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PERCEIVED STATUS VALUE REGARDING ELDERLY INDIVIDUALS:

ASSESSING CULTURAL INFLUENCE

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By

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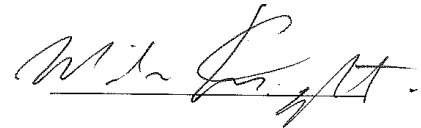
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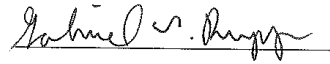
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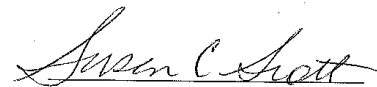
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Committee Chairperson



Committee Member



Committee Member

I dedicate this thesis to my
husband David, son D.J., and father John
for their love and support.

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Abstract

Western societies often view elderly individuals in a more negative view than other cultures around the world. This negative view is commonly referred to as ageism. The importance of understanding this demographic has increased exponentially in recent decades and stands to increase more rapidly with the impending maturation of those born during the *baby boom*. Fiske, Cuddy, Glick, and Xu (2002) developed The Stereotype Content Model (SCM) which distinguishes among different types of prejudice based on perceived status markers. The current study examined perceived status value toward elderly individuals using three influence scenarios and found that participants viewing no influence reported higher ratings on these markers when compared to those who viewed either positive or negative influences.

Keywords: elderly individuals, status value, ageism,

Perceived Status Value Regarding Elderly Individuals: Assessing Cultural Influence

As the population of elderly individuals' increases, the importance of understanding attitudes toward this group amplifies. Elderly population for the purpose of this study will be considered individuals 65 years-old or older. The number of individuals 65 years and older in the United States in 2003 totaled 35.9 million, which represented 12% of the total population (U.S. Census Bureau, 2005). Typically referred to as "Baby Boomers", those born between 1946 and 1964 in the post World War II era, are now on the edge of a boom into elderly individuals population. Specifically, social scientists estimate that between 2010 and 2030 the population of elderly people in the United States will increase from 35 million to 72 million, representing 20% of the entire population (U.S. Census Bureau, 2005). Significantly, this population is not only increasing in number but also in terms of life expectancy. The average life expectancy in 1900 equaled 47.3 years, this average age has increased to 76.9 years in 2000 and is expected to further increase (U.S. Census Bureau, 2005). With the booming number of elderly persons, and the increasing life expectancy, the need for understanding various aspects of the population increases, especially in regards to attitudes toward this group.

Increasing populations of elderly individuals are not only found in the United States. China's elderly population is the largest in the world (Tan, Zhang, & Fan, 2004). The number of elderly persons in China is expected to increase to total 210 million by the year 2030 (Tan et al. 2004). In Australia it is estimated that 20% of the population will be considered elderly by the year 2050 (Tailor, Zaturenskaya, Iwamasa, & Ferrari, 2007). In light of this global increase, the study of elderly individuals has become more pertinent than in past decades. Researchers have offered many reasons for the study of attitudes

toward this population. For example, policies that govern society are shaped by the attitudes of its members, therefore bias and stereotypes can greatly influence policy formation (Butler, 1980). The decisions that society makes today regarding this population will someday become the decisions we live with as elderly persons ourselves. Understanding this population may ensure better care, which affects the current population as well as our future selves (Yun & Lachman, 2006). Stereotypes and attitudes also affect the quality of life found in the elderly population, which carries with it many implications for this specific population.

Potentially deleterious consequences of negative attitudes toward elderly individuals are legion. Researchers have demonstrated such attitudes yield negative self-perception, invite anxiety about aging, and lead to unnecessary fear, tension, and denial. In sum, such attitudes have a less than desirable impact on personal aging experience (Rothermund & Brandtstadter, 2003; Butler, 1980; Yun & Lachman, 2006). These negative attitudes toward aging also referred to as ageism, hold physiological and psychological consequences for elderly individuals as well. In the medical field older patients reportedly receive less aggressive care (Barrett & Cantwell, 2007). In the psychological realm, researchers estimate that 10 to 30% of mental disorders in this population go untreated or are misdiagnosed (Butler, 1980). Butler (1980) attributed this lack of treatment to what he described as *malignant ageism*, where older people are seen as worthless or not worth the time of a professional. Bringmann and Rieder (1968) have shown that cultural rejection produces self-rejection in older people. Physiologically, negative self-perceptions result in hearing decline, a decreased will to live, increased heart complications, and lower overall functioning (Barrett & Cantwell, 2007). Arguably,

these negative attitudes or stereotypes held by society seem to become internalized by elderly persons, resulting in a self-fulfilling prophecy. In other words, elderly individuals may behave in a way that is conducive to societal expectations (Okoye & Obikeze, 2005). However, not all societies hold the same ideas of elderly people.

Cultural Differences

Aging is a concept that has been transformed from a natural process to a social problem (Butler, 1980). In the United States there is an overwhelming consensus that young people, as well as people in general, hold a very negative attitude toward aging and the aged. Some researchers believe that expectations of elderly individuals across all age groups are tainted by images of failing performance, unattractiveness, loneliness, and morbidity (e.g. Rothermund & Brandtstadter, 2003). Other researchers feel that the negative and pessimistic attitudes toward aging and elderly individuals are mainly held by younger Americans (e.g. Bringmann & Rieder, 1968). Regardless of the demographics of the group that holds negative attitudes, the United States in general has been strongly associated with ageism when compared to other cultures.

Barret and Cantwell (2007) examined facial expressions in sketches drawn by 183 public university undergraduate students to assess dominant views toward elderly individuals. The students were instructed to draw the first image that came to mind regarding the word elderly on the back of an index card. The opposite side of the index card was used to gather information about the student on the first day of class such as major, year, and name. The drawings were coded on variables including gender of student, gender depicted, facial expression depicted, physical features depicted, and type of picture. Barret and Cantwell (2007) found that students were more likely to draw

elderly men than women. In addition, many negative stereotypes supported by the literature including impairment, impotence, ugliness, and isolation were portrayed in the sketches. The positive stereotypes that were found included stereotypes of the kind, cookie-baking, grandmother. Although smiles were found in the drawings, post-task discussion revealed that the students expressed ambiguity about the emotional quality of life for elderly individuals. These results support the idea that elderly individuals as a group are viewed as warm but incompetent within American culture.

Yun and Lachman (2006) compared American culture to Korean culture through assessing anxiety about aging. Western cultures are seen as having more negative stereotypes of elderly individuals while Eastern cultures are thought to have a more positive view of aging and elderly individuals. Yun and Lachman (2006) claimed that aging and the aged are held with greater reverence and are seen as having a greater bearing within society by Eastern cultures. They attributed this to the influence of Confucian principles, which stress respect of elderly persons on familial and societal levels. They contrasted this with modern North Americans' reverence for youth, which results in greater negative stereotypes toward the aged. Although Eastern cultures are seen as having a positive view of elderly individuals, a shift in cultural attitude is emerging that seems to parallel contemporary Western attitudes. Yun and Lachman (2002) attributed this shift to urbanization of Eastern countries. Yun and Lachman (2002) predicted that Koreans would show greater psychological concerns, fear of losses, concerns regarding physical appearance and fear of old people than Americans. They also predicted greater levels of anxiety in older adults with older Korean adults having the highest level of anxiety about aging and American women showing more anxiety over

physical appearance than American males. Participants included 153 Americans and 167 Koreans divided into three age groups (19 to 39, 40 to 59, and 60 to 91). A self-report on demographics was completed by participants to obtain information such as gender, ethnicity, education, health, employment, and religion. Results showed American women having greater anxiety regarding aging and physical appearance as well as greater anxiety about aging overall as compared to Korean women. Within the Korean sample the younger age groups showed more fear of old people than older groups and within the American sample older age groups showed more fear of older people than did the younger participants. Although the authors posit a possible change in cultural attitude in Eastern cultures due to urbanization, the results at this time still support the idea of Western societies having a more negative view of elderly individuals than their Eastern counterparts.

