DEHUMANIZATION OF PEOPLE WITH DEMENTIA: PERCEPTION OF UNIQUELY HUMAN AND HUMAN NATURE CHARACTERISTICS

By Timothy D. Pionk

This study assessed how Human Nature (HN) and Uniquely Human (UH) characteristics affected moral status, attitudes toward, and willingness to interact with a female target with dementia. A short narrative described six events depicting Betty R. as being higher or lower on HN and UH characteristics. The results indicate that UH characteristics did not significantly affect participants' attitudes toward or their desire to interact with the target person, while the absence of HN characteristics resulted in more negative attitudes toward and reduced desire to interact with the target person. Participants reported the highest levels of empathic concern for the target person when she showed lower levels of both HN and UH characteristics and the lowest levels of empathic concern when the target showed lower levels of HN and higher levels of UH characteristics. Higher levels of UH characteristics resulted in increased blame for immoral acts and increased perceived thought the target puts into her actions, while higher levels of HN characteristics showed the same relationship but to a lesser degree. Both sets of characteristics resulted in increased perceptions of pain felt but did not affect praise for moral actions or likelihood of intervening if treated immorally. Implications of these findings for dehumanization and humanization of persons with dementia are discussed.

DEHUMANIZATION OF PEOPLE WITH DEMENTIA: PERCEPTION OF UNIQUELY HUMAN AND HUMAN NATURE CHARACTERISTICS

by

Timothy D. Pionk

A Thesis Submitted
In Partial Fulfillment of the Requirements
For the Degree of

Master of Science

Psychology - Cognitive and Affective

at

The University of Wisconsin Oshkosh
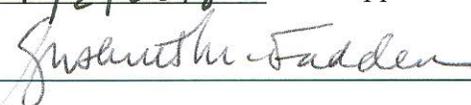Oshkosh WI 54901-8621

July 2018

COMMITTEE APPROVAL

_____ Advisor

07/02/2018 _____ Date Approved

_____ Member

7/2/2018 _____ Date Approved

_____ Member

7/2/2018 _____ Date Approved

PROVOST and
VICE CHANCELLOR

_____

June 7, 2019
Date Approved

FORMAT APPROVAL

_____

6/7/2019
Date Approved

ERRATUM

PAGE	FOR	READ
2	PROVOST and VICE CHANCELLOR	PROVOST AND VICE CHANCELLOR FOR ACADEMIC AFFAIRS

TABLE OF CONTENTS

iv

LIST OF TABLES

Chapter I

Introduction

The goal of the current study was to examine how perception of higher or lower levels of certain humanness characteristics (e.g., Human Nature and Uniquely Human characteristics) in an older person with dementia affected dehumanization, attitudes, and willingness to interact with that person. Any discussion of dehumanization will invariably include at least a mention of large-scale atrocities like the Holocaust and the Rwandan genocide. Centuries of widespread anti-Semitism across Europe allowed Adolf Hitler to gain power and use Jews as the scapegoat that many Germans were eager to blame. Viewed as subhuman and likened to rats or vermin, Jews throughout Germany had their rights systematically taken away as the Nazi regime moved closer to the Final Solution of eradicating the entire Jewish population. In Africa, the Hutus and Tutsis once lived together peacefully sharing resources and intermarrying until Belgian colonists labeled the ethnic minority Tutsis as the superior race due to their more Caucasian features and thus tensions rose between the two groups. After the longtime president was assassinated, resentment built up between the Hutus and the Tutsis and the economic despair boiled over, thus began the killing of Tutsis and moderate Hutus. Radio propaganda helped convince more Hutus that their Tutsis neighbors were nothing more than cockroaches, and the only way to save the country from its economic woes was through their complete annihilation.

Not all dehumanization presents itself in such extreme and overt ways. Dehumanization can result in changes in how we interact with people every day, in how we assign primary and secondary emotions, intentions, punishment, and moral status to ourselves and others (Bastian, Laham, Wilson, Haslam, & Koval, 2010; Haslam, 2006; Haslam & Bain, 2006; Haslam, Bain,

Douge, Lee & Bastian, 2005, Haslam & Loughnan, 2013). According to the Stereotype Content Model, judgments of liking and respecting of another person or group can substantially alter the form of dehumanization experienced by a person or group (Fiske, Cuddy, Glick, and Xu, 2002; Harris and Fiske, 2006; Harris and Fiske, 2007). According to this model, feelings of disgust are reserved for groups that are viewed as neither competent nor emotionally warm (e.g. homeless, drug dealers). Milder forms of prejudice are shown towards a business partner who is unfriendly but knows how to get the job done (e.g., high perceived competence and low perceived warmth creates envy) or towards an older man who seems to lack some mental capabilities (e.g., low perceived incompetence and high perceived warmth instigates pity). Stereotypes allow us to make quick decisions about how we should interact with other individuals or groups. Stereotypes can also lead to misunderstandings and unintended consequences such as the activation of a paternalistic prejudice when the stereotyped individual or group lacks some physical or mental capability (i.e., low perceived competence). All this can lead to patronizing or disrespecting that group or person.

Abuse and neglect of older people is a widespread problem (Pillemer et al., 2015). Overdependence on others and failing mental faculties make them easy targets for financial exploitation (Jönson, 2012). It was reported that roughly 2.9 billion dollars had been stolen from older people in 2010 due to fraud (MetLife, 2011). The feelings of pity that people feel towards older adults engender a paternalistic view of how older people are cared for and allow caregivers the justification to make decisions that they would not accept if they were in the same situation (Jönson, 2012). Using Haslam's (2006) dual forms of dehumanization (animalistic vs. mechanistic) that result from perceived absence of certain human characteristics (human nature versus uniquely human), the current study sought to develop a better understanding about which

of these types of characteristics better predict the perception of the loss of humanness for an older person that has been diagnosed with dementia.

What is dehumanization?

Dehumanization as defined by Haslam (2006) is the denial of full humanness to others. When others are denied full human qualities, it becomes much easier to justify inhumane treatment of these groups. Delegitimizing the beliefs of others essentially excludes them as an acceptable human group. This denial of humanity to others paves the way for extreme negative emotions such as contempt and fear, while allowing for justifications of aggression and a sense of superiority over others (Bar-Tal, 2000). Moral exclusion (Bandura, 2002; Kelman, 1976; Opotow, 1990) allows hostility to generate violence by reducing the normal restraints that would typically keep aggressive behaviors in check by limiting the moral relationships we share with the victims. The victims' personhood is negated by removing their perceived feelings, hopes, and concerns, allowing the perpetrators to avoid the moral self-sanction, condemnation, and empathic distress that would typically accompany such actions. The current study sought to add to the current knowledge by directly comparing the evidence required for the loss of personhood for an older person with dementia showing higher or lower levels of Uniquely Human and Human Nature characteristics.

Two Modes of Dehumanization

Most theoretical views of dehumanization do not clearly define what is being denied to those being dehumanized. Haslam (2006) proposed two distinct forms of dehumanization resulting from separate sets of characteristics are being denied to others. *Human Nature*

characteristics are those seen as inborn biological dispositions that we share with other animals but still viewed as part of the human essence. These characteristics differentiate us from soulless machines and include emotional responsiveness, interpersonal warmth, cognitive openness, individuality, and depth in personality. People lacking or denied these characteristics are seen as emotionally inert, interpersonally cold, cognitively rigid, passive, easily interchanged with others, and having a shallow personality. Lacking Human Nature characteristics leads to *mechanistic dehumanization,* which is associated with indifference, social distancing, and treating others as if they were inanimate objects. *Uniquely Human* characteristics on the other hand are those that are seen as belonging to humans alone and are what differentiate us from other animal species. Characteristics developed later in life through social learning include civility, refinement, moral sensibility, rationality and logic, and maturity. People lacking or denied these characteristics are seen as lacking culture, being course, amoral or lacking in self-restraint, childlike, and guided by irrationality or instinct. A lack of Uniquely Human characteristics produces *animalistic dehumanization* where targets are appraised with higher levels of negative emotions (e.g. disgust and contempt), are viewed as being prone to violations of the moral code or lacking it entirely, and are likened to animals.

Moral Status: Patiency, Agency, and Responsibility

For any action to be deemed moral or immoral there must be a moral agent that performs the action as well as a moral patient that is the target of the action (Fotion, 1968). Moral agents are those who understand the difference between right and wrong (Edwards, 1790; Miller, 1994) and can be blamed or praised for their actions (Shaver, 1985). Moral patiency is the capacity of a person to be the recipient of moral or immoral actions in that they can experience pleasure and

pain or can at least understand the potential for events to elicit pleasure and pain (Bernstein, 1998).

Bastian, Laham, Wilson, Haslam, and Koval (2011) conducted two studies that examined the relationship between Uniquely Human and Human Nature characteristics and attributions of moral status (blame, praise, and patiency). When someone shows the desire to act morally, that person is displaying Moral Agency, which results in an increased level of praise that person is given for performing moral acts. (Pizzarro, et al., 2003) Those who show an understanding of right and wrong are displaying Moral Responsibility, which elicits greater blame when that person performs an immoral act (Alicka, 2000; Knobe, 2003; Shaver, 1985). Moral Patiency, on the other hand, is the capacity for someone to be the recipient of moral actions (Gray & Wegner, 2009).

In the first study in a paper by Bastian et al. (2011), participants were asked to rate a stereotypical member of numerous groups (e.g. elderly, politicians) on Uniquely Human and Human Nature characteristics, how much they blamed or praised them for performing moral behaviors, and whether they would intervene on their behalf if they were being treated immorally. Results showed that the extent of perceived Uniquely Human characteristics possessed by the target was positively correlated with moral blame while the perception of Human Nature characteristics showed a marginally significant positive correlation with moral praise. Moral patiency showed a significant positive correlation with the perception of Human Nature characteristics and a marginally significant negative correlation with the perception of Uniquely Human characteristics.

In the second study, participants were asked to compare two people based on 15 characteristics (10 positive and 5 negative) where one person displayed positive Uniquely

Human or Human Nature characteristics while lacking the other or displayed neither set of positive characteristics. Participants were asked to determine which person deserved more blame or praise if they were to perform moral or immoral acts and which person they would rather intervene on their behalf if they were being maltreated. Results showed that Uniquely Human characteristics were associated with increased moral blame and reduced moral patiency, while Human Nature characteristics were associated with increased moral praise and moral patiency. They also found that higher levels of Uniquely Human and Human Nature characteristics both resulted in similar determinations of how much each character was liked.

Dehumanization in Medical Settings

According to Haque and Waytz (2012), dehumanization in the medical field may not stem from intentional malice but rather automatically and unconsciously due to the certain social practices that occur in medical settings and from the functions that they serve. In some situations, dehumanization may have functional benefits to medical staff. By reducing the extent of empathic concern medical staff feels toward a patient, they may be better able to make decisions or perform complex medical procedures with a "cooler head." Numerous medical procedures performed on patients can also be inherently painful, but moral disengagement can benefit medical staff that routinely performs these procedures by reducing the mental anguish they would feel for the infliction of pain on another person. One strategy used is to refer to patients by their room number or by their illness rather than their personal characteristics (Haque and Wayzt, 2012). Haque and Wayzt call for medical professionals to utilize the strategies that minimize empathy when problem solving about diagnoses, treatments, or during the performance of complex procedures. After the procedures are completed, they should then shift strategies to

maximize empathy when interacting with patients. Nevertheless, these authors admitted that these recommendations would be quite difficult to implement in practice.

Haque and Wayze (2012) also describe several forms of dehumanization that serve no functional purpose in medical settings. For instance, when medical professionals fail to individualize themselves from the medical staff as a whole, they experience a reduced ability to feel responsible for their actions. Failing to see a patient as an individual person can also lead staff to see patients as faceless bodies that do not require empathy. People seeking medical treatment can often exhibit deficiencies in their ability to plan and act intentionally, leading them to experience a diminishment of their humanity. Medical staff can have difficulties drawing comparisons from their patients to themselves when their patients diverge from normal human appearance and behavior, when patients are labeled by their illnesses, or due to power differentials between staff and those under their care (Haque & Wayze, 2012). This could have detrimental effects for older patients with affective disorders since their behavior may deviate substantially from societal expectations while continuing to deteriorate over time.

Care of Older Patients

The average length of hospital stays continues to shrink, but as the baby boomer generation marches into the retirement, the number of patients 65 years and older continues to rise. A meta-analysis by Bridges, Flatley, and Meyer (2010) found that hospital visits produce significant feelings of fear, worthlessness, and lack of autonomy. Older patients generally trust medical staff to make the necessary decisions about their care, but what patients deemed the most important aspect of their care was the interpersonal relationship they had with the doctors, nurses, and other staff. When patients felt disrespected, uncared for, and unwelcome; standard

care created elevated levels of anxiety. This need for support and connection was even more vital for patients with dementia, delirium, or difficulties communicating. It is also important for the older patients to maintain a sense of identity, which can be easily overlooked when they are admitted to inpatient care facilities. This is especially true for those with dementia. People with dementia, delirium, or problems communicating are at a greater risk of having less control over their treatment and care and feel more vulnerable and helpless. However, this can be mitigated if those in charge of their care clearly explain what is happening and what the next steps will be.

Attitudes toward Older People and People with Dementia

Prior to the Industrial Revolution in Western cultures, older people were viewed as veterans of productivity in agricultural societies. However, new methods of production and consumption of goods and changes in how businesses operated altered the role the older people played in society. The youth movement also arose and expanded after each world war leading to the devaluation of older people which led them to be negatively viewed as frail, weak, forgetful, and out of touch with current trends (Gilleard, 2005). Butler (1969) coined the term ageism referring the systematic stereotyping and discrimination of people because of their age. Ageism has been shown to be prevalent in Western society and can present subtly as avoiding contact to more overtly as disdain and discrimination (Banaji, 1999; Blunk & Williams, 1997; Cuddy & Fisk, 2002; Palmore, 1999) The Theory of Planned Behavior was proposed by Ajzen, (1998) to explain the relationship between beliefs and behavior. According to his theory, beliefs influence attitudes and attitudes influence behavior. Research has shown that attitudes that are more positive lead to more favorable behavioral responses (Fishbein and Ajzen, 2010).

