
SEXUAL ORIENTATION, MENTAL HEALTH, GENDER, AND SPIRITUALITY: PREJUDICIAL ATTITUDES AND SOCIAL INFLUENCE IN FAITH COMMUNITIES

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This study examined how the attitudes of conservative American Protestants attending Midwestern churches might vary as a function of religious beliefs, gender, and exposure to scenarios of people from stigmatized groups who were asking for spiritual care. Results of the 2 (scenario gender) x 2 (scenario sexual orientation) x 2 (scenario mental health issue) x 2 (participant gender) MANOVA revealed significance for sexual orientation bias ($\Lambda = .79$, $F(2, 88) = 11.94$, $p < .001$, $\eta^2 = .21$) and participant gender bias ($\Lambda = .91$, $F(2, 88) = 4.13$, $p = .02$, $\eta^2 = .09$). Follow-up ANOVA's revealed different effects depending on whether participants reported personal or perceived group attitudes. We discuss the results in terms of social comparison theory and projection.

Recent historical re-analyses have illustrated the horrific outcomes that occur when people of different cultures encounter each other for the first time (Diamond, 2003). In some cases, stronger cultures used deadly force to impose their spiritual beliefs on others (Mann, 2005). In the case of American slavery, religious leaders used spiritual texts to support both slavery and abolitionist positions (Schama, 2006). More recently, researchers have focused on prejudicial attitudes toward two minority groups: Those having different sexual orientations and those having different mental health conditions (e.g., Bockting & Cesaretti, 2001; Lewis, Derlega, Clarke, & Kuang, 2006). In this study, we explored the atti-

tudes of conservative Christians toward gays and lesbians with or without depression.

Prejudice

Prejudice involves holding derogatory beliefs, attitudes, or thoughts toward people who belong to a group other than one's own group (Bergen, 2001). Presumably, one's early contacts with parents, peers, and members of a stereotyped group provide the information base for prejudicial attitudes (Sechrist & Stangor, 2001). The capacity to form a prejudicial attitude may have its origins in an infant's response of crying when approached by a stranger in contrast to the comfort experienced in the presence of a familiar person (Bergen, 2001). The effects of group influence on the responses toward select outgroups appears in young children. For example, Kowalski (2003) found that the racial attitudes of preschool children mirrored that of their parents.

Groups appear to exert a strong influence on the attitudes of their members. Even if individuals espouse views that are at variance with those of their groups, when it comes to a discussion of an issue, group opinion is likely to hold sway over an individual's opinion. For example, Worth, Allison, and Messick (1987) found that group decisions not only influenced the attitudes individuals attributed to group members but also promoted a shift in which individual attitudes conformed to those of the group. Individuals may not be fully aware of the degree to which external factors affect their prejudicial attitudes. For example, people seem to respond quickly and automatically toward outgroup members as if a particular cue triggered responses associated with an attitude or stereotype held by their group (Wittenbrink, Judd, & Park, 2001). How do

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individual group members know the opinions of their group? Clearly, unless the group formally expresses an opinion, individuals may not know. In such cases, a *group attribution error* may occur in which individuals misperceive the attitudes and decisions of the group. To the extent that group attitudes influence individual attitudes, we may well be dealing with the influence of a subjective impression, that is, *perceived consensus*. According to Sechrist and Stangor, *perceived consensus* may influence "... behavior and judgments because it influences the cognitive accessibility of attitudes and cognitions (2001, p. 651)." In this study, we explored individual and perceived group attitudes toward two outgroups in a sample of Christians attending small groups at conservative churches.

Spirituality

Several researchers have commented on the lack of a clear distinction between spirituality and religion in the literature (e.g., Bockting & Cesaretti, 2001; Miller & Thoreson, 2003; Sutton, McLeland, Weak, Cogswell, & Miphouvieng, 2007). In their review, Miller and Thoreson (2003) found studies that seemed to reduce religiosity of participants to a measure of their church attendance. In this article, we have followed the general approach of Miller and Thoreson (2003) and Sutton et al. (2007), which views spirituality as a multidimensional concept that includes, but is not limited to, traditional religious expression. In this study, we have included spirituality in three ways. First, we presented participants with situations in which people who have been traditional targets of prejudice express a spiritual need. Second, we assessed the participants' willingness to engage in various behaviors that could be associated with mature spirituality (e.g., prayer, sensitivity to other's needs). Third, we selected a sample of conservative Christians and measured their religious beliefs on a commonly used measure.

