

Black Masculinity Matters in Attitudes Toward Gay Males

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ABSTRACT. Recent work on attitudes toward homosexuals promotes the view that males typically have more negative attitudes than females; and African Americans have more negative attitudes than their white counterparts. However, among African Americans, women are thought to have the greatest negative attitudes because they perceive themselves as competing for a limited pool of black male partners. This study uses the National Black Politics Study to examine African American gender differences in attitudes toward homosexual men. Multivariate findings show that of the variables analyzed: (1) Among African American females, age, income, education, and urban residence are statistically significant; and (2) among African American males, frequency of religious attendance was the only statistically significant variable. It is, therefore, argued that black masculinity explains the gendered differences and that negative attitudes within the

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African American community toward gay men contribute to debilitating both the physical and mental health of the entire black community. [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <<http://www.HaworthPress.com>> © 2004 by The Haworth Press, Inc. All rights reserved.]

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INTRODUCTION

It is commonly thought among activists and scholars that African Americans are significantly less tolerant of homosexuality than whites. But little empirical research has contributed to understanding the direct effects of differences among them like church attendance, education, income and urban residency on their attitudes toward gay males (Halton 1989; Rose 1998; Waldner, Sikka and Baig 1999). If African Americans are more homophobic, it is likely that their greater degree of homophobia results in greater stigmatization of homosexuality in African American communities and, in turn, causes more “closeted” behaviors and produces more stress among gay African American men (Rose 1998). The greater stigma might assist in spoiling identities among black gay men. Conceivably, such stigma might lead to difficulties coping with their generally more significant experiences of traumatic life histories, rejection by black churches and, to some extent, differential treatment by the white gay community (Boykin 1996; Kenan 1999; Meyer and Cohen 1999). Empirically identifying differences among African Americans will assist in understanding the social structure and possibly point us in the direction of recognizing differing social supports.

LITERATURE REVIEW

There has been limited research on African Americans' attitudes toward gay males. We are unaware of any research using nationally representative survey data on African Americans. Alson (1974) reported that blacks were more likely than whites to disapprove of extramarital and homosexual relations. Ernst and his colleagues (1991) reported a greater relative endorsement of hostile propositions toward gay males with AIDS. Their analyses of gender, educational achievement, religious preference and marital status showed that

racial difference in the condemnation of homosexuality was derived nearly completely from a difference in attitude between black and white females. However, none of these analyses used nationally representative data.

Research shows that individuals and groups with conservative ideologies are likely to harbor more negative attitudes toward gay males (Estrada and Weiss 1999; Jome and Tokar 1998; Sullivan 1999). Ficarrotto (1990) reported that sexual conservatism correlated with racist and sexist beliefs as independent and equal predictors of antihomosexual sentiment. Schieman (1998) found in his sample of 189 university students that men reported significantly higher levels of social distance and homophobia. He also reported that homophobia was higher among men who did not know or were “not close” to someone with AIDS and who accepted media portrayals of gay men as accurate. These findings are interesting for thinking about African Americans. We do not know if African Americans should be considered “more conservative” than whites. We do not know if black males think differently than white males about homosexuality.

Understanding with the intent of abolishing homophobia is not only a psychological issue but, arguably, a public health one as well. With the increasing prevalence and incidence of HIV/AIDS in African American communities, negative attitudes toward gay men are thought to have other than stress health-related effects. For example, African American students are reported to have significantly less knowledge of AIDS and have significantly more negative attitudes toward gay men than both Hispanic and white students (Waldner, Sikka and Baig 1999). It has also been argued that negative attitudes toward gay men prevent the control of HIV/AIDS. For example, stigma creates a heavy burden for gay men and impedes their ability to fight AIDS (Fullilove and Fullilove 1999; Herek and Capitano 1999). Cole and his colleagues (1997) analyzed data from a 9-year prospective study of 72 initially healthy HIV-positive gay men and reported that rejection-sensitive males experienced a significant acceleration in times to a critically low CD4 T lymphocyte level, times to AIDS diagnosis and HIV mortality. Accelerated HIV progression was not observed in rejection-sensitive gay men who concealed their homosexual identity. There is also a reported relationship between shame and internalized negative attitudes toward gay men that result in avoidance of social support and utilization of public health (Allen and Oleson 1999).