Using the Fraboni Ageism Scale (FAS), assessing both the cognitive and affective aspects of ageism, research has found that both university students (Kalavar, 2001; Rupp, Vondanovich, & Crede, 2005; Allan & Johnson 2009) and general population adults (Stuart-Hamilton & Mahoney, 2003) hold negative attitudes towards older people. They also found, along with Fraboni, Saltstone, and Hughes (1990), that men hold more negative views towards the older people than women do. Despite long held beliefs that more collectivist Eastern cultures have much higher esteem for older generations and that more individualistic Western societies tend to view their older people more negatively, a study by Lin and Bryant (2009) found that university students from Eastern and Western societies did not differ on scores on the FAS. Their results point to the possibility that Western culture may be viewing their older generations more positively due to recent efforts to reduce the stigma against them or that Eastern culture may view their older generations more negatively. This could possibly be due to the rapid development and globalization in these regions, deterring traditional ideals.

Allan and Johnson (2009) reported that numerous studies found conflicting results regarding the relationship between knowledge of aging and attitudes towards older people. Their study found a significant positive relationship between knowledge of aging and positive attitudes towards older people but found that this relationship was mediated by anxiety about aging. Those with anxiety about getting older tend to have negative attitudes toward older people. Harris and Dollinger (2001) also found that university students with higher scores on the Anxiety about Aging Scale (AAS) did not just have attitudes that were more negative towards a 70-year-old; they also held attitudes that were more negative towards themselves when asked to imagine being 70 years old. Angiullo et al. (1996) and Carmel, Cwikel, and Galinsky (1992) both found that amount and frequency of contact did not increase positive attitudes towards older people,

while Knox, Gekoski, and Johnson (1986) and Schwartz and Simmons (2010) found that it was the quality of contact that increased positive attitudes towards older persons.

Older People as an Outgroup and Prevalence of Abuse

Older people as a group are typically expected to accept conditions that the caregivers themselves would not be willing to accept if they were in the same position (Butler, 1975; Jönson, 2012). Since older adults are perceived as being passive, dependent, lonely, grateful, and more adaptable to their current situation, this allows care providers to justify their paternalistic oversight of what is best for these people. Caregivers view their own generation as more competent and more demanding of better treatment and conditions without needing to be prompted which provides the justification of why they would be unwilling to accept such conditions for themselves (Damberg, 2010).

The most common forms of abuse against older people come in the form of physical, psychological and sexual abuse, financial exploitation, and the failure to meet their basic needs (Pillemer et al., 2015). Two national surveys (Acierno et al., 2010; Laumann, Leitsch, & Waite, 2008) found that prevalence rates of abuse of older people to be 9 and 11%, respectively, in populations of 60 and over. The results of these studies, which are based on self-reported data, may likely underestimate the true prevalence rates (Pillemer et al., 2015). Physical violence against patients with dementia has been consistently found to occur at rates three to five times higher (Dong, Chen, and Simon, 2014; Lachs, Williams, O'Brien, Hurst, & Horowitz, 1997; Pillemer and Suitor, 1992).

The number of Assisted Living (AL) facilities has more than doubled from 1995 to 2010. The major selling point of AL facilities over nursing homes for the older population is that they

are meant to promote the autonomy and independence of their residents. However, as Kaskie, Nattinger, and Potter (2015) reported, the lack of any federal regulation of these facilities leaves the policy decisions in the hands of individual state governments. Safety regulations, staffing and training protocol, and rules determining the use to chemical restraints can range from adequate to non-existent from state to state. Certain states may have adequate regulations covering one or two of these categories, but no single state has regulations that adequately cover all three of these areas together. A lack of government regulations does not stop individual facilities from ensuring the safety of their patients with their own policies, but it does create an environment that is ripe for abuse (Kaskie, Nattinger, and Potter, 2015). Estimates suggest that up to two thirds of AL patients may live with some form of dementia (Zimmerman Sloane, and Reed, 2014), with at least half presenting some form of affective disturbance (Leroni et al., 2007).

Dehumanization of Older People

In a study by Wiener, Gervais, Brnjic, and Nuss (2014) that looked at the dehumanization of older adults, participants read a scenario of 55-year-old man being asked 10 interview questions to assess which task would be better suited to his skills (boring or creative). For half of the participants, the interviewer smirked as he asked questions that were altered to demean the interviewee′s age (e.g. ″Please read carefully because the questionnaire print is in pretty small print″ vs. ″You know what...Would you like me to read the questions to you or do you need to put on your bifocals or something?″). Participants were then asked to rate the person interviewed on positive and negative Uniquely Human and Human Nature characteristics, their emotional state following the interview, and the degree to which they experienced age discrimination during the interview. Results showed that perceived Human Nature characteristics (mechanistic

dehumanization) rather than perceived Uniquely Human characteristics (animalistic dehumanization) mediated the relationship between the derogation manipulation and the final judgment of discrimination.

In a study by Miron, McFadden, Nazario, and Buelow (2017b), participants viewed a picture of an older woman followed by a short narrative about how she had been diagnosed with dementia the year before and had been living in a nursing home for the past 5 months. Before the participants read the narrative, they were asked to either stay objective, imagine the situation of the woman, or were given no instructions at all. Participants then completed a questionnaire containing items measuring empathic concern, the amount of evidence required to determine loss of humanness for Uniquely Human (Maturity, Moral Sensibility, and Logic/Rationality) and Human Nature (Memory, Agency, Cognitive Openness, Emotional Responsiveness, and Interpersonal Warmth) characteristics. Results showed that when participants were instructed to imagine the woman's situation, they required a significantly higher standard of evidence for impairments of Uniquely Human characteristics to determine someone had lost personhood than when they were instructed to stay objective. No such difference emerged for standards of Human Nature impairment. Results also showed that empathic concern mediated the effect in which perspective taking increased the evidence needed to determine loss of personhood for Uniquely Human characteristics. Only animalistic dehumanization resulting from the perceived lack of Uniquely Human characteristics in people with dementia was reduced by an increase in empathic concern.

Miron et al.'s (2017a) analysis of nine indices of standards of humanness found two distinct factors. The Uniquely Human characteristics Memory, Maturity, Emotional Regulation, and Cognitive ability loaded together. Moral Sensibility loaded onto both factors but more so

with the Uniquely Human characteristics. The Human Nature characteristics Agency, Cognitive Openness, and Interpersonal Warmth loaded together. Emotional Responsiveness loaded onto both factors but more so with the Human Nature factor. This study also showed that the two characteristics that required the least amount of evidence for loss of personhood were the Uniquely Human characteristic Moral Sensibility and the Human Nature characteristic Emotional Responsiveness (Miron et al., 2017b). Another study by Miron et al. (2015a) found that the most stringent standards for people with dementia were set for the Human Nature characteristics Emotional Responsiveness and Emotional Warmth and the Uniquely Human characteristics Maturity and Moral sensibility. The current evidence for whether Uniquely Human or Human Nature Characteristics are more important in judging the humanness of older people is inconclusive. (Miron et al., 2017a, 2017b; Wiener, Gervais, Brnjic, & Nuss 2014). The current study sought to add to the current knowledge by directly comparing the evidence required for the loss of personhood for an older person with dementia possessing or lacking Uniquely Human and Human Nature characteristics.

Determinants of Empathic Concern

      Plutchik (1987) defined empathic responding as the communication of an emotional state from one person to another, allowing individuals to bond to one another through shared experiences. Hoffman (1981) theorized that infants' reflexive crying to that of another infant was a precursor to empathy. Since infants and toddlers lack the cognitive capabilities for empathy, they may only be displaying an emotional contagion (Ungerer, et al., 1990). Emotional contagions are the building blocks of empathy that eventually lead to higher cognitive abilities such as perspective taking, theory of mind, and emotion regulation (Geangu, Benga, Stahl, and

Striano, 2010). Children require social signals that resonate closely with their own experiences. As children develop cognitively and psychologically, they can learn to make inferences about what others are thinking and feeling (Thomson, 1987). Empathy has been described as having both a cognitive and an affective component. The cognitive form of empathy, perspective taking, is the ability of a person to recognize and understand the feelings of another person. The affective component of empathic concern is defined as our ability to experience the feelings and perspectives of others (Decety & Lamm, 2006). Moreover, a third conceptualization of empathy assumes that empathy involves a strong motivational component. This empathy concept was labeled *empathic concern* and conceptualized as "other-oriented emotion elicited by and congruent with the perceived welfare of someone in need." (Batson, 2011, p.11). Prior work has provided strong evidence for the empathy-altruism hypothesis according to which empathic concern for a person in need leads to an altruistic motivation to help of that person (Batson & Shaw, 1991). Batson et al. (2007) found that when a person is valued, the empathic concern felt towards that person would be increased. In the context of studying people's attitudes towards older people with dementia, there is recent evidence that empathic concern motivates various behaviors to protect the welfare of the person with dementia (Miron, Thompson, Ebert, & McFadden, 2017c) and to reduce dehumanization of that person (Miron et al., 2017a). The current study sought to extend these prior findings by examining whether higher or lower levels of Human Nature and Uniquely Human characteristics affect the extent of empathic concern participants experience for the target person with dementia.

Current Study and Hypotheses

The first goal of the current study was to determine whether we could replicate Bastian et al.'s (2010) findings where the manipulation of the two types of characteristics (Uniquely Human or Human Nature) led to differences in people's judgements of moral status (blame, praise, and patiency) with an older woman with dementia as the target. The second goal of this study was to investigate the effect of higher and lower levels of Uniquely Human and Human Nature characteristics on participants' empathic concern, attitudes, and desire to interact with a female target with dementia.

A 2 x 2 between-groups experimental design was used, in which the higher and lower levels of Uniquely Human and Human Nature characteristics were orthogonally manipulated. Each participant read a short narrative about an older woman named Betty R. who was diagnosed with dementia two years earlier, that the nursing home staff had been informed to watch out difficulties she might be having, and that she is periodically assessed by her doctor on numerous behavioral characteristics. This narrative was followed by the most recent assessment of whether Betty has declined or remained the same on Cognitive Ability, Morality, Maturity, Agency, Emotional Warmth, and Emotional Responsiveness. Whether she declined or remained the same was followed by short narrative that gave an example of the observed behavior that led to this assessment. The Uniquely Human characteristics Cognitive Ability, Morality, and Maturity and the Human Nature characteristics Agency, Emotional Warmth, and Emotional Responsiveness were chosen based on the results of Miron et al.'s studies (2017a; 2017b) that showed that these characteristics required similar levels of evidence to say that someone had lost personhood. The means and standard deviations of the evidence required for the loss of personhood from Miron et al. (2017b) and Miron (2017a) can be found in Table 1.

My first hypothesis was that when the Uniquely Human characteristics (cognitive ability, morality, and maturity) were higher (i.e., when Betty R. shows higher ability to know right from wrong, dress herself daily, and perform complex cognitive tasks; e.g. playing chess), participants would ascribe increased moral responsibility and thoughts before acting to the target versus when these three Human Uniqueness abilities were perceived as being lower (Hypothesis 1).

My second hypothesis was that when the Human Nature characteristics (agency, emotional responsiveness, and emotional warmth) were perceived to be higher (i.e., when Betty R. shows higher ability to make her own decisions, to respond to another person's emotional distress, and to show emotional warmth to another person), participants would give increased praise to the target for performing moral acts (Hypothesis 2a). In addition, they would be more likely to intervene when the target is being treated immorally and would perceive Betty R. as feeling more pain compared to when these three Human Nature characteristics were perceived to be lower (Hypothesis 2b). Exploratory analyses (posthoc analyses) were conducted to examine the effects of higher and lower levels of Uniquely Human and Human Nature characteristics on participants' empathic concern, attitudes, and desire to interact with the person with dementia.

Chapter II

Method

Participants

A sample size of 136 participants was drawn from students enrolled in introductory psychology courses at the University of Wisconsin Oshkosh, who received course credit in exchange for their participation. Participants were at least 18 years of age and were recruited using the psychology research pool website, SONA Systems. Participants were randomly assigned to one of four conditions (lower Uniquely Human and higher Human Nature characteristics, higher Uniquely Human and lower Human Nature characteristics, lower on both characteristics, or higher on both characteristics). No participants' data were excluded from the study. The study variables were normally distributed, except for desire to interact, but a decision was made not to transform this variable for the sake of easiness of interpretation of the results on that variable since the transformation did not change the results.

Procedure

Participants were tested in small groups. They were given two copies of the consent form (Appendix A). One copy was to read and sign if they wished to take part in the study, a second copy if they wished to keep it for their records. They were then asked to read a short introduction to the study (Appendix B) informing them that the purpose of the study was to assess the level of interest and how comfortable participants would feel interacting with people from twelve different social groups. Towards that purpose, participants were asked to read a randomly selected article about an individual from one of these social groups, and then answer questions

measuring their attitude toward that individual and their perceptions of some of their characteristics. The narrative began with a short introduction about an older woman (Betty R.) who was diagnosed with dementia two years before and had been living in a nursing home ever since. Participants were then read the most recent evaluation that the nursing home staff had conducted that assessed Betty R. on the three Uniquely Human characteristics (cognitive ability, morality, and maturity) and three Human Nature characteristics (agency, emotional warmth, and emotional responsiveness). The assessment of each characteristic began with a small table indicating whether Betty had declined, remained the same, or improved from the last assessment on that particular characteristic. Beneath the table was a comment section that described a specific incident demonstrating higher or lower levels of that characteristic. Participants were randomly assigned to a condition where Betty either showed declines in all characteristics, no change in all characteristics, OR declines for one set of characteristics (Uniquely Human or Human Nature) and no change in the other set of characteristics. The introduction, evaluation narratives, and an example assessment can be found in Appendix C.

Participants were then asked to answer questions regarding the degree to which they felt the target was experiencing difficulties with a series of issues. Participants first completed a manipulation check consisting of six of the items that pertained directly to the three Uniquely Human and three Human Nature characteristics described in the narrative and seven addition items that could seemingly have pertained to other potential social groups. All the items can be found in Appendix D. Participants then completed a questionnaire about their perceptions of human nature and human uniqueness of the individual, their level of interest in interacting with the person, and their attitudes toward older people and people with dementia as a whole. All of the items included in the questionnaire can be found in Appendix E. Participants were then given

a post-study debriefing questionnaire assessing their thoughts about the study, the person they read about, and an information sheet to read about the nature of the study. These items can be found in Appendix F.

