

SOCIAL DOMINANCE ORIENTATION AND RIGHT-WING
AUTHORITARIANISM AS PREDICTING FACTORS OF
GENERALIZED PREJUDICE

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By
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CERTIFICATION OF APPROVAL

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DEDICATION

I would like to dedicate this thesis to Jessica and Nikki who did more for me during my graduate career than they actually know. I would not have been able to complete this thesis or my graduate program without them.

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I would like to acknowledge Dr. Luevano for all of his support and feedback through the making of this thesis. He spent three years passing this document back and forth with me, and I am sure he is just as grateful for it to be complete as I am. I would also like to acknowledge Dr. Guichard and Dr. Nelson for helping to make this thesis possible. I appreciate each of you very much. I would also like to acknowledge my friends and family who helped and supported me while I was non-existent working on this project. A special acknowledgment to Nikki who talked me out of all my moments where I thought I was never going to finish this and the world was possibly ending.

TABLE OF CONTENTS

	PAGE
Dedication	iv
Acknowledgements	v
List of Tables	viii
List of Figures	ix
Abstract	x
Literature Review	1
Introduction	1
Social Dominance Orientation	3
Right-Wing Authoritarianism	4
Targets of Negative Attitudes	6
Perceived Controllability	14
Conclusion and Hypotheses	16
Methodology	18
Participants	18
Materials	20
Procedures	23
Results	25
Exploratory Data Analyses	28
Discussion	37
Negative Attitudes Scales	37
Social Dominance Orientation	38
Right Wing Authoritarianism	39
Perceived Controllability	40
Exploratory Data	41
Strengths and Limitations	43
Directions for Future Research	44
Clinical Implications	45

References.....	48
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Appendices

A. Consent Form.....	58
B. Social Dominance Orientation Scale (SDO).....	59
C. Right-Wing Authoritarianism Scale (RWA)	62
D. Devaluation-Discrimination Measure (DDM)	67
E. Attitudes toward Lesbians and Gay Men (ATLG)	70
F. Drug Use Stigmatization Scale (DUSS)	74
G. Demographic Questionnaire	76
H. Debriefing Form.....	79

LIST OF TABLES

TABLE	PAGE
1. Pearsons' Correlations	25
2. Mediation Analyses	28
3. Multiple Regression Analyses	29
4. Means and Standard Deviations: Political Affiliation	32
5. Means and Standard Deviations: Ethnic Affiliation	33
6. Means and Standard Deviations: Religious Affiliation	34

LIST OF FIGURES

FIGURE	PAGE
1. Participants' Reported Ethnicity	18
2. Participants' Reported Political Affiliation	19
3. Participants' Reported Religious Affiliation	19
4. Participants' Reported Sexual Orientation.....	20
5. ABC Pathways Model.....	27
6. Mean Differences: Gender	31
7. Mean Scores: Sexual Orientation.....	35

ABSTRACT

The purpose of this thesis was to measure Social Dominance Orientation (SDO) and Right-Wing Authoritarianism (RWA) as predicting factors for generalized prejudice with a focus on three particular target groups, mental illnesses, the lesbian and gay community, and substance abusers. These data suggest that negative attitudes are generalized among various groups. More specifically, if an individual holds negative attitudes toward one of these groups of people, they are likely to hold negative attitudes toward other groups as well. Also, individuals scoring high in SDO and RWA indicated more negative attitudes toward all target groups (individuals with mental illnesses, individuals of the lesbian and gay community, and individuals abusing substances). The researcher also measured for participant's views of perceived controllability for all three target groups, and found that participants who believed mental illness, homosexuality, and substance abuse were individually controllable, indicated more negative attitudes toward that particular population. Mediation analyses were conducted to see if perceived controllability explained why RWA and SDO were associated with participant's negative attitudes toward the described target groups. Perceived controllability partially explained why higher scores on the RWA scale and the SDO scale were associated with negative attitudes, particularly toward the lesbian and gay community. However, the relationships remained significant when perceived controllability was taken into account.

LITERATURE REVIEW

Introduction

When considering the advancements and improvements regarding prejudice in American society, it may appear that, as a whole, our country is moving away from expressing overtly prejudiced attitudes. In reality, prejudiced attitudes remain an important issue and continue to present an obstacle for many (Costarelli, & Gerłowska, 2015; Nemec, Swarbrick, & Legere, 2015). It is, therefore, important to have a better understanding of prejudice and how prejudiced attitudes can be applicable to a variety of different populations.

Prejudice can be defined as having negative attitudes toward an individual or group of individuals due to their membership or association with a specific group of people, such as race (Nelson, 2009). Stigma, on the other hand, is a negative attitude toward a person for having a particular characteristic that deems the individual flawed, for example deviant behavior or a medical condition (van der Danden, Bos, Stutterheim, Pryor, & Kok, 2013). Stigma and prejudice are related in that both concepts demonstrate negative attitudes through the mistreatment of, or negative beliefs about, others. Furthermore, the topics examined by researchers interested in stigma overlap substantially with those examined by researchers interested in prejudice. For the purposes of this thesis, these concepts will be referred to collectively and interchangeably as negative attitudes, and the primary focus will be on three particular groups: individuals with mental illness, individuals abusing

substances, and individuals with a same-sex sexual orientation. Attitudes, in regard to social interactions, are defined as generalized beliefs focused on specific individuals or groups (Poteat & Spanierman, 2010).

Researchers have explored negative attitudes focusing on specific components that are either directed toward prejudiced beliefs and behaviors or on individual's who internalize prejudiced attitudes from others. Adorno (1950) introduced a theory, the authoritarian personality, which originated during his research on authoritarianism, and soon after, was further established by Allport (1954) through research on prejudiced personalities. Allport (1954) also found that individuals who held prejudiced attitudes toward one specific group of people were also likely to be prejudiced toward other groups of people. Thus, he explored the possibility that prejudice can be generalized. For example, if an individual is prejudiced toward homosexuals, immigrants, or blacks, they are also likely to indicate prejudice toward another of these groups as well (Allport, 1954). Allport (1954) referred to this generalization as prejudice personality. Some researchers have argued that prejudice personality and prejudiced attitudes are separate components, suggesting that individual personality factors contribute to various prejudiced attitudes (Adorno, Frenkel-Brunswik, Levinson, & Sanford, 1950; Sibley & Duckitt, 2008). In recent research, many have focused on negative attitudes directed toward various populations (e.g. race, obesity, and gender), and have found that negative attitudes can be generalized (Akrami, Ekehammar, & Bergh 2011; Bergh, Akrami, & Ekehammar, 2012). Previous research has also indicated that generalized prejudice

can be predicted by social dominance orientation and right-wing authoritarianism (Asbrock, Sibley, & Duckitt, 2010; Bäckström, & Björklund, 2007).

Social Dominance Orientation

Social Dominance Orientation (SDO) is defined in terms of an individual's attitude toward groups of people one is not affiliated or associated with, and the preference for a hierarchy structure between these groups (Pratto, Sidanius, Stallworth, & Malle, 1994). More recently, Pratto, Sidanius, and Levin (2006), added to this definition by referring to these attitudes as generalized orientations, and explained that these attitudes are held regardless of in-group dominance or subordination. Further, these attitudes remain constant for each individual across various situations. Pratto et al. (1994) created a 16-item scale to measure SDO. In this measure, high scores indicate a higher preference for separation and hierarchy between groups, a lower score indicates a preference for equality among groups.

Associations between the SDO scale and various attitudes in the scope of politics, socioeconomic status, race, and gender roles have implicated SDO as a predictor of prejudice (Poteat, & Mereish, 2012). Indeed, many researchers use the Social Dominance Orientation scale when exploring prejudice, discrimination, and stereotyping (Akrami et al, 2011; Asbrock, Sibley, & Duckitt, 2010; Duckitt & Sibley, 2010; Sibley & Liu, 2010). For example, Bizer, Hart, and Jekogian (2012) found that individuals who scored higher on the SDO scale also expressed more negative attitudes toward individuals with mental illnesses. Another study showed that scores on the SDO scale are also positively correlated with negative attitudes

toward African Americans and homosexual individuals, the stereotyping of African Americans and homosexual individuals, as well as negative attitudes toward the advancements in equality for African Americans and homosexual individuals (Whitley, 1999).

Researchers compared two different populations, high school students and a general Swedish population, and found that SDO consistently predicted explicit forms of prejudice, implicit forms of prejudice, and negative attitudes toward homosexuality (Bäckström, & Björklund, 2007). They referred to implicit prejudice as a more subtle form of prejudice, for example, a realtor screening for and excluding homosexual couples from certain geographical location. Explicit prejudice was referred to as individuals openly indicating their prejudiced attitudes, for example, calling a homosexual individual a derogatory name related to homosexuality (e.g. “fag”). Which also suggests that SDO is a relevant predicting factor of prejudice regardless of the type of prejudice.

Right-Wing Authoritarianism

In addition to Social Dominance Orientation, Right-Wing Authoritarianism (RWA) has also been shown to be a predictor of prejudice, as well as indicating an individual's preference for hierarchy and inequality (Duckitt & Sibley, 2010; Ekehammar, Akrami, Gylje, & Zakrisson, 2004; Whitley & Lee, 2000). Right-Wing Authoritarianism is defined as the extent of the desire for established authority as opposed to various freedoms (Altemeyer, 1981). The desire for established authority may include greater interest in the government making decisions for society without

input from the people, as well as resistance to challenging traditional religious-based government. The desires for freedoms are those typically controversially discussed and predominately opposed by Judeo-Christian religious, such as gender equality, exhibiting same-sex sexual orientation, and religious expression. Altemeyer created a 22-item questionnaire to measure attitudes regarding the preference for traditionally established authority systems. Individuals who score higher on the RWA scale are more submissive to authority and feel strongly in accordance with the beliefs and traditions associated with that authority. Further, Altemeyer (1981) found that individuals scoring higher on the RWA scale also indicated higher expression of prejudiced attitudes toward out-group members. Lower scores on the RWA indicate more willingness to think independently and challenge traditional organized authority.

Through previous research involving generalized prejudice, RWA has been a predominant contributing factor in the prediction of prejudice (Asbrock et al., 2010; Bäckström & Björklund, 2007; Duckitt & Sibley, 2010). More specifically, RWA is associated with perceived dangerousness in others (Asbrock et al., 2010). Perceived dangerousness is an influential contributing factor associated with prejudice as individuals are more likely to be prejudiced toward a specific group of people when they perceive that the group is dangerous to themselves and/or to others. For example, individuals suffering from a mental illness are often perceived as dangerous to themselves and/or to others, leading to negative attitudes toward this particular population (Martinez, Piff, Mendoza-Denton, & Hinshaw, 2011; Overton & Medina,

2008). Further, these negative attitudes often result in avoidant behaviors and beliefs in restricting freedom rights in regard to those suffering from a mental illness.

Perceived dangerousness is associated with RWA in that authoritarianism is activated when in-group members perceive a threat to their group's integrity, status, cohesion, and/or identity (Dallago, Francesca & Roccato, Michele, 2010). Dallago et al. (2010) found that RWA scores increased when individuals perceived a societal threat. This is explained by the desire for social order, providing individuals with a sense of cohesion and security. The association between perceived dangerousness and RWA is not necessarily due to concerns of physical harm, rather harm to a particular group's status or identity. For example, a reduction in status of a particular neighborhood if a family of a "lower" class moves in. Perceived dangerousness can be viewed in relation to RWA, where the threat is more of a focus on social status or identity, or it can be viewed in regard to prejudice where the threat is also potentially physical, for example, from those with mental illnesses and individuals abusing substances. These particular populations, including homosexual individuals, have been perceived as dangerous to others, whether it is socially or physically, and this is another reflection of negative attitudes.

Targets of Negative Attitudes

Negative Attitudes toward Those with Mental Illnesses

Mental illness is defined as thoughts, behaviors, and emotions that cause disturbances in an individual's life over a particular amount of time. These disturbances typically have a direct impact on the individual's intimate and social

relationships, as well as how they manage responsibilities at work, school, and in the home (American Psychiatric Association, 2013). Individuals suffering from a mental illness not only have difficulties with their symptoms, but also are affected by the social stressors in being assigned a potentially stigmatizing label (Corrigan, Powell & Rüsch, 2012). There is a significant amount of research exploring negative attitudes in regard to mental illnesses (Corrigan et al., 2012; Hayward & Bright, 1997; Martinez et al., 2011; van der Sanden, Bos, Stutterheim, Pryor, & Kok, 2013).

