Embracing the Other

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INTRODUCTION

This is a chapter about altruism and helping in late life. Helping is used here as a general term referring to all instances in which one individual comes to the aid of another. Altruism, on the other hand, is viewed as a subcategory of helping, in which the behavior is voluntary—and is motivated by concern for others rather than by the anticipation of rewards.

What do we know about altruism and helping in older adults? In the literature of gerontology, burgeoning in response to the recent, dramatic increases in longevity, the importance of helping is often cited. Pairing of the two terms “aging” and “helping” typically evokes the image of help giving that flows from the young to the old. Indeed, the proportion of aged persons is often represented by the dependency ratio, defined as the “ratio of the combination of persons over 65 plus children under 15 to those in the working age population” (Hendricks and Hendricks 1981, 61). This ratio is generally interpreted as an objective means for expressing “numerical relationships between the ‘productive’ and dependent components of a population” (Adamchak and Friedmann 1983, 321).

It is therefore not surprising, perhaps, that the predominant

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emphasis in the social science literature has been on service needs of older adults, and the societal response to those needs (Cape 1978; Exton-Smith and Evans 1977; Frankfather, Smith, and Caro 1981; George 1987; Kahana and Felton 1977; Lawton, Moss, and Grimes 1985). At the same time that one group of gerontologists emphasizes passivity and dependency, a second group emphasizes autonomy and personal control. For this second group, healthy, maximally functioning older adults are viewed as having the capacity to avert dependency at least to some extent, and to maintain independence—a cherished goal in today’s society (Cohler 1983; Dean, Hickey, and Holstein 1986; Gould 1972). Indeed, autonomy has been described as a hallmark of adult development (Giele 1980). At the highest levels of functioning, the elderly may be involved in networks of relationships in which they give as well as receive help (Breytspraak, Halpert, and Olson 1985; Morgan 1976; Payne and Bull 1985). Only rarely is the possibility of altruism, or nonreciprocal helping, given serious consideration (Kahana, Midlarsky, and Kahana 1987).

There is, however, an irony inherent in the focus on old age as a period in which help is received or exchanged, but rarely emitted for the sake of others. If, as other contributors to this volume contend, the capacity for altruism generally increases with development, shouldn’t we expect the elderly to manifest the most altruism? The view of old age as a period of dependency and self-absorption, devoid of yearnings to be altruistic, bespeaks a highly negative view at best.

Ultimately, however, speculations and suppositions must be put to empirical test. The goal of this chapter is therefore to describe a program of research that was designed to investigate the degree to which older adults help others, the nature of the helping, and the consequences of the participation in contributory roles.

**CROSS-AGE COMPARISONS OF HELPING: NATURALISTIC-EXPERIMENTAL RESEARCH**

The first of the studies in this domain, conducted with such associates as Eva Kahana, Mary Elizabeth Hannah, and Robin Corley, was designed to investigate the functional form of the relationship between age and altruism. In considering human interaction, we sometimes appear to assume that altruism is or, from a societal perspective, *should* be a product of development. “Ma-
ture" individuals, willing to put aside their own needs, at least at times, to consider the rights and needs of others are vital contributors to a civilized society. But does such "maturity" reach its apex at forty? At fifty-five? At eighty? At least some self-report measures of helping—which include items inquiring how often one has helped older persons shovel snow or cross the street—seem to assume that the young help, and the old receive help. Are all old people needy recipients in today's society (Brickman et al. 1982), or do they emit helping responses? If older adults do help others, with what degree of frequency does the helping occur, compared to younger persons? Specifically, it was the question of relative frequency that the first set of studies addressed.

The studies of the relationships between age and helping were undertaken in a research climate in which the preponderance of psychological investigations in this domain are small-scale experiments, looking at when and why children, adolescents, and, occasionally, young adults help others (cf. Krebs and Miller 1985; Midlarsky and Hannah 1985). In most of the research, helping is studied in the psychology laboratory—an artificial and unfamiliar setting for human behavior. The widespread reliance on laboratory experimentation has had the great virtue of facilitating causal interpretation of factors eliciting or maintaining altruism under controlled conditions. On the other hand, laboratory research has limited ecological validity, so that there is always the danger that even the most sophisticated research on altruism may provide little information about the prevalence of helping and altruism outside of the psychologist's laboratory (Dovidio 1984).

