

of predisposition to Type II diabetes on the various components within the traditional TPB model. Results of path model using structural equation modelling supported the paths of the traditional TPB model. Results also indicated that knowledge of a predisposition to Type II diabetes directly increased intentions to engage in a healthy lifestyle. However, knowledge also indirectly reduced intentions to engage in healthy behaviours through one's perceived capacity to engage in, and one's unpleasant attitudes towards engaging in, healthy behaviours. Therefore, prior knowledge of genetic disposition to Type II diabetes is both a blessing and a curse where healthy lifestyle intentions are concerned.

The developmental trajectories of trait hope and self-esteem in adolescence

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We examined, over four years, the developmental trajectory of adolescent trait hope and self-esteem over four years and the impact of gender and perceived parental styles on these trajectories. Participants were 884 high school students. There was a general decline in hope and self-esteem over time, with females declining more rapidly than males. Girls had higher hope than boys in Grade 7, but lower hope by Grade 10. Perceived parental authoritativeness at Time 1 was related to high hope across the four years, whilst perceived parental authoritarianism was related to low self-esteem. We discuss research into personality change, the importance of perceived parental styles for adolescent well-being, and possible explanations for changes in hope and self-esteem over the teenage years.

Stereotypes of older workers: Does status make a difference?

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Stereotypes of older adults remain common in practice, and older workers are a frequent target of both subtle and open discrimination. Older workers are the most frequent targets for redundancy during economic downturns for organizations, regardless of their actual work performance. Stereotypes of older adults can be quite complex, and positive stereotypes do exist, such as the one of warm and kindly grandmothers. However, negative stereotypes predominate. One issue that has not been studied in any detail is whether people hold different attitudes towards older workers of different social status. Here two established and validated scales of attitudes towards older workers were used to determine if university undergraduates hold different attitudes towards older professionals than older workers in general. A total of 107 university undergraduates (38 males, mean age 24.9 years) participated, completing both scales of attitudes towards older adults in general and again in counterbalanced order for older professionals. Judges, physicians, and lawyers were provided as some examples of high status professional workers. Scores on the multiple-choice version of the Facts on Aging Questionnaire were used as a covariate of knowledge about older adults. Measures used were the Hassell-Perrew version of the Kirchner scale and the three subscales of the Fraboni Scale of Ageism. Data were analyzed using a multivariate analysis of covariance with repeated measures for the priming instruction. Results showed a significant effect for the covariate for three of the four measures used. One measure showed a significant difference for the priming effect for older workers versus older professionals. Significant effects were also obtained for two scales for the effect for the order of administration and two others showed a significant interaction effect between order of scale administration and priming instruction. The results have implications for the measurement of attitudes towards older adults in that differences in sensitivity to the priming instruction were evident between the two scales that were used. Future research could examine other measures in the literature and also explore attitudes in different populations, particularly those involving corporate managers who need to make decisions about hiring or retention of older workers.

Executive functions and type of exercise in older women

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Recent research indicates that exercise can prevent or slow the rate of decline in cognitive functioning in older adults. Aerobic exercise is known to have benefits both on cardiovascular function and on cognitive functions, whereas strength or resistance training is more widely reported primarily to benefit muscle mass and bone density. A cross-sectional 2x2 analysis of the association of aerobic and resistance exercise with executive functioning was examined in 68 women over 50 years of age. Age, education, and metabolic equivalent scores were used as covariates. Participants were categorised into four groups

(aerobic, resistance, combination and not exercising control) based on the type of exercise they reported participating in regularly for a period of at least two months prior to testing. Participants completed the Tower of London and Benton Controlled Oral Word Association (COWA, letters C, P, L) tests to assess executive functioning. Education was the only significant covariate for the COWA test, and there were no significant covariates for the Tower test. Findings indicated individuals participating in aerobic exercises performed significantly better on both tests of executive functioning than individuals not participating in aerobic exercise. Individuals participating in resistance exercises performed significantly better on the Tower test of executive functioning than individuals not participating in resistance exercise. This effect was not significant for the COWA test. Individuals participating in both aerobic and resistance exercises did not perform disproportionately better on either test; neither interaction term was significant. The small sample size limits the strength of conclusions, but the results do suggest that aerobic exercise may be more effective in promoting executive functions than resistance exercise. The results also suggest that only some functional systems of the frontal lobe are affected by resistance exercise.

Perfectionism, personality and perceived stress- a review of recent Australian studies

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Many of us believe we “should get it right the first time”! However, perfectionism may be adaptive or maladaptive, normal or neurotic. What are the correlates of adaptive and maladaptive perfectionism in adult life, especially in regard to personality attributes and personal stress? This paper reports a series of studies conducted in Australia under the supervision of the author over the last five years, on perfectionism in different groups- including among university students, the unemployed and those in employment, in relation to emotional intelligence, personality, psychological well-being and stress. Questionnaires used in the studies have included the Frost Multi-dimensional Perfectionism Scale- common to all studies, The Emotional Intelligence Questionnaire (TEIQue); the Depression Anxiety and Stress Scales (Lovibond & Lovibond, 1995), the General Health Questionnaire (GHQ-12), the IPIP personality scales (big five), and general bio-data questionnaires seeking data on gender, age, employment status and work and life satisfactions. The studies used a mix of correlational, regression, and ANOVA methods. The studies identified how *maladaptive perfectionism* (including recollections of parental expectations, criticism and concern over mistakes) is related to emotional intelligence attributes, coping resources, job seeking behaviours, emotional intelligence and general mental health outcomes (depression, anxiety and stress). Similarly the correlates of *adaptive perfectionism* (e.g., standard setting) were also identified, with results not always as expected. Overall, perfectionism unless well-handled, appears disadvantageous. The implications when perfectionism is combined with its correlates (such as maladaptive perfectionism with low emotional intelligence) are that negative styles and negative approaches to problem-solving in life will be repeated continually by the individual perfectionists and will be recycled through later generations (cf., Rice & Mirzadeh, 2000). Interventions and training in family and personal skills may be needed to break this cycle.

Revisiting the factor structure of the Occupational Stress Inventory- Revised

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Many people report being stressed in their jobs and several studies have identified jobs or occupations where incumbents are most at risk. The oft cited ones include air traffic controllers, nurses and other health professionals, the police, athletes, teachers, and ... university students. Studies of the relationships between stress and well-being at work across different occupational or study groups are confused in part because different instruments are used to measure stress and well-being: often the argument is that a specially designed questionnaire for the particular work group is needed. However, this clouds and compromises the ability to do cross-group comparisons. One measuring instrument, the Occupational Stress Inventory- Revised (OSI-R), shows much promise for use across many different occupational areas and if validated would thus allow comparisons of stress levels, strain experienced and the coping resources across the various groups. However, the factor structure of the OSI-R across different groups needs to be examined. Is the structure reliable? The current paper reports several factor analytic studies conducted by the authors (including of the original data supplied in the OSI-R Manual) and shows there is a consistency— though the three factor structure suggested by the OSI-R authors (Osipow et al.) would