Political Values versus Mental Health Status: Identifying the More Salient Predictor of Favorability

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Political Values versus Mental Health Status:
Identifying the More Salient Predictor of Favorability

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Abstract

Research has confirmed the existence of the value-conflict hypothesis, which is the tendency to favor social groups that share our values and exhibit bias against groups that do not share our values (Chambers, Schlenker, & Collison, 2013). No studies have explored how the value-conflict hypothesis may be affected by the presence of mental illness in a target individual. This study aimed to examine whether the value-conflict hypothesis would prevail if a similar target also had a mental illness. Participants (N = 238) indicated their own political ideology and responded to a series of vignettes in which they rated the favorability of various individuals with certain political beliefs (Conservative/Liberal) in the presence/absence of mental illness. It was hypothesized that participants would favor a) targets who shared their political ideology, b) targets who did not have mental illness, and c) targets who shared their ideology but had mental illness over targets who did not share their ideology but did not have mental illness. The results were analyzed using two separate 2 (target ideology) x 2 (target mental health) repeated measures ANOVAs, one for each political group. Results indicated a main effect for political ideology among both liberal participants and conservative participants. There was also a main effect for mental health status among liberal participants, but not among conservative participants. There was an interaction between target ideology and target mental health status among both the liberal and conservative participants, such that participants rated those targets who shared their political ideology but had a mental illness more favorably than targets who did not share their political ideology but had no mental illness. Results suggest that the presence of mental illness does not override the value-conflict hypothesis.
Why do we like some people but not others? Past research indicates that one element which explains liking is the similarity-liking principle. According to this principle, people who are similar to each other tend to like each other (Byrne, 1971). Byrne and Clore’s model of the similarity-liking principle (1967) explains that people strive to have effective interactions with the environment; individuals similar to oneself are perceived as less threatening to one’s environment and as a result they are more likely to be responded to in a favorable way (Byrne, 1971).

Previous research suggests many different variables that, when similar, predict liking (Brewer & Silver, 1978; Fawcett & Markson, 2010). For example, similarity in preferences is one condition that predicts favorability. In a reward allocation study, 72 females were divided into two groups and were asked to award points to members of their own group and to members of the other group. Whether the participants thought they were grouped arbitrarily or by their preference for Klee or Kandinsky painting, it was enough to foster liking towards those in the same group and social competition with the other group (Brewer & Silver, 1978). Research suggests that similarity in preferences may be a predictor of liking from a very young age, as children as young as three years old have shown preference for puppets that wore a t-shirt that matched the child’s t-shirt in color or for puppets who were said to have the same food preferences as the child (Fawcett & Markson, 2010).

Additionally, similarity in interests and background can be influential predictors of favorability (Johnson, 1989; Urberg, Degirmencioglu, & Tolson, 1998). In one study, researchers surveyed middle-aged, middle-class White adults in well-established neighborhoods and asked them to name either two close friends, acquaintances, or individuals who were not friends, all of whom were in turn asked to complete the same survey (Johnson, 1989). When
results from a total of 146 pairs (initial participant and a follow-up contact) were analyzed, it was found that similarity in income level, degree of education, marital status, and social groups’ affiliation were better predictors of friendship than residential proximity and even working together (Johnson, 1989). Another study tracked over 1,100 adolescents from two different schools over a period of one school year (Urberg, Degirmencioglu, & Tolson, 1998). At the beginning of the year, participants were asked to fill out a survey and identify their best friend and other good friends; at the end of the year, participants were once again asked to identify their best friend and other friends. For each participant, the researchers identified a stable relationship (mutual friends at Time One and Time Two), about-to-be-friendship (mutual friends at Time Two but not at Time One), and unstable friendship (mutual friends at Time One but not at Time Two). It was found that shared interests, behaviors and activities were the most salient predictors of stable and about-to-be friendships (Urberg, Degirmencioglu, & Tolson, 1998).

Even superficial physical similarities are consistently found to predict favorability. As Mackinnon, Jordan, & Wilson (2011) demonstrate, people tend to sit close to those who are physically similar to them. Across the four different studies, participants who had similar hair length and hair color tended to sit together more frequently than would be expected by choice, people who wore glasses tended to sit close to other people who wore glasses, and members of the same sex and race tended to sit with each other (Mackinnon, Jordan, & Wilson, 2011).