Review of the literature uncovered few studies addressing the question of relative frequency of helping at different ages. This is not to say that no relevant research has been conducted (Brickman et al. 1982; Eron 1987; Rushton et al. 1986). There was, however, a paucity of studies in which (1) direct observation was made of the actual frequencies and amounts of helping in real-life settings (see Latane and Darley 1970; Rheingold, Hay, and West 1976; Strayer, Wareing, and Rushton 1979); (2) helping was observed in people of varying ages (Midlarsky and Kahana 1983). No studies could be found in which helping by people of different ages was studied in identical situations. Our research was designed to directly observe real-life helping by persons of diverse ages. Although in vivo settings were employed, great care was exercised in order to assure situational equivalence across age groups. In planning
these studies we also took cognizance of the possibility that altruism and helping are of at least two kinds—sharing of one’s resources or “wealth” (in the form of time, money, effort), and sharing of a burden of pain, difficulty, or adversity (as in rescue attempts) (Midlarsky 1968). Because of the possibility that the relative frequency by older and younger persons would vary with the type of helping, separate lines of investigation were conducted.

**Donation Behavior**

Investigators of donations, or generosity, have tended to find a linear relationship between age and helping, generally upholding the prediction that helping increases with age (Barnett, King, and Howard 1979; Midlarsky and Hannah 1985). However, these developmental studies have typically included respondents no older than late adolescents.

From the existing literature, two competing hypotheses—of a curvilinear versus a linear functional form—emerged concerning the relationship between altruism and age, when the span of ages is extended to include late life. The prediction of a curvilinear relationship is based on empirical findings of an increase in donations with age in the early years, in combination with theoretical positions in the field of gerontology. For some gerontologists, a special joy of the later years of life can be autonomy—the freedom, at last, from social obligations and expectations (Cohler 1983). In contrast to Cohler’s (1983) emphasis on the motivating force of autonomy, other theorists argue that the most salient characteristic of late life, just as in early life, is dependency (Baltes et al. 1983). The social exchange position also predicts decreased helping in late life, at least in situations in which the “justice rule” prevails. As Dowd (1980) writes, older adults as a group have “invested their lives in society. . . . Yet their rewards, in terms of income, prestige or autonomy fall far below our usual definitions of proportionality” (598). The implication is that because of perceived unfairness, older adults would no longer be motivated to help others. Taken together, then, we find a composite view in which, following a period in early life in which relatively little concern is expressed for the welfare of others, individuals become increasingly generous—concomitant with decreases in dependency. Late life becomes, once again, a period of relatively little concern for others because of the
focus on one’s own need for autonomy, enhanced dependency, or a consciousness of inequitable treatment.

Militating against the curvilinear hypothesis, however, are theoretical perspectives positing that vital involvement in the social world, in which caring is a central element, is required for successful adaptation in old age (Erikson, Erikson, and Kivnick 1986). There is also evidence that altruistic behavior and motives may exhibit a linear increase from middle to later adulthood. In a cross-sectional study of 572 pairs of twins, from nineteen to sixty years of age, paper-and-pencil measures of altruism, empathy, and nurturance increased with age (Rushton et al. 1986).

In an effort to explore donation behavior across the life span, and to determine whether the relationship between age and donations is linear or curvilinear, two experiments were performed in randomly selected shopping malls and parks, known to be frequented by individuals of diverse ages. In both experiments, people had the opportunity to donate to a fund for infants with birth defects (Midlarsky and Hannah 1989).

In the first study, the standard situation included posters with pictures of sad or crying infants and their parents. Over a two-week period, a young woman in her twenties set up a small table near the posters and invited donations, on a randomized schedule. Behavior was observed during numerous time slots by one solicitor and three research assistants at each site.

Results of this study indicated that there was an increase in numbers donating from the youngest ages (5–14 years: 32%), through the early adult years (25–34 years: 59%), a plateau in the middle-adult years (35–64: 73%), a rise at age 65 (65–74: 93%), followed by a decrease in the 75+ age group. Ryan’s (1960) procedure for pairwise comparison in chi square yielded the finding that more people 15–24 years of age donated than did those 5–14 years of age (p < .001 for all comparisons). The three groups from 35 to 64 years of age donated significantly more frequently than did all of the younger groups (p < .001), but did not differ significantly from one another. In addition, more individuals 65 to 74 years of age donated than did those in any other group studied here. Fewer of the oldest group, aged 75 and above, donated than did those in the 65- to 74-year age group. Nevertheless, more people in the oldest group donated than did those in any of the under-65 age groups who were exposed to the charitable appeal (p < .001 for all comparisons). Analysis of var-
Figure 11.1
Response by age to solicitation for donations to a fund for infants with birth defects. (Note: Mean donations are given in pennies.)