OBJECTIVE

Using a nationally representative sample, the purpose of this study is to help further the knowledge of African American attitudes toward homosexual males. We are particularly interested in how different groups in African American communities view gay males. We tried to document any significant factors that have been reported to have a relationship with attitudes toward

homosexual males, including church attendance, which we do not consider to be belief or religiosity (Estrada and Weiss 1999). Walters and his colleagues (1998) and Smith (1998) reported that the prevalence of homophobia within schools was widespread and often supported by faculty; therefore, we analyzed the relative importance of level of education. Our thinking was that higher education might result in less individual homophobia by virtue of having exposure to greater diversity in higher educational institutions.

We suspect that homosexuality will work differently for African American women than for African American men. Contrary to assertions that black women perceive that they are in competition with gay men for black-male sexual companions, we reason the structure of masculinity is a powerful incentive for men to display stringent antihomosexual sentiments (Ernst et al. 1991; Staples 1982). African American women, because of their greater caregiving roles, might display more empathy for the social status of gay men. And in fact, we suspect that the shortage of a "marriageable pool" of black males might result in black women having greater empathy for homosexual experiences, particularly later in life when due to a lack of African American men, they might consider same-sex relationships (see Wyatt et al. 1999; Darity 1984; Wilson and Neckerman 1986). Further, it is possible that African American women with greater family income might feel more independent and have less negative sentiments (Staples 1999). African American younger women, generally, have had less opportunity to know "out of the closet" African American men, and we believe they will have greater negative attitudes toward homosexual males. In addition, African American church attendance will serve as a major medium of "moral" indoctrination condemning homosexuality.

RESEARCH METHODOLOGY

Sample and Data

The data employed for this study were drawn from the National Black Politics Study, 1993. This study was designed to provide information on attitudes and opinions regarding a number of issues of importance to African Americans. Using all African American households in the United States with telephones, a multiple frame, random-digit probability technique was employed. The first frame included a national sample, and the second frame was selected from a list of households located in census blocks with 50 percent or more African American households. Further, all analyses presented here were weighted using census estimates from March 1994. The study was fielded from December 1993 to February 1994. Ultimately, the sample used here represented approximately 6.5 million African American households.

Description and Measurement of Variables

This research analyzed the impact of five independent variables—age, church attendance, education, household income, and urban residency—on attitudes toward homosexual men.

Dependent Variable

Attitudes Toward Homosexual Men was constructed as a result of asking respondents to rate certain people and groups on a scale ranging from zero to 100. Zero meant strongly unfavorable, and 100 meant strongly favorable. Among the groups presented was “gay men.”

Independent Variables

Age reflects the respondents’ response to “What was your age at your last birthday?”

Church Attendance is a dummy variable measuring religious attendance. Respondents were asked, “How often do you attend religious services?” Those responding “at least once a week” or “once or twice a month” were coded one (87%), while those responding “once or twice a year” or “never” were coded zero.

Education reflects the respondents’ response to “What is the highest grade of school or year of college you have completed?” Answers were coded in number of years completed.

Household Income was measured with nine categories ranging from “up to \$10,000” to “\$75,000 and over.”

Urban Residency is a dummy variable where those residing in big cities (55%) were coded one and all others were coded zero.

RESULTS

In order to investigate the influence of gender differences on attitudes toward homosexual males, analyses were run separately for men and women. A summary of the means, standard deviations, and other descriptive statistics for the dependent and independent variables is presented in Table 1.

Model I on Table 2 shows the results for females. As women increase in age (.188), income (1.278), and education (.860), their attitudes toward gay men become more favorable. Further, those in big cities (4.903) are more accepting than their counterparts in suburban and rural areas. Finally, though there was a tendency for women who attended religious services more frequently to be less favorable, the relationship was not statistically significant.

