

UNIVERSIDADE FEDERAL DA PARAÍBA CENTRO DE CIÊNCIAS HUMANAS, LETRAS E ARTES PROGRAMA DE PÓS-GRADUAÇÃO EM PSICOLOGIA SOCIAL MESTRADO EM PSICOLOGIA SOCIAL

MEDIATING ROLE OF PREJUDICE IN THE RELATIONSHIP BETWEEN CONSERVATISM AND SUPPORT FOR SEXUAL REORIENTATION

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O PAPEL MEDIADOR DO PRECONCEITO NA RELAÇÃO ENTRE CONSERVADORISMO E O APOIO À REORIENTAÇÃO SEXUAL

Dissertação apresentada ao Programa de Pós-Graduação em Psicologia Social da Universidade Federal da Paraíba por Flaviane Michelly Tenório de Souza, sob orientação do Prof. Dr. Cicero Roberto Pereira, em cumprimento às exigências para obtenção do título de Mestre em Psicologia Social.

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ATA DE DEFESA DE DISSERTAÇÃO

Aos vinte e três dias do mês de marco de dois mil e vinte, reuniram-se, em solenidade pública por meio de videoconferência num ambiente virtual no software Skype, os membros da comissão designada pelo Colegiado do Programa de Pós-graduação em Psicologia Social para o exame de Defesa de Dissertação da discente Flaviane Michelly Tenorio de Souza (Orientanda, UFPB, CPF: 022.437.803-13). Foram componentes da banca examinadora: Prof. Dr. Cícero Roberto Pereira (UFPB, Orientador, CPF: 982.070.754-49), Prof.^a Dr.^a Cleonice Pereira dos Santos Camino (UFPB, Membro interno ao programa, CPF: 040.084.484-20) e Prof. Dr. Marcus Eugênio Oliveira Lima (UFS, Membro externo à instituição, CPF: 528.554.905-10). À cerimônia compareceram, além da examinada, alunos de pós-graduação, representantes dos corpos docente e discente da Universidade Federal da Paraíba e interessados em geral. Dando início aos trabalhos, o presidente da banca, Prof. Dr. Cícero Roberto Pereira, após declarar o objetivo da reunião, apresentou a examinada Flaviane Michelly Tenorio de Souza e, em seguida, concedeu-lhe a palavra para que apresentasse o conteúdo do trabalho, intitulado: "Mediating role of prejudice in the relationship between conservatism and support for sexual reorientation". A seguir, a examinada foi arguida pelos examinadores na forma regimental. Ato contínuo, passou a comissão, em secreto, a proceder a avaliação e julgamento do trabalho, concluindo por atribuir-lhe a avaliação "APROVADA" na defesa do trabalho final para conclusão do curso de Pós-Graduação em Psicologia Social, nível Mestrado. Nada mais havendo a tratar, eu, Patrícia Nunes da Fonseca, coordenadora do Programa de Pós-Graduação em Psicologia Social da UFPB, lavrei a presente ata, que depois de lida e aprovada por todos, assino juntamente com os membros da banca. João Pessoa, 23 de março de 2020.

Prof. Dr. Cícero Roberto Pereira

Prof. Dr. Cleonice Pereira dos Santos Camino

Prof. Dr. Marcus Eugênio Oliveira Lima

Prof.^a Dr.^a Patrícia Nunes da Fonseca Coordenadora do PPGPS

Por que D'Ele, e por meio D'Ele e para Ele são todas as coisas. A Ele, pois a Glória eternamente (Rm, 16:36)

À Andreza, Eldo e Andréa (Em todo tempo ama o amigo, e na angústia se faz o irmão, Pv, 17:17)

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Abstract

People's political support for therapeutic practice of gay cure may be motivated by the

homophobic prejudice driven by conservative groups. In this article, we analyze the

problem of political support for gay cure therapy (SGCT) by proposing the hypothesis that

this support is motivated by conservatism and that this relationship is mediated by

prejudice against homosexuals. We also propose that the role of prejudice in the

relationship between conservatism and SGCT is moderated by beliefs about the nature of

homosexuality. We tested these hypotheses in three studies. In Study 1 (n = 249), we

found that conservative values predict SGCT, and this effect is partly mediated by

prejudice. In Study 2 (n = 247), we replicated this mediation and found that it was

moderated by ethical-religious beliefs and psychological beliefs about the nature of

homosexuality. Study 3 (n = 210) experimentally tested showing the political

consequences of SGCT. Through sequential mediation, we showed that more conservative

individuals tend to absolve psychologists who practice gay cure therapy. Taken together,

the results of this research have important implications for understanding the political

significance of SGCT and the psychosocial process that motivates social support for its

implementation.

Keywords: Conservatism, Prejudice, "Gay Cure"; Essentialism.

Resumo

O suporte político que as pessoas dão às práticas terapêuticas de cura gay pode ser

motivado pelo preconceito homofóbico impulsionado pelos grupos conservadores. Neste

artigo analisamos o problema do apoio político às terapias de cura gay (SGCT) propondo a

hipótese de que esse apoio é motivado pelo conservadorismo e que essa relação é mediada

pelo preconceito contra os homossexuais. Propomos também que o papel do preconceito

na relação entre o conservadorismo o SGCT é moderado pelas crenças sobre a natureza da

homossexualidade. Testamos essas hipóteses em três estudos. No Estudo 1 (n = 249),

verificamos que os valores conservadores prevêem o SGCT, sendo esse efeito mediado em

parte pelo preconceito. No Estudo 2 (n = 247), replicamos essa mediação e verificamos ser

essa mediação moderada pelas Crenças Ético-Religioso e Crenças Psicológicas sobre a

natureza da homossexualidade. O Estudo 3 (n = 210) testou experimentalmente as

consequências políticas do SGCT. Por meio de uma mediação sequencial, mostramos

como os indivíduos mais conservadores tendem a absolver um psicólogo que pratica a cura

gay. Em conjunto, os resultados desta pesquisa têm implicações importantes para a

compreensão do significado político do SGCT e processo psicossocial que motiva o

suporte social a sua implementação.

Palavras-chave: Conservadorismo, Preconceito, "Cura Gay", Essencialismo.

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Introduction

In contemporary societies, there has been frequent debate regarding the nature, antecedents, and consequences of prejudice against homosexuals (Pereira, Pereira & Monteiro, 2016). Despite efforts to value equality and advances in internalizing the value of respect for human rights in defense of sexual minorities, the persistence of violence and discrimination against gay people can be seen in various social contexts (Rios, Resadori, Leivas & Schafer, 2017; Gosmes, 2016; Souza, 2015; Pereira, Alfaia, Souza & Lima, 2014). Given this phenomenon, even with the scientific recognition that homosexuality is not pathological, discrimination and prejudice have grown — especially in Brazil, where violence against this group is alarming (Ministério dos Direitos Humanos, Brasil, 2018) — together with support for policies that reinforce the stigmatization of homosexuals; for example, the promotion of pseudoscientific sexual reorientation practices, known as the "gay cure".

It is in this context that discussion arises about the problem with the "gay cure", which is the underlying belief that gay behavior is an anomaly that should be cured. The first question we raise is, what motivates people to support for gay cure therapy (SGCT)? The answer may lie in people's motivation to maintain the *status quo* that defines the most conservative positions. Our proposal is that conservatism is related to people's support for the promotion of therapies that encourage the cure of homosexuality.

Assuming that conservatism is related to SGCT, we ask how this relationship occurs. One possible answer to this question is in studies that have shown that blatant prejudice against homosexuals is one of the main factors underlying homophobic discrimination (Pereira et al., 2014; Pereira, Torres, Pereira, & Falcão, 2011). Thus, it is likely that prejudice motivates the social support for practices promoting gay cure.

Another factor to take into account is what motivates people to develop prejudiced attitudes against homosexuals. One possibility may lie in conservative practices that espouse — above all else — tradition, religiosity, the maintenance of social stability, and morality (Toorn, Jost, Packer, Noorbaloochi & Bavel, 2017). Consequently, in the context of conservatism, the expression of homosexuality is envisaged as a deviation from the standard norm of heterosexual behavior. Thus, conservative thinking has fostered prejudice and discrimination against homosexuals, spreading the idea that this group will end the institution of family and, therefore, the basis of the social structure (Sepulveda & Sepulveda, 2016). According to this reasoning, if conservatism is an important factor motivating prejudice, and this prejudice is one of the main sources of discrimination against homosexuals, it is likely that prejudice is one of the mediators of the relationship between conservatism and SGCT. This present research program tests this hypothesis and inserts it into the context of studies on the role that beliefs about the nature of homosexuality play in the development of prejudice and discrimination.

Conservatism, Prejudice, and Discrimination

against Homosexuals

Throughout history, conservatism has been defined as a belief system that aims to maintain the *status quo* of society, notably in regard to the preservation of social norms, the defense of order and social stability, opposition to change, the valuing of authority, and defense of the punishment of people considered to deviate from the norm (McClosky, 1958).