Similarity in attitudes and values is also a reliable predictor of favorability. Values are “personal standards espoused by an individual, which guide social behavior” (Neimeyer & Mitchell, 1988). According to Spranger (1928), values give people an explanation for life, death, and suffering. One of the earliest studies on value similarity was conducted in 1905 when Dutch physicians surveyed families and asked them to describe their family members in terms of
personality traits, intellectual capabilities, values, and interests (Schuster & Elderton, 1907). The data revealed that of all family members, husbands and wives consistently tended to resemble each other in attitudes and values (Schuster & Elderton, 1907). While this study examined naturally-established relations and cannot imply causation, others have investigated attraction and liking in artificially-formed relationships. For example, a longitudinal study by Neimeyer & Mitchell (1988) paired up 82 undergraduate students and asked them to interact for two hours a week over the course of eight weeks. The best predictor of a developing relationship, in this case defined by “a mutual increase in attraction scores from week one to week eight,” was attitude similarity (Neimeyer & Mitchell, 1988). In another study, participants were asked to complete an attitude scale and to evaluate opinions of complete strangers (Byrne & Nelson, 1965). The opinions were on such topics as disciplining children, gardening, integration, bomb shelters, and welfare legislation. It was found that there was a positive relationship similar attitudes and attraction toward the stranger (Byrne & Nelson, 1965). Similarity in values is such a strong predictor of favorability that it has been found to override dissimilarities in other variables. For example, in a study by Rokeach (1960) people were asked to rate targets who either matched or did not match the participant on race and opinions. It was found that similarity of opinion prevailed over similarity of race; in other words, the participants gave highest ratings to those who had the same opinion, even if they were of a different race (Rokeach, 1960).

The Value-Conflict Hypothesis

The value-conflict hypothesis is a theory that expands on the similarity-liking principle. According to the value-conflict hypothesis, people “favor whichever social groups share their own values and are biased against groups that do not share their values” (Chambers, Schlenker, & Collisson, 2013). Therefore, the primary difference between the similarity-liking principle
and the value-conflict hypothesis is that the value-conflict hypothesis predicts that not only do people tend to like those who have similar values, but they also tend to be biased against those with dissimilar values.

**Favorability and Similarity of Political Values**

Some have suggested that the value-conflict hypothesis can be applied to phenomena on a national scale to explain why liberals and conservatives dislike certain social groups (Chambers et al., 2013). Conservatism is often associated with self-reliance, individualism, stability, opposition to equality, and resistance to change (Jost et al., 2007). Previous research suggests that political conservatives tend to experience higher levels of prejudice, or “negative mental states relating to the outgroup” (Reicher, 2007), compared to political liberals (Sears & Henry, 2003; Echebarria-Echabe & Guede, 2007; Meertens & Pettigrew, 1997; Terrizzi, Shook, & Ventis, 2010). Sears & Henry (2003) demonstrated that two contributing factors to racism are conservative values, such as individualism, and anti-Black affect, such as open hostility or simple dislike of African Americans. Other studies have found a strong correlation between conservatism and prejudice against Arabs (Echebarria-Echabe & Guede, 2007), immigrants (Meertens & Pettigrew, 1997), and homosexuals (Terrizzi et al., 2010).

In contrast, liberals tend to value things like equity, acceptance of pluralism, and tolerance (Chambers et al., 2013). However, Sullivan, Piereson, & Marcus (1979) suggested that liberalism has been mistakenly associated with tolerance because tolerance has been measured in a biased way. Traditional methods of measuring tolerance generally asked about groups on the far left, such as atheists and socialists. Social groups on the other end of the spectrum, such as racists or nativists, were notably underrepresented or completely absent. Therefore, tolerance was only measuring acceptance of leftist social groups. This was problematic because one
person could be tolerant of social groups affiliated with one side of the political spectrum, but not the other (Sullivan et al., 1979). Adding to the body of literature on political prejudice, researchers are now discovering that liberals also demonstrate negative attitudes, but against different groups. For example, in one study participants were asked to disclose their own political affiliation and then to rate 34 different target groups in terms of likability. The results showed that liberals consistently rated politically conservative groups (Christian fundamentalists, anti-abortionists) less favorably than politically liberal groups (environmentalists, feminists); likewise, conservatives consistently rated politically liberal groups less favorably than politically conservative groups (Chambers et al., 2013).