Prejudice, Spirituality, and Gender

Researchers have documented that women are more empathic than are men (Gault & Sabini, 2000; Macaskill, Maltby, & Day, 2002). Finkel, Rusbult, Kumashiro, and Hannon (2002) found that men and women in relationships report differences when recalling prosocial behaviors. In addition, results from recent studies of attitudes towards people who participated in unacceptable sexual behavior found

gender differences in their willingness to forgive (Sutton et al, 2007), in their type of interaction with a social agency where a problem occurred (Sutton, Washburn, Comtois, & Moeckel, 2006), or in attitudes toward restoring an errant pastor (Sutton & Thomas, 2005; Sutton et al., 2007; Thomas, White, & Sutton, in press). In early studies of protestant clergy adultery, female participants displayed somewhat different attitudes than did male participants thus gender was treated as a covariate and the authors recommended that future researchers treat gender as a separate variable when assessing attitudes toward sexual behavior (Pop & Sutton, 2004; Sutton et al., 2007; Sutton & Thomas, 2005). When considering follow up of clients to an agency where a supervisor had violated sexual contact ethics with a client, college women were more likely to report a tendency to engage in closer follow-up if the supervisor was a man rather than a woman (Sutton et al., 2006). When the researchers varied the gender of errant clergy as a male or female pastor, college men reported more favorable attitudes toward female clergy and college women reported more favorable attitudes toward male clergy (Sutton et al., 2007). In this study, we included gender in two ways. We varied the gender (man, woman) of people who presented with a need that could be addressed by Christian participants. In addition, we included participant gender in the analysis.

Prejudice, Spirituality, and Sexual Orientation

Several authors (e.g., Bockting & Cesaretti, 2001; LaSala, 2006) point to incidents of excoriations and physical violence to illustrate the plight of those who have other than a heterosexual orientation (i.e., gay, lesbian, bisexual, transgendered, GLBT). Individuals from the GLBT community often experience discrimination when seeking jobs, or trying to access health and social services (Bockting & Cesaretti, 2001). When prejudicial attitudes are manifest in acts of physical violence or discrimination, the victims often experience psychological distress in the form of depression and worry (LaSala, 2006; Lewis, Derlega, Clarke, & Kuang, 2006) and may develop a long lasting expectation of prejudice and discrimination, a condition conceptualized by Pinel (1999) as *stigma consciousness*.

Prejudicial attitudes toward GLBT individuals exist in religious communities (Bassett, R.L., Nikkelen-Kuyper, M., Johnson, D., Miller, A., Carter, A. &

Grimm, J., 2005; Fahey, 1991; Fisher, R.D., Derison, D., Polley III, C., Cadman, J. Johnston, D., 1994; Laythe, Finkel, & Kirkpatrick, 2001; Laythe, Finkel, Bringle, & Kirkpatrick, 2002). In some cases, they may be excluded from access to spiritual support and development (Lewis, Derlega, Clarke, & Kuang, 2006). Two reports, based primarily on college samples, revealed that religious fundamentalism was positively associated with prejudice toward homosexuals (Laythe, Finkel, & Kirkpatrick, 2001; Laythe, Finkel, Bringle, et al., 2002). In this study, we examined the attitudes of conservative Christians toward people whose sexual orientation identification was either not given or identified as gay or lesbian. Because of the Christian Scriptural mandate to love others (Leviticus 19:18; Leviticus 19:34; Deuteronomy 10:19; Proverbs 10:12) as well as teachings proscribing homosexual behavior (Leviticus 18:22; Leviticus 20:13; Deuteronomy 23:18; Romans 1:27) we expected sexual orientation to affect the attitudes of our sample.

