

Perception of Homosexuality Among Turkish University Students: The Roles of Labels, Gender, and Prior Contact

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ABSTRACT. The author examined three questions: (a) What constitutes participants' causal attributions for the labels "gay," "lesbian," and "homosexual"?; (b) Do participants' attitudes vary by labels?; and (c) Do participants' attitudes vary with previous social contact with homosexuals? Participants were 334 university students (140 women, 194 men). Three labels—"gay," "lesbian," and "homosexual"—served as probes. The author investigated participants' attributions toward causes of homosexuality with Principal-Component Analysis (PCA) and obtained 4 components: disorder, problems, modeling or sensation seeking, and preference. The author found the most negative attitudes toward the label "gay." Finally, participants who had previous contact with homosexual people held more positive attitudes toward homosexuality than did the others. The author also obtained some gender differences. The author discussed the results in the light of the current literature.

Key words: attitudes, contact, discrimination, homosexuality, language

DIFFERENT FACETS OF HOMOSEXUALITY have increasingly attracted the focus of researchers from a variety of sciences in recent years. A considerable number of these researchers have explored the attributions and attitudes of the public toward homosexual people (e.g., Furnham & Taylor, 1990; Haddock, Zanna, & Esses, 1993; LaMar & Kite, 1998), which is the topic of the present article. In spite of the increasing number of studies on homosexuality, the complex and multidimensional nature of attitudes in relation to gender remains unexplored (LaMar & Kite).

In exploring attitudes and attributions toward homosexuality, numerous researchers have cited common findings regarding gender differences. Perhaps the most often reported and accepted finding is that men have more negative attitudes toward homosexuality in general than do women (e.g., Anderssen, 2002; Whitley, 1990). In a Turkish sample, Sakallı (2002a, 2002b, 2002c) found that female participants had more tolerant attitudes toward homosexuality than did

male participants. Studies have also revealed that men's attitudes are especially negative when the target is gay rather than lesbian (e.g., Ellis & Vasseur, 1993; Kite & Whitley, 1996). Herek (1988) performed three successive studies and repeatedly found that men had more negative attitudes toward male homosexuals than toward female homosexuals. In another study, Herek (2000) obtained the same results. Hoover and Fishbein (1999) showed that a negative view of gay men was held by male adolescents also. Hoover and Fishbein explained that gender difference toward gay men by proposing that males tend to maintain the status quo in society (or are less tolerant toward male-gender norm violations) than do women and that women have a greater tendency to be sensitive to oppressed social groups than do men. Yielding another explanation, some researchers have proposed that people take the effects of gender-role violation more seriously when the violator is male (e.g., LaMar & Kite, 1998). Because of the aforementioned literature, the finding that women have more tolerant attitudes toward homosexuality than do men seems to be robust despite the different samples and measurement tools that have been used.

Also, a person's previous contacts with homosexual people seem to be related to his or her attitudes toward such people. According to Allport's (1954) well-known contact hypothesis, social contact with a stigmatized group should result in a positive attitude change. The contact hypothesis implies that for attitude change to take place, social contact should occur under certain circumstances such as cooperative conditions and equal-status between members of the rival groups. However, in many studies on attitudes toward homosexuality, social contact with homosexual people means knowing homosexual people or being acquainted with them rather than having contact under the original conditions in the contact hypothesis. Ellis and Vasseur (1993) found that previous exposure to homosexual people reduced negative attitudes. A study by Bowen and Bourgeois (2001) revealed that students who lived with lesbian, gay, and bisexual college students in dormitories held more positive attitudes than did other students. Whitley (1990) reported the similar finding that heterosexuals who knew a gay person had more positive attitudes than those who did not. Anderssen (2002) performed a 2-year longitudinal study with a Norwegian sample and reported that attitudes were more positive when the frequency of contact was greater. For both men and women, having more social contact with gay men was related to more accepting

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attitudes. Also, for men and women, positive attitude change toward gay and lesbian individuals, respectively, was related to more social contact.

