



Care leavers as helpers: Motivations for and benefits of helping others



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ABSTRACT

Much of the attention concerning youth in care focuses on the ways they are being helped and supported. This study focuses on the motivations and experiences which lead youth in care to assume a helper role, the meaning they ascribe to such a role and the benefits consequently gained. The study sample consisted of 28 Israeli and German care leavers, aged 18–26, who had begun, were about to begin or had already finished higher education. The results show various motivations for assuming a helper role e.g. socialization through early parental roles within biological families, modeling by significant others, and exposure to pro-social values and opportunities for volunteering within the care systems. The ways that these young people support others vary. Some volunteer within their communities, some support members of their family of origin, and others integrated the idea of supporting others into their career choice. According to these young people, assuming a helper role provided a strong sense of purpose in life and contributed to their self-efficacy, social connectedness and ability to cope with their adverse past. In particular, supporting others seems to reflect care leavers' wish to lead a normal life.

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1. Introduction

In the last two decades a large body of literature has documented the poor outcomes of young adults leaving care across multiple domains including low educational attainments (Courtney, Dworsky, Lee, & Raap, 2010; Jackson, Ajayi, & Quigley, 2005), great financial difficulties (Reilly, 2003), involvement in criminality and substance abuse (Courtney & Dworsky, 2006) and mental health problems (Pecora et al., 2003). In line with the concept of resilience, and findings showing that many young people thrive and succeed despite adverse circumstances, much attention has been directed to unraveling the factors associated with successful outcomes following their exit from care. Among these resilience factors, social support and assistance made available to youth both during and after care is considered a key factor (Stein, 2012). Thus, many studies document the contribution of help received from the biological family (Collins, Spencer, & Ward, 2010), professionals (Lemon, Hines, & Merdinger, 2005) and mentors (Collins et al., 2010). Studies among the general population consistently suggest that giving, rather than receiving, support is also highly beneficial for youth and young adult development (Kosterman et al., 2005; Schwartz, 2012). Specifically, the 'helper paradigm' contends that

marginal populations with adverse backgrounds are especially likely to benefit from engaging in helping others (Pagano, Post, & Johnson, 2011; Reissman, 1965). While these ideas seem highly relevant for youth placed in care, they have been rarely studied, and little is known regarding the effects of such helping behaviors or the processes that lead to them, among this unique group.

The present study, part of a larger study following the trajectories of care leavers in higher education, focuses on this unique phenomenon that emerged as a dominant theme in the lives of some of the care leavers in our study. Specifically, the manuscript will explore the processes leading young people to engage in helping behaviors and the contribution of these behaviors to young adult outcomes.

2. Research on helping others — becoming a helper and the benefits gained out of it

From a psychological perspective, studies examining the processes by which individuals develop therapeutic tendencies and abilities, leading them into helping professions such as medicine, psychology or social work, suggest that many do so as a result of early experiences of marginality and of needs in their families of origin that were conflictual or unmet emotionally (Farber, Manevich, Metzger, & Saypol, 2005). A concept receiving much theoretical attention is the concept of the "wounded healer" — a common perception that many helping professionals enter their profession as a result of their own personal wounds (White, 2000). In other words, a sufferer of a certain malady is particularly adept and passionate to assist fellow sufferers.

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Clinical observations and qualitative biographical analysis of the lives of acclaimed therapists have linked motivations to treat others and the development of therapeutic abilities to personal wounds (Orlinsky & Rønnestad, 2005; Skovholt, Jennings, & Mullenbach, 2004). According to these accounts many of the therapists came from a conflictual familial background, where they were assigned the role of the therapist or the “peace maker” in their families, and developed their therapeutic abilities while working through their own difficulties. Comparative studies examining differences in childhood experiences of adversity and marginality between students in the helping and non-helping professions have provided evidence that the former are characterized by significantly more psychosocial trauma in their families of origin (Rompf & Royse, 1994; Russel, Gill, Coyne, & Woody, 1993).

Much of what we know regarding the sociological processes leading young people to engage in helping behaviors is based on the large volume of research in the youth volunteering field. While the dynamics leading young people to engage in helping behaviors in a professional context, are undoubtedly different in many aspects, the volunteering literature is nevertheless important for our understanding of how the basic wish to help others is formed, shared in our case, by either type of helping – voluntary and occupational. Socialization is one main process known to lead youth to volunteer, whether by promoting volunteering values, providing role models, or giving support, information and encouragement. Thus, parents, schools and churches are primary sources of influence that increase the likelihood of volunteer work among youth (Lo, 2001; Sundeen & Raskoff, 2000). Parents promote volunteering tendencies in their children when they engage in volunteer work themselves (Metz & Youniss, 2003), when they teach them about social responsibility and justice (Flanagan, Bowes, Jonsson, Csapo, & Sheblanova, 1998), or simply when they provide their children with strong support in general (Amato & Booth, 1997). School is another important social arena where positive attitudes toward volunteering may be learned. Children who volunteer during their school years develop more pro-social attitudes and are more likely to volunteer in college and later in their adult life (Damico, Damico, & Conway, 1998). It is unlikely though that these socialization processes took place in a similar fashion in the lives of care leavers separated from their parents at an early age.

