$  on the ATL ( $p < .001$ ); for males:  $r = -.23$  on the ATG and  $-.36$  on the ATL ( $p < .05$ )]. Females scores were also correlated with three religiosity variables (liberal denomination, church attendance, and fundamentalist beliefs). The ATLG was also administered to members of local lesbian and gay organizations ( $N = 13$  females, 16 males). Their

scores were at the positive end of the range. The mean ATLG score for lesbian respondents was 28.08. For gay men the mean ATLG score was 37.71.

In a follow-up study the ATLG was administered to 405 volunteers at several universities, including universities in the Mid-West, New England, an East Coast Ivy League College, and two West Coast universities. Coefficient alpha for the ATLG, ATG and ATL in these follow up studies was calculated at .95, .91, and .90, respectively, with a high degree of internal consistency being indicated. In total, more than 900 individuals were tested to gather validity and reliability data for this instrument.

According to the author 10 years of research on the scale "demonstrate that the ATLG is a psychometrically sound instrument for assessing heterosexuals' attitudes toward lesbians and gay men" (Herek, 1990, p. 215.)

#### Development of a Gay and Lesbian Panel

The gay and lesbian speaker panel featured four individuals, two lesbians and two gay males. Two speaker panels were required for this study and they were comprised of different panel members. Speaker panel members were chosen based on prior speaker panel experience, their phase in the "coming out" process and their shared qualities with the audience, particularly in the areas of age and demographics. The format of the speaker panel was to break down the panel discussion into three discrete subsections: (1) an introduction, (2) personal narratives, and (3) a question and answer period (Croteau & Kusek, 1992). The

introduction acted to familiarize the audience with the panel and to set appropriate expectations of the panel. After the introduction, each speaker was given approximately 10 minutes to share some information about their lives as well as personal anecdotes related to being gay or lesbian.

Prior to the live panel presentation, each speaker was given a written outline on the focus of the panel discussion and what general outcomes were expected. The focus of the panel discussion was to expose the audience to gay and lesbian individuals and to hear first hand their experiences of being gay or lesbian in a heterosexual world. Some areas that panel members were encouraged to consider sharing about included: how being gay or lesbian has affected their family and work, how and when each realized their sexual orientation, coming out, and their experience with harassment. Topics to be addressed in the personal narrative section also included problems which gay men and lesbian women find to be specific to their situations, such as telling their parents that they were gay or lesbian, how they felt when they first realized they were different than their peers, and the anxiety associated with maintaining their sexual orientation in society (Croteau & Kusek, 1992). In addition, panel members were given the option of sharing any experiences, positive or negative, that they had had with members of the helping community such as social workers, counselors and/or psychologists.

Since these "experiential qualities" of gay and lesbian individuals lives were the focus of the panel, less emphasis was placed on information about homosexuality in general. Information about the gay and lesbian community was shared

during the question and answer section, which occurred at the end of the panel discussion.

According to Croteau and Kusek (1992) the question and answer section is designed to "establish a dialogue between the audience and the speakers concerning specific question and issues important to the audience" (p. 398). Questions were encouraged from the audience. Questions, both verbal and written were accepted by the panel and each member of the audience was given a 5 by 7 note card for questions. These cards were picked up after the personal narrative section. During the introductory period it was announced that these "written questions" would only be answered when the verbal questions had been answered. Responses to these questions were considered part of the "live panel discussion" and were recorded on the tape as part of the discussion.

### Logistical Procedures

Western Michigan University instructors teaching classes in the Spring and Fall semesters of 1995 were contacted to ascertain their level of interest in having their students participate in this study. Instructors at the University of North Carolina-Charlotte were contacted in the Winter of 1996. Participating instructors were given a full verbal and written description of the procedures that were to be used in the study and an outline of the training objectives.