Sung (2004) also investigated the differences between American and Korean cultures in treatment and views of elderly individuals. This study focused on the ways in which young people respect and show respect for individuals who are elderly. Sung (2004) set out to discover ways in which Western and Eastern cultures might learn from each other in regards to respecting elderly individuals. The researchers constructed thirteen forms of respect based on previous studies. Four hundred and one Korean students and 501 American students completed a survey assessing the importance and frequency of the 13 forms of respect. The results showed that the Korean students practiced more forms of respect more frequently than did their American counterparts. The areas in which Americans practiced respect with more frequency were listening to and following advice on marriage (acquiescent respect), making eye-contact and greeting

with a hug or kiss (salutatory respect), and communicating in proper language and using proper titles (linguistic respect). The author reported that the differences found in salutatory and linguistic respect may be due to cultural differences. For example, making eye contact and greeting with a hug or kiss is an acceptable practice in America but is not seen as respectful in Eastern cultures. An interesting and unexpected finding by Sung (2004) within the American participants was that there seem to be subculture effects in respect toward elderly individuals. Mainly, those subcultures, such as Latino/Latina showed greater respect toward elderly individuals than the Caucasian participants. Overall, Korean students' frequency of respect supported the idea that Western cultures hold more negative views of elderly individuals than Eastern cultures.

Another Eastern culture researchers report as holding more positive views of elderly individuals than Western societies is China. Tan, Zhang, and Fan (2004) examined the attitudes of 199 Chinese university students concerning elderly individuals. The authors proposed that what elderly individuals internalize, how they perform and participate in society, and what they contribute is not universal but varies by culture and social norms (Tan et al., 2004). The term elderly was grouped into four categories: young-old men (65 to 74), young-old women, old-old men (75+), and old-old women. Attitudes toward each of the target groups were assessed using items corresponding to 20 traits (Tan et al., 2004). T-tests were used to analyze the attitudes of Chinese university students toward elderly individuals. The overall attitudes of the students toward the previously defined four elderly groups fell in the positive to neutral ranges. Tan and colleagues (2004) compared the findings from this study to previous work regarding attitudes toward elderly individuals in the United States and found attitudes among

Chinese students to be more positive than attitudes of United States students toward elderly individuals. The authors theorized that a strong societal influence is responsible for these differences, namely that obligations of parents and children to each other are institutionalized by law in China and elderly individuals in China are expected to aid in the upbringing of their grandchildren (Tan et al., 2004). This study further supports the theory of negative attitudes held by Western societies. Furthermore, it does not support any cultural shift in Eastern societies regarding attitudes toward elderly individuals.

Examination of cultural influence on attitudes toward elderly individuals is not limited to the United States and Asian countries. Researchers have extended the research to include attitudes toward elderly individuals in other countries. Okoye and Obikeze (2005) examined stereotypes and perceptions of elderly individuals held by young people in Nigeria and their effects on intergenerational relations and implications for traditional social support systems. Relatively little investigation has been done on non-Western environments regarding the phenomenon of stereotypes toward elderly individuals, especially in African countries (Okoye & Obikeze, 2005). Old age is highly respected, and care of elderly individuals falls on younger generations in Nigerian communities. Okoye and Obikeze (2005), administered a questionnaire to 800 young people ages 15 to 30 in both rural and urban areas of Nigeria. The participants were instructed to indicate whether they agreed with, disagreed with, or were not sure about seven negative stereotypes of elderly individuals that were obtained through an extensive literary search. The seven stereotypes were as follow: “poor old people are lazy”, “elderly individuals are very suspicious”, “they make too many demands on their children”, “elderly individuals are secretive”, “old people behave like children”, “elderly individuals are conservative”,

and “old people are always sickly” (Okoye & Obikeze, 2005). Results showed that Nigerian youth agreed with seven of five negative stereotypes held by the general public toward elderly individuals and were not sure about the remaining two. The authors suggested that these stereotypes may not be completely negative. For example, the dependency stereotype may be double-sided since in Nigeria, older males have younger wives, therefore they may be dependent upon their children while at the same time having dependents of their own. Also, the stereotype belief that elderly individuals are secretive, suspicious, and conservative may be due to experience. The authors suggest that, due to life experience, older people may be less apt to take risks and make rash decisions than younger people. Evaluations based on demographics did show that education has a strong negative correlation with stereotypes. Those participants with higher levels of educations held less stereotypes toward the aged (Okoye & Obikeze, 2005). The fact that Okoye and Obikeze (2005) found negative stereotypes held by the general society matching those found in young people supports the idea that culture does in fact influence stereotypes.

Bringmann and Rieder (1968) took a different approach by comparing attitudes toward the aged in the United States and Germany. The authors proposed that, although attitudes toward elderly individuals in Germany have historically been positive, a post war trend may be changing attitudes in Germany to resemble the generally negative attitudes toward elderly individuals found in America. Bringmann and Rieder (1968) used 20 incomplete sentences addressing aspects of elderly individual’s lives and the participant’s experience with elderly individuals. The sentence completion format was administered to 67 young West Germans and 73 older West Germans, all with

comparable intelligence and social backgrounds. Bringmann and Rieder (1968) found that older and younger German women differed significantly in their attitudes about old age. Furthermore, young German and American women ascribed highly negative personality characteristics to elderly individuals; however, young German women viewed elderly individuals significantly more positively than did their American counterparts. Overall, positive stereotypes seemed to balance negative stereotypes among young German women. These studies on cultural differences between Americans and other societies lead to a general consensus showing more negative attitudes toward elderly individuals in Western cultures.

Graham and Baker (1989) investigated a suggested inverted U-curve of status across the lifespan in Western society. To assess the generalized beliefs about status in Western culture Graham and Baker (1989) utilized Baker's factorial survey analysis (FSA), which supports the notion that there is a general consciousness about social status that is shared to a large degree by all members of society. The authors hypothesized that if status perceptions are unaffected by characteristics such as age, social class, and education, then seniors should perceive status to be curvilinear across the lifespan even if this belief highlights their disadvantage (Graham & Baker, 1989). Results showed that status over the lifespan did take the form of an inverted U-curve, meaning that low status is ascribed to the very young and the old. Status rapidly rose from childhood to midlife (Graham & Baker, 1989). Interestingly, Graham and Baker (1989) found that status began to rise again for centenarians. Graham and Baker (1989) examined qualitative aspects based on participants' comments of the results as well. The results showed that many participants felt that the person in their thirties was "in his prime", the 40 year old

person was “in his most productive years”, and those in their fifties were “on their way out”. The authors also found an interesting implication for those in their seventies and eighties. The participants stated that the state of health these groups were in greatly influenced their status. Graham and Baker (1989) proposed a possible explanation for the U-curve regardless of participant age. They hypothesized that perhaps the attitudes are the same regarding status among young, middle, and older persons because these cultural notions of status are easily applied to individuals of these ages. Considering respondents stated that health greatly influenced status, one would wonder if culture is a greater influence or if perceived status is more influenced by health.

Gekoski and Knox (1990) argued that there is little evidence supporting negative attitudes toward elderly individuals in our society. They instead believed that it is not age alone but an interaction between age and other variables such as health that people perceive negatively. Gekoski and Knox (1990) used three dimensions: instrumental-ineffective, autonomous-dependent, and personal acceptability-unacceptability to assess attitudes toward young and old persons whom were either described as being in poor, average, or excellent health. The authors included a fourth health status category: unspecified. Gekoski and Knox (1990) expected that regardless of target age those described as being in excellent health for their age would be viewed more positively in all three dimensions, and that those in the unspecified health category would be rated similarly to those in the average category. Participants completed the Aging Semantic Differential (ASD) for each target. The ASD was set on 7-point Likert scale assessing Instrumental-Ineffective (productive/unproductive), Autonomous-Dependent (dependent/independent), and Personal Acceptability-Unacceptability (generous/selfish)

(Gekoski & Knox, 1990). Data was analyzed using a multivariate analysis of variance (MANOVA) and results showed that on the Instrumental-Ineffective dimension, young targets were rated higher than old targets and health did play a significant role in the results. This dimension would most likely be representative of status. Targets described as being in excellent health for their age were in fact, rated higher on each dimension than those described as being in average health (Gekoski & Knox, 1990). Overall, the results indicated a significant effect of health regarding attitudes toward elderly individuals. However, on the Instrumental-Ineffective dimension, which could be viewed as status, old targets were rated lower than young targets regardless of health. The authors conclude that when a young person expresses negativity toward an older person who is sickly or frail, it is highly likely that the negativity is due to health rather than age. Throughout the research, it is apparent that stereotypes and attitudes are culturally bound.

