

# **Predictors of Ageist Attitudes of Turkish EMU Undergraduate Students**

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Submitted to the  
Institute of Graduate Studies and Research  
in partial fulfillment of requirements of the degree of

Master of Science  
in  
Developmental Psychology

Eastern Mediterranean University  
February 2016  
Gazimağusa, North Cyprus

Approval of the Institute of Graduate Studies and Research

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I certify that this thesis satisfies the requirements as a thesis for the degree of Master of Developmental Psychology.

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## **ABSTRACT**

Ageing is a lifelong process and potential for development covers the whole life span. However people usually attach negativity to ageing and older adults. Ageist attitudes (ageism) are known to be devastating when directed towards older adults. Despite the prevalence of ageism very few empirical studies exist on ageing and ageism. This study aims to explore the possible predictors of ageism in university students. The sample consisted of 266 Turkish speaking students from Turkey. They were administered a self-report questionnaire made up of a demographic information form, Contact scale, two subscales from Interpersonal Reactivity Index (Perspective Taking and Empathic Concern), Facts on Ageing Quiz 1 and Fraboni Scale of Ageism. Quality of contact, perspective taking and knowledge of ageing were found to predict ageist attitudes. The mediating effect of perspective taking was also found to be significant. The findings also showed the reluctance of the participants to work in old age and older adult related jobs in future.

**Keywords:** Ageism, Empathy, Intergenerational Contact, Knowledge on Ageing

## ÖZ

Yaşlanma yaşam boyu devam eden bir süreçtir ve gelişim potansiyeli yaşamın her yaş dönemini kapsamaktadır. Oysa yaşlı bireylere ve yaşlılığa genellikle olumsuz anlamlar yüklenmektedir. Yaşlılara yönelik ayrımcı tutumların yaşlılar üzerinde yıkıcı etkileri olduğu bilinmektedir. Yaşlı ayrımcılığının yaygınlığına karşın yaşlılık ve yaşlı ayrımcılığı ile ilgili ampirik çalışmalar oldukça azdır. Bu çalışmada üniversite öğrencilerinin yaşlı ayrımcılığı tutumlarını besleyen olası değişkenlerin araştırılması hedeflenmektedir. Çalışmada Türkçe konuşan 266 Türkiye’li katılımcı yer almıştır. Veri toplama aracı olarak Demografik Bilgi Formu, Temas Ölçeği, Davis Kişilerarası Reaktivite Ölçeği’nden iki alt ölçek (EC, PT), Yaşlılıkla İlgili Bilgi Quiz’i ve Fraboni Yaşlı Ayrımcılığı Ölçeği kullanılmıştır. Sonuç olarak temas kalitesi, karşıdaki bireyin perspektifinden bakabilme ve yaşlı ve yaşlılıkla ilgili bilgi sahibi olmanın yaşlı ayrımcılığının üzerinde belirleyici olabildiği, karşıdaki bireyin perspektifinden bakabilmenin ise temas kalitesi ve yaşlı ayrımcılığı tutumları arasında dolayımlayıcı olduğu ortaya çıkmıştır. Bulgular bu çalışmaya katılan katılımcıların gelecekte yaşlılık ve yaşlılarla ilgili işlerde çalışma isteksizliğini de ortaya koymaktadır.

**Anahtar Kelimeler:** Yaşlı Ayrımcılığı, Empati, Nesiller Arası Temas, Yaşlılıkla İlgili Bilgi

To My Dear Mother

## **ACKNOWLEDGEMENT**

I would like to express my deepest gratitude and thanks to my thesis supervisors Prof. Dr. Biran Mertan and Assoc. Prof. Dr. Şenel H. Raman for their guidance and generous support, because without their valuable assistance this thesis would not have been completed.

I also express my sincere gratitude to DAÜ-PDRAM team for their encouragement and support during this process.

Finally, I would also like to thank my family for their unconditional love, patience and comfort they provided all through the thesis process.

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## LIST OF ABBREVIATIONS AND SYMBOLS

APA	American Psychological Association
EC	Empathic Concern
EMU	Eastern Mediterranean University
EU	European Union
EURAGE	European Research Group on Attitudes to Age
<i>F</i>	F Ratio
FAQ	Facts on Ageing Quiz
IRI	Interpersonal Reactivity Index
M	Mean
MIPAA	Madrid International Plan of Action on Ageing
<i>P</i>	Probability
PT	Perspective Taking
<i>r</i>	Pearson's Correlation Coefficient
$R^2$	R-square
<i>SD</i>	Standard Deviation
<i>SEb</i>	Standard Error
SPSS	Statistical Package for Social Sciences
<i>t</i>	Critical Value
TUIK	Turkish Statistical Institute
UN	United Nations
USA	United States of America

VIF	Variance Inflation Factor
WHO	World Health Organization
$\alpha$	Alpha
$\beta$	Beta

# Chapter 1

## INTRODUCTION

Findings of the United Nation's (UN) World Population Ageing 2013 Report indicate a growing population of older adults in nearly all the countries of the world (UN, 2013). The World Health Organization (WHO) statistics show that the number of older adults is increasing rapidly as people are living longer because of improved medical treatments and improved living conditions. In addition to these, fertility rates have fallen significantly changing the demographic balance in favor of older adults (WHO, 2011). The WHO also foresees that 2 billion people will be 60 years of age and older by 2050 (WHO, 2011). Population is aging rapidly everywhere and Turkey is no exception. According to the Turkish Statistical Institute's (TÜİK) 2014 data, the population of adults aged 65 years and over is 8% of the total population of Turkey. This percentage is expected to rise to 10.2% by 2023, to 20.8 % by 2050 and to 27.7 % by 2075 (TÜİK, 2014).

The European Commission Report (2015) assumes that the growing older adult population will need new social, economic, and psychological governmental policies which will put more strain on countries' governments and their resources. To address the needs of the ageing world population, the UN held the first Assembly on Ageing in Vienna in 1982 resulting in 62 point Vienna International Plan of Action on Ageing. Then in 1991 the General Assembly adopted the United Nations Principles for Older Persons. The Second Assembly on Ageing was held in Madrid in 2002.

Madrid International Plan of Action on Aging (MIPAA) was approved by the 151 countries participating in the Assembly. Three priority areas were presented for the policymakers: (a) older people and development; (b) projecting health and well-being into old age; and (c) ensuring and enabling supportive environments for older adults (UN, 2013).

In line with the above mentioned priorities of the MIPAA about ageing, new legal frameworks for older adults and increased numbers of specialized human work force for their well-being such as geriatric nurses, gero-psychologists, geriatric psychiatrists, and gerontology social care workers have become inevitable globally. Since the formerly mentioned two world assemblies, the ageing phenomenon is attracting more attention both from policy makers and researchers. In the following sections, ageing, old age, ageism and its possible correlates and consequences will be explained.

## **1.1 Ageing and Old Age**

Among dimensions of human categorization, chronological age is the third primary category following race and gender (Fiske, 1998; Nelson, 2005). These three categorizations, race, gender and age, become so automatic that they are even known as primitive categories. These categories are well learned and fundamental for social perception (Nelson, 2005).

In general, ageing is regarded as a negative process (Butler, 2005). According to life span developmental psychologists ageing is a complicated individual process (ontogenesis) starting with conception and ending with death. That is, every person's

trajectory of ageing is unique and the potential for development captures the whole life span (Baltes, Reese & Lipsitt, 1980).