Conservatism and its consequences were initially discussed within the framework of the theory of authoritarian personality (Adorno, Frenkel-Brunswik, Levinson, & Sanford, 1950), which emphasise individuals' personality traits as the primary causal

factors of hostility towards minority groups. From this perspective, conservatism is a contributing factor in explaining the nature of all form of prejudiced attitudes towards minority groups, view also shared by several authors (Altemeyer, 1981; Duckitt, 2006; Osborne, Milojev, & Sibley, 2017; Zick, Wolf, Kupper, Davidof, Schmidt, & Heitmeyer, 2008).

Accordingly, it is possible to relate conservatism with discrimination against homosexuals, who are perceived as a deviant group (Pacilli, Taurino, Jost & Toorn, 2011). One example of discrimination against homosexuals can be seen in the support of conservative people for practices that promote a cure for homosexuality. According to Abate (2014), the anti-gay movement of the 1970s was driven by conservative groups, especially religious ones, and stood out with the establishment of institutions such as Exodus (in 1976) and the National Association for Research and Therapy of Homosexuality (NARTH) in 1992, which provided research and treatment for the cure of homosexuality.

In fact, studies have shown a relationship between conservatism and different forms of discrimination against sexual minorities. Toorn et al., (2017) showed that religiosity predicts opposition to same-sex marriage, but that this effect is motivated by conservatism. In other words, most religious people oppose same-sex marriage because they are psychologically motivated to keep things the way they are. Another study of gay men and lesbians showed that participants with high scores on measures of conservatism were also motivated by system justification, which led them to devalue same-sex parenting; this relationship was mediated by internalized homophobia (Pacilli et al., 2011).

The summary of these studies indicates that, in fact, the more conservative people are (whether political or religious), or the greater their overall motivation for maintaining the *status quo*, the greater their social support for discriminatory policies against

homosexuals (for a review, see Dessel & Rodenborg, 2016). Our idea is that the effect that this conservatism has on discrimination first involves the development of prejudiced attitudes against homosexuals and that these attitudes are a better predictor of discrimination and a potential mediator of the effect of conservatism. Indeed, there is a vast body of literature showing a positive relationship between conservatism and prejudice in general (for a meta-analysis, see Onraet, Van Hiel, Dhont, Hodson, Schittekatte, & De Pauw, 2015), especially against homosexuals (Donaldson, Handren & Andrew Lac, 2017). For example, the study by Pearte, Renk e Negy (2013) involving college students from the United States showed the mediating effect that the components of authoritarianism have on the relationship between conservatism and homonegativity. Our proposal expands upon this literature by proposing that prejudice mediates the relationship between conservatism and social support of discriminatory policies against homosexuals, such as agreement with the "gay cure" practice.

Our reasoning indicates that addition to conservatism being a predictor of prejudice and discrimination, prejudice is an important factor in the relationship between conservatism and support for discriminatory policies. This proposal suggests that prejudice is an important predictor of this support. In fact, in the context of homophobia, Herek (2000) defined sexual prejudice as a negative attitude based on sexual orientation and aspects of sexual attraction. Research suggests that sexual prejudice is directly related to discrimination against homosexuals in various contexts (Pereira, Torres, Falcão & Pereira, 2013; Souza, 2015). For example, the study developed by Golec de Zavala, Waldzus e Cypryanska (2014) showed the existence of prejudiced attitudes against homosexuals under certain conditions in which heterosexual people believed that they could be contaminated by homosexuals. This perception can also be driven by groups with conservative beliefs. Additionally, studies have indicated the predictive function that

prejudice has in discrimination, for example, in terms of opposition to adoption by same-sex parents (Crawford, McLeod, Zamboni, & Jordan, 1999), and the negative perception of gay men and lesbians regarding the parenting performance of gay parents (Pacilli et al., 2011). Studies have also shown the mediating function through which prejudice affects opposition to same-sex marriage (Toorn, et al., 2017).

In summary, previous research has provided evidence that conservatism is related to both prejudice and support for discriminatory policies against homosexuals and that these policies are equally predicted by prejudice. Our proposal aims to contribute to widening the frontiers of knowledge on this theme by proposing the hypothesis that conservatism predicts support for gay cure therapy and that this relationship is mediated by prejudice (hypothesis 1). It is within this theoretical context that we propose conservatism as a central factor for SGCT. Accordingly, the present research program analyzes the relationship between conservatism and support for gay cure therapy, which is perceived as a specific type of support for discriminatory policies against homosexuals. To the best of our knowledge, no studies have verified this relationship; along with addressing this gap, the present study contributes theoretically by considering support for gay cure therapies an "ostensible" discriminatory mechanism against the LGBTQI+ population because it represents an attempt to eliminate the existence of this group. In other words, in a radically more conservative scenario, the underlying motivation for SGCT is that the "gay cure" is a remedy that can extinguish homosexuals from society. Additionally, it is important to remember that the context in which SGCT emerges is from beliefs about the nature of homosexuality (Lacerda, Pereira & Camino, 2002; Pereira et al., 2016), which could be an important factor in understanding the conditions under which conservatism motivates prejudice and discrimination.

The Moderating Role of Beliefs about the

Nature of Homosexuality

Beliefs can be defined as essential characteristics that explain the nature of objects or social groups (Allport, 1954). These beliefs play an important role in the formation and maintenance of stereotypes and are implicitly related to prejudice (Camino & Pereira, 2000). Because they are based on psychological essentialism, beliefs lead people to perceive sets of attributes as if they are fixed and immutable, thus defining the perceived nature of natural and social objects, such as social groups and categories (Keller, 2005). This belief that social groups have a fixed and immutable nature may form the basis of manifestations of prejudiced attitudes and discriminatory behavior toward these groups, as has been observed in the case of homosexuals (Pereira et al., 2011; 2013). Given this, we examine the role of beliefs about the nature of homosexuality, the role of prejudice, and support for gay cure therapy. Our proposal is based on the idea that beliefs act as justifications that individuals use to support discriminatory practices toward homosexuals.

More general beliefs can also motivate negative attitudes toward homosexuals. These beliefs include moral, religious, psychological, biological and psychosocial factors (Lacerda et al., 2002). For example, in a study by Pereira et al. (2016), anti-prejudice norms were negatively related to religious beliefs about homosexuality. In another study, Pereira et al. (2011) showed that blatant prejudice was related to beliefs regarding the ethical-moral nature of homosexuality. In other words, more prejudiced people believe that homosexuality represents a transgression of the moral and traditional values of society. These studies show that beliefs about the nature of homosexuality are related to prejudice and discrimination. Our argument is that, in addition to motivating prejudice and discrimination against homosexuals, beliefs can also provide a favorable psychological

environment for the conservative motivation that enables people to maintain and defend the *status quo* when they relate to prejudice and discrimination against homosexuals.

Lacerda et al. (2002) also discussed psychological, biological, and psychosocial beliefs. In turn, individuals nurturing biological beliefs about the nature of homosexuality as a biological disease that is genetically inherited and difficult to cure. In turn, beliefs about the psychological about the nature of homosexuality focused on the idea that gay individuals have a psycho-affective dysfunctional essence. In contrast, beliefs in the cultural about the nature of homosexuality incorporated non-essentialist views of same-sex relations as being culturally-based and representing a regular and normal expression of human sexuality. Thus, it is likely that the people who endorse these beliefs are those for whom the effect of conservatism on the expression of prejudice and discrimination is blocked, so that this type of conservatism would not motivate SGCT.

Based on this literature, the present study proposes to investigate the relationship between beliefs about the nature of homosexuality, conservatism, support for gay cure therapy, and prejudice. We start with the hypothesis that conservatism predicts support for gay cure therapy and is mediated by prejudice and moderated by beliefs about the nature of homosexuality (hypothesis 2).

Overview of the Studies

Two correlational studies that tested H1 and H2 were conducted, followed by an experimental study to test H3. In Study 1, we tested H1: Conservative values predict support for gay cure therapy and are mediated by prejudice. In Study 2, we replicated the analysis of H1 using a classical conservatism measure and tested H2: Conservatism predicts support for gay cure therapy and is mediated by prejudice and moderated by beliefs about the nature of homosexuality. Finally, we conducted Study 3 to verify that our

mediation model could be replicated in an experimental study, and we sought to understand the effects that support for gay cure therapy have on the punishment of psychologists who offer gay cure therapy. Therefore, we tested H3: support for gay cure therapy negatively predicts the punishment of psychologists and that this relationship is greater under the condition in which the "gay cure" was offered (versus the control condition).

Study 1

According to Toorn et al. (2017), people have a basic psychological motivation that leads them to act in a manner that preserves the *status quo*. Our hypothesis is that this motivation manifests in the form of a conservative tendency to defend the way society is organized, which motivates prejudice and discriminatory practices. Given this, this first study aimed to test H1, which predicts that the relationship between conservatism and support for gay cure therapy is mediated by prejudice.

Method

Participants. We defined, a priori, the sample size necessary to detect low to moderate mediation (i.e., a = .25, b = .25, in which n = .25*.25 = .06). Using Webpower (Zhang & Yuan, 2018) with 80% test power, we had to have a sample of 250 participants. We obtained a sample of 249 college students from the city of João Pessoa, Brazil, with a mean age of 23.3 years (SD = 7.10); the sample was predominantly female (53.80%), heterosexual (81.50%), single (83.10%), brown-skinned (49.80%), middle class (49.80%), and Catholic (39.80%).