These negative attitudes are associated with, what are considered by perceivers, expected behaviors found in those suffering from a mental illness. For example, common attitudes explored in previous research are that individuals suffering from a mental illness are unpredictable and dangerous to themselves and to others around them, and that this population does not fit into our society's social norms (Corrigan et al., 2012; Day, Edgren, & Eshleman, 2007; Hayward & Bright, 1997). For example, Hayward and Bright (1997) report that some of the descriptions assigned to those with mental illnesses were dirty, unintelligent, and worthless.

Corrigan (2004) argues that there is a process by which individuals develop prejudice for those suffering from a mental illness. He explained that cues, such as symptoms or physical traits, are identified and associated to individuals suffering from a mental illness. Following the identification of cues, individuals attribute stereotypes to the particular person, which typically includes generalizations of how that person might behave. According to Corrigan (2004), the stereotypes then activate prejudiced thoughts and behaviors. As mentioned earlier, individuals suffering from a

mental illness may be perceived as dangerous. If using Corrigan's (2004) process of prejudice development, perceived dangerousness in those who have a mental illness leads to avoidant behaviors by those who are prejudiced toward individuals suffering from a mental illness (Martinez et al., 2011; Overton & Medina, 2008).

As indicated previously, the Social Dominance Orientation scale has been repeatedly shown to be a predictor of prejudice. Bizer, Heart, and Jekogian (2012) are among those few researchers who have directly explored the relationship between SDO and attitudes toward individuals with mental illness. The researchers used a path model analysis and found that SDO predicts negative attitudes toward individuals with mental illnesses, which then lead to the act of discrimination. Although not their primary focus, Phelan and Basow (2007) also found that SDO was significantly correlated with the desire for social distance from those perceived as suffering from a mental illness.

There has yet to be research exploring whether a direct connection can be made between RWA and attitudes toward mental illness. However, individuals scoring higher on the RWA scale were found more likely to indicate negative attitudes toward mental health services (Furr, Usui, & Hines-Martin, 2003). The authors suggested that these results may be due to the disapproval of mental health services as a process of societal change that indicates an individual should seek help, or perhaps due to attitudes toward mental health providers taking away individual responsibility, which was referred to as a nontraditional way of thinking. Previous research indicated RWA as a predictor of prejudice, and individuals suffering from

mental illness have been shown to be stigmatized, discriminated against, and targets of negative attitudes, therefore there is reason to believe that there will be a correlation between RWA and negative attitudes toward individuals with mental illness.

Negative Attitudes toward Gay Men and Lesbian Women

Prejudiced thoughts and behaviors toward gay men and lesbian women are due to negative attitudes toward those who identify as, or appear to be, a member of the lesbian and gay community. Although there have been increases in the acceptance of lesbian women and gay men in American culture, there are still influential communities and organizations in society that support the isolation and negative representation of this community (O'Brien, Shovelton, & Latner, 2013; Poteat & Mereish, 2012). For example, various religious groups openly express their opposition to homosexuality, and sexual prejudice and religiosity are positively correlated (Herek & McLemore, 2013). There are also institutionalized prejudices that suggest persistence in the negative attitudes toward gay men and lesbian women, such as the restrictions on same-sex marriage rights, which directly impact lesbian and gay individuals (Frost, 2013). There are also laws within the United States that are designed to protect individuals in the workplace against discrimination and wrongful termination due to race, sex, and religious affiliation, but do not protect against discrimination or wrongful termination for lesbian woman and gay men (Bailey, 2014).

Prejudice toward gay men and lesbian women can be seen from various groups, for example, both homosexual and heterosexual individuals have shown to hold negative attitudes toward lesbian and gay individuals (Herek & McLemore, 2013). There are also gender differences in regards to homosexual prejudice. For example, heterosexual men were found to hold more negative attitudes toward homosexual individuals than heterosexual women do, and heterosexual men have more negative attitudes toward homosexual men than toward homosexual women (Herek, 1988; Herek & McLemore, 2013).

Previous research has investigated the relationship between the Social Dominance Orientation scale and the Right-Wing Authoritarianism scale in regard to attitudes toward gay men and lesbian women (Goodnight, Cook, Parrott, & Peterson, 2014; O'Brien et al., 2013; Whitley & Lee, 2000). RWA was shown to have a significant relationship with negative attitudes toward homosexuality, and SDO was predominately associated with negative attitudes among heterosexual men toward gay men (Whitley & Lee, 2000). Further, when looking at heterosexual men and women scoring higher on the SDO scale, heterosexual men indicated more negative attitudes toward gay men than the heterosexual women (Goodnight et al., 2014). Lesbian women and gay men have been discriminated against, and viewed with prejudiced attitudes; therefore, it can be expected that higher scores on the SDO and RWA scales will also predict negative attitudes toward Lesbian and gay individuals.

Negative Attitudes toward Those Abusing Substances

Substance abuse is the continued use of a substance despite the apparent risks to the individual's health, intimate relationships, and functioning at work, school, and in the home (American Psychiatric Association, 2013). Individuals who abuse substances, or are *perceived* as abusers of substances, are socially stigmatized (Palamar, Halkitis, & Kiang, 2013). There are various predictors of negative attitudes toward individuals abusing substances. For instance, it was found that social stigma is influenced by religiosity, exposure to drug users, and a person's own drug use history. The researchers found that an individual's experience with those abusing drugs impacts the attitudes held toward this particular population. If the exposure to drug users was positive, participants were less likely to hold negative attitudes, but if the exposure was negative they were more likely to hold negative attitudes (Palamar et al., 2013).

The extent to which individuals abusing substances are viewed negatively is somewhat dependent on the type of drug being abused and the route of administration for that particular drug (Palamar et al., 2012). Marijuana use was reported as the least stigmatized drug, and opioids and amphetamines were the most stigmatized, due mainly to the perception of dangerousness (Palamar et al., 2011). Additionally, intravenous routes of administration are commonly viewed as more dangerous and, therefore, are held to more negative attitudes in comparison to other routes of administration (Ahern, Stuber, & Galea, 2007; Capitanio, & Herek, 1999).

Negative attitudes associated with individuals abusing substances include the perception of illicit drug users as being associated with disease and crime (Janulis, Ferrari, & Fowler, 2013). One of the major issues involving negative attitudes toward substance abusers is the shame this population experiences, which typically results in the avoidance of treatment (Janulis et al., 2013). This avoidance can arguably contribute to prolonged use, which puts the individual at risk for addiction, disease, and contact with law enforcement. Substance abusers are not only discriminated against by employers and family, but also by mental health and health care professionals (Ahern et al, 2007). Negative attitudes directed toward those who abuse substances impact the perceivers' mental and physical health due to the stress triggered by alienation (Ahern et al., 2007). Surprisingly, talking to friends or family members about experiences of discrimination was associated with the substance abuser indicating poorer physical health (Ahern et al., 2007). Family and friends were reported as the most common deliverers of negative attitudes toward those abusing substances (Ahern et al., 2007). Family and friends were found to most commonly hold prejudiced attitudes, stereotypical attitudes, and discriminate against those abusing substances. Employers and health care providers often held similar negative attitudes and behaved in similar negative ways (Earnshaw, Smith, & Copenhaver, 2013). For example, devaluation and untrustworthiness were the two most common attributes associated to those abusing substances, which led to discriminative behaviors such as employers restricting cash handling responsibilities, or health care providers withholding needed pain medication (Earnshaw et al, 2013).

Perceived dangerousness, the judgment that an individual is dangerous to self and/or to others, is another negative attitude commonly attributed to individuals abusing substances (Janulis et al., 2013). It was found that perceived dangerousness was significantly positively correlated with desired social distance, the preference to socially avoid this particular group (Janulis et al., 2013). When exploring the effects of perceived dangerousness toward individuals who abused substances, it was found that individuals most commonly reported that they felt others treated them unfairly when aware of their substance abuse, therefore social distance was noticeable by those discriminated against (Luoma et al., 2007). Substance abusers have also been shown to internalize negative attitudes from others, eliciting feelings of exclusion and rejection (Palamar, 2013).

There is no known research directly focused on the relationship between SDO and attitudes toward substance abuse or RWA and attitudes toward substance abuse. However, there is reason to believe that they are related due to previous research indicating SDO and RWA as predictors of prejudice (Asbrock et al., 2010; Bäckström, & Björklund, 2007). Substance abusers have been shown to be targets of discrimination, prejudice, and stereotyping, therefore high levels of SDO and RWA will likely predict prejudice for substance abusers (Earnshaw et al., 2013; Janulis et al., 2013; Palamar, 2013). For example, those scoring high in SDO feel that some groups are better than others. Because of the negativity surrounding substance abusers, those high in SDO would probably see this population as a group that is, and should be, low in the hierarchy. Also, substance abuse is generally illegal, perceived

as dangerous, and would go against established authority, which is why those scoring high in RWA would likely have negative attitudes toward individuals abusing substances.

Perceived Controllability

Another contributing factor that might predict negative attitudes is whether one perceives controllability in another's situation or group membership. Perceived controllability is the observer's attitudes or beliefs regarding another individual's control over a particular label or personal happening. For example, when exploring the relationship between perceived controllability over an individual's weight and prejudiced attitudes toward overweight women, it was found that heavyweight stigma was related to the perceived controllability of being overweight in that, those who viewed weight problems as the results of factors completely under someone's control (e.g. how much one eats) tended to hold more negative views toward overweight individuals compared to those who did not find it controllable (Blaine & Williams, 2004).

Previous research indicated that individuals were more willing to initiate a friendship with a lesbian woman if they believed homosexuality was not controllable, and less likely to engage in a friendship with a lesbian woman if they perceived homosexuality as controllable (King, 2001). Similar results indicating that an individual's beliefs about the origin or cause of homosexuality influenced their support or opposition for same-sex marriages was also found (Whitehead, 2014). According to the General Social Survey (GSS) (2012), overall acceptance for gay

men and lesbian woman has increased. In 1987, 75.6% of people indicated that “homosexual sex was wrong”, but in 2012, only 43.4% indicted this attitude, according to the General Social Survey (GSS) (2012). Although acceptance for gay men and lesbian woman has become more common, there is still a debate regarding controllability over homosexuality (Mitchell & Dezarn, 2014). Previous research indicated that providing participants with an explanation for an individual’s sexual orientation resulted in more tolerant attitudes toward gay men and lesbian woman (Mitchell & Dezarn, 2014). The authors found that those who believed homosexuality is caused by genetic factors were more tolerant of gay men and lesbian women.

Primary care physicians and psychiatrists were surveyed to view attitudes regarding addiction, and it was found that 51% of physicians and 63% of psychiatrists indicated that drug addiction is a disease, as opposed to being “a response to psychological woundedness (<33%)” or “a result of moral failings (<7%)” (Lawrence, Rasinski, Yoon, & Curlin, 2013). More than half of the professionals working closely with individuals using substances regard addiction as a disease, leaving less than 7% of these professionals viewing addiction as under the individual’s control. Therefore, the argument can be made that perceived controllability is potentially another predicting factor of negative attitudes toward individuals abusing substances and individuals of the lesbian and gay community. There is currently no known research connecting perceived controllability and negative attitudes toward individuals with mental illnesses.

Conclusion and Hypotheses

The concept of generalized prejudice proposes that if individuals are prejudiced toward one group of people they are likely to be prejudiced toward other groups of people as well. Two factors that might predict generalized prejudice are Social Dominance Orientation (SDO) and Right-Wing Authoritarianism (RWA), as both predict negative attitudes toward various groups. Perceived controllability may potentially be another predicting factor for negative attitudes. This study will focus on individuals suffering from mental illness, gay men and lesbian women, and individuals abusing substances, as these are all populations that have been historically highly stigmatized and discriminated against.

Hypothesis 1: Participants' scores indicating negative attitudes toward the three groups used in this study (negative attitudes toward mental illnesses, homosexuality, or substance abuse) will be positively correlated with each other, supporting the concept of generalized prejudice.