Treatment and control participants were recruited personally and by handout following a short presentation in their classes. Approximately 25 classes

were approached regarding participation in this study. The average number of individuals in each class was 15, for a total of 375. Of these possible 375 subjects, only 86 chose to participate in the study. This suggests that many individuals either self selected out of the study, or found the treatment times to not fit their schedule. Students in the classes were told of the voluntary nature of their participation in this research and informed that participation or non-participation in the study would in no way affect their course grade. In addition, the participants were informed that their responses on the test instrument, as well as comments made on the data gathering instrument would be confidential. Students were informed that they could terminate their participation in the study at any time. Those choosing to participate in this research were provided information about the study and were asked to sign an informed consent form. Students who chose not to participate in this study were asked to return the unsigned informed consent form. This research complied with all regulations of, as well as with the approval of, Western Michigan University's Human Subjects Institutional Review Board. As an incentive to participate in this study, students were informed that a lottery would be held with each individual participating in the study having a chance of winning one of two prizes. A prize of \$75.00 was given for first prize and \$25.00 for second prize. Each individual completed a data set (pre- and post-test, an informed consent form, and demographics sheet) which was coded with a number. A slip of paper with a duplicate number was entered in a locked collection box. Dr. Robert Betz, head of Western's Center for Counseling and

Psychological Services held the key to the box and picked the two winners after the completion of the study. Subjects were informed that each winner would be notified by phone and the winner's names would be kept confidential.

### Field Procedures

Subjects were randomly assigned to either one of three treatment groups or the control group. After each individual had been assigned, the treatment groups were made aware of the location and the time of the treatment they had been assigned to. The individuals who were assigned to treatment Group 1 were exposed to a live gay and lesbian speaker panel with individuals from the community who volunteered to discuss homosexuality and related issues. The first treatment or "live panel discussion" was videotaped. Group 1 participants not only viewed the live panel discussion but were also encouraged to ask questions of the panel members. Both the live panel discussion and the resulting questions and answers were shown to Group 2 and 3 participants.

To minimize any "history effect" the tape was shown to treatment Group 2 (tape with a facilitator) and Group 3 (tape without a facilitator) within the same week as the initial gay and lesbian discussion group.

Six weeks after treatment, participants were again administered the Attitudes Toward Lesbian and Gay Men Scale. Six weeks lapsed time between treatment and attitude testing was employed to reduce the effect of the initial emotion of the experience and to give greater credibility to the notion that the attitude

change is of a more long lasting nature. Strict confidentiality procedures were used at all times. Subject's demographic data sheets, comment sheets and pre- and posttests were coded by treatment group. In addition, each document was coded with the first four letters of the subject's mothers maiden name to ensure confidentiality and to ensure consistent data management. These documents were secured in a locked desk drawer. After the completion of the study, the demographic data sheet, comment sheet and pre- and posttests will be destroyed.

### Data Collection

Data for this research were obtained during the regularly scheduled class periods. The pretests were administered during the initial session of each class. The posttest was administered 6 weeks later. The instrument was administered by the author, with the exception of the students at the University of North Carolina-Charlotte. Students at UNC-Charlotte were administered the pre- and posttest by an instructor at that university who is a colleague of the author. Student names were used on the demographic data sheet but were not coded on the pre- and posttest as well as the comment sheet to ensure confidentiality.



## CHAPTER IV

### RESULTS

This research was designed to examine the attitudes of counselors-in- training toward gay and lesbian individuals before, after, and without exposure to a training program about homosexuality. This chapter is organized into three sections: (1) analysis of the data, (2) null hypothesis testing, and (3) pretest and post test mean tables.

#### Analysis of the Data

To determine whether or not there was a significant difference between treatment groups and between gender, a 4 X 2 Analysis of Covariance (ANCOVA) procedure was employed (see Table 1). However, after the data were analyzed it became clear that the data did not meet the assumptions required for an Analysis of Covariance, i.e., equal variance and equal group size. Due to unequal variances and unequal group sizes an Analysis of Covariance was not an appropriate statistical procedure. The Welch Approximate t test appeared to be the most appropriate statistical procedure to use taking into consideration unequal variances and unequal group size. The Welch Approximate t procedure was chosen because, when compared to the Brown and Forsythe test and the Krusal-Wallis non-parametric test, the Welch t-test "was superior in most cases

Table 1

## Number of Participants in Each Treatment Group and Gender

Sex	Treatment				Total
	Live	Video W/ Facilitator	Video W/O Facilitator	Control	
Male	7	7	7	13	34
Female	10	14	11	17	52
Total	17	21	18	30	86

studied in terms of better control on type I error and greater power" (Stevens, 1990, p. 56). The Welch approximate t statistic does not assume equal variances. When compared to the Tukey procedure, Games and Howell (1976) found that the Welch approximate t statistic kept the experimentwise error rate under control when unequal variances and unequal group sizes were both present. The Welch statistic is appropriate since a pooled error term would not be appropriate to use because the sample variances are estimating different population values. The Welch statistic, however, uses only those variances for the pairs of groups being compared (Stevens, 1990).