Prejudice, Spirituality, Sexual Orientation, and Mental Health

Recent studies suggest that mental illness remains a stigmatized condition in the view of the public. The phenomenon appears widespread as evident by samples of Swiss residents (Lauber, Carlos, & Wulf, 2005), protestant Christians in Australia (Hartog & Gow, 2005) and people with mental health problems in Scotland (McMillan, 2006a). Recently, researchers have studied factors such as stigma consciousness (Lewis, et al., 2006) and type of adult attachment (Zakalik & Wei, 2006) associated with higher levels of psychological stress among those whose sexual orientation is different from the heterosexual majority. In this study, we selected depression as a proxy for mental illness.

THE PRESENT STUDY

The purpose of this study was to examine how the attitudes of conservative American Protestants might vary as a function of religious beliefs, gender, and differential exposure to scenarios of people from stigmatized groups who were seeking spiritual care. We used a between-groups design, which allowed us to compare attitudinal variations based on membership in one of eight groups formed by the two categories of each independent variable: Sexual orientation (same sex or not mentioned), Mental illness (presence or

absence of depression), Scenario gender (man or woman), Participant gender (man or woman). In addition, we measured strength of religious beliefs as a factor that may be associated with prejudicial attitudes. We hypothesized that participants would be more favorable toward those with no identified sexual orientation and nondepressed people than others based on the general stigmas in society would. Next, we explored other between group effects and interactions without predicting a direction because of the lack of empirical evidence to support directional hypotheses. Finally, we examined the differences between how people thought they would respond versus how they thought their group would respond.

METHOD

Participants

Five churches volunteered to recruit participants. One hundred and fourteen church members took part in this study. One participant was eliminated because of age (younger than 18). There were 50 men and 63 women. The average age of the participants was $M = 49.38$ years ($SD = 14.51$). Ninety-seven percent of the participants were European-Americans. Ninety of the participants were married, 15 were single, four were divorced, and four widowed. The majority of the participants were educated above a high school degree (34 graduate school; 29 bachelor's degree; 36 some college). Sixty-five percent attended two or more church services per week and 32% attended at least one service per week. The majority of the participants were volunteers from Sunday school classes (84%) and the remaining participants were from small groups. Thirty-four participants had attended their group for one and a half years to five years, 23 had attended six months or less, 22 had attended 10 to 22 years, 11 had attended six and a half months to one year, and three did not respond. The mean score for strength of religious faith was 37.21 ($SD = 5.67$), which indicated the participants reported themselves to be strongly religious compared to other samples (e.g., $M = 28.39$, Freiheit, Sonstegard, Schmitt, & Vye, 2006; $M = 24.00$, Lewis, Shevlin, McGuckin, & Navratil, 2001; $M = 26.39$, Plante & Boccaccini, 1997)

Materials

All research packets included a participant consent form, a brief demographic questionnaire (to assess age, ethnicity, marital status, educational level,

and church attendance), a group member survey (GMS), and the Santa Clara Strength of Religious Faith Questionnaire (SCSRFQ; Plante & Boccaccini, 1997). In addition, the packets contained one of eight hypothetical scenarios along with questions that assessed the participant's individual responses (Participant's Individual Response, PIR) to the person in the hypothetical scenario as well as their perception of how their small group would likely respond to the person in the scenario (Participant's Perception of Group Response, PPGR).

Participants read one of eight hypothetical scenarios written specifically for this study. The premise of each scenario involved a hypothetical group member approaching the participant during the small group or Sunday school class and asking someone to talk to and pray with him or her. Each scenario varied the sexual orientation (same sex or not mentioned), mental health (depressed, not depressed), and gender (man, woman) of the hypothetical group member. Following is an example of one scenario.

After a small group/Sunday school class, a man in your group pulls you aside and tells you that he needs a friend to talk to. He confides in you that he is gay. He then tells you that he has been diagnosed with clinical depression and would like someone to pray with him.

Measures

We developed a measure of group cohesion to use as a validity check that the groups were functioning as a group rather than a collection of individuals. The participants rated their level of agreement (5-point Likert-type scale) with 17 statements such as "I feel comfortable in my group" or "I enjoy being in this group." Internal consistency was adequate ($\alpha = .72, n = 90$).

