

INVESTIGATION OF ATTITUDES TOWARDS HOMOSEXUALITY AND  
TRANSGENDERISM AMONG HETEROSEXUAL PSYCHOLOGISTS IN TURKEY AND  
EXAMINATION OF THESE ATTITUDES THROUGH SOME PERSONAL AND  
PROFESSIONAL VARIABLES

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Investigation of Attitudes towards Homosexuality and Transgenderism among Heterosexual Psychologists in Turkey and Examination of These Attitudes through Some Personal and Professional Variables

Türkiye'deki Eşcinsel Yönelimli Psikologların Eşcinsellik ve Transgenderizme İlişkin Tutumlarının Araştırılması ve Bu Tutumların Bazı Kişisel ve Mesleki Değişkenler Açısından İncelenmesi

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## **ABSTRACT**

Burcu Yüksek. Investigation of Attitudes towards Homosexuality and Transgenderism among Heterosexual Psychologists in Turkey and Examination of These Attitudes through Some Personal and Professional Variables (Directed by Hale Bolak Boratav, Prof., Murat Paker, Asst. Prof., and Gökhan Oral, Prof. Dr. )  
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This dissertation presents the literature review on sexuality and gender ambiguity, attitudes towards homosexuality and transgenderism and LGBT psychology in general both in the world and in Turkey. It also extends the current literature by researching the attitudes of heterosexual oriented psychologists who live and work in Turkey towards homosexual oriented and transgender individuals and tries to examine those attitudes through some personal and professional variables. The relation between the social desirability tendency and attitudes is additionally investigated. Results indicated positive attitudes of psychologists towards both groups of homosexual oriented and transgender individuals and no significant effect of social desirability inclination on the attitudes. Some of the personal and professional values were found in line with the literature, while some were not. Clinical and educational implications were discussed.

## ÖZET

Bu tez çalışmasının amacı Türkiye’de çalışan heteroseksüel yönelimli psikologların eşcinselliğe ve transgenderizme ilişkin tutumlarını araştırmak ve bu tutumları kişisel ve mesleki bazı değişkenler açısından incelemektir. Sosyal istenirlik eğilimi ile tutumlar arası ilişkiler de ayrıca araştırılmıştır. Sonuçlar psikologların eşcinsel yönelimli ve transgender bireylere yönelik pozitif tutumlar içinde olduklarını, sosyal istenirliğin tutumları etkileyecek düzeyde bir etkisi olmadığını açığa çıkarmıştır. Bazı kişisel ve mesleki değişkenlerin tutumları tahmin etme yönünde anlamlı etkileri bulunurken, bazı değişkenler tutumlarda anlamlı değişikliklere yol açmamıştır. Klinik Alana ve Eğitim Bilimleri alanlarına dair çıkarımlar tartışılmıştır.

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## 1. Introduction

The concept of heterosexism refers to the common belief that heterosexuality is the only normal way for individuals, in other words all individuals are heterosexual and it is the only true norm for the society. The fact that a heterosexual person has probably never asked about what his/her heterosexuality is caused by, how and when s/he first realized his/her heterosexual tendencies, with whom s/he first shared his/her heterosexual tendencies and/or whether s/he feels comfort while his/her child has a heterosexual teacher are just a few examples of how people's perception and judgment are shaped through heterosexism (Yep, 2002). Although many steps have taken to question the concept of normality, to raise the awareness about what happens to the people that fall outside of the norm(al), it can still be said that heteronormativity rules most of the societies in the world including Turkey.

The term of heteronormativity is defined as the system that normalizes heterosexuality in social settings. In other words heteronormativity completely denies and condemns the possibility of same sex/gender relationships and favors only the opposite sex/gender relationships as normal. It is based on the general dichotomous stereotypes of male and female, and their gender roles as man and woman (Patterson, 1995). It can be pictured as a huge driving wheel with many little cogs

which are placed in almost everywhere of the daily and social life explicitly and implicitly. The fact that boys do not wear skirts, kids should play with gender appropriate toys etc. can be shown as some examples of those cogs. Since these cogs have very strongly existed in predominantly heterosexual societies, individuals who do not fit into these norms, who are, lesbians, gays, bisexuals, transgenders (LGBT oriented people), and queer ones are exposed to negative attitudes such as stigmatization, discrimination, denial of their existence . These attitudes sometimes do even culminate with hate crimes.

Heterosexism and heteronormativity which are internalized by individuals of society are directly linked with homophobia, biphobia and transphobia, the feelings of dislike, discomfort, irrational fear, intolerance, and hatred towards homosexual, bisexual oriented and transgender individuals (Herek,1988).

There can be a lack of information and misinformation about the sex and gender related terms due to the fact that sex and gender related issues have been undermined for years. Because of this, it seems better to make a clearance of the general terms to not lead a confusion and to be able to grasp what the terms in this study refer to.

The term of sex indicates the biological situation of one and consists of many-biology based markers such as sex chromosomes of X and Y, genital organs, ovariums, testises etc. In simpler words sex is said to be the simple categorization of female, male and/or intersex. What gender

refers to is much more cultural than the only biological sex term. When one's biological sex is associated with the societal norms of behaviors, feelings and attitudes, the gender of one appears as woman or man in the society. While behaviors appropriate to gender's general determined norms are called as gender-normative, the other behaviors not fitting into those norms are called as gender-nonconformity.

Gender identity is said to be the feeling of person's himself as male or female (APA, 2006). If the biological sex and gender identity of that person do not match in various ways the person is said to be transgender. Sexual orientation means to whom one's sexual and romantic attraction is directed. There are also categories of sexual orientation as heterosexual orientation, homosexual orientation and bisexual orientation. While heterosexual oriented individuals are attracted to opposite sexes, homosexual oriented individuals feel sexual and romantic attraction towards their own sex, and bisexual oriented individuals are attracted to the individuals of both sexes (APA, 2006).

Transgenderism is a wide concept including transvestism, cross-dressing, transsexualism in itself. Namely transgenderism refers to not fitting into the predetermined gender roles and behavior of the society via dressing like the opposite sex, behaving like the opposite sex, changing sex through surgical operation etc. (Bullough, 2006). Heterosexism and heteronormativity is so dominant and chained in the society that any other option different from heterosexuality cannot be thought in a compulsory way (Rich, 1983). The term called as compulsory heterosexuality explains

that individuals are forced automatically to behave appropriate to those gender and sexual roles such as women are feminine, men are masculine and women should be attracted to men and vice versa.

Hill and Willoughby (2005) defined the concept of transphobia as the emotional discomfort and disgust of transgender individuals namely individuals who cross-dress, who feel like the opposite sex i.e. masculine women, feminine men, transsexuals. Despite the fact that homophobic and transphobic attitudes are much related to each other and one can predict other to some degree, it should be noted that transgenderism covers not only sexual orientation difference but also gender identity difference. So attitudes towards transgenders should be evaluated in the light of these differences (Hill, 2002).

#### **1.1.1. History of Approaches towards LGBT Issues in the World**

Until the late 1900s the issue of homosexuality was kept in hidden since there were many cultural, religious and legal obstacles and thus a repressive societal climate. Within this climate many homosexually oriented individuals had kept their sexual orientations namely a part of their identities secret, they could not manifest their identities completely (Herek, 1991, 1993). The dominance of heterosexism in societal climate also led social sciences researching only heterosexually oriented individuals, in a way helped homosexuality remained closeted and invisible both in the society and science (Gonsiorek & WeinRich, 1991).

Although by the early 1970s homosexuality and transgenderism were acknowledged as different and separate matters, research on transgenderism is said to be mostly staying under the huge umbrella of homosexuality research. Most of the psychological research on transgender issues have been focusing on the causes of transgenderism and psychological adjustments of transgender individuals (Nisley, 2010).

The fact that most of the studies and theories on human development i.e. Erikson's tried to examine the developmental processes and milestones of only heterosexually oriented individuals constitutes an example to the invisibility of nonheterosexual oriented individuals and the issue of homosexuality in the psychology science till 1900s (Patterson, 1995).

In the area of science, the questions and assumptions of that how much pathological homosexually oriented people are, what has caused this psychopathology etc. were investigated. This pathologizing approach had stayed dominant in the field many years until 1970s. Only a few researchers held a nonpathologizing approach which contributed a lot to the liberation process of nonheterosexual oriented individuals from the repressive climate. Hooker's research (1957) was especially important at this point, showing that an individual's sexual orientation cannot be identified through psychological tests which were often used to catch a psychopathology of a person. Hence psychopathology and nonheterosexual orientation was thought related as hand in hand in those times, this study contributed in the

change of this view and the liberation movement of nonheterosexual oriented individuals.

In the study of Hooker, Thematic Apperception Test (TAT), the Rorschach Test and the Make a Picture Story Test (MAPS) were administered to 30 purely homosexual and 30 mostly purely heterosexual oriented men who are similar in their ages, intelligences and education levels. What is meant by 'purely' for sexual orientations is having only the experience of their own sexual orientations mostly. After the completion of tests, 3 expert clinicians who were unaware of the sexual orientation of the participants were asked to evaluate the test results. On the basis of all test evaluations no significant difference was found between the psychological adjustments levels of heterosexual and homosexual oriented men. According to the results of the TAT and Rorschach tests no signifiers of sexual identity were detected. With this study Hooker demonstrated that any psychopathology cannot be directly linked with homosexuality and homosexual oriented individuals cannot be thought as unordinary, not adjusting well.

Siegelman (1972) also compared the adjustment levels of nonclinical samples of homosexual oriented women and heterosexual oriented women and could not find any differences between their adjustment levels. In short, early gay affirmative research tried to give the message of sameness of homosexual and heterosexual oriented individuals.

Modern liberation movement of homosexually oriented individuals is said to have started with the Stonewall Rebellion on 1969 (D'Emillio, 1983 *cited in* Patterson, 1995). When the police wanted to arrest the owners of Stonewall which was a gay bar in USA, the resistance against the police turned into a rebellion. This rebellion have paved the way and courage to gay and lesbian oriented individuals to gain voice and to become visible in the American society as nonheterosexual individuals (Patterson, 1995).

After these little steps both in societal climate and science environment, other steps have followed them and it was the year of 1973 that American Psychological Association declared that homosexuality is not a pathological situation, not a disorder. The statement of '*Homosexuality per se implies no impairment in judgment, stability, reliability, or general social and vocational capabilities; further, the American Psychological Association urges all mental health professionals to take the lead in removing the stigma of mental illness that has long been associated with homosexual orientations.*' was the official statement of APA (Conger, 1975).

In 1984 a specific division of APA for discussing LGBT issues named as Division 44 the Society for the Psychological Study of Lesbian, Gay, Bisexual and Trans Issues was established. It was the first professional organization for LGBT oriented psychologists. In 1994, Australian Psychological Society (APS) established an interest group for LGBT issues, named as Gay and Lesbian Issues and Psychology (GLIP). This group held

the nonheterosexist view in general and tried to promote a nonheterosexist practice while working with LGBT oriented individuals.

Until 1993 homosexuality was in the diagnosis list of World Health Organization called International Classification of Diseases (ICD) Manual. In 1973, APA replaced the diagnosis of homosexuality with the new diagnosis of 'Ego-Dystonic Homosexuality' which was seen appropriate for individuals who have difficulty accepting their homosexual orientations, experience great amount of stress and desire to become heterosexual. Until 1987 this new diagnosis remained in the DSM. However, the diagnosis of ego-dystonic sexual orientation still remains in the ICD.

The first known public attention to the issue of changing sex is said to be with the surgical reassignment of a former soldier, Christine Jorgensen in 1952 from male to female. With the news of this surgery the transgenderism issue became more visible and debatable in society. Until that time cross-dressing, living as other sex or going between sexes were used to be ignored. In 1980 Diagnostic Statistics Manual (DSM) III introduced transsexualism as a new diagnosis and in 1994 DSM IV changed this diagnosis with the diagnosis of Gender Identity Disorder in Adolescents and Adults. The diagnoses of the gender identity disorder and transvestism disorder for transgender individuals still exists in the last version of DSM, DSM V. The fact that earlier DSM's not including the diagnoses of any transgenderism can reflect the invisibility and ignorance of transgender individuals and/or issues.

According to DSM IV, individuals who constantly are feeling discomfort with their natal sexes and are unfitting to the gender roles of their natal sexes in life, and are identifying with the cross-gender of themselves can be diagnosed as having Gender Identity Disorder. This diagnosis and the diagnostic approach towards transgender individuals has been an issue of debate. Some argue that this diagnosis makes it easier for transgender individuals to get access to treatment and in the end of this treatment to reach their felt and desired sex. On the other hand some propose that this diagnosis is based on a pathologizing view and paves way to the transgenders are seen as disordered, pathologic.

The facts that both of those diagnoses are still present in the most used manual lists of the world and the dominance of pathologizing approach towards LGBT oriented individuals historically demonstrate that it is still probable that the LGBT oriented individuals can be stigmatized as mentally ill.

### **1.1.2. Theories about Homosexuality and Transgenderism**

Contemporary research about the concept of nonheterosexuality and nonheterosexual oriented individuals have been based on different approaches. As nature vs. nurture debate has been one of the most debatable issue of the general psychology science, LGBT psychology issues have been studied and researched through the varying viewpoints of essentialist namely biological, and constructionist namely social and cultural.

#### **1.1.2.1. Essentialist Theories**

Essentialist theories support that sexuality is the essence of an individual and it is either repressed, discovered, denied, or realized by the individual. The essence basically means the biological and psychological inner state and structure which can either exist from the prenatal periods biologically or attained in very early years of life, shaping the sexual orientation of an individual namely his/her sexual desires, and feelings, and if possible for that person' actions and practices. Furthermore according to the essentialist theory one's sexuality is fixed and cannot change in time. This viewpoint has been adapted by many LGBT movements saying that since homosexuality and transgenderism are not chosen by LGBT individuals, discriminations should not be demonstrated towards them (Clarke & Ellis & Peel & Riggs, 2010).

The cause of homosexuality were tried to be defined through many studies in the framework of essentialist theories. For instance, one's map reading abilities (Rohman et al, 2005), finger lengths (Martin et al, 2008) were proposed to be related with one's homosexual orientation. Within the frame of essentialist theory, the gay gene theory (Bailey, 1995 & Homer, 1993), the gay brain theory, in other words neuroendocrine theory (Bailey, 1995 & Green, 1987, Rohman et al, 2005) were discussed. An example of the earlier attachment patterns causing homosexuality was discussed by Irving Bieber (1965). He was a psychoanalyst, emphasized the effect of nurture during the very early years which are very critical for development. He stated that intimacy and closeness of the mother and

hostility and detachedness of the father was the cause of male homosexuality.

Essentialist theories have also tried to explain the causes of transsexuality and while Steller (1968) proposed that early years of nurture was the main reason of transsexuality, Zhou et al. (1995) proposed that biological factors are determinants, and Jeffreys (2008) thought transsexuality as a neurological intersex form (Clarke & Ellis & Peel & Figgs, 2010).

Trying to find the causes of homosexuality and transgenderism instead of heterosexuality demonstrates that essentialist theories have a heteronormative basis.

#### **1.1.2.2. Constructionist Theories**

Social constructionist theories proposed that concepts of sexuality and gender in other words heterosexual and nonheterosexual, male and female, man and woman are constructed by people as their identities (Kitzinger and Wilkinson, 1995 *cited in* Clarke & Ellis & Peel & Figgs, 2010). The categories of gay, lesbian, bisexual, and heterosexual are created throughout and as a result of the interactions among particular historical, political, social and cultural dynamics (Kitzinger, 1987).

In the social constructionist theory the assumptions that sex means biology and gender means culture is opposed. Instead it is supported that both are the products of social processes. Also the two-sex model of only male and female and the homosexual – heterosexual model of sexuality

are not seen as naturally occurred models, but seen as the result of the general dichotomous interpretations starting with 1700s with the modern science development (Lacquer,1990 & Garfinkel, 1967 *cited in Clarke et al.* 2010).

### **1.1.2.3.Integrationist Ideas**

While many individuals feel their sexualities as based on their biologies, some individuals feel their sexualities as a result of social interactions and processes (Gottschalk, 2003). Until the early 1900s debates between the essentialist theories and social constructionist theories had been prolonged harshly. Nevertheless both theories have continued to develop on their own pathways instead of arguing probably because of the difficulty of convincing each other (Kitzinger, 1995). But also it can still be said that essentialism has been dominating the field of LGBTQ psychology. In addition to these theories integrationist ideas about sexuality have also appeared and proposed that sexuality is based on individuals' biologies however how sexuality is expressed in language have been shaped with the interactions among social, historical, political and cultural influences (Kitzinger, 1995).

### **1.1.2.4.Queer Theory**

Queer theory is basically said to be a resist against the heteronormativity. It is not exactly a psychological theory but rather a sociological theory. This theory has been developed in 1990s and some of the queer theorists are Judith Butler (1990), David Halperin (1990) and Eve Kosofsky Sedgwick (1990). It is said that Michel Foucault's ideas (1926-

1984) especially the work of *History of Sexuality* (1978) have affected the development of queer theory (Hegarty & Massey, 2006).

Queer term refers to the abuse towards non- heterosexual oriented individuals, weirdness and being out of norms. Within the framework of queer theory power, sexual categories, gender concepts were rediscussed and redefined. Power was thought not as a repressive possession that only heterosexual oriented individuals especially men have and use to repress others by marginalizing them but as relational and productive which operates between individuals and institutions to produce knowledge. They argued that power exists everywhere and among everything relationally and the main object of queer is standing against power instead of waiting liberation from it (Minton, 1997). Since power is thought as operating the sexuality and sexual categories' production and repression of those in society (Foucault, 1978), unless one does not work against power, one cannot liberate from all definitive sexual boundaries.

Gender concept is theorized as performative by Judith Butler (1990, 1993, 2004) that individuals do perform consciously or mostly unconsciously, instead of having or being (of) that gender. The fact that how one dresses, cuts his/her hair, walks etc. are automatic everyday examples of how gender is fitted to individuals' inner worlds and schemas from a deep layer.

Queer theory rejects the sexual identity categories and borders between them in contrast with the earlier lesbian and gay movement. They

propose that these definitive categories which are seen as obstacles on the sexual fluidity, limit the expression of sexual desire and turn into the regulatory instruments of society in time automatically. Deconstructing these categories can break this unconscious never-ending circle of performativeness of gender and power relations between sexual orientations and identity categories.

### **1.1.3. Clinical Practices with Homosexual and Transgender**

#### **Individuals**

In history LGBT oriented individuals were thought as mentally ill and abnormal just because they were not oriented to their opposite sexes and/or they did not fit into the norms of sex and gender.

Still some of the psychologists and psychiatrists argue that homosexuality needs to be treated and one who has homosexual tendencies should be repaired and helped to return his/her 'normal, natural' situation. For this aim some special psychotherapy methods such as reparative therapy, conversion therapy, aversion therapy etc. have been developed and conducted with LGBT oriented individuals. To be able to treat homosexuality and transgenderism and convert LGBT oriented individuals into heterosexual orientations hormones of androgens and/or oestrogens, even the methods of castration, clitoridectomy, and lobotomies were used (Clarke et al., 2010).

There are also some organizations in the world that still propose the treatment of homosexuality. The National Association for the Research

and Therapy of Homosexuality, shortly NARTH, is one of those organizations and supports the view that homosexuality is a choice and thus individuals can change their choices. Exodus International is also one of these organizations but with the difference of taking its base from religion and argues the help of Jesus Christ to individuals to get rid of homosexuality.

### **1.1.3.1. Conversion Therapies**

Conversion therapy is one of the therapy models which aims to ameliorate and eliminate homosexual desires of homosexual oriented individuals.

In 2003 Robert Spitzer a US psychiatrist conducted a study demonstrating how effective the conversion therapy is. His findings suggested that explicit and predominant homosexual orientation can be changed to explicit and predominant heterosexual orientation after conversion therapy. However his study was criticized because of his methodology, mostly due to his sample who are the members of religion-based anti -homosexuality organizations such as Exodus International. Conversion therapies are not proved as changing the sexual orientation (Sandfort, T. 2003 *cited in* Clarke et al., 2010).

Other studies also questioned the effectiveness of conversion therapy and many clients of conversion therapy were interviewed with for these studies. US psychologists Michael Schroeder and Ariel Shidlo (2001) found the clinical practice of conversion therapists questionable, weak and

ethically harmful in a way that taking the autonomy feeling from the patients' themselves. In another study some researchers found that most of the clients expressed the sessions and interventions were harming them and were unsuccessful and that they could not change their sexual orientations. It has been found that conversion therapy has the risk of causing anxiety, depression, avoidance of intimacy, sexual dysfunction, PTSD, loss of self-confidence and self-efficacy, shame/guilt, self-destructive behavior, and suicidality (Beckstead & Morrow, 2004; Ford, 2001; Haldeman, 2001, Shidlo & Schroeder, 2002; Tozer & Hayes, 2004; Yarhouse, 2002 *cited in* International Society Of Psychiatric-Mental Health Nurses (ISPN) Position Statement On Reparative Therapy).

#### **1.1.3.2. Aversion Therapies**

Aversion therapy basically tries to associate homosexual stimuli with electro-shocks or nausea-inducing substances on the homosexual oriented individuals. The patients, namely nonheterosexual people are exposed to a sexual stimulus together with a great discomfort feeling and experience at the. An example of this therapy method can be seen in the movie of Clockwork Orange.

This discomfort feeling in this therapy refers to applying electrical shocks, using chemicals and drugs to change the hormonal state of patients and ameliorate the sexual desire, using apomorphines to make patients feel violently ill etc. For instance gay oriented men are forced to watch the pictures of naked men in those uncomfortable, painful situation (Clarke et al., 2010).

It is found in the end that the aversion therapy caused many problems for the patients rather than helping them to heal, to benefit from therapy. Its' failure rate is so high that most of the patients had showed serious depression symptoms and high suicidal feelings.

### **1.1.3.3. Reparative Therapies**

Although reparative therapy is known as conversion therapy in many resources, reparative therapy is actually a different type of therapy than conversion therapy. Joseph Nicolosi (1991) declared the rationale, aim and frame of reparative therapy in his book of Reperative Therapy of Male Homosexuality. Reperative therapy can said to be similar with psychodynamic therapy in which individuals are led to inquire their feelings and earlier bonds of those feelings with the person's own history of attachment. However what is different in the reparative therapy is that it is based on the rationales that homosexuality is needed to be treated. In other words homosexual orientation is seen as the product of wrong attachment patterns and developmental processes and it can be fixed via correcting and repairing those patterns and bonds in time with the therapeutic process.

Nicolosi (1991) differentiated the terms of gay and homosexual from each other. He proposed that the term of gay represents a life style and does not comprise all homosexuals. He argued that there are individuals having homosexual orientation but do not fit into and belong to the gay populations and feel uncomfortable with their sexual orientation and want to change their sexual orientations. He called them as non-gay homosexuals and this male-homosexual group was the target working group of him.