Manipulation of Humanness Dimensions

The Uniquely Human and Human Nature characteristics presented in the narratives were altered to have Betty R. either show no change or a decline for Uniquely Human (cognitive ability, morality, and maturity) and Human Nature (agency, emotional warmth, and emotional responsiveness) characteristics. Participants were randomly selected to one of four conditions (lower Uniquely Human/lower Human Nature, lower Uniquely Human/higher Human Nature, higher Uniquely Human/lower Human Nature, or higher Uniquely Human/higher Human Nature).

Uniquely human characteristics. Higher and lower levels of Cognitive Ability were manipulated by having participants read about an incident where Betty R. has enjoyed playing chess since she was young. She either showed no loss in the ability to understand the rules and anticipate her opponents' moves or was unable to play now that she is having trouble remembering the rules and making too many errors.

Higher and lower levels of Moral Sensibility were manipulated by having participants read about an incident where Betty R. found a figurine in the common area of the nursing facility. After learning that the figurine belongs to another patient, Betty decided to either willingly give the figurine back or she refused to return it to the other patient.

Higher and lower levels of Maturity were manipulated by having participants read about an incident where a staff member began to worry that Betty had been taking too long to get

changed in the morning. After checking up on Betty's progress, either the staff member found Betty almost ready but having a difficult time picking out which shoes to wear with her outfit, or that she had not begun to get ready yet since she is not sure what she needed to do first.

Human nature characteristics. Higher and lower levels of Emotional Warmth were manipulated by having participants read about an incident where Betty spends the day playing with her great granddaughter. Betty was either visibly enjoying the time she spent with her great granddaughter, or she showed little emotional reaction and is seen as absentmindedly handing a toy to the child.

Higher and lower levels of Emotional Responsiveness were manipulated by having the participant read about an incident where Betty R. spent time outside with her four-year old great granddaughter while the child's mother (Betty's granddaughter) talks to the staff members. Upon hearing the child crying, they found Betty both hugging and comforting the child or indifferent to the child's distress while showing similar indifference to other patients at the facility.

Higher and lower levels of Agency were manipulated by having participants read about how Betty R. quickly learned which daily activities she enjoyed and which to avoid. Either she was shown to be having more difficulty deciding but still makes all of her own decisions or that staff members now must now make all of the choices for her daily activities.

Dependent Measures

After reading the narrative, participants were asked to complete a questionnaire assessing the following dependent measures in the order listed below.

Empathic concern. Participants completed an emotion response questionnaire consisting of 21 emotion adjectives measured on a 7-point scale ranging from 1 (Not at all) to 7 (Extremely) with the following instructions:

Directions: Please indicate by circling a number the extent to which you experienced each of the feelings toward __Betty R.__. Do not worry if you were not experiencing many of these feelings; only a few may apply to the situation. Please be sure to circle a response for each item.

Empathic concern will be calculated by taking the average of the emotion adjectives *sympathetic*, *softhearted*, *tender*, *warm*, *compassionate*, and *moved*. Batson (1991) has used these in previous research.

Attitudes toward target person. Participants' attitudes toward Betty R. were measured using the average of three items. How positive or negative they felt was measured on a 7-point scale ranging from -3 (Very negatively) to 3 (Very positively), and how warm or cold they felt towards her, on a 7-point scale ranging from -3 (Very cold) to 3 (Very warmly), and how much they liked or disliked her measured on a 7-point scale ranging from 1 (Dislike very much) to 7 (Like very much). These items were preceded by the following instructions: "Please answer the following questions next. When answering these questions, consider the person that you read about in the article. __Betty R.__"

Desire to interact with target person. Participants' desire to interact with Betty R. was measured using two items. How comfortable they would feel interacting with Betty R. measured on a 7-point scale ranging from -3 (Extremely uncomfortable) to 3 (Extremely comfortable) and what extent to which they would like to interact with someone like Betty as part of a community outreach program measured on an 7-point scale ranging from 1 (Not at all) to 7 (Extremely).

These items were preceded by the following instructions: "Please answer the following questions next. When answering these questions, consider the person that you read about in the article. __ Betty R.__ "

Patiency, agency, and responsibility. Under the same instructions as the previous items, participants were then asked to rate how much they would hold this person morally responsible for immoral acts (Moral Responsibility), praise them for moral behaviors (Moral Praise), and intervene or take a moral stand if this person is being treated immorally (Moral Patiency). Moral Responsibility, Praise, and Patiency were assessed using three items measured on a 10-point scale ranging from 0% to 10% of the time to 91% to 100% of the time.

Demographics and history with dementia patients. As in Miron et al. study (2017b), participants were asked how much experience they have interacting with people with dementia measured on a 5-point scale ranging from 'none' to 'a lot of experience' and how many people with dementia they know (open ended). They were then asked if they had any close friends or family with dementia (yes or no). If participants answer 'yes' to the previous question, they were then asked how often they think about their situation when they experience(d) symptoms of dementia and how severe their symptoms are/were, measured on an 8-point scale ranging from 0 (Never) to 7 (Always) and 0 (Very mild) to 7 (Very severe) respectively.

Analyses

A GLM 2 x 2 between subjects ANOVA was performed to examine the effects of the manipulation of Uniquely Human and Human Nature characteristics on the dependent measures. A new independent variable with four levels was then created from the two initial independent variables. The new variable had the following four levels: 1 = Higher Uniquely Human/Higher

Human Nature; 2 = Higher Uniquely Human/Lower Human Nature, 3 = Lower Uniquely

Human/Higher Human Nature; and 4 = Lower Uniquely Human/Lower Human Nature. Tukey's

HSD was used to test differences between each group for the dependent measures.

Chapter III

Results

Manipulation Checks

Manipulation checks were performed on six items corresponded to the Uniquely Human and Human Nature characteristics. These were presented in the assessment that participants read pertaining to Betty R. Seven additional items were included. These were not mentioned in Betty R.'s assessment (e.g. Financial Responsibility, Legal Problems) since participants were told that they could be assessing any one of twelve social groups. Three items corresponded to Uniquely Human characteristics (Cognition, Moral Decisions, and Performing Daily Routines) and the three items corresponded to Human Nature characteristics (Agency, Emotional Responsiveness, and Interpersonal Warmth). They were averaged together to test for the effectiveness of manipulations of each set of characteristics. The manipulation checks suggest that the two manipulations of the UH and HN characteristics were successful. The sample size for the manipulation check items is 109 since the items were added to the questionnaire after the initial participants were tested. The means and standard deviations of the manipulation checks can be found in Table 2.

Uniquely human manipulation check. A GLM 2 x 2 between subjects ANOVA compared the effect of the manipulation of Uniquely Human characteristics on the three Uniquely Human manipulation check items and found a significant effect, $F(3, 115) = 188.69$, $p < .001$, $\eta_p^2 = .62$. Participants in the lower Uniquely Human group rated Betty as having increased difficulty with Cognition, Moral Decisions, and Performing Daily Routines ($M = 4.99$,

$SD = 1.05$) compared to those in the higher Uniquely Human group ($M = 2.54$, $SD = 1.05$). The Uniquely Human manipulation also resulted in participants rating Betty R. differently on levels of Human Nature characteristics (Agency, Emotional Responsiveness, and Interpersonal Warmth) to a significant but lesser extent, $F(3, 115) = 56.45$, $p < .001$, $\eta_p^2 = .33$. Those in the lower Uniquely Human group rated Betty as having increased difficulty with Agency, Emotional Responsiveness, and Interpersonal Warmth ($M = 3.38$, $SD = 1.84$) than those in the higher Uniquely Human group ($M = 4.80$, $SD = 1.72$). These results suggest that the UH manipulation was successful.

Human nature manipulation check. A GLM 2 x 2 between subjects ANOVA compared the effect of the manipulation of Human Nature characteristics on the three Human Nature manipulation check items and found a significant effect, $F(3, 115) = 222.74$, $p < .001$, $\eta_p^2 = .66$. Participants in the lower Human Nature group rated Betty as having increased difficulty with Agency, Emotional Responsiveness, and Interpersonal Warmth ($M = 5.51$, $SD = 1.19$) compared to those in the higher Human Nature group ($M = 2.66$, $SD = 1.35$). The Human Nature manipulation also resulted in participants rating Betty R. differently on levels of Uniquely Human characteristics (Cognition, Moral Decisions, and Performing Daily Routines) to a significant but lesser extent, $F(3, 115) = 20.00$, $p < .001$, $\eta_p^2 = .15$. Those in the lower Human Nature group rated Betty as having increased difficulty with Cognition, Moral Decisions, and Performing Daily Routines ($M = 4.16$, $SD = 1.50$) than those in the higher Human Nature group ($M = 3.38$, $SD = 1.64$). These results suggest that the Human Nature manipulation was successful.

Blame, Praise, and Patiency

   Blame. A 2 x 2 GLM between-groups ANOVA examined the effect of the manipulation of human characteristics (Higher and Lower Uniquely Human; Higher and Lower Human Nature) on participants' ratings of the how much they would hold Betty R. responsible for performing immoral acts and how much thought she put into her actions. The Uniquely Human manipulation had a significant effect on how much participants stated they would blame Betty R. for performing immoral acts, $F(1, 132) = 30.65$, $p < .001$, $\eta_p^2 = .19$, and on thoughts that Betty R. puts into her actions, $F(3, 132) = 47.09$, $p < .001$, $\eta_p^2 = .26$. Those in the higher Uniquely Human group stated they would blame Betty R. more for behaving immorally ($M = 5.37$, $SD = 2.94$) than those in the lower Uniquely Human group ($M = 2.91$, $SD = 2.43$). Those in the higher Uniquely Human group also rated Betty R. as putting more thought into her actions ($M = 4.57$, $SD = 1.24$) than those in the lower Uniquely Human group ($M = 3.01$, $SD = 1.42$). The Human Nature manipulation also showed significant effects on how much participants stated they would blame Betty R. for performing immoral acts, $F(1, 132) = 11.60$, $p = .001$, $\eta_p^2 = .08$, and on thoughts that Betty R. puts into her actions, $F(1, 132) = 19.12$, $p < .001$, $\eta_p^2 = .13$. Those in the higher Human Nature group stated they would blame Betty R. more for behaving immorally ($M = 4.90$, $SD = 2.87$) than those in the lower Human Nature group ($M = 3.36$, $SD = 2.85$). Those in the higher Human Nature group also rated Betty R. as putting more thought into her actions ($M = 4.30$, $SD = 1.40$) than those in the lower Human Nature group ($M = 3.34$, $SD = 1.50$). These results support hypothesis 1. The interaction of the Uniquely Human and Human Nature manipulations was only marginally statistically significant for how much she should be blamed for behaving immorally, $F(1, 111) = 3.20$, $p < .076$, $\eta^2 = .02$. The means and standard deviations of Thoughts before Action and Moral Responsibility can be found in Table 3.

Praise. A GLM 2 x 2 between subjects ANOVA compared the effect of the manipulation of human characteristics (Higher and Lower Uniquely Human; Higher and Lower Human Nature) on participant's ratings of the how much they would praise Betty R. for performing moral acts. The Uniquely Human manipulation did not show any significant effect on how much participants stated they would praise Betty R. for performing moral acts, $F(1, 132) < 1$, $p = .975$, $\eta_p^2 = .01$. The Human Nature manipulation also did not show any significant effect on how much participants stated they would praise Betty R. for performing moral acts, $F(1, 132) = 0.03$, $p = .857$, $\eta_p^2 = .00$. These results do not support hypothesis 2a. The interaction of the Uniquely Human and Human Nature manipulation on Praise was also not significant, $F(1, 132) = 0.08$, $p = .775$, $\eta_p^2 = .01$. The means and standard deviations of Praise can be found in Table 3.

Patiency. A GLM 2 x 2 between subjects ANOVA examined the effects of the manipulations of human characteristics (Higher and Lower Uniquely Human; Higher and Lower Human Nature) on participant's ratings of the likelihood of intervening on Betty R.'s behalf if treated immorally and how much pain she feels. The Uniquely Human manipulation showed a significant effect on participants likelihood of intervening on Betty R.'s behalf if treatment immorally, $F(1, 132) = 6.67$, $p = .011$, $\eta_p^2 = .05$. Those in the higher Uniquely Human group reported a higher likelihood of intervening on Betty R.'s behalf if treated immorally ($M = 8.15$, $SD = 1.49$) than those in the lower Uniquely Human group ($M = 7.24$, $SD = 2.49$). The Human Nature manipulation did not show a significance effect on participants likelihood of intervening on Betty R.'s behalf if treatment immorally, $F(1, 132) = 0.36$, $p = .551$, $\eta_p^2 = .01$. These results do not support hypothesis 2b. The means and standard deviations of Moral Intervention, and Pain Felt can be found in Table 3.

Empathic Concern

A GLM 2 x 2 between subjects ANOVA tested the effects of the manipulation of human characteristics (Higher and Lower Uniquely Human; Higher and Lower Human Nature) on participant's ratings of empathic concern felt toward Betty R. Empathic Concern was calculated by averaging the scores on six items (sympathetic, softhearted, tender, warm compassionate, and moved; $\alpha = .87$). The Uniquely Human manipulation approached significance on ratings of empathic concern felt towards Betty R., $F(1, 132) = 3.09$, $p = .081$, $\eta_p^2 = .02$. The Human Nature manipulation did not have a significant effect on ratings of empathic concern felt toward Betty R., $F(1, 132) = 0.57$, $p = .453$, $\eta_p^2 = .01$.

A new independent variable with four levels was then created from the two initial independent variables (Higher and Lower Uniquely Human; Higher and Lower Human Nature). The new variable had the following four levels: 1 = Higher Uniquely Human/Higher Human Nature; 2 = Higher Uniquely Human/Lower Human Nature, 3 = Lower Uniquely Human/Higher Human Nature; and 4 = Lower Uniquely Human/Lower Human Nature. A one-way ANOVA with Post hoc comparisons using Tukey's HSD test indicated that participants in the lower Uniquely Human/lower Human Nature group reported the most empathic concern for Betty R. ($M = 5.21$, $SD = 1.24$) compared to the higher Uniquely Human/lower Human Nature group ($M = 4.39$, $SD = 1.20$), $p = .039$. The means and standard deviations of Empathic Concern can be found in Table 3.