Several researchers have examined attitudes toward homosexuality and the effects of social contact in Turkey. Sakallı and Uğurlu (2001) investigated the effects of social contact in attitudes toward homosexuality in a Turkish university sample. Their study indicated the possibility that exposure to homosexual individuals resulted in more positive attitudes toward homosexuality. In another study by Sakallı (2002b), male participants defined gay men by using more stereotypic and less counterstereotypic attributes than women. On the other hand, female participants used less stereotypic and more counterstereotypic attributes in defining gay men than did men. Also, social contact with at least one homosexual resulted in defining gay men by using less stereotypic and more counterstereotypic attributes. Sakallı's (2002b) study also indicated that both male participants and participants who had no social contact with homosexuals had more negative stereotypes of gay men than did both females and participants who had social contact with at least one homosexual individual. Sakallı (2002c) also replicated the findings that women had more positive attitudes toward homosexuality and that social contact resulted in more accepting attitudes. In an experimental study, Sakallı and Uğurlu (2002) found that social contact with a lesbian individual resulted in a positive attitude change toward homosexuality. It is clear that these studies indicate the influence of social contact on both attitudes toward homosexuality and attitude change.

Herek (1984) reviewed the literature and summarized some characteristics of people who held more negative attitudes toward homosexuals. According to him, people with negative attitudes were less likely to have social contact with homosexuals; less likely to engage in homosexual behaviors; more likely to live in areas where negative attitudes toward homosexuality are widely accepted; less likely to be educated and sexually permissive; and more likely to be religious, to be older, to have traditional attitudes toward sex roles, to possess guilt about sexual issues, and to have authoritarian personality characteristics. With an Australian sample, Hong (1984) provided similar findings: Participants who were female, younger, and more educated and who attended church less frequently held more positive attitudes.

Scientific knowledge on socially stigmatized groups such as the mentally ill or homosexuals has special significance not only for etiology but also for social interventions and social policies. Consequently, mental health workers in environments where higher levels of social, cultural, and racial diversity occur, such as university campuses, should know about students' attitudes toward stigmatized groups. Also, policy makers should apply such scientific knowledge to issues before intervening through large social projects. Studies such as the aforementioned ones may also help identify similarities and differences across cultures. For instance, Kim, D'Andrea, Sahu, and Gaughen (1998) investigated attitudes of students from different backgrounds and found that Caucasian participants

knew more about and had more positive attitudes toward homosexuality than did Japanese, Chinese, and Filipino students. To prevent crimes against homosexual people, both mental health professionals and policy makers should know underlying beliefs and attributions. Some researchers have reported that lesbians and gay men have been the targets of verbal abuse or threats and physical attacks because of their sexual identity (Herek, 1989; Willis, 2004). Although there is a lack of such reports in Turkey, the probability of victimization against homosexual individuals may be greater because of social and religious rigidity. In sum, studies on social perception of stigmatized groups provide important sources of scientific knowledge.

I performed the present study as part of a series of social-perception studies. In the first study, Çirakoğlu, Kökdemir, and Demirutku (2003) found some gender differences in the perception of depression. In that study, male participants believed that religious practices ameliorated the effects of depression more than did women. The second study, which was on the perception of drug abuse, revealed significant gender differences in attitudes toward different drugs, in which men and women made different causal attributions for the causes of drug abuse (Çirakoğlu & Işın, 2005). Moreover, men had more positive attitudes toward drugs than did women. In all three studies, Çirakoğlu and colleagues provided probes consisting of one simple sentence that emphasized labels to evaluate participants' beliefs about these labels. Çirakoğlu and colleagues did not provide participants with any additional data about the target depicted in the probes. In the present study, I chose the labels "gay" and "lesbian" because of their frequent use in daily language in Turkey to describe the respective homosexual relationships. For the label "homosexual," I used the corresponding Turkish word "escinsel." Therefore, researchers can assume that participants responded to the probes by consulting their schemas that was activated by each label.

In the present study, I aimed to examine three questions: (a) What constitutes participants' causal attributions for the labels "gay," "lesbian," and "homosexual"?; (b) Do participants' attitudes vary by labels?; and (c) Do participants' attitudes vary with previous social contact with homosexuals? Specifically, I hypothesized that the most-negative attitudes would occur for the label "gay" and that the most-positive attitudes would occur for the label "lesbian." Regarding the previous contact, I also hypothesized that participants who would report a previous social contact with at least one homosexual would have more positive attitudes toward homosexuals.