Hypothesis 2: Participants' scores on the Social Dominance Orientation scale will positively correlate with negative attitudes toward the three groups used in this study (those with mental illnesses, a homosexual orientation, and substance abuse problems).

Hypothesis 3: Participants' scores on the Right-Wing Authoritarian scale will positively correlate with negative attitudes toward the three groups used in this study (those with mental illnesses, a homosexual orientation, and substance abuse problems).

Hypothesis 4: Participants' ratings of perceived controllability for membership in each group will positively correlate with negative attitudes toward that particular group. For example, those who rate substance abuse as being high in controllability will have more negative attitudes toward substance abusers than those that rate substance abuse as being low in controllability.

Hypothesis 5: Perceived controllability will explain why higher scores on the RWA scale and the SDO scale are associated with negative attitudes. That is, individuals scoring high on the SDO and RWA scales will perceive membership in the three target groups (i.e. those with mental illnesses, a homosexual orientation, and substance abuse problems) as an individual's choice, leading to more negative attitudes.

METHODOLOGY

Participants

This study included 224 male and 209 female participants. The participants ranged in age from 18 to 83 ($M = 34.54$, $SD = 10.84$) and were recruited through the online database, Amazon Mechanical Turk in the United States. Participants were compensated \$1.00 for their participation in this study. Participant's ethnicity, political affiliation, religious affiliation, and sexual orientation were recorded and are shown in Figures 1, 2, 3, and 4. A power analysis was conducted using G*Power software which indicated a 95% power to detect correlations that are at least as large as $r = .18$ (Faul, Erdfelder, Buchner, & Lang, 2009).

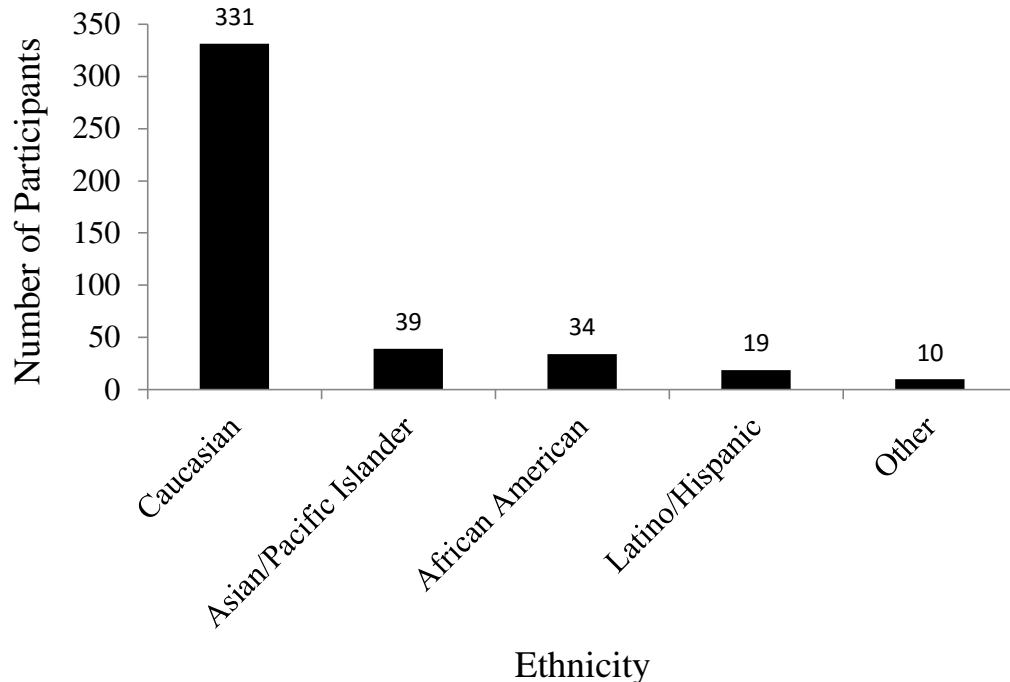


Figure 1. Participants' reported ethnicity.

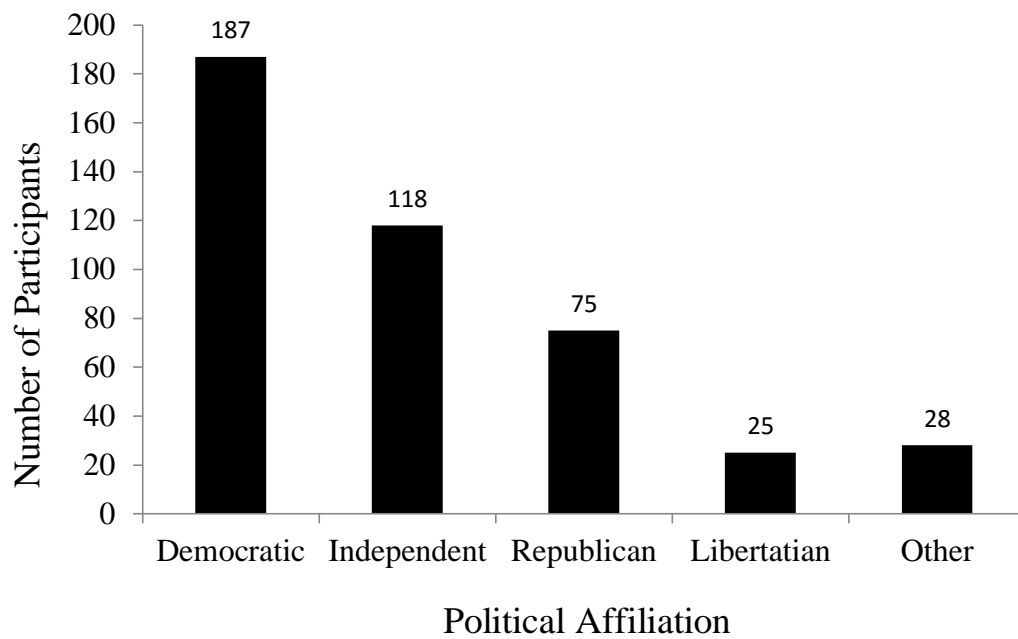


Figure 2. Participants' reported political affiliation.

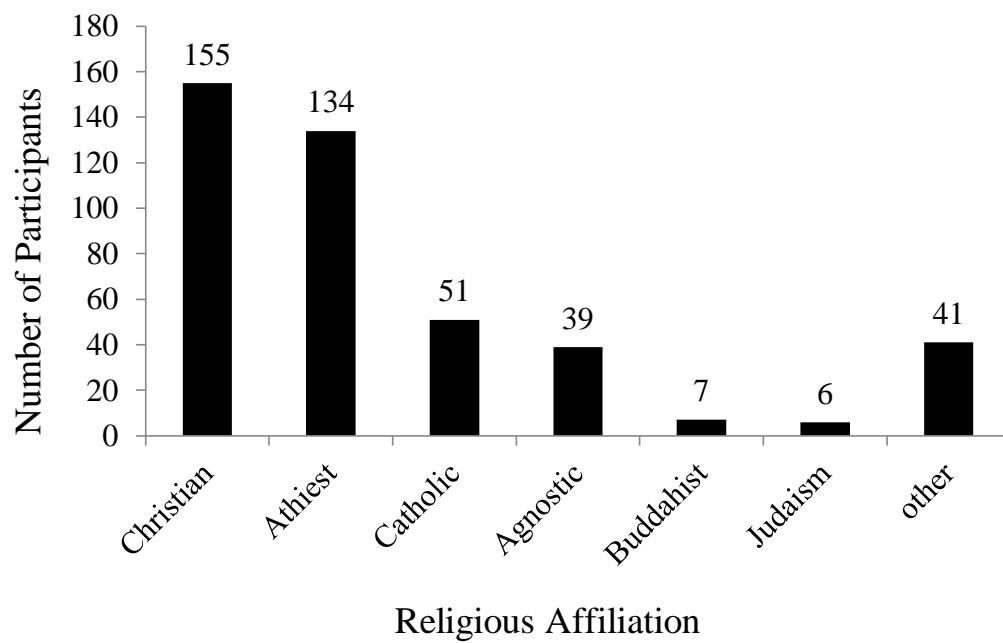


Figure 3. Participants' reported religious affiliation.

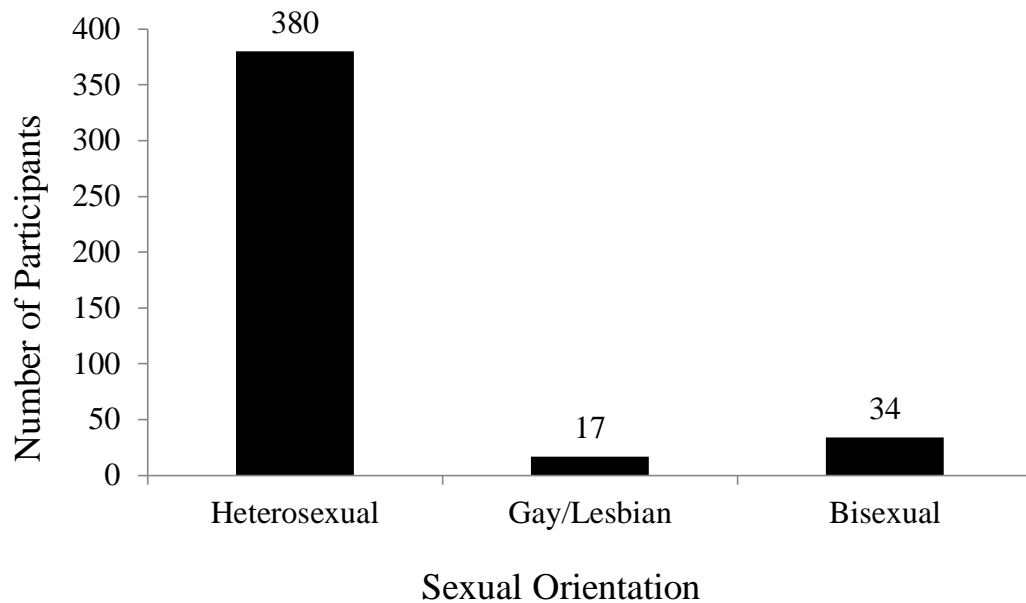


Figure 4. Participants' reported sexual orientation.

Materials

Social Dominance Orientation (SDO): The Social Dominance Orientation scale is a 16-item measure used to assess individual preferences for inequality between groups (Pratto et al., 1994). All items were answered on a Likert scale where (1) indicates Strongly Disagree and (7) indicates Strongly Agree (e.g. "Some groups of people are simply inferior to other groups."). Items 9-16 are reverse-scored. The SDO scale has established internal reliability, averaging $\alpha = .83$, and stability over a three-month period, finding that the mean difference in scores was near-zero, ($M = 0.03$, $t(46) < 1$; Pratto et al., 1994). The values in the scale were used by averaging scores across the items. In the current study, internal consistency was high ($\alpha = .96$). (Appendix C)

Right-Wing Authoritarianism (RWA): The Right-Wing Authoritarianism scale is a 22-item measure used to assess the desire for social control, obedience and respect for an

established authority, as well as traditional morals and values (Altemeyer, 1981). The items were answered using a 9-point Likert scale, where (-4) indicated strongly disagree and (4) indicated strongly agree. The RWA scale has high reliability ($\alpha = .90$; Altemeyer, 2006; Goodnight, Cook, Parrott, & Peterson, 2014; Whitley 1999). The values in the scale were used by averaging scores across the items. In the current study, internal consistency was high ($\alpha = .96$). (Appendix D)

Devaluation-Discrimination Measure (DDM): The Devaluation-Discrimination Measure is a 12-item measure used to assess negative attitudes held toward those suffering from mental illness (Link, 1987). The author was focused on the effects of labeling in regard to mental illnesses, and hypothesized that participants would likely devalue and discriminate toward individuals who have psychiatric symptoms and/or hospitalizations (Link, 1987). The author found that the reliability for the scale was adequate ($\alpha = .78$) (Link, 1987). The items were answered using a 6-point Likert scale where (1) indicated strongly agree and (6) indicated strongly disagree. Items 5, 6, 7, 9, 11, and 12 were reversed scored. For the purpose of this thesis, the scale was reversed to (1) indicating strongly disagree and (6) indicating strongly agree to match the other scales used in this particular study, and therefore 1, 2, 3, 4, 8, and 10 were reverse scored. Also, the questions were altered in that all questions previously began with “most people,” and were changed to “I.” For example, the original scale included “*Most people* would willingly accept a former mental patient as a close friend.” This question was changed to “*I* would willingly accept a former mental patient as a close friend.” The questions were changed to measure the participant’s

personal attitudes as opposed to their impression of other's views. The values in the scale were used by averaging scores across the items. In the current study, internal consistency was high ($\alpha = .95$). (Appendix E)