Desire to Interact

A GLM 2 x 2 between subjects ANOVA tested the effects of the manipulations of human characteristics (Higher and Lower Uniquely Human; Higher and Lower Human Nature) on participant's ratings of their Desire to Interact with the person. Desire to Interact was calculated by averaging the scores on how comfortable they would feel interacting with and to what extent to which they would like to interact with someone like Betty R. There was not a significant effect for the Uniquely Human manipulation on Desire to Interact with Betty R., $F(1, 132) = 0.06$, $p = .805$, $\eta_p^2 = .01$. The Human Nature manipulation did show a significant effect on Desire to Interact with Betty R, $F(1, 132) = 6.59$, $p = .011$, $\eta_p^2 = .05$. Participants in the higher Human Nature groups reported more Desire to Interact with Betty R. ($M = 3.14$, $SD = 1.01$) than those in the lower Human Nature groups ($M = 2.72$, $SD = 0.88$).

A new independent variable with four levels was then created from the two initial independent variables (Higher and Lower Uniquely Human; Higher and Lower Human Nature). The new variable had the following four levels: 1 = Higher Uniquely Human/Higher Human Nature; 2 = Higher Uniquely Human/Lower Human Nature, 3 = Lower Uniquely Human/Higher Human Nature; and 4 = Lower Uniquely Human/Lower Human Nature. A one-way ANOVA with Post hoc comparisons using Tukey's HSD test indicated participants reported the highest Desire to Interact with Betty R. ($M = 4.00$, $SD = 1.10$) in the higher Uniquely Human/higher Human Nature condition compared to the higher Uniquely Human/lower Human Nature condition ($M = 2.95$, $SD = 1.52$), $p = .011$. The means and standard deviations of Desire to Interact and Attitudes can be found in Table 3.

Attitudes

A GLM 2 x 2 between subjects ANOVA tested the effects of the manipulation of human characteristics (Higher and Lower Uniquely Human; Higher and Lower Human Nature) on participant's ratings of their Attitudes toward the person. Attitudes were calculated by averaging the scores on ow they positive or negative they felt, how warm or cold they felt, and how much they liked or disliked Betty R. There was not a significant effect for the Uniquely Human on Attitudes toward Betty R., $F(1, 132) = 0.13$, $p = .723$, $\eta_p^2 = .00$. There was a significant effect for the Human Nature manipulation on Attitudes toward Betty R., $F(1, 132) = 6.84$, $p = .010$, $\eta_p^2 = .05$. Participants in the higher Human Nature groups reported more Desire to Interact with Betty R. ($M = 3.14$, $SD = 1.01$) than those in the lower Human Nature groups ($M = 2.72$, $SD = 0.88$).

A new independent variable with four levels was then created from the two initial independent variables (Higher and Lower Uniquely Human; Higher and Lower Human Nature). The new variable had the following four levels: 1 = Higher Uniquely Human/Higher Human Nature; 2 = Higher Uniquely Human/Lower Human Nature, 3 = Lower Uniquely Human/Higher Human Nature; and 4 = Lower Uniquely Human/Lower Human Nature. A one-way ANOVA with Post hoc comparisons using Tukey's HSD test indicated that the only significant difference between the four groups was that when Betty R. was higher on both sets of characteristics. Participants reported more positive attitudes toward Betty R. ($M = 3.33$, $SD = 0.87$) in the higher Uniquely Human/higher Human Nature condition compared to the higher Uniquely Human/lower Human Nature condition ($M = 2.58$, $SD = 0.97$), $p = .006$.

Chapter IV

Discussion

Empathy, Attitudes and Desire to Interact

The results of this study indicate that the manipulation of the higher and lower levels of Uniquely Human characteristics had no significant effect on participants' desire to interact with Betty or their attitudes toward her. The manipulation of the Human Nature characteristics did however cause participants in the low Human Nature group to have both a reduced desire to interact with and more negative attitudes toward Betty.

Empathic concern was lowest when Uniquely Human characteristics were higher and Human Nature characteristics were lower. This follows with Haslam's (2006) concept of mechanistic dehumanization where targets are viewed as emotionless robots. Surprisingly empathic concern was highest when both Uniquely Human and Human Nature characteristics were absent. The increased empathic concern felt toward Betty when Uniquely Human characteristics were diminished may have played a role in the lack of an effect for the Uniquely Human manipulation on participant's desire to interact with Betty and their attitudes toward her. Nevertheless, this pattern again points to the importance of Human Nature characteristics in participants' response to the target person. The importance of Human Nature characteristics in this study follow with research by Wiener et al. (2014) that found that when older individuals were derogated in an interview, they were perceived to possess lower Human Nature characteristics than older individuals that were not subjected to derogatory questions by an interviewer.

These findings also contradict prior findings by Miron et al. (2017a; 2017b) that indicate that uniquely human characteristics are a more relevant dimension than human nature characteristics in judgments of humanness of people with dementia. Study 1 of Miron et al. (2017b) found that participants that were not given any specific instructions about remaining objective and taking the perspective of the person did not significantly different than those in those instructed to the take the perspective of the target. This work (Miron et al., 2017b) suggests that taking the perspective of a person with dementia decreases the amount of evidence required for the loss of personhood based on Uniquely Human characteristics because it reduces the empathic concern for the target person. It should be noted that in the studies by Miron and her colleagues, the authors drew their conclusions from measures of standards of humanness they created (i.e., measures of evidence needed by the participants to conclude that the target person with dementia was no longer a person). Their conclusions were not based on Haslam's human nature and human uniqueness trait adjectives used in the current study. In the current study, participants were not given any instructions about adopting an objective or a perspective-taking mindset, so it stands to reason based on the findings from Miron et al. (2017b) that the participants in this study defaulted to taking the perspective of Betty R. However, the current study failed to find the same relationship between Uniquely Human characteristics and empathic concern. The manipulation of Uniquely Human characteristics resulted in participants in the high Uniquely Human conditions reporting lower levels of empathy toward Betty R.

The Miron et al. (2015, Study 2) study did not manipulate the higher and lower levels of Uniquely Human and Human Nature characteristics like the current study did. The target individual in Miron et al. (2016) was described as showing verbal and physical aggression towards staff members while manipulating whether participants were instructed to take the

perspective of the target and whether background information was included about how the target used to be independent while competing in marathons. That study found that background information (i.e., whether information was given to the participants about the target's past independence and success) had no effect on perceptions of the male target on the evidence required for loss of personhood on Human Nature standards, but it did affect participants' perceptions of Human Nature of the female target person. In that study participants in the perspective-taking group asked for less evidence for loss of personhood when background information was given to help explain the reason for the target's aggression compared to when no background information was provided. It appears the background information provided in Miron et al. (2016) may not have provided sufficient rationale for participants to excuse the aggressive behavior for the female target. The current study can be thought of as occupying one cell (perspective taking/background information) of the 2 (male vs. female target) x 2 (stay objective vs. perspective taking) x 2 (no background information vs. background information) design of study 2 in Miron et al. (2016) study but with the target not showing aggression. Any direct comparisons between the two studies will be very limited until further studies are conducted giving a better understanding of the dynamics of how these variables interact.

Morality Judgments

According to Bastian et al. (2010), the Uniquely Human manipulation should have resulted in increased ratings of moral responsibility while the Human Nature manipulation increased the ratings of moral praise and moral patiency. This study sought to replicate the findings by Bastian et al. (2010). Consistent with their findings, perceived higher Uniquely

Human characteristics (i.e., Betty R. shows the higher ability to know right from wrong, dress herself daily, and perform complex cognitive tasks; e.g. playing chess) increased the level of moral responsibility and level thought that Better R. puts into her actions. Higher Human Nature characteristics also increased moral responsibility and thoughts before action but to a lesser extent. We failed to find the expected results that higher Human Nature characteristics (i.e., Betty R. shows that she can make her own decisions, respond to another person's emotional distress, and show emotional warmth to another person) would result in increased praise for performing moral acts. There was also no significant main effect for participants' likelihood of intervening if Betty R. is treated immorally. However, when Betty R. presented lower levels of Uniquely Human characteristics and higher levels of Human Nature characteristics, participants reported a lower likelihood of intervening on her behave if treated immorally compared to all other groups. Participants were more likely to intervene on her behave when both sets of characteristics were lower than when Betty R. showed lower levels of Uniquely Human characteristics but higher levels of Human Nature characteristics. This may be due to the increased levels of empathic concern participants felt for Betty R. when both sets of characteristics were lower. Participants rated Betty R. as experiencing more pain when Uniquely Human characteristics were present to a lower degree. These findings are in line with what Gray and Wegner (2009, Study 1a and b) where children and people that were mentally challenged were rated as experiencing more pain. This pattern of results also follows with Haslam's (2006) model of dehumanization positing that lower Uniquely Human characteristics result in targets being perceived as more childlike.

Many of the items used to test these moral outcomes had high variances compared to the rest of the dependent variables. It is possible that these items were misinterpreted or that social

expectancy may have affected the results. Simply asking participants if they would intervene, participants may feel inclined to respond that they would help since saying that they would not make them feel as if they are acting in an immoral way. Hypothetically intervening in this sense also poses no effort or cost to the participant making it much easier to respond that he/she would help. Future studies could include a moral intervention question that allows the participant to justify their lack of intervening on the targets behalf or by adding some form of inconvenience to the participant for their intervention.

Limitations and Future Directions

Very few participants in the open-ended questions provided in the post study assessment mentioned any specific problems the target person (Betty) was having. This suggests that the manipulations may not have been as effective as they could have been. There also seemed to be some confusion for the participants for the manipulation check questions involving the Uniquely Human characteristics, Agency, and the Human Nature characteristics, Maturity. The wording of the manipulation check items may have resulted in the confusion, so it is unclear whether the manipulation of the higher levels of the characteristics was also limited. This study was a conceptual replication of Bastian et al.'s (2010) study. That study had participants rating two target individuals with opposing sets of human characteristics (i.e. comparing David to Benjamin with both being lower UH and different on Human Nature characteristics) and choosing to which character they would ascribe more blame, praise, and patiency. The current study used a more nuanced evaluation of Human Nature and Uniquely Human characteristics of a single person. Bastian et al.'s study may be better suited for determining how medical staff and caregivers may

choose to administer aid to people presenting different human characteristics. The current study may be better suited for understanding how people with dementia may be unconsciously treated differently by family members and close friends.

The current study's results are consistent with findings by Wiener et al. (2014) that Human Nature characteristics played a stronger role in determinations of humanness. In contrast, Miron et al. (2017b) study showed that Uniquely Human characteristics might play more of a role in determining loss of personhood. Since aggression on the part of the target in the Miron et al. (2016) study may have played a part in these discrepancies, future research should look at how divergence of adherence to gender roles may affect the importance of Uniquely Human and Human Nature characteristics.

A replication study is needed to determine validity of the results. Some questions may need to be altered to add clarity and limit social desirability. Some questions could also be added to gain a better understanding for the reasons participants judged Betty R. on her moral status. Perhaps it is just expected that once you reach a certain age, people will behave morally and will no longer be praised for such actions. These effects should also be tested using a male target to determine what role perceptions of gender plays. The age of the target could have played a role. Further studies could also look at judgments of a younger target with brain damage from disease or traumatic brain injury resulting in the same loss or human characteristics. The fact that these human characteristics were lost through no fault of target could have resulted in increased empathy towards the person. A target that never showed these characteristics or where previous functioning is not stated could also be considered in future tests. Future studies could also look at perceptions and attitudes towards people with dementia in actual care situations and differences that arise in person-centered care versus traditional care.

Conclusions

This study helps to provide new information on the dehumanization of people with dementia. The manipulation of the Human Nature characteristics significantly affected attitudes toward Betty and desire to interact with her while the manipulation of Uniquely Human characteristics did not. Higher levels of each set of human characteristics resulted increased ratings of all positive traits and decreased ratings of all negative trait regardless of the previously found associations with the Uniquely Human and Human Nature characteristics by Haslam (2007). The Uniquely Human manipulation resulted in stronger differences in moral blame and perception of how much thought Betty puts in her actions compared to the Human Nature manipulation. No differences were found for either set of characteristics on the level of praise Betty would be given for behaving morally. Both sets of characteristics resulted in lower perceptions of the pain Betty felt when either the Uniquely Human or Human Nature characteristics were present. Neither manipulation resulted in significant differences between the likelihood of intervening if Betty was treated immorally, or the ease in which she could be taken advantage. The current study does not conclusively determine which characteristic is more important in judging loss of humanness. Much more work needs to be done before the relationships between Uniquely Human and Human Nature characteristics fully affect this particular section of our society. These relationships do not just affect the current population of those with dementia but also those of future generations as they continue to age. Nevertheless, the current study does provide some preliminary evidence that higher and lower levels of humanness characteristics affect perceptions and feelings towards an older person with dementia, and future work should further explore these potential effects.

43

Table 1

Means and Standard Deviations of Evidence Required for Loss of Humanness from Miron et al. 2017a and 2017b

2017b*					
Human Nature			Uniquely Human		
Characteristic	*M*	*SD*	Characteristic	*M*	*SD*
Emotional Responsiveness	6.50	2.18	Morality	5.55	2.24
Emotional Warmth	6.26	2.03	Maturity	6.73	2.05
Agency	7.01	1.60	Cognitive Ability	6.86	1.91
2017a**					
Human Nature			Uniquely Human		
Characteristic	*M*	*SD*	Characteristic	*M*	*SD*
Emotional Responsiveness	5.86	2.63	Morality	5.68	2.59
Emotional Warmth	6.18	2.62	Maturity	6.16	2.45
Agency	6.65	2.24	Cognitive Ability	6.62	2.24

Note: *Means and Standard Deviations from Miron et al. 2017b (N = 107) were taken from the condition where no instructions were given to participants about whether to imagine the person's situation or stay objective. **Means and Standard Deviations from Miron et al. 2017a (N = 305) were taken from the condition with ratings of persons with dementia.