Procedures. The data were collected in a classroom context. The participants were asked to respond to the instrument individually, based on their opinion on the topic. We assured them that there were no right or wrong answers. Voluntary participation and the

anonymity of responses were ensured, as was respect for all the ethical principles set out in resolution 510/16 of the National Health Council. The response time averaged 12 minutes. A sociodemographic questionnaire was used, together with the measures described below.

Conservative Values. To measure conservative values, six items were used. These items related to the values of conformity (e.g., "I always behave appropriately and avoid doing things that others consider wrong"), Tradition (e.g., "Respecting religious beliefs and keeping the commandments of your doctrine"), and Safety (e.g., "Living in a safe place, avoiding anything that might endanger my stability"). The items were obtained from the Portrait Values Questionnaire (PVQ) developed by Schwartz (2001). The participants indicated the extent to which the principles of conduct guided their life and choices using a six-point scale from 1 ("This has nothing to do with me") to 6 ("Exactly like me"). The scale showed moderate internal consistency (Cronbach's alpha = 0.76).

Flagrant Prejudice. To measure prejudice against homosexuals, the Scale for Rejection of Close Relationships with Homosexuals (Escala de Rejeição a Relações de Proximidade com homossexuais) of Lacerda et al. (2002) was used. It assesses the extent to which participants feel uncomfortable with ten types of social interaction (e.g., "Knowing that a close relative is gay", "Having a gay son/daughter"). Responses are given on a seven-point scale from 1 ("Hardly bothers me") to 7 ("Bothers me a lot"). The measure showed excellent internal consistency (Cronbach's alpha = .90).

Measure of Support for Gay Cure Therapy. We develop a scale in the current study to measure SGCT. It contains 14 items related to agreement with the provision of therapies for reorientation from homosexuality to heterosexuality (e.g., "Psychotherapies focused on curing homosexuality should be promoted", "Gay cure therapies are a scientific breakthrough"). The participants answered the items using a Likert response scale ranging from 1 (strongly disagree) to 5 (strongly agree). An exploratory factor analysis was

performed using the principal axis factoring method, which showed only a single factor with an eigenvalue greater than 1.00 that explained 69% of the variance (eigenvalue = 9.11; loadings from .39 to .94). The reliability analysis indicated a *Cronbach's alpha* of .95.

Data Analysis. The data were analyzed with SPSS 20 software, and descriptive analyses and regression analyses were performed. The estimation of the mediation models followed the steps proposed by Baron and Kenny (1986). The mediation effect and its significance were estimated in PROCESS (Hayes, 2013) using bootstrapping procedures with 5000 resamples for 95% confidence intervals.

Results

Our objective was to test the hypothesis that prejudice mediates the effect that conservative values have on support for gay cure therapy. The parameters estimated by the three regression models necessary to test this hypothesis are presented in Table 1. The results show that the first condition required for the occurrence of mediation was satisfied (see Baron & Kenny, 1986) because conservative values significantly predicted support for gay cure therapy: the more the participants indicated being conservative, the greater their support for gay cure therapy was. Continuing the process, conservative values were also significantly related to prejudice in that the more conservative participants expressed a higher level of prejudice. Finally, prejudice was positively associated with SGCT: the greater the degree of prejudice was, the more the participants supported gay cure therapy.

Table 1.

Unstandardized estimated parameters of the mediation analysis in Study 1

	Criterion variables			
	Step 1 Step 2 Step		Step 3	
	SGCT	Prejudice	SGCT	
Intercept	.56** .44***		.24	
Conservative values	.36***	.25***	.18***	
Prejudice			.70***	
	R= .46	R = .45	R = .63	
Model Information	Adjusted $R^2 = .26$	Adjusted $R^2 = .20$	Adjusted $R^2 = .40$	
	F(1, 247) = 66.16	F(1, 247) = 64.40	F(2, 229) = 82.88	
	<i>p</i> < .001	<i>p</i> < .001	<i>p</i> < .001	

Note: SGCT = support for gay cure therapy, *p < .05, **p < .01, ***p < .001.

The estimation of the mediation effect using PROCESS (Hayes, 2013) indicated a nonzero indirect effect (*indirect effect*: b = .17, 95%CI: .10, .26), which is consistent with our hypothesis that the relationship between conservative values and SGCT is mediated by prejudice (Figure 1).

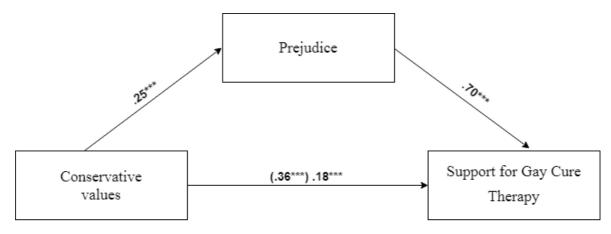


Figure 1. Relationship between conservative values and SGCT as mediated by prejudice. ***p = .001.

Discussion

The results show that conservative values are significantly related to support for gay cure therapy and that this relationship is partially mediated by prejudice, thus confirming our study hypothesis. People who adhere to more conservative values tend to support for gay cure therapy, and this support occurs primarily through the expression of blatant prejudice toward homosexuals. These findings are in line with the literature, which shows that prejudice serves as a strong predictor of discrimination when analyzed through people's support for discriminatory policies, such as opposition to policies concerning the rights of homosexuals (Wiliams, 2018), opposition to the adoption of children by same-sex couples (Pereira et al., 2013), and opposition to same-sex marriage (Toorn et al., 2017; Herek, 2011). The present study contributes to expanding empirical evidence about support for discriminatory policies against homosexuals by showing that SGCT is motivated by conservative values, the effect of which is mediated by prejudice.

Social ideas and practices that are initially defined within a cultural context can become naturalized over time (Camino et al., 2000), thus turning discriminatory expressions into something that is justifiable and acceptable. In this regard, the adoption of conservative values can contribute to the maintenance of discriminatory practices based on a worldview guided by tradition and by the conservation of social norms that aim to preserve the hierarchy of social groups. In this respect, this study finds support in the system justification theory (Jost & Banaji, 1994), because, as shown, people who adopt conservative values tend to engage more in practices that aim to maintain the *status quo*, in this particular case, the promotion of heteronormative behavior.

Although the results showed initial empirical support for our hypothesis, the present study did not use a specific measure of conservatism. Although conservative values can be considered an essential dimension of people's motivation to maintain the

status quo, it is necessary to replicate these results using a measure of classical conservatism as an independent variable. In addition, from these discussions, it seems important to ascertain which beliefs about the nature of homosexuality provide the conditions under which the relationship between conservatism, SGCT, and prejudice occurs. The purpose of study 2 is to verify these relationships.

Study 2

This study was designed to replicate the results of Study 1 by using a measure that most directly accesses the concept of conservatism. We used a classical measure of conservatism whose items more directly operationalize the core aspect of conservatism. That is the individual's motivation to respect authority, to adopt a fundamental attitude of faith in society, to defend the traditions and knowledge acquired throughout history, to resist change and promote the maintenance of social order, and to protect duties related to the strengthening of social structures such as the church and the family (McClosky, 1958).

Additionally, this study went further by exploring whether essentialist beliefs about the nature of homosexuality can provide a psychological frame of reference for more conservative individuals to express prejudice and support cure therapy for gay people. We tested the hypothesis that conservatism is related to SGCT and is mediated by prejudice and moderated by religious, ethical-moral, psychological, biological and psychosocial beliefs about the nature of homosexuality (Pereira et al., 2016). Based on previous studies, we hypothesize that conservatism is predictive of SGCT and is mediated by prejudice and moderated by all beliefs about the nature of homosexuality. In this sense, the more individuals adhere to religious, ethical-moral, biological and psychological beliefs, the greater the effect of conservatism on prejudice and the greater the support for gay cure therapies. As discussed in the introduction to this study, we reason that individuals who

endorse these beliefs are more motivated to defend society's traditions and status quo by opposing practices that are considered to be deviant (Pereira et al., 2013). Moreover, we hypothesize that adopting cultural beliefs about same-sex sexuality should make it challenging to adopt conservative attitudes towards gay individuals because these beliefs about the nature of homosexuality as a regular expression of sexuality, and therefore there is no disease to be treated.

Method

Participants. As in the previous study, we defined the sample size using WebPower (Zhang & Yuan, 2018) to have at least 80% test power to detect mediating effects with n = .06 or greater. The study included 247 college students from the city of João Pessoa; they had a mean age of 23.59 years (SD = 6.35) and were predominantly female (55.9%), heterosexual (89.9%), single (87%), brown-skinned (45.3%), middle class (43.3%), and Catholic (46.6%).

Procedures. The data were collected in a classroom context. The participants were asked to respond to the instrument individually, based on their opinion on the topic. We assured them that there were no right or wrong answers. Voluntary participation and the anonymity of responses were ensured, as was respect for all the ethical principles set out in resolution 510/16 of the National Health Council. The response time averaged 15 minutes. We used the following measures.

