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DOING WELL BY DOING GOOD: BENEFITS FOR THE BENEFACTOR

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"For it is in giving that we receive."

Saint Francis of Assisi

On my office door I have an old Red Cross poster that reads, "Give blood. All you'll feel is good." Is this truth in advertising? And can we generalize this assertion—beyond its rather transparent attempt to downplay the physical pain of blood donation—to other forms of community service and to other benefits to the benefactor than simply "feeling good"? Are there payoffs for doing good in the coinage of higher self-esteem, decreased depression, or even longer life? To foreshadow my conclusions, the answer to this first basic question is essentially yes: One does well by doing good.

For the purpose of this chapter, I will restrict my definition of community service to mean taking actions, carried out within an institutional framework, that potentially provide some service to one or more other people or to the community at large. Cleaning up a park, giving blood, coaching little league, tutoring children, being a Big Brother or Sister, fundraising for the American Cancer Society, volunteering in a food pantry, or working on a Rape Crisis Center hotline all qualify for this definition. Simply being a member of an organization that carries out such actions does not "count" as community service under this definition. Visiting a sick neighbor or caring for an ailing parent on one's own also does not fall under this definition, because it is not done in an institutional framework.

THEORETICAL APPROACHES

Space allows for only a cursory presentation of the theories that can be applied to understand the positive relationship between community

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service and mental and physical health. Sociologists have proposed for many years that there are benefits of social participation. In the 19th century, Durkheim (1951/1898) argued convincingly for the importance of group ties, norms, and social expectations in protecting individuals from suicide. The role-accumulation approach within role theory (Marks, 1977; Sieber, 1974; Thoits, 1986) assumes that social roles provide status, role-related privileges, and ego gratification, as well as identities that provide meaning and purpose and thus enhance psychological well-being. Within this tradition, Thoits (1992, 1995) suggested that voluntary roles, such as friend or group member, may be more responsible for the positive effects of multiple roles than are obligatory roles such as parent or spouse.

Within psychology, research by Langer and Rodin (1976; Rodin & Langer, 1977) has indicated that simply doing things, being the cause of action, and being in control provides protection against morbidity and mortality. Snyder, Clary, and Stukas (2000) have been carrying out a systematic program of research focused on understanding volunteer motivation. They have identified six functions that volunteering serves: value-expressive, social, knowledge, defensive, enhancement, and career. They have consistently found greater satisfaction on the part of volunteers based on meeting their motivational needs. Cialdini has argued that individuals are socialized to take pleasure from helping others (e.g., see Cialdini & Fultz, 1990; Cialdini, Kenrick, & Baumann, 1982). Individuals should thus feel better when they help, which could lift the spirits of those who are depressed and could—if the psychoneuroimmunologists are correct—strengthen the immune system and lead to reduced morbidity and mortality.

Thus, both sociological and psychological theories predict that performing community service will have benefits for the helper. Mechanisms are suggested from the very macro, based on integration into society, to the very micro—psychoneuroimmunologic. From both sets of theories we are led to believe that the impact will vary depending on a "fit" between the helper's needs and the nature of the actions performed. And both sets of theories suggest that having a feeling of volition and control will enhance the positive effects.

DOES HELPING OTHERS LEAD TO POSITIVE EMOTIONS?

Although there is little direct evidence that helping others makes you feel good, there is indirect evidence. Harris (1977) presented survey data indicating that college students believe that altruistic actions have a mood-enhancing component. Newman, Vasudev, and Onawola (1985) interviewed 180 older adults (55 to 85) volunteering in three school programs in New York, Los Angeles, and Pittsburgh. Sixty-five percent reported improved life

satisfaction, 76% better feelings about themselves, and 32% improved mental health. In response to the question, "How has the volunteer experience affected you?" the authors received many answers such as, "It is an experience that I will keep with me as long as I live . . . it has enriched my life. I think that associating with children is rejuvenating; it is energizing. . . . " (p. 125).

The most direct evidence that helping leads to positive feelings comes from a series of laboratory experiments by Weiss et al. (Weiss, Boyer, Lombardo, & Stich, 1973; Weiss, Buchanan, Altstatt, & Lombardo, 1971). They demonstrated that being able to terminate shock to another student (clearly helping that person) served as a reinforcer, in a classic operant conditioning setting involving what was essentially a bar-pressing response. They concluded that "altruism is rewarding" (1971, p. 1262). The other side of the coin is demonstrated in a study by Batson and Weeks (1996), in which undergraduate women who tried to help but were unsuccessful showed negative mood changes. The changes were particularly significant among research participants high in empathy.