Table 2

Means for the Uniquely Human and Human Nature Manipulation Checks

	High UH / High HN		High UH / Low HN		Low UH / High HN		Low UH / Low HN	
	M	SD	M	SD	M	SD	M	SD
Dependent Variable								
UH Manipulation Check	2.06_a	0.91	3.01_b	0.97	4.67_c	1.06	5.31_c	0.94
HN Manipulation Check	1.82_a	0.84	4.90_b	1.13	3.48_c	1.25	6.12_d	0.90

N = 119

Table 3

Means of Uniquely Human and Human Nature Groups for all Dependent Variables

	High UH / High HN		High UH / Low HN		Low UH / High HN		Low UH / Low HN	
	M	SD	M	SD	M	SD	M	SD
Dependent Variable								
Empathic Concern	4.68_{ab}	1.15	4.39_{a}	1.20	4.61_{ab}	1.36	5.21_{b}	1.29
Desire to Interact	4.00_{a}	1.10	2.95_{b}	1.52	3.50_{ab}	1.41	3.34_{ab}	1.14
Attitudes	3.33_{a}	0.87	2.58_{b}	0.97	2.94_{ab}	1.12	2.85_{ab}	0.77
Moral Praise	6.23_{a}	2.70	6.18_{a}	2.53	6.09_{a}	2.27	6.29_{a}	2.76
Moral Intervention	8.26_{a}	1.34	8.03_{a}	1.65	6.91_{b}	2.72	7.56_{a}	2.22
Thoughts Before Action	4.94_{a}	1.19	4.18_{ab}	1.18	3.65_{b}	1.30	2.53_{c}	1.33
Moral Responsibility	5.71_{a}	3.03	5.00_{ab}	2.83	4.06_{b}	2.46	1.79_{c}	1.79
Ease of Advantage	4.66_{a}	1.43	3.73_{a}	1.38	4.21_{a}	2.01	3.97_{a}	2.17
Pain Felt	2.91_{a}	1.77	4.24_{ab}	2.17	4.56_{b}	2.11	5.56_{b}	2.88

N = 136

Appendix A

Consent Form - University of Wisconsin Oshkosh

Tim Pionk, MS student, and Professor Anca Miron, both of the Department of Psychology, are conducting this study to look how people perceive other individuals. The following information is provided so that you can decide whether you wish to participate in the present study. We do not forsee you experiencing any significant discomfort from this study.

Although participation in this study may not directly benefit you, we believe that the information you provide will be useful in furthering our understanding in the field of psychology. The information we gather through this study will be confidential and all data will be examined in an aggregate format. Be assured that your name will not be associated with the research findings in any way. The information will be identified only by a code number. The information will be stored in a locked cabinet in a locked office and on password protected computer.

Your participation is this study is strictly voluntary. If you agree to participate, you will be free to withdraw at any time and still receive credit for your participation. If you decide not to participate in this study, at any time or for any reason, please let the researcher know and they will excuse you from the study. You do not need to tell the researcher your reasons for choosing not to participate. If you decide to withdraw from the study, any information collected from you up to that point would be destroyed.

If you have any questions about this study, please feel free to contact:

Tim Pionk   Dr. Anca Miron
Department of Psychology   Department of Psychology
UW Oshkosh   UW Oshkosh
Oshkosh, WI 54901   Oshkosh, WI 54901
920-341-5436   920-424-2328
pionkt10@uwosh.edu   mirona@uwosh.edu

If you have any complaints about your treatment as a participant in this study, please call or write:
Robert Roberts
Institutional Review Board
For Protection of Human Participants
c/o Grants Office
UW Oshkosh
Oshkosh, WI 54901
920-424-1415

I have received an explanation of the study and agree to participate. I understand that my participation in this study is strictly voluntary.

_____
PRINTED NAME   SIGNATURE   DATE

Appendix B

Introduction - University of Wisconsin Oshkosh

Introduction

This study is being conducted to help assess people's level of interest and how comfortable they would feel interacting with people from 12 different social groups. As a participant in this study, you will be asked to read an excerpt about a randomly selected individual from of the social groups. You will then be asked to answer questions regarding the emotions you feel toward this person and your perceptions of some of their characteristics. You will then be asked to answer questions regarding your general perceptions of the group(s) similar to those of the individual in your selected excerpt.

Appendix C

Information about Betty R., Narratives, and Example Assessment –

University of Wisconsin Oshkosh

Group 7

Information about Betty R.

Betty's husband passed away five years and has been living with relatives for the last three years. Her living arrangements have lacked stability since she was continually shifted from one home to the next. She was diagnosed with <u>dementia</u> two years ago at the age of 76, which is causing a progressive decline in her mental capabilities. Due to this, she was moved to a nursing home. Betty was informed by her doctor that as the symptoms of her dementia progressed, she would likely begin to have trouble performing everyday activities.

Staff members were informed to keep an eye out for any difficulties that Betty might be experiencing. Betty is periodically assessed by her doctor on numerous behavioral characteristics. <u>On the next few pages is a chart showing her most recent evaluation.</u>

Agency

<u>Higher:</u>
After arriving at the facility, Betty quickly learned which of the numerous daily activities she liked and which she would rather avoid. However, lately she has been showing increased difficulty in choosing which activities she would prefer and deciding what she would like to do after choosing an activity. <u>Nevertheless, she still makes all the decisions even though it takes her a little longer to decide.</u>

<u>Lower:</u>
After arriving at the facility, Betty quickly learned which of the numerous daily activities she liked and which she would rather avoid. However, lately she has been showing increased difficulty in choosing which activities she would prefer and deciding what she would like to do after starting an activity. <u>The staff is now making most of the decisions that she used to make about her daily activities.</u>

Cognitive Ability

<u>Higher:</u>
Betty has enjoyed playing chess ever since she learned it as a child. From the day she arrived at the nursing home, no other patient or staff member has been able to challenge her ability to anticipate the moves of her opponent. <u>Betty has not shown any decrease in her cognitive ability to problem solve and maintain focus.</u>

<u>Lower:</u>
Ever since she learned it as a child, Betty has enjoyed playing chess. From the day she arrived at the nursing home, no other patient or staff member had been able to challenge her ability to anticipate the moves of her opponent several moves before they are made. Recently however, <u>Betty has been showing an increasing inability to maintain focus and has been forgetting the rules of the games and making errors, rending her unable to play chess anymore.</u>

Emotional Responsiveness

Higher:

On weekends Betty typically spends several hours with her four-year old daughter. Whenever the child has become distressed, Betty has usually been able to comfort the child and calm her down without any others having to get involved. <u>Betty consistently shows the appropriate reaction in not only her comforting of her great granddaughter's distress but also to other patients at the facility.</u>

Lower:

On weekends Betty typically spends several hours with her four-year old great granddaughter. Whenever the child has become distressed, Betty has usually been able to comfort the child and calm her down without any others having to get involved. <u>Recently, however, Betty has been showing signs of indifference to not only her great granddaughter's distress but also to that of other patients at the facility, behaving as if nothing was wrong.</u>

Emotional Warmth

Higher:

Throughout the time Betty spends with her great granddaughter, Betty looks as though she enjoys herself. In the most recent visits <u>Betty has been seen playfully interacting with the child and her toys, and repeatedly hugging the child or squeezing her hand.</u>

Lower:

Throughout the time Betty spends with her great granddaughter, Betty looks as though she enjoys herself. In the most recent visits however, <u>Betty has been seen looking away when her great-daughter asked her several times to play with her and moved away from the child every time the child tried to touch or hug her.</u>

Maturity

Higher:

Last week a staff member noticed that Betty had been taking longer to get ready at the beginning of the day than usual. When they went to check on her, they found her in her room almost ready but still trying to decide which shoes would go best with her outfit. <u>Other than that, she has no difficulty getting dressed.</u>

Lower:

Last week a staff member noticed that Betty had been taking longer to get ready at the beginning of the day than usual. Several mornings now, when staff goes to check on her, they have been finding her in her room and still not starting to get ready. Betty states that she did not know what she should do first and was unable to start getting ready. <u>The staff has since needed to help her get dressed each morning.</u>

Morality

Higher:

The nursing staff was informed that Betty was keeping a similar figurine in her room that another patient, Nancy B., had reported missing after forgetting it in the common area. When questioned, Betty admitted finding the figurine in the common area and taking it to her room. <u>After learning that the figurine belonged to Nancy, Betty gave the item back to Nancy and apologized to her.</u>

Lower:

The nursing staff was informed that Betty was keeping a similar figurine in her room that another patient, Nancy B., had reported missing after forgetting it in the common area. When questioned, Betty admitted finding the figurine in the common area and took it to her room. After learning that the figurine belonged to Nancy, Betty refused to give the figurine back to Nancy and stated that since she found it, the figurine belonged to her now. <u>Staff is noticing more frequently that Betty is claiming others' belongings as her own even though she understands these items are not rightfully hers.</u>

Most Recent Assessment of Betty R.

	Decline	No Change	Improvement
Can make decisions about their life		X	

Comment:

After arriving at the facility, Betty quickly learned which of the numerous daily activities she liked and which she would rather avoid. However, lately she has been showing increased difficulty in choosing which activities she would prefer and deciding what she would like to do after choosing an activity. <u>Nevertheless, she still makes all the decisions even though it takes her a little longer to decide.</u>

	Decline	No Change	Improvement
Cognitive Ability	X		

Comment:

Ever since she learned it as a child, Betty has enjoyed playing chess. From the day she arrived at the nursing home, no other patient or staff member had been able to challenge her ability to anticipate the moves of her opponent several moves before they are made. Recently however, <u>Betty has been showing an increasing inability to maintain focus and has been forgetting the rules of the games and making errors, rending her unable to play chess anymore.</u>

	Decline	No Change	Improvement
Emotional Responsiveness		X	

Comment:

On weekends Betty typically spends several hours with her four-year old daughter. Whenever the child has become distressed, Betty has usually been able to comfort the child and calm her down without any others having to get involved. <u>Betty consistently shows the appropriate reaction in not only her comforting of her great granddaughter's distress but also to other patients at the facility.</u>

	Decline	No Change	Improvement
Emotional Warmth		X	

Comment:

Throughout the time Betty spends with her great granddaughter, Betty looks as though she enjoys herself. In the most recent visits Betty has been seen playfully interacting with the child and her toys, and repeatedly hugging the child or squeezing her hand.

	Decline	No Change	Improvement
Maturity	X		

Comment:

Last week a staff member noticed that Betty had been taking longer to get ready at the beginning of the day than usual. Several mornings now, when staff goes to check on her, they have been finding her in her room and still not starting to get ready. Betty states that she did not know what she should do first and was unable to start getting ready. The staff has since needed to help her get dressed each morning.

	Decline	No Change	Improvement
Morality	X		

Comment:

The nursing staff was informed that Betty was keeping a similar figurine in her room that another patient, Nancy B., had reported missing after forgetting it in the common area. When questioned, Betty admitted finding the figurine in the common area and took it to her room. After learning that the figurine belonged to Nancy, Betty refused to give the figurine back to Nancy and stated that since she found it, the figurine belonged to her now. Staff is noticing more frequently that Betty is claiming others' belongings as her own even though she understands these items are not rightfully hers.

Appendix D

Manipulation Check Questionnaire - University of Wisconsin Oshkosh

Directions: In regard to the person you read about in the article, to what degree do you feel they are experiencing difficulties dealing with the following issues? (not all will apply to each social group)

	no difficulty/NA			moderate		extreme	
difficulty							
Financial responsibility	1	2	3	4	5	6	7
Moral decision making	1	2	3	4	5	6	7
Legal problems	1	2	3	4	5	6	7
Making their own decisions	1	2	3	4	5	6	7
Problem solving/cognition	1	2	3	4	5	6	7
Drug addiction	1	2	3	4	5	6	7
Emotion connection to others	1	2	3	4	5	6	7
Addiction to gambling	1	2	3	4	5	6	7
Performing daily activities	1	2	3	4	5	6	7
Depression	1	2	3	4	5	6	7
Response to emotional distress	1	2	3	4	5	6	7
Angry/violent outbursts	1	2	3	4	5	6	7
Paranoia	1	2	3	4	5	6	7

Appendix E

Questionnaire - University of Wisconsin Oshkosh

Directions: Please indicate by circling a number the extent to which you experienced each of the feelings toward. Do not worry if you were not experiencing many of these feelings; only a few may apply to the situation. Please be sure to circle a response for each item.

	not at all			moderately			extremely
1. happy	1	2	3	4	5	6	7
2. sympathetic	1	2	3	4	5	6	7
3. liking	1	2	3	4	5	6	7
4. interested	1	2	3	4	5	6	7
5. softhearted	1	2	3	4	5	6	7
6. tender	1	2	3	4	5	6	7
7. warm	1	2	3	4	5	6	7
8. understanding	1	2	3	4	5	6	7
9. protective	1	2	3	4	5	6	7
10. compassionate	1	2	3	4	5	6	7
11. dislike	1	2	3	4	5	6	7
12. upset	1	2	3	4	5	6	7
13. disturbed	1	2	3	4	5	6	7
14. heavy-hearted	1	2	3	4	5	6	7
15. sad	1	2	3	4	5	6	7
16. concerned	1	2	3	4	5	6	7
17. sorrowful	1	2	3	4	5	6	7
18. joyous	1	2	3	4	5	6	7
19. worried	1	2	3	4	5	6	7
20. moved	1	2	3	4	5	6	7
21. distress	1	2	3	4	5	6	7

Please answer the following questions next. When answering these questions, consider the person that you read about in the article. _____

1. How uncomfortable or comfortable would you feel when interacting with this person?

-3   -2   -1   0   1   2   3

  Extremely uncomfortable   Extremely comfortable

2. How positively or negatively do you feel toward this person?

-3   -2   -1   0   1   2   3

  Very negatively   Very positively

3. How warm or cold do you feel about this person?

-3   -2   -1   0   1   2   3

  Very cold   Very warm

4.   To what extent would you like to interact with someone like this person by volunteering at a nursing center?

1   2   3   4   5   6   7

  Not at all   Extremely

5. How much do like or dislike this person?

1   2   3   4   5   6   7

  Dislike very much   Like very much

6. How easy would it be to take advantage of this person?

1   2   3   4   5   6   7

  Extremely easy   Extremely hard

7. How much thought does this person give to behavior before acting?

1   2   3   4   5   6   7

  None thought at all   A lot of thought

8. How severe are the symptoms being experienced by this person?

1   2   3   4   5   6   7

  Extremely severe   Extremely mild

9. What level of decline is this person experiencing?

1   2   3   4   5   6   7

  No decline   Extreme decline

10. How much need for assistance does this person have?

1   2   3   4   5   6   7

  None at all   Extreme need

8. Indicate the degree to which you would hold this person morally responsible for performing immoral behaviors (check one option)
- ☐ 0% to 10% of the time
- ☐ 11% to 20% of the time
- ☐ 21% to 30% of the time
- ☐ 31% to 40% of the time
- ☐ 41% to 50% of the time
- ☐ 51% to 60% of the time
- ☐ 61% to 70% of the time
- ☐ 71% to 80% of the time
- ☐ 81% to 90% of the time
- ☐ 91% to 100% of the time