Variance of amounts donated yielded a significant main effect for donor age ($F(7,2700) = 194.13, p < .001$), and eta squared calculated on age indicated that this effect accounted for 41% of the variance. Figure 11.1 depicts the relationship between age and amounts donated.

As figure 11.1 suggests, amounts donated showed a linear trend
from ages 5–14 through ages 35–44, followed by a plateau until the age of 65, at which time there was a significant decline. Results of Newman-Keuls tests indicated that all of the mean differences were significant (at $p < .01$ and $p < .001$) with the exception of the three groups of adults in the 35- to 64-year age range. The youngest respondents, 5–15 years of age, donated the smallest amounts, followed by the oldest group, 75 years of age and over ($p < .01$). The mean amount donated by the young-old, 65–74 years of age, was significantly greater than the means for the groups ranging from 5–15 through 55–64, and for the oldest old (all significant at $p < .001$). However, although the young-old were the most frequent donors, on the average they donated significantly less money than did all three groups of adults in the 35- to 64-year age range. Because of the possibility that amounts donated may have reflected differential financial resources across the life span—wherein donations were more costly for older adults—a second experiment was conducted.

The second experiment addressed the question of whether the relationship between age and amounts donated was due to a decline in perceived financial resources, and a concomitant increase in costs of donating for the elderly, rather than a disinclination to give. The donation task in the second experiment required time and effort, rather than actual funds. In this study, people approaching the donation table saw a two-lever device, rather than a donation canister. Each person approaching the machine was told that if he or she wanted to help the infants with birth defects, then he or she should operate the lever labeled “for the children.” For each pull of that lever, five cents would be donated to the fund by local merchants.

The second, or “neutral” lever was included to clarify the meaning of the experimental results. One possibility, in a study using a novel apparatus, is that a response to “gadgetorial seduction,” and not an altruistic impulse, may predispose the lever pulls. What makes a lever pull or any other motoric response altruistic is the motive. Thus, the neutral lever—for which no explanation was given to the study participants—was introduced to reduce the ambiguity about what caused the responses that were observed.

Results of the second experiment indicated that the numbers of people donating at the various ages were very similar to the num-
bers in the first experiment, with more older persons than younger persons proffering help. As in Study 1, using pairwise mean comparisons, evidence was found for a linear increase in numbers of persons donating with age. Results also indicated that the numbers donating in each age group, the age trends, and the significance levels were virtually identical in the two studies, with one exception. Although a larger proportion of young-old individuals, 65–74 years of age (92%), donated in comparison with the oldest adults, ages 75 and above (87%), the difference between the two oldest groups failed to reach significance.

The relationship between age and amount donated, with donations defined in terms of lever pulls, is depicted in figure 11.2. ANOVA of amount donated resulted in $F(7, 2681) = 611.08, p < .001$ for donor age. Eta squared indicated that 58% of the variance was explained by donor age. Newman-Keuls tests provided evidence of a steady increase in amounts donated, with each age group donating more than the group below it in age, and with the oldest respondents (75 years and above) donating most. All of the age groups differed significantly from one another, with the exception of those aged 35–44, 45–54, and 55–64, which once again were not significantly different from one another in amounts donated.

Pulls of the neutral lever—which was included to eliminate the argument that the motoric response used as the dependent variable was based primarily on the novelty of the donation task—were extremely rare. Numbers of neutral lever pulls ranged from a mean of 1.16 for the highest responders (i.e., the youngest individuals, 5–14 years of age) to a mean of zero for both the 65–74 and the 75+ age groups. Indeed, the oldest people in the study were the only respondents who entirely ignored this lever.