According to the life-course sociology, old age is mostly a social construct which changes meaning as a result of “a sequence of socially defined events and roles that the individual enacts over time” (Giele & Elder, 1998, p.22). Abrams and his colleagues’ research findings show that in European countries the mean perceived start of old age is 62. The perceived start of old age in Turkey and Cyprus is 55.10 and 66.70 respectively (Abrams, Russell, Vauclair & Swift, 2011). No reliable statistical data for North Cyprus has been found by the researcher.

Currently, old age is considered as a general huge category, a time of life when people lose health, go through physical and mental decline, retire and become useless (Coupland, 2009). According to Neugarten (1974) there are more than one groups of older adults, namely still active, fully functioning “young olds” (individuals between 55-74 years old) and the comparatively less active “old olds” (individuals over 75). Neugarten also found that most of the negative stereotypes related to old age are formed by only looking at the features of the “old old” which is unfair (Neugarten, 1974). If well cared and given a chance, the young olds and many old olds can in Gibson’s words become “a person ageing successfully when that person reaches his/her own potential and possesses a level of physical, social and psychological well-being with which s/he is content” (Gibson, 1995, p. 279).

Lately ageism is being considered as the greatest threat to the achievement of “successful ageing”, “healthy ageing”, “ageing well” or “resourceful ageing” in the 21st century (Angus & Reeves, 2006). Carney and Gray (2015) emphasize the fact

that oppression of each and every single older adult is indicative on societal level, that is, personal is political as it is in feminism. An uncontrolled ageism is likely to expand beyond individuals and communities to nations (Braithwaite, 2002).

## **1.2 Ageism**

“Ageism” is a concept first used by Butler in 1969. Butler explains ageism as stereotyping and discriminating against people just because of their old age. Butler claims that ageism is very similar to racism and sexism of discrimination (Butler, 1969). Iversen, Larsen and Solem (2012) unlike Butler, find ageism to be different than sexism and racism because age is continuous and everyone experiences ageism at some point. On the other hand Palmore (1990) extends the meaning of ageism as any prejudice or discrimination against or in favor of any age group, showing both negative and positive sides of ageism. He emphasizes the point that the negative side of ageism is observed more often (Palmore, 1990). Iversen et al. (2012) argue that all the former research done on ageism fails to define the phenomenon of ageism satisfactorily and as a result, this area of research has divergent results, difficult to test-retest and to compare. Iversen and colleagues offer a new definition for ageism. In their definition the concept of ageism has three classic components: cognitive (stereotypes), affective (prejudice) and behavioral (discrimination) components. In addition to these components, ageism has positive/negative aspects, conscious/unconscious (implicit/explicit) aspects and a typology on three levels: micro level (individual), meso level (social networks) and macro-level (institutional and cultural) (Iversen et al., 2012).

## **1.3 Foundations of Ageism**

Nelson (2007) stated two historically important events weakening the privileged status of older adults in their communities. The first one is the invention of the



printing press and books becoming available for everybody which lessened older adult's importance as the only source of information. The second event is the industrial revolution which moved the young, eligible to work people away from rural areas to factories in larger cities leaving the older adults behind, thus they lost their respectable status in the extended family (Nelson, 2007). Ng (2002), argues that not only in Western societies, such as in United States of America or European countries but also in Eastern countries (Korea, China) attitudes towards older adults have changed a lot in parallel with changing living conditions. Therefore, according to Ng (2002) it is an exaggeration to say that Western people abandon their elders while Eastern people revere their elders.

Cultural imperialism through globalized media discourse reaching to the consumers of the world, created a cultural bias in favor of young people. Themes like youth, physical beauty, energy, fitness, exercise and perfection recur in the capitalist consumer culture all the time. Anti-ageing industry fight against the "problem" of ageing (Coupland, 2007). Nelson (2007) argues that this phenomenon stems from fear of death.

Sontag (1972) analyzed the attitudes towards ageing and the older adults found that older women were judged more negatively than older men in terms of physical decline. Sontag then declared the existence of a double standard of ageing. According to this view, men, while ageing gracefully keep their attractiveness with all their wrinkles and grey hair, gain in status and dignity. On the other hand as women get older, they become physically unattractive, ugly and worthless and lose dignity. The women, unlike men suffer from ageism interwoven with sexism (Sontag, 1972). Holstein's (2006) research findings point that older women need to

work harder to keep their good looks just to avoid criticisms about their bodies and facial beauty. Krekula (2007) on the other hand claims that the double standard assumption is a limited understanding which only focuses on physical ageing and ignores other sides of ageing like new experiences and values. Krekula also emphasizes the inequality that older women are very rarely found as subjects of gender theory or social gerontology (Krekula, 2007).

The continuation of intra-individual, inter-individual, institutional and societal ageism is made possible with the degrading words in the everyday language used (such as old bag, over the hill etc.), with patronizing style of young people, with lack of positive older adult roles in the media. Instead, reinforcing negative stereotypes of older adults, ageist discourse in the media, excluding geriatric knowledge material from human services professionals' curricula and developing ageist state policies are observed (Bodner, 2009; Palmore, 2004).

#### **1.4 Consequences of Ageism on Well-being of Older Adults**

Ageism comes through stereotypes, both positive and negative (Palmore, 1990). Cuddy, Norton and Fiske (2005) reported a cross cultural research study conducted in Belgium, Costa Rica, Hong Kong, Japan, Israel (with Arab and Jewish groups) and South Korea, results showing that the elderly stereotype is pervasive and is prevalent in many cultures. Stereotype content model states that social groups like older people and younger people are evaluated on two dimensions, warmth and competence (Fiske, Cuddy, Glick & Xu, 2002). Those groups which are found to be highly warm and very competent are favored and given a higher status. Those which are evaluated as cold and incompetent are resented (e.g., homeless people). Those groups that are warm but incompetent on the other hand (e.g., disabled people) are

pitied. Those who are perceived as competent but cold (e.g., rich people) are envied (Fiske et al., 2002). When stereotype content model was applied to older adults by different researchers, the findings consistently showed that older adults were perceived with mixed stereotype representations of high warmth, low competence which elicit pity (Abrams, 2010; Abrams, Eiola & Swift, 2009; Cuddy, et al., 2005). Positive ageism stereotypes such as cute, kind, fragile, lovable etc. may sound warm but they strengthen ageist attitudes through their paternalistic features, which can be harmful to older adults. Loud, very slow, benevolent but patronizing baby talking (elder talk) to fully functioning older adults, was found to help them perform better on some referential communication task with young adults. On the other hand stylistic factors like slower speaking rate, higher pitch and repetitions of instructions by their young partners made older adults perceive themselves as communicatively impaired and their self esteem was damaged (Kemper, Vandeputte, Rice, Cheung & Gubarchuk, 1995). According to Cherry and Palmore (2008) ageism lowers the status of the older adults in the community. People perceive positive ageism behaviors as thoughtful and kind but not ageist at all. Since positive ageism is not accepted as a problem, it is understudied (Chonody, 2015). On the other hand negative ageism means thinking old age always together with cognitive decline, senility, lack of libido, physical illnesses and incompetence (Bytheway, 2005). Kornadt and Rothermund (2011) found that the most negative stereotyping toward older adults takes place in three special domains; friends and acquaintances, money related issues and physical and mental fitness.

Older adults are believed to be incapable of contributing to the society. As a result, they are considered as dispensable (Kite & Johnson, 1988). As people become older

and begin to be perceived as “old” by others and by themselves, the implicit ageism becomes self-referential (Levy, 2009). Stigmas attached to being old, easily become internalized by the aging persons. Stereotype threat which is defined as “the event of a negative stereotype about a group to which one belongs becoming self-relevant, usually as a plausible interpretation for something one is doing, for an experience one is having, or for a situation one is in, that has relevance to one’s self-definition” (Steele, 1997, p. 616) has detrimental effects (serious health issues, lowered self-esteem and self-efficacy etc.) on well-being of older adults. Pseudo-positive attitudes and infantilizing behavior of others create a self-fulfilling prophecy in older adults and they begin to think that they are not independent, self-sufficient and contributing adults any more (Butler, Lewis, & Sunderland, 1991). The acceptance of this inferior role, losing self esteem and acting accordingly reinforces the negative stereotypes and myths about old age in society, which in return strengthens self ageism (Nelson, 2005).