The only type of real world helping for which there is direct evidence of enhanced positive mood is blood donation. Piliavin and Callero (1991) reported on several longitudinal studies of blood donors from high school, college, and the general public. In interviews with our college sample 18 months after their first donation we asked how they expected to feel at the time of their next donation. Moods measured before and after the first donation[1] predicted those expected feelings. Donors who had given four or more times showed much lower levels of expected nervousness and higher expectations of good feelings than did those who had given fewer times. Most critically, both expecting to feel good and saying those good feelings were a reason for donation were related to a commitment to continued donation.[2] The conclusion I draw is that at least this form of helping can lead to feeling better emotionally and feeling better about oneself and that those feelings are rewarding and can lead individuals to engage in additional helping. I turn now to the potential for more long-lasting effects of community service.

ARE THERE LONG-TERM POSITIVE EFFECTS OF COMMUNITY SERVICE?

This review will be organized by life cycle stage, because the dependent variables that have been investigated are different for people of different

[1]Mood was measured using modifications of scales developed by Nowlis (1970).
[2]Controlling for the number of previous donations and several other factors that predict continued donation.

stages, and the forms of helping are also often different. Adolescents and the elderly have been the focus of most of this research, and it is easy to see why this might be. Adolescents have not yet developed all of their cognitive and social skills or been socialized completely to their social roles, and their sense of self is particularly unstable. Thus engaging in helping has the potential to help them develop desirable personality traits, skills, and habits and to internalize helping roles as part of their self-concept. They may even be young enough to still be learning that helping can make you feel good. In addition, they are not yet fully integrated into social structures, and there is often serious concern that they may be alienated and looking for trouble. The elderly are generally thought of as fully socialized but potentially alienated by virtue of retirement, loss of family roles, and decreasing physical abilities. Thus the focus of research on the elderly has been not on development issues but on issues of integration in society, the avoidance of depression, and even physical health and mortality.

Another reason for organizing this review by life cycle stage is that this is how the literature itself appears to be organized. Perhaps because of the age segregation of American life, researchers have often picked a life-cycle stage to study and stuck with it. There is an unstated assumption behind this organization—namely, that community service serves different functions for different age groups.

Effects of Helping and Volunteering on Youth and College Students

There are good reasons to believe that participation in many forms of extracurricular activities will be healthy for children. First, any productive use of time can simply interfere with the opportunity to engage in antisocial or otherwise undesirable activities (Eccles & Barber, 1999). This is the main rationale for "midnight basketball" and supervised nighttime clubs for teenagers. Larson (1994), for example, has found a suppression of delinquency among students who engage in the arts and hobbies and who participate in youth organizations. It is also argued that such programs can have effects on the growth of intellect, mastery, social responsibility, social skills, and leadership abilities.

Focusing specifically on the potential impact of community service activities, Moore and Allen (1996) stated, "By enhancing these competencies in adolescents, volunteering may also increase adolescents' resistance to other problems, such as teenage pregnancy, school drop-out, and delinquency" (p. 233) These authors stressed that formal volunteer service programs usually have a variety of components other than volunteering, and that it is thus impossible to separate out the specific causal impact of volunteering. However, the best designed of these programs do appear to have a number of positive effects.

Effects on Behavior

Moore and Allen reviewed two major programs designed to decrease social problems among teenagers. The San Antonio, Texas, Valued Youth Program focused on children in middle school, all of whom scored below grade level on reading tests. They were randomly assigned to a control group or to do tutoring of younger children and were compared at the beginning and end of a two-year evaluation period on a number of dimensions. Positive effects were found on dropout rates (1% of tutors versus 12% of control students), reading grades, self-concept, and attitudes toward school. The results of this study could in part be a result of increased valuing of academics based on the greater engagement with the material.