Calculation of the Welch approximate t test and the associated degrees of freedom, can however, generate a summary table which is approximately one page long. Therefore no summary tables will be provided.

For the reasons stated above, the data for Hypotheses 1-10 were analyzed using a Welch technique. The Welch approximate *t* procedure, unlike the ANCOVA which uses both the pre- and posttest scores, uses only the posttest scores. No analysis was completed on the pretest data (see Tables 2 and 3). The range of mean scores was 47.96 to 52.42. This suggests that most of the scores were clustered around 50, and there did not appear to be a difference between treatment groups. An alpha of .05 was used as the level of significance. The Welch approximate *t* procedure tested for two main effects: (1) Training modalities (three different experimental groups and a control group); and (2) Gender (male, female).

The dependent variable in this study was the score on the Attitudes Toward Lesbians and Gay Men scale. The independent variables for this study

Table 2  
Pretest Data by Treatment Group

Treatment Group	N	Mean	SD	Score Range	
				Min	Max
Live	17	52.42	29.56	22.0	115.0
Video W/ Fac	21	47.96	24.40	20.0	99.0
Video W/O Fac	18	50.39	26.23	23.0	108.0
Control	30	52.30	29.54	20.0	124.0

**Table 3**  
**Posttest Data by Treatment Group**

Treatment Group	N	Mean	SD	Score Range	
				Min	Max
Live	17	36.04	21.59	20.0	114.0
Video W/ Fac	21	45.38	24.03	20.0	102.0
Video W/O Fac	18	53.72	27.27	23.0	109.0
Control	30	52.82	31.29	20.0	123.0

consisted of: presentation method (three levels: live panel discussion, videotape with facilitator, videotape without facilitator) and gender (male and female). Information about gender was obtained from the demographic sheets.

In addition to the posttest, each subject was given a comment sheet and encouraged to share their feelings about the treatment they received.

This chapter analyzes the data gathered from the 86 subjects and presents the analysis for each of the 10 hypotheses included in this study.

### Hypothesis 1

Hypothesis 1 stated that there will be no significant difference on the post-test scores between the group exposed to the gay and lesbian speaker panel only and the group exposed to the videotape of the gay and lesbian speaker panel with

a facilitator on attitudes toward homosexuality as measured by the Index of Attitudes Toward Lesbian and Gay Men Scale (ATLG). The data were analyzed using a Welch t-Test technique (essentially a two-way analysis of variance). The results indicated that there was no significant difference (Welch  $t$  value=1.757,  $df=19$ ,  $p=0.095$ ) between counselor trainees who viewed the live panel and the counselor trainees who were exposed to the videotape with a facilitator. The data, therefore, supported the acceptance of the null hypothesis.

### Hypothesis 2

Hypothesis 2 stated that there will be no significant difference in posttest scores between the group exposed to the gay and lesbian speaker panel only and the videotape of the speaker panel without a facilitator on attitudes toward homosexuality. The data were analyzed using a Welch t-test technique. The results indicated that there was a significant difference (Welch  $t$  value=2.973,  $df=18$ ,  $p=0.008$ ) between counselor trainees who viewed the live speaker panel and the counselor trainees who viewed a videotape of the speaker panel without the benefit of a facilitator. The data supported the rejection of the null hypothesis.

### Hypothesis 3

Hypothesis 3 stated that there will be no significant difference on the posttest scores between the group exposed to the gay and lesbian speaker panel only and the control group regarding attitudes toward homosexuality. The data were

analyzed using a Welch t-test. The results indicated there was a significant difference (Welch t value=3.136, df=16,  $p=0.006$ ) between the counselor trainees who were exposed to the live panel discussion and the control group. The data, therefore, supported the rejection of the null hypothesis.