Societies’ views of older adults as “burdens” and “unproductive” affect social institutions, organizational cultures, and policy innovations which results in policies, practices and programs that do not match the needs, values and expectations of older adults. Eventually older adults become marginalized and left out of social life (Angus & Reeve, 2006).

### **1.5 Perception of Ageism**

EURAGE research team (2011) surveying 55,000 participants (representative of the general public) aged 15 and over, from 28 countries, (21 of the 27 European Union (EU) Member States (all but Austria, Ireland, Italy, Lithuania, Luxembourg, Malta); two EU Candidate Countries (Croatia, Turkey); two European Economic Area

countries (Norway, Switzerland; plus Israel, Russia and Ukraine) found out that 44% of the participants thought that age discrimination was a serious or a very serious issue. Thirty five percent of the participants reported experiencing unfair treatment (ignored, patronized, insulted and abused) because of age. Only 17% of the participants from Turkey saw age discrimination as a serious or very serious issue. Sixty eight percent of the participants from France and 27% of the participants from Cyprus perceive age discrimination as a serious or a very serious issue. Of all the 28 countries in European region, only respondents from Turkey had the lowest perceptions of age discrimination. The 31% of the participants indicated that there was no age discrimination in Turkey (Abrams et al., 2011). The same European research findings by Abrams and colleagues (2011) showed that the percentages of people in Turkey, Czech Republic and Cyprus were 22%, 54% and 17% respectively, who reported experiences of unfair treatment because of their age. Turkey was the only country in which over 10 per cent of the population expressed negative feelings towards people aged over 70 (Abrams et al., 2011).

## **1.6 Fighting Ageism**

There are concrete efforts to reduce racism and sexism but very little is being done to diminish ageism (Christian et. al, 2014). The implicit nature of ageism makes it go unnoticed or ignored as a form of discrimination (Palmore, 2004). Research studies show that increased accurate knowledge on ageing and older adults, frequent and good quality contact with older adults and increased perspective taking and empathizing with them help reduce negative stereotyping and ageism (Allan & Johnson, 2009; Batson, Polycarpou, Harmon-Jones, & Imhoff, 1997; Van Dussen & Weaver, 2009). Each of these variables, relevant for the current study, will be outlined below.

### **1.6.1 Knowledge on Ageing**

Some researchers think that knowledge on the ageing process is a critical determinant of ageist attitudes (Stewart et al., 2005). Palmore (1990) claims that the first step for fighting against ageism should be raising people's awareness that it really exists and increasing knowledge about the process of ageing, old age and older adults. Palmore, by working on stereotypes and myths underlying ageist attitudes and behaviors devised his famous Facts of Ageing Quiz (FAQ) aiming to show young people the fallacy of many myths and stereotypes related to the older adults (Palmore, 1990). According to Palmore one challenge facing the fight with ageism is lack of sufficient knowledge on being old. He claimed that the more young people become knowledgeable about older adults, the less ageist attitudes they will adopt. In line with Palmore's studies greater knowledge of aging was found to be associated with improved attitudes towards older adults (Lun, 2011). Allan and Johnson (2009) also provided evidence that improving university students' knowledge of ageing made significant reductions in their ageist attitudes towards older adults. Usta, Demir, Yönder and Yıldız (2012) also found that Turkish nursing students who had completed a course on older adults' health had significant lower ageism scores later.

### **1.6.2 Intergenerational Contact**

According to Allport's intergroup contact theory (1954), when different groups find the chance to come together, crossing across the group boundaries with positive relationships, more mutual understandings develop (Pettigrew, 1998). Allport's contact theory also suggests that facilitating contact is not enough. Some optimal conditions should be set like coming together with equal status, working cooperatively for some common goal, having the potential for cross-group friendship and doing all these with institutional support (Christian et al., 2014).

Age segregation is known to increase ageing stereotypes and prejudices. Children develop clear age categories very early and hold negative stereotypes for age related out-groups (Burke, 1981; Kite, Stockdale, Whitely & Johnson, 2005). There are a few studies showing that quantity of contact is associated with diminished prejudice (Islam & Hewstone, 1993; Van Gaalen & Dykstra, 2006). On the other hand intergenerational high quality contact was found to produce positive intergroup attitudes (Harwood, Hewstone, Paolini & Voci, 2005). Abrams and his colleagues (2006) explored how contact with younger generations affects the older adult's cognitive performance in some tasks under high or low stereotype threat (through comparison with younger people). This experiment provided evidence that in the absence of stereotype threat and by positively contacting with younger people, older adults' feelings of intimidation were reduced and they performed better on the cognitive tasks (Abrams, Eller and Bryant, 2006).

Quality of contact with an out-group is the most influential factor for reducing intergroup bias (Pettigrew, & Tropp, 2005). Meaningful intergenerational contact between young and old people can be a remedy for ageism (Levy, 2009).

### **1.6.3 Perspective Taking and Empathic Concern**

Empathy is a psychological construct which means grasping others perspectives and relating to their feelings and experiences (Davis, 1994). Empathic concern (EC) and perspective taking (PT) are two components of dispositional empathy.

Perspective taking is the cognitive process for looking at the world through somebody else's lenses and understanding the person more. There is a self-other overlap in perspective taking. Galinsky and Moskowitz (2000) found that taking the perspective of older adult results in reduced ageist stereotyping. Perspective taking

act like a mediator and younger person feels empathy towards the older adult identifying with him/her, increasing understanding. Galinsky and Moskowitz in one experiment showed a photograph of an older adult to university students asking them to write about a day in his/her life. One group of students who were instructed to imagine themselves as the older adult in the story were more positive in tone and used less stereotypes than the other group (Galinsky & Moskowitz, 2000).

Empathic concern on the other hand is defined as experiencing feelings of warmth, compassion and concern for others (Davis, 1994). Konrath, O'Brien and Hsing (2010) in a meta-analysis provided some empirical evidence of 72 samples of American university students (n= 13,737) who completed Davis' Interpersonal Reactivity Index (IRI) between the years of 1979-2009. Over time the authors found changes in empathic subscales of IRI. Scores of Empathic Concern (EC) and Perspective Taking (PT) scales dropped sharply over time. These results were supported more by findings that American young adults of today (people born in the 1980s-1990s) report higher levels of narcissism and individualism, poorer perspective taking and lower levels of empathic concern than those born in 1960's (Twenge et al, 2008).

#### **1.6.4 Gender and Field of Study**

Research findings show age-gendered ageism, meaning that some demographic variables like being male and being young may lead to higher levels of ageism (Fraboni, Saltstone & Hughes, 1990; Kalavar, 2010; Slevin, 2006; Thornstam, 2006). Rupp, Vodanovich and Crede (2010) also found that being young and being male means higher scores on ageism scales than being old and being women. In line with previous research, Özer and Terkeş (2014) also found that Turkish female nursing



students had more positive attitudes towards the older adults than male nursing students. In line with Deaux's (1985) work that found women to be more caring, empathic and warm unlike men, Esplen (2009) too said that care has always been accepted as a potential job for women limiting women's rights, opportunities and choices. Esplen proposes a fair care model to get rid of traditional gender inequalities.