In the Teen Outreach Program, students took part in volunteer work that was meaningful to them for an average of 31 hours over an academic year (slightly less than an hour a week). Participants were an ethnically diverse group aged 11 to 21 who were expected to be at risk for problem behaviors. An eight-year longitudinal evaluation included 237 sites, 3986 participants, and 4356 comparison students (Allen, Philliber, & Hoggsen, 1990; Allen, Philliber, Herrling, & Kuperminc, 1997). Results showed that Teen Outreach students had "a 5% lower rate of course failure in school, an 8% lower rate of school suspension, a 33% lower rate of pregnancy, and a 50% lower rate of school dropout" (Moore & Allen, 1996, p. 235).[3] Most critically for our purposes, the study found that programs in which students did more intensive volunteer work showed better outcomes on a scale of problem behaviors. This seems like a classic "dose-response" curve—greater effects with more exposure to the treatment. The program also involved classroom-based discussions of a variety of issues such as family stress, human growth, and values. However, there was no comparable effect of the amount of classroom instruction.

Uggen and Janikula (1999) noted that several studies in the literature on volunteer work and antisocial behavior show correlations and apparent causal effects of volunteer service on recidivism. They present a longitudinal analysis, using the Youth Development Study, begun in 1988 with a panel of 1139 St. Paul, Minnesota, adolescents then in ninth grade, who were followed for eight years. Measures of volunteer activity were based on the third- and fourth-wave data obtained in their junior and senior years. The dependent variable is self-reported first arrest data for ages 17 to 21, measured when they were 21. Many control measures were also used, including pro-social attitudes, helping personality, substance abuse, school misconduct,

[3]These effects were statistically significant, controlling for a number of demographics and for preprogram problem behavior.

socioeconomic status, and employment obtained in the first wave. Their bottom line conclusion is, "Only 3% of the volunteers were arrested in the four years following high school compared to 11% of the nonvolunteers" (p. 344). Although there was no random assignment, the authors controlled for many factors that might predispose students either to do volunteer work or to be arrested.

Finally, Calabrese and Schumer (1986) divided students who wanted to do community service randomly into three groups: a control and two volunteer groups, one short-term (10 weeks) and one long-term (20 weeks). They found both lower levels of discipline problems and lower levels of alienation while the students were doing volunteer work. Alienation increased again in the group that stopped volunteering after 10 weeks.

Effects on Attitudes, Self-Concept, and Well-Being

If children have learned, by adolescence, that helping others makes one feel good about oneself, the experience of helping others should lead to positive changes in self-concept. Johnson, Beebe, Mortimer, and Snyder (1998), using the same data set used by Uggen and Janikula (1999), found that volunteering in grades 10 to 12 increased intrinsic work values, the perceived importance of a career, and the importance of community involvement.[4] Volunteering was *not* associated with later depressive affect, academic or other self-esteem, and many other well-being factors, controlling for 9th-grade levels of these variables.

Conrad and Hedin (1981, 1982) investigated the social and psychological development of junior and senior high students as a function of "experiential education," which involved either volunteering, political and social action, internships, or research activities, compared to self-selected control groups. Similarly, Newmann and Rutter (1983) studied 11th and 12th grade students in eight public schools in which some students spent at least four hours per week volunteering and a minimum of two hours per week in a school class connected to the program. A control group in each school consisted of students who were planning to take the program in a future semester. These two studies measured many of the same dimensions—including moral development, self-acceptance, positive attitudes toward adults, being active in the community, competence in helping, reports of actual performance relevant to volunteering, and belief in responsibility to help people in need—and each found positive impacts, but on different

[4]It would be interesting to know whether these variables mediate the effects on delinquency reported by Uggen and Janikula (1999).

variables. Future research needs to focus more on what aspects of programs are responsible for what kinds of effects.

In a longitudinal study of the impact of the first year of college, Lee (1997) found no impact of volunteering on self-esteem or academic self-efficacy. Students' self-esteem generally went down over the year, and the most powerful variable contributing to this was grade point average. Participating in volunteer work did have a significant impact on volunteer role identity. That is, such participation strengthened students' self-concept as volunteers. Perhaps at this critical life turning point, academics assume a highly focal position, such that other activities can have little impact on overall evaluation of the self. Astin and Sax (1998) also carried out a longitudinal study of students from an array of colleges. They found that there were positive effects of service participation on civic responsibility, educational attainment, life skills, and commitment to community service in the future. The students who participated also *perceived* greater changes in social self-confidence and a variety of other abilities. The more service students did, the larger the effects were—again, an apparent dose-response curve.

