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CYNICISM, PESSIMISM, AND HOMOPHOBIA AS PREDICTORS OF NEGATIVE ATTITUDES TOWARDS PEOPLE WITH HIV/AIDS

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Keywords:

HIV;
AIDS;
negative attitudes;
pessimism;
cynicism;
homophobia.

Abstract. The aim of the research was to examine whether it is possible to predict negative attitudes towards people with HIV/AIDS with the help of cynicism, pessimism, and homophobia. The sample was convenient and consisted of 100 respondents (M = 20, F = 80), average age 22.63 (SD = 5.04). The following instruments were used for the operationalization of the mentioned constructs: Scale of Pessimism, Scale of Cynicism, and Test of Homophobia (H25). To measure negative attitudes towards people living with HIV/AIDS, we used a subscale of the test which operationalizes the tendency to stigmatize and discriminate against people living with HIV/AIDS. Hierarchical linear regression was used to process the results. Predictors were pessimism, cynicism, and homophobia, while the criteria were negative attitudes towards people with HIV/AIDS. The results show that the first two models were not statistically significant, while the last model, after adding a variable that measures homophobia, becomes significant. The model composed of cynicism, pessimism, and homophobia explains 34% of the total variance ($p = .00$). Homophobia makes a significant contribution to the prediction, which is also a statistically significant predictor of negative attitudes towards people with HIV/AIDS ($\beta = .54$, $t = 6.43$, $p = .00$). Pessimism was also a statistically significant individual predictor ($\beta = .20$, $t = 2.00$, $p = .05$). It can be concluded that higher levels of pessimism and more pronounced homophobia significantly predict negative attitudes towards people with HIV/AIDS.

Introduction

HIV/AIDS. The term stigmatization comes from the Greek word *stigma*, which was a sign or mark applied to the body of slaves (Klauder, 1938). The sign was applied by cutting the skin or creating burns and it indicated something unusual or bad in the person. It was assumed that the people who own the mark on the skin were slaves, traitors, or criminals and should be avoided (Goffman, 1963). Stigmatization of people living with HIV/AIDS was noted during the first registration of the disease and has been associated with homosexuals, promiscuous women, and drug users (Von Collani et al., 2010). Factors of attitudes towards patients are social distance, negative stereotypes, and attribution of responsibility (Von Collani et al., 2010). Traditional attitudes towards gender roles, as well as negative attitudes towards homosexuals, are associated with negative prejudices towards people living with HIV/AIDS (Baunach & Burgess, 2013). People living with HIV are exposed to a number of negative attitudes that lead to their isolation (Adrien et al., 2012). Revealing HIV status to others can lead to the loss of friends, avoidance by others and discrimination, but even possession of the disease can lead to feelings of shame and isolation (Berger et al., 2001). People living with HIV/AIDS state that it was harder for them to face the prejudices of others than to live with the disease and that prejudices were common and led to concealment of health to avoid rejection by others (Giacomozzi et al., 2019).

Cynicism. Cynicism is the belief that people are hypocritical, selfish, duplicitous, and insincere (Čubela Adorić & Tucak, 2006). Cynicism implies a negative attitude towards individuals and society. As such, it is characterized by negative emotions, criticizing and belittling others, but also the values they stand for (Marković et al., 2016). Wrightsman (1992) cites life philosophies that were acquired early and influenced our understanding of the world. They are the following: trust or distrust, rationality-irrationality, altruism, selfishness, independence or striving for conformity, complexity-simplicity, and similarity, more precisely diversity. Also, Erickson (Erikson, 2008) distinguishes eight stages in the development of personality, where trust or distrust finds its place,

as the first stage. Wrightsman (1991) speaks of cynicism as the opposite dimension of trust in others. Cynicism develops as a means of defense against the environment, thus trying to prevent a person from being hurt (Marković et al., 2016). It is less pronounced in women than in men, as in the elderly, according to Wrightsman (1992). However, Marković & al. (2016) do not find differences in terms of gender and state that cynicism is more pronounced in the elderly. If an individual is cynical about the behavior he expects from the person who is the subject of the attitude, then they are more likely to express distrust of the other party, on the other hand, if a person trusts others, it is unlikely to be cynical when it comes to the expected behavior (Thompson et al., 2000).