Nicolosi (1991) emphasized the importance of the father-son relationship in the gender identity development and proposed that failure in the father-son relationship because of poor relations, detached behaviors of the father may lead a problem in identification process of the boy and cause problems in childhood like defensive isolation, cross-gender behaviors etc. Thus the boy may feel homosexuality as a reparative drive. He believed that symbolic repairment of father-son relationship in reparative therapy helps the patient to get rid of homosexual drives.

In this therapy process client should force himself to avoid the signals, individuals, relations, environments that are possible reminders of homosexuality and instead he should try to delve into the heterosexual world, relations, and places as much as possible. For instance he should date with women, do sport as heterosexual men, not go operas, museums which are seen as the activities that homosexuals often make, he should marry with a heterosexual woman, and have children.

While institutions like NARTH, Exodus International supports the reparative therapy method, APA declared in 1997 that reparative therapy suspicious and distrustable.

#### **1.1.3.4. Affirmative Therapies**

Affirmative therapies are presented as alternative to the other therapy methods which usually judge and try to change sexual orientations and gender identities of individuals. Affirmative therapy supports that nonheterosexual orientation is not a biological disease or mental disorder

needed to be treated, repaired and changed. Instead affirmative therapy accepts nonheterosexuality including individuals, issues, and relations with an embracing positive attitude and sees the harmful effects of heteronormativity and heterosexist attitudes on nonheterosexual oriented individuals and stands against those negative, phobic attitudes in the society.

Affirmative therapy is not a specific kind of therapy, but rather it is a mental framework which can be adapted into many kinds of psychotherapies such as behavioral, psychodynamic, existential etc. (Akekmekçi, H., 2015). The boundaries, 'should/ must's or 'should not/must not's are determined and declared by APA (2000). In this guideline harming effects of negative attitudes, social stigmatization, discrimination, prejudice and on mental health of nonheterosexual oriented individuals are emphasized. Also psychologists are asked to be more aware about these relations and those difficulties, to educate themselves, to recognize nonheterosexual oriented individuals with a full embracement and to create an affirmative climate (APA, 2000).

## **1.2. Sexuality and Gender Identity Prejudice in the World and Turkey**

Individuals whose sexual orientations and gender identities do not fit into the society's heterosexist expectations namely LGBT individuals have been subjected to many prejudices for many years even in today's world. For most of the Western countries like UK and USA rights of LGBT people are kept under security with the year of 2000 and the necessary attempts were taken for preserving LGBT oriented individuals from

prejudice, and raising the life qualities and standards of them. However in some other countries like Iran and Togo LGBT individuals are still very harshly punished just because of their sexual orientation and gender identities (Clarke et al., 2010).

Since 2000s in UK and some countries, some legal changes have been made for equalization of the homosexual oriented individuals in their marriage rights, adoption rights, possibility of serving in military, protection rights from discrimination especially in workplaces etc. Also for the gender identity equality and prevention of discriminating attempts some actions were organized such that the Gender Recognition Act (2004) provided transgender individuals to be acknowledged with their own genders and The Sex Discrimination (Gender Reassignment) Regulations (1999) made prohibited the discrimination of the transgender individuals in work places. However as those positive changes have been stepped in those countries, in some countries LGBT individuals have been tortured, criminalized, given death penalties etc., shortly their very essential human rights are not provided and recognized. Lesbians and gay men experience the discrimination in their daily lives for instance according to a national survey results of Kaiser Family Foundation (2001), 34% of homosexual oriented participants expressed that they were refused because of their sexual orientation while they were renting or buying a home for themselves.

The General Social Survey (1991) asked nearly 4500 non-institutionalized random individuals whose ages are older 18 that how they evaluate homosexuality, either as 'always wrong', 'almost always wrong',

‘sometimes wrong’ or ‘not wrong’. Results of this survey showed that 75 per cent of the individuals evaluate homosexuality as ‘always wrong’ or ‘almost always wrong’.

Homosexual oriented individuals are also at a disadvantageous and discriminated point in the legal system (Ronner, 2005) and health services system (Willging, Salvador & Kano, 2006). The National Gay and Lesbian Task Force (2007) reports that the legal arrangements of 30 states of USA still do not cover the rights of LGBT oriented individuals.

Lesbians and gay men have been the victims of the laws of discrimination in South Africa throughout the history. Before 1994 basic human rights of homosexuals are ignored and they have been seen as criminal people and excluded from the society (Gevisser & Cameron, 1994). After 1993 legal changes have been made and the stigma on homosexual oriented individuals started to remove in South Africa (Human Rights Watch, 2003).

Rehbein (2012) studied on the attitudes of counselors towards transgender experiences and individuals in her thesis study and sent 1000 survey packages to the counselors. The fact that only 66 of them returned back and participated in the study may constitute an example to the ignorance of and insensitivity to transgenderism within the society and the mental health system as in the literature. It was found that counselors’ religious beliefs and political opinions are related to their attitudes towards transgender individuals.

Thanks to the many books related to transgenderism, television programs, documentaries showing the famous transgender individuals in the world media transgenderism issue is not invisible anymore. However there is a great lack of information about transgenderism and homosexuality in Turkey probably because talking about these issues are seen as embarrassing and taboo for the society. Furthermore the way that Turkish media reflects the transgender issues is another stigmatization cause and resource for transgender individuals in Turkey. The fact that they are usually portrayed as sex workers, prostitutes leads society to create a stereotyped image of transgender individuals in their minds rather than thinking them as only people like themselves and thus stigmatization and prejudicial attitudes.

Polat et al.(2005) studied on family attitudes toward transgender individuals in Turkey and found that most of the families in which there is a transgender individual relative, tried to keep that situation secret from their relatives when they learned this gender identity variance. It is also found that majority of the families forced their transgender kids to dress according to their birth sexes to not reveal their situations. Because not only transgender individual but also their families are stigmatized in Turkey.

In Turkey people whose gender identities are different than society become the targets of humiliating verbal or bodily attacks. Since Turkey has mostly Islamic values in society, although it is a secular country on administration level, transgender individuals and their families have had many difficulties. They felt that they had to keep their transgender identities

secret because it is not allowed in Islam, seen as a shameful huge sin. For instance in the religion book of Islam, there is a strict statement saying that everything is created as pairs, means that male and female sex is a pair together. Also in the Lot chapter of Koran how terrible events and punishment of the God were given to the possible nonheterosexual oriented relations. Islam religion only allows hermaphrodites, who are having two sexes together, to have the surgical operation hence they are against the binary of sexes and needed to be treated and reached only one sex as it is seen appropriate for human beings (Polat et al., 2005).

In Turkey identity cards are a problem resource for transgender individuals. Since identity cards are designed according to the birth sexes as pink for females and blue for males, transgender individuals who do not feel accordingly with their birth sexes have problems when they have to show their identity cards in places like traffic, night clubs, streets, banks, hospitals etc.

### **1.2.1. Attitudes Towards LGBT Individuals and Issues**

In the literature of psychology, there are many terms expressing the discrimination and prejudice against LGBT oriented individuals. Homophobia (Smith, 1971), homonegativism (Hudson & Ricketts, 1980), homosexophobia (Kassen & Lewitt, 1974) are some of the examples. Homophobia is the most widely used one in the literature but criticized for not exactly reflecting the prejudice against transgender individuals. So that transphobia term has been advented in the literature soon (Chung, S. & Wsd, F., 1993). Transphobia term is helpful in understanding and

differentiating the prejudice towards transgender individuals by lesbian, gay and heterosexual oriented individuals. In other words this term is useful for to be able to detect the double discrimination on the transgender individuals (Ochs, 1996 *cited in* Clarke et al., 2010).

Research on the issue of attitudes towards nonheterosexual oriented individuals has said to be mainly focusing on homosexual oriented individuals in widespread western societies instead of covering all sexual orientation and gender identity variances throughout the world. There is still very limited research on the issue of attitudes towards transgender individuals.

Like homosexual oriented individuals are exposed to prejudice and discrimination by heterosexual oriented individuals, since they do not fit into the heterosexist norms of the society, transgender individuals have come face to face with negative attitudes and prejudice by homosexual oriented individuals due to the fact that trans individuals are not like them, not fitting into the homosexual community's norms (Clarke et al., 2010).

While homophobia refers to the discomfort, disgust, fear, anger, hatred feelings against lesbian and gay oriented individuals (Hudson & Ricketts, 1980 *cited in* Patterson, 1995), transphobia refers to the similar feelings towards transgender individuals. These feelings can be demonstrated in a huge variance from anti-LGBT propagandas, attitudes, prejudice, discrimination in many areas of life such as work, school, military etc. to hate crimes with serious bodily and life concerning results

unfortunately. Gender is often thought and constructed within the dichotomy of male and female and daily and social life is shaped through this binary via restrooms, identity cards as blue and pink etc. in Turkey. Transgender individuals who feel that they do not fit into these categories are exposed to many difficulties, prejudices.

Hate crimes can be defined as the crimes targeting not random individuals from streets but specific, especially chosen, hatred groups and the members of that group to not only harm that person but also to give a message to that group (Kitzinger, 1996 *cited in* Ahmad, S., & Bhugra, D. (2010)). Perpetrators usually do not have a personal issue or problem with the victims, and perpetrators also often represent a group and have their 'rightfulness' for that hate crimes from that group. Furthermore in many society's 'normal' in other words heteronormative conditions victims are usually seen as just victims and the perpetrators were accused as guilty and blamed. However it has been found yet that in hate crimes towards LGBT individuals, society usually blames the victims namely LGBT oriented people in this context since they usually provoke the heterosexual individuals by holding hands in public, by having fun with their own identities, by just becoming themselves, placing as bad examples to their children etc. and so threatening the norms of society (Lyons, 2006 *cited in* Clarke et al., 2010).

In a study of Herek (2009) gay oriented men were found to be significantly more exposed to anti-gay crime compared to lesbian oriented women. While some of the hate crimes end with physical injuries and

sometimes with death unfortunately, most often they end with psychological trauma. In another study of Herek (1999) demonstrated that LGB oriented individuals who had been hate crime victims in the last 5 years were significantly more likely showing the depression, anxiety, anger and traumatic stress symptoms compared to LGB oriented individuals who had not been exposed to any hate-crime. There is no need to go far away for the examples of those incidents, just a few months ago in Orlando a gay bar was targeted for this kind of hate crime and many homosexual oriented individuals died and many injured. According to the FBI statistics, in USA in 2006, 1415 offences were made to the police due to the sexual orientation.

Until 1970s the psychological studies of LGBT individuals were mainly based on the pathologizing view of lesbian and gay oriented individuals. Transgender individuals were less often chosen as the subjects of studies compared to lesbians and gays, in the limited number of studies they were also evaluated within the pathologizing approach. With the APA's statement expressing that homosexuality is not a mental disorder and DSM's removal of homosexuality from the mental disorders list (1973) issues of attitudes towards LGBT individuals, discrimination and prejudice against them have been started to research by psychology science. So that concepts of homophobia and studies of exploring homophobia went into the interests of psychologists and many scales measuring homophobia, even a few transphobia scales were prepared throughout the time. Until the last few

years almost all of the research on homophobia were made within the North American context (Clarke et al., 2010).

The attitudes of different groups such as students (Acımıř, N. M. & Tekindal, M. A. (2013); Arndt, M., & Bruin, G. D. (2006) ; Basow, S. a, & Johnson, K. (2000); ırakođlu, O. C. (2006); Duyan, V., & Gelbal, S. (2006); Lance, L. M. (2002)), social workers (Berkman, C. S., & Zinberg, G. (1997)), psychiatrists (Ali, N., Erickson, J, & Fleisher, W. (2016)), nurses (Dorsen, C. (2012); Smith, G. B. (1993)) etc. towards LGBT oriented individuals and issues have been studied and also predictors of homophobia and transphobia such as gender (Arndt, M., & Bruin, G. D. (2006) ; ırakođlu, O. C. (2006); Kerns, J. G., & Fine, M. A. (1994); Nagoshi, J. L., Adams, K. A., Terrell, H. K., Hill, E. D., Brzuzy, S., & Nagoshi, C. T. (2008)), personal contact with LGBT individuals (Woodford, M. R., Silverschanz, P., Swank, E., Scherrer, K. S., & Raiz, L. (2012)) etc. have been tried to be identified. For instance homophobic attitudes are found to be more common among men compared to women, more common in individuals having more conservative religious views, having no personal contact with lesbian and gay oriented individuals (D'Augelli, 1989). Also transphobic attitudes were found to be highly correlated with conservative religious and political views (Nagoshi et al., 2008).

Finding the predictor factors of homophobia and transphobia is very important to identify individual groups having those factors and to try to diminish homophobic and transphobic attitudes of these groups via some training or education programs. For example diversity training which is

often given at schools and workplaces aiming to teach the facts about LGB oriented individuals, to give chance of contact with LGB people, and to demonstrate similarities between the discriminated groups because of different causes, for instance LGB people who are prejudiced because of their sexual orientation and other discriminated groups due to their race (Hording & Reel, 2007 *cited in* Clarke et al., 2010).

Transphobia and homophobia seem to be highly correlated with each other (Nagoshi et al., 2008). With a survey of Press for Change Organization in UK with 873 transgender individuals, many of them reported that they have been exposed to verbal harassment, assaults at their workplaces and verbal abuse ([www.pfc.org.uk](http://www.pfc.org.uk)). Also in other study transgender individuals who were in the period of surgery and after surgery of transition were found to be forced to use the restrooms of their natal sex instead of in which sex they felt themselves (Whittle et al., 2007).

### **1.2.2. Social Stress and Mental Health of LGBTQ Individuals**

It is generally known that mental health is interconnected with social stress. Affective disorders, anxiety disorders, substance use disorders etc. have been seen strongly related with social stress (Dahrenwend, 2000 *cited in* Clarke et al., 2010).). Previous studies demonstrated that harassment, bullying and discrimination due to the gender nonconformism of them, may lead transgender oriented individuals to mental health problems like depression, anxiety, drug and alcohol abuse, and violent behavior problems (Meyer, 2003).

Since LGBTQ oriented individuals are exposed to stigmatization in social and daily life such as that they got difficulty in finding job, they cannot wear how they want sometimes, they are seen as they are weirdos etc. LGBTQ individuals are said to be in a highly risky position for mental illnesses.

The sense of not fitting into the community's norms and stigmatization of LGBTQ individuals' lifestyles make them feel isolated and strange thus make them more vulnerable and open to psychological illnesses such as depression, anxiety etc. Recent studies also show this vulnerability via comparing LGB oriented individuals with heterosexual oriented individuals (King et al., 2003) and their heterosexual siblings (Balsam et al., 2005).

An Australian study with a huge sample size of 5476 LGBT oriented individuals demonstrated that the depressive disorders are very prevalent in LGBT people, in numbers 70 per cent of men and 80 per cent of women were found to be having depressive disorders and half of the participants reported that they went to a psychiatrist or a counsellor within the last 5 years (Pitts et al., 2006).

Studies demonstrated that acts of aggression towards lesbian and gay oriented individuals have so damaging effects like suicidal rates of young lesbian and gay oriented people is up to 40 per cent (Adam, Cox & Dunstan, 2004). There is a greater risk of substance use for LGBT oriented individuals compared to heterosexual oriented people according to the

results of on-going research (Hughes et al., 1997; Skinner, 1994). This risk is thought to be in an undeniable relation with the societal approaches towards nonheterosexual oriented individuals. Social stigma onto them may increase this risk via the stress of being a part of usually scorned minority of LGBT community (Kettelhock, 1999) and the stress of having that community's identity and trying to survive within that identity like trying to rent a home, find a job through keeping their identities secret in order not to be harassed or discriminated (Rothblum, 1990). Weston (1991) also emphasized the contribution of lack of support from family and community to this substance, abuse risk. Kus (1998) added that nonheterosexual oriented individuals may not accept themselves easily and instead they may internalize the negative attitudes towards them and negative stereotypes about them in the society. Thus they may trust themselves less and give less worth to themselves within these processes and may need substance use to feel better (Ghindia & Kola, 1996).

When the number of stigmatized identities such as race, socioeconomic status, sexual orientation etc. increase, the probability of living above risks increases too. The dominance of the insulting images of homosexual oriented people in the mass media, for instance transposing lesbians and gays often as perverts, contributes the homophobic attitudes in the society.

The protective effect of feeling belong to a community is found in an Australian study made with gay men demonstrating that becoming a member of a group can diminish and end the isolation feeling and contribute

to the psychological well-being and mental health of gay men (Ellis, 2007a). Environment strongly influence the feelings of an LGBT oriented individual especially about the coming out processes. The facts that being around accepting and supportive people and thus social climate, having homosexual figures around may ease the coming out process of lesbian and gay students, may contribute to their courage of being themselves and to protect from psychological problems (Cohen & Savin-Williams, 1996 ; Evans & Broido, 1999).

Research on the mental health of transgender individuals is rare but the risk of mental health problems seems to be common for them too. The fact that they are usually exposed to double discrimination, the first discrimination coming from the whole society and the second from the LGB oriented community, their vulnerability to mental health problems is said to be more serious. For transgender women of color both racial, sexual and gender based discriminatory events are found to be leading to the development of depressive symptoms (Jefferson et al., 2013).

Furthermore the suicidality rates of LGBT individuals especially youth are found to be significantly higher compared to heterosexual youth population. A study made with 1285 LGB oriented individuals from England and Wales indicated that 31 per cent of these participants tried to kill themselves (Warner et al., 2004). Based on self-report studies the fact that higher prevalence, at least twice more likely, of attempted suicide and self-destructive behaviors among LGBT youth than heterosexual youth is demonstrated by Roberts et al. (2004).

This very high suicidality rates among LGBT youth are found not only in Western contexts but also in non-Western contexts like Japan (Kuang et al., 2003 *cited in* Clarke et al, 2010).

#### **1.2.2.1. Mental Health Professionals' Attitudes towards LGBTQ Issues and Individuals**

Hence LGBTQ individuals are at higher risk for developing mental health problems due to social stress, they may need psychological support more. Depression, anxiety and relationship problems are often presented as the main reasons for seeking psychological help by LGBTQ oriented individuals. Transgender individuals may need professional psychological help not only because of the discrimination, harassment etc. but also for grasping their gender identities, probably conflicted situation and feelings about this, to learn the ways of expressing their felt gender and for arranging their social relations that may be influenced by their gender identities.

It has been found that LBT oriented women are more open to get support than GBT men, more than 70 per cent of LBQ women reported that they have accessed a service of either counselling or psychotherapy. However men reported not receiving any psychotherapy as outpatients but inpatient experience of hospitalization in psychiatry service before they are 18 years old (Balsam et al., 2005).

Since mental health support systems are more frequently used by LGBTQ oriented individuals, the atmosphere of the psychotherapy or

counselling, the attitudes of the counsellor, psychotherapist and/or psychiatrist take great importance. While most of the LGBTQ oriented individuals' world is already full with prejudices, discrimination and thus social stress, it is utmostly important that the psychological services environment should not pave any way to another prejudice and stress at least via dominance of the pathologizing view and heteronormative approach. Study of Ali et al. (2016) conducted with psychiatrists and psychiatry residents demonstrated that psychiatrists and psychiatry residents have less negative attitudes towards transgender individuals compared to university students.

Hence the societal stigma is so intense on nonheterosexual oriented individuals and risks coming with that stigma are really serious, nonheterosexual oriented clients may need more accepting and tolerant treatment atmosphere compared to general population. If counselors do not succeed to point these troubles and risks, societal mechanisms of discrimination like homophobia, transphobia, racism etc., they may make clients feel unperceived, alone and guilty and the treatment process may contribute to the maintenance of the oppressive system contrary to its' goal.

There is very limited research examining the attitudes of treatment counselors towards nonheterosexual oriented individuals. Hellman et al. (1989) studied with the college degree counsellors of New York City and found that 71 per cent of the counsellors have had little or no specific training about homosexual oriented people. Israelstam (1988) also studied

with treatment counsellors and one-third of the counsellors stated that they would not be comfortable while working with homosexual oriented clients.

Treatment counselors' attitudes may have utmost importance in the recovery processes of their nonheterosexual oriented clients (Bell et al., 1997). Despite the fact that all nonheterosexual individuals are different from each other and are unique as all individuals are, there are also shared characteristics of them which can influence the effectiveness of the counselling process such as the societal stigma onto nonheterosexual individuals, need of acknowledgement and acceptance of their sexual orientations and gender identities.

In a survey study of Emily Page (2004) 217 bisexual men and women evaluated their psychological support experiences not positively and stated that they felt themselves namely their identities not validated and also pathologized. Moreover they expressed the lack of knowledge of professionals about bisexual issues. In a questionnaire study Malley and Tasker (2007) asked 637 LGT oriented individuals from London that their expectations from psychotherapy and the psychotherapist. What they expect are found as understanding and listening of the therapist, the knowledge of therapist about sexual identity issues, valuing of their sexual identities and not seeing those identities as negative factors in their reasons for psychological support as if their sexual orientation changes their problems will disappear.

### **1.3.Relationship between the Attitudes and Predictor Variables**

Despite the fact that many studies have researched and explored the predicting variables of the attitudes towards homosexual oriented individuals, this issue should be frequently reevaluated due to the frequently changing social atmosphere and dynamics. To be able to grasp the homophobic attitudes and discrimination towards sexual minority groups, both individual-based and society-based dynamics and differences of the people should be examined. Some certain heterosexual group differences on the attitudes towards homosexual oriented individuals have been studied and found by the researchers (Herek, 2000).

Studies conducted with both the general population and university students gave the similar results of that attitudes towards homosexual oriented individuals are mostly negative.

Herek (1995) demonstrated campuses as the prejudicial and discriminative environments for the homosexuals and found negative attitudes towards them in campuses. Evans and D'Augelli (1996) showed the campus environment's hostility and unwelcoming atmosphere for the homosexual oriented people. Wong, Mc Creary, Carpenter, Engle and Korchynsky (1999) found that the heterosexual oriented students in the campuses have negative attitudes towards homosexual oriented individuals.

According to Herek (1996) age and education can also be factors that affect the attitudes towards homosexual oriented individuals. Earlier research has indicated that educational access has significantly influenced the homophobia levels like that the higher education level the

more positive attitudes towards homosexual oriented individuals (Smith, 1998). Since younger individuals have grown up in a more tolerant world environment for nonheterosexual oriented individuals and have more chance to reach education, younger people who attained education more are probably have more positive attitudes towards sexual minorities (Herdt, 2001). Kurdek (1988) studied with undergraduate college students whose ages varied between 18 and 40 and found that the younger the participants the more negative the attitudes towards homosexuals. The effect of education is found to be an important factor in attitudes in a way that the less education leading more negative attitudes (Price & Hsu, 1992; Bowman, 1979).