Effects of Cross-Age and Peer Tutoring

The practice of peer and cross-age tutoring has been so common from elementary grade levels through college since at least the 1970s that I thought it worth a separate examination. The technique involves having either a same-age or an older child assist another in a school task, as in the Valued Youth study discussed earlier. The intention is to help both the tutor and the learner, both academically and socially. A meta-analysis specifically focused on reading outcomes provides good evidence that such tutoring reaches its educational goal for both partners (Elbaum, Vaughn, Hughes, & Moody, 1999).

Support for claims of positive emotional, self-esteem, and attitude outcomes for tutors is, however, mixed. Yogev and Ronen (1982) and Gardner (1978) both found increases in self-esteem among participants in cross-age tutoring; one study was done in Israel and the other in a Detroit inner-city school. However, a review of research done between 1970 and 1985 using handicapped students as tutors (Osguthorpe & Scruggs, 1986) found more convincing effects on academic achievement than on self-esteem. A similar review of work done with behaviorally or emotionally disturbed children as tutors (Scruggs, Mastropieri, & Richter, 1985) also found some positive academic effects but no consistent impact on self-esteem. One more recent individual study (Winter, 1996) did find increases in self-esteem and general self-worth among girls and gains in intrinsic motivation to learn among all students.

Effects of "Service Learning"

In the 1990s, the concept of service learning became very popular both in secondary school and at the college level. Service learning is usually defined as academic experiences in which students engage both in social action and in reflection on their experiences in performing that action. Stukas, Clary, and Snyder wrote,

> It is the reflection component and the surrounding educational context that serves to highlight the reciprocal nature of the community service activities at the center of service-learning programs. . . . In other forms of service and helping, it may not be nearly as clear that both the recipient of help . . . and the helper receive benefits from their partnership. (1999, p. 2–3)

Stukas et al. frame their review of the literature in terms of their functional approach to volunteering, which assumes that volunteers receive a variety of benefits related to six possible goals for volunteering: self-enhancement, understanding of self and the world, value expression, career development, social experiences, and ego protection. They concluded that service learning *can* have effects related to all six of the functions. In terms of self-enhancement—feeling better about oneself—they noted that service learning can affect personal efficacy, self-esteem, and confidence (Giles & Eyler, 1994, 1998; Williams, 1991, Yates & Youniss, 1996b). In terms of understanding, there is evidence that service learning can influence students' appreciation for and attitudes toward diverse groups in society (Blyth, Saito, & Berkas, 1997; Yates & Youniss, 1996a), including elderly individuals (Bringle & Kremer, 1993) and people of other cultures and races (Myers-Lipton, 1996a, 1996b). Specific learning of course content may be enhanced (Hamilton & Zeldin, 1987), and more general effects on the ability to connect academic concepts to real situations have been claimed (Kendrick, 1996; Miller, 1994).

In terms of value expression, some studies have shown an increase in altruistic motivation (Yogev & Ronen, 1982) and social and personal responsibility (Sax & Astin, 1997). With regard to career development, there is some evidence that "volunteer work predicted intrinsic work values, the importance of a career, and the importance of community involvement, even when factors related to self-selection . . . were taken into account" (Johnson et al., 1998, as cited in Stukas et al., p. 8). Finally, in terms of protection—by which Stukas et al. mean reduction of stress, feelings of alienation, or guilt—service learning can distract students from personal problems and perhaps give them an opportunity to work through those problems. Follman and Muldoon (1997) claimed that some benefits of service learning are stronger for "at-risk" students. Such students may be able to compare themselves to others with even worse problems, for example, which

allows them to put their personal failings in perspective. The authors stress that the studies reviewed in many if not most cases do not have random assignment to programs and control conditions, and that selection factors undoubtedly contaminate many of the claimed effects.

Stukas et al. emphasized four features of the programs that appear to be related to positive effects if learning is to be enhanced. These are as follows: (a) being autonomy-supportive—that is, allowing participants a voice in determining the details of service activities; (b) matching goals and activities—that is, allowing students' needs and interests to help shape the activities to contribute to the attainment of goals; (c) attention to the relationship among all participants, involving mutual respect among instructors, students, and community members; and (d) inclusion of opportunities for reflection, which "cement the link between experience and theory" (1999, p. 14).