Classical Conservatism. To measure conservatism, the Classical Conservatism scale of McClosky (1958). This was translated and adapted to the Brazilian context (in this present study), following all the required psychometric procedures. The items were translated into Portuguese by two bilingual speakers. These items were later translated back from Portuguese into English in order to determine the conceptual, semantic, and content equivalence between the original and the translated version in the Brazilian

context. The scale assesses the extent to which participants agree or disagree with nine items regarding a variety of social issues (e.g., "All groups can live in harmony in this country without having to change the way society is", "A person's political authority is granted by a superior force", "I would like to know that something will work before I risk doing it"). The responses varied on a five-point scale (strongly disagree = 1, and strongly agree = 5). We applied an exploratory factor analysis using the principal axis method, which showed a factor with an eigenvalue greater than 1 that explained 22% of the variance (eigenvalue = 2.08; loadings: from .31 to .38). The reliability measure showed good internal consistency (Cronbach's alpha = .70).

Flagrant Prejudice. To measure prejudice against gay individuals, we used the same scale as in Study 1. In the present study, this showed an excellent internal consistency (Cronbach's alpha = .90).

Measure of Support for Gay Cure Therapy. We use the same scale we applied in Study 1. This measure presented excellent internal consistency in the current study (Cronbach's alpha = .93).

Beliefs about the Nature of Homosexuality. To measure beliefs about explanations for homosexuality, the scale by Lacerda et al. (2002) was used. It consists of 15 items that evaluate five beliefs about the nature of homosexuality: Psychological (e.g., "The causes of homosexuality are related to sexual abuse during childhood", Cronbach's alpha = .84); religious (e.g., "The causes of homosexuality are related to a lack of obedience to God's word", Cronbach's alpha = .89); moral-ethical (e.g., "The causes of homosexuality are related to a lack of respect for the norms governing sexual behavior", Cronbach's alpha = .82); biological (e.g., "The causes of homosexuality are related to hormonal dysfunctions", Cronbach's alpha = .77); and psychosocial (e.g., "The cause of homosexuality is one's

preference for this sexual orientation", *Cronbach's alpha* = .53). The items are answered on a five-point scale ranging from 1 (strongly disagree) to 5 (strongly agree).

Data Analysis. The data were analyzed using SPSS 20 software, and descriptive analyses and regression analyses were performed. The estimation of the mediation models followed the steps proposed by Baron and Kenny (1986). The mediated moderation effect and its significance were estimated in PROCESS (Hayes, 2013) using bootstrapping procedures with 5000 resamples for 90% confidence intervals.

Results

Mediation Analysis. Our initial objective in this second study was to replicate the mediation results from the previous study but using the classical conservatism measure as the predictor in the model. Table 2 shows the parameters of the three regression models that were necessary to verify the mediation hypothesis (see Baron & Kenny, 1986). In step 1, we observed that conservatism had a significant effect on support for gay cure therapy. Thus, the higher the individuals' conservatism scores were, the greater their propensity toward SGCT. The second step showed that conservatism predicts prejudice; that is, the most conservative participants expressed greater prejudice. The positive relationship between prejudice and SGCT could be observed in the last step, which showed that the greater the participants' prejudice was, the stronger their support for gay cure therapy.

Table 2.

Unstandardized estimated parameters of the mediation analysis in Study 2.

	Criterion variables			
	Step 1 Step 2		Step 3	
	SGCT	Prejudice	SGCT	
Intercept	.43*	.43* .46**		
Conservatism	.51***	51*** .34*** .2		
Prejudice	-		.66***	
	R = .38	R = .32	R = .61	
Model information	Adjusted $R^2 = .14$	Adjusted $R^2 = .10$	Adjusted $R^2 = .38$	
	F(1, 245) = 42.27	F(1, 245) = 29.41	F(2, 244) = 75.15	
	<i>p</i> < .001	<i>p</i> < .001	<i>p</i> < .001	

Note: SGCT = support for gay cure therapy; * p < .05, **p < .01, ***p < .001.

To estimate the mediation effect, analyses were performed using PROCESS version 3.3 (Hayes, 2013). These analyses indicated a nonzero indirect effect (*indirect effect:* b = .22, 95% CI: .11, .39); thus confirming H1, that the effect of conservatism on SGCT is partially mediated by prejudice. The relationship between the variables can be seen in Figure 2.

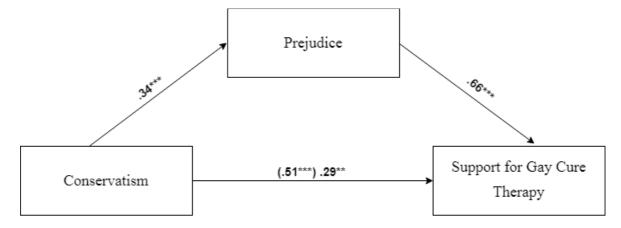


Figure 2. Relationship between conservatism and SGCT, as mediated by prejudice. **p = .01 ***p = .001

Moderated Mediation Analysis: The main objective of Study 2 was to analyze whether the relationship between conservatism, prejudice, and SGCT is affected by beliefs about the nature of homosexuality. Thus, we tested H2: conservatism predicts support for gay cure therapy and is mediated by prejudice and moderated by beliefs about the nature of homosexuality. As Lacerda et al. (2002) defined, there are five types of beliefs that explain the nature of homosexuality: religious, ethical-moral, biological, psychological, and psychosocial. Given this, analyses were performed to verify the moderating effect that each of these beliefs has on the previously presented mediation process. We then proposed a moderated mediation model for each of these beliefs. For each analysis of the beliefs as moderators, the others were controlled as covariables. Specifically in this study, beliefs regarding the religious and ethical-moral nature of homosexuality were assumed to be a single "ethical-religious" belief due to their high correlation (r = .86**), which indicated that they represent the same explanation for homosexuality (Table 3).

Table 3.

Correlation matrix of the Belief of the homosexuality

	Religious Belief	Ethical- moral Belief	Psychological Belief	Biological Belief	Psychosocial Belief
Religious Belief	1				
Ethical-moral Belief	.862**	1			
Psychological Belief	.763**	.727**	1		
Biological Belief	.492**	.549**	.610**	1	
Psychosocial Belief	.212**	.175**	.310**	.183**	1

Note: **p* < .05 ***p* < .01 ****p* < .001

To test the hypothesis of moderated mediation, a set of multiple regressions was performed. We estimated the parameters using model 59 of Hayes (2013). Table 4 presents the estimated parameters for the three steps. In the first model, it was observed that conservatism predicts the SGCT, so that the more conservative an individual is, the stronger his or her support for gay cure therapy will be. Ethical-religious and psychological beliefs also significantly predicted SGCT. No significant interaction effects were found in this model.

Model two (step 2) showed that conservatism also functions as a predictor of prejudice. Thus, the greater the conservatism was, the greater the expression of prejudice against homosexuals. It was observed that ethical-religious and psychological beliefs also significantly predict prejudice. No significant interactions were observed in this model either.

Model 3 showed that prejudice significantly predicts SGCT. In addition, and more importantly for confirming our hypothesis, the effect of conservatism on SGCT decreased when prejudice was controlled, but it still remained significant, thus indicating a partial mediation of prejudice in the relationship between conservatism and SGCT.

Table 4.

Unstandardized estimated parameters of the moderated-mediation analysis in Study 2.

	Criterion variables			
Predictors	Step 1: SGCT	Step 2: Prejudice	Step 3: SGCT	
Intercept	1.84	02	1.83	
Conservatism (C)	.15*	.12*	.12*	
Ethical-religious (ER) Belief	.25***	.16*	.17*	
Psychological (PSY) Belief	.43***	.23***	.37***	
Biological (B) Belief	.01	03	.03	
Psychosocial (PS) Belief	03	.01	03	
C x ER	08	.12	14*	
C x PSY	03	.11	10	
СхВ	04	03	16	
C x PS	.04	.07	.04	
Prejudice (P)			.24***	
P x ER			.08	
P x PSY			.21***	
РхВ			.29***	
P x PS			07	

Note: SGCT = support for gay cure therapy; *p < .05 **p < .01 ***p < .001

Interaction analysis indicated no significant interactions between the variables and beliefs in the psychosocial nature of homosexuality (Figure 6). However, the results showed an interaction between conservatism and belief in the ethical-religious nature of homosexuality in step 3. The presence of this interaction indicates that the mediating role

of prejudice was moderated by these beliefs (Figure 3). For a better interpretation of this moderation, we analyzed the mediation in participants with high (+1SD beyond the mean) and low (-1SD beyond the mean) adherence to ethical-religious beliefs. The results showed that, for the participants with the highest levels of belief in the ethical-religious nature of homosexuality, the effect of conservatism on SGCT was mediated by prejudice (*indirect effect* = .07, 90%*CI*: .00, .16). However, in the individuals with lower levels of belief in the ethical-religious nature of homosexuality, the indirect effect was not significant (*indirect effect* = .01, 90%*CI*: -.01, .05). Finally, prejudice completely mediated the effect of conservatism on SGCT in the participants with higher levels of SGCT because the effect of conservatism was not significant in individuals with greater adherence to the belief in the ethical-religious nature of homosexuality (b = -.01, SE = .09, t = -.05, ns.). In the individuals with lower adherence to these beliefs, for whom prejudice was not a mediator, the effect of conservatism on SGCT remained significant (b = .20, SE = .07, t = 2.76, p < .01).