9. Indicate the degree to which you would give this person praise for performing moral behaviors (check one option):
- ☐ 0% to 10% of the time
- ☐ 11% to 20% of the time
- ☐ 21% to 30% of the time
- ☐ 31% to 40% of the time
- ☐ 41% to 50% of the time
- ☐ 51% to 60% of the time
- ☐ 61% to 70% of the time
- ☐ 71% to 80% of the time
- ☐ 81% to 90% of the time
- ☐ 91% to 100% of the time

10. Indicate the degree to which you would feel like intervening or taking a moral stand on behalf of this person when she is being treated immorally (check one option).
- ☐ 0% to 10% of the time
- ☐ 11% to 20% of the time
- ☐ 21% to 30% of the time
- ☐ 31% to 40% of the time
- ☐ 41% to 50% of the time
- ☐ 51% to 60% of the time
- ☐ 61% to 70% of the time
- ☐ 71% to 80% of the time
- ☐ 81% to 90% of the time
- ☐ 91% to 100% of the time

11. How much pain do you think this person feels?

0	2	4	6	8	10
No Hurt	Hurts Little Bit	Hurts Little More	Hurts Even More	Hurts Whole Lot	Hurts Worst

Group 7 Questionnaire

In this section of the questionnaire, you will be asked some questions about <u>Betty R</u>. You read that she was diagnosed with dementia two years ago. We are interested in your **perceptions of her—<u>what characteristics or behaviors, you think, define who she really is</u>. We ask that you read each item carefully and select your answer thoughtfully. There are no right or wrong answers; we are simply interested in your perceptions.**

1) For you to consider that she has lost personhood, how much memory loss would she have to be experiencing? (Check one)
- ☐ 0% to 10% memory loss
- ☐ 11% to 20% memory loss
- ☐ 21% to 30% memory loss
- ☐ 31% to 40% memory loss
- ☐ 41% to 50% memory loss
- ☐ 51% to 60% memory loss
- ☐ 61% to 70% memory loss
- ☐ 71% to 80% memory loss
- ☐ 81% to 90% memory loss
- ☐ 91% to 100% memory loss

2) For you to consider that she has lost personhood, how often would she have to experience difficulty concentrating on a simple task? (Check one)
- ☐ 0% to 10% of the time
- ☐ 11% to 20% of the time
- ☐ 21% to 30% of the time
- ☐ 31% to 40% of the time
- ☐ 41% to 50% of the time
- ☐ 51% to 60% of the time
- ☐ 61% to 70% of the time
- ☐ 71% to 80% of the time
- ☐ 81% to 90% of the time
- ☐ 91% to 100% of the time

3) For you to consider that she has lost personhood, how often would she have to experience problems making simple decisions? (Check one)
- ☐ 0% to 10% of the time
- ☐ 11% to 20% of the time
- ☐ 21% to 30% of the time
- ☐ 31% to 40% of the time
- ☐ 41% to 50% of the time
- ☐ 51% to 60% of the time
- ☐ 61% to 70% of the time
- ☐ 71% to 80% of the time
- ☐ 81% to 90% of the time
- ☐ 91% to 100% of the time

4) For you to consider that she has lost personhood, how often would she have to have difficulty feeding, dressing, or toileting/bathing himself or herself? (Check one)
- ☐ 0% to 10% of the time
- ☐ 11% to 20% of the time
- ☐ 21% to 30% of the time
- ☐ 31% to 40% of the time
- ☐ 41% to 50% of the time
- ☐ 51% to 60% of the time
- ☐ 61% to 70% of the time
- ☐ 71% to 80% of the time
- ☐ 81% to 90% of the time
- ☐ 91% to 100% of the time

5) For you to consider that she has lost personhood, how often would she have to be experiencing difficulty performing a familiar task? (Check one)
- ☐ 0% to 10% of the time
- ☐ 11% to 20% of the time
- ☐ 21% to 30% of the time
- ☐ 31% to 40% of the time
- ☐ 41% to 50% of the time
- ☐ 51% to 60% of the time
- ☐ 61% to 70% of the time
- ☐ 71% to 80% of the time
- ☐ 81% to 90% of the time
- ☐ 91% to 100% of the time

6) For you to consider that she has lost personhood, how often would she have to have difficulty controlling negative moods or emotions? (Check one)
- ☐ 0% to 10% of the time
- ☐ 11% to 20% of the time
- ☐ 21% to 30% of the time
- ☐ 31% to 40% of the time
- ☐ 41% to 50% of the time
- ☐ 51% to 60% of the time
- ☐ 61% to 70% of the time
- ☐ 71% to 80% of the time
- ☐ 81% to 90% of the time
- ☐ 91% to 100% of the time

7) For you to consider that she has lost personhood, how often would she have to have difficulty enjoying normal everyday activities (i.e. eating, sleeping, sexual activity)? (Check one)
- ☐ 0% to 10% of the time
- ☐ 11% to 20% of the time
- ☐ 21% to 30% of the time
- ☐ 31% to 40% of the time
- ☐ 41% to 50% of the time
- ☐ 51% to 60% of the time
- ☐ 61% to 70% of the time
- ☐ 71% to 80% of the time
- ☐ 81% to 90% of the time
- ☐ 91% to 100% of the time

8) For you to consider that she has lost personhood, how often would she have to have difficulty experiencing happiness, sadness, anger, fear, or disgust? (Check one)
- ☐ 0% to 10% of the time
- ☐ 11% to 20% of the time
- ☐ 21% to 30% of the time
- ☐ 31% to 40% of the time
- ☐ 41% to 50% of the time
- ☐ 51% to 60% of the time
- ☐ 61% to 70% of the time
- ☐ 71% to 80% of the time
- ☐ 81% to 90% of the time
- ☐ 91% to 100% of the time

9) For you to consider that she has lost personhood, how often would she have to have difficulty experiencing complex emotions, like embarrassment? (Check one)
- ☐ 0% to 10% of the time
- ☐ 11% to 20% of the time
- ☐ 21% to 30% of the time
- ☐ 31% to 40% of the time
- ☐ 41% to 50% of the time
- ☐ 51% to 60% of the time
- ☐ 61% to 70% of the time
- ☐ 71% to 80% of the time
- ☐ 81% to 90% of the time
- ☐ 91% to 100% of the time

10) For you to consider that she has lost personhood, how often would she have to have difficulty identifying a friend or family member? (Check one)
- ☐ 0% to 10% of the time
- ☐ 11% to 20% of the time
- ☐ 21% to 30% of the time
- ☐ 31% to 40% of the time
- ☐ 41% to 50% of the time
- ☐ 51% to 60% of the time
- ☐ 61% to 70% of the time
- ☐ 71% to 80% of the time
- ☐ 81% to 90% of the time
- ☐ 91% to 100% of the time

11) For you to consider that she has lost personhood, how often would she have to have difficulty remembering events from her past? (Check one)
- ☐ 0% to 10% of the time
- ☐ 11% to 20% of the time
- ☐ 21% to 30% of the time
- ☐ 31% to 40% of the time
- ☐ 41% to 50% of the time
- ☐ 51% to 60% of the time
- ☐ 61% to 70% of the time
- ☐ 71% to 80% of the time
- ☐ 81% to 90% of the time
- ☐ 91% to 100% of the time

12) For you to consider that she has lost personhood, how often would she have to have difficulty distinguishing between right and wrong? (Check one)
- ☐ 0% to 10% of the time
- ☐ 11% to 20% of the time
- ☐ 21% to 30% of the time
- ☐ 31% to 40% of the time
- ☐ 41% to 50% of the time
- ☐ 51% to 60% of the time
- ☐ 61% to 70% of the time
- ☐ 71% to 80% of the time
- ☐ 81% to 90% of the time
- ☐ 91% to 100% of the time

13) For you to consider that she has lost personhood, how often would she have to lie or engage in other socially unacceptable activities without feeling guilty or remorseful? (Check one)
- ☐ 0% to 10% of the time
- ☐ 11% to 20% of the time
- ☐ 21% to 30% of the time
- ☐ 31% to 40% of the time
- ☐ 41% to 50% of the time
- ☐ 51% to 60% of the time
- ☐ 61% to 70% of the time
- ☐ 71% to 80% of the time
- ☐ 81% to 90% of the time
- ☐ 91% to 100% of the time

14) For you to consider that she has lost personhood, how often would she have to steal or engage in other illegal activities without feeling guilty or remorseful? (Check one)
- ☐ 0% to 10% of the time
- ☐ 11% to 20% of the time
- ☐ 21% to 30% of the time
- ☐ 31% to 40% of the time
- ☐ 41% to 50% of the time
- ☐ 51% to 60% of the time
- ☐ 61% to 70% of the time
- ☐ 71% to 80% of the time
- ☐ 81% to 90% of the time
- ☐ 91% to 100% of the time

15) For you to consider that she has lost personhood, how often would she have to have difficulty enjoying formerly enjoyed hobbies or activities? (Check one)
- ☐ 0% to 10% of the time
- ☐ 11% to 20% of the time
- ☐ 21% to 30% of the time
- ☐ 31% to 40% of the time
- ☐ 41% to 50% of the time
- ☐ 51% to 60% of the time
- ☐ 61% to 70% of the time
- ☐ 71% to 80% of the time
- ☐ 81% to 90% of the time
- ☐ 91% to 100% of the time

16) For you to consider that she has lost personhood, how often would she have to be confused about the time (month, day, or time of day) or the place (where she is and how she got there)? (Check one)
- ☐   0% to 10% of the time
- ☐   11% to 20% of the time
- ☐   21% to 30% of the time
- ☐   31% to 40% of the time
- ☐   41% to 50% of the time
- ☐   51% to 60% of the time
- ☐   61% to 70% of the time
- ☐   71% to 80% of the time
- ☐   81% to 90% of the time
- ☐   91% to 100% of the time

17) For you to consider that she has lost personhood, how often would she have to have difficulty following a conversation? (Check one)
- ☐   0% to 10% of the time
- ☐   11% to 20% of the time
- ☐   21% to 30% of the time
- ☐   31% to 40% of the time
- ☐   41% to 50% of the time
- ☐   51% to 60% of the time
- ☐   61% to 70% of the time
- ☐   71% to 80% of the time
- ☐   81% to 90% of the time
- ☐   91% to 100% of the time

18) For you to consider that she has lost personhood, how often would she have to have difficulty feeling sympathy when somebody close to her is in distress?(Check one)
- ☐   0% to 10% of the time
- ☐   11% to 20% of the time
- ☐   21% to 30% of the time
- ☐   31% to 40% of the time
- ☐   41% to 50% of the time
- ☐   51% to 60% of the time
- ☐   61% to 70% of the time
- ☐   71% to 80% of the time
- ☐   81% to 90% of the time
- ☐   91% to 100% of the time

19) For you to consider that she has lost personhood, how often would she have to have difficulty displaying appropriate emotions when somebody close to her is in distress?(Check one)

- ☐ 0% to 10% of the time
- ☐ 11% to 20% of the time
- ☐ 21% to 30% of the time
- ☐ 31% to 40% of the time
- ☐ 41% to 50% of the time
- ☐ 51% to 60% of the time
- ☐ 61% to 70% of the time
- ☐ 71% to 80% of the time
- ☐ 81% to 90% of the time
- ☐ 91% to 100% of the time

20) For you to consider that she has lost personhood, how often would she have to have difficulty making changes in her life based on information she receives from others?(Check one)

- ☐ 0% to 10% of the time
- ☐ 11% to 20% of the time
- ☐ 21% to 30% of the time
- ☐ 31% to 40% of the time
- ☐ 41% to 50% of the time
- ☐ 51% to 60% of the time
- ☐ 61% to 70% of the time
- ☐ 71% to 80% of the time
- ☐ 81% to 90% of the time
- ☐ 91% to 100% of the time

21) For you to consider that she has lost personhood, how often would she have to have difficulty initiating and carrying out an interesting engaging conversation?(check one)

- ☐ 0% to 10% of the time
- ☐ 11% to 20% of the time
- ☐ 21% to 30% of the time
- ☐ 31% to 40% of the time
- ☐ 41% to 50% of the time
- ☐ 51% to 60% of the time
- ☐ 61% to 70% of the time
- ☐ 71% to 80% of the time
- ☐ 81% to 90% of the time
- ☐ 91% to 100% of the time

22) For you to consider that she has lost personhood, how often would she have to have difficulty expressing or experiencing curiosity about new things? (Check one)
- ☐ 0% to 10% of the time
- ☐ 11% to 20% of the time
- ☐ 21% to 30% of the time
- ☐ 31% to 40% of the time
- ☐ 41% to 50% of the time
- ☐ 51% to 60% of the time
- ☐ 61% to 70% of the time
- ☐ 71% to 80% of the time
- ☐ 81% to 90% of the time
- ☐ 91% to 100% of the time

23) For you to consider that she has lost personhood, how often would she have to have difficulty showing imagination? (Check one)
- ☐ 0% to 10% of the time
- ☐ 11% to 20% of the time
- ☐ 21% to 30% of the time
- ☐ 31% to 40% of the time
- ☐ 41% to 50% of the time
- ☐ 51% to 60% of the time
- ☐ 61% to 70% of the time
- ☐ 71% to 80% of the time
- ☐ 81% to 90% of the time
- ☐ 91% to 100% of the time

24) For you to consider that she has lost personhood, how often would she have to have difficulty showing warmth toward close others? (Check one)
- ☐ 0% to 10% of the time
- ☐ 11% to 20% of the time
- ☐ 21% to 30% of the time
- ☐ 31% to 40% of the time
- ☐ 41% to 50% of the time
- ☐ 51% to 60% of the time
- ☐ 61% to 70% of the time
- ☐ 71% to 80% of the time
- ☐ 81% to 90% of the time
- ☐ 91% to 100% of the time

25) For you to consider that she has lost personhood, how often would she have to have difficulty being open to new ideas? (Check one)
- ☐　　0% to 10% of the time
- ☐　　11% to 20% of the time
- ☐　　21% to 30% of the time
- ☐　　31% to 40% of the time
- ☐　　41% to 50% of the time
- ☐　　51% to 60% of the time
- ☐　　61% to 70% of the time
- ☐　　71% to 80% of the time
- ☐　　81% to 90% of the time
- ☐　　91% to 100% of the time