Plante and Boccaccini (1997) developed the SCSRFQ to assess religious behaviors. The SCSRFQ is a 10-item scale by which participants rate their level of agreement with statements such as "My religious faith is extremely important to me" or "I look to my faith as a source of comfort." In their student sample ($n = 124$), internal consistency was $\alpha = .95$. In this study, $\alpha = .97 (n = 113)$. Freiheit, Sonstegard, Schmitt, & Vye (2006) reported additional evidence of reliability ($\alpha = .95$), unitary structure (confirmed one factor), and validity. The SCSRFQ was significantly correlated with spirituality measured by the Spiritual Experience Index- Spiritual Support subscale ($r = .89$), religious behavior (Religious Background and Behavior, $r = .79$), formal religious prac-

tice ($r = .61$) and the God Consciousness Scale ($r = .82$). The measure was also related to the positive coping subscale of the Brief Religious Coping Scale ($r = .77$) but not the negative coping subscale ($r = .00$). In addition, the SCSRFQ was not significantly associated with either positive or negative affect measured by the Positive and Negative Affect Scale.

We developed two measures to indicate the degree of helpful responses toward the persons in the scenarios. Using a seven-point likert-type scale, the participants expressed their attitudes toward the person in the scenario by responding to items on the PIR (Participant's Individual Response) and the PPGR (Participant's Perception of Group Response). Following the results of a pilot study, the researchers revised the questions. In the final analysis, we used versions of the two measures that had five items in common. See Appendix A for a list of the items. The reliability for the PIR was $\alpha = .55 (n = 107)$ and for the PPGR was $\alpha = .63 (n = 106)$.

Design and Procedure

After reviewing sample research materials, representatives from five churches recruited participants from small groups and classes. Next, the group leaders had the opportunity to review the materials and ask questions before scheduling a time to collect data. Following an explanation and completion of consent forms, the participants completed the packets, which we randomly distributed during their regularly scheduled group time and usual location (church or leader's home). A debriefing session followed the completion of the packets.

RESULTS

Preliminary analysis

Descriptive statistics for the PIR ($M = 28.50, SD = 4.63, Skew = -0.58, Kurtosis = -0.01$) and PPGR ($M = 30.2, SD = 4.23, Skew = -1.02, Kurtosis = .52$) indicated a normal distribution (George & Mallery, 2005). The two dependent measures were positively correlated ($r = .56, p = .00, n = 103$). There was a positive association between church attendance and the PIR ($r = .238, p = .015, n = 104$) indicating a modest association between church attendance and an individual's responses to the person in the scenario. We did not find other significant correlations between the demographic variables (e.g., age, education) and the dependent measures ($ps > .05$) or between the measure of spirituality (SCSRFQ) and

the dependent measures ($ps > .05$). The measure of group cohesiveness reflected a normal distribution that was neither skewed toward excessive nor minimal levels of cohesiveness ($M = 65.71$, $SD = 5.74$, $Mdn = 65.0$, $Skew = -0.39$, $Kurtosis = 0.30$).

Main analysis

Initially, we conducted a factorial MANOVA to examine the effects of the independent variables on the two dependent variables. We used a MANOVA because the measures were moderately correlated. We evaluated the equality of covariance matrices using Box's test and found no significant differences, Box's $M = 60.91$, $F(42, 3954.01) = 1.20$, $p = .18$. The results of the 2 (scenario gender: man, woman) \times 2 (scenario sexual orientation: same sex, not mentioned) \times 2 (scenario mental health condition: depression, no condition) \times 2 (participant gender: man, woman) MANOVA revealed significance for sexual orientation ($\Lambda = .79$, $F(2, 88) = 11.94$, $p < .001$, $\eta^2 = .21$) and participant gender ($\Lambda = .91$, $F(2, 88) = 4.13$, $p = .02$, $\eta^2 = .09$). Scenario gender, mental health issue, and the interactions were not significant ($ps > .05$). Thus, the initial analysis suggested a significant effect for sexual orientation and participant gender.