#### Hypothesis 4

Hypothesis 4 stated that there will be no significant difference in posttest scores between the group viewing the videotape of the panel discussion with a facilitator and the group viewing the videotape without a facilitator on attitudes toward homosexuality. The data were analyzed using a Welch t-test. The results indicated that there was no significant difference (Welch t value=1.325, df=19,  $p=0.201$ ) between the counselor trainees who viewed the videotape of the panel discussion with a facilitator and the counselor trainees who were exposed to the videotape without a facilitator. The data, therefore, did not support the rejection of the null hypothesis.

#### Hypothesis 5

Hypothesis 5 stated that there will be no significant difference on the post-test scores between the group exposed to the videotape of the gay and lesbian speaker panel with a facilitator and the control group regarding attitudes toward homosexuality. The data were analyzed using a Welch t-test. The results indicated that there was no significant difference (Welch t value=1.325, df=20,

$p=0.200$ ) between counselor trainees who viewed the videotape with a facilitator and the control group. The data, therefore, support the acceptance of the null hypothesis.

#### Hypothesis 6

Hypothesis 6 stated that there will be no significant difference in posttest scores between the group viewing the videotape without a facilitator and the control group on attitudes toward homosexuality. The data were analyzed using a Welch t-test. The results indicated that there was no significant difference (Welch t value=-0.177,  $df=18$ ,  $p=0.861$ ) between the counselor trainees who viewed the videotape without a facilitator and the control group. The data, therefore, support the acceptance of the null hypothesis.

#### Hypothesis 7

Hypothesis 7 stated that there will be no significant difference in posttest scores between males who view the live speaker panel and males who view the videotape of the speaker panel with a facilitator on attitudes toward homosexuality. The data were analyzed using a Welch t-test. The results indicated that there was no significant difference (Welch t value=-0.194,  $df=11$ ,  $p=0.850$ ) between males who viewed the live speaker panel and males who viewed the videotape of the speaker panel with a facilitator. The data, therefore, support the acceptance of the null hypothesis.

### Hypothesis 8

Hypothesis 8 stated that there will be no significant difference on posttest scores between males who view the videotape with a facilitator and females who view the videotape with a facilitator on attitudes toward homosexuality. The data were analyzed using a Welch t-test. The results indicated that there was no significant difference (Welch t value=0.697, df=11, p=0.500) between male counselor trainees who viewed the videotape with a facilitator and female counselor trainees who viewed the videotape with a facilitator. The data, therefore, support the acceptance of the null hypothesis.

### Hypothesis 9

Hypothesis 9 stated that there will be no significant difference on posttest scores between males who view the videotape without a facilitator and females who view the videotape without a facilitator on attitudes toward homosexuality. The data were analyzed using a Welch t-test. The results indicated that there was no significant difference (Welch t value=-0.285, df=11, p=0.781) between male counselor trainees who viewed the videotape without a facilitator and female counselor trainees who viewed the videotape without a facilitator. The data, therefore, support the acceptance of the null hypothesis.



### **Hypothesis 10**

Hypothesis 10 stated that there will be no significant difference on posttest scores between males who view the live panel discussion and females who view the live panel discussion on attitudes toward homosexuality. The data were analyzed using a Welch t-test. The results indicated that there was no significant difference (Welsh t value=-1.023, df=6, p=0.346) between male counselor trainees who viewed the live panel discussion and females who viewed the live panel discussion. The data, therefore, support the acceptance of the null hypothesis.

## **CHAPTER V**

### **SUMMARY, FINDINGS, CONCLUSIONS AND RECOMMENDATIONS**

This chapter is divided into four sections. The first section consists of a short synopsis of the study, the second discusses the findings, and the third presents the conclusions and implications of the study. The fourth section consists of recommendations for future research.