Pessimism. Pessimism represents a negative view of the world, as well as future and present aspects of life (Penezić, 1999). When faced with a threat or challenge, pessimists tend to be suspicious (Carver & Scheier, 2001). Pessimism correlates significantly with neuroticism and negative affect (Marshall et al., 1992). It also negatively correlates with psychological well-being (Augusto-Landa et al., 2011). Optimists and pessimists have different mechanisms when it comes to dealing with difficulties. When faced with difficulties, optimists tend to keep working even though the situation is difficult. On the other hand, pessimists are not inclined to take action, although it could make the situation or the future more positive, and often give up (Scheier & Carver, 2018). Pessimism is associated with a cold and hostile style. It is assumed that such a style, cold and hostile, will cause distance from others (Smith et al., 2013). Pessimism and optimism have been registered as statistically significant predictors of depressive symptoms (Chang et al., 2013). Pessimists have more pronounced levels of depression compared to optimists, also, pessimists achieve significantly higher levels of values on the dimensions of apathy, sleep disorders, irritability, and social withdrawal (Joshi & Tomar, 2012). Also, pessimists are more exposed to the risk of anxiety, obsessive compulsive symptoms, somatic problems, as well as problems in social functioning (Van der Velden et al., 2007).

Homophobia. The term homophobia was first used by Weinberg (1972) and meant fear and hatred directed towards people of homosexual orientation, as well as fear of being in their environment. Later, homophobia takes on the meaning of any negative reactions or attitudes toward homosexuals (Herek, 2004). Homophobia is significantly associated with authoritarianism, sexism, and religious fundamentalism. Also, aggression proved to be a statistically significant predictor of homophobia (Nagoshi et al., 2008). Homophobia is more pronounced among people of more conservative political orientation, people of more religious character, less openness to experiences, and more conscientious (Živanović et al., 2014). People who have contact with individuals of homosexual orientation are more likely to have more favorable attitudes toward that population (Malley & Tasker, 2004). Homophobia is more pronounced in males (Živanović et al., 2014; Lingardi et al., 2005). More egalitarian attitudes toward

gender roles in females are significantly associated with positive attitudes toward homosexuals (Basow & Johnson, 2000). Exposure to homophobia significantly affects depression and anxiety in males, as well as personal stress, while women are more prone to withdrawal than others (Poteat & Espelage, 2007). On the other hand, D'Augelli et al. (2002) state that females show more pronounced values on the scales of anxiety and depression, and that they have more frequent sleep problems. Members of sexual minorities report higher levels of depression and a greater propensity to use alcohol and marijuana, as well as more pronounced suicidal feelings (Espelage et al., 2008). Exposure to negative attitudes is equated with psychological abuse, which can lead to a sense of justification for such actions and create shame and guilt in individuals (Gonzales, 2016).

As no research has been found that deals with the topics of pessimism and cynicism as variables that potentially affect attitudes towards people with HIV, and given that cynicism is seen as a negative attitude towards others (Marković et al., 2016), and pessimism as a negative view of all aspects of life (Penezić, 1999) that can lead to distance from others (Smith et al., 2013), this was precisely the goal of this research. In addition, the variable of homophobia was used. Thus, the aim of this study was to examine whether pessimism, cynicism, and homophobia are statistically significant predictors of negative attitudes towards people with HIV/AIDS.

Method

Sample. The sample was convenient and consisted of 100 respondents ($F = 80$), average age 22.63 ($SD = 5.04$). 79.6% of respondents were heterosexual, 10.2% bisexual, 8.2% homosexual, and 2% said they were asexual. The majority of respondents, 81%, are students. The research was conducted online, using *Google Forms*, the questionnaires were shared via social networks (Facebook, Instagram, etc.). The collection of respondents lasted about two weeks. The respondents were informed about the basic ethical aspects, that they could withdraw from the research at any time, that the research was completely anonymous and on a voluntary basis, with which they agreed.

Instruments. The following instruments were used:

- *The Pessimism Scale* (Penezić, 1999). It consists of 8 items on a five-point Likert-type scale (1-does not apply to me at all; 5-fully applies to me). Reliability is satisfactory and amounts to $\alpha = .83$ (Penezić, 1999), while in this research it amounts to $\alpha = .88$. Examples of items are: I rarely expect something good to happen; It is better to expect failure, you are less shaken when it actually happens; etc.