Previous and on-going research has demonstrated that gender is an important variable in predicting the attitudes of heterosexual oriented people towards homosexual oriented people. It has been found that heterosexual males have more negative attitudes towards gay men and lesbian women than heterosexual females. Studies have also repeatedly demonstrated that females usually have more positive attitudes towards homosexuals than males. (Herek, 1988; Lottes & Kuriloff, 1992). Wellings, Field, Johnson and Wadsworth (1994) also observed the similar result of that heterosexual men having more prevalent negative attitudes towards homosexuals compared to heterosexual women. Existing research proposes that individuals having more negative attitudes towards homosexual oriented individuals are mostly male, less educated specifically having less than college education, believe in religion conservatively and have very

limited or no contact with homosexual oriented individuals (Eliason, 1995; Herek & Glunt, 1993). Price (1982) demonstrated that men have more negative attitudes towards homosexuality than women. However in that study it is found that both men and women had an agreement on one of the items of the surveys saying that 'homosexuality is unnatural'.

Besides Herek and Capitanio (1999) indicated persistent inclination of male students for showing more hostile attitudes against homosexual students when comparing with female heterosexual students. Schieman (1998) studied with a university sample and found that heterosexual male students preferred significantly more social distance between themselves and gay male students and had more negative attitudes towards gay oriented males than lesbian oriented female students. Herek (1988) also proposed that heterosexual males stating more negative attitudes towards gay oriented males compared to lesbian oriented females and heterosexual females hold more negative attitudes towards lesbian oriented females compared to gay oriented males.

When antigay attitudes are tried to be examined through just individual differences, results can be confusing. While some studies demonstrates that younger people have more accepting attitudes towards homosexual oriented individuals (Pew Research Center, 2006), some other studies indicates the other way around and says that younger individuals have more homophobic attitudes compared to older people (Johnson, Brems & Alford-Keating, 1997).

Values of society especially religion based values are said to be determining factors of norms, normal and abnormal stereotypes and thus attitudes of society. Under these circumstances negative and homophobic attitudes can be thought as the products of the religion-based societal values (Gray, Kraner, Minick, McGehee, Thomas & Greiner, 1996). Earlier research has observed that people who are believing in religion more, attend religious places such as church more often, and believe in that religion in more conservative ways have more negative attitudes towards homosexuality (Kunkel & Temple, 1992 ; Herek & Glunt, 1993). Heterosexual oriented students with strong religious beliefs were found to be showing less positive attitudes towards homosexual oriented individuals.

Previous research showed that higher levels of religiosity are in a strong correlational relationship with negative attitudes towards homosexual oriented people (Schulte & Battle, 2004 ; Schakelford & Besser, 2007). Herek (1994) also proposed that which religion one believes does not matter in the development of negative attitudes towards homosexual oriented individuals. Rather, just believing in a religion and being a heterosexual religious person increase the likelihood of negative attitudes towards nonheterosexual oriented people compared to nonreligious heterosexual people.

Prior experience and contact with homosexual oriented individuals is also one of the strong predictors of attitudes towards them. It is consistently found in the studies that if contact with homosexual oriented people increases, homophobic attitudes decrease (Herek, 1993). Herek and

Capitanio (1996) reached the finding that heterosexual oriented individuals who had a contact with homosexual oriented individuals stated significantly more accepting attitudes towards homosexual oriented people compared to heterosexuals who had no contact. Moreover Herek and Glunt (1993) found less negative attitudes of heterosexual individuals who had a homosexual oriented relative, friend or acquaintance and proposed the interpersonal relationship as the most predicting variable of the attitudes towards gay men compared to other demographic variables such as gender, age etc. Those findings about the relationship between personal contact and attitudes can be evaluated within the social bonding theory expressing that the more contact and bonds develop between people, the more accepting attitudes will arise (Hirschi, 1993 ; Akers, 1994).

Research has indicated that having an acquaintanceship with transgender individuals is important in changing the attitudes and perceptions about transgenderism (Allport, 2000). Education of heterosexual oriented individuals about the identities of homosexual oriented individuals and having personal contact with them may be effective in reducing homonegativistic attitudes and behaviors. Personal contact with a transgender individual may also said to be important in increasing the positive attitudes (Hill & Willoughby, 2005).

Herek and Norton (2013) found in their studies of examining the attitudes of national probability sample of US adults towards transgender individuals men have more negative attitudes than women. Also transgender individuals were found as less favorable than lesbian, gay and bisexual

oriented individuals. This study also showed that religiosity and lack of personal contact with transgender individuals are the predictor factors of negative attitudes.

Among Turkish university students it is found that male students hold more negative attitudes towards gay oriented males compared to lesbian oriented females. Also male students have more negative attitudes than female students. Religiosity is found to be one of the predictors of negative attitudes of these students (Saraç, L, 2014).

Çirakoğlu (2006) found that the most negative attitudes are shown to the label of gay. Gender's effect of that men have more negative views than women about homosexuality has been found too, consistently with the literature. Turkish students who had previous contact with homosexual oriented individuals were found to be holding more positive attitudes towards them.

Herek and Norton (2013) found in their studies of examining the attitudes of national probability sample of US adults towards transgender individuals men have more negative attitudes than women. Also transgender individuals were found as less favorable than lesbian, gay and bisexual oriented individuals. This study also showed that religiosity and lack of personal contact with transgender individuals are the predictor factors of negative attitudes.

Akıllı et al. (2014) studied an examination of the gender role beliefs of academicians of Nevşehir Hacı Bektaş Veli University in Turkey

and found that more than half (58.1%) of the academicians evaluated homosexual orientation as a disease needs to be treated. They also observed that the male academicians' more negative attitudes towards gender nonconformity than female academicians.

Duyan and Gelbal (2006) studied with the university students in Turkey to research the attitudes of them towards lesbian and gay oriented individuals. What they found were consistent with the existing literature showing that gender differences, interpersonal contact and religiosity have determining effects on the attitudes. They also demonstrated that liberal opinions about premarital relations between couples and active sex life correlates positively with the more positive and tolerating attitudes towards homosexual oriented individuals.

Sakallı (2002) also studied with Turkish university students on their attitudes toward homosexuality and found that male students hold more negative attitudes than female students and personal contact affecting their attitudes. Besides the fact that having sexist attitudes and being more traditional and/or conservative were found to be determining factors in the negative attitudes.

Eliason (2000) studied with treatment counsellors in Iowa which is thought as a rural area and reported that almost all of the counsellors are not educated and lack knowledge about LGBT issues, legal and family matters and individuals, and almost half of them have negative attitudes towards these individuals. It is observed that the most of the negative

attitudes were towards transgender clients. While 56 per cent of the participants expressed negativity towards transgender individuals, 36 per cent stated negative attitudes towards gay oriented males and 32 per cent stated negative attitudes towards lesbians. This study of Eliason is said to be contributing the common idea of that people in rural areas may have more negative attitudes towards LGBT oriented individuals compared to urban areas.

Eliason and Hughes (2004) hypothesized that since urban counsellors are expected to be more educated on LGBT issues and more aware of LGBT oriented individuals' problems, it is also expected that they hold more positive attitudes towards nonheterosexual oriented individuals compared to rural counsellors. According to the results of this study it is found that urban counsellors' educational resources on LGBT issues are better than rural counsellors, urban counsellors have worked with nonheterosexual oriented individuals more often than rural counsellors. When their attitudes towards LGBT oriented clients were compared, although the result is not significant statistically, urban counsellors were found to have more negative attitudes than rural counsellors contrary to what is expected. Also attitudes of both rural and urban counsellors towards transgender oriented individuals were found to be more negative than attitudes towards lesbians and gay men.

#### **1.4.Social Desirability Factor and Attitude Research**

The concept of social desirability has been emerged in the psychology science for more than 50 years with the suspect of that

participants of the studies such as surveys, interviews etc. may not express the truth completely. It was observed that individuals consistently distort the reality to be able to present themselves positively.

The term of social desirability can be defined as the tendency of individuals present themselves socially acceptable and desirable instead of reflecting their actual opinions and informations about them while answering especially self-report measures (Ellingson, Smith & Sackett, 2001 *cited in* Akin, A., 2010). Many studies have demonstrated that individuals have given wrong and distorted information about themselves especially in personality tests (Hough, 1998). It can be said that these self-report informations, which are wrong, distorted and more positive than the reality itself, harm the reliability of psychological theories and studies developed through these informations.

Importance of social desirability factor should be thought in the attitude studies because of the fact that people tend to portray themselves in more accordance with the society's norms to be more accepted socially (Crowne & Marlowe, 1960). This tendency may prevent individuals showing their actual maybe unapproved opinions and attitudes.

Social desirability inclination is found to be more in higher educated individuals due to the fact that they might be more aware about the societal norms and which answers are more appropriate for those norms (Kryson, 1998 *cited in* Akin, 2010).

Social desirability concept has also been thought as a personality trait rather than a way of expression and answering by some researchers (Pauls & Stemmler, 2003 *cited in* Akin, 2010). Pauls and Stemmler (2003) argue that this tendency is placed in the personalities of individuals permanently and consistently. According to another researcher who supported this idea, social desirability is the constant preoccupation of some individuals apart from the time and situation (Wiggins, 1973 *cited in* Akin, 2010).

Edwards (1957) also proposed this tendency as a part of personality and demonstrated that even when the answering individuals namely subjects are kept anonymous, social desirability effect shows itself in the results significantly. It is also known that people are proponed to perform themselves bodily and verbally even when there are no relative but stranger people around them to get a positive social image. Within the light of this fact, it can be said that management of impression namely how they look, how they are evaluated by others is very important for individuals even when they are not recognized by anybody around.

Many cross cultural studies demonstrated that the social desirability tendency is a universal tendency among individuals. Studies conducted with different national groups such as Turkish and American students (Türk Smith et al., 1993), Italian and French participants (Gendre & Gough, 1982), Japanese people (Iwawaki et al., 1966) have found similar levels of social desirability tendencies of participants (Johnson, T. P. & VanDeVijver, F. J. R. *cited in* Akin, 2010).

## **1.5.Current Study**

### **1.5.1. Aim of the Study**

It is so apparent that negative attitudes towards homosexual and transgender oriented individuals and their issues are prevalent in the general population of Turkey. These negative attitudes faced by LGBT oriented individuals are in a variety of forms of from verbal attacks to murders and hate crimes unfortunately (Göregenli, M., 2014). Since these discriminations and stereotypings may lead LGBT oriented individuals having more psychological problems (Meyer, I. H., 2003) such as higher depression probability, suicidality (Safren, S. A.; Heimberg, R.G., 1999) compared to heterosexual individuals, also they may have difficult processes in their identity development (Cain, R., 1991), coming out periods (Hershberger, S.L, 2003) and they may be in the need of psychological support services more. In this manner psychologists' attitudes toward these people and their issues take an important place for both effectively and ethically counselling them and even it is a minor step but not be undervalued for a societal change.

In Turkey while there have been studies that examine the attitudes of academicians (Kahraman.,L. & Kahraman, A.B., 2014), physical education teachers (Sarac, L., 2012), health care providers including nurses, physicians, caregivers, resident physicians (Akhanlı, L.U., & Barlas, G.Ü., 2013), nursing students (Akın,S., Durna,Z, Mendi,B. & Mendi, O, 2013), there is no research looking for the attitudes of the psychologists toward nonheterosexual oriented people. Especially

transphobia topic is said to be a very new topic both in worldwide and Turkey and little is known for now.

In the light of the literature some personal and professional variables were found to be predictive of the positive and negative attitudes both towards homosexual and transgender oriented individuals. Personal variables such as, gender was found to be predictive in the way that men having more negative attitudes than women (Çirakoğlu, C. O., 2006), contact with LGBT oriented people personally had a significant difference on the attitudes as the contact leading more positive attitudes (Çirakoğlu, C. O., 2006), religiosity level that the more religious the people the more negative attitudes they have (Sarac, L., 2012). Also in this study place lived longest and today, education level of parents, self-therapy experience will be investigated to examine whether they have a predictive value or not. Professional variables which include education level, area of expertise, supervision possibilities, contact with nonheterosexual oriented people and issues professionally, years of experience in the profession, workplace, and theoretical orientation will also be looked for.

As APA's Ethics Code (1992) points out that there is an unfortunate difference between how psychologists should approach sexual orientation and gender identity issues and how they do in practice (Fox, 1996 & Nystrom, 1997). Hence psychologists' awareness of their own belief systems, values, needs through self-psychotherapy experiences, current informations on sexual orientations and gender identity issues (Pilkington & Cantor, 1996), training, experience, consultation or

supervision possibilities, and limitations are said to be critical and worth to examine in their attitudes.

The very first aim of this study is to draw attention in the literature to the attitudes of heterosexual oriented psychologists living in Turkey towards homosexual and transsexual people. Since growing up homosexual or transsexual and developing a homosexual or transgender identity are intensely hard in the heterosexist and conservative culture of Turkey, it is much more possible that LGBT oriented people need psychological services to overcome the negative effects of these difficulties such as social isolation, internalized homophobia and transphobia etc. in their lives. In the light of a comprehensive literature, it can be seen that LGBT oriented people having more psychological difficulties compared to heterosexual people due to discriminations faced in family, friends, and society during their lives from coming out periods to themselves and their relatives to business life years. When all these difficulties, that are written above as examples and that are not mentioned here, are taken into account very carefully, it is highly important for LGBT oriented people reaching psychological services without any heterosexist bias.

Also the relations between attitudes of psychologists towards homosexuality and transgenderism and psychologists' personal and professional characteristics will be studied. By delving into these characteristics, variables affecting the positive and negative attitudes will be examined. Through this examination, ways of enriching nonheterosexist and affirmative psychological services for LGBT oriented people can be

obtained and educational and clinical implications can be made for the psychologists.

The main objective of this study is investigating the attitudes of heterosexual psychologists in Turkey towards homosexual and transgender people and issues and compare those attitudes with each other. Although there is a comprehensive literature about the attitudes of university students, psychiatrists, nursing students, nurses, social workers, social work students even dental students towards homosexual people, there is no research investigating the attitudes of psychologists of Turkey toward homosexual people. In the studies up to today made with Turkey citizens, transgenderism issue including attitudes toward them from anybody are almost invisible and seem to be not given any special attention.

In addition to these objectives, the examination of the possible personal and professional predictors of these attitudes both towards homosexuality and transgenderism will be included in the study. While personal variables contain age, gender identity, sexual orientation, the place lived longest, contact with LGBT oriented people personally, religiosity level, education level of parents, self-therapy experience ; professional variables include education level, area of expertise, contact with LGBT oriented individuals and issues professionally, supervision possibilities, years of experience in the profession, workplace, and theoretical orientation.

Since social desirability tendency of individuals can lead biased responses and results in survey studies especially while participants share

personal information like their attitudes, the relationship between social desirability levels and attitudes towards homosexual oriented and transgender individuals will also be examined in this study.

### **1.5.2. Hypotheses**

**Hypothesis 1:** Since heterosexual psychologists of Turkey have lived in the heterosexist social atmosphere of Turkey starting from families to schools they are expected to have negative attitudes towards homosexual oriented individuals.

a) Hence two measurement scales of homophobia were used to assess attitudes, both homophobia scales should give similar results. While in Hudson Ricketts Homophobia Scale higher scores mean more negative attitudes, in the scale of Attitudes toward Lesbians and Gays higher scores mean more positive attitudes. That's why a significant negative correlation is expected between the scales.

**Hypothesis 2:** Due to the heterosexual psychologists have grown up in Turkey which has a heteronormative social climate and culture, participants are expected to have negative attitudes towards transgender individuals.

a) Because attitudes of psychologists towards transgenderism and transgender individuals were assessed by two measurement scales separately, results of these scales should indicate the similar meanings. While in the scale of Attitudes towards Transgender Individuals higher scores mean the more positive attitudes, in the other scale of Transphobia

higher scores show more negative attitudes. So that a significant negative correlation between these scales is expected.

**Hypothesis 3:** Since transphobic and homophobic attitudes are found to be related with each other in existing literature, attitudes towards homosexual oriented individuals and issues and transgender individuals and issues should be in a positive correlation with each other. However it is also found that transgender individuals are more discriminated than homosexual oriented individuals according to many studies, it is expected that transphobia levels of participants should be higher than homophobia levels.

**Hypothesis 4:** Social desirability tendency of individuals were found to be significantly effective on self-report survey answers to portray themselves more socially normative and thus favorable. Hence psychologists participating in the study are participants of communities, first the general Turkey community and also psychologists community, they may want present themselves more favorable to these communities and they may not express their true opinions in the study. With this idea heterosexual psychologist participants of this study are expected to have high levels of social desirability scores.

a) Social desirability levels of participants should positively correlate with the positive attitudes towards homosexual oriented individuals and issues.

b) Social desirability levels of participants should be in positive correlation with the positive attitudes towards transgender individuals and issues.

**Hypothesis 5:** Within the light of existing literature, some variables are found to be predictive of the negative attitudes towards homosexual oriented individuals and issues.

a) Gender of the participants have been found to be effective in the negative attitudes towards homosexuality. Men are generally found to have more negative attitudes than women, even the studies are conducted with various samples having different backgrounds and professions effect of gender is said to be remained consistent. In this study it is expected that women psychologists have more positive attitudes towards homosexual oriented individuals and issues.

b) Religiosity of the participants namely believing one of the monotheistic religions was found to be predictive of negative attitudes towards homosexual orientation of individuals in previous studies. It is also known that Islam religion forbid the homosexual relations, and since Islam is the most frequently believed religion in Turkey in this study it is hypothesized that participants believing in a monotheistic religion have negative attitudes towards homosexual oriented individuals.

c) Personal contact with homosexual oriented individuals is found to be significantly effective in the attitudes towards them like that the more contact the less negative attitudes in the existing literature. Similar results and relations between personal contact and attitudes towards LGBT oriented individuals are expected in this study too.

d) Education levels are found to be effecting the attitudes towards homosexual oriented individuals and demonstrating that the higher the

educational qualifications the more positive the attitudes in general. In this study psychologists' education levels varies between undergraduate level to doctorate level. In this study it is also expected that the more educated the psychologists the more positive attitudes towards LGBT oriented individuals they have.

e) Previous research has consistently found that individuals who have education on homosexual oriented individuals and issues are found to have more positive attitudes than individuals who don't have any education about homosexual oriented individuals. In this study psychologists who are more educated on homosexual oriented and transgender individuals and issues are expected to have less negative attitudes compared to psychologists who do not have any education about homosexual oriented individuals and issues.

f) It has been found by earlier studies that individuals who are younger have more positive attitudes towards LGBT oriented individuals and issues since they have grown up in a more tolerant and open world. It is also expected in this study that younger psychologists have more positive attitudes towards homosexual and transgender oriented individuals than older psychologists.

g) Previous research has showed that individuals having more liberal opinions about pre-marital relationships have more positive attitudes towards LGBT oriented individuals. It is expected in this study that psychologists whose marital status are 'living together' have more positive attitudes towards LGBT oriented individuals.

**h)** Existing literature showed that individuals who have had much more years of experience in urban places in which there are more chances of education and personal contact with LGBT oriented individuals hold more positive attitudes. In this study it is hypothesized that psychologists who have lived more in urban cities hold more positive attitudes compared to psychologists who have lived more in rural places.

**i)** Since general education level and reaching the educational possibilities are found related to the development of attitudes, education levels of parents can be thought as important too due to the fact that interaction with well-educated parents can increase the chances of children having more education. That's way psychologists whose parents' education levels are higher are expected to have more positive attitudes towards LGBT oriented individuals and issues.

**j)** Affirmative guidelines of APA advised to psychologists to know themselves, their sexual desires and orientations and to improve themselves in psychotherapeutic skills more for a gay-affirmative therapeutic study. Since self-therapy experience and supervision possibilities are the effective tools for self-awareness and self-improvement, psychologists who have self-therapy experience and/or supervision possibilities are expected to have more positive attitudes towards LGBT oriented individuals.

**k)** Psychologists who have more years of experience in the profession are expected to have more positive attitudes than the less experienced psychologists hence they may have more chances of education, self-therapy,

supervision possibilities and professional contact with LGBT oriented individuals.

D) Variables of theoretical orientation, working place and population of psychologists were thought to be possibly related to the attitudes of psychologists and will also be explored in this study.

**Hypothesis 6:** Transgender individuals are exposed to negative attitudes not only by heterosexual oriented individuals but also by homosexual and bisexual oriented individuals hence they do not fit into the homosexual oriented individuals' community, which is termed as double discrimination. In this study a small group of homosexual and bisexual oriented psychologists are expected to have negative attitudes towards transgender individuals and issues.

## **2. Method**

### **2.1.Participants**

The participants of this study were individuals meeting the conditions of being a psychologist, via graduating a 4 year bachelors' degree psychology department or working in the field with some psychology certificate educations or master programs, who work and live in Turkey and who define themselves as heterosexual. Namely heterosexual psychologists who work and live in Turkey were called for the research.

In total 238 psychologists attended and completed the study voluntarily however 20 of them were excluded from the statistical analysis since 19 of them were homosexual and/or bisexual and 1 of them doesn't live in Turkey. To sum up remaining 214 participants (191 female, 23

male), mostly living in İstanbul (n=148) and borned in İstanbul (n=89) constituted the final sample. Nearly all of the participants (96.7%) stated that they have lived most of their lives in urban areas and 7 participants have lived in rural areas.

Their ages vary between 22 to 53 years ( $M=28.01$ ,  $SD=5.04$ ) and the professional experience duration of the participants ranges in a positive correlation with their ages. 16 of them had no experience of working yet, and 28 of participants have worked in the field for more than 10 years. While 51 per cent of the participants had an undergraduate degree, others had graduate degrees of masters and doctorate. While 53.3 per cent of them stated that they had specific education about the psychological states of the homosexual individuals and 42.1 per cent of the participants expressed that they took special education about transgendered individuals during their whole schooling periods. Their personal and professional acquaintanceship and familiarity with homosexual and transgendered individuals are seemed to differ from each other like that they have more contact with homosexual individuals than transgendered individuals. Whilst 64 per cent of participants have had personal relationship with homosexual individuals only 12.1 per cent have contact with transgendered individuals. On the professional contact side whereas 49.5 per cent is familiar with homosexual individuals, only 12.6 per cent of the participants is familiar with transgendered individuals.

Almost half of the participants defined themselves as clinical psychologists (49.1%), 29.4 per cent of the participants defined themselves

as only psychologists. 44.9 per cent of the psychologists had the cognitive behaviorist approach and 30.4 percent supported the psychodynamic view. More than half of the psychologists (53.3%) expressed that they have had their own psychotherapy experience and 43.9 per cent of them expressed that they have taken supervision sessions about their practice. Their workplaces range widely from special psychotherapy centers (n=56) to universities (n=22), government hospitals (n=14), special education and rehabilitation services (n=21) and the rest of the workplaces of schools, private hospitals etc. 58.4 per cent of the participants stated that they are consulting to adults.