Also observed was a significant interaction effect between prejudice and belief in the psychological nature of homosexuality. For a better analysis, we decomposed the effect of this interaction. It was observed that prejudice predicts the SGCT in participants with greater adherence to belief in the psychological nature (b = .34, SE = .07, t = 5.06, p < .0001), but not in those with lower adherence to this belief (b = -.06, SE = .11, t = -.57, ns.); see Figure 4. Once again, to analyze this moderated mediation, the mediating effect of prejudice under conditions of high and minimal belief in the psychological nature of homosexuality. The results showed that the effect of conservatism on the SGCT was mediated by prejudice only under the condition of greater belief in the psychological nature (+1SD) (indirect effect = .08, 90%CI: .01, .15). However, this effect was not

significant in the individuals with little belief in the psychological nature (*indirect effect* = .00, 90%CI: .-01, .01).

Finally, a significant interaction between prejudice and belief in the biological nature of homosexuality was observed. The decomposed effects indicated that the most prejudiced people supported for gay cure therapy more when they had greater belief in the biological nature of homosexuality (b = .36, SE = .07, t = 5.28, p < .0001) and did not support for gay cure therapy when they believed less in the biological nature (b = -.05, SE = .10, t = -.47, ns.); see Figure 5. When analyzing the mediation effect in individuals with high and low adherence to this belief, it was observed that under both conditions — low (*indirect effect* = -.01, 90%CI: -.03, .03) and high (*indirect effect* = .03, 90%CI: .-04, .11) belief in the biological nature — the indirect effect of prejudice on the relationship between conservatism and the SGCT was not significant.

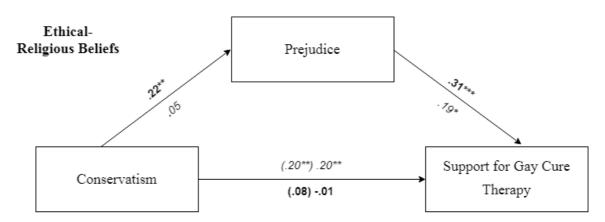


Figure 3. Relationship between conservatism on the SGCT, mediated by prejudice and moderated by ethical-religious belief about the nature of homosexuality. Bold coefficients were obtained in high believers; italicised coefficients were found in low believers. *p < .05 **p < .01 ***p < .001.

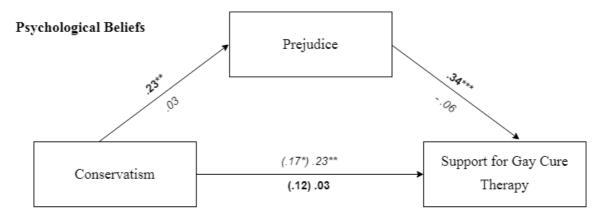


Figure 4. Relationship between conservatism on the SGCT, mediated by prejudice and moderated by psychological belief about the nature of homosexuality. Bold coefficients were obtained in high believers; italicised coefficients were found in low believers. *p < .05 **p < .01 ***p < .001.

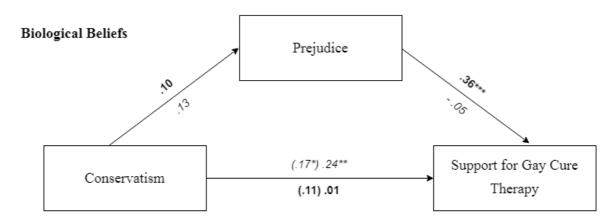


Figure 5. Relationship between conservatism on the SGCT, as mediated by prejudice. Bold coefficients were obtained in high believers; italicised coefficients were found in low believers. **p < .01 ***p < .001.

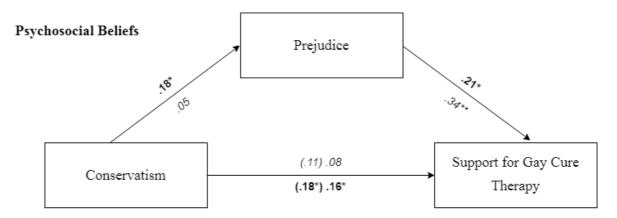


Figure 6. Relationship between conservatism on the SGCT, as mediated by prejudice. Bold coefficients were obtained in high believers; italicised coefficients were found in low believers. **p < .01 ***p < .001.

Discussion

The results of Study 2 replicated those observed in Study 1: prejudice mediated the relationship between conservatism and the SGCT. Using a measure of classical conservatism, which assesses people's tendency to respect authority and defend tradition and the maintenance of the social order, we showed that the more conservative the participants were, the greater their flagrant prejudice against homosexuals and, successively, the greater their support for the SGCT. Thus, this study confirms H1 and helps to partially clarify the explanations about the relationships among these variables. These results let us affirm that more conservative people — those whose lives are guided by traditional principles and who support the maintenance of social norms — tend to be more positive about supporting for gay cure therapy because they express more prejudice against homosexuals. It is precisely because they have a negative attitude toward sexual minorities that conservative people discriminate against the deviant group — in this particular case, by supporting practices that aim to gay cure.

This present study went beyond exploring the role of beliefs about the nature of homosexuality. The results showed that the mediating role of prejudice is moderated by beliefs in the psychological and ethical-religious nature of homosexuality. In both types of beliefs, the mediating effect of prejudice occurred only in individuals with high adherence to these beliefs. Psychological beliefs functioned as moderators only when conservative individuals had higher scores (versus lower) for psychological beliefs. These individuals strongly believed that homosexuality is the result of psychological disorders and childhood trauma, and they were motivated to support therapies for curing homosexuality as a way to repair psycho-affective disorders developed in childhood. These beliefs serve as a justification for conservative people to support discriminatory practices against homosexuals. In this regard, Camino et al. (2000) showed that beliefs about causes of

homosexuality may lead to support for prejudiced ideas against homosexuals, especially when these beliefs are adopted by experts in the field (e.g., clinical psychologists).

In the case of ethical-religious beliefs, the mediating role of prejudice is moderated only for individuals who believe that the nature of homosexuality is a deviation from morality and a sinful expression and not in individuals who do not subscribe to these beliefs. People who endorse such beliefs are more conservative and perceive homosexuality as a departure from norms and a threat to traditional societal principles, based on the defense of family and morality. These results corroborate the findings in the literature that demonstrate a relationship between religiosity and homophobia (Onraet et al., 2015) and the relationship between conservative positions and discriminatory attitudes toward homosexuals (Toorn, et al., 2017). Thus, the results of the present study indicate that more conservative individuals adopt discriminatory practices (e.g., support for gay cure therapy) in an attempt to combat deviant groups. Furthermore, we argue that this effect may also result from the recent social debate about legal processes, which was initiated by a group of psychologists linked to conservative social movements who requested the suspension of the effects of Resolution no. 001/99 to address the possibility of treating homosexuality. Thus, in addition to support from conservative groups asserting the sinful nature of homosexuality, this debate has also been based on "scientific" arguments that, through psychological techniques, it is possible to revert homosexuality.

Of importance to this study, it was observed that when individuals adopt biological beliefs, the mediating effect of prejudice ceases to be significant. In fact, for Pereira et al. (2016), when individuals adopt biological beliefs, they are based on essentialist beliefs that homosexuality is immutable. Thus, the adoption of the belief that homosexuality is the result of genetic aspects with hormonal implications may trigger a cognitive scheme of a disease that cannot be cured and, therefore, cannot be "treated" through therapeutic

techniques that purport to reverse homosexuality. Additionally, people who endorse these beliefs tend to have less negative attitudes toward homosexuals due to the belief that they are not responsible for their orientation.

Up to this point, our studies have mainly shown that support for gay cure therapy is predicted by conservatism and mediated by prejudice. We argue that this support is an expression of discrimination against homosexuals, and we emphasize the radicalness of this discrimination as an attempt to "exterminate" the minority group. Thus, we need to verify the effect that support for gay cure therapy has on the punishment of psychologists who propose therapies for homosexuality cure. This issue is clarified in Study 3.

Study 3

Does conservative individuals' support for gay cure therapies predict the punishment of psychologists who propose treatments for homosexuality? To clarify this question, we conducted an experimental study that aimed to test H3: more conservative people support for gay cure therapy and, therefore, are less willing to sanction psychologists who violate Brazilian legislation that prohibits the "gay cure" (compared with the control condition). Additionally, we aimed to verify whether the mediation analysis presented in the previous studies would be replicated in an experimental study. Our argument is that the relationship between conservatism and the punishment of psychologists would be serially mediated by prejudice and by support for gay cure therapy and would be moderated by the "gay cure" proposition.