Due to misconceptions on ageing, perceived lower status of working with older adults and ageist attitudes young people do not choose gerontology related careers (Kaempfer, Wellman & Himburg, 2002; Gonçalves et al., 2011; Bardach & Rowles, 2012 ). It has been documented that age bias is present in the students from medicine, social work and nursing (Hughes et al., 2008; Koukuli et al., 2014).

According to Levenson (1981) in United States of America (USA) medical schools find geriatrics unimportant and don't include it into their curricula. In the American Psychological Association's (APA) "Guidelines for Psychological Practice with Older Adults" (2014) the increasing demand for the gero-psychologists parallel to the increasing numbers of the older adults is acknowledged. Karel, Gatz and Smyer (2012) state that in USA, psychologists lack enthusiasm to work with or to allocate more time to the older adults and address the old age mental conditions, diagnosis, screening, and services. Within the next decade the need for psychologists working with the elderly will need to double, however very few psychologists end up specializing in working with older adult clients (Karel, Gatz & Smyer, 2012). Unfortunately, international research findings as early as 1963 like Kastenbaum's (as cited in Bardach & Rowles, 2012) have shown that professionals from different disciplines like psychology, medicine, nursing, social care, show strong reluctance to

work with older adults in their future careers (Gonçalves et al, 2011; Bardach & Rowles, 2012).

### **1.7 The Current Study**

As cited above ageism is accepted as the most important barrier between older adults and managing successful ageing. This study aims to shed light on a neglected area of research in a Turkish sample by exploring the underlying possible predictors (knowledge, intergenerational contact and empathy) of ageist attitudes of Turkish speaking EMU students from Turkey. The impact of gender, field of study and the students' intentions to pursue careers with older adults will also be looked at. The role of field of study on intentions to work with the elderly were assessed. Towards this aim two service professions (from the fields of health and psychology) were chosen since graduates of these professions can potentially choose to work with the elderly in their future careers. As a control group students from the field of engineering were included as they are unlikely to be working with the elderly in their future careers.

### **1.8 The Hypotheses of the Current Study**

1. The more knowledge students have about older adults the lower their ageism scores will be.
2. The more contact students have with the older adults the lower their ageism scores will be.
3. The higher the empathy scale scores the lower their ageism scale scores will be.
4. The psychology students' and the health faculty students' ageism scores are expected to be lower than the engineering faculty students' scores.
5. Female students will have lower scores in ageism scale than the males.

6. The lower the ageism scores of psychology students and faculty of health students the more enhanced intentions they will report for working with older adults.
7. Perspective taking will mediate the relationship between quality of contact and ageist attitudes.

## **Chapter 2**

### **METHOD**

In the method chapter, detailed information about the sample, research design, measurements and the data collection procedures will be given.

#### **2.1 Participants**

A convenience sample was used in the current study. The sample was made up of 266 undergraduate students studying in Eastern Mediterranean University (EMU), 145 females (54.5%) and 121 males (45.5%). In the sample, 108 participants were from the field of Psychology (40.6%), 86 were from the field of Health (32.3%) and 72 participants were from the field of Engineering (27.1%). The age of the students in the whole sample ranged from 17 to 36 years ( $M=22.08$ ,  $SD=2.60$ ). All the participants were born in Turkey. The reason why only Turkish students were selected is twofold: The first reason is the existence of reliable demographic data on older adult population from Turkish Statistical Institution (TUIK) in Turkey and the second reason is the high number of Turkey born student population in EMU (43% of the total population). According to family structure, 83.50% of the participants reported coming from nuclear families, while 16.20% came from extended families. The homogeneity of the sample is thought to be an advantage for the statistical processes and results in this study.

#### **2.2 Design**

This study was a cross-sectional survey, administering the same questionnaire to the aforementioned three groups of EMU students.

## **2.3 Research Measurements**

In the research process three scales, namely Interpersonal Reactivity Index (subscales: Empathic Concern (EC) and Perspective Taking (PT)), Fraboni Scale of Ageism and Contact Scale (subscales: Past Positive Contact, Past Negative Contact and Quality of Contact), also Facts on Ageing Quiz (FAQ 1) were used. A Personal Information Form devised by the researcher was also given to the participants.

### **2.3.1 Personal Information Form**

The Personal Information Form (Appendix A) aimed to collect data about the participants' demographic information, their perceived start of old age and see if psychology students and health students will report more enhanced intentions for working with older adults. More specifically, students were asked which developmental stage e.g. children and adolescents or adults or older adults they prefer and intend to work with in future.

### **2.3.2 Interpersonal Reactivity Index (IRI)**

For assessing participants' different dimensions of empathic dispositions Interpersonal Reactivity Index (Davis, 1980) was used. Originally IRI is a 28 item scale divided into four subscales namely Empathic Concern (emotional), Perspective Taking (cognitive), Fantasy (fictional), and Personal Distress (self-focus). The reliability, validity, and psychometric properties of the Turkish version of the Interpersonal Reactivity Index were assessed by Engeler and Yargıç in 2007 (Engeler & Yargıç, 2007). For the current study purposes only *Empathic Concern (EC)* and *Perspective Taking (PT)* subscales were used (Appendix C). The subscales had items like "I often have tender, concerned feelings for people less fortunate than me" and "I try to look at everybody's side of a disagreement before I make a decision". Participants rated their thoughts and feelings on a 5-point Likert Scale ranging from

*does not describe me well* (A) to *describes me well* (E). The two subscales were made up of 7 items each and their Cronbach's  $\alpha$  were .61 for EC, and .66 for PT.

### **2.3.3 Fraboni Scale of Ageism (FSA)**

The Fraboni Scale of Ageism, a 29 item scale, was originally developed by Fraboni, Saltstone and Hughes (1990) for assessing the construct of ageism. The FSA is made up of three factors, Stereotyping, Discrimination and Avoidance. The reliability, validity, and psychometric properties of the Turkish version of the Fraboni Scale of Ageism (Appendix E) were assessed by Kutlu and colleagues in 2012 (Kutlu, Küçük & Fındık, 2012). The Turkish adaptation has 25 items with a Cronbach's  $\alpha$  = .85. Items like "Many old people are stingy and hoard their money and possessions" were rated on a 5-point Likert scale ranging from *strongly disagree* (1) to *strongly agree* (5). Higher scores are indicative of ageist attitudes. Cronbach's  $\alpha$  was .83.

### **2.3.4 Contact Scale**

Participants indicated the quantity of positive past contact and the quantity of negative past contact that they had with the outgroup (Barlow et al., 2012). This was assessed with three items each-e.g., "in everyday life, how frequently do you have positive/negative interactions with older adults?" (1=never/not at all, 7=very frequently/a lot). Additionally, participants ranked the quality of past contact on 7-point bipolar scales (Islam & Hewstone, 1993) such as "superficial–deep" "unpleasant–pleasant" (Appendix B). The Turkish versions of these scales have been used previously in work conducted by Paolini et al. (2014).

### **2.3.5 Facts on Ageing Quiz (FAQ 1)**

Palmore's original Facts on Ageing Quiz 1 (FAQ 1) is a 25 item, *True-False* quiz. The statements aim to measure knowledge on physical, mental and social effects of ageing and common myths about ageing (Palmore, 1990). An example item was

“The majority of old people – age 65-plus – are senile”. Two psychologists both fluent in Turkish and English translated and back translated the FAQ 1 (Appendix D). In the process of translation of FAQ 1 into Turkish seven statements such as “*health and socioeconomic status of older people (compared to younger people) in the year 2025 will probably be about the same or worse*” were found to be irrelevant to the Turkish context and were therefore not included.