Table 1 represents the detailed information about the participants.

*Table 1*

Sociodemographic, Personal and Professional Information of All Participants

		<i>Count</i>	<i>%</i>
<b>Sexual orientation</b>	<b>Heterosexual</b>	218	92.0%
	<b>Non-Heterosexuall</b>	19	8.0%
<b>Gender</b>	<b>Women</b>	207	87.3%
	<b>Men</b>	30	12.7%
<b>The place lived most</b>	<b>Urban</b>	230	97.0%
	<b>Rural</b>	7	3.0%
<b>Marital status</b>	<b>Single</b>	151	63.7%
	<b>Living together</b>	27	11.4%
	<b>Married</b>	59	24.9%
<b>Education degree</b>	<b>Bachelors</b>	121	51.1%
	<b>Masters</b>	104	43.9%
	<b>Doctorate</b>	12	5.1%
<b>Area of expertise</b>	<b>Psychology</b>	68	28.7%
	<b>Developmental psychology</b>	17	7.2%

	<b>Clinical psychology</b>	118	49.8%
	<b>Neuropsychology</b>	5	2.1%
	<b>Industrial Psychology</b>	0	0.0%
	<b>Criminal Psychology</b>	5	2.1%
	<b>Social Psychology</b>	4	1.7%
	<b>Education Psychology</b>	6	2.5%
	<b>Counselling teacher</b>	14	5.9%
<b>Years of experience</b>	<b>No experience</b>	16	6.8%
	<b>Less than 1 year</b>	63	26.6%
	<b>1-5 years</b>	102	43.0%
	<b>6-10 years</b>	25	10.5%
	<b>More than 10 years</b>	31	13.1%
<b>Self-therapy experience</b>	<b>Yes</b>	129	54.4%
	<b>No</b>	108	45.6%
<b>Mother's education</b>	<b>Primary school</b>	60	25.3%
	<b>Secondary school</b>	29	12.2%
	<b>High school</b>	78	32.9%
	<b>Bachelors</b>	55	23.2%
	<b>Masters</b>	15	6.3%
<b>Father's education</b>	<b>Primary school</b>	34	14.3%
	<b>Secondary school</b>	28	11.8%
	<b>High school</b>	65	27.4%
	<b>Bachelors</b>	94	39.7%
	<b>Masters</b>	16	6.8%
<b>Religion</b>	<b>No religion</b>	80	33.8%
	<b>Monotheistic</b>	139	58.6%
	<b>Nonmonotheistic</b>	18	7.6%
<b>Personal contact with homosexual individuals</b>	<b>Yes</b>	157	66.2%
	<b>No</b>	80	33.8%
<b>Personal contact with transgender individuals</b>	<b>Yes</b>	32	13.5%
	<b>No</b>	205	86.5%
<b>Supervision</b>	<b>Yes</b>	107	45.1%
	<b>No</b>	130	54.9%
<b>Theoretical orientation?</b>	<b>No</b>	206	86.9%
<b>Psychoanalytic</b>	<b>Yes</b>	31	13.1%
<b>Psychodynamic</b>	<b>No</b>	166	70.0%
	<b>Yes</b>	71	30.0%

<b>Experiential</b>	<b>No</b>	226	95.4%
	<b>Yes</b>	11	4.6%
<b>Cognitive-behaviorist</b>	<b>No</b>	132	55.7%
	<b>Yes</b>	105	44.3%
<b>Behaviorist</b>	<b>No</b>	225	94.9%
	<b>Yes</b>	12	5.1%
<b>Gestalt</b>	<b>No</b>	231	97.5%
	<b>Yes</b>	6	2.5%
<b>Eclectic</b>	<b>No</b>	205	86.5%
	<b>Yes</b>	32	13.5%
<b>Integrative</b>	<b>No</b>	229	96.6%
	<b>Yes</b>	8	3.4%
<b>Existential</b>	<b>No</b>	222	93.7%
	<b>Yes</b>	15	6.3%
<b>Humanistic</b>	<b>No</b>	222	93.7%
	<b>Yes</b>	15	6.3%
<b>Others</b>	<b>No</b>	221	93.6%
	<b>Yes</b>	15	6.4%
<b>Working Population? Child- adolescence</b>	<b>No</b>	129	54.4%
	<b>Yes</b>	108	45.6%
<b>Adult</b>	<b>No</b>	96	40.5%
	<b>Yes</b>	141	59.5%
<b>Couple</b>	<b>No</b>	220	92.8%
	<b>Yes</b>	17	7.2%
<b>Family</b>	<b>No</b>	198	83.5%
	<b>Yes</b>	39	16.5%
<b>Group</b>	<b>No</b>	232	97.9%
	<b>Yes</b>	5	2.1%
<b>Geriatric</b>	<b>No</b>	236	99.6%
	<b>Yes</b>	1	0.4%
<b>Specific education on Homosexuality</b>	<b>Yes</b>	130	54.9%
	<b>No</b>	107	45.1%
<b>Level of specific education</b>	<b>None</b>	102	43.0%
	<b>Less</b>	45	19.0%
	<b>Some</b>	68	28.7%
	<b>Much</b>	22	9.3%
<b>Specific education on Transgenderism</b>	<b>Yes</b>	102	43.0%
	<b>No</b>	135	57.0%
<b>Level of specific education</b>	<b>None</b>	133	56.1%

<b>Less</b>	41	17.3%
<b>Some</b>	48	20.3%
<b>Much</b>	15	6.3%

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65 per cent of the participants were single and the remaining 25.2 and 9.8 per cent were married and 'living together' respectively. While 129 psychologists defined themselves as Muslim, 65 of them self-defined as not believing in any religion, only 2 of them as Christian, none Jewish and Budist and 18 of them as believing in other religions.

## **2.2. Instruments**

### **2.2.1. Demographic Information Form**

The demographic information form consists of the both personal and professional questions.

Personal questions were asking for participants' age, sexual orientation, gender, where they born, where they lived most of their lives, where they live now, marital status, religiosity, education status, their parents' education levels, whether they have any personal closeness with homosexual and/or transgender individuals or not and the level of those closeness.

Professional questions were including the area of expertise, professional time of experience, self-therapy experience, working place, supervision possibilities, theoretical orientation, population group of counselling, whether they have any professional-based contact with homosexual and transgender individual or not and whether they have any

training about mental health of the homosexual and transgendered individuals or not and the level of knowledge.

The form is presented in Appendix A.

### **2.2.2. Two-dimensional Social Desirability Scale (SIÖ)**

Two-dimensional Social Desirability Scale is a self-report measure developed by Ahmet Akın (2010) in Turkish to assess individuals' tendency of showing themselves and their own opinions acceptable, and socially desirable instead of showing their true selves and opinions. The scale has 2 subscales inside as impression control and self-deception consistent with the view some of the researchers (Crowne & Marlowe, 1960; Sackheim & Gur, 1978; Paulhus 1984) supporting that people not only have tendency to deceive others by controlling their impressions and trying to give a good impression but also to deceive themselves to feel more content of themselves by perceiving themselves more skilled than they actually are. The scale comprises of 29 items, 16 for impression control and 13 for self-deception and answered on a 5-point Likert-scale in which '1' represents 'totally disagree' and '5' represents 'totally agree'. The subscales have high levels of internal reliability evidenced by Cronbach's alpha levels of ( $\alpha = .96$ ) for impression control and ( $\alpha = .95$ ) for self-deception. Higher scores on this scale represents that one's social desirability level is increased.

The scale is presented in Appendix C.

### **2.2.3. Hudson & Ricketts Homophobia Scale (HRHS)**

HRHS is a measure based on self-report answers developed by Hudson and Ricketts (1980) to evaluate individuals' homophobia levels which is defined as one's discomfort while contacting with gay and lesbian individuals. The original scale includes 25 items answered on a 6-point Likert-scale in which '1' represents 'totally disagree' and '6' represents 'totally agree'. The original scale has a high level of internal reliability evidenced by alpha level of ( $\alpha = .94$ ). Sakallı and Uğurlu (2001) adapted the HRHS into Turkish. The Turkish version consists of 24 questions with a high level of internal reliability evidenced by Cronbach's alpha level of ( $\alpha = .95$ ).

The Turkish version of the scale is presented in Appendix D.

#### **2.2.4. The Attitudes Toward Lesbians and Gay Men Scale - The Revised Short Version #1 (ATLG)**

ATLG is a self-report measure developed by Herek (1998) to assess one's attitudes toward lesbians and gay men. The scale consists of 10 items answered on a 5 point Likert-scale in which '1' constitutes for 'totally disagree' and '5' constitutes for 'totally agree'. ATLG also provides a comparison possibility between one's attitudes toward gay men and lesbians. The scale has 5 items asking about lesbians (ATLG Lesbian) and 5 about gay men (ATLG Gay) equally. Gelbal and Duyan (2013) adapted this scale into Turkish. The Turkish version has the same qualities only except by language. The scale has a high level of internal reliability evidenced by Cronbach's alpha level of ( $\alpha = .91$ ). Higher scores on this scale indicate more positive attitudes towards homosexual individuals.

The Turkish version of the scale is presented in Appendix E.

### **2.2.5. Attitudes Towards Transgendered Individuals Scale (ATTIS)**

ATTIS is a self-report scale consisting of 20 items to assess individuals' attitudes toward transgendered individuals. The original scale was developed by Walch and colleagues (2012) and answered on a 5 point Likert-scale in which '1' indicating 'strongly agree' and '5' indicating 'strongly disagree'. The scale has a high value of internal reliability as evidenced by Cronbach's alpha level of ( $\alpha = .96$ ). The Turkish version of this scale is prepared for this study with double translation method and tested with a pilot study of 20 individuals who knows both languages English and Turkish in advanced levels. Based on the pilot analysis a strong positive correlation was seen between the scores of original scale and the translated one ( $r_s=.775$ ,  $p<.01$ ), and test- retest scores that were obtained 2 weeks apart was found strongly positively correlated ( $r_s=.997$ ,  $p<.01$ ).

Higher scores on ATTIS demonstrates more tolerant attitudes towards transgender individuals.

The Turkish version of the scale is presented in Appendix F.

### **2.2.6. Transphobia Scale (TS)**

TS is a self-report scale developed by Nagoshi and colleagues (2008) comprises of 9 items to evaluate individuals' level of transphobia which is conceptualized as the perceived discomfort while one has in a contact with transgender individuals (Hill & Willoughby, 2005). The scale

is a 7 point Likert-scale where '1' constitutes for 'completely disagree' and '7' constitutes for 'completely agree'. The scale has a high value of internal reliability as evidenced by Cronbach's alpha level of ( $\alpha = .82$ ). The Turkish version of this scale is prepared for this study with double translation method and tested with a pilot study of 20 individuals who knows both languages English and Turkish in advanced levels. Based on the pilot analysis a strong positive correlation was seen between the scores of original scale and the translated one ( $r_s=.96, p<.01$ ), and test- retest scores that were obtained 2 weeks apart was found strongly positively correlated ( $r_s=.98, p<.01$ ).

Higher scores on TS reflects higher levels of transphobia.

The Turkish version of the scale is presented in Appendix G.

### **2.3.Procedure**

Homophobia measuring scales of the study were already prepared and ready to use in Turkish thanks to the previous researchers via translation and standardization studies. Since there is no research conducted with Turkish individuals to measure transprejudice and transphobia levels of them in the literature, there is no Turkish scale of transphobia, so that there needed to prepare the transphobia measures by translating and testing with a pilot study. Double translation method was used and with this aim. A team of two individuals who knows both languages very well and who are sequentially professional translator, and an electric-electronic engineer translated the original scale from English to Turkish. The first translated

form was evaluated by two different bilingual individuals who are psychologists and necessary and/or bettering corrections were made. For the back translation part the scale was sent to 2 different individuals who had not seen the scale before and who both English teachers are via e-mail. At the end of this double translation process only little differences were observed and pilot study was started with 20 university students from Bogazici University in which all education is given in English.

Data collection process started after this double translation and pilot study was over and the finalization of all the measures and getting the approval from Ethics Committee Board of Istanbul Bilgi University. All the measures of the study were uploaded onto Internet and psychologists were called through online platforms such as e-mail groups, social media pages. Shortly data collection was made on soft copies of scales on a survey site.

Participation in the study was voluntary and participants were briefly informed about the study, their rights to quit answering in any time they want to and confidentiality of their responses will be protected. After this brief, informed consent form was asked to be accepted and signed online. Names of the participants were not be asked and recorded in any records of the data. Before each scale participants were also informed about the each measure separately. When participants completed to fill whole of the survey, they were thanked and the contact possibilities with the researcher was remembered not to hesitate in cases of they want to learn about the study more and/or they are curious about the results.

### 3. Results

#### 3.1. Preliminary Analysis

SPSS Version23 and LISREL Volume6 were used for all the statistical analyses of this study.

As mentioned in the section of “Methods”, all scales that are used in the study had high reliability. Yet, before investigating the relationship among the variables of the study, scores for each variable were computed according to the scoring manual of each scale and reliability coefficients were calculated for evaluating the internal consistency of the measures for this study. All scales and subscales used in the study yielded good to perfect acceptable reliability coefficients with alpha values ranging from .799 to .945. Cronbach coefficients for each measure are presented in Table 2.

Table 2

Reliability Coefficients ( $\alpha$ ) for Scales in the Study

<b>Scales- Subscales</b>	<b>A</b>
HRHS	0.945
ATLG GAY	0.906
ATLG LESBIAN	0.800
ATLG	0.799
ATTIS	0.874
TS	0.864
SDS	0.899
SDS Self Deception	0.817
SDS Impression Management	0.865

Besides, as explained in the Method section two scales measuring attitudes towards transgenderism were used after a double translation method and process. Since the original language of these scales are English and they are standardized with native English speakers based on their cultural standarts, these scales were checked via confirmatory factor analysis to be able to see the generalizability of the results to Turkish culture. The LISREL VI computer program was employed to conduct a confirmatory factor analysis. The confirmatory analysis of these two scales fit the original observed factor structure within the theoretical structure.

The results of Transphobia Scale (Nagoshi, 2008) indicated a good and acceptable fit to the original one factor structure:  $\chi^2 = 63.99$  ( $p < .05$ ),  $df = 26$ ,  $\chi^2/df = 2.93$ , GFI = 0.94, AGFI = 0.90, SRMR = .044, RMSEA = .079, and CFI = 0.98. Table 3 represents the values and the acceptable ranges, Table 4 demonstrates the coefficient of determination and t-values of the items of the scale. Figure 1 shows the factor loadings, error variances and the structure of the scale.

Table 3

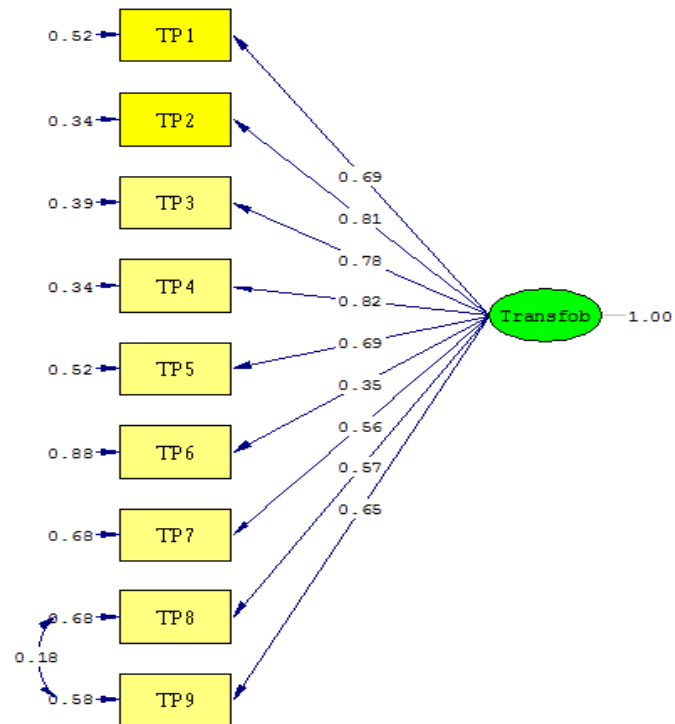
## Goodness of Fit Indices of Confirmatory Factor Analysis

<i>Fit Index</i>	<i>Good Fit Value</i>	<i>Acceptable Value</i>	<i>Observed</i>
$X^2$	-	-	63.99
df	-	-	26
$X^2/df$	$0 \leq X^2/df \leq 3$	$3 \leq X^2/df \leq 5$	2.93
<i>P</i>			0.00005
RMSEA	$\leq 0.05$	$\leq 0.08$	0.079
SRMR	$0 \leq SRMR < 0.05$	$0.05 \leq SRMR < 0.10$	0.044
NFI	$0.95 \leq NFI \leq 1$	$0.90 \leq NFI < 0.95$	0.97
NNFI	$0.97 \leq NNFI \leq 1$	$0.95 \leq NNFI < 0.97$	0.97
CFI	$0.97 \leq CFI \leq 1$	$0.95 \leq CFI < 0.97$	0.98
GFI	$0.95 \leq GFI \leq 1$	$0.90 \leq GFI < 0.95$	0.94
AGFI	$0.90 \leq AGFI \leq 1$	$0.85 \leq AGFI < 0.90$	0.90

Table 4

Coefficients of determination and T- values of items.

<i>Items</i>	<i>T</i>	<i>R<sup>2</sup></i>
1. I don't like it when someone is flirting with me, and I can't tell if they are a man or a woman.	11.69	0.48
2. I think there is something wrong with a person who says that they are neither a man nor a woman.	14.65	0.66
3. I would be upset, if someone I'd known a long time revealed to me that they used to be another gender.	13.81	0.61
4. I avoid people on the street whose gender is unclear to me.	14.71	0.66
5. When I meet someone, it is important for me to be able to identify them as a man or a woman.	11.66	0.48
6. I believe that the male/female dichotomy is natural.	5.23	0.12
7. I am uncomfortable around people who don't conform to traditional gender roles, e.g., aggressive women or emotional men.	9.00	0.32
8. I believe that a person can never change their gender.	9.08	0.32
9. A person's genitalia define what gender they are, e.g., a penis defines a person as being a man, a vagina defines a person as being a woman.	10.73	0.42



Chi-Square=63.99, df=26, P-value=0.00005, RMSEA=0.079

Figure 1. *Path Diagram of Transphobia Scale*

The results of Attitudes toward Transgender Individuals Scale (Walsch, 2012) indicated a good and acceptable fit to the original one factor structure:  $\chi^2 = 490,57$  ( $p < .01$ ),  $df = 167$ ,  $\chi^2/df = 2.93$ ,  $GFI = 0.83$ ,  $AGFI = 0.78$ ,  $SRMR = .055$ ,  $RMSEA = .091$ , and  $CFI = 0.97$ . Table 5 represents the values and the acceptable ranges and Table 6 demonstrates the coefficient of determination and t-values of the items of the scale. Figure 2 shows the factor loadings, error variances and the structure of the scale.

Table 5

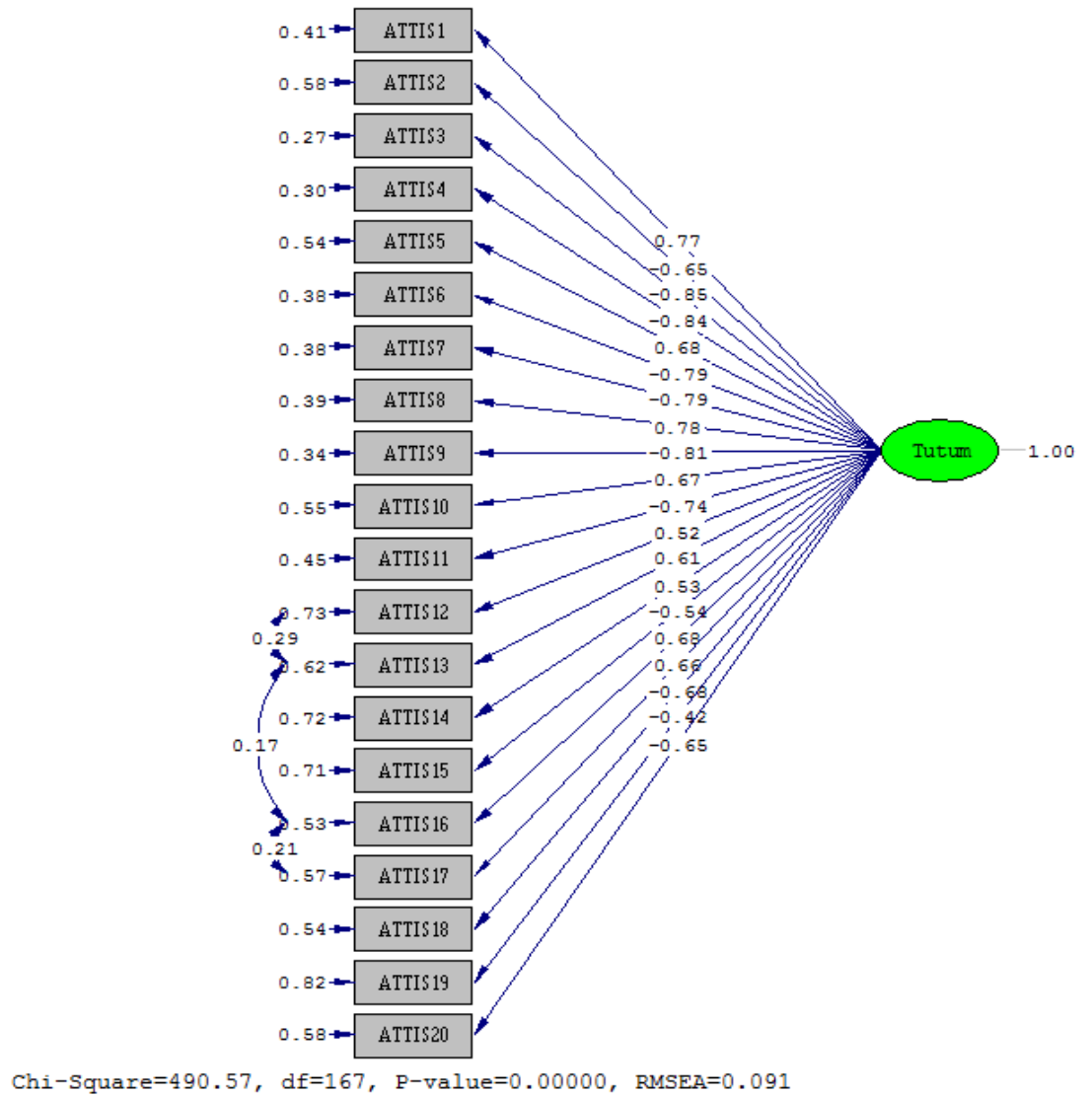
## Goodness of Fit Indices of Confirmatory Factor Analysis

<b>Fit Index Type</b>	<b>Good Fit Value</b>	<b>Acceptable Value</b>	<b>Observed Value</b>
$\chi^2$	-	-	490,57
df	-	-	167
$\chi^2/df$	$0 \leq \chi^2/df \leq 3$	$3 \leq \chi^2/df \leq 5$	2,93
<i>P</i>			0,00001
RMSEA	$\leq 0,05$	$\leq 0,08$	0,091
SRMR	$0 \leq SRMR < 0,05$	$0,05 \leq SRMR < 0,10$	0,055
NFI	$0,95 \leq NFI \leq 1$	$0,90 \leq NFI < 0,95$	0,96
NNFI	$0,97 \leq NNFI \leq 1$	$0,95 \leq NNFI < 0,97$	0,97
CFI	$0,97 \leq CFI \leq 1$	$0,95 \leq CFI < 0,97$	0,97
GFI	$0,95 \leq GFI \leq 1$	$0,90 \leq GFI < 0,95$	0,83
AGFI	$0,90 \leq AGFI \leq 1$	$0,85 \leq AGFI < 0,90$	0,78

Table 6

Coefficients of determination and T- values of items.