Attitudes toward Lesbians and Gay Men (ATLG): The Attitudes toward Lesbians and Gay Men scale is 20-item measure used to assess attitudes regarding homosexual men and women (Herek, 1988). The questions are divided in half asking specific questions regarding attitudes toward gay men and lesbian women. All items were answered on a seven-point scale where (1) indicates Strongly Disagree and (7) indicates Strongly Agree. Items 2, 7, 11, 15, 17, and 20 are reverse scored. Herek, 1988, reported satisfactory levels of interval consistency ($\alpha = .90$). Goodnight, Cook, Parrott, & Peterson, 2014 reported similar reliability ($\alpha = .93$). The values in the scale were used by averaging scores across the items. In the current study, internal consistency was high ($\alpha = .98$). (Appendix F)

Drug Use Stigmatization Scale (DUSS): The Drug Use Stigmatization Scale is a 7-item measure used to assess negative attitudes toward illicit drug users (Palamar, Kiang, & Halkitis, 2011). The items were answered using a 5-point Likert scale where (1) indicated strongly disagree and (5) indicated strongly agree. The seven items were provided to each participant five times changing the drug type (marijuana, cocaine, ecstasy, opioids, and amphetamines) each time it was presented. For example, "Using [drug] is morally wrong." The authors indicated reliability for each drug measured: marijuana ($\alpha = .82$), cocaine ($\alpha = .77$), ecstasy ($\alpha = .78$), opioids ($\alpha = .81$), and amphetamines ($\alpha = .79$). The authors also reported correlations among

stigmatization ratings of the analyzed drug users of marijuana, cocaine, ecstasy, opioids, and amphetamines as having p values of $< .001$. For the purpose of this thesis, the questions were changed from providing the seven questions five times each and changing the drug, to using “illicit drugs.” For example, “Using *illicit drugs* is morally wrong.” In the directions for the scale it will be explained that illicit drugs include, but are not limited to, cocaine, ecstasy, opioids, and amphetamines.

Marijuana was intentionally left out due to very high correlations (.90 to .95) among stigmatization ratings for cocaine, ecstasy, opioids, and amphetamines, but only moderately high correlations between marijuana stigmatization ratings and the other drugs (.65 to .70) (Palamar et al., 2012). The values in the scale were used by averaging scores across the items. In the current study, internal consistency was high ($\alpha = .88$). (Appendix G)

Perceived Controllability: Perceived controllability was measured with a single item regarding perceptions of controllability over membership in each of the three groups (mental illness, homosexuality, and substance abuse). The items were answered using a 7-Likert scale where (-3) indicated strongly disagree and (3) indicated strongly agree. For example, “Use the following scale to indicate the extent to which you believe mental illness is a choice made by the individual.” The values in the scale were used by averaging scores.

Procedures

Participants were recruited using the online database, Amazon Mechanical Turk. A link to the survey hosted on Qualtrics.com was provided on the Amazon’s

Mechanical Turk website where participants completed the survey. The participants were provided information regarding the survey, including the approximate time it would take to complete the questionnaire (20 minutes), and how to access their personal identification code upon completion of the survey. Participants were compensated \$1.00 for completing the online survey. Participants were provided an online consent form (Appendix A). It was required that all participants agreed to the consent form and were 18 years of age or older in order to participate in the study. Participants were then asked to complete the five different scales: SDO, RWA, DDM, DUSS, and ATLG. The order in which the scales were presented was randomized for each participant. Following the completion of all five scales, the participants were prompted to complete a demographic questionnaire (Appendix G). Following the completion of the demographic questionnaire, participants were directed to a debriefing form (Appendix H).

RESULTS

Pearson's correlations were conducted to examine Hypotheses 1, 2, and 3. As expected, in Hypothesis 1, participant's scores indicating negative attitudes toward the three groups used in this study (negative attitudes toward mental illnesses, homosexuality, or substance abuse) were positively correlated ($r_s \geq .39$) with each other. Therefore, reporting negative attitudes toward one group of individuals predicted negative attitudes toward the other groups of individuals, which supports the concept of generalized prejudice (see Table 1).

Table 1

Pearson's Correlations of Social Dominance Orientation (SDO), Right-Wing Authoritarianism (RWA), Negative Attitudes toward Individuals with Mental Illness, Individuals of the LGB Community, and Individuals Abusing Substances, and Perceived Controllability.

	1	2	3	4	5
1. SDO	--				
2. RWA	.52**	--			
3. Mental Illness	.46**	.45**	--		
4. Homosexuality	.48**	.84**	.39**	--	
5. Substance Abuse	.34**	.57**	.47**	.47**	--
6. Perceived Controllability ^a	.40**	.64**	.40**	.66**	.47**

Note. ^aRepresents overall perceived controllability.

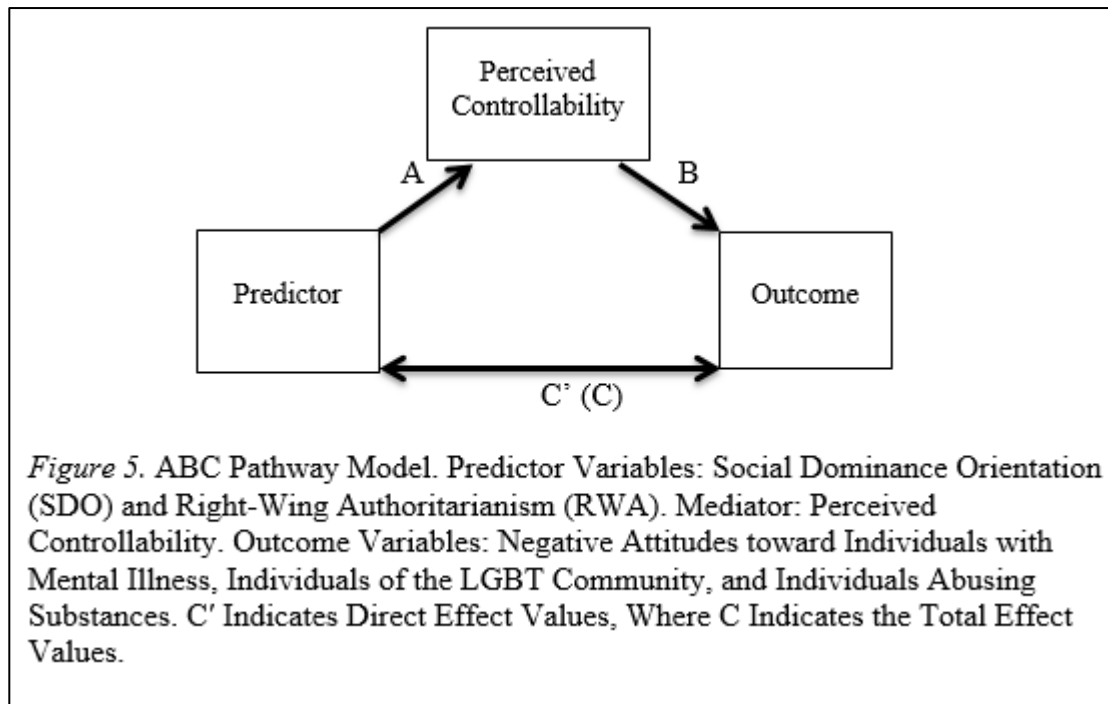
** $p < .001$.

As predicted, in Hypotheses 2 and 3, participant's scores on the Social Dominance Orientation scale and the Right-Wing Authoritarianism scale positively correlated with negative attitudes toward the three groups used in this study ($r_s \geq .34$, see Table 1). Therefore, individuals who scored higher on the SDO and RWA scales

indicated more negative attitudes toward individuals with mental illness, individuals of the lesbian and gay community, and individuals abusing substances (see Table 1).

Spearman's nonparametric correlations were conducted, due to the measure being a single item scale, to examine Hypothesis 4: As predicted, participant's ratings of perceived controllability for membership in each group positively correlated with negative attitudes toward that particular group. There was a positive, moderate association between perceived controllability of mental illness and negative attitudes toward individuals with mental illness ($r(431) = .32, p < .001$). There was a positive, strong association between perceived controllability of homosexuality and negative attitudes toward individuals of the lesbian and gay community ($r(431) = .71, p < .001$). There was also a positive, moderate association between perceived controllability of substance abuse and negative attitudes toward individuals abusing substances ($r(431) = .37, p < .001$). Therefore, participants that indicated mental illness, homosexuality, and substance abuse were a choice made by the individual also indicated more negative attitudes toward those individuals.

Tests of mediation were conducted using standardized variables in the PROCESS procedure (Hayes, 2013) in SPSS. The predicting variables included Social Dominance Orientation (SDO) and Right-Wing Authoritarianism (RWA). The outcome variables included the negative attitude scales, negative attitudes toward individuals with mental illnesses, individuals of the lesbian and gay community, and individuals abusing substances. The mediator for all pairings was perceived controllability for membership in that particular group (see Figure 5). The purpose of



this process was to test Hypothesis 5 that perceived controllability explained why RWA and SDO were associated with participant's negative attitudes toward the described target groups. Perceived controllability partially explained why higher scores on the RWA scale and the SDO scale were associated with negative attitudes. That is, individuals scoring high on the SDO and RWA scales perceived the three groups (those with mental illnesses, a homosexual orientation, and substance abuse problems) as more individually controllable, which led to more negative attitudes by the participant. The mediation data indicated that perceived controllability explained the relationships between the predicting variables (SDO and RWA) and the outcome variables (negative attitudes). However, the relationships between the predicting variables and the outcome variables were still strong when perceived controllability was examined as a mediator (see Table 2). Among the reported indirect effect results

for perceived controllability, the largest scores represent negative attitudes toward individuals of the lesbian and gay community.

Table 2

Preacher and Hayes (2008) Macros for Multiple Mediation Analyses were Conducted Using Standardized Coefficients of the ABC Pathways Model Testing Whether Perceived Controllability Mediates the Relationships between Outcome and Predictor Variables for Social Dominance Orientation (SDO) and Right-Wing Authoritarianism (RWA) in Relation to Negative Attitudes toward Individuals with Mental Illness (MI), Individuals of the Lesbian and Gay Community (LG), and Individuals Abusing Substances (SU). C' Indicated Direct Effect Values. See Figure 5.

Predictors	Outcomes	A	B	C	C'	Indirect Effect	
						95% CI	
						LL	UL
SDO	MI	.33**	.17**	.45**	.40**	.03	.10
	LGB	.35**	.68**	.48**	.24**	.17	.31
	SU	.18**	.29**	.35**	.29**	.02	.09
RWA	MI	.28**	.19**	.45**	.40**	.03	.09
	LGB	.68**	.35**	.83**	.60**	.17	.32
	SU	.32**	.19**	.57**	.51**	.03	.10

Note. ** $p < .001$.

Exploratory Data Analyses

Multiple linear regression analyses were conducted to examine the unique effects of the predictors of negative attitude scores (SDO, RWA, perceived controllability, and negative attitudes toward the other two groups) in regard to mental illness, homosexuality, and substance abuse (Table 3). This table also includes the values for tolerance, a measure of collinearity, which depicts how well an independent variable can be predicted from other independent variables. Acceptable Tolerance values are typically above .10, but larger scores can lead to misleading regression coefficients (Cohen, Cohen, West, & Aiken, 2003). For this particular

Table 3

Standardized Coefficients and Indicators of Multicollinearity from Multiple Regression Analyses Examining Predictors of Negative Attitudes Toward the Three Target Groups.