To test these hypotheses, we presented the participants with a situation in which a gay individual is treated by a psychologist and, dissatisfied with the service received, denounces the psychologist to the Psychology Board because he was offered treatment for gay cure ("gay cure"). In the control condition, we presented the same situation, but the

psychologist did not offer gay cure therapy. The participants' task was to indicate the extent to which they agreed that the psychologist should be sanctioned by the legislature (warning, suspension, or revocation of professional practice). Our hypothesis was that more conservative people would support for gay cure therapy more and punish psychologists less under the "gay cure" condition than under the control condition.

Method

Participants and experimental design. Two hundred ten college students participated in the study (Mage = 22.3; SD = 5.3; 50.4% female; 78.2% heterosexual). Of these, 105 were randomly located to the condition involving the offer of gay cure therapy, and 105 to the control condition. We conducted a sensitive power analysis by using the procedures suggested by Schoemann, Boulton and Short (2017) to determine power for sequential mediation models. Using the observed correlation matrix as input, our sample size (N = 210) gives a power of .86 of detecting a sequential indirect effect.

Manipulation of the offer of gay cure therapy. We presented the participants with a scenario in which a gay patient sought psychological treatment and, after a few sessions, denounced the psychologist to the Psychology Board for offering gay cure therapy ("gay cure"), thus violating national legislation that clearly prohibits this type of procedure (Resolution no. 001/99, CFP). The condition involving the offer of gay cure therapy was presented as follows:

"João, who is 22 years old and gay, sought a psychologist to talk about a crisis of anxiety and difficulty relating to friends and family. After a few sessions, João went to the Psychology Board, dissatisfied with the service he received and the way the treatment had been conducted, and he denounced the psychologist for offering gay cure therapy ("gay cure")".

The text for the control condition was as follows:

"João, who is 22 years old and gay, sought a psychologist to talk about a crisis of anxiety and difficulty relating to friends and family. After a few sessions, João went to the Psychology Board, dissatisfied with the service he received and the way the treatment had been conducted, and he denounced the psychologist."

Manipulation Check. We performed a pre-test to verify experimental manipulation in a sample of 40 university students who did not participate in the main study. We evaluated the perceived offer of gay cure therapy (versus the control condition) through the item "To what extent does the psychologist support gay cure therapy?" (1 = a little; 6 = a lot). We found a significant manipulation effect (t = 3.79; p <.001, d = 1.20): support for gay cure was greater in the experimental condition (M = 4.95; SD = 1.09) than in the control condition (M = 3.35, SD = 1.53). Thus, the procedures we used were successful in manipulating Gay Cure Therapy.

Dependent Measure. The dependent variable "punishment of the psychologist" was evaluated through three items: 1- Do you agree that the psychologist should receive a warning from by the Psychology Board?; 2 - Do you agree that the psychologist should be suspended from professional practice for up to 30 days?; and 3 - Do you agree that the psychologist should be removed from professional practice? The items were measured on a six-point scale, in which 1 = strongly disagree and 6 = strongly agree (*Cronbach's alpha* = .83).

Classical Conservatism. To measure conservatism, we used the same measure o we applied in Study 2. The reliability measure showed good internal consistency (Cronbach's alpha = .74) in the current study.

Blatant Prejudice. We use the same scale that we applied in previous studies to measure blatant prejudice against homosexuals. In the current experiment, this measurement presented excellent internal consistency (Cronbach's alpha = .90).

Measure of SGCT. We used the SGCT scale we applied in previous studies. The measure presented excellent internal consistency (*Cronbach's alpha* = .92).

Procedures. The data were collected in a classroom setting. The participants responded to the instrument individually, based on their opinions on the topic. We followed the same ethical procedures that were ensured in the previous studies.

Data Analysis. The data were analyzed using SPSS 20, and descriptive statistics and analyses of variance (ANOVA) were calculated. The estimation of the mediation models was performed in PROCESS (Hayes, 2013) using bootstrapping procedures with 5000 resamples for 95% confidence intervals.

Results

Sequential moderated-mediation analysis: We conducted a sequence of multiple regressions to test our a moderated-mediation hypothesis. We first assigned contrast codes to the experimental conditions (i.e., gay cure condition = .5 and control condition = -.5) and we centered prejudice and the SGCT to estimate the interaction effects. Table 5 presents the estimated parameters in the three steps of this analysis. In the first step, we found a main effect of manipulation, indicating that participants in the gay cure condition were more favorable to sanctions against the psychologist (M = 4.29, SD = 1.41) than in the condition of control (M = 2.73, SD = 1.22). We also found a significantly negative relationship between conservatism and the punishment of the psychologist, so that the more conservative the participants were, the less punishment they considered for the psychologist who offered gay cure therapy. Additionally, a significant interaction was verified between conservatism and the gay cure manipulation. Simple slope indicated that

conservatism negatively predicted the punishment of the psychologist in the "gay cure" condition (b = -.82, SE = .20, t = -3.94, p < .001), but not in the control condition (b = .10, SE = .20, t = .50, ns.). In other words, more conservative people assigned a lighter punishment in the condition in which the psychologist offered treatment for homosexuality than in the condition in which the psychologist did not offer gay cure therapy.

In the second step, we also observed that conservatism was a significant predictor of prejudice and SGCT, so that the more individuals adopted conservative principles, the more prejudiced they were and the greater their support for gay cure therapy was. The results also showed that prejudice was a significant predictor of SGCT. However, we found no significant interactions in this step. In the third step, we observed that the "gay cure" and SGCT were significant predictors of the punishment for the psychologist. Importantly, SGCT related negatively with the punishment: the higher the SGCT was, the less severe the punishment selected for the psychologist. It is important to highlight that the relations of conservatism and prejudice with the punishment for the psychologist was not significant, which indicates total serial mediation that moves from the conservatism to the punishment selected for the psychologist, being this sequentially mediated by the prejudice and by the SGCT. In this step, two significant interactions were also found: between conservatism and the gay cure manipulation; and between SGCT and gay cure manipulation. These interactions indicate that, in the relationship between conservatism and punishment of the psychologist, the mediating role of prejudice and SGCT is moderated by the manipulation of gay cure therapy (Figure 7).

Table 5.

Unstandardized estimated parameters of the sequential moderated-mediation analysis in Study 3

	_	Criterion	variables	
Predictors	Step 1: Step 2:		p 2:	Step 3:
	Punishment	Prejudice	SGCT	Punishment
Intercept	3.53	00	1,72	3.52***
Conservatism (C)	36**	.21**	.30***	03
Gay cure (GC)	1.58***	.00	06	1.53***
GC x C	93**	01	.19	59*
Prejudice (P)			.61***	02
GC x P			23	.25
SGCT				71***
GC x SGCT				68*
Information from the model	R = .56 Adjusted $R^2 = .31$ F(3, 206) = 31.25 p < .000	•	$R = .62$ Adjusted $R^2 = .39$ $F (5, 204) = 26.03$ $p < .000$	$R = .64$ Adjusted $R^2 = .42$ $F (7, 202) = 21.05$ $p < .000$

Note: Gay cure is a contrast code variable: 0.50 = experimental condition; -0.50 = control condition; SGCT = support for gay cure therapy; *p < .05 **p < .01 ***p < .001

To better understand the moderated mediation, we broke down these interactions to analyze the mediated effects in each condition. The results showed that the relationship between conservatism and psychologist's punishment was sequentially mediated by prejudice and the SGCT in the "gay cure" condition (*indirect effect* = -.41, 95%CI: -.73, -.17). However, this mediation was not significant in the control condition (*indirect effect*

= -.08, 95%CI: -.22, .01). In other words, psychologists who offer the gay cure are supported more by more conservative people because latter have more prejudice against homosexuals and more strongly support gay cure therapy (Figure 7).

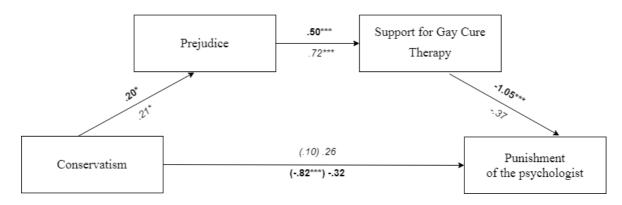


Figure 7. Relationship between conservatism and punishment of the psychologist sequentially mediated by prejudice and SGCT in each experimental condition. Bold coefficients were obtained in the gay cure condition; italicised coefficients were found in the control condition. *p < .05 ****p < .001

Discussion

As in the previous studies, Study 3 showed the relationship between conservatism, prejudice, and support for gay cure therapy. However, we expanded our investigation by verifying — through experimental manipulation — the relationships between these variables and the punishment selected for a psychologist who offered the "gay cure". We showed that the relationship between conservatism and the punishment selected for the psychologist was mediated by prejudice and the SGCT and moderated by the manipulation of gay cure therapy (versus the control condition). Thus, the more conservative individuals were, the greater their expression of prejudice and the greater their SGCT were. The greater their SGCT was, the less severe the punishment they selected for the psychologist who offered gay cure therapy, which confirms H3.