<i>Items</i>	<i>T</i>	<i>R<sup>2</sup></i>
1. It would be beneficial to society to recognize transgenderism as normal.	13.88	0.59
2. Transgendered individuals should not be allowed to work with children.	-11.03	0.42
3. Transgenderism is immoral.	-16.25	0.73
4. All transgendered bars should be closed down.	-15.73	0.7
5. Transgendered individuals are a viable part of our society.	11.60	0.46
6. Transgenderism is a sin.	-14.31	0.62
7. Transgenderism endangers the institution of the family.	-14.43	0.62
8. Transgendered individuals should be accepted completely into our society.	14.25	0.61
9. Transgendered individuals should be barred from the teaching profession.	-14.96	0.66
10. There should be no restrictions on transgenderism.	11.49	0.45
11. I avoid transgendered individuals whenever possible.	-13.09	0.55
12. I would feel comfortable working closely with a transgendered individual.	8.42	0.27
13. I would enjoy attending social functions at which transgendered individuals were present.	10.28	0.38
14. I would feel comfortable if I learned that my neighbor was a transgendered individual.	8.60	0.28
15. Transgendered individuals should not be allowed to cross dress in public.	-8.79	0.29
16. I would like to have friends who are transgendered individuals.	11.77	0.47
17. I would feel comfortable if I learned that my best friend was a transgendered individual.	11.28	0.43
18. I would feel uncomfortable if a close family member became romantically involved with a transgendered individual.	-11.70	0.46
19. Transgendered individuals are really just closeted gays.	-6.61	0.18
20. Romantic partners of transgendered individuals should seek psychological treatment.	-11.06	0.42



*Figure 2.* Path Diagram of Attitudes toward Transgender Individuals Scale

### 3.2. Descriptive Analysis

Descriptive statistics with means and standard deviations for all study variables are listed in Table 7 and Table 8.

Table 7

Descriptive Statistics for All Study Variables of Heterosexual Oriented Participants

Scales / Subscales	<i>N</i>	<i>Minimum</i>	<i>Maximum</i>	<i>Mean</i>	<i>Std. Deviation</i>
Hudson ve Ricketts Homophobia Scale (HRHS)	218	25.00	141.00	59.49	23.47
Attitudes toward Lesbian and Gay Individuals Scale (ATLG)	218	10.00	50.00	40.00	8.97
ATLG Gay Subscale	218	5.00	25.00	19.92	4.51
ATLG Lesbian Subscale	218	5.00	25.00	20.06	4.56
Attitudes Toward Transgendered Individuals Scale (ATTIS)	218	38.00	100.00	78.77	12.51
Transphobia Scale (TS)	218	9.00	63.00	25.52	10.99
Social Desirability Scale (SDS)	218	36.00	128.00	93.99	14.61

Table 8

Descriptive Statistics of All Study Variables of Non-heterosexual Oriented Participants

	<i>N</i>	<i>Minimum</i>	<i>Maximum</i>	<i>Mean</i>	<i>Std. Deviation</i>
Hudson&Ricketts Homophobia Scale (HRHS)	19	24.00	115.00	42.78	20.88
ATLG Gay Subscale	19	6.00	25.00	21.78	4.45
ATLG Lesbian Subscale	19	5.00	25.00	22.26	4.64
ATLG Total	19	11.00	50.00	44.05	9.01
Attitudes Toward Transgendered Individuals Scale	19	56.00	100.00	89.94	10.66
Transphobia Scale	19	9.00	47.00	17.94	8.85
SDS Total	19	59.00	112.00	89.89	14.50

### 3.3. Analyses Relevant to the Hypotheses

**Hypothesis 1:** Heterosexual oriented psychologists are expected to have negative attitudes towards homosexual oriented individuals. One sample t-tests were conducted to the two measures of homophobia and original mean scores of the Hudson & Ricketts Homophobia Scale (HRHS) and Attitudes toward Lesbian and Gay Individuals Scale (ATLG) were compared with the mean scores of participants.

Participants were found to have positive attitudes towards homosexual oriented individuals ( $M= 59.49$ ,  $SD= 23.47$ ) when compared to the neutral attitude determinant of the HRHS,  $t(217)= -15.414$  ,  $p=.000$ .

Participants were found to have positive attitudes towards homosexual oriented individuals ( $M=40.00$ ,  $SD= 8.97$ ) when compared to the neutral attitude determinant of the ATLG,  $t(217)= 16.435$  ,  $p=.000$ .

**a)** Two scales measuring attitudes towards homosexuality are expected to give similar results. A strong negative correlation is expected between the measures since their scoring structures mean oppositely from each other. This hypothesis was tested by using Pearson correlation analysis on participants' scores in Hudson-Rickett's Homophobia Scale (HRHS) and ATLG Gay and ATLG Lesbian scales. The results of the analysis revealed that there were significant strong negative correlations between the HRHS

and ATLG Gay ( $r(218)=-0,789$ ,  $p<0.05$ ) and HRHS and ATLG Lesbian scores ( $r(218)=-0,765$ ,  $p<0.05$ ).

**Hypothesis 2:** Heterosexual psychologists are expected to have negative attitudes towards transgender individuals. One sample t-tests were conducted to the two measures of transphobia and original mean scores of the Attitudes toward Transgender Individuals Scale (ATTIS) and Transphobia Scale (TS) were compared with the mean scores of participants.

Contrary to expected, participants were found to have positive attitudes towards transgender individuals ( $M= 78.77$ ,  $SD= 12.51$ ) when compared to the neutral attitude determinant of the ATTIS,  $t(217)= 22.149$  ,  $p=.000$ .

Similarly, participants were found to have positive attitudes towards transgender individuals ( $M=25.52$ ,  $SD= 10.99$ ) when compared to the neutral attitude determinant of the TS,  $t(217)= -14.06$  ,  $p=.000$ .

**a)** Two scales measuring attitudes towards transgenderism are expected to give similar results. A strong negative correlation is expected between the measures since their scoring structures mean oppositely from each other. This hypothesis was tested by using Pearson correlation analysis on participants' scores in Attitudes towards Transgender Individuals Scale (ATTIS) and Transphobia Scale (TS).

The results of the analysis revealed that there was a significant strong negative correlation between the ATTIS and TS ( $r(218)= -.552$ ,  $p<0.05$ ).

**Hypothesis 3:** Attitudes towards homosexual oriented individuals and transgender individuals are expected to be similar with each other. Strong positive correlations were expected between the measure groups of HRHS and TS and ATTIS and ATLG. This hypothesis was tested using Pearson correlation analysis on participants' scores in Hudson-Rickett's Homophobia Scale (HRHS) and Transphobia Scale (TP). The results of the analysis revealed that there was a strong positive significant correlation between the two measures, ( $r(218) = 0.801, p < 0.05$ ). Another Pearson correlation was conducted between the scores in Attitudes toward Transgender Individuals Scale (ATTIS) and Attitudes toward Lesbian and Gay Individuals Scale (ATLG) with a strong positive correlation expectancy. However a moderate positive correlation was found between the two measures ( $r(218) = 0.487, p < 0.05$ ).

Also it is expected that participants have more negative attitudes towards transgenderism than homosexuality. To test this hypothesis Paired Samples t-Test was conducted between the scores of ATLG Scale and ATTI Scale. To be able to compare the scales, scores were computed in a standardized equation. No significant difference was found that heterosexual psychologists have significantly less positive attitudes towards transgender individuals compared to homosexual oriented individuals ( $M = 1.211, SD = 16.137, t(217) = 1.108, p > .05$ ).

**Hypothesis 4:** Heterosexual psychologists are expected to display high levels of social desirability tendency. One sample t-tests were conducted to the measure of social desirability. Neutral mean score of the Social

Desirability Scale (SDS) and the subscales of Self-Deception and Impression Management were compared to the mean scores of participants on this scale and subscales.

Participants were found to have high levels of social desirability ( $M= 93.99$ ,  $SD= 14.61$ ) when compared to the neutral mean determinant of the SDS,  $t(217) = 7.064$ ,  $p=.000$ .

Participants' self-deception tendencies were found to be high ( $M=41.36$ ,  $SD= 6.48$ ) when compared to the neutral mean determinant of the SDS Self-Deception Subscale,  $t(217)= 5.379$  ,  $p=.000$ .

Participants' tendencies of impression management were found to be high ( $M=52.62$ ,  $SD=9.59$ ) when compared to the neutral mean determinant of the SDS Impression Management Subscale,  $t(217)= 7.125$  ,  $p=.000$ .

Social desirability tendency and attitudes towards homosexual oriented individuals should correlate with each other. Strong negative correlations are expected between the measures of Hudson Ricketts Homophobia Scale (HRHS) and the subscales of Social Desirability Scale (SDS) since their scoring structures mean oppositely from each other. This hypothesis was tested by using Pearson correlation analysis on participants' scores in Hudson & Ricketts Homophobia Scale (HRHS) and subscales of Social Desirability Scale (SDS). The results of the analysis revealed that there were weak positive correlations between the HRHS and SDS Self-Deception ( $r(218)=0.033$  ,  $p>0.05$ ) and HRHS and SDS Impression Management ( $r(218)=-0,155$ ,  $p<0.05$ ). Strong positive correlations are expected between

the subscales of Attitudes toward Lesbian and Gay Individuals Scale (ATLG) and the subscales of Social Desirability Scale (SDS). This hypothesis was tested by using Pearson correlation analysis on participants' scores in the subscales of Attitudes toward Lesbian and Gay Individuals Scale (ATLG) and subscales of Social Desirability Scale (SDS). The results of the analysis revealed that there were weak negative correlations between the ATLG Gay and SDS Self- Deception ( $r(218) = -0.007, p > 0.05$ ) and ATLG Lesbian and SDS Self- Deception ( $r(218) = -0.021, p > 0.05$ ) contrary to expected. The results of the analysis revealed that there were significant weak negative correlations between the ATLG Gay and SDS Impression Management ( $r(218) = -0.149, p < 0.05$ ) and ATLG Lesbian and SDS Impression Management ( $r(218) = -0.180, p < 0.05$ ) contrary to expected.

**a)** Social desirability tendency and attitudes towards transgender individuals should correlate with each other. Strong negative correlations are expected between the measures of Transphobia Scale (TS) and the subscales of Social Desirability Scale (SDS) since their scoring structures mean oppositely from each other. This hypothesis was tested by using Pearson correlation analysis on participants' scores in Transphobia Scale (TS) and subscales of Social Desirability Scale (SDS). The results of the analysis revealed that there were weak positive correlations between the TS and SDS Self- Deception ( $r(218) = 0.137, p < 0.05$ ) and TS and SDS Impression Management ( $r(218) = 0.228, p < 0.05$ ).

Strong positive correlations are expected between the measures of Attitudes toward Transgender Individuals Scale (ATTIS) and the subscales of Social

Desirability Scale (SDS). This hypothesis was tested by using Pearson correlation analysis on participants' scores in the subscales of Attitudes toward Transgender Individuals Scale (ATTIS) and subscales of Social Desirability Scale (SDS). The results of the analysis revealed that there were weak positive and weak negative correlations between the ATTIS and SDS Self-Deception ( $r(218) = 0.007, p > 0.05$ ) and ATTIS and SDS Impression Management ( $r(218) = -0.151, p > 0.05$ ) respectively contrary to expected. All correlational values between all measures of attitudes and social desirability are shown in Table 9.



**Hypothesis 5:** Some variables are expected to be significantly affecting the attitudes of heterosexual psychologists towards homosexual and transgender oriented individuals and issues.

a) Gender of the participants are expected to have a significant effect on the attitudes. Males are expected to have more negative attitudes towards homosexual oriented and transgender individuals. This hypothesis was tested via Independent Samples t-Test and results revealed that attitudes towards homosexual oriented individuals measured by HRHS differs according to gender variable. There was a significant difference between HRHS scores of males ( $M=75.70$ ,  $SD=33.58$ ) and females ( $M=57.58$ ,  $SD=21.30$ );  $t(216) = -3.60$ ,  $p = .018$ . Also ATTIS scores showed a significant difference regarding sex of participants, males ( $M=70.21$ ,  $SD=13.82$ ) and females ( $M=79.78$ ,  $SD=11.99$ );  $t(216) = 3.56$ ,  $p = .004$ . Means and standard deviations of all attitude measures comparing gender are represented in Table 10.

*Table 10*

Comparison of Attitudes through Gender Variable

	<i>Female (n=195)</i>	<i>Male (n=23)</i>	<i>p</i>
Hudson & Ricketts Homophobia Scale (HRHS)	57.58 ± 21.30	75.70 ± 33.58	<b>0.018*</b>
ATLG Gay	20.17 ± 4.20	17.83 ± 6.39	0.098
ATLG Lesbian	20.25 ± 4.30	18.57 ± 6.31	0.225
Attitudes Toward Transgendered Individuals Scale	79.78 ± 11.99	70.21 ± 13.82	<b>0.004*</b>
Transphobia Scale	24.99 ± 10.48	30.09 ± 14.16	0.107

\*:  $p < 0.05$

**b)** Heterosexual male psychologists are expected to have more negative attitudes towards gay oriented individuals compared to lesbian oriented individuals. To test this hypothesis a paired-samples t-test was conducted and found that there is no significant difference between the attitudes of male participants towards gay oriented and lesbian oriented individuals. Rather a strong significant positive correlation ( $r(23) = 0.954, p < 0.05$ ) was found between the attitudes after Spearman correlation was conducted. Table 11 demonstrates the correlation values between the scores of ATLG Gay Subscale and ATLG Lesbian Subscale of heterosexual male participants.

*Table 11*

Spearman Correlations of Heterosexual Male Oriented Participants' Attitudes toward Gay and Lesbian Oriented Individuals

			<i>ATLG Gay</i>	<i>ATLG Lesbian</i>
Spearman's rho	<i>ATLG Gay</i>	R	1.000	
		P	.	
		N	23	
	<i>ATLG Lesbian</i>	R	0.954	1.000
		P	<b>0.001*</b>	.
		N	23	23

**c)** Participants who believe in a monotheistic religion were expected to have more negative attitudes towards homosexual oriented and transgender individuals compared to participants who believe in nonmonotheistic other religions and do not believe in any religion. To test this hypothesis One-Way ANOVA test was conducted and found that in all attitude measures, believing

in a monotheistic religion had a significant effect on the attitudes. Results are shown in Table 12.

*Table 12*

Comparison of Attitudes towards Homosexual Oriented and Transgender Individuals through Religion

	<i>No Religion (n=66)</i>	<i>Monotheistic (n=134)</i>	<i>Nonmonotheistic (n=18)</i>	<i>P</i>
HRHS	46.95 ± 14.56	67.17 ± 24.92	48.28 ± 12.62	<b>0.001*</b>
ATLG Gay	21.94 ± 2.32	18.60 ± 5.05	22.44 ± 2.15	<b>0.001*</b>
ATLG Lesbian	22.23 ± 2.17	18.68 ± 5.10	22.50 ± 2.15	<b>0.001*</b>
ATTIS	83.24 ± 11.56	76.15 ± 12.40	81.63 ± 12.02	<b>0.001*</b>
TS	19.73 ± 7.05	29.12 ± 11.44	20.06 ± 8.07	<b>0.001*</b>

\*:p<0.05

d) Participants who have personal contact with homosexual oriented and transgender individuals were expected to have more positive attitudes towards homosexuality and transgenderism compared to participants who do not have any personal contact. To test this hypothesis Independent samples t- tests were conducted to all attitude measures by grouping sample according to the variable of personal contact with homosexual oriented people. It was found to be significantly effective in the attitudes of participants. Table 13 presents the results.

*Table 13*

Comparison of Attitudes towards Homosexual Oriented and Transgender Individuals through Personal Contact with Homosexual Oriented Individuals

	<i>Yes (n=140)</i>	<i>No (n=78)</i>	<i>p</i>
HRHS	52.69 ± 16.90	71.69 ± 28.34	<b>0.001*</b>
ATLG Gay	21.27 ± 3.30	17.51 ± 5.36	<b>0.011*</b>
ATLG Lesbian	21.42 ± 3.11	17.64 ± 5.65	<b>0.001*</b>
ATTIS	81.27 ± 11.67	74.30 ± 12.81	<b>0.001*</b>
TS	23.06 ± 9.64	29.95 ± 11.92	<b>0.001*</b>

\*:p<0.05

However, another set of independent sample t-tests conducted with all attitude measures based on the variable of personal contact with transgender individuals, did not reveal any significant results showing the effect of personal contact with a transgender individual on attitudes towards homosexual oriented and transgender people. Table 14 presents the results of personal contact with a transgender individual on the attitudes.

*Table 14*

Comparison of Attitudes towards Homosexual Oriented and Transgender Individuals through Personal Contact with Transgender Individuals

	<i>Yes (n=27)</i>	<i>No (n=191)</i>	<i>P</i>
HRHS	55.37 ± 20.32	60.07 ± 23.88	0.331
ATLG Gay	20.41 ± 3.72	19.86 ± 4.63	0.404
ATLG Lesbian	20.89 ± 3.03	19.95 ± 4.74	0.720
ATTIS	80.11 ± 12.24	78.59 ± 12.57	0.556
TS	24.81 ± 10.99	25.63 ± 11.02	0.320

\*:p<0.05

e) Participants who have higher educational degrees were expected to have more positive attitudes towards homosexual oriented and transgender individuals than participants who have lower education levels. For this hypothesis attitude scores of doctorate degree, master's degree and bachelor's degree heterosexual participants were compared with each other by conducting a One-Way ANOVA. Results revealed the significant effect of education level on all attitude measures. Results are shown in Table 15.

Table 15

Comparison of Attitudes towards Homosexual Oriented and Transgender Individuals through Education Levels

	<i>Bachelor's(n=111)</i>	<i>Master's(n=96)</i>	<i>Doctorate(n=11)</i>	<i>p</i>
HRHS	65.27 ± 27.47	54.38 ± 16.92	45.82 ± 10.63	<b>0.001*</b>
ATLG Gay	18.92 ± 5.25	20.85 ± 3.40	22.00 ± 2.57	<b>0.002*</b>
ATLG Lesbian	19.07 ± 5.31	21.05 ± 3.42	21.55 ± 2.73	<b>0.004*</b>
ATTIS	76.43 ± 13.44	81.766 ± 10.41	78.77 ± 12.51	<b>0.007*</b>
TS	27.40 ± 12.28	23.92 ± 9.21	20.73 ± 8.34	<b>0.024*</b>

\*:p<0.05

f) Participants who have had specific education about the mental health issues of homosexual oriented and transgender individuals were expected to have more positive attitudes towards homosexuality and transgenderism compared to participants who have not had any specific education. Independent samples t-tests were conducted to test the effect of specific education about homosexuality on the attitudes towards LGT oriented individuals and no significant differences were found between the attitude scores of educated and uneducated participants. Results are summarized in Table 16.

Table 16

Comparison of Attitudes towards Homosexual Oriented and Transgender Individuals through Specific Education on Homosexuality

	<i>Yes (n=117)</i>	<i>No(n=101)</i>	<i>p</i>
HRHS	58.48 ± 23.38	60.66 ± 23.65	0.495
ATLG Gay	20.44 ± 4.60	19.34 ± 4.38	0.623
ATLG Lesbian	20.62 ± 4.55	19.44 ± 4.52	0.076
ATTIS	78.71 ± 13.20	78.85 ± 11.74	0.938
TS	24.30 ± 11.46	26.95 ± 10.31	0.057

\*:p<0.05

Another set of independent sample t-tests conducted with all attitude measures to see the effect of specific education on transgenderism. They did not reveal any significant results showing the effect of specific education about transgender individuals on attitudes towards homosexual oriented and transgender people. Table 17 summarizes the results of the effect of specific education on transgenderism on the attitudes towards homosexual oriented and transgender individuals.

*Table 17*

Comparison of Attitudes towards Homosexual Oriented and Transgender Individuals through Specific Education on Transgenderism

	<i>Yes (n=92)</i>		<i>No (n=126)</i>		<i>P</i>
HRHS	57.58	± 23.75	60.89	± 23.27	0.305
ATLG Gay	20.53	± 4.58	19.48	± 4.44	0.283
ATLG Lesbian	20.72	± 4.56	19.60	± 4.53	0.060
ATTIS	78.41	± 13.62	79.04	± 11.69	0.713
TS	23.89	± 11.61	26.72	± 10.42	0.073

\*:p<0.05

g) Ages of participants were expected to be significantly effecting the attitudes of participants in a way that younger participants were expected to have more positive attitudes. No significant relations were found between the age and attitudes. Table 18 shows the Pearson correlation values between the ages and attitude scores of each measurement.

*Table 18*

Pearson Correlations between Age and Attitudes

	<i>HRHS</i>	<i>ATLG Gay</i>	<i>ATLG Lesbian</i>	<i>ATTIS</i>	<i>TS</i>
<b>Age R</b>	-0.103	0.120	0.089	-0.011	-0.102
<b>P</b>	0.130	0.076	0.192	0.867	0.134
<b>N</b>	218	218	218	218	218

\*:p<0.05

**h)** Participants who chose marital status as ‘living together’ were expected to have more positive attitudes towards homosexual oriented and transgender individuals with the assumption of that they may have more liberal opinions about sexual and romantic relationships. One-Way ANOVA test was conducted to see the effect of marital status variable on attitudes and no significant differences were found between single, married and living together participants’ attitude scores. Table 19 represents the results.