26) For you to consider that she has lost personhood, how often would she have to have difficulty showing love or positive feelings toward close others? (Check one)
- ☐　　0% to 10% of the time
- ☐　　11% to 20% of the time
- ☐　　21% to 30% of the time
- ☐　　31% to 40% of the time
- ☐　　41% to 50% of the time
- ☐　　51% to 60% of the time
- ☐　　61% to 70% of the time
- ☐　　71% to 80% of the time
- ☐　　81% to 90% of the time
- ☐　　91% to 100% of the time

27) For you to consider that she has lost personhood, how often would she have to have difficulty initiating activities or proposing changes in her life or the lives of others? (Check one)
- ☐　　0% to 10% of the time
- ☐　　11% to 20% of the time
- ☐　　21% to 30% of the time
- ☐　　31% to 40% of the time
- ☐　　41% to 50% of the time
- ☐　　51% to 60% of the time
- ☐　　61% to 70% of the time
- ☐　　71% to 80% of the time
- ☐　　81% to 90% of the time
- ☐　　91% to 100% of the time

28) For you to consider that she has lost personhood, how often would she have to have difficulty wanting to learn new things? (Check one)

- ☐   0% to 10% of the time
- ☐   11% to 20% of the time
- ☐   21% to 30% of the time
- ☐   31% to 40% of the time
- ☐   41% to 50% of the time
- ☐   51% to 60% of the time
- ☐   61% to 70% of the time
- ☐   71% to 80% of the time
- ☐   81% to 90% of the time
- ☐   91% to 100% of the time

29) For you to consider that she has lost personhood, how often would she have to have difficulty making decisions about her own life? (Check one)

- ☐   0% to 10% of the time
- ☐   11% to 20% of the time
- ☐   21% to 30% of the time
- ☐   31% to 40% of the time
- ☐   41% to 50% of the time
- ☐   51% to 60% of the time
- ☐   61% to 70% of the time
- ☐   71% to 80% of the time
- ☐   81% to 90% of the time
- ☐   91% to 100% of the time

30) For you to consider that she has lost personhood, how often would he have to have difficulty being polite or civil in her interactions with others? (Check one)

- ☐   0% to 10% of the time
- ☐   11% to 20% of the time
- ☐   21% to 30% of the time
- ☐   31% to 40% of the time
- ☐   41% to 50% of the time
- ☐   51% to 60% of the time
- ☐   61% to 70% of the time
- ☐   71% to 80% of the time
- ☐   81% to 90% of the time
- ☐   91% to 100% of the time

31) For you to consider that she has lost personhood, how often would she have to show crude or vulgar behavior? (Check one)

☐   0% to 10% of the time
☐   11% to 20% of the time
☐   21% to 30% of the time
☐   31% to 40% of the time
☐   41% to 50% of the time
☐   51% to 60% of the time
☐   61% to 70% of the time
☐   71% to 80% of the time
☐   81% to 90% of the time
☐   91% to 100% of the time

32) For you to consider that she has lost personhood, how often would she have to have difficulty following conversation etiquette (e.g., say Hello, Good-bye, waiting for her turn in conversations)? (Check one)

☐   0% to 10% of the time
☐   11% to 20% of the time
☐   21% to 30% of the time
☐   31% to 40% of the time
☐   41% to 50% of the time
☐   51% to 60% of the time
☐   61% to 70% of the time
☐   71% to 80% of the time
☐   81% to 90% of the time
☐   91% to 100% of the time

33) For you to consider that she has lost personhood, how often would she have to have difficulty using proper language during a conversation with others? (Check one)

☐   0% to 10% of the time
☐   11% to 20% of the time
☐   21% to 30% of the time
☐   31% to 40% of the time
☐   41% to 50% of the time
☐   51% to 60% of the time
☐   61% to 70% of the time
☐   71% to 80% of the time
☐   81% to 90% of the time
☐   91% to 100% of the time

34) For you to consider that she has lost personhood, how often would she have to display inappropriate table manners during meals and activities? (Check one)
- ☐   0% to 10% of the time
- ☐   11% to 20% of the time
- ☐   21% to 30% of the time
- ☐   31% to 40% of the time
- ☐   41% to 50% of the time
- ☐   51% to 60% of the time
- ☐   61% to 70% of the time
- ☐   71% to 80% of the time
- ☐   81% to 90% of the time
- ☐   91% to 100% of the time

35) For you to consider that she has lost personhood, how often would she have to have difficulty carrying conversations about the current world events? (Check one)
- ☐   0% to 10% of the time
- ☐   11% to 20% of the time
- ☐   21% to 30% of the time
- ☐   31% to 40% of the time
- ☐   41% to 50% of the time
- ☐   51% to 60% of the time
- ☐   61% to 70% of the time
- ☐   71% to 80% of the time
- ☐   81% to 90% of the time
- ☐   91% to 100% of the time

36) For you to consider that she has lost personhood, how often would she have to have difficulty carrying conversations about culture (music, novels, etc.)? (Check one)
- ☐   0% to 10% of the time
- ☐   11% to 20% of the time
- ☐   21% to 30% of the time
- ☐   31% to 40% of the time
- ☐   41% to 50% of the time
- ☐   51% to 60% of the time
- ☐   61% to 70% of the time
- ☐   71% to 80% of the time
- ☐   81% to 90% of the time
- ☐   91% to 100% of the time

37) For you to consider that she has lost personhood, how often would she have to have outbursts when dealing with a problem when clear solutions to the problem are present? (Check one)
- ☐   0% to 10% of the time
- ☐   11% to 20% of the time
- ☐   21% to 30% of the time
- ☐   31% to 40% of the time
- ☐   41% to 50% of the time
- ☐   51% to 60% of the time
- ☐   61% to 70% of the time
- ☐   71% to 80% of the time
- ☐   81% to 90% of the time
- ☐   91% to 100% of the time

38) For you to consider that she has lost personhood, how often would she have to have difficulty figuring out simple tasks or answering simple questions? (Check one)
- ☐   0% to 10% of the time
- ☐   11% to 20% of the time
- ☐   21% to 30% of the time
- ☐   31% to 40% of the time
- ☐   41% to 50% of the time
- ☐   51% to 60% of the time
- ☐   61% to 70% of the time
- ☐   71% to 80% of the time
- ☐   81% to 90% of the time
- ☐   91% to 100% of the time

39) For you to consider that she has lost personhood, how often would she have to lack the understanding to ask for help when she cannot finish a task on her own? (Check one)
- ☐   0% to 10% of the time
- ☐   11% to 20% of the time
- ☐   21% to 30% of the time
- ☐   31% to 40% of the time
- ☐   41% to 50% of the time
- ☐   51% to 60% of the time
- ☐   61% to 70% of the time
- ☐   71% to 80% of the time
- ☐   81% to 90% of the time
- ☐   91% to 100% of the time

40) For you to consider that she has lost personhood, how often would she have to have difficulty following timelines in a story or conversation? (Check one)
- ☐   0% to 10% of the time
- ☐   11% to 20% of the time
- ☐   21% to 30% of the time
- ☐   31% to 40% of the time
- ☐   41% to 50% of the time
- ☐   51% to 60% of the time
- ☐   61% to 70% of the time
- ☐   71% to 80% of the time
- ☐   81% to 90% of the time
- ☐   91% to 100% of the time

41) For you to consider that she has lost personhood, how often would she have to have difficulty being creative when performing various tasks? (Check one)
- ☐   0% to 10% of the time
- ☐   11% to 20% of the time
- ☐   21% to 30% of the time
- ☐   31% to 40% of the time
- ☐   41% to 50% of the time
- ☐   51% to 60% of the time
- ☐   61% to 70% of the time
- ☐   71% to 80% of the time
- ☐   81% to 90% of the time
- ☐   91% to 100% of the time

42) For you to consider that she has lost personhood, how often would she have to have difficulty improvising unique solutions to problem-solve everyday issues? (Check one)
- ☐   0% to 10% of the time
- ☐   11% to 20% of the time
- ☐   21% to 30% of the time
- ☐   31% to 40% of the time
- ☐   41% to 50% of the time
- ☐   51% to 60% of the time
- ☐   61% to 70% of the time
- ☐   71% to 80% of the time
- ☐   81% to 90% of the time
- ☐   91% to 100% of the time

43) For you to consider that she has lost personhood, how often would she have to have difficulty showing her individuality—her unique personality that distinguishes her from others? (Check one)

☐   0% to 10% of the time
☐   11% to 20% of the time
☐   21% to 30% of the time
☐   31% to 40% of the time
☐   41% to 50% of the time
☐   51% to 60% of the time
☐   61% to 70% of the time
☐   71% to 80% of the time
☐   81% to 90% of the time
☐   91% to 100% of the time

44) For you to consider that she has lost personhood, how often would she have to have difficulty understanding common metaphors (i.e. – a fork in the road or a blanket of snow)? (Check one)

☐   0% to 10% of the time
☐   11% to 20% of the time
☐   21% to 30% of the time
☐   31% to 40% of the time
☐   41% to 50% of the time
☐   51% to 60% of the time
☐   61% to 70% of the time
☐   71% to 80% of the time
☐   81% to 90% of the time
☐   91% to 100% of the time

45) For you to consider that she has lost personhood, how often would she have to have difficulty showing self-restraint and instead choosing to engage in self-indulging behaviors? (Check one)

☐   0% to 10% of the time
☐   11% to 20% of the time
☐   21% to 30% of the time
☐   31% to 40% of the time
☐   41% to 50% of the time
☐   51% to 60% of the time
☐   61% to 70% of the time
☐   71% to 80% of the time
☐   81% to 90% of the time
☐   91% to 100% of the time

46) For you to consider that she has lost personhood, how often would she have to be cold in her interactions with others? (Check one)

☐　　　0% to 10% of the time
☐　　　11% to 20% of the time
☐　　　21% to 30% of the time
☐　　　31% to 40% of the time
☐　　　41% to 50% of the time
☐　　　51% to 60% of the time
☐　　　61% to 70% of the time
☐　　　71% to 80% of the time
☐　　　81% to 90% of the time
☐　　　91% to 100% of the time

Using the scale below, please rate _____ on each of the following characteristics, by writing a number in space provided for each characteristic:

0	1	2	3	4	5	6	7

Strongly Disagree   Neither Agree   Strongly Agree
nor Disagree

_____ Ambitious
_____ Analytic
_____ Imaginative
_____ Sympathetic
_____ Broad-minded
_____ Humble
_____ Polite
_____ Thorough
_____ Active
_____ Curious
_____ Friendly
_____ Fun-loving
_____ Contented
_____ Even-tempered
_____ Relaxed
_____ Selfless
_____ High-strung
_____ Insecure
_____ Irresponsible
_____ Reserved
_____ Disorganized
_____ Ignorant
_____ Rude
_____ Stingy
_____ Impatient
_____ Impulsive
_____ Jealous
_____ Shy
_____ Simple
_____ Timid
_____ Uncooperative
_____ Unemotional

<u>Demographics Questionnaire</u>

1. How much experience do you have interacting with people with dementia?
_____ None
_____ Very little
_____ Some
_____ Quite a bit
_____ A lot of experience

2. How many people with dementia do you know? _____

3. Do you have a close friend or relative who has been diagnosed with dementia?
_____Yes   ____No

4. If you answered "yes" to the question above, how often do/did you think about their situation as they are/were experiencing symptoms of dementia?
0   1   2   3   4   5   6   7
    Never   Always

5. If you answered "yes" to the question above, how severe are/were that person's symptoms of dementia?
0   1   2   3   4   5   6   7
    Very mild   Very severe

6. What is your age? Please write a number in the space provided _____

7. What is your gender?
____Male
____Female
____Other
____Prefer not to say

Appendix F

Post Study Assessment and Study Information Sheet **-** University of Wisconsin Oshkosh

Post Study Assessment

Thank you for taking the time to participant in this study. At this point, we would like to provide some additional information about how this research study was conducted and its purpose and also get some feedback from you about the study.

Have you ever participated in a psychology study before?   Yes   No

Was there anything about the study or the process of taking part in the study that did not make sense?   Yes   No

If so, what parts could have been more clear or could be explained better?

Who was in the information excerpt you read about and what do you remember about him or her?

What emotions did you feel while reading about this person?

Why do you think this person was chosen to be included in this study?

Did you believe that the woman in the article you read was real person?

If not, at what point did you begin to think that the person was not real?

Information Sheet

In this study, you were told that you would be reading a person from a <u>randomly selected</u> <u>from 12 different social groups</u> and that we were interested in your perceptions of the person you were reading about. We were in fact interested in your perceptions of the person in the article, but there was only one group that every participant read about, a woman named Betty R. that had been diagnosed with dementia.

The individual events that the elderly woman Betty R. was involved in were altered for each participant so that Betty displayed either higher or lower on two sets of characteristics. These characteristics were described as either higher or lower on human nature (cognitive ability, morality, and maturity) or higher on human uniqueness (ability to make decisions about their life, emotional warmth, and emotional responsiveness). These different sets of characteristics have been implicated in different forms of dehumanization.

Human Nature characteristics are those that are viewed as inborn characteristics we share with other animals but are still viewed as part of the human essence. Absence of these characteristics is associated with Mechanical Dehumanization characterized by indifference, social distancing, and treating others as if they were inanimate objects or machines.

Uniquely Human characteristics are those that are developed later in life through social learning, viewed as belonging to only humans, and are what separate us from animals. Absence of these characteristics is associated with Animalistic Dehumanization characterized by higher levels of negative emotions (e.g. disgust and contempt), are likened to animals, and are viewed as being prone to violations of the moral code or lacking it entirely.

The point of the study to alter the presentation of these characteristics and measure participants' attitudes toward Betty, empathic concern felt towards her, and moral judgments made about her.

It is important to note that the person you read about in this study was not a real person. The reason you were not told this upfront was so that we could be get a more accurate assessment of your perceptions and the level of humanness that you would ascribe to this person given the specific characteristics that they displayed in each situation.

If you have any specific questions about the goals of the study or how the study was conducted, please feel free to ask the researcher present or contact Tim Pionk at pionkt10@uwosh.edu or Dr. Anca Miron at mirona@uwosh.edu.

If you have concerns about your rights as a participant in this experiment, please contact the Robert Roberts with the UWO Institutional Review Board at 920-424-1415.

Thank you again for your participation.