These results allow us to affirm that people who adopt conservative principles (i.e., those who are more motivated to maintain the *status quo* of society and tend to reject any group that deviates from the norm and the morality of traditional society) are those who

are most sensitive to experimental manipulation and, therefore, tend to absolve a psychologist who violates the legislation that prohibits the gay cure. Furthermore, in addition to endorsing discrimination against homosexuals, support for gay cure therapy represents intolerance of gay people and seeks to ensure heteronormative practices. In fact, the results of this study showed that beyond supporting for gay cure therapy, more conservative people punished the psychologist who offered the "gay cure" less because they considered the psychologist's professional conduct justifiable, even though it promoted a practice that is illegal in the Brazilian context.

These results — which are supported in the literature (Donaldson et al., 2017; Toorn et al., 2017) — show social opposition to any policy aimed at establishing and maintaining the rights of sexual minorities. According to Altemeyer (1996), people who support social conventions are resistant to social change and tend to regard homosexuality as a sinful practice and a perversion that deviates from what is socially acceptable. Indeed, our study showed conservative support for discriminatory practices (e.g., support for gay cure therapy), which can be explained by the prejudiced attitude that more conservative people have toward homosexuals.

General Discussion

We analyzed blatant prejudice as an example of the expression of political attitudes characterized by conservative groups' social support of discriminatory practices against homosexuals (e.g., gay cure therapy). In three studies (two correlational and one experimental), we investigated the relationship between these variables by proposing that homophobic prejudice mediates the relationship between conservatism and support for gay cure therapy. In Study 1, we demonstrated that the effect of conservative values on SGCT is partially mediated by prejudice. In study 2, we used a specific measure of classical conservatism and showed that the effect of conservatism on SGCT was mediated by

prejudice and moderated by beliefs (ethical-religious and psychological) about the nature of homosexuality. Finally, in Study 3, we manipulated the offer of homosexuality cure treatment ("gay cure" versus control condition) and showed that prejudice and SGCT sequentially mediated the relation of conservatism with the punishment selected for the psychologist and that this relationship was moderated by the condition in which the psychologist proposed the "gay cure" to the patient.

Our main explanation for this set of studies is that conservative people have a motivation to maintain the *status quo* and discriminate against homosexuals because they representing a deviation from heteronormative behavior. These findings are supported by previous research, which shows that people who adopt more conservative principles tend to oppose policies that value the rights of sexual minorities. This motivation manifests as a negative attitude toward homosexuals (Toorn et al., 2017; Wiliams, 2018; Pacilli, et al., 2011). Thus, prejudice acts as the main source of discrimination against sexual minorities (Herek & McLemore, 2013; Herek, 2000); it is motivated by the need to maintain social norms and resist change, which leads to the need for the differentiation of and the consequent discrimination against homosexuals.

In this study, SGCT represents a specific type of discriminatory practice against homosexuals that results from prejudice against this group. According to Altemeyer (1996), prejudice provides support for discriminatory practices by facilitating the expression of aggressive impulses that materialize from these practices. The effect of prejudice on the relationship between conservatism and SGCT is strengthened through the endorsement of ethical-religious and psychological beliefs about the nature of homosexuality. According to Pereira et al. (2016), individuals' beliefs about the nature of homosexuality may justify their prejudice, because they attenuate the effects of the anti-

prejudice norm. Thus, the more individuals endorse beliefs based on conservative principles, the more they support discriminatory practices against homosexuals.

Theoretical Implications

This research program has important implications for research regarding conservatism and its relationship with homophobia. As shown in the literature, conservatism is associated with both the maintenance of practices that promote the defense of traditional principles in society (Jost, Glaser, Kruglanski, & Sulloway, 2003) and support for discriminatory policies (especially homophobia) aimed at maintaining heterosexual behaviors (Pacilli et al., 2011; Toorn et al., 2017). Our results are consistent with this literature in demonstrating the relationships among conservatism, prejudice, and discrimination. Thus, besides contributing to this theoretical field with empirical data, our results go further by showing that social support for gay cure therapy is related to political attitudes and that this relationship is particularly sensitive among more conservative people. Our argument is that the SGCT goes beyond discrimination against sexual minorities, because it is a type of political attitude that, when taken to the extreme, aims to ban homosexuality from society. In other words, it is very likely that those who most strongly support the "gay cure" treatment will be implicitly motivated by the desire to end homoaffective practices. This is also observed in the conservative participants' support for the psychologist who proposed gay cure therapy.

These studies also contribute to discussions about the legitimization of social inequalities, specifically the legitimization of homophobia. According to Pereira et al. (2016), homophobic behavior is related to political factors that legitimize the expression of this behavior. The literature on this topic lacks adequate integration of conservatism, prejudice, and social support for discriminatory policies against homosexuals. The present research program contributes to filling this gap by organizing the information into a

proposed model of the pathway from conservatism to SGCT. This issue is particularly relevant in the context in which the studies were conducted, in which the recent debates about the "gay cure" have been led by psychologists linked to conservative social movements who seek to suspend the ban on psychologists proposing treatments and cures for homosexuality. Indeed, Camino et al. (2000) argued about the responsibility of psychology — through its scientific nature — to not promote prejudiced discourses or encourage discriminatory practices in society.

Finally, these studies allow us to reflect on the impact that SGCT, through conservative individuals, has on public policies concerning homosexuals. Currently in Brazil, the growing support for far-right political ideologies and governmental leadership has seen the rise of discussions of the "right" of homosexuals to access therapies for reversion of homosexuality and, simultaneously, these groups losing their rights, in addition to discouragement regarding the policy of criminalization of homophobia. Thus, we argue that in the face of the spread of conservative ideas and SGCT, public policies aimed at curing homosexuality are not only an idea but an imminent risk.

Limitations and future directions

Despite the relevance of the findings from these studies, they have some important limitations. First, two of the studies are correlational, which makes it impossible to establish cause and effect relationships between the variables, as well as not allowing us to affirm the direction of the relationships between the variables. Thus, this justifies further studies that experimentally test the relationships predicted in the model.

Second, we did not manipulate the conservatism in Study 3, although this was illuminating in demonstrating that manipulation was effective in showing the predicted effect on the most conservative people. There was also no manipulation of prejudice in this study. For future studies, our suggestion is to manipulate cultural prejudice in such a way

that one group of participants responds about how much they attribute prejudice to themselves, and another group responds about how much they attribute prejudice to other people in society (Lima, Pereira, Rosas Torres, Cunha de Souza, & Albuquerque, 2019). Third, the sample for these studies consisted exclusively of college students, which limits our power to generalize. One suggestion is that these studies be conducted with psychology professionals. Finally, this study was conducted in a specific historical context, in which conservative ideas are being widely disseminated and socially accepted. Thus, it seems justifiable to conduct a longitudinal study, which would allow more generalized implications to be made.

Despite these limitations, the present research contributes significantly to the understanding of a specific sociopolitical attitude that was relevant in the political debate that led the far right to power in Brazil, a country with one of the highest levels of aggression toward and murder of homosexuals. This present research allows us to conclude that SGCT is related to conservative motivations that manifest as prejudice and homophobic behaviors. In other words, the most conservative people are more in favor of the gay cure therapy, and this favorability is mediated by the development of homophobic prejudice.

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UPPLEMENTARY M	IATERIALS		
SUPPLEMENTARY M	IATERIALS		

INSTRUMENT STUDY 1

- Measure of Conservative Values (Schwartz, 2001)

Agora, **numa escala de 1 a 6 pontos**, declare em que medida essas preferências coincidem com as suas como princípios de conduta que orientam a sua vida e as suas escolhas (**de 1=Não tem nada a ver comigo a 6=Exatamente como eu**).

1. Defender que as pessoas devem fazer o que lhes mandam, cumprindo as regras em todos os momentos, mesmo quando ninguém está observando.	1	2	3	4	5	6
2. Comportar-me sempre de maneira apropriada, evitando fazer coisas que os outros considerem errado.	1	2	3	4	5	6
3. Não pedir mais do que se tem, acreditando que as pessoas devem viver satisfeitas com o que possuem.	1	2	3	4	5	6
4. Respeitar a crença religiosa e cumprir os mandamentos da sua doutrina.	1	2	3	4	5	6
5. Viver em um lugar seguro, evitando tudo o que possa colocar em risco a minha estabilidade.	1	2	3	4	5	6
6. Defender que o país deva estar livre de ameaças internas e externas, protegendo a ordem social.	1	2	3	4	5	6

- Measure of Flagrant Prejudice (Lacerda, Pereira & Camino, 2002)

A seguir, **em uma escala de 1 a 5**, em que **1 significa incomoda nada e 5 incomoda muito**, indique em que medida você se sentiria incomodado(a) em cada uma das seguintes situações. Entendendo que quanto maior for o número assinalado, maior será o seu grau de incômodo.