Hence, in Study 2 the relationship between age and helping was maintained and the highest donations were given by the oldest adults. These results were obtained in the context of a procedure wherein the attempt was made to equate the costs of helping across age groups as much as possible. The methodology included the use of a donation task that was novel for all recipients, and the selection of times (weekends) and places (parks, malls, and shopping centers) in which the people studied were generally at leisure. In sum, the results of the two experiments taken together indicate that generosity may increase throughout life, particularly when resources for helping are available.
Rescue

A second line of investigations was then designed to explore the relationship between age and rescue behavior among persons in the adolescent (age eighteen) to late-life age range. The principal rationale underlying this research was to evaluate the possibility that the relationship between age and rescue behavior may be
different than the relationship between age and donation behavior. Because the decrease in resources and consequent increase in costs of helping associated with aging may be even more pronounced in regard to rescue, in which two facets of responding—strength and speed—may be markedly diminished (Kauler 1982), our initial expectation was that the elderly would manifest lower rates of interest in rescue than other age groups.

The first study began with announcements of first aid classes, including thorough training in emergency intervention techniques such as CPR. These announcements were made in a diversity of settings to insure that similar numbers of younger (18–64) and older (65+) people would be exposed to them. Independent variables included the financial cost of the classes (no cost, three dollars for the course materials, or ten dollars), and transportation (provided or not provided).

Results indicated that persons between the age of 64 and 75 were more likely to sign up for and attend such classes than were younger adults aged 18–24, \( \chi^2 (1) = 46.1, p < .001 \) and 25–34 \( \chi^2 (1) = 109.03, p < .001 \) but not significantly more apt to participate than were people aged 35–64 \( \chi^2 (1) = 1.07, p < .05 \). Also, significantly more middle-aged persons signed up for the course when the fee was ten dollars, in comparison with all three of the other age groups: 18–24 \( \chi^2 (1) = 36.95, p < .001 \), 25–34 \( \chi^2 (1) = 25.72, p < .001 \), and 65+ \( \chi^2 (1) = 8.54, p < .01 \). For the oldest persons, there were no significant differences between the condition in which the fee was zero and three dollars \( \chi^2 (1) < 1 \). Verbalizations supported the interpretation that there was sufficient motivation to incur a cost, if the cost was perceived as affordable. Among the youngest respondents, the monetary cost was an important factor. Of the 18–24-year-olds signing up for the course, 58% responded when no fee was charged, 30% in the condition in which the fee was three dollars, and 12% when the fee was ten dollars: \( \chi^2 (2) = 43.33, p < .001 \). In regard to transportation, older adults were disproportionately represented in the condition in which transportation was provided: \( \chi^2 (1) = 254.89, p < .001 \). No effect was obtained for transportation in the other age groups \( \chi^2 (1) < 1 \) for each age group).

Results of a followup questionnaire determined that the oldest adults, 78% of whom were fully or partially retired from paid employment, had lower perceived financial resources (Liang, et al. 1980), and were less likely to have a means of transportation readily
accessible, than people in the other three age groups. In order to obtain an estimate of cost in the form of time expenditure, respondents were asked about perceived time available for this activity. All of the participants, including the oldest individuals, responded by saying that their time was at a premium, but that the activity was valuable enough to be undertaken. No age differences were found in perceptions about available time.

All of the people who enrolled were also asked their motives for wanting to participate. Younger persons expressed a wide range of motives, from interest in the subject matter (35%) to desire to obtain a new skill (74%), curiosity (54%), perceived need to fulfill a career-related or educational objective (36%), interest in filling some spare time (27%), and desire to learn how to help others (34%). Elderly persons gave less diverse motives for their interest. The great majority (85%) expressed a strong desire to be effective helpers in situations involving health emergencies. In regard to the CPR component of the program, the most frequent type of spontaneous comment by older adults (62%) was “Who knows! If I learn to do this right, I may be able to save a life!”

In a continuation of this research, respondents were categorized into three age groups: younger adults (18–34), middle-aged adults (35–64), and older adults (65+). One-half of those enrolling were given the course of instruction, and one-half engaged in a series of value clarification exercises, which was described to them as a necessary prerequisite to the actual first aid course. Participants in both conditions were exposed, on an individual basis, to a staged emergency requiring quick response to a need for medical help by a 30-year-old woman. Data from this investigation are summarized in table 11.1. Results indicated that significantly fewer of the older adults attempted to help than either people in the 18–34 age range ($\chi^2 (1) = 10.73, p < .01$) or people 65 years of age and older ($\chi^2 (1) = 18.52, p < .001$). Within the group of elderly participants, older persons in the first aid course were more likely to help than those who had not taken it ($\chi^2 (1) = 7.81, p < .01$). In contrast, neither younger persons nor middle-aged persons completing the first aid course were more likely to help than were those who had not received the first aid training ($\chi^2 (1) < 1$ for both comparisons).