Method

Participants and Procedures

Participants were 334 private-university students who participated voluntarily. They were 140 women ($M_{\text{age-women}} = 21.4$ years, $SD_{\text{age-women}} = 1.72$ years) and 194

men ($M_{\text{age-men}} = 21.6$ years, $SD_{\text{age-men}} = 1.56$ years; $M_{\text{age-all}} = 21.5$ years, $SD_{\text{age-all}} = 1.63$ years, $\text{range}_{\text{age-all}} = 18\text{--}29$ years). Of all participants, 132 (41.82%) reported previous social contact with a homosexual, and 184 reported no contact. Of all participants, 18 (5.38%) did not provide information on previous contact. I collected no information about the nature of the contact to ensure confidentiality. I printed all scales and demographic-information questions on a two-sided sheet of paper and shuffled the questionnaires. Therefore, all participants had an equal chance of getting any one of the probes. I administered the questionnaires mainly during class hours, and the process took approximately 15 min.

Measures

Demographic Information Questions (DIQ). Through the questionnaire, I asked every participant to indicate his or her year of birth; gender; parents' education levels; and whether he or she had contact with a gay, lesbian, or homosexual person. For the purpose of the present study, I used three forms in which only the label of the person in the probe was different. I provided short definitions after the first instances of the words "gay" and "lesbian" because these words are not originally Turkish words.

Causes of Homosexuality Scale. I developed a 50-item scale for causes of homosexuality. I wrote all items in the grammatical form of the third-person singular because Turkish has no gender typing. The scale followed the statement "A person is [label] (gay, lesbian or homosexual) because . . ." In each of the scales, I changed the label accordingly. Therefore, I obtained three forms of the scale beginning with the probe that contained one of the labels (gay, lesbian, or homosexual). To indicate the importance of a given cause, participants used a 5-point Likert-type scale ranging from 1 (*Not important at all*) to 5 (*Very important*).

Attitude scale. To measure attitudes, I derived from Çirakoğlu's (1999) scale a scale that consisted of 19 items. I used the present scale to measure attitudes toward a mentally ill person. The scale differentiated between attitudes toward anxiety or neurosis and those toward schizophrenia successfully. In the second study of the series, Çirakoğlu and Işın (2005) used this scale to measure attitudes toward hypothetical drug users. Sample items include, "Suppose you took the same course with person described above. Would you mind participating in a joint project with this person?" and "Would you mind sharing the same room with this person in a dormitory?" In the present study, except for the instructions (probes), the items of attitude scale were the same as they were in Çirakoğlu and Işın's study. For the purpose of the present study, the scale began with the instruction, "X is a person who defines his/her sexual identity as [label] (gay, lesbian or homosexual)." I used these statements as probes. Through the scale, I asked participants to answer the question in light of this statement and to state their agreement

on a 5-point Likert-type scale ranging from 1 (*Certainly Yes*) to 5 (*Certainly No*). I reverse-scored four items before analyses. I found attitudes toward labels by taking mean scores for the total scale. For this scale, higher scores indicated more positive attitudes. In the present study, Cronbach's alpha internal consistency of the 19-item attitude scale was .91.

Results

I performed an initial PCA with the 50-item Causes of Homosexuality Scale for the "gay," "lesbian," and "homosexual" labels separately. Because the PCA provided very similar factor structures (except for a few items in each component), I performed a single PCA by excluding the label variable. The initial PCA revealed 19 components. Because the scree plot indicated a four-component solution, I repeated the PCA with varimax rotation by forcing the number of components to four. Table 1 shows the PCA results.

The first component consisted of 11 items and explained 18.06% of the variance, with an eigenvalue of 9.03. The items were related to physical and psychological disorders, and I labeled the component *Disorder*. Cronbach's alpha for the component was .83. I labeled the second component *Problems*. It explained 8.16% of the variance (eigenvalue = 4.08), and its internal consistency was .83. The Problems component consisted of 10 items, which were related to negative experiences with or opinions about the opposite sex. Since the third component included 11 items that were related to both the influence of others on the individual and sensation seeking, we labeled it *Modeling/sensation seeking*. This component explained 4.95% of the variance and had an eigenvalue of 2.48. Cronbach's alpha for the component was .81. The last component consisted of 5 items that were related to world view and personal preferences, and I labeled it *Preference*. It explained 3.97% of the variance, and its eigenvalue was 1.98. Cronbach's alpha was relatively low but acceptable at .55. The low alpha level may be due to the low number of the items and the possibility that their design was poor. The four components explained 35.16% of the total variance. Cronbach's alpha for the total scale was .88. Table 2 shows correlations among the components.