#### **Summary**

The major purpose of this study was to examine the attitudes about homosexuality of graduate level counselors-in-training before, after, and without exposure to a gay and lesbian sensitivity training program. A total of 86 subjects participated in the study. Of the 86 subjects in the study, 34 were male and 52 were female. The mean age of the male subjects was 33.6 years old. The mean age of the female subjects was 30.2 years old. Data were collected from June 1995 through April 1996. All subjects were randomly assigned to one of three treatment groups: live panel discussion, videotape of a panel discussion with a facilitator and videotape of a panel discussion without a facilitator; or a control group. All subjects in the study completed the Attitudes Toward Lesbians and Gay Men Scale.

The study was a quasi-experimental study, using a randomized groups, pre-test posttest design. Subjects were placed in the appropriate cells of a 2 X 4 analysis. All hypotheses were analyzed using a Welch approximate t statistical procedure. In addition to the sensitivity training method, the remaining independent variable was gender. The level of significance for rejection of each of the null hypotheses was set at  $p < .05$ .

### Findings

The findings regarding the exposure of subjects to one of three training programs in reducing homonegative attitudes are as follows:

1. As hypothesized, there was no significant difference between subjects exposed to a live panel discussion and subjects who viewed a videotape of a live panel discussion with facilitator, on attitudes toward homosexuality (see Table 4).
2. There was a significant difference between subjects exposed to the live panel discussion and subjects who viewed the videotape of the discussion without a facilitator, on attitudes toward homosexuality.
3. There was a significant difference between subjects who were exposed to the gay and lesbian speaker panel only and subjects in the control group, on attitudes toward homosexuality.
4. There was no significant difference found between subjects who viewed the video-tape of the panel discussion with a facilitator and subjects who viewed the video-tape without a facilitator, on attitudes toward homosexuality.

**Table 4**  
**Summary of Group Comparisons**

Comparisons		Significant Differences (.05)	Hypotheses #
LP	VWF	No	1
LP	VWOF	Yes	2
LP	Control	Yes	3
VWF	VWOF	No	4
VWF	Control	No	5
VWO	Control	No	6

Note: LP = Live Panel  
VWF = Video With Facilitator  
VWOF = Video Without Facilitator

5. There was no significant difference found between the subjects exposed to the video-tape of the gay and lesbian speaker panel with a facilitator and the subjects in the control group, on attitudes toward homosexuality.

6. There was no significant difference found between the subjects who viewed the video-tape without a facilitator and subjects in the control group, on attitudes toward homosexuality.

7. There was no significant difference found between males who were exposed to the live speaker panel and males who viewed the videotape of the

speaker panel with a facilitator, on attitudes toward homosexuality (see Table 5).

8. There was no significant difference found between males who viewed the video-tape with a facilitator and females who viewed the video-tape with a facilitator, on attitudes toward homosexuality.

9. There was no significant difference found between males who viewed the videotape without a facilitator and females who viewed the videotape without a facilitator, on attitudes toward homosexuality.

10. There was no significant difference found between males who were exposed to the live panel discussion and females who were exposed to the live panel discussion, on attitudes toward homosexuality.

Table 5  
Gender Differences Summary

Group	Comparisons		Significant Differences (.05)	Hypothesis #
Males	LP	VWF	No	7
LP	M	F	No	8
VWF	M	F	No	9
VWOF	M	F	No	10

Note: LP = Live Panel  
VWF = Video With Facilitator  
VWOF = Video Without Facilitator

Only one same gender (male) comparison was made in this study (Hypothesis 7). The reason for this was that since the research suggests that males have higher levels of homophobia than females, some possibility existed that males might be more influenced by the videotape than by the live panel discussion. The theory behind this being that perhaps the distance that the videotape provided, might allow men to feel less anxious, and thus concentrate on the content of the panel. To summarize, the only method for reducing negative attitudes toward homosexuality that was found to be statistically significant was the live panel discussion. The videotape of the panel discussion, while not statistically different from the live panel, was not found to be significantly different from the control group. This suggests that the live panel discussion continues to be the most effective means of changing negative attitudes toward homosexuality.

Perhaps the most notable finding of this study was that contrary to prior research, there was no significant difference found between males and females on the posttest with regard to being exposed to either the live panel discussion, the videotape with facilitator or the videotape without a facilitator. Most previous research suggests that males continue to hold more negative attitudes toward homosexuality on posttests. The data from this study indicated that the attitudes of males and females were not significantly different on the posttest.