## **2.4 Procedure**

Prior to the initiation of this research study, ethics approval was obtained from the Ethics and Research Committee of the EMU Psychology Department. Upon approval participants were recruited randomly, most of the time in their department buildings, in classes or in cafeterias. Participants were given a verbal explanation about the study first and if they were willing to take part in the study, they signed the consent form. They were informed that even after their consent they had the right to withdraw from the study any time and they could do so even after finishing the questionnaire. It took approximately 20 minutes to complete the questionnaires. Right after completing the questionnaires they were given debrief forms explaining the purpose of the study in more detail. The collected data were analyzed by the Statistical Package for Social Sciences (SPSS version 20).

## Chapter 3

### RESULTS

Parallel to the aims of the study, collected data were analyzed using two-way between groups ANOVA, correlations, regression analysis, path analysis and chi-square.

#### 3.1 Descriptive Statistics

The total mean of the perceived start of old age was found to be  $M=62.30$ ,  $SD=8.53$ . According to students from field of psychology, the perceived start of old age was  $M=62.36$   $SD=8.32$ . Students from the field of health perceived the start of old age as  $M=63.70$   $SD=8.08$  and students from the field of engineering the perceived start of old age was  $M=60.68$   $SD= 9.18$ .

In Table 1, the means and standard deviations of all the scores of the variables according to field of study and gender are presented.



Table 1: The means (*M*) and standard deviations (*SD*) of all the scores of the variables according to field of study and gender

Variables	Psychology			Health			Engineering		
	Female <i>M (SD)</i>	Male <i>M (SD)</i>	Total <i>M (SD)</i>	Female <i>M (SD)</i>	Male <i>M (SD)</i>	Total <i>M (SD)</i>	Female <i>M (SD)</i>	Male <i>M (SD)</i>	Total <i>M (SD)</i>
Ageism	2.54 (.44)	2.62 (.51)	2.57 (.46)	2.55 (.54)	2.73 (.55)	2.61(.55)	2.71 (.76)	2.48 (.47)	2.52 (.54)
Empathic Concern (EC)	2.12 (.69)	2.38 (.61)	2.20 (.67)	2.16 (.65)	2.39 (.71)	2.24 (.67)	2.30 (.69)	2.35 (.62)	2.33 (.65)
Perspective Taking (PT)	2.22 (.75)	2.29 (.47)	2.24 (.68)	2.22 (.73)	2.45 (.58)	2.30 (.69)	2.41 (.57)	2.26 (.56)	2.29 (.56)
Positive Contact	4.82 (1.68)	4.22 (1.37)	4.63 (1.61)	4.65 (1.47)	3.37 (1.73)	4.22 (1.67)	4.43 (1.46)	3.73 (1.55)	3.85 (1.55)
Negative Contact	1.67 (.98)	1.95 (.84)	1.76 (.94)	1.94 (1.25)	2.22 (1.31)	2.04 (1.27)	2.64 (1.99)	2.22 (1.31)	1.70 (1.18)
Quality of Contact	5.13 (1.32)	4.33 (1.52)	4.89 (1.43)	5.06 (1,32)	4.53 (1.19)	4.88 (1.30)	5.03 (1.13)	4.84 (1.24)	4.87 (1.21)
Knowledge on Ageing FAQ1	10.35(1.93)	10.12 (2.04)	10.28 (1.96)	9.90 (2.06)	9.50 (1.73)	9.77 (1.95)	10.10 (2.23)	9.92 (1.80)	9.95 (1.85)

Note. Scores ranged from 1to5 for Ageism, 1to 5 for EC & PT, 0 - 18 for FAQ1, 1 - 7 for Positive & Negative Contact and Quality of Contact

### **3.2 Impact of Gender and Field of Study on Ageist Attitudes**

A 2 (gender: female vs. male) x 3 (field of study: psychology vs. health vs. engineering) between groups analysis of variance was conducted to explore the impact of gender and field of study on ageist attitude scores, as measured by the Fraboni Ageism Scale. Neither gender nor department had statistically significant main effects,  $F(1, 260) = 0.33$   $p=.72$ , and  $F(2, 260) = .003$   $p=.96$ , respectively. The interaction effect between gender and department was also not found to be statistically significant,  $F(2, 260) = 2.23$   $p=.109$ .

### **3.3 Correlations between Variables of the Study**

The correlations of the variables of the current study are given in Table 2.

Table 2: Correlation coefficients values (Pearson) of the variables

	1	2	3	4	5	6
1. Ageist attitudes	-					
2. Knowledge on ageing	-.18**	-				
3. Past positive contact	-.10	.02	-			
4. Past negative contact	.16*	-.08	.11	-		
5. Past contact quality	-.28**	.00	.24**	-.23**	-	
6. Empathic concern	-.20**	.07	-.08	.20**	-.20**	-
7. Perspective taking	-.24**	-.09	.06	.13*	-.18**	.41**

Note: \*Correlation is significant at the 0.05 level

\*\*Correlation is significant at the 0.01 level

### 3.4 Predictor Variables for Ageist Attitudes

Standard multiple regression was used to assess the ability of six independent variables (knowledge of ageing, positive contact, negative contact, quality of contact and empathic concern and perspective taking) to predict the dependent variable, ageist attitudes. Examination of the data revealed no significant multicollinearity among variables as no values approached or exceeded the limits in any of the regression models (highest VIF=1.25; lowest Tolerance levels=.79). Total variance in the dependent variable (ageist attitudes) explained by the model as a whole was 15.4%,  $F(6, 240) = 7.08$   $p < .001$ . Among all the independent variables in the model, the quality of contact made the strongest unique contribution ( $\beta = .21$   $p = .001$ ) while the second independent variable predicting ageist attitudes was perspective taking ( $\beta = .14$   $p = .01$ ). Knowledge on ageing made the third significant contribution ( $\beta = .13$   $p = .04$ ). That is, high scores in quality of contact, knowledge on ageing and perspective taking significantly predicted reduced ageist attitudes. Empathic concern, positive and negative contact failed to significantly predict ageist attitudes (see Table 3).

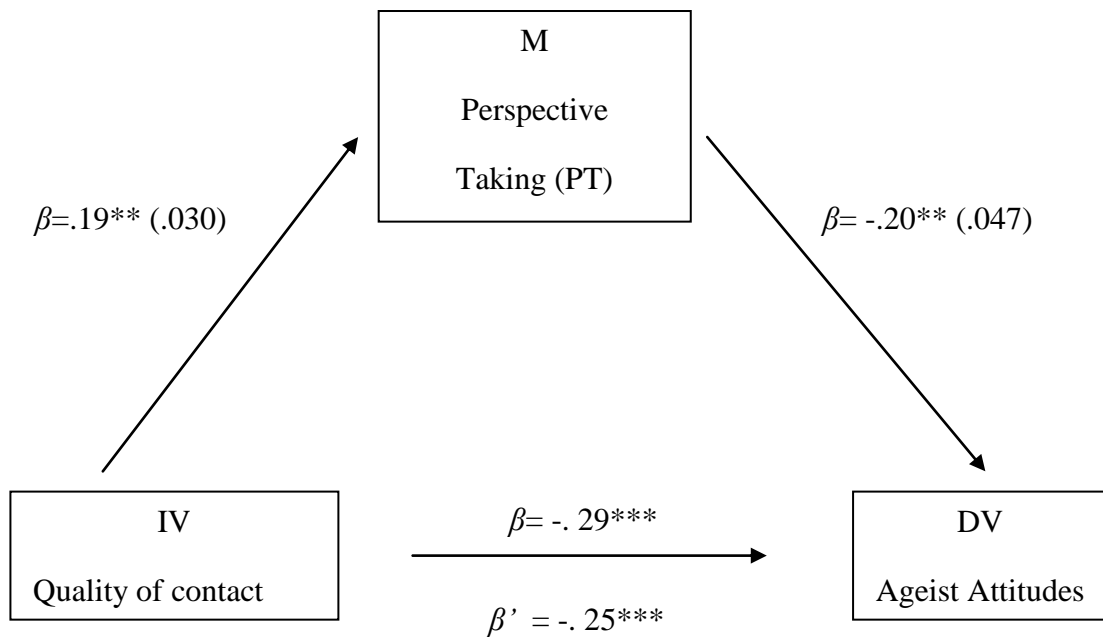
Table 3: Regression analysis for predicting ageist attitudes toward older adults