Additional analyses

Given the significant findings for the overall MANOVA, we conducted usual follow-up studies on the two dependent variables using two four-factor ANOVAs. Thus, we examined each dependent measure with a 2 \times 2 \times 2 \times 2 ANOVA using the aforementioned four independent variables. The differences between the individual's response and the perceived group response became clearer. For the PIR, Levene's test supported the assumption of equality of variances, $F(15, 89) = 1.12$, $p = .35$. When the participants rated themselves (PIR), the two-way interaction of the sexual orientation and the mental health condition (depression) of the person in the scenario was significant, $F(1, 91) = 3.93$, $p = .05$, $\eta^2 = .03$. The most favorable attitude was toward the control condition. That is the person whose sexual orientation was not mentioned and who did not have depression ($M = 30.33$, $SD = 3.92$). In contrast, the least favorable response was toward the person with a same sex orientation but no depression ($M = 26.74$, $SD = 4.97$). There was little difference in the means for people with depression (no sex orientation mentioned, $M = 28.38$, $SD = 4.46$) or same sex orienta-

tion ($M = 28.00$, $SD = 4.60$). There were no main effects and no other significant interactions.

When we conducted a 2 \times 2 \times 2 \times 2 ANOVA on the participant's perception of how their church group would respond (PPGR), we found two main effects but no interaction effects. Levene's test was significant suggesting concern for the equality of variances assumption, $F(15, 89) = 1.96$, $p = .03$. Given the small F value for the Levene statistic, and the normal distribution for the measure, we believe the results can be interpreted with caution (George & Mallery, 2005). As expected from the initial analysis, most of the variance was explained by the sexual orientation of the person in the scenario, $F(1, 90) = 23.85$, $p < .001$, $\eta^2 = .21$. The participants perceived their groups as responding significantly more favorably toward those with no identified sexual orientation ($M = 32.07$, $SD = 2.80$) than toward those with a same sex orientation ($M = 27.67$, $SD = 4.20$). In addition, there was a significant association between the participant's gender and their perception of their group's responses, $F(1, 90) = 8.84$, $p < .001$, $\eta^2 = .09$. Women perceived their groups as more favorable ($M = 30.20$, $SD = 4.23$) than did men ($M = 29.54$, $SD = 4.54$). There were no other significant effects.

DISCUSSION

The data supported our hypotheses that sexual orientation, mental health condition, and gender would have an association with prejudicial attitudes. However, the responses varied depending on whether participants rated their own responses or the perceived responses of their fellow group members. At an individual level, the analysis is complex. There is an interaction between sexual orientation and mental health condition (i.e., depression) but gender is not a factor. Although the person with the same sexual orientation clearly receives the most negative responses, depression seems to moderate the unfavorable attitude. In contrast, when participants reported their perceptions of how their group members would respond, the results were considerably less complex, decidedly less favorable, and gender was associated with the expressed attitude. The effect size for sexual orientation clearly indicates the expectations participants perceived in terms of their groups' responses toward people with a same sex orientation. Although participant gender was a statistically significant factor, the effect size was considerably smaller. The absence of other main effects and

interactions clarifies the significant role of sexual orientation as an influence for our sample.

The presence of sexual orientation as a significant factor for both individual and perceived group responses is not surprising. At one level, our findings were similar to those of Sechrist and Stangor (2001). It seems almost axiomatic that interaction with like-minded groups, as well as social institutions, will reinforce shared attitudes. Furthermore, social comparison theory suggests that people evaluate their own opinions by comparing them with the opinions of others. However, when people compare their thoughts to those of others, false assumptions may occur (Meyers, 2005). Perceived consensus among individuals and their ingroup strengthens attitudes and behaviors. Participants who believed their group would react in a certain way may have designated similar responses to be congruent with the group (Sechrist & Stangor, 2001).

Although our findings may have supported the influential role of group influence as moderated by perceived consensus, the finding of an interaction for the individual responses suggests that mental health condition had a moderating effect on the attitude toward sexual orientation. At an individual level, the participants seemed to weigh the scenario factors more carefully and reflect an overall nonprejudicial attitude toward those with a mental health condition (i.e., depression in this study). Thus, although participants were less favorable toward those of a same sex orientation, they were sensitive in a favorable manner to the presence of depression.