### Conclusions

The results of this study confirm that there is no statistical difference

between attitude change attributable to a videotape of a live panel discussion with a facilitator, and an actual live panel discussion.

This study also established that, contrary to prior research, there was no difference between student counselor's posttests due to gender differences.

This research did not establish, however, that there was a significant difference between the group exposed to videotape of a panel discussion with a facilitator and the control group.

A possible explanation for these findings may be that since an analysis of the subject's pretest scores suggests that many already possessed positive attitudes toward homosexuality, this may have been a contaminating factor. The mean for each of the groups was as follows: Live group = 50.42, Videotape with facilitator = 47.96, Videotape without facilitator = 50.39, and Control group = 52.3. These existing attitudes are all in the range established by Herek (1994) as holding a high level of non-homophobic or gay affirmative attitudes (range = 20 to 180). Since individuals in all of the treatment groups and the control group held such positive views of gay and lesbian individuals it is difficult to determine what effect this had on the outcome of the study. A factor which may have contributed to the lower posttest scores for the live panel group, may have been the more unconstrained nature of the live panel, compared to the videotape. Subsequently, the videotape with a facilitator may have been perceived as less interesting.

Despite these factors, it appears that a live panel discussion continues to be the most effective strategy for reducing negative attitudes of counselors-in-

training attitudes toward homosexuality.

### Recommendations for Future Research

For the purposes of generalization, the findings from this study are limited to graduate students in the mental health field. One important path for future research would be to expand this research to other fields and other subjects in order to be able to generalize across larger populations.

In addition, results of some of the analysis may be due to the small number of subjects in some of the treatment groups. In the future, a larger number of subjects is suggested. A further recommendation would be to enlist an equal number of male and female subjects so that stronger statements may be made regarding the generalizability to males and females.

The results of this research suggest that there was a moderately long lasting attitude change for those subjects exposed to the live panel discussion (at least 6 weeks). Other research may want to focus on posttest follow-up with longer periods of time, perhaps one year.

Lastly, this research was completed using entirely volunteer subjects. Clearly, a concern remains that a number of homophobic individuals may have self-selected out of the study. Therefore, subjects may be sought in a less voluntary manner, i.e. a whole class or office staff. In order to generalize the findings to less "voluntary" settings such as business, education and industry. Similarly, since the subjects in this study already possessed generally positive attitudes



toward homosexuality, I would suggest a follow-up study using subjects who did not already hold such gay affirmative attitudes.

**Appendix A**  
**Demographic Data Sheet**

### DEMOGRAPHIC DATA SHEET

Thank you for your participation in this study. Your anonymously collected answers will be statistically analyzed and used as part of a dissertation research project attempting to learn more about counseling students attitudes toward same gender sexual behavior.

As a final part of this research, would you please complete this short data sheet. Though several of the questions are of a personal and private nature please complete all items as accurately as possible. Your answers will be kept confidential and in no way will your responses be connected to your name.

Sex: Male\_\_\_\_\_ Female\_\_\_\_\_ Age:\_\_\_\_\_

Number if any, of gay or lesbian individuals you know.

\_\_\_\_\_

What, if any is your reason for having a positive or negative attitude toward gay or lesbian individuals?

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Mothers maiden name \_\_\_\_\_

Last four digits of phone # \_\_\_\_\_

**Appendix B**  
**Informed Consent Form**

## Informed Consent Form

Western Michigan University, Department of  
Counselor Education and Counseling Psychology

I understand that I have been asked to participate in a dissertation project entitled " A Comparison of Gay and Lesbian Sensitivity Training's on Student Counselors Attitudes Toward Same Gender Sexual Behavior". The purpose of the study is to see if certain attempts to alter negative attitudes toward gay and lesbian individuals are more effective than others. The projected length of participation in this study is 3 months.

I understand that if I agree, I will be chosen to participate in one of three treatment groups or a non-treatment or control group. I also understand that if I choose not to participate in this study this will in no way effect my course grade. I also understand that even if I agree today to participate in this study by signing this form, I can change my mind at any time and no longer participate in this study.

I understand that my name and any identifying information will not be used on any of the forms and that you will use a code number instead. You will keep a list of code numbers and names which will be destroyed after the research is complete.