I performed a 2 (gender) \times 3 (label) \times 2 (contact) multivariate analysis of variance on the four components: Disorder, Problems, Modeling or sensation seeking, and Preference. With the use of Wilks's criterion lambda, I obtained main effects for gender, $F(4, 301) = 2.39, p < .05, \eta^2 = .03$; label, $F(8, 602) = 6.20, p < .05, \eta^2 = .07$; and contact, $F(4, 301) = 4.91, p < .05, \eta^2 = .06$. Analysis of the univariate F tests revealed that gender was significant on the problems component, $F(1, 304) = 7.58, p < .05, \eta^2 = .02$. Women ($M = 3.33, SD = 0.74$) rated problems with the opposite sex as a more important cause of homosexuality than did men ($M = 3.14, SD = 0.75$).

The label variable had a significant effect on the problems component, $F(2, 304) = 12.21, p < .05, \eta^2 = .07$. I conducted post hoc analyses by using the Scheffé method. The label "lesbian" yielded significantly lower mean scores ($M = 2.97$,

TABLE 1. Means, Standard Deviations, Reliabilities, and Results of Principal-Component Analysis (PCA) of Causes of Homosexuality Scale

Item starting with, "A person is [label] because . . ."	<i>M</i>	<i>SD</i>	Component			
			1	2	3	4
s/he has problems with his/her chromosomes.	3.39	1.32	.76	-.04	-.04	.08
s/he has a genetic disorder. [label] is a disorder.	3.65	1.41	.75	-.04	-.09	.08
s/he has a problem with his/her hormones.	3.12	1.45	.67	.00	-.00	-.18
s/he has experienced an illness.	3.76	1.28	.65	-.06	-.02	-.27
s/he has sexual problems. [label] is a psychological disorder.	2.59	1.20	.60	.00	.21	-.20
s/he has experienced a brain injury.	3.81	1.17	.60	.26	-.06	.19
s/he has weak personality. s/he is not self-confident.	3.54	1.35	.56	.15	-.00	-.06
s/he has family members who are [label].	2.23	1.29	.50	-.04	.28	-.31
s/he does not trust opposite sex. s/he has fear of opposite sex.	3.33	1.31	.50	.34	.01	-.10
s/he has been rejected by opposite sex.	3.00	1.27	.46	.37	.06	.01
s/he has not gotten emotional support from opposite sex.	3.07	1.32	.41	.02	.16	.20
s/he has communication problems with opposite sex.	3.31	1.11	-.03	.71	.12	.15
s/he has failed in his/her first experience with opposite sex.	2.93	1.16	.26	.68	.10	-.12
s/he has not gotten attention from opposite sex that s/he expected.	3.16	1.23	.12	.66	.12	.05
s/he hates opposite sex. s/he has been dissatisfied with sexual experiences with opposite sex.	3.33	1.11	.06	.64	.03	.27
s/he perceives opposite sex as unworthy.	3.57	1.12	.18	.64	.17	.12
s/he has been influenced by mass media.	3.19	1.18	.05	.62	.20	.12
being [label] is in fashion. s/he wants to be seen as different.	3.52	1.30	.10	.58	.01	.21
s/he has witnessed an emotional relationship between two [label].	3.16	1.19	.14	.47	.12	-.03
s/he has been influenced by movies. s/he imitates a [label].	3.39	1.16	-.05	.41	.18	.21
s/he has been influenced by books.	2.82	1.26	-.03	.40	.22	-.02
	2.28	1.17	.18	.00	.70	-.12
	2.05	1.15	.17	.04	.69	-.04
	3.23	1.15	.10	.27	.55	.25
	3.04	1.17	.00	.14	.54	.27
	2.90	1.14	-.11	.19	.54	.07
	3.20	1.12	.13	.13	.54	.33
	2.61	1.02	-.06	.07	.53	.05

(table continues)

TABLE 1. (Continued)