Considering the potential benefits of helping others, the helper principle (Pagano et al., 2011; Reissman, 1965) at the core of the field of self-help groups refers to the positive impact that helping fellow sufferers may have on the helper, especially on helpers coming from low-income or otherwise deprived circumstances. Self-persuasion through persuading others with the implicit thesis “I must be well if I help others”, may be one mechanism through which helping others supports the helper (Reissman, 1965). At the same time, it is a resource for coping with life's conflicts, as someone reaching out to care for others is distracted from his or her own problems and destructive levels of self-absorption are reduced (Oman, Thoresen, & McMahon, 1999). It can also convince people that they can make a change in the world, and this feeling is known to protect people from depression (Green, 2011). Finally, on a social level, caring for others is a way for people to become more integrated into their community, and it is well established that social integration yields positive physical and mental health effects (Cohen, 2004).

Studies focusing specifically on youth and young adults' have pointed out the potential role caring for others can play as a resilience factor by providing a buffer against problem behaviors such as criminality, substance abuse and teen pregnancy (Barber, Eccles, & Stone, 2001; Kosterman et al., 2005). Young persons who volunteer were found to have higher educational aspirations, a stronger intrinsic motivation toward school work, higher grades, (Johnson, Beebe, Mortimer, & Snyder, 1998) and higher rates of college attendance (Eccles & Barber, 1999).

Youth coming from high-risk backgrounds such as those of low income and of immigrant or minority status, who are at the core of

substitute care, exhibit lower levels of social and civic engagements compared to other youth (Lee & Pritzker, 2009; Marcelo, Lopez, & Kirby, 2007). This may not be surprising given that education was found to be the most consistent predictor of volunteerism (Wilson, 2000) and that compared to non-volunteering youth, volunteering youth show higher personal competency, more access to social power, and more contact with family, friends and teachers who volunteer (Sundeen & Raskoff, 2000). Nevertheless, studies documenting the effects of intervention programs aimed at engaging youth from adverse or minority backgrounds to volunteer for their communities have testified to positive effects similar to those presented earlier for the general population (Haski-Leventhal, Ronel, York, & Ben-David, 2008; Pritzker, LaChapelle, & Tatum, 2012). Regarding youth in care specifically, a number of authors have commented on the success of private initiatives supporting young people by encouraging them to actively care for others (e.g., Gilligan, 1999), but on the whole the issue has received very little attention. Hass and Graydon (2009) examined sources of resiliency in a sample of 44 care leavers studying in post-secondary educational programs. The strong sense of commitment to help others expressed by the young people in the study was linked to their successful outcomes. The authors conclude that such helping behaviors “allow youth to move beyond simply being passive recipients of services and help to being active contributors to the families and communities in which they live” (p. 462).

To sum up, the data provided thus far offer an idea of the multiple paths that may lead young people to engage in helping behaviors and the many benefits derived from such behaviors. While this may be a promising avenue for promoting resilience among youth with substitute care histories, given their unique circumstances (repeated traumas, growing up away from home and family in institutions or otherwise specialized care), further investigation is warranted.

3. The current study

In 2011 a German–Israeli team of researchers were awarded a grant by the Jacobs Foundation (grant no. 2011-920) to undertake a study into the pathways to higher education among care leavers. As a part of this project – “Higher Education without Family Support” (www.hei4cal.com) – exploratory, in-depth qualitative research was used to identify factors that promote or block care leavers' successful transition to, and integration into higher education. Although there is much in common among care leavers across most Western countries, there are also significant differences (Stein & Munro, 2008). For instance, unlike their German peers, most Israeli young adults are required to enlist to a compulsory military service (or a National-Civic Service) and can enter higher education only if they complete their service. This study will not focus on these differences.

Learning from the accounts of (academically) successful care leavers about what facilitated their success is a useful approach, commonly used, when examining resilience-related factors (Hass, Allen, & Amoah, 2014; Martin & Jackson, 2002). While the young people's life stories were being analyzed, the supportive aspect of them helping others stood out as such a factor and became a new relevant focus within the original study.

Therefore, the present study sought to examine how these young adults, who have integrated, or were on the verge of integrating, into higher education have come to be engaged in helping behaviors and the benefits they derived from them.

4. Methods and analysis

Autobiographical interviews were conducted with young people for data collection. Different ways were used to contact and recruit participants for the study. In Germany, social workers from child welfare agencies were asked to contact care alumni in higher education. Furthermore, student councilors were approached and, within universities, postcards

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