Overall, then, there is considerable evidence that community service has positive impacts on youth. Various forms of service decrease delinquency and other social problem behaviors and increase commitment to positive social values. Cross-age tutoring seems to teach the skills the tutors teach. The evidence for positive effects on self-esteem or other mental health measures is weaker in both these literatures. Service learning has a variety of positive intellectual, social, and psychological outcomes. There are many moderators of the effects, including some evidence that effects are stronger for students most at risk. What is almost completely lacking is information on the mechanisms by which these effects take place.

Effects of Volunteering and Helping on Adults

As with studies of adolescents and college students, most of the research on volunteering and well-being is correlational, but in some of the studies other relevant variables are statistically controlled. In much of the research, "voluntary association membership" is the independent variable measured, not actual participation. Gecas and Burke (1995) found membership to be related to self-esteem; Brown, Gary, Green, & Milburn (1992) to decreased depression; Ellison (1991) to personal happiness and life satisfaction; and Burman (1988) to improved well-being. Reitschlin (1998) found that as the number of voluntary association memberships (including work-related, church-related, recreational, fraternal, and civic) increased, the level of depression decreased. He also found a significant effect of memberships in buffering the impact of stress on depression.[5]

[5]He used controls for mastery, self-esteem, social support, church attendance, and a number of demographic factors.

These studies tell us little, however, about volunteering per se. Keyes (1998) found that respondents who had volunteered in the past year reported higher levels of social well-being (i.e., a sense of social contribution) than did those who had volunteered over a year previously or had never volunteered. Van Willigen (1998) found effects both of attending voluntary association meetings and of hours of volunteer work on life satisfaction (positive) and depression (negative).

The most comprehensive investigation to date of the impact of volunteering on well-being is presented by Thoits and Hewitt (2001), who simultaneously investigate the question of the impact of well-being on volunteering and the reverse. Using the two-wave national sample of adults collected by House and reported in *Americans' Changing Lives* (House, 1995), the authors carry out multiple regressions of the number of volunteer hours at time 1 (1986) and the change in volunteer hours from time 1 to time 2 (1989) on six measures of well-being: happiness, life satisfaction, self-esteem, mastery, depression, and physical health at time 2. Although there are positive effects on all six measures, the most highly significant are on life satisfaction and feelings of mastery.[6] The authors noted that some important remaining question are, "What are the structural conditions which move willing workers into service activities?" and "How are the beneficial effects of volunteer work on well-being generated?" They concluded,

> Better understanding of the structural conditions which encourage volunteerism and how the positive consequences of community service occur might suggest ways to facilitate recruitment as well as to enhance volunteers' service experiences, to the benefit of all. (House, 1995, p. 22)

Effects of Volunteering on Elderly Individuals

Older volunteers, like adolescents and adults in general, believe that volunteering is beneficial to them. But what is the evidence that this is actually the case?

Helping and Mental Health

In a recent meta-analysis, Wheeler, Gorey, and Greenblatt (1998) found 37 studies of the impact of volunteer activities, defined as "voluntary association membership, indirect and direct helping roles" for which they

[6]Controls for demographic factors as well as for other forms of community participation (and change in participation), such as church attendance and participation in other organizations do not eliminate the impact of volunteer participation on the well-being measures at time 2. The authors also study the impact of the six measures of well-being and change in those measures to time 2, three years later, on volunteer hours at time 2, controlling for hours at time 1. There are significant effects here as well. That is, well-being and volunteering have a reciprocal relationship.

could calculate effect sizes.[7] Of these, 20 were cross-sectional, 9 were pre-experimental, seven were quasi-experimental, and only one was a true experiment. The average correlation between helping (or membership) and some measure of well-being, most commonly life satisfaction, was .252 ($p < .001$), with a range from 0 to .582.

In studies that adjusted for health or socioeconomic status, the average correlation was smaller (.186 vs. .322, $p < .05$), but still, "it remained significant in both a practical and statistical sense" (p. 74). Those who engaged in direct helping (12 studies) "seemed to derive greater rewards from volunteering . . . than other elders engaged in more indirect or less formally 'helping' roles" (p. 75). The average correlations for those two kinds of studies were .358 and .173, respectively, ($p < .01$), indicating some greater effect of doing something as compared to simply being a member. This analysis is informative but hardly conclusive of an actual causal relationship.