01. Ter no seu grupo de trabalho da faculdade uma pessoa homossexual.	1	2	3	4	5
02. Receber em sua casa um casal homossexual.	1	2	3	4	5
03. Ter amigos que sejam homossexuais assumidos.	1	2	3	4	5
04. Ver casais homossexuais namorando.	1	2	3	4	5
05. Ter um(a) filho(a) homossexual.	1	2	3	4	5
06. Saber que um familiar próximo é homossexual.	1	2	3	4	5
07. Ter um(a) professor(a) homossexual.	1	2	3	4	5
08. Conversar com homossexuais.	1	2	3	4	5
09. Se um(a) filho(a) seu(sua) tivesse amizades com homossexuais.	1	2	3	4	5
10. Morar com homossexuais assumidos.	1	2	3	4	5

- Measure of Support for Gay Cure Therapy

Inicialmente, gostaríamos que você, **em uma escala de 1 a 5**, indicasse em que medida você concorda com as seguintes afirmativas, considerando:

1	2	3	4	5
Discordo muito	Discordo	Nem concordo nem discordo	Concordo	Concordo muito

		1			
1. Deve-se promover psicoterapias voltadas para cura das homossexualidades.	1	2	3	4	5
2. Deve-se financiar projetos de pesquisa com o objetivo de desenvolver técnicas terapêuticas para as pessoas deixarem de ser homossexuais.	1	2	3	4	5
3. Deve-se valorizar mais os psicólogos que promovem terapia para as pessoas deixarem de ser homossexuais.	1	2	3	4	5
4. Os pais devem levar seu filho(a) para terapias que curem a homossexualidade.	1	2	3	4	5
5. É preciso promover mais campanhas mostrando que a terapia de cura dos homossexuais é ineficaz.	1	2	3	4	5
6. É necessário incentivar os homossexuais a procurar tratamento para reversão da homossexualidade.	1	2	3	4	5
7. É importante incentivar psicólogos a aperfeiçoar técnicas de tratamento da homossexualidade.	1	2	3	4	5
8. As terapias de mudança da homossexualidade para heterossexualidade devem ser desestimuladas.	1	2	3	4	5
9. Apoio que psicólogos e psicólogas tenham liberdade para oferecer terapia para curar a homossexualidade.	1	2	3	4	5
10. Apoiaria um amigo a procurar um psicólogo para terapia de reversão da homossexualidade.	1	2	3	4	5
11. As lésbicas e os gays deveriam submeter-se à terapia de reorientação sexual.	1	2	3	4	5
12. As terapias de reorientação sexual são um avanço na ciência.	1	2	3	4	5
13. Os psicólogos devem evitar oferecer tratamentos para curar a homossexualidade.	1	2	3	4	5

14. O Estado deve financiar os tratamentos de cura da homossexualidade.	1	2	3	4	5	
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INSTRUMENT STUDY 2

- Measure of Flagrant Prejudice (Lacerda, Pereira & Camino, 2002) (used in study 1).
- Measure of Support for Gay Cure Therapy (used in study 1).
- Measure of Classical Conservatism (McClosky, 1958)

A seguir, provavelmente você concordará com algumas das declarações e discordará de outras, em graus variados. Por favor, indique o grau com que concorda ou discorda com cada assertiva. Sendo:

1	2	3	4	5
Discordo muito	Discordo	Nem concordo nem discordo	Concordo	Concordo muito

01. Todos os grupos podem viver em harmonia neste país sem que seja preciso mudar a forma como a sociedade é.	1	2	3	4	5
02. Se uma coisa vem dando certo por muito tempo, significa que existe sabedoria nela.	1	2	3	4	5
03. Se você insiste em tentar mudar as coisas como elas são, provavelmente a coisa ficará pior do que já é.	1	2	3	4	5
04. Eu prefiro uma pessoa prática do que uma cheia de opiniões.	1	2	3	4	5
05. A autoridade política de uma pessoa é dada por uma força superior.	1	2	3	4	5
06. Devemos sempre respeitar o que os nossos antepassados fizeram sem nos preocupar em querer superá-los.	1	2	3	4	5
07. É melhor assegurarmos o que já temos do que buscar coisas desconhecidas.	1	2	3	4	5
08. A pessoa só adquire saberia depois de muitos anos de vida.	1	2	3	4	5
09. Gostaria de saber se algo daria certo antes de me arriscar em fazê-lo.	1	2	3	4	5

- Beliefs about the Nature of Homosexuality (Lacerda et al., 2002)

Agora, indique em que medida concorda com cada item abaixo, em uma escala de 1 a 5 pontos, sendo 1 discordo muito e 5 concordo muito.

As causas da homossexualidade estão relacionadas com disfunções hormonais.	1	2	3	4	5
2. As causas da homossexualidade estão relacionadas com a falta de obediência à Palavra de Deus	1	2	3	4	5
3. As causas da homossexualidade estão relacionadas com a falta de respeito pelas normas que regulam o comportamento sexual.	1	2	3	4	5
4. As causas da homossexualidade estão relacionadas com abusos sexuais sofridos na infância.	1	2	3	4	5
5. As causas da homossexualidade estão relacionadas com a falta de fé religiosa característica de muitas sociedades.	1	2	3	4	5
6. As causas da homossexualidade estão relacionadas com problemas hereditários.	1	2	3	4	5
7. A causa da homossexualidade está relacionada com a perversão do comportamento sexual normal.	1	2	3	4	5
8. A causa da homossexualidade é a preferência da pessoa por essa orientação sexual.	1	2	3	4	5
9. As causas da homossexualidade estão relacionadas com problemas de má formação no período da gestação.	1	2	3	4	5
10. A causa da homossexualidade é o modo como se forma a identidade da pessoa.	1	2	3	4	5
11. As causas da homossexualidade estão relacionadas com a má resolução de conflitos com as figuras parentais.	1	2	3	4	5
12. As causas da homossexualidade estão relacionadas com a fraqueza espiritual para resistir às tentações.	1	2	3	4	5
13. As causas da homossexualidade estão relacionadas com a falta de carácter.	1	2	3	4	5
14. As causas da homossexualidade estão relacionadas com as alterações dos valores morais no sujeito.	1	2	3	4	5
15. As causas da homossexualidade estão relacionadas com as práticas culturais de cada sociedade.	1	2	3	4	5

INSTRUMENT STUDY 3

- Manipulation of the offer of reorientation treatment

Condition 1 ("gay cure"): João, 22 anos, homossexual procurou um psicólogo relatando crise de ansiedade e dificuldade de se relacionar com amigos e familiares. Após algumas sessões, João procura o Conselho de Psicologia insatisfeito com o atendimento recebido e com a maneira como o tratamento tem sido conduzido e denunciou o psicólogo por oferecer terapia de reversão da homossexualidade em heterossexualidade (cura gay). O CFP instaurou um processo o qual resultou na cassação da licença do psicólogo, impedindo-o de exerce sua profissão.

Condition 2 (control condition): João, 22 anos, homossexual procurou um psicólogo relatando crise de ansiedade e dificuldade de se relacionar com amigos e familiares. Após algumas sessões, João procura o Conselho de Psicologia insatisfeito com o atendimento recebido e com a maneira como o tratamento tem sido conduzido e denunciou o psicólogo. O CFP instaurou um processo o qual resultou na cassação da licença do psicólogo, impedindo-o de exerce sua profissão.

Questionário

1.	Inicialmente,	gostaríamos	que voc	ê, em	uma	escala	de	1	a 6,	indicasse	em	que
m	edida você con	corda com as	seguinte	s ind	agaçõ	es.						

a) Em que medida, de 1 a 6, você concorda com a decisão do Conselho de psicologia?

1	2	3	4	5	6
Discordo muito					Concordo muito

b) Em que medida, de 1 a 6, você concorda que o psicólogo deve mesmo ser punido pelo ocorrido?

1	2	3	4	5	6
Discordo muito					Concordo muito

1	2	3	4	5	6
Discordo muito					Concordo Muito
Measure of Flag	grant Prejudice (L	acerda, F	Pereira & Can	<i>nino, 2002</i>) (ເ	used in study 1e
Measure of Sup	port for Gay Cure	Therapy	(used in stud	y 1 e 2).	
Measure of Clas	ssical Conservatis	m (McClo	o <i>sky, 1958</i>) (u	sed in study 2).
Sociodemograpi	hic Questionnaire				
l - Idade:	_				
2 - Sexo: Mascul	ino()	Femining	n (
	()				
3 – Orientação se					
() Heterossexual	() Homossexua	l ()Bis	ssexual ()	Outra:	
4- Estado Civil:	() Casada(a)		Divancia da (a	. \	
	() Casado(a) () Viúvo(a)				
	dera da cor: Branca	a () Pai	rda () Preta	a () Outra ()
5 - Você se consid	acra da cor. Brance				

7 – Religião: () Católica		vangélica(a)		
) Não tenho Religião	() (Outras	Qual?	
8 – De 1 (Nada religioso) a	5 (Muito religi	oso), indique seu	grau de religios	idade.
1	2	3	4	5
Nada				Muito
- Classe Social:				Continua
() Baixa () Média	Baixa () M	édia () Média	Alta () Alta	
0- Com relação a sua pos	sição política, i	ndique:		
O quanto você se co	onsidera:			
1	2	3	4	5
Esquerda				Direita
O quanto você se co	onsidera:			
O quanto você se co	onsidera:	3	4	5