The value-conflict hypothesis predicts that people will favor those who share their values and will be biased against those who do not share their values. According to this hypothesis, liberals will like social groups that have liberal values, and they will be biased against social groups that have conservative values. Similarly, this hypothesis predicts that conservatives will favor social groups with conservative values and will be biased against social groups that have liberal values.

**Stigma of Mental Illness**

Despite the many advances in diagnosis and treatment of mental illness, research demonstrates that mental illness stigma still persists. Corrigan & Penn (1999) defined stigma as “negative attitudes and beliefs that motivate individuals to fear, reject, avoid, and discriminate against people with mental illness” (as cited in Pescosolido & Cabassa, 2013). A recent study found that as many as 47% of Americans would not want to work with a person who has major depression, and 53% of individuals would not want someone with major depression to marry into their family (Pescosolido et al., 2010). Brockington, Hall, Levings, & Murphy (1993) found
there are three main attitudes held by the public towards people with mental illness: 1) that people with mental illness should be feared and avoided, 2) that people with mental illness are too irresponsible to make their own life choices, and 3) that people with mental illness are childlike and therefore in need of care and supervision. According to one study that spanned 16 countries, survey questions about people with depression and schizophrenia in settings involving children, intimacy, or self-harm received overwhelmingly negative responses from participants (Pescosolido, Medina, Martin, & Long, 2013).

No studies have explored whether the stigma of mental illness affects the value-conflict hypothesis. Since the stigma is essentially a bias against someone, it has the potential to negatively affect how favorably an individual with mental illness is perceived by someone who shares his or her political ideology. Similarly, someone who is already perceived unfavorably because of affiliation with the opposing political ideology could be viewed even more negatively because of the stigma of mental illness.

Study Aims

This study sought to examine whether the value-conflict hypothesis would prevail if a similar target also had a mental illness. In other words, among two distinct groups of liberals and conservatives, how will the target political ideology and target mental health status affect favorability scores, and which of the two factors will be the better predictor of favorability? It was hypothesized that, within both conservative and liberal groups, participants would favor a) targets who shared their political ideology (a main effect for political ideology), b) targets who did not have mental illness (a main effect for mental health status), and c) targets who shared their ideology but had mental illness over targets who did not share their ideology but did not have mental illness (political ideology x mental health status interaction).
Method

Participants

Participants in this study were 238 adults between the ages of 18-66. The study was limited to U.S. residents to avoid the confounding variable of political beliefs abroad. Participants were recruited via MTurk.com, a public website owned by Amazon.com and commonly used for data collection.\(^1\) Participants received a payment of $0.20 in exchange for completing an online survey. Of the 238 recruited participants, 224 subjects completed the survey in its entirety and were included in data analyses.

Measures

Demographic questionnaire. Participants were asked to provide information about their age, gender, ethnicity, and political affiliation using a scale from 1 (Strongly Liberal) to 5 (Strongly Conservative). This last question was placed at the end of the study to avoid possibly priming participants to be mindful of their political affiliation as they completed the survey.

The Political Ideology and Mental Health Status Survey. This self-devised measure consisted of 30 cases describing individuals in terms of political ideology and mental health status (Appendix A).\(^2\) The cases were divided into four categories, with each category containing five vignettes. The four categories of vignettes were as follows: Liberal/No Mental Illness (A Democrat), Liberal/Mental Illness (An environmentalist who is prescribed antidepressant medication), Conservative/No Mental Illness (A Republican), and Conservative/Mental Illness (A Protestant who has a diagnosed mental illness). The remaining 10 vignettes were fillers, included to distract the participants from the true purpose of the study.

\(^1\) Studies have found that MTurk.com participant samples are more diverse than typical college samples (Buhrmester, Kwang, & Gosling, 2011) and yield virtually the same statistical results (Johnson & Borden, 2012).