If I have any question or concerns about this study, I may contact Dean Dorman at 342-5824. Should difficulties be encountered that I believe may not be adequately resolved by Dean Dorman I may contact Dr. John Geisler, Chairman of Mr. Dorman's dissertation committee at 387-7122. The participant may also contact the Chair, Human Subjects Institutional Review Board or the Vice President for Research if questions or problems arise during the course of the study.

My Signature below indicates that I have read the informed consent form and agree to the stated terms.

Print name here \_\_\_\_\_

Sign name here \_\_\_\_\_ Today's Date \_\_/\_\_/\_\_

Phone # \_\_\_\_\_ Mothers Maiden Name \_\_\_\_\_

## **Appendix C**

### **Attitudes Toward Lesbian and Gay Men Scale**

## ATTITUDES TOWARD LESBIANS AND GAY MEN SCALE

This questionnaire is designed to measure the way you feel about Lesbians and Gay Men. It is not a test, so there are no right or wrong answers. Answer each item as carefully and as accurately as you can by placing a number beside each one as follows.

- 1 Strongly Agree
  - 2
  - 3 Agree
  - 4
  - 5 Neither agree or disagree
  - 6
  - 7 Disagree
  - 8
  - 9 Strongly disagree
- 

- 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 divisions between the sexes.
- 4. \_\_\_\_\_ State laws regulation 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 couples.
- 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 seem ridiculous to me.  
20. \_\_\_\_\_ Male homosexuality is merely a different kind of lifestyle that should not be condemned.

Mothers maiden name \_\_\_\_\_

Last four digits of phone # \_\_\_\_\_ Todays date \_\_\_\_\_



## **Appendix D**

### **Approval to Use the Attitudes Toward Lesbian and Gay Men Scale**

## UNIVERSITY OF CALIFORNIA, DAVIS

RIVERSIDE • DAVIS • IRVINE • LOS ANGELES • RIVERSIDE • SAN DIEGO • SAN FRANCISCO



SANTA BARBARA • SANTA CRUZ

NORTHERN CALIFORNIA COMMUNITY RESEARCH GROUP  
DEPARTMENT OF PSYCHOLOGY  
(916) 757-3240  
FAX: (916) 753-2527

DAVIS, CALIFORNIA 95616-8775

November 6, 1996

## TO WHOM IT MAY CONCERN:

Dean Dorman has asked for permission to use my ATLG Scale published in the book, "Lesbian and Gay Psychology" (edited by Dr. Beverly Greene and myself, 1994, SAGE) in a chapter entitled "Assessing Heterosexuals' Attitudes Toward Lesbians and Gay Men." As I have previously communicated, permission to use and reproduce this scale is explicitly noted in the published footnotes. This general permission is sufficient in any reasonable academic or professional setting.

However, I specifically grant Dean Dorman permission to use and reproduce the ATLG Scale for his dissertation in order to facilitate his academic work.

Sincerely,

  
Gregory M. Herek, Ph.D.  
Research Psychologist

## **Appendix E**

### **Approval Letter From Human Subjects Institutional Review Board**

Human Subjects Institutional Review Board



Kalamazoo, Michigan 49008-3899  
616 387-8293

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## WESTERN MICHIGAN UNIVERSITY

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Date: January 31, 1995

To: H. Dean Dorman

From: Richard Wright, Interim Chair

Re: HSIRB Project Number 95-01-07

*Richard Wright*

This letter will serve as confirmation that your research project entitled "The effect of a homosexuality sensitivity training on student counselors-in-training" has been **approved** under the **expedited** category of review by the Human Subjects Institutional Review Board. The conditions and duration of this approval are specified in the Policies of Western Michigan University. You may now begin to implement the research as described in the application.

Please note that you must seek specific approval for any changes in this design. You must also seek reapproval if the project extends beyond the termination date. In addition if there are any unanticipated adverse or unanticipated events associated with the conduct of this research, you should immediately suspend the project and contact the Chair of the HSIRB for consultation.

The Board wishes you success in the pursuit of your research goals.

Approval Termination: January 31, 1996

xc: Geisler, CECP

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