- *The Cynicism Scale* (Čubela Adorić & Tucak, 2006) was used to operationalize a given construct. It consists of 10 items that are answered via a six-point

scale (-3 I do not agree at all; +3 I completely agree). The reliability of the scale is $\alpha = .80$. Some items are: People pretend to care more about others than they really do; Most people actually don't like to put themselves out there to help others; Most people are not honest for the right reason, they are afraid of being caught in the act; etc.

- *The Homophobia Test (H25)* was used to measure homosexual attitudes (Živanović et al., 2014). The test consists of 25 items on a five-point Likert-type scale. The reliability of the test is high and amounts to $\alpha = .97$. In this study, reliability is $\alpha = .96$. Some of the items are: Homosexuality should be eradicated; Being gay does not mean being less valuable; Gay is ok; I would rather kill myself than be gay; etc.

- A questionnaire by Genberg et al. (2009) was used to examine attitudes towards people living with HIV/AIDS. The scale consists of 19 items that make up three subscales: negative attitudes, perceived discrimination, and fairness. For the purposes of this research, a subscale of negative attitudes will be used, the reliability of which in this research is $\alpha = .87$. The answer are given on a five-point Likert-type scale, from 1 I do not agree at all, to 5 I completely agree. Examples of items are: People living with HIV/AIDS should be ashamed; People with HIV/AIDS are disgusting; People with HIV/AIDS should be treated like others; etc.

Results

The basic descriptive statistical measures are presented below.

Table 1. Basic descriptive statistical measures

	<i>Min</i>	<i>Max</i>	<i>AS</i>	<i>SD</i>	<i>Sk</i>	<i>Ku</i>
Cynicism	-1.40	1.65	.39	.62	-.52	.74
Pessimism	8	97	19.85	7.27	.57	-.54
Homophobia	27	102	50.62	17.60	1.36	1.13
Negative attitudes	1	4.50	1.28	.58	3.24	11.76

Note. *min* = minimum value; *max* = maximum value; *AS* = arithmetic mean; *SD* = standard deviation; *Sk* = value of skjunis; *Ku* = value of courtesy.

The following is an overview of the correlations between the variables used.

Table 2. Correlations between variables

	1	2	3	4
1. Negative attitudes	1			
2. Cynicism	.11	1		
3. Pessimism	.21*	.12	1	
4. Homophobia	.53**	-.08	.04	1

Note. * $p < .05$; ** $p < .01$.

Pessimism and homophobia have statistically significant correlation with negative attitudes towards people living with HIV/AIDS.

Hierarchical linear regression was used to process the results. Predictors were cynicism, pessimism, and homophobia, while the criterion variable was negative attitudes towards people with HIV/AIDS. As cynicism is a philosophy of life that is acquired early in life and does not change easily (Wrightsmann, 1992), it was inserted in the first step. After that, pessimism was added as a negative view of life and life aspects (Penezić, 1999), and finally homophobia, which means negative reactions and attitudes towards people of homosexual orientation (Herek, 2004).

Table 3. Results of hierarchical linear regression

Predictors	β	t	p	R	R^2	ΔF	$df 1$	$df 2$	$p \Delta F$	F	$df 1$	$df 2$	p
				.11	.01	1.22	1	98	.27	1.22	1	98	.27
Cynicism	.11	1.10	.27										
				.23	.05	4.02	1	97	.05	2.63	2	97	.07
Cynicism	.09	.86	.39										
Pessimism	.20	2.00	.05										
				.58	.34	41.33	1	96	.00	16.26	3	96	.00
Cynicism	.13	1.59	.12										
Pessimism	.17	2.06	.04										
Homophobia	.54	6.43	.00										

The first two models are not statistically significant, while the last one is. The third model explains 34% of the total variance ($p = .00$). Homophobia makes a significant contribution to the prediction, which is also a statistically significant predictor of negative attitudes towards people with HIV/AIDS ($\beta = .54$, $t = 6.43$, $p = .00$). Pessimism is also a statistically significant individual predictor ($\beta = .20$, $t = 2.00$, $p = .05$).

Discussion and Conclusion

The aim of the research was to examine whether it is possible to predict negative attitudes towards people with HIV/AIDS with the predictors of cynicism, pessimism, and homophobia. Models composed of pessimism and cynicism are not statistically significant, while the model that contains the scale of homophobia, in addition to cynicism and pessimism, is significant.

Pessimism and homophobia have a statistically significant correlation with negative attitudes towards people living with HIV/AIDS. Also, pessimism and homophobia stood out as statistically significant predictors of negative attitudes.

