



Volunteering as reciprocity: Beneficial and harmful effects of social policies to encourage contribution in older age

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ABSTRACT

Social policy applications of 'active ageing' ideals have recently focussed on volunteering as a beneficial and valuable contribution that older people can make to their communities. In this paper we draw attention to the positive and negative effects of a general imperative to contribute. Understanding the benefits of contribution in terms of the moral force of reciprocity recognises that older people do need and want to contribute to society and these contributions are beneficial for their sense of identity and wellbeing. However, older people vary greatly in their health, financial resources, and social networks and should not be seen as a homogenous group whose members must contribute in the same way. A policy focus on the imperative to contribute as a participating citizen can be oppressive and lead to withdrawal from social engagement by those who are the most in need of support to participate. Priorities for social and organisational policies must include support for the many ways older people are able to be involved in their communities and to provide structures necessary to support their preferences. A focus on individual responsibility for active engagement in society, which does not take account of individual circumstances or past contributions, can be harmful.

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Introduction

As populations age (World Health Organization, 2012), older people are increasingly being identified as a homogenous group who are a problem to society. Martin, Williams, and O'Neill (2009) are among those who have noted this new form of ageism seen in media use of alarmist metaphors of a 'time bomb' or 'tidal wave' of older people about to engulf the population. Social policy responses to increases in life expectancy and growth of the older population have shifted from those focussing on dependency and care, toward the promotion of independence, participation, and wellbeing for older people. Such policies resist the negative positioning of older people as a burden, and instead focus on older people as a

resource that can be used to address difficulties associated with population ageing (Peng & Fei, 2013). Such policies are largely based on World Health Organization (WHO, 2002) recommendations to promote 'active ageing'.

One of the main expectations of an actively participating member of society is that they should support others (Martinez, Crooks, Kim, & Tanner, 2011) and for older people, this is often understood in terms of 'volunteering'. Martinson and Halpern (2011) note the recent focus of active ageing policy discourse on volunteering and civic engagement. In this paper we discuss the benefits of active ageing policies to promote volunteering among older people, while pointing to the potentially oppressive nature of such policies.

Volunteering as participation

Volunteering may be seen as formal, in terms of service provided to a community group, or informal and private,

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such as care-giving for a family member or neighbour (van Tienen, Scheepers, Reitsma, & Schilderman, 2011). Both formal volunteering and informal volunteering are a major resource for any community, large or small, because volunteers provide services that are outside the remit of social institutions or could not be otherwise afforded by individuals and the wider society (Seaman, 2012). In Australia, for example, it has been found that older people are most likely to volunteer for community and welfare organisations (Warburton & Cordingley, 2004). Although older age groups generally volunteer less than those in the mid age groups, older people are more likely to be highly committed volunteers; they give more time to their volunteering, and stay with organisations longer (Lyons & Hocking, 2000; Zappala & Burrell, 2002). Accordingly, as the baby boomers reach retirement in many countries, we should be able to look forward to the contributions of a large cohort of volunteers with a variety of life experiences and skills.

Although social policy may now emphasise volunteering, it is not a new idea, and older people are often keen to participate or see themselves as important providers in the community (e.g., Heenan, 2010). A qualitative study of 145 people aged from 63 to 93 years old (Stephens, Breheny, & Mansvelt, 2014), showed that many older people wanted to contribute to their communities in various ways such as providing financial and practical support to family and friends, through charitable donations, and by formal volunteering. Many participants in this study were involved in community roles with service organisations, community trust boards, ratepayer groups, environmental groups, and advocacy organisations. They described their formal volunteering roles as community service and as a pleasure, often in terms of what they themselves gained from the experience, for example meeting new and interesting people, having something to look forward to, and having a structure to their daily and weekly activities. Similarly, other research has found that volunteers value the opportunities to use their time productively (Townsend et al., 2014). Volunteering fosters a sense of belonging, increased self-worth and enjoyment (Narushima, 2005; Townsend et al., 2014), and offers opportunities for generativity (Narushima, 2005; Warburton & Gooch, 2007). Describing the value of contribution in these terms fits with the policies of active ageing, in that contribution to others provides a way to remain engaged with the community, to enjoy the company of others, and to use the skills developed during one's working life to benefit society. All this has very positive implications for older people who can contribute in these ways.