Considering this, it is imperative that researchers investigate and understand the impact of cultural influences on young peoples' ideas of elderly individuals in the United States. One way to assess attitudes of this manner is by use of the Stereotype Content Model.

Stereotype Content Model

The Stereotype Content Model (SCM) distinguishes among different types of prejudice based on perceived status markers (Fiske, Cuddy, Glick, & Xu, 2002). The SCM differentiates groups according to two basic dimensions, competence and warmth, which creates four unique stereotype patterns. These four groups are high competence/low warmth (respected but not liked), low competence/high warmth (liked

but not respected), high competence/high warmth (liked and respected), and low competency/low warmth (neither liked nor respected).

		Warmth	
		Low	High
Competence	Low	<ul style="list-style-type: none"> - Poor - Homeless 	<ul style="list-style-type: none"> - Elderly - Disabled - Housewives
	High	<ul style="list-style-type: none"> - Rich - Professional Women 	<ul style="list-style-type: none"> - Middle Class - White

Competency is determined by perceived status; warmth is determined by perceived interdependence or competition. According to Fiske and colleagues, (2002) when an individual meets a new person he or she wants to know the other's intent and capability to follow through. Capability is associated with competence and intent is associated with warmth or lack of warmth. Those people seen with the intent to challenge or change the in-group's situation are seen as having low warmth.

Fiske and colleagues (2002) posit that prejudice is not only a product of negative stereotypes but that positive stereotypes of warmth act jointly with negative stereotypes of low competence to maintain the advantage of more privileged groups when applied to subordinate or non-competitive out-groups. They further claim that positive stereotypes of competence in high-status groups justifies the system, while the negative stereotypes of (or lack of) warmth justifies the in-groups resentment towards them. Fiske and colleagues (2002) found that low-low ratings are applied to groups seen as having a negative intent toward society and inability to succeed. This group comes close to

representing a pure antipathy type prejudice; high-low ratings justify resentment and low-low ratings justify subordination each supporting the status quo. Fiske and colleagues (1999) described two types of prejudice: paternalistic and envious. Paternalism means to treat others in the manner of a father dealing with his children (Glick and Fiske, 1996). Paternalistic prejudices are those applied to groups such as “traditional” women, and assume that members of this group are neither inclined nor capable to harm members of the in-group (Fiske et al., 2002). Envious prejudice is applied to groups such as the rich and Asian Americans. These groups are perceived as competent but not warm and to be doing well for themselves while their intentions toward the in-group are not positive (Fiske et al., 2002). Fiske and colleagues (1999) conducted an in-depth analysis of prejudice toward particular out-groups which revealed ambivalent prejudice. Ambivalent prejudice is produced by the reciprocal operations of the twin dimensions liking and respect.

Fiske and colleagues (2002) hypothesized that stereotype content is systematic. According to this study SCM hypothesizes that two primary dimensions are competence and warmth, frequent mixed clusters combine high warmth with low competence (paternalistic) or high competence with low warmth (envious) and distinct emotions differentiate the four combinations. Positive stereotypes are not necessarily “good” and negative stereotypes are not necessarily “bad”; instead, the type of stereotype on one dimension is consistent with the opposite stereotype on the other dimension. For example, traditional women experience ambivalent sexism due to the mutual exclusivity of competency and warmth for this group. The researchers administered questionnaires to 74 students and 50 non-students who rated 23 groups selected from previous studies on

competence, perceived status, and perceived competition. The participants were instructed to rate the groups not on personal opinions but how they think Americans view the groups. As predicted the two dimensions, competency and warmth, differentiated the groups. Mixed stereotypes were found for out-groups, meaning that low ratings on one dimension were coupled with high ratings on the other. The group ratings were analyzed using cluster analysis. The cluster with the highest warmth rating included housewives, elderly people, and blind people. Those coming closest to true antipathy or low-low ratings were poor blacks, poor whites, and welfare recipients. Rich people, Asians, feminists, businesswomen, Jews, Black professionals, Northerners, sexy women, and Arabs were seen as competent but not warm. Overall, perceived status was highly correlated with perceived competence (Fiske et al., 2002). Perceived competition negatively correlated with perceived lack of warmth for the student sample (Fiske et al., 2002).

Fiske and Cuddy (2006) took these scales to different cultures to assess the generalizability of the SCM and its hypotheses. Participants included 1,535 university students from 14 nations. In all samples perceived status highly correlated with competence ratings (Fiske and Cuddy, 2006). While this twin dimension effect was seen across cultures, specific group stereotypes differed between cultures. Fiske and Cuddy (2006) showed that culture influences the status a given group will have in a given society. What is similar across culture is the ability to use SCM to predict how groups will be stereotyped on competence based on perceived status relative to groups in their respective society (Fiske and Cuddy 2006). Fiske and Cuddy (2006) also found that personal stereotypes highly correlate with reported cultural stereotypes.

Stereotypes and Influence

People develop social behavior at a young age, including stereotypes. These ideas are established long before children have the ability to question their validity (Devine, 1989). According to Cummings, Williams, and Ellis (2003), children as young as three years old evaluate elderly persons in a negative manner and by four years of age these negative evaluations become behaviors. Negative views of elderly individuals have also been found among adolescent's ages 10 to 11 (Umphrey & Robinson, 2007).

Stereotyping consists of sorting other people into categories whether positive or negative based on age, gender, race, or some other attributes leading to a belief that members of a certain category share common traits which is a pervasive human tendency (Liu, Ng, Loong, Gee, & Weatherall, 2003).

A strong source of influence during these young years is supplied by parents (adults and other authority figures). An infamous study on observational learning was conducted by Albert Bandura and his colleagues in the 1960's. This study is commonly referred to as Bandura's BoBo Doll experiment. In this study children watched tapes of adults interacting with BoBo Dolls. Some of the children observed adults beating up the doll while other children observed adults playing quietly in a room (Gluck et al., 2008). The important findings of this study showed that children not only copied adult behavior but that the learning occurred while the child was watching the adult. Bandura termed this learning "situation modeling". If the actions of strange adults influence children, the impact of a parent's actions and demonstrated attitudes should be even stronger, given both repetition and increased authority.

Researchers have consistently noted the especially important role of parents in children's attitude formation. Morris, Silk, Steinbert, Myers, and Robinson (2007) conducted an investigation of literature to assess the role of family in the development of emotion regulation. The literature shows that pre-adolescent and late adolescent children expect most of their emotional support and information to come from their parents as compared to adolescent children (Morris et al., 2007). During adolescence children's social context may change to reflect a higher reliance on peers. Although overall the review showed a strong link between family factors and children's emotional regulation. According to the review the climate of the family, parenting behaviors, and observational learning about emotionality and regulation play the largest roles on how children learn emotional regulation (Morris et al., 2007).

Murrell, Merwin, Christoff, and Henning (2005) looked at parents who model violence and the relationship between children who witness weapon use and later use as an adult. In this study a particular behavior was targeted, using and/or threatening to use a weapon. Data was gathered from 1,099 male batterers and the final sample consisted of 362 participants (Murrell et al., 2005). The Conflict Tactics Scale (CTS) was used to assess witnessing interparental weapon use as a child and use of a weapon against an intimate partner as an adult (Murrell et al., 2005). The researchers found a significant relationship between those who had witnessed weapon use as a child and incidence of using weapons as an adult.

Parental influence has even been linked to social competence in children. Krantz, Webb, and Andrews (1984) investigated the influence of parental social participation on the development of socially competent behavior in kindergarten children. The researchers

hypothesized that satisfying social participation by parents would correlate with socially competent behavior in their children (Krantz et al., 1984). The sample consisted of 42 children enrolled in two kindergarten classes, 42 mothers, and 19 fathers. Not all fathers were willing to participate. Child measures used included nomination popularity, social acceptance, social sensitivity, positive social behavior, and teacher ratings of social competence. Parental measures used were friendship contacts and community activities. Research showed that children of more socially active parents were more socially accepted by peers, more popular, and more pro-social in their behaviors towards peers (Krantz et al., 1984). According to the collection of research on parental influence, parents not only influence motor actions of their children but also attitudes and beliefs.