References

Acierno, R., Hernandez, M. A., Amstadter, A. B., Resnick, H. S., Steve, K., Muzzy, W., & Kilpatrick, D. G. (2010). Prevalence and correlates of emotional, physical, sexual, and financial abuse and potential neglect in the United States: The national elder mistreatment Study. *American Journal of Public Health*, *100*(2), 292-297. doi:10.2105/AJPH.2009.163089

Ajzen, I. (1998). Models of human social behavior and their application to health psychology. *Psychology and Health*, *13*(4), 735-739. doi:10.1080/08870449808407426

Alicka, M. D. (2000). Culpable control and the psychology of blame. *Psychological Bulletin*, *126*, 556-574. doi:10.1037.0033-2909.126.4.556

Allan, L. & Johnson, J. (2009). Undergraduate attitudes toward the elderly: The role of knowledge, contact and aging anxiety. *Educational Gerontology*, *35*(1), 1-14. doi:10.1080/03601270802299780

Angiullo, L., Whitbourne, S. K., & Powers, C. (1996). The effects of instruction and experience on college students' attitudes toward the elderly. *Educational Gerontology*, *22*(5), 483-495. doi:10.1080/0360127960220507

Banaji, M. (1999). Implicit attitudes can be measured. In *The Nature of Remembering: Essays in Honor of Robert G. Crowder*. H.L. Roediger, J.S. Nairne, I Neath, & A.M. Surprenant (Ed), pp 117-149. Washington D.C. APA.

Blunk, E.M. & Williams, S.W. (1997). The effects of curriculum on preschool children's perceptions of the elderly. *Educational Gerontology*, *23*, 233–241. doi:10.1080/0360127970230303

Bandura, A. (2002). Selective moral disengagement in the exercise of moral agency. *Journal of Moral Education*, *31*, 101-119. doi:10.1080/0305724022014322

Bar-Tal, D. (2000). Shared beliefs in a society: Social psychological analysis. Thousand Oaks, CA: Sage.

Bastian, B., Laham, S. M., Wilson, S., Haslam, N., & Koval, P. (2011). Blaming, praising, and protecting our humanity: The implications of everyday dehumanization for judgments of moral status. *British Journal of Social Psychology*, *50*, 469-483. doi:10.1348/014466610X521383

Batson, C. D. (1991). *The altruism question: Toward a social-psychological answer.* Hillsdale, NJ: Erlbaum Associates.

Batson, C. D. (2011). *Altruism in Humans*, Oxford: Oxford University Press, p. 11.

Batson, C. D., Eklund, J. H., Chermok, V.L., Hoyt, J. L., & Ortiz, B. G. (2007). An additional antecedent of empathic concern: Valuing the welfare of the person in need. *Journal of Personality and Social Psychology*, *93*(1), 65-74.

Batson, C. D., & Shaw, L. L. (1991). Evidence for altruism: Toward a pluralism of prosocial motives. *Psychological Inquiry*, 2, 107-122). doi:10.1207/s15327965pli0202_1

Bernstein, M. H. (1998). *On moral considerability: An essay on who morally matters*. New York: Oxford University Press.

Bridges, J., Flatley, M., & Meyer, J. (2010). Older people′s and relatives′ experiences in acute care settings: Systematic review and synthesis of qualitative studies. *International Journal of Nursing Studies*, *47*, 89-107. doi:10.1016/j.ijnurstu.2009.09.009

Butler, R.N. (1969). Age-ism: Another form of bigotry. *The Gerontologist*, *9*(4), 243-246. doi:10.1093/geront/9.4_Part_1.243

Butler, R. N. (1975). *Why survive? Being old in America*. New York: Harper & Row.

Calhoun, R. B. (1978). *In search of the new old: Redefining old age in America*, *1945-1970*. New York: Elsevier.

Carmel, S., Cwikel, J. & Galinsky, D. (1992). Changes in knowledge, attitudes, and work preferences following courses in gerontology among medical, nursing, and social work students. *Educational Gerontology*, *18*(4), 329-342. doi:10.1080/0360127920180403

Damberg, M. (2010). Competence in concrete and local terms: A study on the meaning of the competence perspective in elderly care. Dissertation. Linnaeus University.

Decety, J. & Lamm, C. (2006). Human empathy through the lens of social neuroscience. *The World Scientific Journal*, *6*, 1146-1163. doi.org/10.1100/tsw.2006.221.

Dong, X., Chen, R., & Simon, M. A. (2014). Elder abuse and dementia: A review of the research and health policy. *Health Affairs*, *33*, 642-649. doi:10.1377/hlthaff.2013.1261

Edwards, J. (1790). *A careful and strict inquiry into the modern prevailing notions of that freedom of will, which is supposed to be essential to moral agency, virtue and vice, reward and punishment, praise and blame*. Wilmington, DE: James Adams.

Fishbein, M., & Ajzen, I. (1975). Belief, attitude, intention and behavior: An introduction to theory and research. Reading, MA: Addison Wesley.

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*, 878- 902.

Fotion, N. (1968). *Moral situations*. Yellow Springs, OH: Antioch Press.

Fraboni, M., Saltstone, R., & Hughes, S. (1990). The Fraboni scale of ageism (FSA): An attempt at a more precise measure of ageism. *Canadian Journal on Aging*, *9*(1), 56-66. doi:10.1017/S0714980800016093

Galinsky, A. D., Maddux, W. W., Gilin, D., & White, J. B. (2008). Why it pays to get inside the head of your opponent: The differential effects of perspective taking and empathy in negotiations. *Psychological Science*, *19*, 378-384. doi:10.1111/j.1467-9280.2008.02096.x

Geangu, E., Benga, O., Stahl, D. & Striano, T. (2010). Contagious crying beyond the first days of life. *Infant Behaviour and Development*, *33*(3), 279 - 288. doi:10.1016/j.infbeh.2010.03.004

Gilleard C. (2005) Cultural approaches to the ageing body. In *The Cambridge Handbook of Age and Ageing*. M. Johnson (Ed), pp. 156-164. Cambridge: CUP.

Harris, L. T. & Fiske, S. T. (2006). Dehumanizing the lowest of the low: Neuroimaging responses to extreme outgroups. *Psychological Science*, *17*, 847-853.

Harris, L. A. & Dollinger, S. (2001). Participation in a course on aging: Knowledge, attitudes, and anxiety about aging in oneself and others. *Educational Gerontology*, *27*, 657−667. doi:10.1080/036012701317117893

Harris and Fiske, (2007). Social groups that elicit disgust are differentially processed in mPFC. *Social, Cognitive, and Affective Neuroscience*, *2*, 45-51. doi:10.1093/scan/nsl037

Haque, O. S. & Waytz, A. (2012). Dehumanization in medicine: Causes, solutions, and functions. *Journal of Psychological Science*, *7*(2), 176-186. doi:10.1177/1745691611429706

Haslam, N. (2006). Dehumanization: An integrative review. *Personality and Social Psychology Review*, *10*(3), 252-264.

Haslam, N. & Bain, P. (2007). Humanizing the self: Moderators of the attribution of lesser humanness to others. *Personality and Social Psychology Buttetin*, *33*, 57-68. doi:10.1177/0146167206293191

Haslam, N., Bain, P., Douge, L., Lee, M., & Bastian, B. (2005). More human than you: Attributing humanness to self and others. *Journal of Personality and Social Psychology*, *89*(6), 937-950. doi:10.1037/0022-3514.89.6.937

Haslam, N. & Loughnan, S. (2014). Dehumanization and infrahumanization. *Annual Review of Psychology*, *65*, 399-423. doi:10.1146/annurev-psych-010213-115045

Hoffman, M. L. (1981). Is altruism part of human nature? *Journal of Personality and Social Psychology*, *40*(1), 121-137. doi:10.1037/0022-3514.40.1.121

Jönson, H. (2012). We will be different! Ageism and the temporal construction of old age. *The Gerontologist*, *53*(2), 198-204. doi:10.1093/geront/gns066

Jönson, H. & Watanabe, H. (2013). *What is good elderly care in Japan and Sweden? A study on how managers of residential care facilities describe care arrangements*. Research report, School of Social Work, Lund University.

Kalavar, J. M. (2001). Examining ageism: Do male and female college students differ? *Educational Gerontology*, *27*(6), 507-513. doi:10.1080/036012701316894199

Kaskie, B. P., Nattinger, M. & Potter, A. (2015). Policies to protect persons with dementia in assisted living: Déjà vu all over again? *The Gerontologist*, *55*(2), 199-209. doi:10.1093/geront/gnu179

Kelman, H. (1976). Violence without restraint: Reflections on the dehumanization of victims and victimizers. In *Varieties of Psychohistory*. G. Kren & L. Rappoport (Ed), pp. 282-314. New York: Springer.

Knobe, J. (2003). Intentional action in folk psychology: An experimental investigation. *Philosophical Psychology*, *16*, 309-324. doi:10.1080/09515080307771

Knox, V. J., Gekoski, W. L., & Johnson, E. A. (1986). Contact with and perceptions of the elderly. *The Gerontologist*, *26*(3), 309–313.

Lachs, M. S., Williams, C., O'Brien, S., Hurst, L., & Horwitz, R. (1997). Risk factors for reported elder abuse, and neglect: A nine-year observational cohort study. *The Gerontologist*, *37*, 469-474. doi:10.1093/geront/37.4.469

Laslett, P. (1989). *A fresh map of life: The emergence of the third age*. London: Wiedenfeld & Nicolson.

Laumann, E. O., Leitsch, S. A., & Waite, L. J. (2008). Elder mistreatment in the United States: Prevalence estimates from a nationally representative study. *Journal of Gerontology*, *63B*(4), S248-S254.

Leroni, I, Samus, Q. M., Rosenblatt, A., Onyike, C. U., Brandt, J., Baker, A. S., Rabins, P., & Lyketsos, C. (2007). A comparison of small and large assisted living facilities for the diagnosis and care of dementia: The Maryland assisted living study. *International Journal of Geriatric Psychiatry*, *22*, 224-232.

Lin, X. & Bryant, C. Students' attitudes toward older people: A cross-cultural comparison. *Journal of Intergenerational Relationships*, *7*(4), 411-424.

Loetterle, B. C. (1994). *Ageless prose: A study of the media-projected images of aging*. New York: Garland Publishing.

Metropolitan Life Insurance Company. 2011. *The MetLife study of elder financial abuse: Crimes of occasion, desperation, and predation against America′s elders*. New York: Mature Market Institute.

Miller, H. B. (1994). Science, ethics, and moral status. *Between the Species*, *10*, 1–10.

Miron, A.M., Asselin, S., Reidinger, M., Rich, T., & Hermus, N. (2016, May). The effect of perspective taking, target gender, and personal background on evidentiary standards of humanness for people with dementia. Poster Presented at 28th APS Annual Convention Meeting, May 26-29, 2016, Chicago, IL, USA.

Miron, A.M., McFadden, S. H., Hermus, N., Buelow, J., Nazario, A., & Seelman, K. (2017a). Contact and perspective taking improve perceptions of humanness of older adults and people with dementia: A cross-sectional survey study. International Psychogeriatrics, 29(10), 1701-1711. doi:10.1017/S1041610217000989

Miron, A.M., McFadden, S. H., Nazario, A., & Buelow, J. (2017b). Perspective taking, empathic concern, and humanness standards of people with dementia. Educational Gerontology, 43(9), 468-479. doi:10.1080/03601277.2017.1333788

Miron, A.M., Thompson, A. E., Ebert, A.**, & McFadden, S. H. (2017c). Weaving social reality around the grandparent/great-grandparent with dementia: A model of verbal and non-verbal dementia interactions. Dementia. doi:10.1177/1471301217743817. [Epub ahead of print]

Opotow, S. (1990). Moral exclusion and injustice: An introduction. *Journal of Social Issues Policy Review*, *46*, 1-20.

Palmore, E. (1977). Facts on aging: A short quiz. *The Gerontologist*, *17*(4), 315-320.

Pillemer, K., Connolly, M., Breckman, R., Spreng, N., & Lachs, M. S. (2015). Elder mistreatment: Priorities for consideration by the White House conference on aging. *The Gerontologist*, *55*(2), 320-327. doi:10.1093/geront/gnu180

Pillemer, K. & Suitor, J. J. (1992). Violence and violent feelings: What causes them among family caregivers? *Journal of Gerontology*, *47*, 165-172. doi:10.1093/geronj/47.4.S165

Pizzarro, D., Uhlmann, E. & Salovey, P. (2003). Asymmetry in judgments of moral blame and praise: The role of perceived metadesires. *Psychological Science*, *14*, 267-272. doi:10.1086/292273

Plutchik, R. (1987). Evolutionary bases of empathy. In *Cambridge Studies in Social and Emotional Development. Empathy and its Development*. N. Eisenberg & J. Strayer (Ed), pp. 38-46. New York: Cambridge University Press.

Rupp, D. E., Vodanovich, S.J., & Credé, M. The multidimensional nature of ageism: Construct validity and group differences. *The Journal of Social Psychology*, *145*(3), 335-362.

Schwartz, L. K & Simmons, J. P. (2010). Contact quality and attitudes toward the elderly. *Educational Gerontology*, *27*(2), 127-137. doi:10.1080/03601270151075525

Shaver, K. G. (1985). *The attribution of blame: Causality, responsibility, and blameworthiness*. New York: Springer-Verlag.

Smith, S. E. (1956). *The dynamics of aging*. New York: W. W. Norton & Company, Incorporated.

Stuart-Hamilton, I. & Mahoney, B. (2003). The effect of aging awareness training on knowledge of and attitudes towards older adults. *Educational Gerontology*, *29*(3) 251-260. doi:10.1080/713844305

Thompson, R. A. (1987). Empathy and emotional understanding: The early development of empathy. In *Cambridge Studies in Social and Emotional Development. Empathy and its Development*. N. Eisenberg & J. Strayer (Ed), pp. 119-145. New York: Cambridge University Press.

Ungerer, J. A. (1990). The early development of empathy: Self-regulation and individual differences in the first year. *Motivation and Emotion*, *14*(2), 93-106.

Wiener, R. L., Gervais, S. J., Brnjic, E., & Nuss, G. D. (2014). Dehumanization of older people: The evaluation of hostile work environments. *Psychology, Public Policy, and Law*, *20*(4), 384-397. doi:10.1037/law0000013

Zimmerman, S., Sloane, P. D., & Reed, D. (2014). Dementia prevalence and care in assisted living. *Health Affairs (Project Hope)*, *33*, 658.