The benefits of volunteering

Volunteering has also been shown to have many positive health effects for volunteers. A recent comprehensive review concluded that "...volunteering among older adults is related to better psychosocial, physical, and cognitive health, as well as better functional performance." (Anderson et al., 2014, p. 19). In regard to physical health, older volunteers are more likely to have better specific outcomes such as reduced hypertension (Burr, Tavares, & Mutchler, 2011) and better self-reported health (Piliavin & Siegl, 2007; Thoits & Hewitt, 2001). Several recent reviews (e.g., Grimm, Spring, & Dietz, 2007; Harris & Thoresen, 2005; Oman, 2007) and a meta-analysis (Okun,

Yeung, & Brown, 2013) have supported the relationship of volunteering to decreased mortality. Research has also shown better psychological health for volunteers compared to non-volunteers (Greenfield & Marks, 2004; Piliavin & Siegl, 2007; Thoits & Hewitt, 2001). Particular psychological benefits noted are maintenance of self-identity, a sense of social connectedness, and feelings of belonging (Battaglia & Metzger, 2000; Musick, Herzog, & House, 1999). Volunteers are also less likely to report feeling lonely or socially isolated (Warburton & Cordingley, 2004) and volunteering can help people withstand losses such as widowhood or retirement (Utz, Carr, Nesse, & Wortman, 2002). Longitudinal studies have found that volunteering over time resulted in lower rates of depression among older adults (Morrow-Howell, Hinterlong, Rozario, & Tang, 2003). In a range of studies, engaging in helping behaviours has been related to increased energy and to greater feelings of joy and happiness among older adults (Dulin, Gavala, Stephens, Kostick, & McDonald, 2012; Midlarsky & Kahana, 2007; Wheeler, Gorey, & Greenblatt, 1998).

How do we understand these important positive effects of giving to others? One important aspect of volunteering is social engagement or participating in social life. Social engagement among older people has been well recognised as a predictor of health status, cognitive functioning and mortality (Thomas, 2012). However, Anderson et al. (2014) have reviewed many studies which point to the wellbeing benefits of volunteering over and above those of social engagement. Altruistic motives or helping others and providing support rather than receiving support, have been shown to be directly related to better physical and mental health. Although people have various motives for volunteering (Narushima, 2005), it appears that the altruistic aspect of volunteering is particularly beneficial. A key way in which the social function and the benefits of helping others have been theorised is in terms of reciprocity.

Reciprocity

Reciprocity is often understood simply as a social exchange of benefits, with each party expecting some return. For example, Zaninotto, Breeze, McMunn, and Nazroo (2013) summarised recent research with older people that supports such notions of reciprocity. Cross-sectional studies showed that those engaged in volunteering were more likely to report greater well-being if they also felt adequately rewarded for their activities. However, social theorists have developed more complex accounts of the functioning of these exchanges.

Gouldner (1960) made the seminal distinction between reciprocity as a pattern of exchange and reciprocity as a moral norm. Thompson (2013) has drawn upon this development of more nuanced socially based theorising to understand reciprocity in terms of socially constructed identities. For older people this is seen in terms of 'giving back' to society or community in general, rather than as a simple rational sense of exchange and accounting (Quandt, Arcury, Bell, McDonald, & Vitolins, 2001). From this perspective, reciprocity (mutual exchanges of help or gifts) may be understood as a general moral belief that is an important social force (Offer, 2012; Uehara, 1995). Uehara (1995) demonstrated that the normative nature of reciprocity means that, not only giving without return, but receiving more than one gives is also an uncomfortable moral position for a person. While there are differences

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