Current Study

In order to impact a society, the attitudes of that society must be understood. Considering the effect of culture on attitudes and the young age at which these attitudes are created as shown in the literature, understanding the stereotypes of our culture toward elderly individuals is important. This understanding is also important because our country is facing a large boom in the elderly population and because we too someday will be a part of this population. The current study examined attitudes toward elderly individuals in terms of status using the Stereotype Content Model created by Fiske, Cuddy, Glick, and Xu (2002). After reading influences, positive, negative, and neutral, participants rated elderly individuals on status-relevant (competency) and status-irrelevant (warmth) characteristics. It was hypothesized that influence read would impact status value marker ratings, particularly that participants in the negative group would rate elderly individuals as lower in status relevant and irrelevant characteristics (competency and warmth) than

those in the positive or neutral group. These influences represented impact by and attitudes presented in society. According to the predictions made, negative influences should have elicited negative ratings when compared to ratings post positive and neutral influence.

Method

Participants

A total of 100 undergraduate students from a Midwestern university volunteered to participate. Of the 100, 13 reported English as a second language or a country other than the United States as their country of origin and were therefore omitted from analysis. Participants' ages ranged from 18 to above 42 with the largest group falling between 21 and 23 years old. See Appendix H for further information regarding participant age. The ethnic composition of the participants was 64.4% Caucasian, 25.3% African American, 4.6% Native American, 3.4% Other, and 2.3% Hispanic. See Appendix E for ethnicity representation. All students signed the informed consent in order to participate. Two copies were given to participants the signed copy was kept by the researcher and the second copy was given to the participant for their records. All participants were enrolled in an undergraduate level psychology course and compensation of research participation credit was given to each participant. An alternative to participation was offered to the student population. Data from all participants was gathered using paper surveys.

This experiment included parameters for participation. Attitudes of Americans toward elderly individuals were assessed in this study. The University of Central Oklahoma has a significant international student population (data for Spring 2009 Enrollment Ethnicity Comparison can be found at <http://www.uco.edu/ir/demobook>

.html). For this reason parameters excluded any person who did not identify themselves as a native of the United States. In order to conform to ethical guidelines identifying information about the participants was not used during data collection or analysis after the surveys were completed. Aspects of each participant such as names and dates of birth were not reported to the public. Records were stored, accessed, transferred, and disposed of according to APA ethical guidelines. The data was kept in a locked file on campus and was not removed by anyone other than the researcher. Records will be disposed of after they have served their purpose in a way that is compatible with the Ethics Code.

Materials

The influence (Appendix D) viewed by the student prior to the surveys was one which portrayed elderly people in either a positive or negative manner, or not at all (neutral). The positive influence showed elderly individuals as vital and useful while the negative influence played on negative stereotypes such as incompetent and incapable. Those participants in the control group did not read an influence but instead immediately answered surveys 1 and 2. In survey one (Appendix A) participants were asked to rate elderly individuals in regards to three status relevant and three status irrelevant value markers. Elderly was to be considered any person over the age of 65. These six status value markers are seen as either necessary or not necessary for achieving status. The six traits were Competent, Productive, Ambitious (competence), Sensitive, Emotional and Nurturing (warmth). These markers were previously normed for status relevance in a study done by Holloway, Vadnais, and Zhao, (2009).

Participants rated elderly individuals on each status value marker by answering questions such as, “To what extent do you believe _____ (confident, productive, etc.)

describes elderly individuals". The participants rated the statement using a 7-point Likert Scale where 1= barely and 7= strongest imaginable. This data was gathered using a paper survey. The data was gathered and placed in an SPSS spreadsheet.

The demographic survey (Appendix B) consisted of questions regarding education level, cultural influences, and time spent with an elderly person, along with other exploratory data. This data was used to enrich the current investigation and prompt further research questions. Each participant received the same survey questions on survey two.

Design

The design included three groups defined by type of influence (positive, negative, no influence) and gender (man, woman, no gender) which were compared on two dimensions competency and warmth. Participants ranked elderly individuals on six markers according to perceived status (confident, productive, ambitious, nurturing, sensitive, and emotional). The manipulated variables were cultural influence represented by positive or negative influences and sex. The dependent variable was status value rating. It was believed that ratings on status relevant markers (competency) would be higher for participants in the positive group as compared to those in the negative group. The control group was expected to fall between these two groups in rating. In addition to the effects of positive and negative influences, it was predicted that influences portraying an elderly woman would be rated higher on warmth than those portraying an elderly man or no specific gender at all. For an example of the formatting of the questions please see Appendix A.

This design was analyzed for the effects of cultural influence and sex on participant's perceived status of elderly individuals on status relevant and status irrelevant markers. Cultural affect was represented by an influence. The influence represented attitudes present in society. The manipulation was that one-third of the participants read an influence which positively portrayed elderly individuals while another third read an influence portraying elderly individuals negatively. The final third did not read an influence; this was the neutral (control) group. The ratings on each of the status relevant and irrelevant markers for the positive, negative and control groups served as the dependent variable. An analysis of variance (ANOVA) was conducted to analyze the received data.

Procedure

Participants chose to volunteer for the experiment during an undergraduate psychology course. Participants then completed a consent form and were instructed to keep a copy for their personal records. Following the consent process the participants read an influence (Appendix D) portraying elderly individuals positively, negatively, or not at all (neutral). Following the influence the participants were instructed to rate elderly individuals based on status (Appendix C). Participants completed two surveys (Appendices A and B) after the instruction period. One consisting of the six questions regarding perceived status of elderly individuals, and a demographic survey.

Survey one (Appendix A) consisted of six questions asking each participant to rate along a seven point Likert scale, perceived status of elderly persons based on the six status value markers: confident, productive, ambitious, nurturing, sensitive, emotional. An example of the question set up is:

“To what extent do you believe ambitious describes elderly individuals?”

The questions were presented in the same randomized order for each participant. It was predicted that the type of influence viewed would influence the end rating of status value markers.

The demographic questionnaire (Appendix B) included questions that are seen as pertinent to further exploration and future research. These questions addressed topics such as ethnicity, age, education level, and how much participants feel various items in their culture influence them such as parents, the media, and peers.

A short debriefing statement was read after the second survey which concluded the experiment. The participants read the debriefing statement which included contact information for the researcher should they need it, an approximate date that results will be available, and a statement regarding availability of a referral if necessary. The participants were thanked for their time and for volunteering to participate in research.

Results

A 6 (competent, productive, ambitious, nurturing, sensitive, emotional) x 3 (man/woman/no gender) x 3 (positive/negative/no influence) between subjects analysis of variance (ANOVA) was performed to examine potential differences between the groups across individual status value markers. Following the ANOVA the six status value markers were combined into two groups competency (competent, productive, ambitious) and warmth (nurturing, sensitive, emotional) to compare group rating means. The independent variable, type of influence, consisted of three levels: positive influence, negative influence, and no influence (neutral). The second independent variable consisted

of three levels: man, woman, and no gender (neutral). Eta squared for competency and warmth equaled .03 and .04 respectively.

Demographics

Many of the questions on the demographic survey were used to assess exclusion/inclusion criteria for participants. However, age, ethnicity, quantity of contact with elderly persons, and mental representation of health was pulled for analysis. Those participants who did not identify themselves as natives of the United States or that reported any language other than English as a first language were excluded from the study before the following demographic information was calculated.

The largest age group was that of 21 to 23 year olds (39%) followed by 18 to 20 year olds (20%), 24 to 26 year olds (17%), 27 to 29 year olds (13%), 30 to 32 year olds (5%), and 33 to 55, 39 to 41, and 42 years old and up (each 2%). Please see Appendix H for a full graph on age of participants. Ethnicity of participants was largely Caucasian at 64.4% followed by African American (25.3%), Native American (4.6%), Other (3.4%), and Hispanic (2.3%). Please see Appendix E for a complete ethnicity breakdown.

Quantity of contact with elderly persons was set on a scale from 1 to 4 where 1=Not At and 4=Large Amount. Participants were asked to indicate how much contact they have had with an elderly person. This was exploratory information that may aid in future research. It was the thought of the researcher that time spent with elderly persons may influence the mental representation and perspective of people toward this group. Forty four percent of participants reported having spent a Large Amount of time with an elderly person followed by a moderate amount (28%), some contact (13%), and none at

all (2%). Being more specific about what each of these categories entails may have been more beneficial to the researcher. A full graph can be found in appendix F.