	Model 1 β [Tolerance]	Model 2 β [Tolerance]	Model 3 β [Tolerance]
Predicting Negative Attitudes Toward Mental Illness			
1. SDO	.30** [.72]	.29** [.72]	.28** [.71]
2. RWA	.29** [.72]	.20** [.50]	.10 [.24]
3. Perceived Controllability	--	.15** [.58]	.11* [.52]
4. Lesbian/Gay	--	--	-.03 [.28]
5. Substance Abuse	--	--	.29** [.66]
Predicting Negative Attitudes Toward Homosexuality			
1. SDO	.05 [.72]	.04 [.72]	.04 [.66]
2. RWA	.81** [.72]	.69** [.50]	.71** [.44]
3. Perceived Controllability	--	.20** [.58]	.20** [.56]
4. Mental Illness	--	--	-.01 [.66]
5. Substance Abuse	--	--	-.04 [.61]
Predicting Negative Attitudes Toward Substance Abuse			
1. SDO	.07 [.72]	.05 [.72]	-.02 [.66]
2. RWA	.53** [.72]	.43** [.50]	.43** [.26]
3. Perceived Controllability	--	.17* [.58]	.14* [.53]
4. Mental Illness	--	--	.27** [.71]
5. Lesbian/Gay	--	--	-.08 [.28]

Note. ** $p < .001$. * $p < .05$

study, tolerance values were reported to note the collinearity between the scores on the five different scales when looking at the three different negative attitude groups.

As depicted in Table 3, SDO and RWA were strong predictors of negative attitudes toward individuals with mental illnesses. However, when the other negative attitudes values were included into Model 3, RWA was no longer a predicting

variable (perhaps due to the strong correlation with negative attitudes toward lesbian women and gay men). SDO and negative attitudes toward individuals abusing substances were predominately the predictors of negative attitudes toward individuals with mental illnesses in Model 3. Negative attitudes toward individuals of the lesbian and gay community did not appear to be a factor in predicting for negative attitudes toward individuals with mental illnesses. Across both models, perceived controllability consistently remained a predictor of negative attitudes toward individuals with mental illnesses. Right-Wing Authoritarianism predicted negative attitudes toward individuals of the lesbian and gay community across all three models. However, SDO and negative attitudes toward individuals with mental illnesses and individuals abusing substances did not appear to be strong predictors of negative attitudes toward lesbian woman and gay men. Again, perceived controllability remained a predictor of negative attitudes toward individuals of the lesbian and gay community across all models.

In regard to negative attitudes toward individuals abusing substances, RWA and negative attitudes toward individuals with mental illnesses were consistent predicting factors. However, Negative attitudes toward individuals of the lesbian and gay community did not appear to predict negative attitudes toward individuals abusing substances. And again, perceived controllability consistently predicted negative attitudes toward individuals abusing substances.

Independent samples t-tests were conducted to explore gender differences in relation to scores on the SDO, RWA, and negative attitude measures (Figure 6). Men

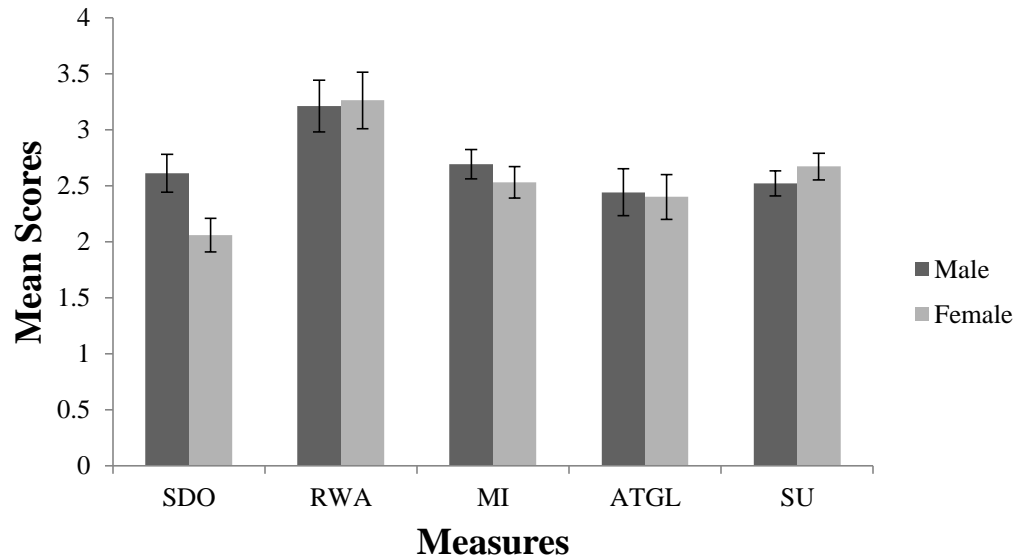


Figure 6. Mean Scores between Males and Females in relation to scores on the Social Dominance Orientation (SDO), Right-Wing Authoritarianism (RWA), Negative Attitudes toward Individuals with Mental Illnesses (MI), Individuals of the lesbian and gay community (ATGL), and Individuals Abusing Substances (SU) measures. Error bars represent 95% CI.

scored higher on SDO ($M = 2.61$, $SD = 1.29$, $n = 224$) than women ($M = 2.06$, $SD = 1.07$, $n = 209$); $t(425.13) = 4.84$, $p < .001$, $d = 0.47$, 95% CI [.27, .66]. However, men and women did not differ in RWA ($t(429) = -.25$, $p = .803$, $d = 0.02$, 95% CI [-.16, .21], negative attitudes toward individuals with mental illnesses ($t(431) = 1.34$, $p = .178$, $d = 0.13$, 95% CI [-.06, .32], negative attitudes toward lesbian women and gay men ($t(431) = .29$, $p = .766$, $d = 0.03$, 95% CI [-.16, .22], or negative attitudes toward individuals abusing substances ($t(431) = -1.80$, $p = .072$, $d = 0.17$, 95% CI [-.02, .36].

A one-way ANOVA was conducted to explore differences in political affiliation in relation to scores on the SDO, RWA, and negative attitudes measures. Due to some groups having much fewer people than others, the groups were

combined to Republican Party ($n = 75$), Democratic Party ($n = 187$), Independent ($n = 118$), and Other ($n = 53$). Levene's test for homogeneity was used to determine which

Table 4

Mean and Standard Deviations for Political Affiliation in Relation to SDO, RWA, and Negative Attitude Scores.

	SDO <i>M(SD)</i>	RWA <i>M(SD)</i>	MI <i>M(SD)</i>	LG <i>M(SD)</i>	SU <i>M(SD)</i>
Republican	3.06(1.31) _a	4.75(1.66) _a	4.75(1.66) _a	3.61(1.75) _a	3.21(.74) _a
Democratic	2.02(1.07) _b	2.60(1.52) _b	2.60(1.52) _b	1.89(1.07) _b	2.52(.84) _b
Independent	2.34(1.16) _{bc}	3.32(1.79) _c	3.32(1.79) _{ab}	2.48(1.55) _c	2.50(.86) _{bc}
Other	2.49(1.26) _c	3.15(1.81) _{bc}	3.15(1.81) _{ab}	2.49(1.42) _c	2.18(.75) _c

Note. Means in the same column with different subscripts differ at $p < .05$

post-hoc test should be used for all pair-wise comparisons for political affiliation in relation to scores on the SDO, RWA, and negative attitudes measures.

Political affiliation predicted scores on the SDO scale ($F(3, 429) = 14.84, p < .001, \eta^2 = .09$), RWA scale ($F(3, 427) = 29.89, p < .001, \eta^2 = .17$), as well as negative attitudes toward lesbian women and gay men ($F(3, 429) = 27.67, p < .001, \eta^2 = .16$) and toward individuals abusing substances ($F(3, 429) = 19.84, p < .001, \eta^2 = .12$). However, the effect of political affiliation on negative attitudes toward individuals with mental illnesses was only marginally significant ($F(3, 429) = 2.62, p = .051, \eta^2 = .02$). Individuals identifying as Republican had the highest scores on the SDO and RWA scale, and more negative attitudes toward all target groups in this study than individuals identifying as Democratic, Independent, or Other (see Table 4).

A one-way ANOVA was conducted to explore differences in Ethnicity identification in relation to scores on the SDO, RWA, and the negative attitude scales.

Ethnicity groups were Caucasian ($n = 331$), African American ($n = 34$), Latino/Hispanic ($n = 19$), Asian/Pacific Islander ($n = 39$), and Other ($n = 10$).

Ethnic affiliation did not have a significant effect on reported scores on the SDO scale, $F(4, 428) = 2.39, p = .50, \eta^2 = .02$, or the RWA scale, $F(4, 426) = .88, p = .478, \eta^2 = .01$ (Table 5). Ethnic affiliation was not associated with negative attitudes toward individuals of the lesbian and gay community, $F(4, 428) = 2.24, p = .064, \eta^2 = .02$ or individuals abusing substances, $F(4, 428) = 1.56, p = .185, \eta^2 = .01$ (Table 5).

However, ethnic affiliation did have a significant effect on the reported scores for the negative attitudes toward individuals with mental illness scale, $F(4, 428) = 3.23, p = .011, \eta^2 = .03$. Homogeneity of variance could be assumed since the Levene's test not was significant, $F(4, 428) = .44, p = .778$. Therefore, a Tukey's test was used for post-hoc pair-wise comparisons (Table 5). Individuals who identified as Asian/Pacific Islander indicated more negative attitudes toward individuals with mental illnesses than individuals identifying as Caucasian (Table 5).

Table 5

Mean and Standard Deviations for Ethnic Affiliation in Relation to SDO, RWA, and Negative Attitudes Scores.

	SDO <i>M(SD)</i>	RWA <i>M(SD)</i>	MI <i>M(SD)</i>	LG <i>M(SD)</i>	SU <i>M(SD)</i>
Caucasian	2.38(1.21)	3.15(1.83)	2.53(0.99) _a	2.34(1.50)	2.56(0.88)
African American	1.89(1.08)	3.70(2.10)	2.51(0.91) _{ab}	3.12(1.88)	2.53(0.82)
Latino/Hispanic	2.23(1.60)	3.43(1.85)	3.03(0.97) _{ab}	2.69(1.63)	2.92(0.95)
Asian/Pacific Islander	2.64(1.16)	3.37(1.28)	3.04(1.03) _b	2.36(1.10)	2.81(0.82)
Other	1.81(0.94)	3.30(2.20)	2.50(1.09) _{ab}	2.38(1.50)	2.59(0.61)

Note. Means in the same column with different subscripts differ. $*p < .05$.

A one-way ANOVA was conducted to explore Religious affiliation differences in relation to the SDO, RWA, and the negative attitudes scales. Due to

some groups having very small sample sizes, the groups were combined to Christian ($n = 155$), Catholic ($n = 51$), Atheist ($n = 134$), Agnostic ($n = 32$), and Other ($n = 61$). Levene's test for homogeneity was used to determine which post-hoc test should be used for all pair-wise comparisons for religious affiliation in relation to scores on the SDO, RWA, and negative attitudes measures.

Religious affiliation had a significant effect on reported scores on the SDO scale ($F(4, 428) = 4.04, p = .003, \eta^2 = .04$), RWA scale ($F(4, 426) = 43.24, p < .001, \eta^2 = .29$), as well as negative attitudes toward individuals with mental illness ($F(4, 428) = 3.82, p = .005, \eta^2 = .03$), individuals of the lesbian and gay community ($F(4, 428) = 24.29, p < .001, \eta^2 = .18$), and individuals abusing substances ($F(4, 428) = 21.14, p < .001, \eta^2 = .16$). Individuals identifying as Christian predominately indicated the highest scores on the SDO and RWA scales, and more negative attitudes toward the three target groups (individuals with mental illnesses, individuals of the lesbian and gay community, and individuals abusing substances), while individuals identifying as Atheist predominately indicated the lowest scores (Table 6).

Table 6

Mean and Standard Deviations for Religious Affiliation in Relation to SDO, RWA, and Negative Attitudes Scores.