Midlarsky and Kahana (1994) carried out a survey of 200 community-dwelling and 200 residential elderly individuals on family, neighborly, and volunteer helping, followed four years later by a much smaller experimental intervention designed to increase helping behavior. Helping was significantly related to higher subjective affect–balance (essentially good feelings), social integration, morale, and self-esteem. An interesting but unexpected finding is that the relationship of empathy with both morale and affect–balance is *negative* once helping is entered into the equation. The authors suggested that highly empathic elderly individuals may be at some risk of negative emotional outcomes if exposed to serious suffering, such as long-term illness.

An experimental test would be highly desirable—one in which some elderly individuals are randomly assigned to engage in helping and others are not. Midlarsky and Kahana did the nearest thing to this by randomly assigning 60 elderly respondents to receive an extremely strong, individualized persuasive appeal to volunteer[8] and another 60 were assigned to a control group. This intervention led to increases in perceptions of volunteer opportunities and in all forms of helping that were measured: familial, neighborly, and formal volunteering. Finally, there was a significant effect of all types of helping on affect–balance and self-esteem, and a significant effect of volunteering on morale and subjective social integration.

Effects on Morbidity and Mortality

Researchers have also looked at the impact of volunteering on health and mortality among elderly individuals. Young and Glasgow (1998) analyzed

[7] The inclusion of voluntary association membership is unfortunate, but it is only a small minority of the studies (eight).

[8] Each experimental participant "heard a standardized message in which his or her help was solicited . . . [I]ndividualized brochures were prepared with the help of personal information obtained . . . during the initial telephone contact . . . Information in the brochures was very specific, containing

a sample of 629 nonmetropolitan elderly individuals engaged in either "instrumental" or "expressive" social participation. Instrumental participation included political activities, volunteering, and club memberships.[9] Expressive activities included recreation, cultural events, and education—activities with a more self-oriented focus. Self-reported health status increased as instrumental social participation increased for both men and women; expressive social participation was related to health only for women. Clearly, however, the causal relationship could lead from health to participation rather than the reverse.

Moen, Dempster-McClain, and Williams (1989), studying a sample of women who had been between the ages of 25 and 50 when interviewed in 1956, found that those who had participated in clubs and volunteer activities were less likely to have died by 1986. The analysis controlled for many other relevant factors, including the number of other roles and health in 1956, and the article makes clear that the activities were indeed largely community-oriented (PTA, scouting, book drives, etc.). In a second more complex analysis based on interviews done in 1986 with the 313 surviving women in the sample, Moen, Dempster-McClain, and Williams (1992) found effects on three health measures: self-appraised health, time to serious illness, and functional ability. There is a significant, or nearly significant, effect of organizational participation in 1956 on all three measures, providing strong evidence for the causal impact of community service on health.

Oman, Thoresen, and McMahon (1999) also examined volunteering and mortality in a 1990 to 1991 prospective study of 2025 community-dwelling elderly individuals aged 55 and older in Marin County, California. Mortality was assessed through November 1995. Controlling for health habits, physical functioning, religious attendance, social support, and many other factors, high volunteers (two or more organizations) had 44% lower mortality than nonvolunteers.[10] The impact of volunteering on mortality increased with increasing age—that is, those most at risk were helped the most.

Moderating and Mediating Factors

Musick, Herzog, and House (1999) have taken the first serious step in attempting to track down the mechanisms by which volunteering by

names and telephone numbers of contact persons, types of persons and skills specifically being requested, the nature of the tasks and duties, why the help is needed, and what people are expected to benefit . . ." (Midlarsky & Kahana, 1994, p. 197).

[9] I have tried to focus on actions rather than memberships in defining community service, but here the clubs are at least described as having "community-oriented purposes" (Young & Glasgow, 1998, p. 349).