Item starting with, "A person is [label] because . . ."	<i>M</i>	<i>SD</i>	Component			
			1	2	3	4
s/he wants to be different.	3.36	1.16	.06	.32	.51	.14
s/he wants to seek sensations.	3.40	1.12	.00	.20	.46	.29
s/he does not want to be rejected by groups to which s/he belongs.	2.90	1.20	.20	.21	.44	.17
s/he wants to be a member of a group.	3.15	1.17	.11	.33	.43	.28
s/he has gotten many things in his/her life that s/he wanted to get.	3.23	1.15	.05	.03	.41	.17
being [label] is congruent with his/her world view.	3.61	1.08	.14	.13	.01	.54
being a [label] is a lifestyle.	3.19	1.34	.04	-.06	.21	.51
s/he has had his/her first sexual experience with a same-sex partner.	3.42	1.23	.07	.05	.05	.48
s/he has a dispositional tendency.	3.89	.99	.21	.08	.08	.48
s/he finds bodies of the same sex more aesthetic.	3.69	1.09	-.04	.10	.15	.44
eigenvalue			9.03	4.08	2.48	1.98
variance (%)			18.06	8.16	4.95	3.97
Cronbach's alpha			.83	.83	.81	.55

Note. *N* = 334. Bold values are the most significant ones for components.

TABLE 2. Correlation Matrix of Components of Causes of Homosexuality Scale

Component	Disorder	Problems	Modeling or sensation seeking	Preference
Problems	.25			
Modeling or sensation seeking	.22	.48		
Preference	.14	.28	.38	
<i>M</i>	3.22	3.23	2.94	3.55
<i>SD</i>	0.81	0.74	0.69	0.68

Note. *N* = 334. All correlations were significant at $p < .05$.

$SD = 0.86$) than did the label "homosexual" ($M = 3.37, SD = 0.78$) or the label "gay" ($M = 3.35, SD = 0.70$). The contact variable also had significant main effects on the disorder and preference components. Participants who reported no previous contact had higher scores on the disorder component ($M = 3.31, SD = 0.77$) than did participants who reported previous contact ($M = 3.13, SD = 0.84$), $F(1, 304) = 9.72, p < .05, \eta^2 = .03$. It is consistent with this finding that those who reported previous contact had higher scores on the preference component ($M = 3.69, SD = 0.67$) than did those who reported no previous contact ($M = 3.47, SD = 0.67$), $F(1, 304) = 7.53, p < .05, \eta^2 = .02$.

I performed a 2 (gender) \times 3 (label) \times 2 (contact) univariate analysis of variance on the attitude scale. We found a main effect for gender, $F(1, 303) = 8.14, p < .05, \eta^2 = .02$, with women indicating more positive attitudes ($M = 3.16, SD = 0.82$) than did men ($M = 2.93, SD = 0.93$). The main effect of the label variable was also significant, $F(2, 303) = 6.33, p < .05, \eta^2 = .04$. The mean attitude score toward the label "lesbian" ($M = 3.35, SD = 1.06$) was significantly higher than that toward the label "gay" ($M = 2.87, SD = 0.86$). I obtained no other significant mean difference in other pair-wise comparisons. Finally, I obtained a main effect for previous contact, $F(1, 303) = 10.98, p < .05, \eta^2 = .03$. Participants who reported previous contact had more positive attitudes ($M = 3.17, SD = 0.93$) than did those who reported no previous contact ($M = 2.93, SD = 0.85$).

Discussion

In the present study, I examined university students' attributions of causes of homosexuality, their attitudes toward gay men and lesbian women, and the association between prior contact and those attitudes. The data indicated four components as participants' perception of causes of homosexuality: disorder, problems, modeling or sensation seeking, and preference. Analyses revealed significant main effects for gender, label, and previous contact. Women rated having problems with the opposite sex as a more important cause of homosexuality than did men. Also, the label "lesbian" yielded a significantly lower mean score on the problems component than did the labels "gay" and "homosexual." That is, our participants perceived problems with the opposite sex as a more important cause of homosexuality when we gave the participants the label "gay" or "homosexual" rather than "lesbian." LaMar and Kite (1998) stated that gender-role violations play important roles in the perceptions of homosexuality. It is apparent that under many circumstances, male homosexuality is more visible than female homosexuality. Therefore, people may attribute homosexuality more to interpersonal problems between the sexes when presented with the labels "gay" and "homosexual" than when presented with the label "lesbian." As indicated earlier in the present article, the PCA produced four components. I named the last component *Preference* and included items related to the target's personal preference about one's sexual identity. In fact, preferences are not causes. Instead, they are

reasons for doing something. However, in the present study, I was interested in the question of how people make attributions about causes of homosexuality rather than why people become homosexual. Therefore, researchers should interpret *Preference* in the sense of how people make attributions about causes of homosexuality.