\(^2\) The descriptions of political ideology were based on vignettes used in a study by Chambers et al. (2013), which identified various social groups in terms of either liberal or conservative values (e.g., feminists tend to be liberal; the elderly tend to be conservative).
The filler items were phrased similarly to the other cases: they identified a person in terms of political ideology, but instead of mental health status they contained one other piece of information (A feminist woman who eats out frequently). Filler items were not analyzed, as they were not central to the research questions.

After reading each vignette, participants were asked to indicate their overall liking of that individual on a scale from 1-100 (1 = Strongly Dislike, 50 = Neither Like nor Dislike, and 100 = Strongly Like). Participants were explicitly encouraged in the instructions to use any number between 1 and 100, such as 79 or 32.

Based on their self-reported political affiliation, participants were divided into liberals and conservatives. Only participants who strongly identified as either liberal (as identified by a one or two on the 5-point scale) or conservative (as identified by a four or five on the 5-point scale) were included in the study. Participants who either did not report political ideology or who identified as neutral (represented by a three on the 5-point scale) were excluded from data analyses. Data was analyzed using two separate repeated-measures ANOVAs, one for each political group, that were run in SPSS 21.0.

**Procedure**

This study was first approved by the North Central College Research Ethics Committee. Each participant had consented to take the survey voluntarily. Participants were also informed that their responses would remain confidential and they could withdraw at any time during the study without incurring a penalty.

On MTurk.com, this study was set up as a Human Intelligence Task (HIT). The HIT was described as a study about “first impressions.” Participants were informed that the study would take no longer than 30 minutes, and that they would be compensated $0.20 in exchange for their participation.
participation. Those who accepted this HIT were instructed to click on a link that took them to SurveyMonkey.com, where both the Demographic questionnaire and the Political Ideology and Mental Health Status Survey were set up. To ensure that each participant who took the survey was paid, there was a 4-digit code at the end of the study in Survey Monkey that participants were instructed to submit as their response to the HIT on MTurk. Those who entered the correct code on MTurk.com were promptly approved for online payment.

Results

To analyze results, two separate repeated-measures ANOVAs were run in SPSS 21.0: one ANOVA using the liberal participants as a sample, and the other using the conservative participants as a sample.

Participant Characteristics

A total of 238 participants participated in this study. The full sample consisted of 66.8% males ($n = 159$) and 31.9% females ($n = 76$), with 1.3% ($n = 3$) undisclosed gender. The mean age of the sample was 30.48 ($SD = 9.64$). The ethnic breakdown of the sample was as follows: 71.4% Caucasian ($n = 170$), 11.8% Asian/Pacific Islander ($n = 28$), 4.6% African-American ($n = 11$), 4.2% Hispanic ($n = 10$), 0.4% Native American ($n = 1$), and 6.3% biracial ($n = 15$). The full sample of participants was divided into two groups: conservatives ($n = 27$) and liberals ($n = 133$). Participant demographics by political group can be seen in Table 1.

**Liberal participants.** Among liberal participants, there was a significant main effect for political ideology, $F(1, 130) = 136.52, p < .001$, with liberal participants favoring liberal targets ($M = 60.95, SD = 1.3$) more than conservative targets ($M = 48.88, SD = 1.4$). There was also a significant main effect for mental health status, $F(1, 130) = 52.88, p < .001$, with liberal participants favoring targets with mental illness ($M = 58.45, SD = 1.5$) over targets with no
mental illness ($M = 51.38, SD = 1.3$). Finally, there was a significant interaction between target ideology and target mental health status, $F(1, 130) = 212.03, p < .001$, with liberal participants favoring targets who were liberal but had a mental illness ($M = 59.1, SD = 1.6$) over targets who were conservative but had no mental illness ($M = 39.9, SD = 1.7$) (see Fig. 1).

**Conservative participants.** Among conservative participants, there was a significant main effect for ideology, $F(1, 26) = 54.63, p < .001$, with conservative participants rating conservative targets ($M = 65.58, SD = 3.3$) more favorably than liberal targets ($M = 45.48, SD = 3.1$). There was no significant main effect of mental health status, $F(1, 26) = 0.02$, indicating no difference in participants’ impressions of targets with mental illness ($M = 55.39, SD = 3.7$) compared to targets without mental illness ($M = 55.67, SD = 2.3$). Lastly, there was a significant interaction between target ideology and target mental health status, $F(1, 26) = 22.81, p < .001$, with conservative participants favoring conservative targets with mental illness ($M = 60.63, SD = 3.8$) over liberal targets with no mental illness ($M = 40.82, SD = 2.8$) (Fig. 2).