[10] Their measure of volunteering was developed from two questions, whether respondents did "any volunteer work at the present time" and then "how many voluntary organizations are you involved with?"

elderly individuals might decrease mortality. These authors tracked respondents aged 65 and older at the first wave of the *Americans' Changing Lives* (House, 1995) data set, using the National Death Index, from the year of the survey (1986) through March 1994. They then explored the effect of the amount of volunteering done in the year preceding the survey on mortality. Controlling for health, race, age, income, physical activity, and initial health and impairment, moderate volunteering (fewer than 40 hours per year or for only one organization) had a protective function. Volunteering more than that was no more beneficial than not volunteering at all. Of this effect, the authors stated,

> This curvilinear effect for volunteering supports both the role enhancement and the role strain perspectives. In terms of the former, the findings indicated that simply adding the volunteering role was protective of mortality. To gain the protective effect one did not have to volunteer to a great extent. Indeed, volunteering at higher levels provided no protective effect. This finding is consonant with the role strain hypothesis, which would argue that for older adults, taking on too much volunteering activity incurs just enough detriments to offset the potential beneficial effects of the activity. (House, 1995, p. S178)

The authors admitted that with their data they could not actually test this role-strain hypothesis. They suggested, "Future analyses should attempt to resolve the issue with more specific data on the nature and experience of volunteer work and other forms of productive activity" (p. S19).

Of perhaps greater interest, the protective effect was found only among those low in informal social interaction,[11] conceptualized as a measure of social integration. The role perspective suggests that one mechanism by which volunteering could lead to better physical and mental health is by preventing alienation and anomie, consistent with Durkheim's suicide findings.

In an even more recent study using all three currently available waves of *Americans' Changing Lives*,[12] Musick and Wilson (in press) investigated the role of volunteering in depression. Although there is a strong effect of volunteering, they find only a small mediating effect of social and psychological resources measured at time 2 on depression at time 3. They also discover a dose-response curve: Volunteering in all three waves has a highly significant effect, whereas volunteering in only one wave is unrelated to depression at time 3. It also appears that volunteering for religious organizations has a stronger protective effect than volunteering for only secular causes. In their analysis, the volunteering effect is significant only among those over 65.

[11] This is measured by how often they talk on the telephone with friends, neighbors, or relatives in the typical week and how often they get together with them.
[12] 1986, 1989, and 1994.

Comparing Effects of Helping on Elderly Individuals and Adults in General

Van Willigen (2000) used the first two waves of the same data, comparing the relative benefits of volunteering in 1986 for the life satisfaction and perceived health of older and younger adults in 1989. This study again allows us to begin to look at interaction effects and thus to get a hint of mechanisms. Using ordinary least squares (OLS), she estimated four regressions: on each of the two dependent variables and separately for volunteers under and over age 60. Within each regression, she presented separate models using volunteer–nonvolunteer, time volunteering, or number of organizations volunteered for as the independent variable. Results are clear. For both older and younger adults, volunteering predicts greater life satisfaction and better perceived health. This is true regardless of what measure of volunteering is used. However, the relationships are significantly stronger in the elderly sample using two of the three independent variable measures. That is, volunteering makes more of a difference in life satisfaction and perceived health for those over the age of 60.

There appear to be different stories to tell regarding the two different dependent variables. (a) Life satisfaction increases linearly for the older respondents with more hours of volunteering and with a wider range of volunteer activities—more is better, in other words. For the younger sample, life satisfaction (which is significantly lower overall than for the elderly) increased only up to 100 hours of volunteer work per year, and the curve turns negative after 140 hours. Similarly, although working for one organization provides benefits, working for two does not increase them. (b) Perceived health—which is significantly better for the younger group—shows quite a different pattern. Simply being a volunteer improves perceived health 2.5 times more for elderly individuals than for young adults, and the number of organizations also shows positive effects only in this group. However, the number of hours is curvilinearly related to perceived health for seniors but is linearly related for young adults—exactly the reverse of the relationship for life satisfaction. Why?

Van Willigen suggested, "Young adults who are heavily committed may be particularly likely to have high levels of responsibility, including supervising other volunteers, which may lead to stress, whereas particularly high levels of volunteer commitment may be physically taxing for some senior adults" (2000, p. S 316). In other words, there may be role strain for the younger group when they take on too many volunteer tasks, leading to expressions of low life satisfaction. Seniors, who have fewer roles, may find increasing life satisfaction with increasing involvement, but it may wear them down physically. Remember that this is almost the same group of

respondents for whom Musick et al. found a mortality benefit for light volunteering but no benefit for heavier involvement.

The inescapable conclusion regarding volunteering by elderly individuals is that it is highly beneficial. There appears to be a strong and consistent effect, such that the more an elderly person volunteers, the higher is his or her life satisfaction. The impact is greater on those who need it most. Similarly, some volunteering enhances physical health and even can stave off death. The only caveat appears to be that for physical health, more is not always better. Volunteering in moderation that does not physically tax the elderly individual appears to be best—as with exercise, food, and wine, moderation in all things.