Variables	<i>B</i>	<i>SEb</i>	$\beta$
1. Knowledge on ageing	-.94	.39	-.14*
2. Past positive contact	-.27	.48	-.03
3. Past negative contact	.67	.70	.06
4. Past contact quality	-2.05	.61	-.21***
5. Empathic Concern	-1.99	1.41	.09
6. Perspective Taking	-2.58	1.26	.13*
R <sup>2</sup>		.15	
F		7.08***	

Note. \* $p < .05$ ; \*\*\*  $p < .001$

### 3.5 Path Analysis

Based on the results of the regression analysis a path analysis was conducted whereby perspective taking was thought to mediate the relationship between quality of contact (IV) and ageist attitudes (DV). The path analysis can be seen in Figure 1. In step 1 the path between quality of contact and ageist attitudes was significant,  $\beta = -.29$ ,  $p < .001$ . In step 2 quality of contact also predicted perspective taking  $\beta = .19$ ,  $p = .003$ . In step 3 the path between perspective taking and ageist attitudes was significant while controlling for quality of contact,  $\beta = -.20$ ,  $p = .001$ . Controlling for perspective taking the significant relationship between quality of contact and ageist attitudes became lessened in strength,  $\beta = -.25$ ,  $p < .001$ . A Sobel Test was significant,  $Z = 3.53$ ,  $p = .001$ .



**\*\* $p < .01$ ; \*\*\* $p < .001$**

Figure 1: The significant indirect effect of the mediator variable (M) on the dependent variable (DV).

### 3.6 Intentions for Future Careers and Field of Studies

In order to assess whether field of study was related to intentions to work with the elderly in the future a chi-square was used. A chi-square test for independence indicated a significant association between field of study and intentions for future careers  $X^2 (1, n=266) = 33, p < .001, Cramer's V = .25$ . Students from the field of psychology who intend to work with children and adolescents in their future careers were 43.50%. The students intending to work with adults were 22.20% and with older adults 2.80%. Additionally, 31.50% of psychology students declared no specific intentions for their future careers. 27.90% and 29.10% of the students in the field of health showed intent to work with children/adolescents and adults respectively but only 10.50% wanted to work with older adults in future. Thirty two and a half percent of the students in health showed no specific future intentions. Most of the engineering student's (61.50%) found this question not applicable for their

future careers. For those future engineers who showed intent towards the developmental stage they want to work with, 26% of them wanted to work with adults while 12.50% wanted to work with children and adolescents.

## Chapter 4

### DISCUSSION

Unlike sexism and racism, ageism has always been a less explored area of research (Nelson, 2005; North and Fiske, 2012). According to Levy and Banaji (2002) ageism is even more prevalent than other “isms” but more difficult to observe. The purpose of this study was to explore the possible predictors of ageism and discover the possible impact of gender and field of study on students’ ageist attitudes and their intentions to pursue older adult related careers in future.

“Who is old?” is a critical question with a lot of answers depending on the features of the respondent. When the students in the sample were asked, what the perceived start of old age was the mean answer was given as 62 years of age, the same as the European countries’ mean perceived start of old age. In the same European Region study by EURAGE, the mean perceived start of old age for Turkish participants was 55, which is the earliest perception of old age among all 28 countries (Abrams, Russell, Vauclair & Swift, 2011). The difference can be explained by the university students’ age and social cultural structure of communities. It was found that the age at which old age is estimated to begin, changes in relation to the age group to which the participants belong to (Abrams et al., 2011). On the other hand cultural differences in the timing of major life events like becoming a grandparent, losing spouse, changing physical appearance are found to be influential on perception of the start of old age (Wray, 2003).



In the present study, all the variables, surprisingly apart from past positive contact, were found to be significantly correlated with ageism. Perspective taking, empathic concern, past contact quality and knowledge on ageing were all inversely related to ageism as expected. In addition to these, past negative contact was found to positively correlate with ageist attitudes.

Gender and field of study were found to have no impact on ageism scores in the present study. Former research literature findings state that, female students have less ageist attitudes towards older adults because of their higher empathic tendencies (Davis, 1994; Deaux, 1985; Fraboni et al., 1990; Kalavar, 2001). Kalavar (2001) argues that females get lower scores on ageism scale because of their lifespan developmental processes and greater experiences and interaction with older adults. Along with these findings plus internalized traditional gender roles, individuals, including the researcher of this study, automatically expected to see that females are more empathetic and have significantly lower ageism scores. However, the study showed no difference between genders in terms of ageism scores.

As for field of studies, the expectation was to see students from psychology and health fields to have lower ageism scores when compared with engineering students. However, the fields of study also showed no impact on ageist attitudes measured by Fraboni Scale. Yet the field of study was found to be significantly associated with the target developmental stage they want to serve. The majority of students from the field of psychology showed strong intent to work with children and adolescents rather than older ages. In the sample a very small percentage of psychology students reported intentions of working with older adults in future. A similar pattern was observed in the career plans of students from the field of health. The reason for such

findings might be the ageist policies and applications within these departments as well as a lack of gerontology-related courses in the departments' curricula (Karel, Gatz & Smyer, 2012). The young future professionals may need some encouragement for working with older adults and decrease their reluctance (Gonçalves et al., 2011).

It was expected that high scores of knowledge on ageing, frequent and good quality contact with older adults and higher empathy would predict lower ageism scores of the students. The results revealed that quality of contact, perspective taking and knowledge on ageism, each were individually good predictors of ageism as expected but surprisingly other variables, empathic concern, positive and negative contact failed to predict ageist attitudes. A possible explanation for this can be that current research pertaining to contact suggests that rather than amount of contact, good quality contact that has the potential for cross-group friendship and relationship building is more critical (Voci & Hewstone, 2003). Similarly, research has shown that under certain conditions, where people from contacting groups get to know each other better, communicate, perceive their contact as important, intergroup contact reduces negative attitudes towards others (Pettigrew & Tropp, 2005). Therefore the strongest unique contribution of quality of contact in predicting lower ageism scores was consistent with those of Harwood et al. (2005) where high quality intergenerational contact was found to result in positive intergroup attitudes. Relatedly in a more recent study the content of the contact experience (close contact) rather than the contact experience (casual contact) itself was found to be important in changing explicit, self-reported attitudes towards the elderly (Christian et al., 2014).

From Davis's IRI scale which was supported by the theory of multi-dimensional empathy, the two components perspective taking (PT) and empathic concern (EC) subscales were used (Konrath, O'Brien & Hsing, 2011). In the current study the findings with regards to the cognitive component of empathy, that is perspective taking gave results parallel to Galinsky and Moskowitz's (2000) such that it predicted lower levels of ageist attitudes. Literature on empathic concern and perspective taking relate them to prosocial behavior, volunteerism and other-oriented sensitivity (Konrath, O'Brien & Hsing, 2011) which might help explain the link to more positive ageist attitudes.