TABLE 1. Descriptive Variables for African American Adults Dependent Variable: Attitudes Toward Gay Men; Total N = 797

	Mean	Std. Dev.	Minimum	Maximum
Gay Men	29.82	29.18	0	100
Female	.56	.50	0	1
Age	40.97	15.86	18	88
Education	13.07	2.98	0	24
Household Income	4.74	2.42	1	9
Urban Residency	.55	.50	0	1
Religious Attendance	.87	.34	0	1

TABLE 2. Weighted Unstandardized Regression Coefficients for African American Adults' Attitudes Toward Gay Men (betas in parentheses)

	Females N = 445	Males N = 352
Age	.188** (.102)	.08 (.045)
Income	1.278** (.105)	.07 (.006)
Education	.860* (.088)	.694 (.075)
Urban Residency	4.903* (.083)	3.582 (.066)
Religious Attendance	-5.294 (-.057)	-6.800* (-.091)
Constant	9.672	15.665
Adjusted R ²	.033	.005

*p < .10, **p < .05, ***p < .01

Model II on Table 2 contains the results for African American men. Whereas age, income, education, and urban residency are all statistically significant for women, none of them are for men. In other words, for African American men, the level of acceptance (or homophobia) is constant across all levels of these variables. Like with women, the more frequent the religious attendance, the less favorable their attitudes toward gay men; however, in the case of men (-6.8), the relationship is statistically significant.

DISCUSSION

When examining attitudes toward gay males, we expected that black masculinity would be important. With the exception of religious attendance, the other independent variables did not matter for black males. Despite the claims of often-cited regional research that black women are responsible for greater negative attitudes toward gay males, we found differences among various groups of women. Because such differences were not present for men, save religious attendance, we concluded that feminist and masculinist identity are most important for distinguishing attitudes of African Americans toward gay males.

These findings have important meaning for the social psychology of African Americans. We point to two contradictory features of these findings associated with deviance and social control. The first is black males' "homosexual" status vis-à-vis attitudes toward homosexuals. The second is homophobia in relation to deviancy.

Alfred Kinsey and his colleagues' (1948) research on homosexuality is recognized as authoritative, if controversial. Kinsey reported that sexual orientation spans on a continuum. He devised the "heterosexual-homosexual scale" that ranked men from zero to six in their degree of being classified as one or the other. His empirical results indicated that 37 percent of all U.S. males have at least one homosexual experience to orgasm from the beginning of adolescence to old age. About 60 percent of his sample reported they engaged in preadolescent sex play with another boy. What is more, about 30 percent said they had at least incidental homosexual experience or reactions during a period of at least three years. Another 18 percent reported having had as much sex with males as with females. Added to these complicating facts is that while 4 percent indicated they could be regarded as exclusively homosexual, 8 percent reported being exclusively homosexual for at least a three-year period of their life. Some scholars have argued that Kinsey's numbers are exaggerated (Irvine 1990:40-44), yet they indicate a great deal of changing of the object of one's sexual desire over time.

We stress that there are sampling problems with Kinsey's research, not the least of which is the representation of racial minorities. For heuristic purposes, we suggest extrapolating from Kinsey's observations and applying it to our

sample would mean that about 130 of the males have had orgasm since the start of adolescence with other males; about 211 had preadolescent same-gender sex play; 106 had a same sex orgasm in the previous three years of their interview; 63 had as much sex with men as with women; and about 14 could be considered exclusively homosexual, while 28 would have been identified as exclusively homosexual for at least 3 years of their life. The figures on women are much less dramatic. For example, in Kinsey's sample, only 13 percent of all U.S. women had at least one homosexual experience to orgasm from the onset of adolescence to old age. It is reasonable to wonder if black males have far more experience with gay sexual relations than females. And of course, it is far more complicated since "among prisoners what the sexual aggressor does is not considered 'homosexuality' by him, by his partner, or by his fellow prisoners" (Goode 1984:181). Additionally, in Laud Humphreys (1970) studies of "tea room trade," many of the young men who "hustle" homosexuals for money by being their prostitutes do not consider themselves homosexuals. There may be a great deal of inaccurate reporting of homosexual experience and attitudes toward gay men. With the exception of church attendance, black masculinity norms appear to trump other independent effects.