	SDO <i>M(SD)</i>	RWA <i>M(SD)</i>	MI <i>M(SD)</i>	LG <i>M(SD)</i>	SU <i>M(SD)</i>
Christian	2.59(1.30) _a	4.34(1.80) _a	2.81(0.98) _a	3.23(1.71) _a	2.91(0.80) _a
Catholic	2.36(1.09) _{ab}	3.77(1.42) _{ac}	2.73(0.79) _{ab}	2.43(1.11) _b	3.04(0.71) _a
Atheist	2.04(1.09) _b	2.14(1.24) _b	2.42(1.07) _b	1.71(1.03) _c	2.18(0.87) _b
Agnostic	2.24(1.23) _{ab}	2.08(1.18) _b	2.40(0.90) _{ab}	1.80(1.09) _{bc}	2.22(0.78) _b
Other	2.45(1.23) _{ab}	3.02(1.68) _c	2.43(1.02) _{ab}	2.25(1.40) _{bc}	2.49(0.73) _b

Note. Means in the same column with different subscripts differ. $*p < .05$.

Independent samples t-tests were conducted to explore the differences in sexual orientation in relation to the SDO, RWA, and the negative attitudes scores (Figure 7). Due to the disproportion between groups, the researcher combined the Bisexual and Homosexual groups. This was done with an understanding that bisexual orientation is a part of the LGBT community, and was thus combined into one group. Therefore, the groups used were Heterosexual ($n = 380$) and Non-Heterosexual ($n = 51$).

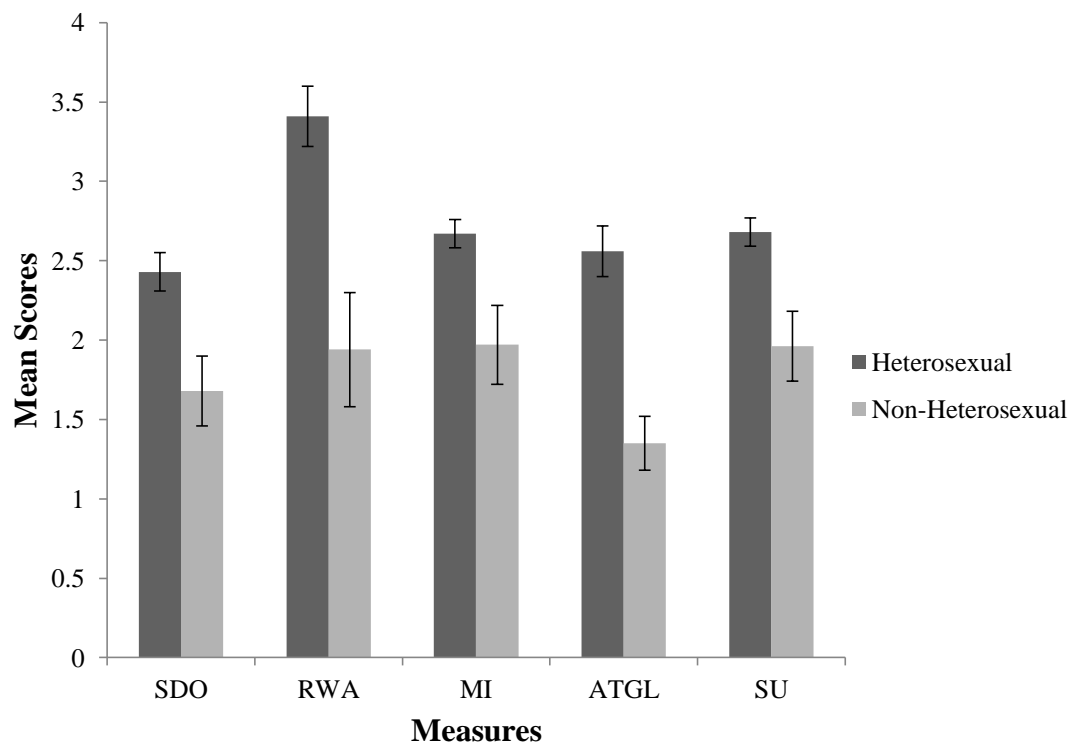


Figure 7. Mean scores of Sexual Orientation in relation to scores on the Social Dominance Orientation (SDO), Right-Wing Authoritarianism (RWA), Negative Attitudes toward Individuals with Mental Illnesses (MI), Individuals of the lesbian and gay community (ATGL), and Individuals Abusing Substances (SU) measures. Error bars represent 95% CI.

Heterosexual participants ($M = 2.43$, $SD = 1.24$) scored higher than Non-Heterosexual participants ($M = 1.68$, $SD = 0.79$) on the SDO scale ($t(87.45) = -5.93$,

$p < .001$, $d = 0.88$, 95% CI [0.56, 1.20]. Heterosexual participants ($M = 3.41$, $SD = 1.81$) also scored higher than Non-Heterosexual participants ($M = 1.94$, $SD = 1.30$) on the RWA scale ($t(78.80) = -7.15$, $p < .001$, $d = 1.07$, 95% CI [0.73, 1.40].

Heterosexual participants ($M = 2.67$, $SD = 0.99$) scored higher than Non-Heterosexual participants ($M = 1.97$, $SD = 0.88$) on the negative attitudes toward individuals with mental illnesses scores ($t(67.81) = -5.29$, $p < .001$, $d = 0.79$, 95% CI [0.47, 1.11]. Heterosexual participants ($M = 2.56$, $SD = 1.54$) scored higher than Non-Heterosexual participants ($M = 1.35$, $SD = 0.60$) on the negative attitudes toward individuals of the lesbian and gay community scores ($t(160.10) = -10.52$, $p < .001$, $d = 1.57$, 95% CI [1.23, 1.91]. Heterosexual participants ($M = 2.68$, $SD = 0.85$) also scored higher than Non-Heterosexual participants ($M = 1.96$, $SD = 0.78$) on the negative attitudes toward individuals abusing substances scores ($t(66.82) = -6.09$, $p < .001$, $d = 0.91$, 95% CI [0.58, 1.23].

DISCUSSION

Negative Attitude Scales

These data support the concept of Generalized Prejudice, which suggests that if an individual holds negative attitudes toward one group of people, they are likely to hold negative attitudes toward other groups of people as well. These findings are congruent with other researchers' studies on generalized prejudice in finding that negative attitudes are often generalized among various target groups (Akrami et al., 2011; Bergh et al., 2012). Among the three target groups, negative attitudes toward individuals abusing substances held the strongest relationships with negative attitudes toward individuals with mental illnesses and individuals of the lesbian and gay community, whereas there seemed to have been a weaker relationship between negative attitudes toward individuals with mental illnesses and individuals of the lesbian and gay community in comparison.

These data introduce substance abuse as a significant target group in regard to negative attitude comparisons. The researcher was unable to find existing data suggesting that negative attitudes toward individuals abusing substances is associated with negative attitudes toward various other populations, such as race, age, gender, or sexual orientation, and the results in this thesis indicate that this inclusion can be supported. Negative attitudes toward individuals abusing substances were shown to be significantly related to RWA and negative attitudes toward individuals with mental illnesses. Perhaps the relationship between negative attitudes toward individuals

abusing substances and RWA were stronger due to the RWA scale including items discussing laws and authority, and substance abuse being considered a criminal act. Also, negative attitudes toward individuals with mental illnesses and individuals abusing substances were possibly significantly related due to comorbidity.

Social Dominance Orientation

Individuals scoring higher on the SDO scale also indicated more negative attitudes toward individuals with mental illnesses, individuals of the lesbian and gay community, and individuals abusing substances. These results are similar to previous research suggesting similar findings in respect to SDO commonly resulting as a predictor of prejudice and negative attitudes (Akrami et al., 2011; Asbrock et al., 2010; Duckitt et al., 2010). When viewing the relationships between SDO and the negative attitude groups, SDO appeared to have the strongest relationship with negative attitudes toward lesbian woman and gay men, and individuals with mental illnesses. Although the relationship between SDO and negative attitudes toward individuals abusing substances was significant, it held the weakest relationship. However, these data suggest that SDO can be a predicting factor for negative attitudes toward individuals abusing substances, which the researcher was unable to find in previous studies. This addition to the research on negative attitudes and generalized prejudice is important to consider in regard to the possibilities that this population may be experiencing similar difficulties socially as others identified as minority groups or frequently discriminated populations.

Right-Wing Authoritarianism

Individuals scoring higher on the RWA scale indicated more negative attitudes toward individuals with mental illnesses, individuals of the lesbian and gay community, and individuals abusing substances. These results are similar to previous research suggesting that RWA is often a predicting factor for negative attitudes toward various target groups (Asbrock et al., 2010; Bäckström & Björklund, 2007; Duckitt & Sibley, 2010). Although all of the relationships between RWA and the negative attitude groups were significant, the strongest relationship was between RWA and negative attitudes toward individuals of the lesbian and gay community. In fact, this relationship was stronger than all other relationships among SDO, RWA, and the target groups. This may be due to there being specific questions in the RWA scale that focus on attitudes toward individuals of the lesbian and gay community. The relationship between RWA and negative attitudes toward individuals abusing substances was also much stronger than the relationship between RWA and negative attitudes toward individuals with mental illnesses. This was surprising due to similar stereotypes about individuals abusing substances and individuals with mental illnesses being described as potentially dangerous, and the similarities between the relationships of the two scales. Substance abuse, again, was not found in previous research exploring negative attitudes in relations to RWA. These data suggest that RWA not only supports previous research in predicting negative attitudes toward mental illness, race, age, gender, but also substance abusers as well.

Perceived Controllability

In regard to perceived controllability, individuals scoring higher on the negative attitudes scales also indicated higher scores on the perceived controllability scale. Therefore, individuals who indicated that mental illness, homosexuality, and substance abuse were individually controllable also indicated more negative attitudes toward those groups. These results are similar to previous research where perceptions of another individual's controllability over mental illness, sexual orientation, and substance abuse impact their negative attitudes toward that particular person (Blaine & Williams, 2004; King, 2001). Perceived controllability also partially explained why higher scores on the RWA scale and the SDO scale were associated with negative attitudes. That is, individuals scoring high on the SDO and RWA scales perceived membership in the three target groups as an individual's choice, leading to more negative attitudes. However, the relationships between SDO and RWA with the negative attitudes were still significant even when controlling for perceived controllability.

When viewing the relationships between overall perceived controllability and the reported scores on all five scales, the strongest relationships were held between perceived controllability and negative attitudes toward individuals of the LGB community. These results are similar to previous research in that individuals hold less negative attitudes toward lesbian women and gay men if the perceiver believes that the individual is not in control of their sexual orientation (King, 2001). Perhaps the decrease in negative attitudes toward individuals of the lesbian and gay communities

in our current society are connected to the decrease in the perceived controllability of sexual orientation. These data add to the research on perceived controllability, in relation to negative attitudes, in that predominately the current research focuses on health problems, homosexuality, and substance abuse, where these data also include a target group of mental illnesses.

Exploratory Data

Men scored higher than women on SDO scale. However, men and women did not differ in RWA, negative attitudes toward individuals with mental illnesses, negative attitudes toward individuals of the lesbian and gay community, or negative attitudes toward individuals abusing substances. Perhaps these findings are due to SDO specifically asking questions about traditional gender roles. That being said, it is interesting that there was not the same gender difference for RWA.

Political affiliation predicted scores on the SDO scale, RWA scale, as well as negative attitudes toward lesbian women and gay men and individuals abusing substances. Individuals identifying as Republican had the highest scores on the SDO and RWA scale, and more negative attitudes toward all target groups in this study than individuals identifying as Democratic, Independent, or Other. This may be due to the Republican Party representing more of the conservative population, and higher scores on the SDO and RWA scale typically reflecting desires for traditional morals and values.

Ethnic affiliation did have a significant effect on the reported scores for the negative attitudes toward individuals with mental illness scale, but not for SDO,

RWA, and the other target groups. Individuals who identified as Asian/Pacific Islander indicated more negative attitudes toward individuals with mental illnesses than individuals identifying as Caucasian. These findings are interesting in that many different cultures have a variety of views and perceptions about mental illness, and perhaps these findings can help us to understand that there are improvements in normalizing mental illness. Perhaps further research narrowed down to specific religious groups would be helpful in learning more about Asian cultures and negative attitudes toward mental illnesses.

Religious affiliation had a significant effect on reported scores on the SDO scale, RWA scale, as well as negative attitudes toward individuals with mental illness, individuals of the lesbian and gay community, and individuals abusing substances. Individuals identifying as Christian predominately indicated the highest scores on the SDO and RWA scales, and more negative attitudes toward the three target groups (individuals with mental illnesses, individuals of the lesbian and gay community, and individuals abusing substances), while individuals identifying as Atheist predominately indicated the lowest scores. These findings were intriguing in that Christianity and Atheist are respectfully opposites in comparison, and demonstrated such opposing results in these data.