The effectiveness of the help provided—defined as the degree of appropriateness and accuracy of the skills that were employed—were then examined. As the data in table 11.1 indicate, trained older persons were more likely to be effective helpers, both in com-
Table 11.1
Numbers, Percentages, and Effectiveness of Rescue Attempts by Participant Age and Completion of First-Aid Course

<table>
<thead>
<tr>
<th>Age of Respondent</th>
<th>Completed</th>
<th></th>
<th></th>
<th>Not Completed</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>Effectiveness</td>
<td>N</td>
<td>%</td>
<td>Effectiveness</td>
</tr>
<tr>
<td>18–34</td>
<td>91</td>
<td>83</td>
<td>121</td>
<td>93</td>
<td>85</td>
<td>76</td>
</tr>
<tr>
<td>35–64</td>
<td>97</td>
<td>88</td>
<td>110</td>
<td>95</td>
<td>86</td>
<td>74</td>
</tr>
<tr>
<td>65+</td>
<td>87</td>
<td>79</td>
<td>162</td>
<td>67</td>
<td>61</td>
<td>71</td>
</tr>
</tbody>
</table>

Note: Each of the six groups included 110 respondents. The effectiveness scores are based on a weighted combination of ratings of the appropriateness and accuracy of methods used to intervene. Further information about their derivation is available from the author.

comparison with older people who were not yet trained, and with both trained and untrained younger people \( p < .01 \) for all comparisons). Since measures of effective helping reflected the knowledge of helping skills and strategies learned in the first aid course, the older adults appeared to be good students, indeed. As memory researchers have found, the performance of older adults on tasks designed to assess memory is improved when the material is meaningful, when they are motivated, and when the tasks are performed in the context of a naturalistic situation rather than the artificial environment of the experimental laboratory (Hartley, Harker, and Walsh 1980; Hultsch 1974; Light 1991).

This study demonstrates that when faced with the need for physical intervention, older people may be less apt to offer assistance than younger people. On the other hand, more older adults attended a CPR class when the class was made accessible and affordable. The primary motive expressed for attending the class was, for most older adults, the desire to help others rather than a desire for self-improvement or satisfaction of their curiosity. The fact that the number of helping attempts was increased among the older participants completing the first aid class, and not among the younger or middle-aged adults, may reflect a lower initial level of perceived competence to respond in an emergency among older adults. An important effect of the training may have been to disinhibit helping by increasing both actual and perceived competence. It is interesting to note that younger trained helpers are not more effective than older trained helpers. Indeed, they may be somewhat less motivated to help, as indicated by their overrepresentation as participants in the no-fee group.
SURVEY RESEARCH ON HELPING BY THE ELDERLY

Experimental studies have the advantage of permitting the direct observation of behavior under controlled conditions. However, issues of sampling may be less rigorously addressed than they are in surveys of broader populations. Encouraged by the results of the experimental studies in natural settings—which revealed the importance and likelihood of helping in the elderly—investigations of the incidence, prevalence, and meaning of help giving in the lives of the elderly were undertaken. The following is an example of one of the surveys that was conducted.

In this initial, exploratory-descriptive study, the sampling sites were age-homogeneous apartments in the Detroit metropolitan area. Residents of these apartments have typically moved from a house or apartment in an age-heterogeneous setting. In their new apartment, they continue to live independently in the community, but support services are more accessible than in age-heterogeneous settings. The total sample consisted of 117 respondents, representing a broad spectrum of socioeconomic status and cultural and religious backgrounds. The age range was 62 to 100, with a mean of 75.6 and a standard deviation of eight years. Slightly over two-thirds (67%) were female, and 23% were male. Data were collected through lengthy, in-depth interviews.

Results of this survey revealed that helping behaviors were perceived by respondents to be both prevalent and salient. Sixty-seven percent of respondents reported providing a great deal of help to others during the previous year, and the vast majority (81%) reported spending at least some of their time helping others.