Religious attitudes (Larsen et al. 1983) and religiosity (Hayes and Oziel 1976; Ross 1975) have also been shown to correlate with negative attitudes toward homosexuality; we feel that church attendance in our analyses supports these earlier findings. However, the fact that religious attendance was statistically significant for men but not for women merits further discussion. We feel that religion works the same for both men and women; note that for both groups, it was positively related to homophobia. So then, why was it only significant for men? It is possible that religious attendance serves as a proxy for affiliation to particularly homophobic religious groups which are overwhelmingly male (e.g., Nation of Islam Muslims, etc.). Further, it is possible that this difference is more mathematical than experiential. In other words, because none of the other variables analyzed for men were significant, religious attendance may have "picked up" some of that unexplained variance that it would not have otherwise.

The role of religion notwithstanding, homophobia and homosexuality are equally stigmatized identities. If we partially conceive deviance as constituted by one or both of two elements—(1) the violation of legal and health norms or (2) the stigma resulting in devalued and discredited identities—then black masculinity is confronted with a principal rational challenge.

In the first case, federal, state and administrative statutes prohibit discrimination. *Black's Law Dictionary* refers to discrimination as "Unfair treatment or denial of normal privileges to persons because of their race, age, sex, nationality or religion. A failure to treat all persons equally where no reasonable distinction can be found between those favored and those not favored" (Black 1991:323). There are any number of federal statutes that prohibit discrimination that are supplemented by court decisions, connected with Title VII of the

1964 Civil Rights Act, the due process clause as it is embodied in Fifth Amendment and its application under the Fourteenth Amendment (see, e.g., Gerstmann 1999). Acting on homophobic attitudes would violate civil norms as codified under law.

Equally disturbing is what we know about community mental health and homophobia. According to the *Diagnostic and Statistical Manual of Mental Disorders*, there should be a distinction made between Social Phobia and Specific Phobia (American Psychiatric Association 1999:411-417). Specific Phobia is characterized by excessive or unreasonable fear, which is cued by the presence or anticipation of a specific object or situation; the phobic stimulus invariably provokes an immediate anxiety response; the person recognizes the fear is excessive or unreasonable; avoidance of the phobic situation ensues; and anxious anticipation, or distress, with confronting another similar situation interferes with the person's normal routine (p. 410). On the other hand, Social Phobia is characterized by a marked and persistent fear of one or more social or performance situations where the person is exposed to unfamiliar people or to the possible scrutiny by others; the individual fears he or she will act in a way that will stigmatize them (p. 416). African American attitudes toward gay men that are excessively negative violate mental health norms when they present either social or specific dimensions of homophobia. However, future research should distinguish between these two forms of phobia. We suggest that black males may more likely express Social Phobia, resulting from and in more masking behavior associated with the distinction between objective homosexual experience and stated attitudes toward homosexuals. If our interpretation is correct, we would expect black males to be different from white males and black females in terms of Social Phobia and Specific Phobia.

Therefore, our study also suggests interpreting stigma, in addition to phobia. Horace Griffin, a professor of pastoral theology, succinctly expresses the outcomes of homophobia:

The present message of homosexuality as immoral also creates an inescapable feeling of unworthiness and low self-esteem in African American lesbians and gay men. The continued antihomosexual attitude creates a climate of denial that can develop into rage and hostility by those who experience psychic pain . . . keep heterosexuals hostile to understanding and acceptance of lesbians and gay men who are their own family members and friends . . . otherwise happy family can turn into a place of shame, anger, and pain . . . heterosexual family members have estranged and disowned responsible and caring lesbian and gay family members simply because they consider them perverse and sinful individuals . . . African American lesbians and gays, like our heterosexual counterparts, simply seek the freedom to establish and maintain our own sexual relationships and families without the burden of heterosexual harassment, ridicule, and restriction. (Griffin 2001:119-120)