Heterosexual participants scored higher than Non-Heterosexual participants on the SDO scale, the RWA scale, and on the three target groups' scales, negative attitudes toward individuals with mental illnesses, negative attitudes toward individuals of the lesbian and gay community, and negative attitudes toward

individuals abusing substances. Perhaps these findings represent such differences between heterosexual and non-heterosexual participants due to SDO, RWA, and the negative attitudes toward individuals of the lesbian and gay community scales asking direct questions about lesbian women and gay men. It is also important to recognize the differences in the amount of participants for each group. There were much more participants in the heterosexual group. It would be interesting to view this study given equal groups of sexual orientation.

Strengths and Limitations

The use of Amazon Mechanical Turk can be considered a strength in that it allowed recruitment of individuals of various ages, sex, sexual orientations, political affiliations, and religious affiliations throughout the United States. As opposed to the use of databases through college campuses, such as SONA, which typically represent less diverse populations in regard to age and gender. Although the intentions for recruiting participants on Amazon Mechanical Turk were to include a diverse population, it is unclear how diverse the population actually was due to unknown location, SES, or education. However, research on demographics of those who typically participate in completing questionnaires on Amazon Mechanical Turk suggest that within the United States the predominant population includes individuals around the age of 30 who are educated and typically unemployed (Paolacci & Chandler, 2014). That being said, another strength of this research is that the population recruited was fairly equal in regard to gender, which gives the readers an indication of how men and women differ in negative attitudes.

Another possible limitation to the current study is the use of various different scales measuring negative attitudes toward specific topics. It is possible that the participants became aware of the purpose of the questions, and then answered in ways that were socially appropriate or acceptable. However, using different scales for the different attitude groups allowed for variation in questions as opposed to using the same scale and just changing the wording for each negative attitude group.

Directions of Future Research

Implications for future research include the possibility of using another form of data collection. It would be interesting to develop a better understanding of participant's negative attitudes through alternative means of measurement, such as narratives, scenarios, or the implicit-association test. This information would be helpful to learn more about the extent in which individuals hold negative attitudes, and if the negative attitudes are situational or not. It would also be interesting to perform the same study using similar scales measuring negative attitudes instead of different scales. A possible advantage to using the same scale for each target group is that negative attitudes could be compared across groups, which would help focus on which groups were viewed most negatively.

Future research could also incorporate this data in the exploration of negative attitudes toward different target groups, such as obesity or criminal activity. This thesis supports the concept of Generalized Prejudice, and further research measuring negative attitudes and/or prejudices toward different groups could strengthen this concept and be used to better understand negative attitudes.

It may also be helpful to explore specific groups within each of the negative attitude groups in this study, for example specific mental illnesses, drugs, and transgender, given that these particular populations seem to be of focus in our current society. Understanding negative attitudes for each particular subgrouping may impact the results and whether or not they continue to be generalized. This exploration could also have an influence on clinical implications regarding treatment modalities and method of recruitment.

Clinical Implications

It would also be interesting to see this data used in regard to therapeutic interventions. If negative attitudes are generalized, interventions can possibly be generated without a need to specify a specific negative attitude reduction. Also, due to these data suggesting significant relationships between perceived controllability and mental illnesses, it appears important that clinical professionals reflect on their personal views of the populations that they are working with, and recognize if their views are possibly impacting their approach and delivery of their treatment. These data also suggest a strong relationship between negative attitudes toward individuals with mental illnesses and individuals abusing substances, which are often comorbid. Therefore, it may be important for clinical professionals to consider the possible implications of internalized negative attitudes that these individuals may bring with them to treatment due to these negative attitudes by others, and possibly by themselves as well. Due to previous research, and the results in this study, indicating higher SDO and RWA scores as predicting factors for prejudice and negative

attitudes, it seem imperative that mental health professionals reflect and on where they fall in regard to these topics. Even more so when SDO and RWA predict negative attitudes toward individuals with mental illnesses, individuals of the lesbian and gay community, and individuals abusing substances due to these populations commonly representing those who seek or are receiving mental health services.

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APPENDICES

APPENDIX A

CONSENT FORM

1. You are being asked to participate in a research project that is being done to fulfil requirements for a Master's Degree in Counseling Psychology at California State University, Stanislaus. This study is designed to explore individual social attitudes in regard to mental illnesses, individuals abusing substances, and individuals in the LGB community.
2. You are free to discontinue your participation at any time without penalty. You may also skip any survey questions that make you feel uncomfortable.
3. Participation in this research study does not guarantee any benefits to you. However, by participating in this study you will be compensated \$1.00.
4. You will be given additional information about the study after your participation is complete.
5. If you agree to participate in the study, it will take approximately 30 minutes to complete the survey.
6. All data from this study will be kept from inappropriate disclosure and will be accessible only to the researchers and their faculty advisor. No identifying information will be collected. The researchers are not interested in anyone's individual responses, only the average responses of everyone in the study.
7. The present research is designed to reduce the possibility of any negative experiences as a result of participation. Risks to you as a participant are kept to a minimum.
8. This research study is being conducted by Patricia Young. The faculty supervisor is Dr. Victor Luevano, Associate Professor, Department of Psychology and Child Development, California State University, Stanislaus. If you have questions or concerns about your participation in this study, you may contact the researcher through Dr. Luevano at vluviano@csustan.edu or (209) 667-3096.
9. You may obtain information about the outcome of this study at the end of the academic year by contacting Dr. Luevano.
10. If you have any questions about your rights as a research participant, you may contact the Campus Compliance Officer of California State University Stanislaus at IRBadmin@csustan.edu.
11. You may print a copy of this form by pressing CTRL + P on a PC or Command + P on a MAC.
12. By continuing, you attest that you are 18 years old or older.
13. By continuing, you are indicating that you have freely consented to participate in this research study.

APPENDIX B

SOCIAL DOMINANCE ORIENTATION SCALE

Indicate the degree to which you agree or disagree to the following statements.

1. Some groups of people are simply inferior to other groups.

1-----2-----3-----4-----5-----6-----7

Strongly
Disagree

Strongly
Agree

2. In getting what you want, it is sometimes necessary to use force against other groups.

1-----2-----3-----4-----5-----6-----7

Strongly
Disagree

Strongly
Agree

3. It's OK if some groups have more of a chance in life than others.

1-----2-----3-----4-----5-----6-----7

Strongly
Disagree

Strongly
Agree

4. To get ahead in life, it is sometimes necessary to step on other groups.

1-----2-----3-----4-----5-----6-----7

Strongly
Disagree

Strongly
Agree

5. If certain groups stayed in their place, we would have fewer problems.

1-----2-----3-----4-----5-----6-----7

Strongly
Disagree

Strongly
Agree

6. It's probably a good thing that certain groups are at the top and other groups are at the bottom.

1-----2-----3-----4-----5-----6-----7

Strongly
Disagree

Strongly
Agree

7. Inferior groups should stay in their place.

1-----2-----3-----4-----5-----6-----7

Strongly
Disagree

Strongly
Agree

8. Sometimes other groups must be kept in their place.

1-----2-----3-----4-----5-----6-----7

Strongly
Disagree

Strongly
Agree

9. It would be good if groups could be equal. (R)

1-----2-----3-----4-----5-----6-----7

Strongly
Disagree

Strongly
Agree

10. Group equality should be our ideal. (R)

1-----2-----3-----4-----5-----6-----7

Strongly
Disagree

Strongly
Agree

11. All groups should be given an equal chance in life. (R)

1-----2-----3-----4-----5-----6-----7

Strongly
Disagree

Strongly
Agree

12. We should do what we can to equalize conditions for different groups. (R)

1-----2-----3-----4-----5-----6-----7

Strongly
Disagree

Strongly
Agree

13. We should strive for increased social equality. (R)

1-----2-----3-----4-----5-----6-----7

Strongly
Disagree

Strongly
Agree

14. We would have fewer problems if we treated people more equally. (R)

1-----2-----3-----4-----5-----6-----7

Strongly
Disagree

Strongly
Agree

15. We should strive to make incomes as equal as possible. (R)

1-----2-----3-----4-----5-----6-----7

Strongly
Disagree

Strongly
Agree

16. No one group should dominate in society. (R)

1-----2-----3-----4-----5-----6-----7

Strongly
Disagree

Strongly
Agree

APPENDIX C

RIGHT-WING AUTHORITARIANISM SCALE

Indicate the degree to which you agree or disagree to the following statements.

1. The established authorities generally turn out to be right about things, while the radicals and protestors are usually just “loud mouths” showing off their ignorance.

(-4) ----- (-3) ----- (-2) ----- (-1) ----- (0) ----- (1) ----- (2) ----- (3) ----- (4)

Strongly
Disagree

Strongly
Agree

2. Women should have to promise to obey their husbands when they get married.

(-4) ----- (-3) ----- (-2) ----- (-1) ----- (0) ----- (1) ----- (2) ----- (3) ----- (4)

Strongly
Disagree

Strongly
Agree

3. Our country desperately needs a mighty leader who will do what has to be done to destroy the radical new ways and sinfulness that are ruining us.

(-4) ----- (-3) ----- (-2) ----- (-1) ----- (0) ----- (1) ----- (2) ----- (3) ----- (4)

Strongly
Disagree

Strongly
Agree

4. Gays and lesbians are just as healthy and moral as anybody else. (R)

(-4) ----- (-3) ----- (-2) ----- (-1) ----- (0) ----- (1) ----- (2) ----- (3) ----- (4)

Strongly
Disagree

Strongly
Agree

5. It is always better to trust the judgment of the proper authorities in government and religion than to listen to the noisy rabble-rousers in our society who are trying to create doubt in people's minds.

(-4) ----- (-3) ----- (-2) ----- (-1) ----- (0) ----- (1) ----- (2) ----- (3) ----- (4)

Strongly
Disagree

Strongly
Agree

6. Atheists and others who have rebelled against the established religions are no doubt every bit as good and virtuous as those who attend church regularly. (R)

(-4) ----- (-3) ----- (-2) ----- (-1) ----- (0) ----- (1) ----- (2) ----- (3) ----- (4)

Strongly
Disagree

Strongly
Agree

7. The only way our country can get through the crisis ahead is to get back to our traditional values, put some tough leaders in power, and silence the troublemakers spreading bad ideas.

(-4) ----- (-3) ----- (-2) ----- (-1) ----- (0) ----- (1) ----- (2) ----- (3) ----- (4)

Strongly
Disagree

Strongly
Agree

8. There is absolutely nothing wrong with nudist camps. (R)

(-4) ----- (-3) ----- (-2) ----- (-1) ----- (0) ----- (1) ----- (2) ----- (3) ----- (4)

Strongly
Disagree

Strongly
Agree

9. Our country needs free thinkers who have the courage to defy traditional ways, even if this upsets many people. (R)

(-4) ----- (-3) ----- (-2) ----- (-1) ----- (0) ----- (1) ----- (2) ----- (3) ----- (4)

Strongly
Disagree

Strongly
Agree

10. Our country will be destroyed someday if we do not smash the perversions eating away at our moral fiber and traditional beliefs.

(-4) ----- (-3) ----- (-2) ----- (-1) ----- (0) ----- (1) ----- (2) ----- (3) ----- (4)

Strongly
Disagree

Strongly
Agree

11. Everyone should have their own lifestyle, religious beliefs, and sexual preferences, even if it makes them different from everyone else. (R)

(-4) ----- (-3) ----- (-2) ----- (-1) ----- (0) ----- (1) ----- (2) ----- (3) ----- (4)

Strongly
Disagree

Strongly
Agree

12. The “old-fashioned ways” and the “old-fashioned values” still show the best way to live.

(-4) ----- (-3) ----- (-2) ----- (-1) ----- (0) ----- (1) ----- (2) ----- (3) ----- (4)

Strongly
Disagree

Strongly
Agree

13. You have to admire those who challenged the law and the majority’s view by protesting for women’s abortion rights, for animal rights, or to abolish school prayer. (R)

(-4) ----- (-3) ----- (-2) ----- (-1) ----- (0) ----- (1) ----- (2) ----- (3) ----- (4)

Strongly
Disagree

Strongly
Agree

14. What our country really needs is a strong, determined leader who will crush evil, and take us back to our true path.

(-4) ----- (-3) ----- (-2) ----- (-1) ----- (0) ----- (1) ----- (2) ----- (3) ----- (4)

Strongly
Disagree

Strongly
Agree

15. Some of the best people in our country are those who are challenging our government, criticizing religion, and ignoring the “normal way things are supposed to be done.” (R)

(-4) ----- (-3) ----- (-2) ----- (-1) ----- (0) ----- (1) ----- (2) ----- (3) ----- (4)

Strongly
Disagree

Strongly
Agree

16. God’s laws about abortion, pornography, and marriage must be strictly followed before it is too late, and those who break them must be strongly punished.