**Discussion**

The results of this study support the value-conflict hypothesis, which states that people tend to like those who share their values but also tend to dislike those who do not share their values. In this study, consistent with the similarity-liking principle and the value-conflict hypothesis, liberals were found to favor other liberals, and conservatives were found to favor other conservatives. Past applications of the value-conflict hypothesis suggested that liberals tend to favor social groups with liberal values but are intolerant of social groups with conservative values (Chambers et al., 2013). The current application of the value-conflict hypothesis suggests that both liberals and conservatives favor members of social groups that share their values even if those members have a mental illness, and both liberals and conservatives are biased against
members of social groups that do not share their values, even if those members have no mental illness. While mental illness continues to carry stigma, the presence of mental illness does not appear to override the value-conflict hypothesis.

Of particular interest was the finding that liberals tended to favor people with mental illness over people without mental illness. No such effect was observed within the conservative sample, possibly due to a small sample size ($n = 27$). These results were contradictory to the hypothesis, as it was predicted that both liberal and conservative participants would favor targets individuals without mental illness over targets with mental illness. Perhaps this finding can be explained in light of the report by Brockington et al. (1993), which suggested people tend to see those who have a mental illness with a benevolent attitude (i.e., people with mental illness are childlike and must be taken under protection and care). If participants exemplified benevolent attitude toward targets with mental illness, it is possible that these targets were well-liked because they were perceived as childlike or in need of protection. Brockington et al. (1993) also reported that people tend to see individuals who have a mental illness with an attitude of authoritarianism (i.e., people with mental illness are too irresponsible to make their own life choices). It is possible that participants exemplified authoritarian attitude toward targets with mental illness and rated them favorably, believing that those who have a mental illness cannot be held accountable for their choices and actions (e.g., their affiliation with the opposing political ideology cannot be held against them). These are speculative explanations, since participant attitude assessment was not part of this study.

Within both samples, there was an interaction between ideology and mental health status, with significant preference given to targets who shared participants’ ideology and had a mental illness over targets affiliated with the opposing ideology and no mental illness. One explanation
of this result lies within the similarity-liking principle: values are immensely important to most people, and similarity in values overrides dissimilarity in other variables, such as mental health status (assuming that most participants did not also have a mental illness). According to the Byrne—Clore model (1967), people may view someone dissimilar as a threat to their environment. According to this model, it is possible that participants viewed targets of opposing political ideology as a threat to their environment and to their own value system. As previous research has shown, people tend to have an attitude of authoritarianism when dealing with individuals who have a mental illness (Brockington et al., 1993), assuming that people with mental illness are incapable of making their own decisions, not responsible for their choices, and overall less competent than their mentally-healthy counterparts. It is possible that participants adopted the attitude of authoritarianism when they evaluated targets of the opposing ideology who had a mental illness to be less of a threat (and thus more favorable) to their own value system.

Limitations

This study was not without limitations. First, there was a small sample of self-identified conservative participants ($n = 27$). It is possible that the reason there was no main effect for mental health status within the conservative sample is because there were not enough conservative participants to detect the effect. The second limitation was that participant mental health status was not assessed; therefore, the effect of similarity of mental health status between target and participant could not be analyzed. According to the similarity-liking principle, there are many variables that, when similar, can predict liking between two people. If a participant evaluating a target with mental illness also had a mental illness, it could result in a higher favorability score for that target. Participant mental health status was deliberately not assessed
Due to the scope and the time constraints associated with this project. Finally, this study utilized brief, one-line vignettes that identified people in terms of political ideology and mental health status. It is unclear whether results from such short vignettes accurately generalize to real world situations where if a person’s political ideology and mental health status are known, then many other characteristics of that person are likely known as well. Introducing other variables about someone, such as level of education, family and marital status, movie and food preferences, etc, could present more similarities between target and participant and mediate the effects of the value-conflict hypothesis.