*Table 19*

Comparison of Attitudes through Marital Status Variable

	<i>Single (n=141)</i>	<i>Living Together (n=22)</i>	<i>Married (n=55)</i>	<i>p</i>
HRHS	59.76 ± 22.07	51.91 ± 20.08	61.84 ± 27.68	0.495
ATLG Gay	19.87 ± 4.39	21.09 ± 3.41	19.60 ± 5.19	0.623
ATLG Lesbian	20.06 ± 4.32	21.23 ± 3.73	19.64 ± 5.40	0.076
ATTIS	79.48 ± 11.52	80.95 ± 13.56	76.09 ± 14.24	0.161
TS	25.48 ± 10.38	22.73 ± 12.53	26.76 ± 11.86	0.057

\*:p<0.05

**i)** Participants who have lived most of their lives in the urban are expected to have more positive attitudes towards homosexual oriented and transgender individuals. To test this hypothesis independent samples t-tests were conducted on the attitudes scores based on the grouping of where the participants lived most of their lives, urban or rural. No significant differences were found between the groups. Results are shown in Table 20.

Table 20

Comparison of Attitudes through the Place Lived Most, Urban vs. Rural  
Variable

	<i>Urban (n=211)</i>		<i>Rural (n=7)</i>		<i>p</i>
HRHS	59.22	= 23.15	67.57	= 33.13	0.356
ATLG Gay	19.91	= 4.47	20.57	= 6.16	0.743
ATLG Lesbian	20.05	= 4.52	20.71	= 6.26	0.501
ATTIS	78.74	= 12.48	79.71	= 14.53	0.841
TS	25.44	= 11.04	28.29	= 10.00	0.705

.\*:p<0.05

j) Participants whose parents are more educated are expected to have more positive attitudes than participants whose parents' education levels are lower. To test this hypothesis One-Way Anova tests were conducted separately to see the effect of mother's education and father's education on the attitudes toward homosexual oriented and transgender individuals. Results revealed the significant effect of mothers' education level on the all attitude scores. Results are shown in Table 21.

Table 21

Comparison of Attitudes through Mothers' Education Levels

	<i>Primary School (n=57)</i>	<i>Secondary School (n=24)</i>	<i>High School (n=74)</i>	<i>Under Graduate (n=51)</i>	<i>Master and Ph.D (n=16)</i>	<i>P</i>
Hudson & Ricketts Homophobia Scale (HRHS)	69,02 ± 29,60	63,38 ± 24,48	57,51 ± 21,19	53,49 ± 15,65	44,17 ± 10,74	<b>0,001*</b>
ATLG Gay	18,75 ± 5,47	18,83 ± 4,42	20,04 ± 4,58	21,16 ± 3,06	21,75 ± 2,77	<b>0,025*</b>
ATLG Lesbian	18,91 ± 5,62	19,21 ± 4,45	20,03 ± 4,65	21,51 ± 2,86	21,42 ± 2,84	<b>0,029*</b>
Attitudes Toward Transgendered Individuals Scale	75,00 ± 13,32	76,50 ± 12,34	81,37 ± 11,96	80,23 ± 10,65	79,08 ± 16,19	<b>0,04*</b>
Transphobia Scale	29,09 ± 11,82	27,50 ± 12,99	24,55 ± 10,43	23,43 ± 9,58	19,58 ± 6,52	<b>0,012*</b>

\*:p&lt;0.05

Results of the One-Way ANOVA Test revealed the significant effect of fathers' education level on the scores of attitudes in all of the measures. Results are shown in Table 22.

Table 22

Comparison of Attitudes through Fathers' Education Levels

	<i>Primary School (n=32)</i>	<i>Secondary School (n=26)</i>	<i>High School (n=59)</i>	<i>Under Graduate (n=88)</i>	<i>Master and Ph.D (n=13)</i>	<i>p</i>
Hudson & Ricketts Homophobia Scale Ölçeği (HRHS)	62,31 ± 24,54	70,04 ± 28,56	64,36 ± 25,83	53,58 ± 18,89	49,38 ± 12,43	<b>0,002*</b>
ATLG Gay	19,72 ± 3,89	18,96 ± 5,72	18,51 ± 5,14	21,11 ± 3,76	20,77 ± 3,00	<b>0,008*</b>
ATLG Lesbian	19,63 ± 4,16	19,62 ± 5,61	18,75 ± 5,27	21,13 ± 3,84	20,92 ± 2,66	<b>0,029*</b>
Attitudes Toward Transgendered Individuals Scale	74,23 ± 11,91	75,11 ± 14,55	79,05 ± 12,69	80,52 ± 11,42	81,61 ± 11,93	<b>0,036*</b>
Transphobia Scale	28,41 ± 9,89	29,92 ± 13,51	26,81 ± 11,88	22,91 ± 9,59	21,54 ± 8,18	<b>0,007*</b>

\*:p<0.05

**k)** Participants who have had self-therapy experience and supervision possibilities are expected to have more positive attitudes toward homosexual oriented and transgender individuals. Independent samples t-tests were conducted to test this hypothesis and found the significant effect of self-therapy experience on the attitude scores in HRHS, ATLG Lesbian Subscale, ATTIS and TS but not on ATLG Gay Subscale. Table 23 summarizes the results.

*Table 23*

Comparison of Attitudes through Self-therapy Experience

	<i>Yes (n=117)</i>	<i>No (n=101)</i>	<i>p</i>
HRHS	54.17 ± 17.37	65.65 ± 27.83	<b>0.001</b> <sup>*</sup>
ATLG Gay	21.03 ± 3.37	18.64 ± 5.30	0.229
ATLG Lesbian	21.10 ± 3.42	18.87 ± 5.38	<b>0.001</b> <sup>*</sup>
ATTIS	80.35 ± 11.76	76.95 ± 13.15	<b>0.005</b> <sup>*</sup>
TS	23.14 ± 10.14	28.30 ± 11.34	<b>0.001</b> <sup>*</sup>

.<sup>\*</sup>:p<0.05

However supervision possibilities were not found effective on all the attitudes. Table 24 shows the results of independent samples t- test.

*Table 24*

Comparison of Attitudes through Supervision Possibilities

	<i>Yes (n=95)</i>	<i>No (n=123)</i>	<i>p</i>
HRHS	54.42 ± 17.66	63.41 ± 26.54	0.495
ATLG Gay	20.69 ± 3.80	19.33 ± 4.94	0.623
ATLG Lesbian	20.89 ± 3.81	19.43 ± 4.99	0.076
ATTIS	81.71 ± 12.47	77.88 ± 12.40	0.058
TS	23.22 ± 9.54	27.31 ± 11.73	0.057

.<sup>\*</sup>:p<0.05

l) Psychologists who have more years of experience in profession were expected to have more positive attitudes towards homosexual oriented and transgender individuals. To test this hypothesis Pearson Correlations were conducted between the years of experience and all attitude scores. However no significant correlations were observed. Correlation coefficients are summarized in Table 25.

*Table 25*

Pearson Correlation between Years of Experience in Profession and Attitudes

		<i>ATLG</i>				
		<i>HRHS</i>	<i>Gay</i>	<i>Lesbian</i>	<i>ATTIS</i>	<i>TS</i>
Years of	r	-0.085	0.117	0.097	-0.032	-0.100
Experience	p	0.214	0.084	0.153	0.635	0.142
	n	217	217	217	217	217

\*:p<0.05

m) Possible effects of theoretical orientation, working population and working place of participants on their attitudes towards homosexual oriented and transgender individuals were explored.

Independent samples t-tests were conducted for searching the effect of theoretical orientation and only significant difference was observed in the HRHS scores of participants who held an eclectic theoretical approach. It was found that psychologists who have had eclectic opinions have significantly more positive attitudes towards homosexual oriented individuals ( $M=50.90$ ,  $SD=14.33$ ) compared to psychologists who have not held eclectic approach ( $M=60.81$ ,  $SD=24.34$ ),  $t(216)=2.134$ ,  $p< .05$ .

To see the effect of working population on the attitudes of participants towards homosexual oriented and transgender individuals, another set of independent samples t-tests were conducted and only significant difference was found between the TS scores of psychologists working with children and adolescents (M=24.13, SD= 10.78) compared to psychologists not working with children and adolescents (M=27.23, SD= 11.408),  $t(216)=-2.087, p<.05$ .

To see the effect of working place on participants' attitudes towards homosexual oriented and transgender individuals, One-Way ANOVAS were conducted. Significant differences were found between the measures of attitudes towards homosexuality HRHS and LGYT Gay and LGYT Lesbian Subscales among psychologists working in schools and private counselling. Psychologists working in private counselling centers were found to have significantly more positive attitudes towards homosexual oriented individuals. Table 26 summarizes the results.

Table 26

Comparison of Attitudes through Working Places

	<i>Workplace</i>												
	<i>School</i>		<i>Hospital</i>		<i>Special counselling center</i>		<i>University</i>		<i>Nongovernmental Organizations</i>		<i>Others</i>		<i>P</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
HRHS	64,00	26,53	61,38	23,81	49,09	14,55	56,25	18,57	64,72	28,42	66,45	25,34	
ATLG Gay	18,91	4,68	20,33	4,14	21,25	3,26	21,29	3,30	19,11	5,02	18,76	5,75	<b>0,019*</b>
ATLG Lesbian	18,94	5,06	20,25	4,44	21,40	2,94	21,50	3,64	19,56	4,50	18,98	5,70	<b>0,021*</b>
ATTIS	75,30	13,80	77,95	10,61	80,40	12,96	81,04	10,85	81,66	14,22	78,79	11,70	0,228
TS	27,68	12,15	25,25	10,77	22,04	8,86	25,54	12,17	24,50	10,22	28,14	11,11	0,064

\* $p < 0.05$

**Hypothesis 6:** A small group of homosexual and bisexual oriented participants (n=19) in this study's sample were expected to have more negative attitudes towards transgender individuals than homosexual oriented individuals. A Wilcoxon Signed-Ranks Test was conducted between the scores of Attitudes toward Transgender Individuals (ATTIS) Scale and Attitudes toward Lesbian and Gay Individuals (ATLG) Scale. Results indicated no difference in the attitudes of homosexual and bisexual oriented participants towards transgender individuals and homosexual oriented individuals,  $Z= 1.375$ ,  $p=.169$ .

### **3.4.Additional Analyses of Regression**

A multiple linear regression was conducted to predict the attitudes towards homosexual oriented individuals on the scale of Hudson & Ricketts Homophobia Scale (HRHS) based on gender, religiosity personal contact with homosexual oriented people, education levels and self-therapy experience which were found significantly effecting the attitudes via earlier analyses. It was found that gender, religiosity and personal contact predicted the attitude scores in HRHS. Table 27 summarizes the detailed results.

Table 27

## Multiple Linear Regression Results of HRHS

<b>Model</b>	<i>Unstandardized Coefficients</i>		<i>Standardized Coefficients</i>		
	<i>B</i>	<i>Std. Error</i>	<i>Beta</i>	<i>t</i>	<i>Sig.</i>
(Constant)	68.435	5.485		12.477	<b>0.001</b>
Gender	-17.554	4.326	-0.230	-4.058	<b>0.001</b>
Religiosity- Monotheistic vs. No- religion	-14.153	3.205	-0.278	-4.416	<b>0.001</b>
Religiosity- Monotheistic vs. Other Religions	-11.645	5.026	-0.137	-2.317	<b>0.021</b>
Personal Contact with Homosexuals	13.107	2.922	0.268	4.486	<b>0.001</b>
Education Level	4.625	2.766	0.099	1.672	0.096
Mothers' Education Level	2.509	3.697	0.049	0.679	0.498
Fathers' Education Level	3.088	3.448	0.066	0.896	0.371
Self-therapy Experience	3.277	2.812	.070	1.165	0.245

Dependent Variable : Hudson & Ricketts Homophobia Scale (HRHS),  
R=0.588, Adjusted R<sup>2</sup>=0.320 F<sub>(8,209)</sub>=13.792, p<0.05

A multiple linear regression was conducted to predict the attitudes towards homosexual oriented individuals on the scale of Attitudes towards Lesbian and Gay Individuals (ATLG) based on religiosity, personal contact with homosexual oriented people, education levels and self-therapy experience which were found significantly effecting the attitudes via earlier analyses. It

was found that religiosity and personal contact predicted the attitude scores in ATLG. Table 28 summarizes the detailed results.

*Table 28*

Multiple Linear Regression Results of ATLG.

<b>Model</b>	<i>Unstandardized Coefficients</i>		<i>Standardized Coefficients</i>		
	<i>B</i>	<i>Std. Error</i>	<i>Beta</i>	<i>t</i>	<i>Sig.</i>
(Constant)	43.345	1.382		31.354	0.000
Religiosity- Monotheistic vs. No- religion	4.074	1.278	0.209	3.188	<b>0.002</b>
Religiosity- Monotheistic vs. Other Religions	4.914	2.014	0.151	2.440	<b>0.016</b>
Personal Contact with Homosexuals	-5.416	1.171	-0.290	-4.625	<b>0.001</b>
Education Level	-1.673	1.107	-0.093	-1.512	0.132
Mothers' Education Level	-0.976	1.481	-0.049	-0.659	0.511
Fathers' Education Level	-1.336	1.376	-0.074	-0.971	0.333
Self-therapy Experience	-1.700	1.126	-0.095	-1.509	0.133

Dependent Variable : Attitudes towards Lesbian and Gay Individuals Scale,  
R=0.527, Adjusted R<sup>2</sup>=0.254 F<sub>(7,210)</sub>=11.557, p<0.05

A multiple linear regression was conducted to predict the attitudes towards transgender individuals on the scale of Attitudes towards Transgender Individuals (ATTIS) based on gender, religiosity, personal contact with homosexual people, education degree, education level of mothers, and self-therapy experience which were found significantly effecting the attitudes via

earlier analyses. It was found that only gender, personal contact with homosexual oriented people and religiosity predicted the attitude scores in ATTIS. Table 29 summarizes the detailed results.

*Table 29*

Multiple Regression Results of ATTIS

<b>Model</b>	<i>Unstandardized Coefficients</i>		<i>Standardized Coefficients</i>		
	<i>Beta</i>	<i>Std. Error</i>	<i>Beta</i>	<i>t</i>	<i>Sig.</i>
(Constant)	102.548	7.109		14.425	0.000
Gender	-9.621	2.653	-.237	-3.626	<b>0.000</b>
Personal Contact with Homosexuals	-5.827	1.743	-.224	-3.343	<b>0.001</b>
Religiosity	-2.681	1.376	-.126	-1.949	<b>0.053</b>
Self-Therapy	0.411	.807	0.035	0.509	0.611
Education Level	1.407	1.424	.067	.988	.324
Mother's Education	0.292	.699	.029	.418	.676

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Dependent Variable Attitudes Toward Transgendered Individuals Scale, R=0.402, Adjusted R<sup>2</sup>=0.162, F<sub>(6,211)</sub>=5.793, p<0.05

A multiple linear regression was conducted to predict the attitudes towards transgender individuals on the measure of Transphobia Scale (TS) based on religiosity, personal contact with transgender people, education level and self-therapy experience which were found significantly effecting the attitudes via earlier analyses. It was found that only religiosity predicted the attitude scores in TS. Table 30 summarizes the detailed results.

Table 30

Multiple Linear Regression Results of TS

<b>Model</b>	<i>Unstandardized Coefficients</i>		<i>Standardized Coefficients</i>	<i>t</i>	<i>Sig.</i>
	<i>Beta</i>	<i>Std. Error</i>	<i>Beta</i>		
(Constant)	25.045	2.553		9.808	0.000
Religiosity, Monotheistic vs. No religion	-7.719	1.603	-0.323	-4.815	<b>0.001</b>
Religiosity, Monotheistic vs Others	-7.287	2.574	-0.183	-2.831	<b>0.005</b>
Personal Contact with Transgender	0.042	2.068	0.001	0.020	0.984
Self-therapy Experience	3.056	1.420	0.139	2.151	0.033
Education Degree	1.013	1.418	0.046	0.715	0.476
Mother's Education Level	0.150	1.907	0.006	0.079	0.937

Dependent Variable : Transphobia Scale, R=0.457, Adjusted R<sup>2</sup>=0.182  
F<sub>(6,211)</sub>=7.905, p<0.05

#### 4. Discussion

As mentioned earlier the vast majority of the research on attitudes towards LGBT oriented people has focused on the attitudes towards homosexual oriented individuals. Most of these research has conducted with many profession groups such as music teachers, nurses, university and college

students etc. (Goff, 2015; Smith, 1993; Sakallı,2002; Saraç, 2014) but not with psychologists in worldwide including Turkey.

The issue of transgenderism and the research of attitudes toward transgender individuals have not focused much yet. An important contribution of this study is said to be the effort of investigating the attitudes of psychologists towards homosexual oriented and transgender individuals in Turkey which has a heteronormative cultural base.

Some results of this study are said to be replicating the earlier findings of the literature. However different and surprising findings were also observed. Another addition of this study to the literature on attitude studies in Turkey is said to be using the social desirability scale of Akin (2010) which was helpful in making connections between the attitudes and social desirability, self-deception and impression management tendencies of participants. In other words with the usage of Social Desirability Scale the attitude scores of self-report scales were said to be checked.

This study also extended the earlier research by examination of not only personal variables but also profession-related variables of participants.

The fact that nonheterosexual oriented individuals experience high levels of social stress in the very heterosexist societal climate of Turkey thus they may need psychological help more than heterosexual oriented counterparts is generally known. At this point attitudes of mental health workers are said to be very critical for LGBT oriented individuals either to get harmed or to get benefit from the psychological service. Taken these into

consideration the very first aim of this study is to draw attention to attitudes of heterosexual oriented psychologists living in Turkey towards homosexual oriented and transgender individuals. For this aim attitudes of psychologists towards homosexuality and transgenderism were investigated separately. Furthermore the relations between attitudes of psychologists towards homosexuality and transgenderism and psychologists' sociodemographic personal and professional characteristics and social desirability tendencies were examined.

#### **4.1. Discussion of Descriptive Findings**

The sample of this study is consisted of 218 heterosexual psychologists living in Turkey. In the professional and educational conditions sample is said to be homogenous. All participants at least have a bachelor's degree in psychology science, 49 per cent of the participants were found to have master's or doctorate degrees. However when sex of the participants is taken into account, to be able to claim the homogeneity of the sample gets harder. The fact that 195 women and 23 men participated in the study is not an indicator of a homogenous population. However when the dominance of women in the psychology science and practice is taken into consideration, this heterogeneity also reflects the general sample characteristics of the psychologist community.

The fact that 148 of participants live in İstanbul which is one of the most cosmopolitan cities in Turkey and almost all of the participants (96.7%) have reported that most of their lives have passed in urban places are

noticeable descriptive findings and constitute as another nonhomogeneous features of the sample.

Difference between personal contact of psychologists with homosexual oriented individuals and transgender individuals is also eye-catching. While 64% of psychologists have personal contact with homosexual oriented individuals, only 12% of psychologists have personal contact with transgender individuals. This difference is also seen in professional contact levels of psychologists with homosexual oriented individuals and transgender individuals. On one hand almost half of the psychologists (49.5%) have professional contact with homosexual oriented individuals, only 12.6 per cent have professional contact with transgender individuals. These differences in the psychologists sample between contact levels may reflect the invisibility of transgender individuals in society as well.

The lack of specific education in education system on the issues of homosexuality and transgenderism such as identity developments, mental health of homosexual oriented and transgender individuals is also evident in the sample. While 53.3% of psychologists reported that they have had specific education about homosexuality, 42.1% stated that they have had specific education about transgenderism during their educational programs in universities, in diverse seminars etc. These percentages are said to be higher than expected in Turkey's very heterosexist societal climate, but also said to be not enough when homosexual oriented and transgender individuals are thought as viable parts of the society as well as heterosexual oriented individuals.

The facts that 53.3% of psychologists have had their own psychotherapy experiences, and 43.9% have had supervision possibilities attracted attention in the sample and were thought as indicators of a well-educated and more self-aware sample.

## **4.2. Discussion of Main Findings**

### **4.2.1. Attitudes Towards Homosexuality**

Heterosexual psychologists living in Turkey were expected to have negative attitudes towards homosexual oriented individuals and homosexuality issues because they were part of a heterosexist culture of Turkey and many psychological perspectives evaluating homosexuality as an abnormality and disease still persist in the psychology science. Contrary to expected heterosexual psychologists of this study were found to have positive attitudes towards homosexuality.

When attitudes towards gay oriented individuals and lesbian oriented individuals were compared with each other, no significant difference were observed between them, means that psychologists have positive attitudes both towards gay oriented males and lesbian oriented females.

### **4.2.2. Attitudes towards Transgenderism**

Heterosexual oriented psychologists in Turkey were expected to have negative attitudes towards transgender individuals and transgenderism issues due to the heteronormative climate of Turkey, invisibility of transgender individuals in Turkey's society - even they are murdered they cannot take attention of the society unfortunately- and representation of transgender individuals in Turkish media as sex-workers usually (Polat et al., 2005).

However two measurements of attitudes towards transgender individuals gave positive results.

#### **4.2.3. Relationship between the Attitudes towards Homosexuality and Transgenderism**

Homophobia and transphobia are seen as related concepts in the literature since homosexual oriented and transgender individuals both do not fit into the sexual and gender-related norms of societies. In this study it is also expected that attitudes towards homosexual oriented and transgender individuals should be in accordance with each other. Besides hence attitudes towards transgenderism are found more negative in existing literature, in this study it is expected that attitudes of psychologists towards transgender individuals are more negative than their attitudes towards homosexual oriented individuals. As expected, attitudes towards homosexuality and transgenderism were found in accordance with each other. It was observed that psychologists do have positive attitudes both towards homosexual oriented and transgender individuals. Today's conditions might be effective in the positive attitudes towards LGBT oriented people, today's one of the norms can said to be the richness of the differences and psychologists are also expected to support this richness too.

In comparison of attitudes towards transgender individuals and homosexual oriented individuals, no significant difference was observed showing the attitudes of psychologists towards transgender people were more negative or less positive than attitudes towards homosexual oriented individuals. This situation can be attributed to the sample's ambiguous thoughts

between homosexuality and transgenderism and limited knowledge about transgenderism (Eliason & Hughes, 2004).

#### **4.2.4. Relationship between the Attitudes and Social Desirability**

Participants were expected to have high levels of social desirability and found to have high levels of social desirability tendencies in line with the expectations. Also in subscales of Social Desirability Scale which are Self-Deception and Impression Management, they were expected to have high tendencies to deceive themselves and to manage their impressions towards other people. As expected it was seen that they tend to deceive themselves and show themselves different than they actually are in general.

Social desirability is an important concept in especially self-report survey studies. Social desirability is known as the inclination of individuals' to give more socially desired answers on self-report surveys (Marlowe & Crowne, 1960 *cited in* Akin, 2010). Social desirability is said to be such a strong tendency of people that even in conditions of no one is around, no one is observing, anonymity is provided, people were found presenting themselves differently than they actually are (Akin, 2010).