Pessimism has a positive correlation with the criterion variable, which indicates that higher levels of pessimism significantly predict more pronounced negative attitudes towards people with HIV/AIDS. When we talk about optimism, that is, pessimism, some people are generally more inclined to one side of this dimension. Namely, as optimists tend to see the world positively, pessimists tend to see negative aspects of the world around them (Hetch, 2013). Also, pessimism implies a tendency to emphasize things in a negative and unfavorable way, therefore, to take a gloomy life attitude, and the attitude is a way of life (Singh & Mishra, 2012). As pessimism represents a negative view of the world as well as future and present aspects of life (Penezić, 1999), and is a predictor of problems in social functioning (Van der Velden et al., 2007), this could potentially be the reason for the connection between these constructs. Also, pessimism is associated with a cold and hostile style, which is assumed to cause distance from others (Smith et al., 2013), which also may be the case with people with HIV/AIDS.

When it comes to the association of homophobia with negative attitudes towards people living with HIV/AIDS, more pronounced homophobia leads to negative attitudes towards people with HIV. The results are in line with the results of Peate et al. (2002) who concluded that the more positive attitudes towards AIDS, the less pronounced homophobia. Namely, in their research, a statistically significant relationship was established between attitudes towards AIDS, as well as persons suffering from AIDS, and homophobia. The results show that the more positive the respondents' attitude towards AIDS, the less expressed homophobic attitudes. As this research was conducted on medical staff, it showed that the more informed a person is about AIDS, the less homophobic they are and the more willing they are to provide care to patients. Also, the results of Adrien et al. (2012) show that negative attitudes towards people living with HIV are associated with more pronounced homophobia as well as less knowledge about HIV transmission. That knowledge and stigmatization are important predictors of stigmatization is also evidenced by the research of Beaulieu et al. (2014).

Although, due to the construct of cynicism, as a negative attitude towards individuals and society, characterized by negative emotions, it was expected that cynicism would be a significant predictor, the results show that this is not

the case. Namely, a very small and unbalanced sample is a major lack of this research, which can also be the reason for the absence of a significant relationship between cynicism and negative attitudes towards people with HIV/AIDS.

As negative attitudes towards people with HIV/AIDS can significantly affect a person's functioning, the importance of research is reflected primarily in elucidating the relationship between these constructs, as well as their use in practice to model pessimism through counseling and combating negative attitudes through education. In the future research, it is desirable to use a more balanced sample in terms of age, gender, as well as sexual orientation, and examine the differences between these groups, which is a disadvantage of this research. The research can be seen as a pilot study whose preliminary results need to be developed in the future.

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Цинизам, песимизам и хомофобија као предиктори негативних ставова према особама са ХИВ-ом/АИДС-ом

Резиме

Циљ истраживања био је испитати да ли је помоћу цинизма, песимизма и хомофобије могуће предвидети негативне ставове према особама са ХИВ-ом/АИДС-ом. Узорак је пригодан и сачињен од 100 испитаника (М = 20, Ж = 80), просечне старости 22,63 (SD = 5.04). За операционализацију су коришћени следећи инструменти: Скала песимизма, Скала цинизма и Тест хомофобије (Х25). За мерење негативних ставова према особама са ХИВ-ом/АИДС-ом

коришћена је субскала теста који операционализује склоност стигматизацији и дискриминацији особа са ХИВ-ом/АИДС-ом. За обраду резултата коришћена је хијерархијска линеарна регресија. Предиктори су песимизам, цинизам и хомофобија, док критеријум представљају негативни ставови према особама са ХИВ-ом/АИДС-ом. Резултати показују да прва два модела нису статистички значајна, док последњи модел, након додавања варијабле која мери хомофобију, постаје значајан. Модел сачињен од цинизма, песимизма и хомофобије објашњава 34% укупне варијансе ($p = .00$). Значајни допринос предикцији даје хомофобија, која је уједно и статистички значајан предиктор негативних ставова према особама са ХИВ-ом/АИДС-ом ($\beta = .54$, $t = 6.43$, $p = .00$). Статистички значајан појединачни предиктор је и песимизам ($\beta = .20$, $t = 2.00$, $p = .05$). Може се закључити да виши нивои песимизма и израженија хомофобија значајно предвиђају негативне ставове према особама са ХИВ-ом/АИДС-ом.

Кључне речи: ХИВ; АИДС; негативни ставови; цинизам; песимизам; хомофобија.



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