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Ambivalent Ageism, Familiarity, and Empathy as Predictors of Charitable Donation Decisions.  
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Introduction

Ageism is systematic stereotyping and discrimination towards older adults (Butler, 1993). Most people perceive this form of prejudice as less harmful than sexism or racism (Dobrowolska, 2019); however, ageism predicts diminished mental and physical well-being for seniors (Bergman, 2018; Lyons et al., 2018) and is present in social, occupational, and eldercare settings (Laliberte, 2018; Trentham, 2018). Recently, researchers have identified two distinct forms of ageism: benevolent ageism, in which older people are patronized or pitied, and hostile ageism, in which older people are devalued (Cary, Chasteen & Remediou, 2017). Egan et al. (2013) found that young adults also can also be targets of negative age-related attitudes; however, this topic is relatively unexplored. Thus, we examined how young adults’ ageist attitudes related to charitable decisions for young and senior adult recipients. We hypothesized that hostile ageism would decrease donations to senior adults (SA), while benevolent ageism would increase donations to SA. We predicted the same pattern for youth-ageism and donations for young adults (YA).

Method

Participants: Participants were 101 young adults (70% women/27% men) with a mean age of 21.01 (SD = 2.45). Fifty percent were Caucasian, 41% were African American, and the remainder reported other minority ethnicities. 

Materials: Participants divided an imaginary $5,000 across four recipients: a 26 year old woman going on a volunteer trip to Cambodia (YA-trip), a wheelchair-bound 24 year old man needing home renovations to increase mobility (YA-mobility), an 85 year old man needing hearing aids (SA-hearing), and a 68 year old woman pursuing a nursing degree (SA-nursing). Participants provided their donation rationale and completed scales to assess benevolent and hostile ageism (Cary et al., 2017). To assess youth-ageism, we modified the ageism scale to refer to common stereotypes about YA.

Based on decision rationale, we created three categories: ageist attitudes, empathy regarding disabilities, or equal distribution. Questions about personal experience with SA and aging anxiety were also asked.

Reasoning for Donation Amounts

![Reasoning for Donation Amounts graph]

After participants divided their donations among recipients, we asked them for the reasoning behind their choices. Most people answered vaguely (43.4%) with comments like “I divided the funds the way I felt was right.” Apart from those who divided the money equally (27.5%), all other answers mentioned either forms of ageism (19.2%) or disability status (10.1%).

Differences in Ethnicity and Political Affiliation

- Compared to Caucasians, African-Americans had higher benevolent youth-ageism scores, t(89) = 2.29, p < .024. African-Americans also reported a higher ideal age of death compared to Caucasians, t(89) = 2.81, p < .006. The more conservative participants were the higher their benevolent ageism scores were, r(101) = .35, p < .001. Being politically conservative also had an associated with higher hostile youth-ageism scores, r(101) = .39, p < .001.

Average Donation Amounts per Recipient

- On average the non-stereotyped/ disabled YA recipient received the highest donation amounts (M= $1,610.6, SD= 849.39). The second highest donation amount average went to the stereotyped YA recipient (M= $1,346.32, SD= 708.14). The SA that received the highest donation amounts on average was the stereotypical/disabled recipient (M= $1,255.45, SD= 491.14). The recipient with the lowest average donation amount was the non-stereotypical SA (M= $938.46, SD= 519.72).

Predictors of Donations and Ageism

The more participants donated to the stereotyped/ disabled SA: 
- the more participants felt that physical health at age 80 was important, r(93) = .25, p < .017.

The more participants donated to the non-stereotyped SA: 
- the higher their benevolent ageism, r(93) = .23, p < .021
- the younger they were, r(98) = -.26, p < .009
- the more times they had volunteered in the past year to work with people over age 65, r(93) = .26, p < .013

The more participants donated to the non-stereotyped/ disabled YA: 
- the less participants felt that physical health at age 80 was important, r(94) = -.26, p < .011

The higher the hostile ageism: 
- the higher their benevolent ageism, r(101) = .50, p < .001
- the higher their benevolent youth-ageism, r(101) = .41, p < .001
- the higher their hostile youth-ageism, r(101) = .38, p < .001

The higher the benevolent ageism: 
- the higher their benevolent youth-ageism, r(101) = .62, p < .001
- the higher their hostile youth-ageism, r(101) = .42, p < .001
- the younger the participant, r(101) = -.25, p < .001
- the more times they had volunteered in the past year to work with people over age 65, r(94) = .22, p < .013

Discussion

Overall, donation averages exhibited favoritism towards YA recipients and disabled recipients compared to SA recipients. Even as hostile and benevolent ageism scoring did not predict donation amounts, donation amounts reflected an ageist bias. Comments regarding reasoning for donation amount choices further supported this reflection of ageism bias. Comments like “they will die soon anyways” directed towards SA’s showed a level of hostility that demonstrates why participants donated less money to SA’s.

Benevolent ageism did not predict increased donations towards stereotyped YA, but instead predicted higher donation amounts towards a non-stereotyped SA. This finding implies that people who have benevolent attitudes towards YA also have favoritism towards SA who behave similarly to a stereotyped YA. Because differing forms of ageism and youth-ageism were highly associated, a broader question regarding their relevance to one another is raised.

Being more politically conservative was associated with higher benevolent ageism and hostile youth-ageism scores. Perhaps conservative participants view YA as needing to earn their spot in society independently while viewing SA as members of society who have earned the support of others.

Familiarity with SA in the form of volunteer work predicted benevolent ageism and an increased in the desired age of death. African-Americans also predicted the same associations adding to the discussion on familiarity to SA and idealization of SAs.

We present the idea that similar to other biases; empathy may be a negative predictor for both ambivalent ageism and ambivalent youth-ageism. However, this topic requires further research.