Research conducted by Graham and Baker (1989) and Gekoski and Knox (1990) suggest that health as opposed to age may have a greater influence on perception of the elderly. Based on this research a question regarding mental representation of health was included in survey two. The question asked participants, “When rating elderly individuals on the previous survey, would you say your mental representation of an elderly person was in poor, average, excellent, or unspecified health?”. Results showed that the largest percentage of participants held a mental representation of an elderly person in average health (57%). Twenty-two percent of participants reported a representation of excellent health, followed by poor (5%) and unspecified (3%). See appendix G for a full graph of mental representation of health.

Influence

It was hypothesized that the influence read would impact the status value marker ratings. Specifically that those participants in the negative condition would rate elderly individuals lower on competency and warmth than those in both the positive and neutral groups and the ratings from participants in the neutral group would fall between the positive and negative group’s ratings. Although participants exposed to a negative influence did rate elderly individuals lower in competency and warmth when compared to those participants exposed to a positive or neutral influence, no significant difference was found between groups.

Those participants in the neutral group (not viewing an influence) rated elderly individuals highest on both competency and warmth (competency $M = 4.67$, $SD = 1.08$;

warmth $M = 5.41$, $SD = 1.25$). The positive group ratings fell in between the negative and neutral group ratings on competency ($M = 4.52$, $SD = 1.11$). However, average warmth ratings were equal for both positive and negative groups ($M = 5.20$, $SD = 1.15$ and $M = 5.20$, $SD = 1.27$). See Table 1 for Analysis of Variance and Table 2 for Mean Comparisons. Also see Appendix I for a full graph of type of influence on status value ratings.

Gender

It was also hypothesized that those participants reading influences portraying a woman would rate elderly individuals higher on warmth status markers than those reading influences portraying a man, or no gender at all. The ratings from participants reading an influence with a woman compared to those from participants reading an influence with a man were in fact higher however; the data did not show a significant difference between the groups. Overall those participants with no gender influence rated elderly individuals highest in warmth. The neutral (no gender) group rating was $M = 5.41$, $SD = 1.25$ followed by those viewing an influence describing a woman at $M = 5.34$, $SD = 1.25$. Lastly those participants whose influence described a man rated warmth at $M = 5.07$, $SD = 1.15$. See Appendix J for a full graph of gender influence on status value rating and Table 3 for Means Comparison.

Discussion

The elderly population in the United States and across the globe has increased in recent years and is predicted to increase exponentially in years to come. Research has shown that overall attitudes in Western cultures toward this population are negative (Rothermund & Brandtstadter, 2003). Due to the impending boom in the number of

elderly individuals, current investigation in this area is imperative. Information on this population may influence decisions made and treatment given to elderly individuals. This study aimed to assess the status value perception of Americans toward elderly individuals in an effort to contribute to the current understanding of issues regarding this population

Expectations

Research such as Butler (1980), Rothermund and Brandtstadter (2003), Barret and Cantwell (2007), Fiske and colleagues (2002), and many others supports the idea that stereotypes are culturally bound, learned at a young age, and more specifically are negative when describing elderly individuals in Western cultures. In accordance with Fiske and colleagues (2002), it was hypothesized that participants viewing a negative influence would rate elderly individuals lower in competency and warmth when compared to a positive and neutral group. On the contrary, results indicate that participants viewing no influence at all report higher ratings on competency and warmth for elderly individuals. Possibly the influence was not strong enough to induce predicted outcomes or could indicate a shift in societal attitudes. Much research has been conducted resulting in support for more negative attitudes toward elderly individuals in Western societies as compared to other cultures (Sung, 2004; Yun and Lachman, 2006; Tan, Zhang, & Fan, 2004; Bringmann & Rieder, 1968). Although this result was unexpected, one can only hope it shows a trend toward changing attitudes in our society toward elderly individuals. Perhaps this lends more support to the argument of Gekoski and Knox (1990) who believed it is not age alone but an interaction between age and other variables such as health that people perceive negatively. With an increase in life expectancy but a lack of increase in quality of life researchers may see new avenues in

attitudes toward the elderly which are more heavily weighted on health status (U.S. Census Bureau, 2005). Unfortunately this could lead to an even greater view of aging as a social problem, as proposed by Butler (1980).

Gender

Fiske and colleagues (2002) found that paternalistic prejudices are applied to traditional women. Paternalistic prejudices assume a person is incapable of harming members of the in-group. Barret and Cantwell (2007) reported a positive stereotype of a kind, “cookie baking” grandmother present in a study among university undergraduate students. Based on this research the current study hypothesized that regardless of influence, ratings on status irrelevant (or warmth) markers would be higher for those participants reading influences portraying an elderly woman as compared to those reading an influence portraying an elderly man. Barret and Cantwell (2007) revealed a positive stereotype toward female elderly individuals as a kind, cookie-baking, grandmother type. Participants who read an influence portraying an elderly woman did in fact rate elderly individuals higher on these status value markers than did those who read an influence portraying an elderly man. However, these differences were not significant. This finding supports the previously mentioned positive stereotype identified by Fiske and colleagues (2002) as well as Barret and Cantwell (2007).

As previously mentioned the Stereotype Content Model (SCM) distinguishes among different types of prejudice based on perceived status markers (Fiske, Cuddy, Glick, & Xu, 2002). These prejudices are differentiated based on two broad dimensions, competence and warmth. As was found in previous research our study placed elderly individuals in the low/high category meaning they are liked but not respected.

Competency is based on perceived status while warmth is based on interdependence or competition. While the data did not reveal significant differences between groups based on the utilized influences, the trends do support this previous research based on the SCM.

Limitations and Future Studies

There are limitations within this study. First, this study consisted of a small sample size. One hundred participants originally enrolled in the study however due to exclusionary criteria only 87 participants were included in the analysis portion of the study. A larger study may reveal more expected trends or may support the current study results. Secondly, it is possible that the influences used were not strong enough to represent actual cultural influence. Future studies could utilize various media to represent everyday influences in Western societies. This could be accomplished by simply repeating the current study and adding commercials as influences or multiple forms of influence over an extended period of time. As shown in the literature stereotypes are formed at a very young age. The youngest participants included in this study fell between 18 and 20 years of age, this is well beyond the formative stage of stereotypes. An interesting direction for a future study would be to assess the perceptions of children as compared to adults. Finally, this study had a narrow population; the majority of participants were white, and between the ages of 21 and 23. The population pool consisted of undergraduate psychology students. A study including a more diverse population would offer a wider perception and would be more generalizable. The current state of knowledge regarding elderly individuals may also benefit from studies focusing on the impact of time spent with the elderly on stereotypes toward this group.

References

- Anderson, N. H. (1968). Likableness ratings of 555 personality-trait words. *Journal of Personality and Social Psychology, 9*, 272-279.
- Barrett, A. E., & Cantwell, L. E. (2007). Drawing on stereotypes: Using undergraduates' sketches of elders as teaching tool. *Educational Gerontology, 33*, 327-348.
- Bringmann, W., & Rieder, G. (1968). Stereotyped attitudes toward the aged in West Germany and the United States. *The Journal of Social Psychology, 76*, 267-268.
- Butler, R. N. (1980). Ageism: A foreword. *Journal of Social Issues, 36*(2), 8-11.
- Cuddy, A. J. C., Fiske, S. T., & Glick, P. (2004). When professionals become mothers, warmth doesn't cut the ice. *Journal of Social Issues, 60*(4), 701-718.
- Cummings, S.M., Williams, M.M., & Ellis, R.A. (2003). Impact of an Intergenerational Program on 4th Graders' Attitudes Toward Elders and School Behaviors. *Journal of Human Behavior in the Social Environment, 8*(1), 43-61.
- Devine, P. G. (1989). Stereotypes and prejudice: Their automatic and controlled components. *Journal of Personality and Social Psychology, 56*(1), 5-18.
- Fiske, S. T., & Cuddy, A. J. C., (2006). Stereotype content across cultures as a function of group status. In, *Social comparison and social psychology; understanding cognition, intergroup relations and culture* (pp. 249-263). New York: Cambridge.
- Fiske, S. T., Cuddy, A. J. C., Glick, P., & Xu, J. (2002). A model of (often mixed) stereotype content: Competence and warmth respectively follow from perceived status and competition. *Journal of Personality and Social Psychology, 82*(6), 878-902.
- Fiske, S. T., Xu, J., Cuddy, A. C., & Glick, P. (1999). (Dis)respecting versus (dis)liking:

- Status and interdependence predict ambivalent stereotypes of competence and warmth. *Journal of Social Issues*, 55(3), 473-489.
- Gekoski, W. L., & Knox, V. J. (1990). Ageism or healthism? Perceptions based on age and health status. *Journal of aging and health*, 2(1), 15-26.
- Glick, P., & Fiske, S. T. (1996). The ambivalent sexism inventory: Differentiating hostile and benevolent sexism. *Journal of Personality and Social Psychology*, 70(3), 491-512.
- Gluck, M.A., Mercado, E., & Myers, C.E. (2008). *Learning and Memory: From Brain to Behavior*. New York, NY: Worth Publishers.
- Graham, I. D., & Baker, P. M. (1989). Status, age and gender; Perceptions of old and young people. *Canadian Journal on Aging*, 8(3), 255-267.
- Holloway, H., Vadnais, A., & Zhao, J. (2009, April). *Perceptions from males: Support for ambivalent sexism and self-congruency*. Poster presented at the 27th annual Oklahoma Psychological Society conference, Edmond, OK.
- Krantz, M., Webb, S., & Andrews, D. (1984). The Relationship Between Child and Parental Social Competence. *The Journal of Psychology*, 118, 51-56.
- Liu, J.H., Ng, S.H., Loong, C., Gee, S., & Weatherall, A. (2003). Cultural stereotypes and social representations of elders from Chinese and European perspectives. *Journal of Cross-Cultural Gerontology*, 18, 149-163.
- Morris, A.S., Silk, J.S., Steinberg, L., Myers, S.S., & Robinson, L.R. (2007). The Role of the Family Context in the Development of Emotion Regulation. *Social Development*, 16(2), 361-388.
- Murrell, A.R., Merwin, R.M, Christoff, K.A., & Henning, K.R. (2005). When Parents

Model Violence: The Relationship Between Witnessing Weapon Use as a Child and Later Use as an Adult. *Behavior and Social Issues*, 14, 128-133.

- Okoye, U. O., & Obikeze, D. S. (2005). Stereotypes and perceptions of elderly individuals by the youth in Nigeria: Implications for social policy. *Journal of applied gerontology*, 24, 439-452.
- Office of Institutional Research (2008). Enrollment Statistics & Demographics Spring 2008. Retrieved April, 01, 2008, www.ucok.edu/ir/demobook.html
- Reaves, M., Thomas, H., & Knight, M. (2008). *Gender differences in the perception of status value markers among low self-esteem men and women*. Poster session presented at the annual meeting of the Oklahoma Psychological Society, Edmond, OK.
- Rothermund, K., & Brandtstadter, J. (2003). Age stereotypes and self-views in later life: Evaluating rival assumptions. *International Journal of Behavioral Development*, 27(6), 549-554.
- Sung, K. (2004). Elder respect among young adults: A cross-cultural study of Americans and Koreans. *Journal of Aging Studies*, 18(2), 215-230.
- Taylor, M., Zaturenskaya, M., Iwamasa, G. Y., & Ferrari, J. R. (2007). Perceptions of older adults: The voices of eldercare employees. *Educational Gerontology*, 33, 365-376.
- Tan, P. P., Zhang, N., & Fan, L. (2004). Students' attitudes toward elderly individuals in the People's Republic of China. *Educational Gerontology*, 30, 305-314.
- Umphrey, D. & Robinson, T. (2007). Negative Stereotypes Underlying Other-Person Perceptions of elderly individuals. *Educational Gerontology*, 33, 309-326.

U.S. Census Bureau (2005). 65+ in the United States, www.census.gov .

Yun, R. J., & Lachman, M. E. (2006). Perceptions of aging in two cultures: Korean and American views on old age. *Journal of Cross Cultural Gerontology*, 21, 55-70.

Appendix A

Survey One

1. To what extent do you believe competent describes elderly individuals?

1	2	3	4	5	6	7
Barely	Weak	Mild	Moderate	Strong	Very Strong	Strongest Imaginable

2. To what extent do you believe productive describes elderly individuals?

1	2	3	4	5	6	7
Barely	Weak	Mild	Moderate	Strong	Very Strong	Strongest Imaginable

3. To what extent do you believe ambitious describes elderly individuals?

1	2	3	4	5	6	7
Barely	Weak	Mild	Moderate	Strong	Very Strong	Strongest Imaginable

4. To what extent do you believe nurturing describes elderly individuals?

1	2	3	4	5	6	7
Barely	Weak	Mild	Moderate	Strong	Very Strong	Strongest Imaginable

5. To what extent do you believe sensitive describes elderly individuals?

1	2	3	4	5	6	7
Barely	Weak	Mild	Moderate	Strong	Very Strong	Strongest Imaginable

6. To what extent do you believe emotional describes elderly individuals?

1	2	3	4	5	6	7
Barely	Weak	Mild	Moderate	Strong	Very Strong	Strongest Imaginable

Appendix B

Survey Two

1. What culture do you feel has the greatest influence over how you view the world?

American Culture

Other: (Please specify) _____

2. What culture do you feel has the greatest influence over your perception of others?

American culture

Other: (Please Specify)

3. In what country were you born?

4. What is your first language?

5. What language are you most comfortable using?

6. What is your highest level of education?

(High School, Some college, Associates degree, Bachelors Degree, Masters Degree)

7. If enrolled in college what is your current classification?

(Freshman, Sophomore, Junior, Senior, 1st Year Grad, 2nd Year Grad, 3rd Year Grad)

8. On a scale of 1 to 4, where 1= none at all and 4=a large amount, how much contact have you had with an elderly person?

(1- none at all, 2 – some contact, 3 – a moderate amount of contact, 4 – a large amount)

9. Please rank the following from options from 1 to 8 according to the strength of influence on you as a person.

___ commercials

___ parents

___ peers

___ music

___ siblings

___ education

religion personal experience

10. Please indicate the ethnicity you most identify with (choose only one)

White/Caucasian African American
 Hispanic/Latino Native American
 Asian Other (please specify) _____

11. Please indicate your age group

18-20 21-23 24-26 27-29 30-32 33-35
 36-38 39-41 42 or above (please specify) _____ years of age

12. When rating elderly individuals on the previous survey, would you say your mental representation of an elderly person was in poor, average, excellent, or unspecified health (please circle one)?

Appendix C

Instructions

Please rate the following persons on perceived status. In the following questions

“Elderly” is to be regarded as any person 65 years and older.

Appendix D

Influences

Positive/Male

Jim is an elderly person between the ages of 65 and 85. He is an investment banker who has been with the company for thirty years. He advises clients on high-level issues of financial organization. Jim's daughter recently had a baby, his first grandchild. Jim's hobbies include hiking, camping, and golf.

Positive/Female

Sue is an elderly person between the ages of 65 and 85. She is an investment banker who has been with the company for thirty years. She advises clients on high-level issues of financial organization. Sue's daughter recently had a baby, her first grandchild. Sue's hobbies include hiking, camping, and golf.