People who have higher levels of social desirability usually try to show themselves more fitting to the norms of society. So that in this study effect of social desirability, self-deception and impression management tendencies on the attitude scales of homophobia and transphobia were expected to be significant. However, social desirability inclination was not found having any significant effect on attitudes. The term of social desirability is at a critical

point when the results of this study were thought. Since social desirability concept has not been studied with any psychologists community yet, the norms of psychologists group namely what is desirable or not in that group is not known. Especially on a very sensitive topic of homosexuality and transgenderism, the confliction between the norms of general Turkish society and psychology community might arise.

#### **4.2.5. Relationship between the Attitudes and Sociodemographic Variables**

In existing literature some variables such as gender, age, personal contact, religion etc. were observed significantly effecting the attitudes of individuals towards homosexual oriented and transgender individuals. In this study some personal and professional variables were investigated and explored.

In existing literature it was consistently found that men have more negative attitudes towards homosexual oriented and transgender individuals than women. In this study this gender difference was observed in the HRHS and ATTIS scales, indicating that male psychologists have less positive attitudes towards homosexual oriented and transgender individuals than female psychologists. In other words both women and men have positive attitudes towards homosexuals but women have been found to have more tolerating attitudes about homosexuality and transgenderism compared to men. The oversampling of women might be thought as an obstacle for a healthier comparison of other attitude scales. Also the fact that HRHS and ATTIS scales have more personal ‘what if’ questions rather than general opinion based

questions of other scales might be effective in the indifference between males and females in other scales.

Gender findings of this study supported the findings of Herek (1988, 1994, 1996), Kurdek (1988) that females have more positive attitudes than males. The fact that women have more positive attitudes might be related to both the rise of feminism among women and women's possibly more empathic stand about the social difficulties of LGBT oriented individuals. Their extended capacities of care-giving might be effective in the more positive attitudes of women towards LGBT oriented people than men (Greene, 1997 *cited in* Arndt & Bruin, 2006).

Also prior literature has showed that males have more negative attitudes towards gay oriented males than lesbian oriented females, because lesbian oriented women were usually presented as sexual objects in media and men were thought as tending to see lesbian oriented women as sexual potentials (Whitley, Wiederman & Wryobek, 1999 *cited in* Arndt & Bruin, 2006) rather than individuals to be hatred. Besides the fact that gay oriented males do not fit into the norms of maleness in heterosexual oriented males' minds was found to be contributing to more negative attitudes of men towards gay oriented males. In this study this finding from the literature was expected, however it was observed that attitudes of males did not change between gay oriented males and lesbian oriented females. Rather a very strong positive correlation was found between those attitudes, meaning that the more positive the attitudes towards lesbian oriented women, the more positive the attitudes towards gay oriented men.

Believing in a monotheistic religion was consistently found to be significantly effecting the attitudes in negative direction in the existing literature. In this study too the effect of religion on attitudes was expected parallel with the findings of literature. Especially when the dominance of religion of Islam which curses homosexuality and transgenderism in Turkey was considered, the effect of religion on attitudes seems inevitable (Polat et al., 2005). The results of this study confirmed that believing in a monotheistic religion was effecting attitudes towards homosexual and transgender oriented individuals in negative direction. Namely it was observed that participants who believe in a monotheistic religion -mostly Islam in Turkey, only 2 participants believing in Christianity in the sample- had less positive attitudes towards homosexual oriented and transgender individuals compared to nonbelievers and participants believing in religions other than monotheistic ones.

In existing literature personal contact with homosexual oriented and transgender individuals were found to effect attitudes towards them significantly in a positive correlation. In this study too participants having personal contact with homosexual oriented and transgender individuals were expected to have more positive attitudes towards them. What was found in this study confirmed the expectations in the personal contact with homosexual oriented individuals dimension but not in personal contact with transgender individuals variable. It was seen that personal contact with homosexual oriented individuals contributed to the positive attitudes of psychologists towards homosexuality and transgenderism. The results of this study are in keeping with the studies of Herek (1988,1993, 1996) indicating that personal

contact with LGBT oriented individuals contributed to the positive attitudes towards them. This findings also supported Hirschi's (1993), Aker's (1994) theories of social bonding emphasizing that the more bonds the more positive attitudes.

The fact that knowing a transgender person was not found effective on the attitudes towards LGBT oriented individuals may be due to the very small number of participants having acquaintanceship with transgender individuals. The further investigation of this issue with a larger sample of individuals who have a personal contact with transgender people.

What current literature have showed about the effect of education level on the attitudes towards homosexual oriented and transgender individuals was the positive correlation between the education degree and attitudes as the higher the education degree, the more positive the attitudes. The attitudes towards homosexual oriented and transgender individuals in all scales of this study have found to be changing according to the education levels in similarity with the literature findings. In other words all bachelor's, master's and doctorate level participants differed in the positive tone of their attitudes towards homosexual oriented and transgender individuals. Psychologists who have master's education and doctorate degree psychologists were found to have most positive attitudes compared to bachelor's degree psychologists.

Previous literature demonstrated that having specific education about LGBT oriented people have a significant effect on attitudes towards them getting more tolerant. Nonetheless no significant effect of specific education

about homosexuality and transgenderism was observed on the attitudes towards homosexual oriented and transgender individuals in this study. It may be due to the few and less diverse specific education programmes about LGBT oriented individuals in Turkey.

Younger participants were expected to have more tolerant attitudes towards homosexual oriented individuals compared to older participants since younger participants were thought that they were born into a more tolerant and flexible *Zeitgeist* compared to older participants (Herdt, 2001 *cited in* Arndt & Bruin). However age was not found significantly effective on the attitudes of the participants towards homosexuality and transgenderism.

Having liberal opinions about couples living at the same home before marriage was found significantly effecting the attitudes in the literature. It was found by some studies that couples who live together before marriage have more liberal and flexible opinions about the relationships in general and thus have more positive attitudes towards homosexual oriented and transgender individuals (Duyan & Gelbal, 2006; Hinrichs & Rosenberg, 2002). In this study too, participants who choose their marital status as living together were expected to have more tolerant attitudes compared to married and single participants but in contrast with earlier studies no difference was observed between attitudes of married, single and living together participants in this study. The less number of living together participants might not be enough to detect any differences on attitudes. The less number of living together participants may be related to the hardness of this in Turkish repressive society

and family dynamics. It would be better to research this factor again with more sample of living together individuals.

Existing literature indicated that individuals who have lived in urban places have had more positive attitudes towards homosexual oriented and transgender individuals since they might have more chances of, education, personal contact and experience with LGBT oriented individuals compared to individuals living in rural places (Eliason & Hughes, 2004). This finding from the literature was expected in this study too, however attitudes of participants did not change according to where they have lived most. The less number of participants who have lived most of their lives in rural places probably was not enough for the comparison of attitudes between urban and rural variables.

Education levels of parents were expected to have a significant effect on the attitudes positively hence education was observed significantly effective on the attitudes towards homosexual oriented and transgender individuals in the literature. Attitudes showed up in the expected way and education degrees of participants' parents were found having significant effect. In all scales it was seen that the more educated the parents the more tolerant the attitudes of participants. This finding may be an indicator of familial transition of attitudes towards individuals. Also inter-family dynamics and what education brings together to these families in their relations should be investigated.

Self-therapy experience was thought as a possible factor effective on the attitudes in this study. Self-therapy experience is an important process for psychologists to go through their identities, attitudes towards general issues,

relations between relatives, sexual desires etc. thus to enhance themselves. That's why it was expected as a significant factor on attitudes towards homosexual oriented and transgender individuals. As expected in all scales, psychologists with self-therapy experience have been found having more positive attitudes towards LGBT oriented individuals than psychologists who haven't had self-therapy experiences yet.

Having a supervision about the psychological work was also thought as a possible factor effective on the attitudes in this study. Since supervision process is an important chance for psychologists to evaluate their work, and attitudes towards clients through transference and countertransference dynamics, it was expected as a significant factor on attitudes towards homosexual oriented and transgender individuals. However it was seen that attitudes towards LGBT oriented individuals did not differ according to supervision processes of psychologists. This result may be due to the fact that supervision processes may not have much significance in psychologists' daily lives and attitudes in general. They may see supervision process not a process of change and self-reflection but just a part of their work.

Years of experience was considered as a possible factor effective on the attitudes in this study. It was thought that by years in the profession, the chances of education and personal contact with homosexual oriented and transgender clients and issues rise and thus the emotional capacities, professional skills and attitudes of the psychologists change in the more positive and tolerant direction. However contrary to expected, it was seen that attitudes did not differ according to years of experiences of psychologists.

Working place was thought to be effecting the attitudes of psychologists, for instance working within a university campus was thought to lead more chances of education and personal contact with LGBT oriented youth. Thus attitudes were explored according to working places of psychologists and found that psychologists working in universities and private counselling centers were found to have more positive attitudes towards homosexual oriented individuals. The fact that psychologists working in universities were found to have more positive attitudes than psychologists working in other places can be thought in relation with the universities' relatively liberal social atmosphere compared to rest of social environments (Herek,2000).

Also psychologists working in schools ranging from preschool to high schools were found to have less positive attitudes towards homosexual oriented people. The relation between less positive attitudes demonstrated by school psychologists ranging from preschools to high schools and how this situation is linked to the homophobic bullying in schools among students should be researched by future studies. Since psychologists and counsellor teachers have an important role in the development of young identities (Costa & Davies, 2012), it is very critical that they have more accepting and tolerating attitudes towards LGBT oriented students. For this aim specific education programs on sexuality and gender for these psychologists can be organized by Turkish Organization of Psychologists (TPD). Since in childhood and in especially adolescence LGBT youth may have many troubles with coming out, they may deal with the embarrassment feeling in their families and in society (Patterson,

1995), it is highly important to create an accepting and embracing social climate at least at schools. At this point, the efforts of this creation should be the first work of school psychologists.

Besides theoretical orientation was thought as a possible significant factor. Type of psychologists' training namely theoretical orientations was found as a helpful factor in the productive psychotherapy processes. Cognitive behavioral Therapy (CBT) ecote was observed as the most effective theoretical orientation and humanistic and feminist therapies followed the CBT in usefulness (Liddle, 1999 *cited in Israel et al., 2008*). In this study however only difference in attitudes was seen on the eclectic approach. Psychologists supporting eclectic approach was found having more positive attitudes towards homosexuality compared to not supporters of eclectic approach. Working population was thought as a variable possibly effective on the attitudes towards homosexuality and transgenderism. Only difference was observed between the psychologists working with children and adolescents and psychologists not working with the same group. Psychologists working with children and adolescents were found to have more positive attitudes towards transgender individuals.

Although gender, religiosity, personal contact with homosexual oriented and transgender individuals, education degrees, parents' education levels, self-therapy experience were independently found as significant factors in the attitudes of psychologists towards homosexual oriented and transgender individuals. However when they were evaluated altogether, some of these factors were observed not effecting the attitudes. Education degrees of

participants and their parents and self-therapy experience could not predict any significant difference in the attitudes. Gender was observed as the most significant factor effective on the attitudes towards homosexual oriented and transgender individuals showing that female psychologists have more positive attitudes than male psychologists. Not believing in any religion or nonmonotheistic religions and personal contact with homosexual oriented individuals are also found as the strong predictors of positive attitudes of psychologists.

#### **4.2.6. Attitudes of Homosexual and Bisexual Oriented Psychologists towards Transgender Individuals**

Transgender individuals are exposed to the discrimination not only from the general heterosexual oriented society but also from homosexual and bisexual oriented communities hence they do not confirm to the norms of those. Because of this double discrimination fact, in addition to the main expectancies of this study, the attitudes of homosexual and bisexual group towards transgenderism was investigated with the negative attitudes expectancy. However attitudes of homosexual and bisexual oriented psychologists were found similar towards homosexual oriented and transgender individuals. This double discrimination issue between the LGBT oriented individuals may not be common in Turkey, since all of them are under the same repressive heteronormatively dominant culture of Turkey, starting from people on streets to some politicians, they may need to be together and help each other first. It may be thought within the Maslow's Needs Theory (1943)

which emphasizes mostly the ‘first things first’ in my opinion like they first must be altogether to resist and survival.

### **4.3. Clinical and Educational Implications**

For the clinical implications affirmative psychotherapy, for the educational implications accreditation of psychology bachelors’ departments of universities are suggested.

#### **4.3.1. Affirmative Psychotherapy as a Clinical Implication**

Attitudes of psychologists towards homosexual oriented and transgender individuals are highly critical due to the high usage rates of psychological services by LGBT oriented people (Bieschke, McClanahan, Tozer, Grzegorek, Park, 2000, *cited in Israel et al., 2008*) Also it is known that suicidal attempts, depression rates are relatively high in LGBT oriented populations compared to heterosexual oriented counterparts because of the social stigmatization, prejudice, discrimination experiences of them (Cochran & Mays, 2000 *cited in Israel et al. 2008*). Because of these and due to the fact that process of psychological help is certainly open to be affected by the personal opinions of professionals, investigation of psychologists’ attitudes is highly important.

Exhibition of gay affirmative behaviors, efforts to grasp the homophobia experienced by LGBT oriented individuals, helping them in dealing with the negative effects of internalized homophobia, leaving the flow of the therapeutic process to LGBT clients in other words not to insist on the issues of sexual orientation or gender identity without the clients’ will, having

awareness LGBT issues and individuals were observed as the beneficial factors in the psychotherapeutic process (Cochran et al., 1991).

However, perception of homosexuality as a pathology, judging LGBT oriented people due to their sexual orientations and gender identities, lack of knowledge about the LGBT issues, taking heterosexual oriented individuals as a basement and trying to impose heterosexist norms were found as not helping to the effectiveness of psychotherapeutic process (Barlett, King & Phillips, 2001, Cochran et al., 1991 *cited in* Israel et al., 2008).

The feelings of safety, trust, being validated, being accepted, and being affirmed of LGBT oriented clients by the professional are the most positively contributing factors of psychotherapy process. Nonetheless the opposite of those feelings mentioned above were found as the most ineffective and harming features of a psychotherapeutic work with LGBT oriented clients. Psychoeducational techniques, empathic standing and self-disclosure of the therapist were also the important contributors of a helpful psychotherapy process (Israel et al., 2008).

APA's guidelines on psychological work with homosexual oriented and transgender individuals answer the questions of 'how to' of psychologists while working with LGBT oriented people. Table 31 and Table 32 represents these guidelines respectively.

Table 31

Guidelines for Psychotherapy with Lesbian, Gay, and Bisexual Clients  
(APA,2000)

<i>Guidelines for Psychotherapy with Lesbian, Gay, and Bisexual Clients</i>
<b>Attitudes toward Homosexuality and Bisexuality</b>
<p><b>Guideline 1:</b> Psychologists understand that homosexuality and bisexuality are not indicative of mental illness.</p> <p><b>Guideline 2:</b> Psychologists are encouraged to recognize how their attitudes and knowledge about lesbian, gay, and bisexual issues may be relevant to assessment and treatment and seek consultation or make appropriate referrals when indicated.</p> <p><b>Guideline 3:</b> Psychologists strive to understand the ways in which social stigmatization (i.e., prejudice, discrimination, and violence) poses risks to the mental health and well-being of lesbian, gay, and bisexual clients.</p> <p><b>Guideline 4:</b> Psychologists strive to understand how inaccurate or prejudicial views of homosexuality or bisexuality may affect the client's presentation in treatment and the therapeutic process.</p>
<b>Relationships and Families</b>
<p><b>Guideline 5:</b> Psychologists strive to be knowledgeable about and respect the importance of lesbian, gay, and bisexual relationships.</p> <p><b>Guideline 6:</b> Psychologists strive to understand the particular circumstances and challenges faced by lesbian, gay, and bisexual parents.</p> <p><b>Guideline 7:</b> Psychologists recognize that the families of lesbian, gay, and bisexual people may include people who are not legally or biologically related.</p> <p><b>Guideline 8:</b> Psychologists strive to understand how a person's homosexual or bisexual orientation may have an impact on his or her family of origin and the relationship to that family of origin.</p>
<b>Issues of Diversity</b>
<p><b>Guideline 9:</b> Psychologists are encouraged to recognize the particular life issues or challenges that are related to multiple and often conflicting cultural norms, values, and beliefs that lesbian, gay, and bisexual members of racial and ethnic minorities face.</p> <p><b>Guideline 10:</b> Psychologists are encouraged to recognize the particular challenges that bisexual individuals experience.</p> <p><b>Guideline 11:</b> Psychologists strive to understand the special problems and risks that exist for lesbian, gay, and bisexual youth.</p> <p><b>Guideline 12:</b> Psychologists consider generational differences within lesbian, gay, and bisexual populations and the particular challenges that lesbian, gay, and bisexual older adults may experience.</p> <p><b>Guideline 13:</b> Psychologists are encouraged to recognize the particular challenges that lesbian, gay, and bisexual individuals experience with physical, sensory, and cognitive-emotional disabilities.</p>

Table 32

Guidelines for Psychological Practice with Transgender and Gender Nonconforming People

<i><b>Guidelines for Psychological Practice With Transgender and Gender Nonconforming People</b></i>
<b>Foundational Knowledge and Awareness</b>
<p><b>Guideline 1:</b> Psychologists understand that gender is a nonbinary construct that allows for a range of gender identities and that a person’s gender identity may not align with sex assigned at birth.</p> <p><b>Guideline 2:</b> Psychologists understand that gender identity and sexual orientation are distinct but interrelated constructs.</p> <p><b>Guideline 3:</b> Psychologists seek to understand how gender identity intersects with the other cultural identities of TGNC people.</p> <p><b>Guideline 4:</b> Psychologists are aware of how their attitudes about and knowledge of gender identity and gender expression may affect the quality of care they provide to TGNC people and their families.</p>
<b>Stigma, Discrimination, and Barriers to Care</b>
<p><b>Guideline 5:</b> Psychologists recognize how stigma, prejudice, discrimination, and violence affect the health and well-being of TGNC people.</p> <p><b>Guideline 6:</b> Psychologists strive to recognize the influence of institutional barriers on the lives of TGNC people and to assist in developing TGNC-affirmative environments.</p> <p><b>Guideline 7:</b> Psychologists understand the need to promote social change that reduces the negative effects of stigma on the health and well-being of TGNC people.</p>
<b>Life Span Development</b>
<p><b>Guideline 8:</b> Psychologists working with gender-questioning 4 and TGNC youth understand the different developmental needs of children and adolescents, and that not all youth will persist in a TGNC identity into adulthood.</p> <p><b>Guideline 9:</b> Psychologists strive to understand both the particular challenges that TGNC elders experience and the resilience they can develop.</p>
<b>Assessment, Therapy, and Intervention</b>
<p><b>Guideline 10:</b> Psychologists strive to understand how mental health concerns may or may not be related to a TGNC person’s gender identity and the psychological effects of minority stress.</p> <p><b>Guideline 11:</b> Psychologists recognize that TGNC people are more likely to experience positive life outcomes when they receive social support or trans-affirmative care.</p> <p><b>Guideline 12:</b> Psychologists strive to understand the effects that changes in gender identity and gender expression have on the romantic and sexual relationships of TGNC people.</p> <p><b>Guideline 13:</b> Psychologists seek to understand how parenting and family formation among TGNC people take a variety of forms.</p> <p><b>Guideline 14:</b> Psychologists recognize the potential benefits of an interdisciplinary approach when providing care to TGNC people and strive to work collaboratively with other providers.</p>

### **4.3.2. Accreditation of the Education Programs as an Educational Implication**

The fact that bachelors' degree psychologists were found having the less positive attitudes towards LGBT oriented individuals compared to masters and doctorate degree psychologists in this study indicated that the bachelors' degree psychology education is not enough for more positive attitude development in Turkey. Especially when the sample of this study predicted as coming from more liberal university environments, and the relatively traditional conditions of other universities were predicted based on the study of Akıllı et al. (2014) representing the highly traditional gender role beliefs of academicians of Nevsehir Hacı Bektas Veli University, the accreditation study of psychology departments should be an urgent work.

There are increasing numbers of psychology departments in universities and thus psychology students in universities. Unfortunately some of these departments do not have enough quality in academician characteristics. Even in some psychology departments there are some academicians from other departments such as sociology, philosophy, Islam theology etc. in the founder staff positions. Therefore these departments in those universities are not able to give universally qualified, and objective psychology educations to their students who are the future's possible psychologists (Sayıl, M., 2014).

The fact that psychologists are working with people, it is very crucial that they are qualified enough to not harm people first and then to be helpful. To be able to evaluate these qualifications, accreditation of the psychology departments is very critical. Also academicians of psychology departments should be selected according to their professional psychology knowledge and backgrounds, not with the aim of filling a gap in the academicians list. In these conditions it seems highly probable that a student of an Islam theology professor in a psychology department may develop more negative attitudes to atheist, secular and/or LGBT oriented individuals etc. Or a sociology department professor may not have enough knowledge about mental health problems of nonheterosexual oriented people.

Through the accreditation studies, ethics standards, psychologists' role both in prevention of social discrimination and prejudice and protection of mental health problems of LGBT oriented individuals who have been prejudiced, bullied, or discriminated should be cleared and standardized in all universities of Turkey.

For this aim developing key guidelines for students, academicians, and professionals as APA did for psychologists on how to work effectively with homosexual oriented (2011) and transgender individuals (2015) can be an important step for changing attitudes.

Also the fact that school psychologists do have less positive attitudes indicated the necessity of some educations and mainstreaming studies are highly urgent. Psychologists do have the very critical roles in the protection of

bullied LGBT oriented students from the psychological distress caused by discrimination in schools. That's why they should first deal with their own negative attitudes to not harm the LGBT oriented students. Some forms of mainstreaming studies such as psychodrama groups, open-communication groups can be suggested as solutions for school climates (Lance, 2002; Goff, 2015) and TPD can organize some events about this issue in schools of Turkey.

#### **4.4.Limitations and Suggestions for Future Research**

The response rates to the surveys of this study (n=237) were said to be relatively low and having less variety inside when the total number of psychologists in Turkey was taken into consideration. The number of psychology bachelor departments is around 74 and approximately 5000 students graduate from those departments every year(2013, ÖSYM). Compared to these numbers, sample of this study is said to be not reflecting the all psychologists in Turkey therefore the generalizability of the findings of this study are said to be limited.

Also the fact that in which websites and social groups the survey calls were made can be determining in reaching the less varied sample of this study. Most of the data was predicted coming from the more educated and more activist psychologists community. It would be desirable to replicate the present study with more psychologists, with a more diverse profiles.

As a solution to the problem of reaching more psychologists with more variation, in further studies with psychologists Turkish Psychologists Organization (TPD) can make a call to the all psychologists in Turkey like

APA Committee on Lesbian and Gay Concerns did in 1984 with a task force study in which 2544 psychologists attended.