A possible explanation for the difference between an individual's responses and the perceived responses of the group may be due to the nonequivalency between individual attitudes and perceptions of a group's attitudes and the manner in which people seek to differentiate their attitudes from those of their group. According to Ames (2004b), perceptions of similarity among individuals and groups were not likely to be equivalent to actual similarity. This nonequivalency occurs because individuals typically draw conclusions about a group from a small sample of common characteristics. This under-sampling produces a false consensus, and an overestimating of the prevalence of ones' own attributes in a population (Ames, 2004b). In addition, to this process of simplification, social comparison theory suggests that individuals seek to make themselves appear to hold more socially desirable attitudes than those of their groups (Myers, 2005). Thus, these two

processes, under-sampling and self-enhancement, may account for the greater weighing of evidence and lower effect sizes for individual versus perceived group responses.

A third process that may account for the individual versus perceived group responses toward sexual orientation is that of social projection. Ames (2004b) social contingency model of social inference posits that people use perceived similarity as a tool in projection and stereotyping. Thus, groups perceived as similar to an individual were more likely to be targets for social projection and groups different from the individual were more likely to be targets of stereotyping (Ames 2004a; Ames, 2004b). In addition, Reeves (2000) speculated that projection on the individual level was a microcosm of societal projection. We speculate that the difference and clarity in attitude strength between the individual attitude and perceived group attitudes toward people of same sex orientation reflects a social projection of strong feelings that may not be fully appreciated by the individuals.

We did not find a significant main effect for mental health condition (i.e., depression). As noted above, depression interacted with sexual orientation as a factor that affected individual attitudes. Thus, we did not find support for negative stereotypes toward mental illness as reported by Hartog and Gow (2005) or Lauber, Carlos and Wulf (2005). We offered a suggestion for the role of depression as a moderating variable but we note that this is only in the context of the other variables in our study, which clearly indicated a more prominent role for sexual orientation. Given this context, we do not speculate that our findings disconfirm other findings regarding negative stereotypes toward those with mental illness but we do suggest that explaining attitudes toward the mentally ill may depend on an interaction among several variables yet to be studied.

The results also indicated that scenario gender was not associated with either the participants' response or the participants' perceived group response. Interpreting nonsignificant findings is always problematic and thus we offer no particular conclusion. It could be that gender is not significant for this sample or that the issues of sexual orientation and mental health were significantly more salient and thus obscured any gender-related attitudes. In contrast, we noted that participant gender was significantly associated with the perceived group responses. This finding could be consistent with general findings that women are generally more

empathic than are men (Gault & Sabini, 2000; Macaskill, Maltby, & Day, 2002).

We included a measure of spirituality in the study because previous work suggested that spirituality would be associated with prejudicial attitudes (Basson, Naifeh, & Pate, 1978; Laythe, et. al., 2002; Paloutzian, 1996). We did not find a significant relationship between our measure of spirituality and our attitudinal measures. Thus, our results did not support the findings of Paloutzian (1996) who found that regular church attendance was associated with lower prejudicial attitudes. As with gender, we offer no firm conclusions for this nonsignificant finding, which could be explained by several factors such as the differences in measurement of the constructs.

Limitations

Our sample was limited to the views of nonethnically diverse conservative Christians in the Midwestern United States. In addition, our measures were constructed for the study and the individual response measure, though adequate and sensitive to the attitudes of our sample, had less internal consistency than we would have liked. Although experimental scenario research has a long tradition in social psychology, and seems more valuable than surveys that do not vary their stimuli, conclusions based on responses to hypothetical scenarios must always be tentative.

Recommendations for Further Research

Further research to explore the attitudes of various religious groups in the United States and other countries and cultures toward those of differing sexual orientation and various mental health conditions is timely. In addition, further exploration of Ames theorizing (2004a, 2004b) seems useful given the potential for explaining the results we obtained.

The inclusion of other variables could extend these findings in meaningful ways. For example, researchers could include scenarios that vary conditions of people who: a) experience same-sex attraction but do or do not engage in sexual relations with a same sex partner, b) do or do not identify as homosexual, c) do or do not experience conflict associated with their sexual orientation or their same-sex attraction. We also recommend conditions that investigate a commonly expressed belief that one should, "love the sinner but hate the sin." Moreover, instead of using a between-groups design, some or all of the above scenarios could be explored using

within-groups designs or mixed designs such that participants experience different scenarios as anchors when expressing their attitudes.