CONCLUSION

In doing this review I have been interested to see the different foci that research on volunteering has taken depending on the age of the people being studied. In studies of youth, the emphasis has been mainly on two kinds of potential outcomes: negative behaviors and intellectual, psychological, and social growth. That is, one focus has been on how volunteering can prevent youth from doing things that are damaging to them, both in the present and in the future—premarital sex, drugs, drinking, crime. The other focus has been on how volunteering can teach something—citizenship, problem-solving, moral reasoning, empathy, or how it can make kids feel better about themselves. The explosion of programs integrating volunteering and academic work—service learning and peer tutoring—are particularly illustrative of this trend. School is a child's work, and it is where children spend most of their daylight hours. Service learning is a way to extend those hours in both time and space and to bring the community into the school and vice versa.

The emphasis in work on adults, including elderly individuals, is mainly in terms of the role that voluntary organization membership and volunteering plays in social integration and the buffering of stress. The typical dependent variables are life satisfaction, depression, physical health, and even mortality. Issues of psychological growth, or learning, are essentially ignored. And certainly nobody talks about how volunteer work can keep these populations from harming themselves! The positive effects with youth do, however, suggest a possible approach to rehabilitation of adult offenders, substance abusers, and other problem populations.

Looking beyond the basic finding that there are positive effects of prosocial actions, we need to ask why and how these benefits accrue. What are the mediators, social, psychological, and physiological, by which

community service is translated into health benefits? That is, for example, does increased life satisfaction come from feeling more efficacious or from basking in positive social feedback? Does it come from enhanced meaning or from just getting out and about? Furthermore, we need to explore whether different benefits result for volunteers at different stages of the life cycle, because of their developmental tasks and different social locations, for different kinds of community service, or for different personality types. That is, we need to discover moderators of the effect.

Midlarsky (1991) has proposed five "analytically distinguishable reasons that helping others may benefit the helper" (p. 240): (a) by providing a distraction from one's own troubles, (b) by enhancing the sense of meaningfulness and value in one's life, (c) by having a positive impact on self-evaluations, (d) by increasing positive moods, and (e) through enhanced social integration based on social skills and interpersonal connections. Clary et al. (1998) suggested that what makes one satisfied—and thus presumably happier and possibly even healthier—will depend on one's goals and one's actual volunteer experience. There is a wide-open field for investigation, but it will require pretesting volunteers on Clary et al.'s scales (some of which strongly resemble Midlarsky's possible mechanisms).

What about the effects on physical health and mortality? How might these come about? Oman et al. (1999) suggested that several of Midlarsky's proposed mechanisms (e.g., improved morale, self-esteem, and positive affect) could influence the body through psychoneuroimmunologic pathways, thus reducing mortality in aging populations. They also caution us that they and others have found interactions of the protective "volunteer effect" with other factors. They found greater effects for the very old and for those who were more religious, for example. At least some of these interactions could be related to compromised immune function in the subpopulations that appear to benefit the most. Here again is a fruitful field for additional investigation.

Finally, different kinds of volunteering and helping may well have different effects on health, and not all forms of helping may be beneficial. In the work on adolescents, the suggestion was made that the most positive effects come when the volunteer feels some autonomy and choice. The literature on multiple roles points out that not all roles are the same. Specifically, Thoits (1992, 1995) has suggested that obligatory roles may have fewer positive effects than voluntary roles, and Baruch and Barnett (1986) cautioned us that we must think about role quality. For example, half of the AIDS volunteers in Snyder and Omoto's (1991) research drop out within a year, because such work is emotionally debilitating.

As the population ages, more and more caregivers and volunteers will be exposed to obligatory, unrewarding, and in fact depressing forms of helping

behavior.[13] We already hear of the "sandwich generation," caught between the needs of their children and those of their parents. Society will need to develop institutions such as respite care to provide some relief for those who will be taking on these highly burdensome roles. However, the fact that helping does not always feel good is far outweighed by the preponderance of evidence in the foregoing review that helping and volunteering can improve mood, increase self-esteem, and contribute to mental and physical health. The message of the Red Cross poster—"all you'll feel is good"—may be an overstatement, but on many levels—psychologically, socially, and even physically—one indeed does "do well by doing good."

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