The path analysis on the other hand showed a mediation effect of perspective taking between quality of contact and ageist attitudes in line with Galinsky and Moskowitz's (2000) who claimed that high levels of perspective taking lead to decreased stereotyping, creating more positive interactions and reduction in mistrust among different groups. The model suggests that good quality contact reduces negative ageist attitudes via increased perspective taking. But the strength is less than the direct path between quality contact and ageist attitudes.

The result that suggested empathic concern was not a predictor of lower ageist attitudes was not in line with the hypotheses. However research comparing university students of different cohorts starting from the late 1970s to late 2000s, show a decline in empathy. This might help to explain the finding that with societal changes a declining in empathy affects society. In the current study EC and PT mean scores of EMU students were even lower than US University students mean scores measured between 1980 and 2000. Although this cannot be known for certain, one can speculate that changing parenting and family practices and the growing emphasis

on self and narcissism in USA are possible reasons for reduced empathic concern according to Konrath and colleagues (2011). Increasing rates of violence and bullying, insensitivity to others' sufferings are also related to lowered levels of empathy by the same researchers.

Palmore (1990)'s claims about the increasing factual knowledge on ageing reducing ageism was supported in the current study. In the regression model the variable "knowledge on ageing" significantly predicted lower ageism scores as hypothesized. In youth oriented cultures of today myths about old age contribute to ageist discourse and ageism (Fraboni et al., 1990; Palmore, 1990; Lun, 2011). Ignorance on ageing inevitably strengthens the myths about ageing and older adults.

There are several implications to be drawn from this research. One such implication is the assessment of the level of knowledge on ageing in students, especially those in service professions like nursing, social work, psychology, etc. This can be used as guidance for improving their curricula and departments can be encouraged to include gerontology-related courses to their curricula, such as 'the psychology of ageing'. Not only will such courses increase knowledge but likely cognitive empathy.

Additionally, in line with the findings of this research which puts contact as one of the foremost important cures to ageist attitudes, social scientists are claiming that societal age segregation is one of the reasons of ageism (Islam & Hewstone, 1993). It is therefore vital that more meaningful intergenerational contact and integration occur. To enable social integration of adults, there have been some efforts in creating age-friendly environments. Based on these ideas, to bring generations together WHO (2007) has developed the project of age friendly cities where older adults are actively

engaged and socially integrated within their communities. More research on ageing taking older adults' opinions and collecting data on experiences of old age can create a more egalitarian platform in social sciences in future.

One of the limitations of this research was analyzing self-report data. People usually have a tendency to respond in a socially desirable way. Results from this kind of data can sometimes be misleading. The other limitation is the structure of the convenience sampling who were EMU students from Turkey only. Not only students but other populations should be looked at on this issue of ageism.

To the best knowledge of the researcher, this is a pioneer study in Cyprus. Future follow up research is needed to see the shifts in the predictor variables and ageist attitudes of university students and of other populations such as older adult populations (young olds and old olds), middle aged people, adolescents and children. The measures taken against ageism (if any) should also be investigated and assessed in terms of their effects against age discriminations.

In Cohen's words "ageism has moved from the arena of morality and moral obligation into the arena of legal obligation" (Cohen, 2001, p.576). Unfortunately legal framework tailored for age discriminations does not exist in Turkey yet. In line with the European Council's anti-discrimination legal documents, the legal structure is being repaired in Turkey but legal practices are still not satisfactory (Korkut, 2009). Findings from research such as this are of necessity in guiding policy-makers on the path to increased tolerance and more positive attitudes toward older populations.

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## **APPENDICES**

## Appendix A: Demographic Information Sheet

1. Cinsiyetiniz : K ..... E .....
2. Yaşınız: .....
3. Doğum Yeriniz:
  - a) Kıbrıs
  - b) Türkiye
  - c) Diğer..... (Belirtiniz)
4. Ailenizle birlikte yaşamakta olduğunuz ülke:
  - a) Kıbrıs
  - b) Türkiye
  - c) Diğer..... (Belirtiniz)
5. Büyürken yaşadığınız çevre:
  - a) Büyükşehir
  - b) Kasaba
  - c) Köy
6. Aile yapınız:
  - a) Çekirdek aile (anne-baba çocuklar)
  - b) Geniş aile ( anne-baba, çocuklar, anne/babanne, büyükbaba,dede)
  - c) Diğer.....
7. DAÜ Öğrenci numaranızın ilk 3 rakamı: .....

8. DAÜ’de öğrenim görmekte olduğunuz  
Bölüm:.....
9. DAÜ’deki öğreniminiz boyunca aşağıdaki gelişim dönemlerinden hangisi/hangileri ile ilgili ders gördünüz? (Birden fazla cevap olabilir)
- Bebekler, çocuklar
  - Ergenler
  - Gençler
  - Yetişkinler
  - Yaşlılar
  - Hiçbiri
10. Öğreniminizi tamamladıktan sonra ağırlıklı olarak hizmet vermek istediğiniz kesim hangisidir?
- Bebekler, çocuklar (0-10 yaş)
  - Ergenler (11-17)
  - Gençler (18-25)
  - Yetişkinler (26-64)
  - Yaşlılar (65 +)
  - Benim için fark etmiyor
  - Bana uygun olmayan bir soru.
11. Size göre yaşlılık dönemi hangi yaşla başlamaktadır? Belirtiniz  
.....
- Aşağıdaki ifadeleri dikkatlice okuyup size en uygun seçeneği işaretleyiniz.**
12. Yaşamımın bir döneminde bir, ya da birden çok yaşlı (65 yaş üzeri) ile yakın ilişkim/iletişimim oldu (birlikte zaman geçirdim).
- Bana uygun değil.
  - Bana biraz uygun.
  - Bana oldukça uygun.
  - Bana çok uygun.

13. Çocukluğumun bir döneminde yaşlı bir kişi bakımımı üstlenmişti.

- a) Bana uygun değil.
- b) Bana biraz uygun.
- c) Bana oldukça uygun.
- d) Bana çok uygun.

14. Yaşlı kişilerle ilgili fikirlerimi TV ve/veya diğer medya araçlarından (gazete, radyo, reklam) edindim.

- a) Bana uygun değil.
- b) Bana biraz uygun.
- c) Bana oldukça uygun.
- d) Bana çok uygun.

## Appendix B: Contact Scale

*Değerli katılımcı,*

*BU araştırmanın amacı üniversite öğrencilerinin yaşlılıkla ilgili tutumlarını araştırmaktır. Araştırmaya katılımınız K. Kıbrıs'ta pek fazla çalışılmayan bir konuya ışık tutacaktır. Yardımlarınız için teşekkür ederim.*

*Uğur Maner*

**Günlük hayatınızla ilgili şu soruları lütfen cevaplandırınız.**

Günlük hayatınızda ne sıklıkla yaşlılarla olumlu geçen görüşmeleriniz olur?

<i>Hiç bir zaman</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<i>Çok Sıklıkla</i>
	1	2	3	4	5	6	7	

Günlük hayatınızda ne sıklıkla yaşlılarla olumlu karşılaşmalarınız olur?

<i>Hiç bir zaman</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<i>Çok Sıklıkla</i>
	1	2	3	4	5	6	7	

Günlük hayatınızda yaşlılarla ne kadar olumlu sayılabilecek karşılaşmalarınız gerçekleşir?

<i>Hiç bir zaman</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<i>Çok Sıklıkla</i>
	1	2	3	4	5	6	7	

Günlük hayatınızda ne sıklıkla yaşlılarla olumsuz geçen görüşmeleriniz olur?

<i>Hiç bir zaman</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<i>Çok Sıklıkla</i>
	1	2	3	4	5	6	7	

Günlük hayatınızda ne sıklıkla yaşlılarla olumsuz geçen karşılaşmalarınız olur?