Stigma usually is understood as presenting on three dimensions: (1) bodily, (2) moral and (3) tribal. It often functions to reproduce unequal social relations (Goffman 1986). Stigma associated with homophobia and homosexuality helps us to understand that in everyday and face-to-face interactions, black masculinity is unique in the management of identity. For one thing, black masculinity is a stigmatized status (Lemelle 1995). This means that gay black males' identities are spoiled on tripartite dimensions: as black males, as gay black males and as mortified gay black males who have internalized civil and health experiences of discrimination. As English professor Dwight McBride astutely points out, "The image of the black man as protector, progenitor, and defender of the race—which sounds suspiciously similar to the image fostered by [Dr. Frances Cress] Welsing and much of black cultural nationalism . . . The truth of this . . . is that to be a representative race man, one must be heterosexual" (McBride 2001:41). In this sense, the spoiled identity of the gay black male is silenced, and the group becomes slaves to a masculinist—in the logic of Western racist, sexist, patriarchal discourse—organization of social life.

Under the rules of such reasoning, black masculinity would need to protect itself at all cost. The fact that black males may have greater experience with same-gender sexual relations could not surmount the compulsory heterosexual requirement of black masculinity discourse. Our research suggests that among the larger African American male population, more age, more money, more education, or living in a big city does not impact attitudes toward gay males. The attitudinal position is indefensible in terms of mental health that has community physical health consequences. For one thing, we are bombarded with images of lesbianism and subtle implied lesbianism in the mass media, when in fact, black males may have more experience with same-gender sexual behaviors. The power/knowledge construction of images in the mass media fuels a false sense of reality by shifting the representational stigma from black men to black women. Churches also engage in this shifting. As such, many black churches that practice the denigration and symbolic assault on homosexuals as theological ritual enhance black masculinist attitudes. Black women are rendered suspect as a subjugated class with spoiled identities of hot, overaggressive sapphires as they serve as scapegoats for masculinist desire. In the process, black males mask their complicity in reproducing heterosexism and sexism. And when it comes to health issues like HIV/AIDS, we are aware that infection among black males is as common from intravenous drug use as it is from black male-to-male sex (Lemelle, Harrington and LeBlanc 2000). A more accurate representation of the dynamics of homophobia improves our ability to prevent and treat HIV/AIDS.

CONCLUSION

The sparse body of work on African American attitudes toward gay males has reported contradictory results. After the publication of Ernst et al. (1991), it was generally thought that black women were largely responsible for greater intolerance of male homosexuality among African Americans when compared to whites. Two salient drawbacks of that study were the regional sample of 2006 state employees and the instrument that was specifically designed as a 13-item Likert scale measuring reaction to AIDS. We felt that the language of HIV/AIDS was so inflammatory for the research period—the late 1980s—that it certainly raises caution about concluding black females as more homophobic than white females and black and white males. Our national data has the advantage of also being fielded during the late 1980s, without the inflammatory references to HIV/AIDS.

We are in the early stages of understanding healthy attitudes toward homosexuals among African Americans (Battle and Bennett 1999). The dependent measure we used for our study has the drawback of not being refined. The stigma of homosexuality still influences “closet” attitudes and behaviors and the data did not allow us to control for homosexual identity. It is likely that homosexual males who are represented in the sample are more liberal and less homophobic. However, we feel that there is both empirical and heuristic value of these observations. Our findings have important implications for understanding some quality and quantity of attitudes toward gay males in African American communities. They suggest intervention strategies; for example, more conciliatory work can be done in our churches to promote health. Women with healthy attitudes and empirical knowledge bases can assist in educating the community about the debilitating effects of spoiled identities. In time, our communities will increasingly promote health and value respect for every form of human personality and expression. In those days, we will go a long way to reducing humans’ inhumanity toward humans.

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