**Directions for Future Research**

This study leaves multiple opportunities for future research. First, this same study could be modified to address the current limitations. For example, the same survey could be distributed to a larger sample of conservative participants to determine if a main effect for mental health status will emerge. This study could also be replicated with assessments of participant mental health status in order to examine the effect of target/participant mental health status match on favorability scores. Also, future studies could use longer vignettes that describe the target individual’s mental health status and political ideology in the context of other variables, to approximate real world situations.

Future studies should also aim to evaluate the attitudes and emotions participants experience when evaluating targets who either share or do not share their political values in the presence or absence of mental illness. It will be important to find out if the participants are guided by benevolence or by authoritarianism when forming an impression about someone who has a mental illness and does not share their ideology. Do participants like such targets because
they are believed to be childlike and in need of protection, or because they are viewed as incompetent of being a threat to the participant’s own value system?

Ultimately, more attention should be given to the study of the value-conflict hypothesis in the context of mental illness. The stigma associated with mental illness still persists, and it appears that by some mechanism the value-conflict hypothesis is able to override it. Studies should evaluate the various conditions under which the value-conflict hypothesis supersedes prejudice against those who have a mental illness to determine if similarity of values is consistently more important than mental health status when forming an impression about someone. Understanding such details pertaining to stigma may help improve public awareness about mental illness and lead to decreased prejudice against those who are mentally ill.
References


Table 1. *Liberal and Conservative Sample Characteristics*

<table>
<thead>
<tr>
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<th>Liberals</th>
<th>Conservatives</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td>$M = 29.91$</td>
<td>$M = 35.96$</td>
</tr>
<tr>
<td></td>
<td>$SD = 9.09$</td>
<td>$SD = 11.34$</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td>66.2% male ($n = 88$)</td>
<td>59.3% male ($n = 16$)</td>
</tr>
<tr>
<td></td>
<td>33.8% female ($n = 45$)</td>
<td>40.7% female ($n = 11$)</td>
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<tr>
<td><strong>Ethnicity</strong></td>
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<td>74.1% Caucasian ($n = 20$)</td>
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<td>11.1% Asian/Pacific Islander ($n = 3$)</td>
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<td>4.5% African-American ($n = 6$)</td>
<td>7.4% African-American ($n = 2$)</td>
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<td>6% Hispanic ($n = 8$)</td>
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<td>0.8% Native American ($n = 1$)</td>
<td>0.0% Native American</td>
</tr>
<tr>
<td></td>
<td>7.5% biracial ($n = 10$)</td>
<td>7.4% biracial ($n = 2$)</td>
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Figure 1. Liberal sample: ideology x mental health status interaction
Figure 2. Conservative sample: ideology x mental health status interaction
Appendix A

The Political Ideology and Mental Health Status Survey

Instructions: please rate your overall impression of each individual that is described below using a scale of 1 to 100, with 1 being Strongly Dislike, 50 being Neither Like nor Dislike, and 100 being Strongly Like. You are free to use any number between 1 and 100 to express your liking, for example, 55, 79, 32, 99, etc.

1. A liberal person
2. A Democrat
3. An atheist
4. A feminist
5. A drug user
6. A Hispanic woman who is seeing a psychologist
7. An environmentalist who is prescribed antidepressant medication
8. A person on welfare who has a diagnosed mental illness
9. A lesbian woman who is prescribed antidepressant medication
10. An illegal immigrant who has a diagnosed mental illness
11. A conservative person
12. A Republican
13. A Christian fundamentalist
14. An anti-abortionist
15. A military man
16. A middle-class man who is seeing a psychologist
17. A Protestant who has a diagnosed mental illness
18. A Catholic who is prescribed antidepressant medication
19. An elderly person who is seeing a psychologist
20. A white man who has a diagnosed mental illness
21. A Hispanic who has a cardiovascular disease
22. A Communist who is a parent of two kids
23. A wealthy person who is prescribed diabetes medication
24. A drug user who exercises daily
25. A person on welfare who is a pet owner
26. A gay man who volunteers at a local shelter
27. An illegal immigrant who has a job
28. A person with AIDS who exercises daily
29. A feminist woman who eats out frequently
30. An African-American who travels a lot