<i>Hiç bir zaman</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<i>Çok Sıklıkla</i>
	1	2	3	4	5	6	7	

Günlük hayatınızda yaşlılarla ne kadar olumsuz sayılabilecek karşılaşmalarınız gerçekleşir?

<i>Hiç bir zaman</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<i>Çok Sıklıkla</i>
	1	2	3	4	5	6	7	

**Yaşlılarla olan görüşmelerinizi nasıl tanımladınız...**

<i>Yüzeysel</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<i>Derin</i>
	1	2	3	4	5	6	7	
<i>Doğal</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<i>Zoraki</i>
	1	2	3	4	5	6	7	
<i>Huzursuz</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<i>Huzurlu</i>
	1	2	3	4	5	6	7	
<i>Rekabetçi</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<i>Uzlaşmacı</i>
	1	2	3	4	5	6	7	
<i>Yakın</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<i>Uzak</i>
	1	2	3	4	5	6	7	





## Appendix D: Facts on Ageing Quiz (FAQ 1)

Aşağıda okuyacağınız cümleleri Doğru (D) veya Yanlış (Y) olarak işaretleyiniz.

- \_\_\_\_\_ 1. Yaşlıların (65 yaş ve üzeri) çoğunluğu bunaktır.
- \_\_\_\_\_ 2. Beş duyunun tümü de (görme, duyma, tad alma, dokunma koklanma) yaşlılıkta zayıflama eğilimi gösterir.
- \_\_\_\_\_ 3. Yaşlıların çoğunluğunun cinsel ilişki için ne ilgisi ne de kapasitesi vardır.
- \_\_\_\_\_ 4. Yaşlanmayla birlikte akciğer kapasitesi düşme eğilimi gösterir.
- \_\_\_\_\_ 5. Yaşlıların çoğunluğu genellikle kendilerini çok mutsuz hissetmektedirler.
- \_\_\_\_\_ 6. Yaşlanmayla birlikte fiziksel güç düşme eğilimi gösterir.
- \_\_\_\_\_ 7. Yaşlı çalışanlar genellikle genç çalışanlar kadar verimli çalışmamaktadırlar.
- \_\_\_\_\_ 8. Yaşlı sürücüler (65+), 65 yaş altındaki sürücülere oranla daha az kaza yapmaktadır.
- \_\_\_\_\_ 9. Yaşlıların çoğunluğu değişime ayak uyduramazlar.
- \_\_\_\_\_ 10. Yaşlıların dörtte üçünden fazlası normal aktivitelerini yardım almadan Sürdürecektedir kadar sağlıklıdırlar.
- \_\_\_\_\_ 11. Yaşlı kişiler genellikle birbirlerine benzerler.
- \_\_\_\_\_ 12. Yaşlı kişilerin yeni birşey öğrenmesi genellikle daha uzun zaman alır.
- \_\_\_\_\_ 13. Depresyon gençlere oranla yaşlı bireylerde daha sıklıkla görülmektedir.
- \_\_\_\_\_ 14. Tıp çalışanlarının çoğunluğu yaşlılara düşük öncelik verme meylindedir
- \_\_\_\_\_ 15. Şu anda Türkiye’de nüfusun %20’den fazlası 65 yaş ve üzeridir.
- \_\_\_\_\_ 16. Yaşlıların çoğunluğunun geliri fakirlik sınırının altındadır.
- \_\_\_\_\_ 17. Yaşlı bireyler yaşları ilerledikçe daha dindar olma eğilimindedir.
- \_\_\_\_\_ 18. Yaşlı kişilerin çoğunluğu nadiren tedirgin veya öfkeli olduklarını söylemektedirler.

## Appendix E: Fraboni Scale of Ageism (FSA)

Yönerge: Ölçekteki soruları yanıtlarken 65 yaş ve üzerindeki yaşlı bireyleri düşünerek cevaplandırınız. Her bir ifade için “kesinlikle katılmıyorum”, “katılmıyorum”, “katılıyorum”, “kesinlikle katılıyorum” seçeneklerinden sadece birini işaretleyiniz. Katılımınız için teşekkür ederiz.

MADDELER	Kesinlikle Katılmıyorum	Katılmıyorum	Katılıyorum	Kesinlikle Katılıyorum
1. Gençlerin intiharı, yaşlıların intiharından daha üzücüdür.				
2. Yaşlıların çoğu cimridir, para ve mülklerini saklayıp, biriktirirler.				
3. Yaşlıların çoğu yeni arkadaş edinmek yerine eski arkadaşlarıyla görüşmeyi tercih ederler.				
4. Yaşlıların çoğu geçmişte yaşarlar.				
5. Yaşlılarla karşılaştığımda bazen göz teması kurmaktan kaçınırım.				
6. Yaşlı insanların benimle sohbet etmeye çalışmasından hoşlanmam.				
7. Çok yaşlı insanlardan karmaşık ve ilginç sohbetler beklenmemelidir.				
8. Yaşlı insanların çevresinde iken depresif (karamsarlık) hissetme muhtemelen en sık rastlanan duygudur.				
9. Yaşlı insanlar kendi yaşlarında arkadaş bulmalıdırlar.				
10. Yaşlı klüplerindeki toplantılara davet edilsem bile gitmemeyi tercih ederim.				
11. Yaşlılar oldukça yaratıcı olabilir.				
12. Şahsen yaşlı kişilerle pek fazla zaman geçirmek istemem.				
13. Çok yaşlı insanların sürücü ehliyetini yenilemesine izin verilmemelidir.				
14. Yaşlı insanların toplumun spor tesislerini kullanmaya ihtiyaçları yoktur.				
15. Çok yaşlı insanlara küçük çocukların bakımında güvenilmemelidir.				
16. Çoğu yaşlı insan en fazla kendi yaşlılarıyla mutlu olur.				

17. Yaşlıların kimseyi rahatsız etmeyecekleri bir yerde yaşaması en iyisidir.				
18. Yaşlı insanlardan oluşan gruplar oldukça eğlencelidir.				
19. Yaşlı insanlar politik konularda konuşmaları için cesaretlendirilmelidir.				
20. Çok yaşlı insanlar ilginç ve kendine özgüdür.				
21. Çok yaşlı insanlarda kişisel bakımın kötü olduğu düşünülür.				
22. Yaşlı biriyle yaşamayı tercih etmem.				
23. Çok yaşlı insanlar aynı hikayeleri defalarca anlattıkları için rahatsız edici olabilirler.				
24. Yaşlılar diğer insanlara göre daha fazla şikâyet ederler.				
25. Yaşlı insanlar gereksinimlerini karşılamak için çok fazla paraya ihtiyaç duymazlar.				

## Appendix F: Eastern Mediterranean University Psychology Department's Ethics and Research Committee Approval Letter

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Eastern  
Mediterranean  
University

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The Department of Psychology  
Eastern Mediterranean University  
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Çığır Kalfaoğlu – Acting Chairperson

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Ref Code: 15 / 4 - 29

Date: April 16<sup>th</sup> 2015

Dear Uğur Maner,

Thank you for submitting your application entitled “*Predictors of ageist attitudes of Turkish speaking EMU students.*” Your application has been given *approval* by the Research & Ethics Committee on April 28<sup>th</sup>, 2015.

If any changes to the study described in the application or supporting documentation is necessary, you must notify the committee and may be required to make a resubmission of the application. This approval is valid for one year.

Yours sincerely,

Assistant Prof. Dr. Çığır Kalfaoğlu  
On Behalf of the Research & Ethics Committee  
Psychology Department  
Eastern Mediterranean University