(-4) ----- (-3) ----- (-2) ----- (-1) ----- (0) ----- (1) ----- (2) ----- (3) ----- (4)

Strongly
Disagree

Strongly
Agree

17. There are many radical, immoral people in our country today, who are trying to ruin it for their own godless purposes, whom the authorities should put out of action.

(-4) ----- (-3) ----- (-2) ----- (-1) ----- (0) ----- (1) ----- (2) ----- (3) ----- (4)

Strongly
Disagree

Strongly
Agree

18. A “woman’s place” should be wherever she wants to be. The days when women are submissive to their husbands and social conventions belong strictly in the past.

(R)

(-4) ----- (-3) ----- (-2) ----- (-1) ----- (0) ----- (1) ----- (2) ----- (3) ----- (4)

Strongly

Strongly

Disagree

Agree

19. Our country will be great if we honor the ways of our forefathers, do what the authorities tell us to do, and get rid of the “rotten apples” who are ruining everything.

(-4) ----- (-3) ----- (-2) ----- (-1) ----- (0) ----- (1) ----- (2) ----- (3) ----- (4)

Strongly
Disagree

Strongly
Agree

20. There is no “ONE right way” to live life; everybody has to create their own way.

(R)

(-4) ----- (-3) ----- (-2) ----- (-1) ----- (0) ----- (1) ----- (2) ----- (3) ----- (4)

Strongly
Disagree

Strongly
Agree

21. Homosexuals and feminists should be praised for being brave enough to defy

“traditional family values.” (R)

(-4) ----- (-3) ----- (-2) ----- (-1) ----- (0) ----- (1) ----- (2) ----- (3) ----- (4)

Strongly
Disagree

Strongly
Agree

22. This country would work a lot better if certain groups of troublemakers would just shut up and accept their group’s traditional place in society.

(-4) ----- (-3) ----- (-2) ----- (-1) ----- (0) ----- (1) ----- (2) ----- (3) ----- (4)

Strongly
Disagree

Strongly
Agree

APPENDIX D

DEVALUATION-DISCRIMINATION MEASURE

1. I would willingly accept a former mental patient as a close friend. (R)

1-----2-----3-----4-----5-----6

Strongly
Disagree

Strongly
Agree

2. I believe that a person who has been in a mental hospital is just as intelligent as the average person. (R)

1-----2-----3-----4-----5-----6

Strongly
Disagree

Strongly
Agree

3. I believe that a former mental patient is just as trustworthy as the average citizen.
(R)

1-----2-----3-----4-----5-----6

Strongly
Disagree

Strongly
Agree

4. I would accept a fully recovered former mental patient as a teacher of young children in a public school. (R)

1-----2-----3-----4-----5-----6

Strongly
Disagree

Strongly
Agree

5. I feel that entering a mental hospital is a sign of personal failure.

1-----2-----3-----4-----5-----6

Strongly
Disagree

Strongly
Agree

6. I would not hire a former mental patient to take care of their children, even if he or she had been well for some time.

1-----2-----3-----4-----5-----6

Strongly
Disagree

Strongly
Agree

7. I think less of a person who has been in a mental hospital.

1-----2-----3-----4-----5-----6

Strongly
Disagree

Strongly
Agree

8. I would hire a former mental patient if he or she is qualified for the job. (R)

1-----2-----3-----4-----5-----6

Strongly
Disagree

Strongly
Agree

9. I would pass over the application of a former mental patient in favor of another applicant.

1-----2-----3-----4-----5-----6

Strongly
Disagree

Strongly
Agree

10. I would treat a former mental patient just as they would treat anyone. (R)

1-----2-----3-----4-----5-----6

Strongly
Disagree

Strongly
Agree

11. I would be reluctant to date someone who has been hospitalized for a serious mental disorder.

1-----2-----3-----4-----5-----6

Strongly
Disagree

Strongly
Agree

12. Once I know a person was in a mental hospital, I would take his opinions less seriously.

1-----2-----3-----4-----5-----6

Strongly
Disagree

Strongly
Agree

APPENDIX E

ATTITUDES TOWARD LESBIANS AND GAY MEN SCALE

1. Lesbians just can't fit into our society.

1-----2-----3-----4-----5-----6-----7

Strongly
Disagree

Strongly
Agree

2. A woman's homosexuality should not be a cause for job discrimination in any situation. (R)

1-----2-----3-----4-----5-----6-----7

Strongly
Disagree

Strongly
Agree

3. Female homosexuality is detrimental to society because it breaks down the natural divisions between the sexes.

1-----2-----3-----4-----5-----6-----7

Strongly
Disagree

Strongly
Agree

4. State laws regulating private, consenting lesbian behavior should be loosened. (R)

1-----2-----3-----4-----5-----6-----7

Strongly
Disagree

Strongly
Agree

5. Female homosexuality is a sin.

1-----2-----3-----4-----5-----6-----7

Strongly

Strongly

Disagree

Agree

6. The growing number of lesbians indicates a decline in American morals.

1-----2-----3-----4-----5-----6-----7

Strongly
Disagree

Strongly
Agree

7. Female homosexuality in itself is no problem, but what society makes of it can be a problem. (R)

1-----2-----3-----4-----5-----6-----7

Strongly
Disagree

Strongly
Agree

8. Female homosexuality is a threat to many of our basic social institutions.

1-----2-----3-----4-----5-----6-----7

Strongly
Disagree

Strongly
Agree

9. Female homosexuality is an inferior form of sexuality.

1-----2-----3-----4-----5-----6-----7

Strongly
Disagree

Strongly
Agree

10. Lesbians are sick.

1-----2-----3-----4-----5-----6-----7

Strongly
Disagree

Strongly
Agree

11. Male homosexual couples should be allowed to adopt children the same as heterosexual couples. (R)

1-----2-----3-----4-----5-----6-----7

Strongly
Disagree

Strongly
Agree

12. I think male homosexuals are disgusting.

1-----2-----3-----4-----5-----6-----7

Strongly
Disagree

Strongly
Agree

13. Male homosexuals should *not* be allowed to teach in schools.

1-----2-----3-----4-----5-----6-----7

Strongly
Disagree

Strongly
Agree

14. Male homosexuality is a perversion.

1-----2-----3-----4-----5-----6-----7

Strongly
Disagree

Strongly
Agree

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

1-----2-----3-----4-----5-----6-----7

Strongly
Disagree

Strongly
Agree

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

1-----2-----3-----4-----5-----6-----7

Strongly
Disagree

Strongly
Agree

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

1-----2-----3-----4-----5-----6-----7

Strongly
Disagree

Strongly
Agree

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

1-----2-----3-----4-----5-----6-----7

Strongly
Disagree

Strongly
Agree

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

1-----2-----3-----4-----5-----6-----7

Strongly
Disagree

Strongly
Agree

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

1-----2-----3-----4-----5-----6-----7

Strongly
Disagree

Strongly
Agree

APPENDIX F

DRUG USE STIGMATIZATION SCALE

Stigmatization

1. Using illicit drugs is morally wrong.

1-----2-----3-----4-----5

Strongly
Disagree

Strongly
Agree

2. Illicit drug users should go to prison.

1-----2-----3-----4-----5

Strongly
Disagree

Strongly
Agree

3. Illicit drug users are weak minded.

1-----2-----3-----4-----5

Strongly
Disagree

Strongly
Agree

4. Illicit drug users have no future.

1-----2-----3-----4-----5

Strongly
Disagree

Strongly
Agree

5. Most illicit drug users are not well educated.

1-----2-----3-----4-----5

Strongly
Disagree

Strongly
Agree

6. Illicit drug users are dishonest.

1-----2-----3-----4-----5

Strongly
Disagree

Strongly
Agree

7. Illicit drug users make me angry.

1-----2-----3-----4-----5

Strongly
Disagree

Strongly
Agree

APPENDIX G

DEMOGRAPHIC QUESTIONNAIRE

Please answer the following questions to the best of your knowledge.

1. What is your age? _____
2. What is your sex?
 - a. Male
 - b. Female
3. What best describes your ethnicity?
 - a. Caucasian
 - b. African American
 - c. Latino/Hispanic
 - d. Asian/Pacific Islander
 - e. Other _____
4. What best describes your current political affiliation?
 - a. Republican Party
 - b. Democrat Party
 - c. Libertarian Party
 - d. Green Party
 - e. Independent Party
 - f. Other _____
5. What best describes your current religious affiliation?

- a. Christian
- b. Catholic
- c. Islam
- d. Hinduism
- e. Buddhist
- f. Atheist
- g. Scientology
- h. Judaism
- i. Mormonism
- j. Agnostic
- k. Other _____

6. What best describes your sexual orientation?

- a. Heterosexual
- b. Gay/Lesbian
- c. Bisexual

7. Have you been diagnosed with a mental illness?

- a. Yes.
- b. No.

8. Have you or anyone close to you ever used an illicit substance?

- a. Yes.
 - i. Do you or this person currently use an illicit substance?
 - 1. Yes.

2. No.

b. No.

9. Use the following scale to indicate the extent to which you believe **mental illness** is a choice made by the individual.

(-3)-----(-2)-----(-1)----- (0)----- (1)----- (2)----- (3)

Not at all
A Choice

Completely
A Choice

10. Use the following scale to indicate the extent to which you believe **substance abuse** is a choice made by the individual.

(-3)-----(-2)-----(-1)----- (0)----- (1)----- (2)----- (3)

Not at all
A Choice

Completely
A Choice

11. Use the following scale to indicate the extent to which you believe **homosexuality** is a choice made by the individual.

(-3)-----(-2)-----(-1)----- (0)----- (1)----- (2)----- (3)

Not at all
A Choice

Completely
A Choice

APPENDIX H

DEBRIEFING FORM

Thank you for participating in this study. I am interested in contributing to previous research supporting the theory of Generalized Prejudice. The purpose of this survey is to view participant's attitudes toward individual's with mental illnesses, LGB individuals, and individuals abusing substances. The primary hypothesis was that individuals who indicated negative attitudes toward one of these groups would also indicate negative attitudes toward another. The researcher is also interested in how participant's ideas about the best structure for society may influence their negative attitudes toward individual's with mental illnesses, LGB individuals, and individuals abusing substances.

All the information we collected in this study will be kept safe from inappropriate disclosure, and there will be no way of identifying your responses in the data archive. No identifying information was collected, nor can be accessed by the researcher. We are not interested in anyone's individual responses; rather, we want to look at the general patterns that emerge when all of the participants' responses are put together. We ask that you do not discuss the nature of the study with others who may later participate in it, as this could affect the validity of our research conclusions.

If you have any questions about the study or would like to learn about the results of the study, you may contact Patricia Young, through her research supervisor, Dr. Victor Luevano, at vluevano@csustan.edu or (209) 667-3096. You may also print this form by pressing CTRL + P on a PC or Command + P on a Mac.

If you have questions about your rights as a research participant, you may contact the Campus Compliance Officer of CSU Stanislaus at IRBadmin@csustan.edu.

If you would like to learn more about this research topic, I suggest the following references:

- Asbrock, F., Sibley, C., & Duckitt, J. (2010). Right-wing authoritarianism and social dominance orientation and the dimensions of generalized prejudice: A longitudinal test. *European Journal of Personality*, 24, 324-340. doi: 10.1002/per.746
- Whitley, B. (1999). Right-wing authoritarianism, social dominance orientation, and prejudice. *Journal of Personality and Social Psychology*, 77, 126-134. doi:10.1037/0022-3514.77.1.126