Also it was seen through the website in which data of this study collected, 412 psychologists stopped to give answers to the survey questions. This situation can be evaluated in many ways certainly, tiredness, busyness, timelessness may also explain this situation. However ignoring and distancing the issues of homosexuality and transgenderism, the dominance of heterosexism in their judgments might also be possible explanations of refusal of sharing their attitudes about LGBT oriented individuals.

Since a volunteer sample was used findings might be resulted in a biased way. Psychologists having more positive attitudes towards homosexual oriented and transgender individuals might want to show how tolerant and open-minded they are.

As in all studies based on correlational statistics findings cannot be evaluated as causality as, therefore non findings of this study can be thought as the causes of the positive or negative attitudes. The findings of this study are open to many alternative cause-based relations and explanations. Any other related factor found significant on attitudes in literature but not included in this study may become the possible explanations of the attitudes. Openness to Experience dimension of Big-Five Personality Factors can constitute as an example to this situation. It was found by Johnson et al. (1997) that this personality dimension is much related with the positive attitudes towards homosexual oriented and transgender individuals. Also gender role belief

systems were found highly related with the negative attitudes towards homosexuality. It would be better for further studies investigating these variables too to achieve broader explanations (Fiske & Glick, 1997 *cited in* Arndt & Bruin, 2006). Like examples above, the unquestioned personal and professional variables may diminish the generalizability of the findings.

The fact that as education degrees rise, the attitudes get more positive in this study indicates the inefficiency of psychology bachelors' education. So that accreditation studies for the psychology departments seems highly critical for the psychology departments of universities.

The issue of transgenderism and transgender individuals in getting psychological help has been started in last few years and it needs to be explored more by further studies. Future studies should also investigate the double discrimination issues in Turkey in detail.

Further studies may also explore the attitudes towards the legal rights of LGBT oriented individuals in Turkey such as marrying, adopting children etc. The attitudes may change when the theoretical issues turn into practicality. What was meant is someone who supports the freedom of LGBT oriented people in their romantic and sexual relationships as they are single and away from themselves, may have different ideas on marriage of them since it can threat the traditional family system which is seen highly important in Turkey. The fact that attitudes are usually questioned via 'what if' questions, to be able to be certain about those attitudes in the daily life and in practicality should also be questioned by further studies.

Qualitative methods investigating details underneath the obvious might also be useful in the research of attitudes towards discriminated groups to be able to detect implicit expressions of negative attitudes.

Despite these shortcomings this study also have important implications too. By taking attention of the psychologists to the issues of homosexuality and transgenderism, by examining the individual variables that have effect on the attitudes, a better understanding of the nature of attitudes is said to be reached.

## 5. Conclusion

The labels of homosexual and transgender should not be evaluated as only two dimensional subjects. There said to be a common tendency in the mostly heterosexist Turkish society that seeing LGBT oriented individuals firstly and sometimes only with their sexual orientetations and gender nonconformity instead of seeing them first as humans as themselves.

The facts that LGBT oriented individuals are all unique individuals as heterosexual oriented people are, LGBT oriented individuals do have many qualities other than their sexual and gender identity related differences, they also have families, friends and relatives, life problems as heterosexual oriented people are usually ignored and forgotten in Turkish society.

However, together with seeing humanness of nonheterosexual oriented individuals, their psychological, economical and social problems due to their sexual orientation and gender nonconformity such as discrimination, harassmnet and prejudice should not be underestimated and demeaned.

Since psychologists do have important reformativ social roles in shaping society, even though to some extent, starting from themselves and close relatives to the general society they may contribute to the breaking down process of negative attitudes towards LGBT oriented people. Thus they may contribute to the development of positive attitudes towards LGBT oriented individuals. Like throwing a little stone into a lake, the little but important

steps of change in the attitudes present in the society starting from individuals to government policies will probably arise via contribution of psychologists.

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## **Appendix A**

### **Demographic Information Form**

**(Demografik Bilgi Formu)**

**DEMOGRAFİK BİLGİ FORMU**

1. Kaç yaşındasınız?

2. Cinsel Yöneliminiz?

❖ *Heteroseksüel*

❖ *Homoseksüel*

❖ *Biseksüel*

3. Cinsiyetiniz?

❖ *Kadın*

❖ *Erkek*

❖ *Tanımlamıyorum*

4. Doğduğunuz şehir?

5. Hayatınızın büyük kısmını geçirdiğiniz yer?

❖ *Şehir*

❖ *Kırsal bölge*

6. Şu anda yaşadığınız şehir?

7. Medeni durumunuz?

❖ *Evli*

❖ *Bekar*

❖ *Beraber yaşıyor*

8. Eğitim durumunuz?

❖ *Lisans*

❖ *Yükseklisans*

❖ *Doktora*

**9. Uzmanlık alanınız?**

❖ *Psikoloji*

❖ *Gelişimsel Psikoloji*

❖ *Klinik Psikoloji*

❖ *Nöropsikoloji*

❖ *Örgüt Psikolojisi*

❖ *Adli Psikoloji*

❖ *Sosyal Psikoloji*

❖ *Eğitim Psikolojisi*

❖ *Psikolojik Danışmanlık ve Rehberlik*

**10. Meslekteki deneyim süreniz?**

**11. Kendi psikoterapi sürecinizden geçtiniz mi?**

❖ *Evet*

❖ *Hayır*

**12. Annenizin eğitim durumu?**

❖ *Okur yazar değil*

❖ *İlkokul mezunu*

❖ *Ortaokul mezunu*

❖ *Lise mezunu*

❖ *Lisans mezunu*

❖ *Yükseklisans mezunu*

❖ *Doktora mezunu*

**13. Babanızın eğitim durumu?**

- ❖ *Okur yazar değil*
- ❖ *İlkokul mezunu*
- ❖ *Ortaokul mezunu*
- ❖ *Lise mezunu*
- ❖ *Lisans mezunu*
- ❖ *Yükseklisans mezunu*
- ❖ *Doktora mezunu*

**14. Varsa, dini inancınız?**

- ❖ *Yok*
- ❖ *İslamiyet*
- ❖ *Hristiyanlık*
- ❖ *Yahudilik*
- ❖ *Budizm*
- ❖ *Diğer*

**15. Etrafınızda kişisel bir yakınlık içinde bulunduğunuz homoseksüel birey ya da bireyler var mı?**

- ❖ *Evet*
- ❖ *Hayır*

**16. Bu yakınlığı derecelendirebilir misiniz?**

- ❖ *Hiç*
- ❖ *Az*
- ❖ *Orta*
- ❖ *Yakın*

❖ *Çok yakın*

**17. Etrafınızda kişisel bir yakınlık içinde bulunduğunuz transseksüel birey ya da bireyler var mı?**

❖ *Evet*

❖ *Hayır*

**18. Bu yakınlığı derecelendirebilir misiniz?**

❖ *Hiç*

❖ *Az*

❖ *Orta*

❖ *Yakın*

❖ *Çok yakın*

**19. Mesleki bir düzlemde tanışıklığınız olan homoseksüel birey ya da bireyler var mı?**

❖ *Evet*

❖ *Hayır*

**20. Mesleki bir düzlemde tanışıklığınız olan transseksüel birey ya da bireyler var mı?**

❖ *Evet*

❖ *Hayır*

**21. Mesleğinizi yaptığınız kurum aşağıdakilerden hangisidir?**

❖ *Anaokulu*

❖ *Belediye*

❖ *Devlet hastanesi*

- ❖ *Özel hastane*
- ❖ *Huzurevi/ yaşlı bakım merkezi*
- ❖ *Okul*
- ❖ *Kadın sağlığı merkezi*
- ❖ *Özel danışmanlık merkezi*
- ❖ *Özel eğitim ve rehabilitasyon merkezi*
- ❖ *Sivil toplum örgütü*
- ❖ *Üniversite*
- ❖ *Vakıf*
- ❖ *Diğer*

22. Süpervizyon alıyor musunuz?

- ❖ *Evet*
- ❖ *Hayır*

23. Teorik yöneliminizi nasıl tanımlarsınız?

**Birden fazla işaretleyebilirsiniz.**

- ❖ *Analitik*
- ❖ *Psikodinamik*
- ❖ *Bilişsel davranışçı*
- ❖ *Davranışçı*
- ❖ *Eklektik*
- ❖ *İntegratif*
- ❖ *Varoluşçu*
- ❖ *Deneyimsel*
- ❖ *Geşalt*

❖ *İnsanlı*

❖ *Diğer*

**24. Danışmanlık yaptığınız popülasyon nedir?**

**Birden fazla işaretleyebilirsiniz.**

❖ *Çocuk*

❖ *Ergen*

❖ *Yetişkin*

❖ *Çift*

❖ *Aile*

❖ *Grup*

❖ *Geriatrik*

**24. Tamamladığınız eğitim programlarınızda homoseksüel bireylerin ruh sağlığı süreçleri hakkında bilgilendirildiniz mi?**

❖ *Evet*

❖ *Hayır*

**26. Varsa, bu bilgilendirmenin düzeyini belirtebilir misiniz?**

❖ *Yok*

❖ *Az*

❖ *Biraz*

❖ *Çok*

**27. Tamamladığınız eğitim programlarınızda transseksüel bireylerin ruh sağlığı süreçleri hakkında bilgilendirildiniz mi?**

❖ *Evet*

❖ *Hayır*

**28. Varsa, bu bilgilendirmenin düzeyini belirtebilir misiniz?**

❖ *Yok*

❖ *Az*

❖ *Biraz*

❖ *Çok*

**Appendix B**

**Consent Form**

**(Onam Formu)**

Sayın Katılımcı;

Bu çalışma İstanbul Bilgi Üniversitesi Klinik Psikoloji Yüksek Lisans programında, Dr. Sinan Sayıt danışmanlığında, Burcu Yüksek tarafından yürütülen yüksek lisans tez çalışmasıdır. Çalışmanın amacı; Türkiye’de çalışan psikologların eşcinsel ve transgender bireylere ilişkin tutumlarına dair bilgi edinmek ve bu tutumlarla ilişkili olabilecek kişisel ve mesleki değişkenleri incelemektir.

Çalışmaya katılım tamamıyla gönüllülük esasına bağlıdır. Ankette sizden kimlik belirleyici hiçbir bilgi istenmemektedir. Cevaplarınız tamamıyla gizli tutulacak ve sadece araştırmacılar tarafından değerlendirilecektir; elde edilecek bilgiler bilimsel yayımlarda kullanılacaktır. Anketleri doldurmanız yaklaşık olarak 20 dk sürecektir. Anketler ve ölçekler, genel olarak kişisel rahatsızlık verecek soruları içermemektedir. Ancak, katılım sırasında sorulardan ya da herhangi başka bir nedenden ötürü kendinizi rahatsız hissederseniz, gerekçe göstermeksizin cevaplama işini yarıda bırakabilirsiniz.

Araştırma ile ilgili sorularınız olursa Burcu Yüksek’e [brcyksk@gmail.com](mailto:brcyksk@gmail.com) e-posta adresinden ulaşabilirsiniz.

Değerli katılımınız için teşekkürler.

Yukarıdakileri okudum, anladım ve bu çalışmaya katılmayı kabul ediyorum.

- Evet
- Hayir

## **Appendix C**

### **Two-dimensional Social Desirability Scale**

**(İki Boyutlu Sosyal İstenirlik Ölçeği (SDS))**

Aşağıdaki ifadelerin kendiniz için uygunluğunu değerlendirmeniz ve kendiniz için en uygun seçeneği işaretlemeniz beklenmektedir. Her sorunun karşısında bulunan; 1 Hiç uygun değil, 2 Uygun değil, 3 Biraz uygun, 4 Uygun, 5 Tamamen uygun anlamına gelmektedir. Lütfen **her ifadeye** mutlaka **TEK** yanıt veriniz ve **BOŞ** bırakmayınız.

1	Verdiğim kararlardan dolayı asla pişmanlık duymam.
2	Birinin arkasından kesinlikle kötü şeyler konuşmam.
3	Bana yönelik eleştirileri her zaman dikkate alırım.
4	Hayatımda hiç hırsızlık yapmadım.
5	Bir şeyi kafama koyduğumda diğer insanlar nadiren fikrimi değiştirebilir.
6	Kendi kaderimi yazabileceğimi düşünürüm.
7	Bana ait olmayan şeyleri asla almam.
8	İş veya okuldan izin almak için hasta numarası yapmam.
9	Verdiğim kararlara çok güvenirim.
10	Kesinlikle sokağa çöp atmam.
11	Araç kullanırken hız limitini aşmam.
12	Diğer insanların benim hakkımda ne düşündüğünü dikkate almam.
13	Kendime karşı her zaman dürüst davranırım.
14	Suçlu duruma düşme ihtimalim olmasa bile her zaman yasalara uyarım.
15	Tamamen mantıklı bir insanım.
16	İnsanların özel bir şeyler konuştuğunu duyarsam dinlemekten kaçınırım.

17	Zihnimi dağıtan bir düşünceden uzaklaşmak benim için zor değildir.
18	Hatalarımı kesinlikle gizlemem.
19	Kötü alışkanlıklarımı terk etmek bana zor gelmez.
20	Duygularımın yoğunlaşması düşüncelerimde önyargılı olmama neden olmaz.
21	Mağaza eşyalarına zarar verirsem kesinlikle bu durumu görevlilere bildiririm.
22	Diğer insanlar hakkında dedikodu yapmam.
23	İnsanlara yönelik ilk izlenimimde yanılmam.
24	Çok mecbur olsam bile yalan söylemem.
25	Hiçbir kötü alışkanlığım yoktur.
26	Yaptığım işlerde her zaman doğru adımlar atarım.
27	Asla cinsel içerikli kitap veya dergi okumam.
28	Kesinlikle küfür etmem.
29	Alışverişlerde para üstünü fazla aldığım durumlarda hemen geri veririm.

## **Appendix D**

**Hudson & Ricketts Homophobia Scale (HRHS)**

**(Hudson & Ricketts Homofobi Ölçeđi)**

**Lütfen aşağıdaki her bir ifade ile ne derece hemfikir olup olmadığınızı, verilen ölçekteki puanlardan birini seçerek işaretleyiniz. 1 = Hiç katılmıyorum 2 = Oldukça katılmıyorum 3 = Birazcık katılmıyorum 4 = Birazcık katılıyorum 5 = Oldukça katılıyorum 6 = Çok katılıyorum anlamına gelmektedir.**

Lütfen **her ifadeye** mutlaka **TEK** yanıt veriniz ve **BOŞ** bırakmayınız.

1. Bir eşcinsel grubun içinde olmaktan rahatsızlık duyarım.
2. Kendi cinsimden birisi bana karşı cinsel ilgi gösterirse sinirlenirim.
3. Çocuğumun eşcinsel olduğunu öğrenseydim hayal kırıklığına uğrardım.
4. Kardeşimin eşcinsel olduğunu öğrenseydim üzülürdüm.
5. Eşcinsellerin katıldığı sosyal aktivitelere katılmaktan hoşlanırım.
6. Kızımın öğretmeninin lezbiyen olduğunu öğrenmek beni rahatsız etmez.
7. Kendi cinsimden birisi bana cinsel ilgi gösterirse canım sıkılır.
8. Bir partide bir eşcinselle rahatça konuşurum.
9. Oğlumun erkek öğretmeninin eşcinsel olduğunu öğrenmek beni rahatsız eder.
10. Erkek bir eşcinselle beraber çalışmak beni rahatsız etmez.
11. Kendi cinsimden birisinin bana cinsel ilgi göstermesi beni rahatsız etmez.

12. Çocuğumun eşcinsel olduğunu öğrenirsem, iyi bir ebeveyn olmadığımı düşünürüm.
13. Kendi cinsimden birisini çekici bulmaktan rahatsızlık duymam.
14. Toplum içinde iki erkeğin el ele tutuştuğunu görmek beni iğrendirir.
15. Doktorumun eşcinsel olduğunu öğrenmek beni rahatsız eder.
16. Patronumun eşcinsel olduğunu öğrenmek beni rahatsız eder.
17. Kendi cinsimden birisinin bana cinsel ilgi göstermesi beni gururlandırır.
18. Bir kadın eşcinselle çalışmak beni rahatsız etmez.
19. Eşimin ya da partnerimin kendi cinsinden birisine ilgi duyması beni rahatsız eder.
20. Komşumun eşcinsel olduğunu öğrenmek beni rahatsız eder.
21. Eşcinsellerin gittiği bir barda görülmek beni rahatsız eder.
22. Mensubu olduğumun dinin, din adamının eşcinsel olduğunu öğrenmek beni rahatsız eder.
23. Kendi cinsimden en iyi arkadaşımın eşcinsel olduğunu öğrenmek beni rahatsız etmez.
24. Kendi cinsimden insanların beni çekici bulmaları, beni rahatsız etmez.

## **Appendix E**

**The Attitudes toward Lesbians and Gay Men Scale –**

**The Revised Short Version #1 (ATLG)**

**(Lezbiyen ve Geylere Yönelik Tutum Ölçeği –**

**Gözden Geçirilmiş Kısa Versiyon # 1 (LGYT))**

**Maddelerde belirtilen düşüncelere 1 Hiç katılmıyorum, 2 Katılmıyorum , 3 Kararsızım , 4 Katılıyorum ve 5 Tamamen katılıyorum olmak üzere beş derecede görüş bildirmeniz istenmektedir.**

Lütfen **her ifadeye** mutlaka **TEK** yanıt veriniz ve **BOŞ** bırakmayınız.

1. Erkek eşcinsellerin (geylerin) iğrenç olduğunu düşünüyorum.
2. Erkek eşcinselliği bir sapkınlıktır.
3. Erkek eşcinselliği erkeklerdeki cinselliğin doğal bir dışavurumudur.
4. İki erkek arasındaki seks apaçık yanlıştır.
5. Erkek eşcinselliği kınanmaması gereken sadece farklı bir yaşam tarzıdır.
6. Kadın eşcinsellerin (lezbiyenlerin) iğrenç olduğunu düşünüyorum.
7. Kadın eşcinselliği bir sapkınlıktır.
8. Kadın eşcinselliği kadınlardaki cinselliğin doğal bir dışavurumudur.
9. İki kadın arasındaki seks apaçık yanlıştır.
10. Kadın eşcinselliği kınanmaması gereken sadece farklı bir yaşam tarzıdır.

## **Appendix F**

**Attitudes Towards Transgendered Individuals Scale (ATTIS)**

**(Transgender Bireylere Yönelik Tutum Ölçeđi)**

**Aşağıdaki maddeleri 1=Kesinlikle katılıyorum, 2=Biraz katılıyorum, 3=Ne katılıyorum Ne katılmıyorum, 4=Biraz katılmıyorum, 5=Kesinlikle katılmıyorum şeklinde puanlayarak sizin için uygunluğunu belirtiniz.**

Lütfen **her ifadeye** mutlaka **TEK** yanıt veriniz ve **BOŞ** bırakmayınız.

1. \_\_\_ Transgenderizmi normal olarak kabul etmek toplum için faydalı olacaktır.
2. \_\_\_ Trans bireylerin çocuklarla çalışmalarına izin verilmemelidir.
3. \_\_\_ Transgenderizm ahlaka aykırıdır.
4. \_\_\_ Trans barların tümü kapatılmalıdır.
5. \_\_\_ Trans bireyler toplumumuzun varlıkları geçerli bir parçasıdır.
6. \_\_\_ Transgenderizm günahdır.
7. \_\_\_ Transgenderizm aile müessesesi için tehlike arz eder.
8. \_\_\_ Trans bireyler toplumda tam anlamıyla kabul görmelidir.
9. \_\_\_ Trans bireyler öğretmenlik mesleğinden men edilmelidir.
10. \_\_\_ Transgenderizme yönelik hiçbir kısıtlama getirilmemelidir.
11. \_\_\_ Trans bireylerden mümkün olduğunca kaçınırım.
12. \_\_\_ Trans bir bireyle yakın olarak çalışırken rahat hissederim.

13. \_\_\_ Trans bireylerin yer aldığı sosyal etkinliklere katılmaktan hoşlanırım.
14. \_\_\_ Komşumun trans bir birey olduğunu öğrenseydim rahat hissederdim.
15. \_\_\_ Trans bireylerin toplum içinde diğer cinsiyet kimliklerine ait kıyafetler giymelerine izin verilmemelidir.
16. \_\_\_ Trans arkadaşlarım olmasını isterdim.
17. \_\_\_ En iyi arkadaşımın trans bir birey olduğunu öğrenseydim rahat hissederdim.
18. \_\_\_ Yakın bir aile üyesinin trans bir bireyle romantik bir ilişki içinde bulunduğunu öğrenseydim rahatsız olurum.
19. \_\_\_ Trans bireyler aslında sadece gizli eşcinsellerdir.
20. \_\_\_ Trans bireylerin romantik partnerleri psikolojik tedavi görmelidir.

## **Appendix G**

**Transphobia Scale (TS)**

**(Transfobi Ölçeđi)**

Aşağıdaki maddeleri *1=Tamamen katılmıyorum, 2=Oldukça katılmıyorum, 3=Biraz katılmıyorum, 4=Kararsızım, 5= Biraz katılıyorum, 6=Oldukça katılıyorum, 7=Tamamen katılıyorum* şeklinde puanlayarak sizin için uygunluğunu belirtiniz.

Lütfen **her ifadeye** mutlaka **TEK** yanıt veriniz ve **BOŞ** bırakmayınız.

1. \_\_\_ Erkek ya da kadın olarak nitelendiremediğim birisinin benimle flört etmesinden hoşlanmam.
2. \_\_\_ Ne erkek ne de kadın olduğunu söyleyen birisinde bir sorun olduğunu düşünürüm.
3. \_\_\_ Uzun zamandır tanıdığım biri eskiden farklı bir toplumsal cinsiyet kimliğinin olduğunu itiraf etseydi üzülürdüm.
4. \_\_\_ Sokakta gördüğüm toplumsal cinsiyeti benim için net olmayan insanlardan kaçınırım.
5. \_\_\_ Yeni biriyle tanıştığımda o kişiyi erkek ya da kadın olarak tanımlayabilmek benim için önemlidir.
6. \_\_\_ Kadın-erkek ikiliğinin doğal olduğuna inanırım.
7. \_\_\_ Etrafımda geleneksel toplumsal cinsiyet rollerine uymayan insanlar (örn, saldırgan kadınlar ya da duygusal erkekler) olmasından rahatsız olurum.
8. \_\_\_ Kişinin toplumsal cinsiyetini asla değiştiremeyeceğine inanırım.

9. \_\_\_ Bir kişinin cinsel organı toplumsal cinsiyetini belirler. (örneğin penisi olması kişiyi erkek olarak, vajinası olması da kişiyi kadın olarak tanımlar.)