The present study replicated the finding that men have more rejecting and more negative attitudes toward homosexuality (Anderssen, 2002; Whitley, 1990). The present finding supports the results of the previous studies conducted with Turkish samples (Sakallı, 2002a, 2002b, 2002c). Sakallı (2002a, 2002b, 2002c) measured attitudes toward homosexuality by a different scale (Hudson & Ricketts, 1980). Researchers may interpret the similar results in Sakallı's (2002a, 2002b, 2002c) studies and the present study as demonstrating the robustness of the finding across measurement apparatuses as well. In the present study, I found the most-negative attitudes to be toward the label "gay," which may be due to gender-norm violations. It is interesting that although I observed the only significant mean difference between the labels "gay" and "lesbian," the label "homosexual" yielded a mean score ($M = 3.06$, $SD = 0.84$) that fell between the means of the two labels. Some researchers have found that many individuals' concept of homosexuality is associated with men (Sakallı, 2002c). The order of mean scores may indirectly support the possibility that the label "homosexual" is associated with male homosexuality more strongly than with female homosexuality.

In the present study, I also explored another variable, prior contact with homosexual people. As indicated earlier in the present article, several studies with samples from Turkey have indicated that individuals who have had social contact with homosexual individuals have more positive attitudes toward homosexuality (Sakallı, 2002b, 2002c; Sakallı & Ugurlu, 2001, 2002). The present results replicated that finding: Participants with previous social contact with homosexual people had more positive attitudes.

The present data indicated the possibility that there exist some differences in terms of prior contact with homosexual people. Participants who reported no previous contact with homosexual people tended to perceive homosexuality as due to a psychological or physiological disorder. On the other hand, participants who reported previous contact with homosexual people tended to attribute the causes of homosexuality more to personal preferences and lifestyle. Social contact with homosexual people may lead an individual to a more realistic and holistic view of them and result in attributing homosexuality to preferences more than pathology. Although in the present study, I did not gather data on sources of information about homosexuality, researchers can argue that participants who had no previous contact with homosexual people must use more external reference points, such as other people's judgments or the media, in their attributions rather than real exposure to homosexual individuals. In general, the present results indicate the possibility of a linkage between contact and

preference and between no contact and disorder in causal attributions toward homosexuality.

Limitations

The present study had some limitations as well as virtues. The first limitation was that most of the statements that were provided to participants had negative connotations and left no room for participants who had a positive or neutral view of homosexuality. Therefore, such participants may not have expressed their opinions completely. Second, I did not assess the participants' sexual orientation. Because the issue of homosexuality is still taboo in Turkey, and because the administration of questionnaires occurred during class sessions, it is likely that collecting information about participants' sexual orientation would not produce valid data. Therefore, it is possible that no homosexual participants were sampled. Similarly, I collected no information regarding the quality of prior contact with homosexual people because of the same reasons. When participants are asked whether they know a homosexual individual, they may answer "yes" not because the person they are thinking about identified himself or herself as gay, lesbian, or homosexual but because the participants assumed—rightly or wrongly—that he or she was homosexual. Therefore, such information in the present study might have a problem of validity. The last problematic issue is related to mean scores of the four components, which ranged from 2.94 to 3.55. None of these mean scores exceeds 4.00, which is the score that would indicate higher agreement on a particular component. The reader should interpret this result cautiously because it may be due to other causes in participants' minds that the present study did not address.

Conclusion

The present results yielded findings that are consistent with the attributions literature. It is clear that there is a strong link between (a) the labels for social phenomena and (b) individuals' personal attributions and attitudes toward them. The presentation of probes involving different labels led to different attitudes even without the provision of any personal information. The most practical implication of this finding is that changing labels for socially prejudiced groups (in this case, homosexuals) may help to change attitudes. Developers of social campaigns and crime prevention programs for changing negative attitudes associated with homosexuality may consider providing additional educational materials on the importance of language and labels to wider communication sources (media). However, as Mechanic (1994) indicated, for a significant change in people's attitudes toward groups that society has stigmatized, a better educated people is a more effective means than a conscious campaign.

Future researchers should focus on the effects of certain variables and conditions that may contribute to people's perception of and attitudes toward homo-

sexuality, such as the frequency of social contact, the nature of the contact, the duration of the contact, and the typicality of the target person. In general, in studying attributions toward homosexual individuals, future researchers should examine the nature of interpersonal relationships between heterosexual and homosexual people.

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