The further development of adequate measures of prejudice deserves attention. Prejudicial attitudes are difficult to assess and measure. In previous studies, researchers used at least five methodologies to measure prejudice: likert-type, attitude scales, semantic differential scales, social distance scales, vignettes, and behavioral studies (Hayward & Bright, 1997). Research has not concluded that these methodologies are completely accurate in measuring prejudice. For example, automatic prejudice received much attention in the past few years. One measure of implicit biases is the Implicit Association Test (IAT), developed by Greenwald, McGhee, and Schwartz in 1998. Although the IAT seems to be a desirable measure because it claims to thwart social desirability biases, not all researchers are convinced that the IAT is successful in doing so (Devine, 2001). Criticisms include the effects of response criterion shifts, and measuring environmental associations instead of automatic biases.

We should note that there are specific measures of attitudes toward GBLT individuals. As noted previously, religious prejudice toward homosexuals was measured in two recent correlational studies (Laythe, Finkel, & Kirkpatrick, 2001; Laythe, Finkel, Bringle, et al., 2002). The particular measure used by these authors (Attitudes Concerning Homosexuals Scale) had strong internal consistency values in their samples but may need to be revised for wording given the lessening use of the word *homosexual*. Such measures would of course not work in studies such as ours that assign participants to no sexual orientation control groups.

Although we used the SCSRFQ as a measure to describe a characteristic of the spirituality of our sample, other measures may be used to not only describe future samples but also to consider factors that may be associated with the attitudinal measures. Several candidates for such measures may include those scales we mentioned in the measures section of this article and investigated by Freiheit, Sonstegard, Schmitt, and Vye (2006). Additional measures could include the Christian Religious Internalization Scale (CRIS; Ryan, Riggs, & King, 1993) and the revised version of the Internal/External religion scales (I/E-R; Gorsuch & McPherson, 1989).

We are mindful that as research uncovers the dynamics of prejudice and the harmful effects of

prejudice on targeted groups, there is a need for research to document strategies that reduce prejudice and ameliorate the harmful effects. As noted by Bergen (2001), it may be easier to prevent future prejudice than to change behaviors and cognitions that have been hardened. At least some research suggests that automatic group attitudes and stereotypes may not be so fixed as has been thought but more responsive to social cues and thus susceptible to conditioning (Dasgupta & Greenwald, 2001; Wittenbrink, Judd, & Park, 2001). Research on exposure to different groups and other forms of diversity education hold out promise as a method of intervention (Bergen, 2001; Dasgupta & Greenwald, 2001; Rudman, Ashmore, & Gary, 2001; Salzman & D'Andrea, 2001; Wittenbrink, Judd, & Park, 2001).

Conclusion

As evident from numerous news accounts, attitudes toward those having a same sex orientation influence public debate. In Western cultures, the church is among those institutions that must grapple with the issue in such visible examples as gay clergy and same sex marriages. To some extent, our study reflects the conflict conservative Christian people face in responding to people in need when those people engage in lifestyles incompatible with Christian Scripture. The weighing of other evidence and the differential role of sexual orientation between individual responses and perceived group responses may suggest a willingness to grapple with complex issues at an individual level than has heretofore been evident.

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APPENDIX A*Items in the Dependent Measures*

Participant's Individual Response (PIR)

- ___ I would pray with her¹ in the class/group.
- ___ I would feel uncomfortable having her in my small group/Sunday school class.
- ___ I would accept her as an important group member, regardless of her situation.
- ___ I would ask her to leave the class/group.
- ___ I would ask if she needed other means of support (i.e., financial, counseling, etc.).

Participant's Perception of Group Response (PPGR)

- ___ The group would accept her no matter what her situation.
- ___ The group would feel uncomfortable having her in the class/group.
- ___ The group would corporately pray for her situation.
- ___ The group would ask her to leave the class/group.
- ___ The group would offer her other means of support (i.e., financial, counseling, etc.).

Note. These are the items used in our analysis of individual (PIR) or perceived group (PPGR) responses to a scenario. Each item was rated on a seven-point likert type scale (1 = *Not at all likely to react this way* to 7 = *Extremely likely to react this way*.)

¹We changed the pronoun to match the gender of the hypothetical group member.

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