Negative/Male

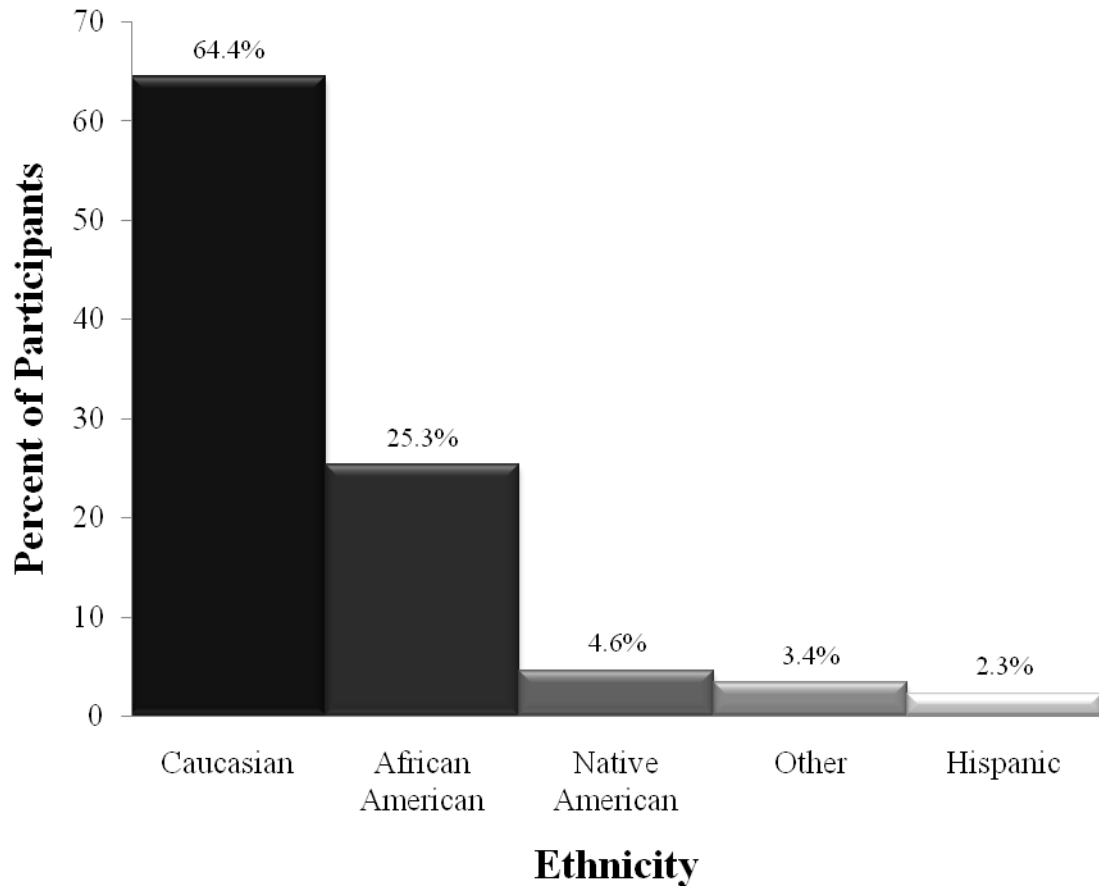
Jim is an elderly person between the ages of 65 and 85. He has been retired for fifteen years. He has no family and lives alone. Jim does not engage in activities outside of his home.

Negative/Female

Sue is an elderly person between the ages of 65 and 85. She has been retired for fifteen years. She has no family and lives alone. She does not engage in activities outside of her home.

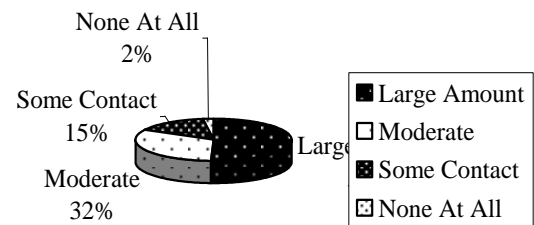
Appendix E

Ethnicity of Participants



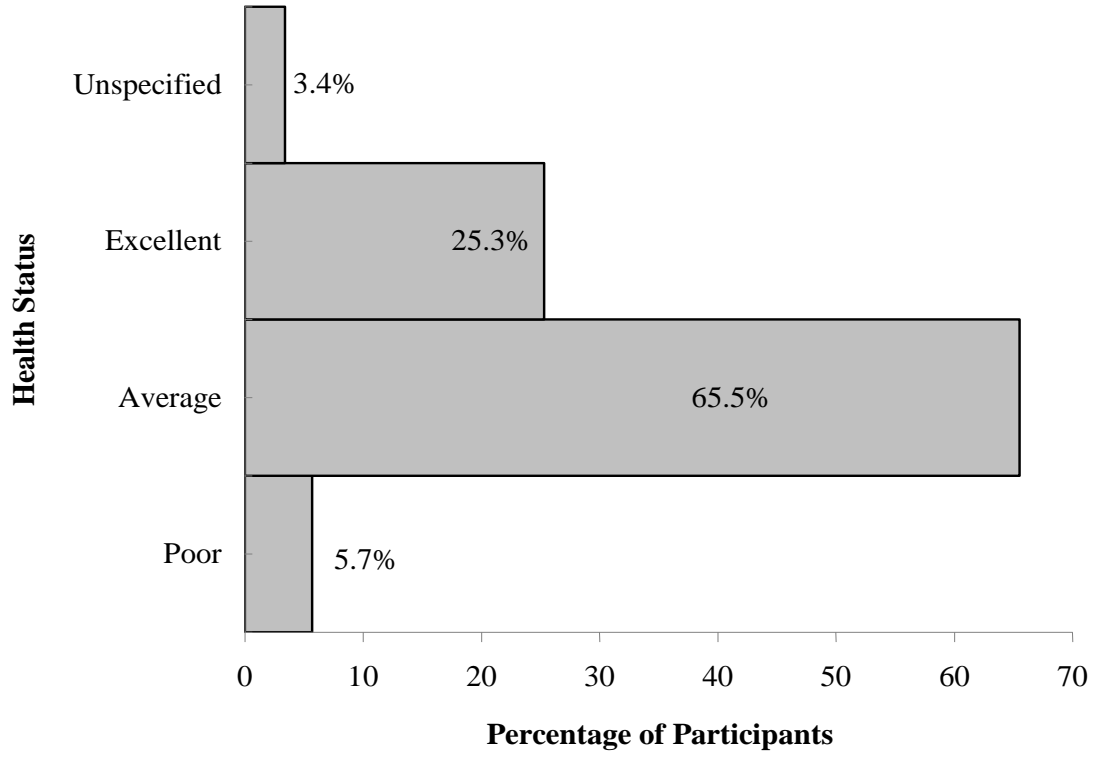
Appendix F

Contact with the Elderly



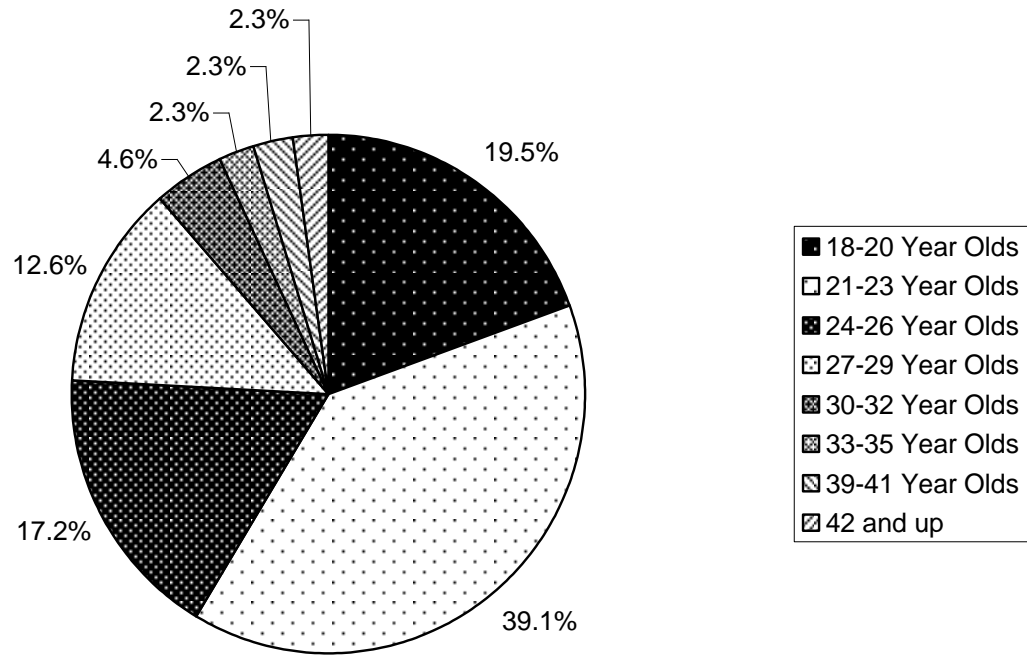
Appendix G

Mental Representation of Health



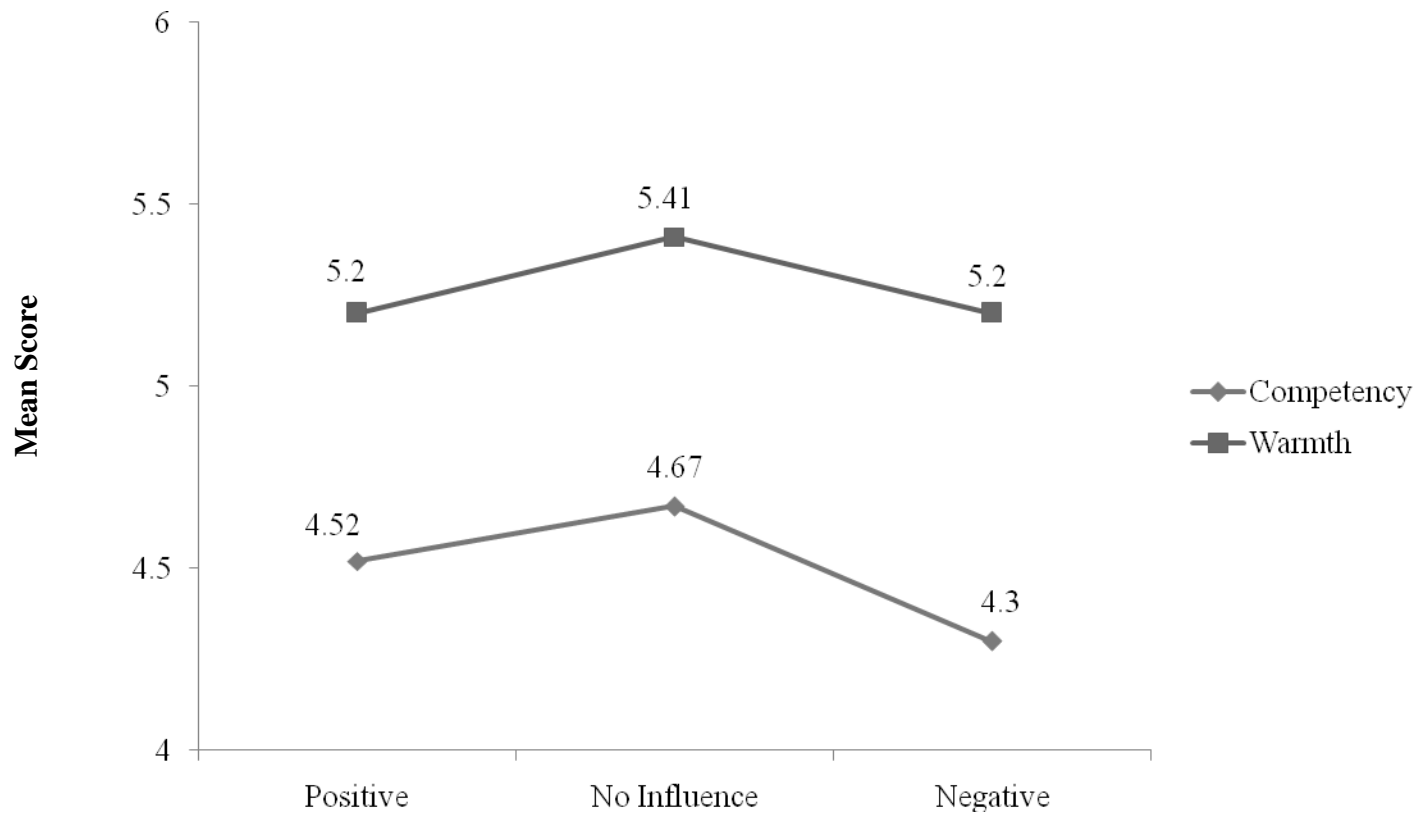
Appendix H

Age of Participants



Appendix I

Type of Influence



Appendix J

Gender Influence

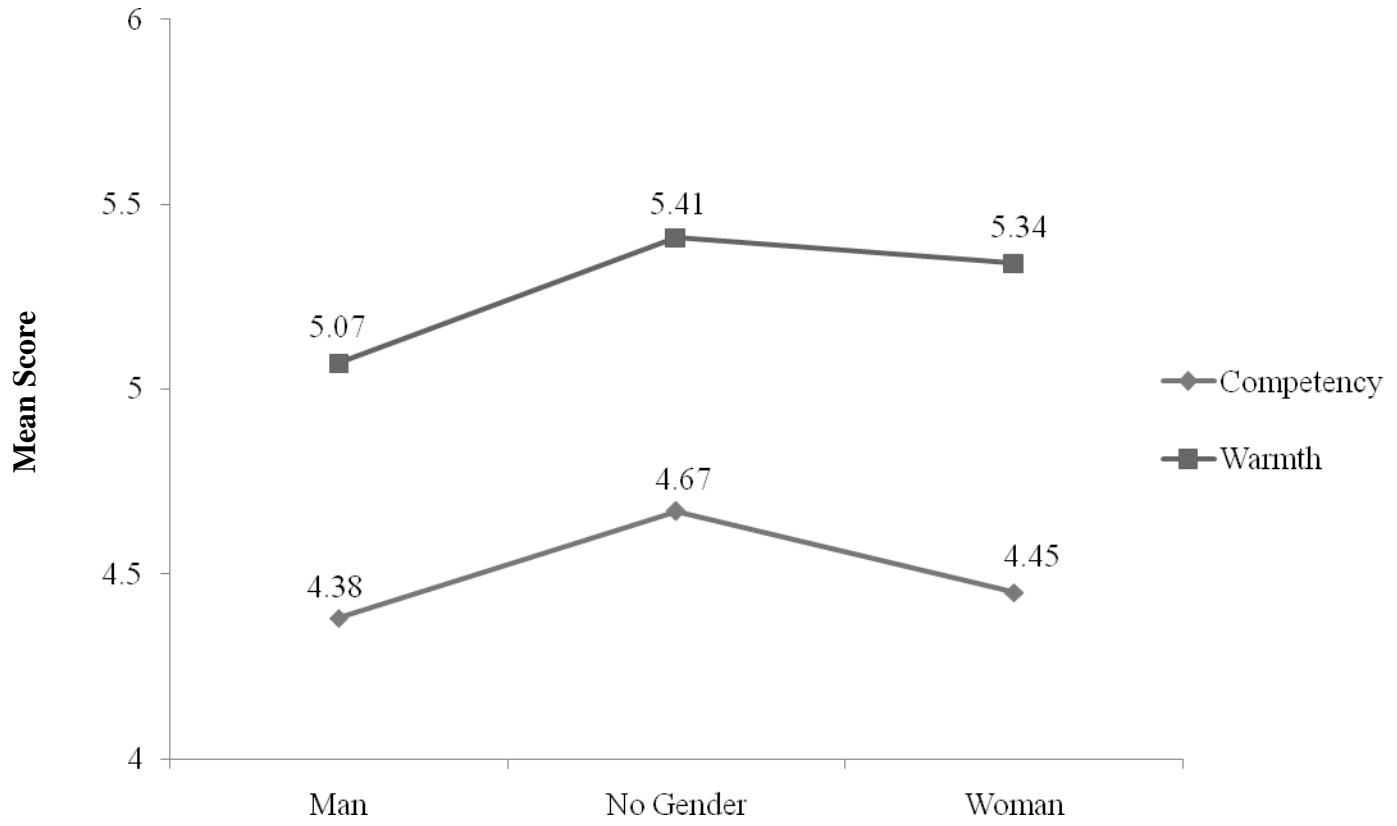


Table 1 Analysis of Variance for Status Value Ratings

		<i>SS</i>	<i>df</i>	<i>MS</i>	<i>F</i>
Competent	Between Groups	3.479	4	.870	.822
	Within Groups	86.751	82	1.058	
	Total	90.230	86		
Productive	Between Groups	3.089	4	.772	.585
	Within Groups	108.313	82	1.321	
	Total	111.402	86		
Ambitious	Between Groups	4.231	4	1.058	.619
	Within Groups	140.114	82	1.709	
	Total	144.345	86		
Nurturing	Between Groups	4.205	4	1.051	1.104

	Within Groups	78.071	82	.952	
	Total	82.267	86		
Sensitive	Between Groups	3.457	4	.864	.602
	Within Groups	117.807	4	1.437	
	Total	121.264	86		
Emotional	Between Groups	4.944	4	1.236	.756
	Within Groups	134.113	82	1.636	
	Total	139.057	86		

Table 2 Mean Comparison Type of Influence

Dependent Variable	<i>Positive Influence</i>		<i>Negative Influence</i>		<i>No Influence</i>	
	M	SD	M	SD	M	SD
Competency	4.52	1.11	4.30	1.28	4.67	1.08
Warmth	5.20	1.15	5.20	1.27	5.41	1.25

Table 3 Mean Comparison Gender Influence

Dependent Variable	<i>Man</i>		<i>Woman</i>		<i>No Gender</i>	
	M	SD	M	SD	M	SD
Competency	4.38	1.20	4.45	1.21	4.67	1.08
Warmth	5.07	1.15	5.34	1.25	5.41	1.25