Helping also was valued by the elderly, with everyone in the sample considering helping to be an important activity in their lives. Sixty percent viewed helping as very important. When asked whether their current helping was more, less, or the same amount as it was earlier in their lives, 49% reported maintaining earlier levels, 39% reported some decline, and 18% reported that they now provide increased amounts of help. A significantly greater number of the oldest old (80+) reported a decrease in helping with age than did the younger old (62–79): $\chi^2 (3) = 62.1, p < .001$. When asked about the recipients of their help giving, 88% primarily help neighbors, 85% reported helping friends, and 71% said that they help members of their families. These results indicate that older people may typically provide assistance to several groups within
their social context rather than limiting their helping to any one group.

In order to determine the types of helping in which older adults currently engage, we employed a modified version of the Self-Report Altruism Scale (Rushton, Chrisjohn, and Fekken 1981) (See table 11.2). This scale presents diverse types of helping acts, and asks respondents about the frequency with which they were emitted during the past year. The three helping acts in which the largest percentages of respondents engaged once or more than once during the year are holding the elevator door for someone (91.4%), giving emotional support (90.5%), and donating money to charity (88%). The three helping acts engaged in by the smallest percentages of respondents are donating blood (2.6%), lending a stranger an item of value (16.3%), and helping an acquaintance move households (27.4%).

Respondents were also asked whether they found that helping others was a positive or rewarding experience. All said that helping brought its own rewards, at least to some extent. Specific intrinsic and/or allocentric rewards included inner satisfaction (2.8%), vicarious reinforcement based on perceptions of benefits experienced by the recipient (13%), a sense of usefulness (12%) or competence (16%) derived from knowledge of positive outcomes for the other (12%), and a sense of meaning based upon the fulfillment of religious or moral obligations (16%). One 86-year-old woman eloquently stated that helping others “confirms one’s own existence and integration.”

A small number of respondents (3%) reported extrinsic rewards as the salient ones in helping behavior—and these respondents themselves were generally older or more needy than most. Specific forms of direct reciprocity were expected by fourteen (12%), and material payments were mentioned by one. Acknowledgment by others, gratitude, and a good reputation among one’s peers were noted by two respondents as comprising the rewards of helping others.

These findings provide an indication of the importance of altruistic motives for self-reported helping by older people. The self-reports of the elderly indicate that they, at least, believed that they helped others because of the beneficial outcomes for the recipient or because of the psychological benefits to themselves rather than because of less altruistic rewards such as tangible forms of reciprocal helping, money, or recognition. There are, of course, limi-
**Table 11.2**
Percentages of Respondents Reporting Diverse Helping Behaviors

<table>
<thead>
<tr>
<th>Item</th>
<th>Never</th>
<th>Once</th>
<th>More than</th>
<th>Very often</th>
<th>Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>once</td>
<td>once</td>
<td>(Once or More)</td>
</tr>
<tr>
<td>Looked in on Sick</td>
<td>17.1</td>
<td>0</td>
<td>34.2</td>
<td>24.8</td>
<td>23.9</td>
</tr>
<tr>
<td>Gave Directions</td>
<td>17.9</td>
<td>2.6</td>
<td>35.0</td>
<td>27.4</td>
<td>17.1</td>
</tr>
<tr>
<td>Made Change</td>
<td>26.5</td>
<td>.9</td>
<td>35.0</td>
<td>29.1</td>
<td>8.5</td>
</tr>
<tr>
<td>Money to Charity</td>
<td>12.0</td>
<td>6.8</td>
<td>31.6</td>
<td>30.8</td>
<td>18.8</td>
</tr>
<tr>
<td>Money to Someone</td>
<td>40.9</td>
<td>11.3</td>
<td>37.4</td>
<td>8.7</td>
<td>1.7</td>
</tr>
<tr>
<td>Goods to Charity</td>
<td>25.6</td>
<td>15.4</td>
<td>35.9</td>
<td>11.1</td>
<td>12.0</td>
</tr>
<tr>
<td>Volunteer Work for Charity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gave Blood</td>
<td>97.4</td>
<td>1.7</td>
<td>.9</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Carried Belongings</td>
<td>31.6</td>
<td>5.1</td>
<td>35.9</td>
<td>18.8</td>
<td>8.5</td>
</tr>
<tr>
<td>Held Elevator</td>
<td>8.5</td>
<td>1.7</td>
<td>14.5</td>
<td>44.4</td>
<td>30.8</td>
</tr>
<tr>
<td>Let Ahead on Line</td>
<td>24.8</td>
<td>.9</td>
<td>39.8</td>
<td>20.4</td>
<td>14.2</td>
</tr>
<tr>
<td>Gave Lift in Car</td>
<td>42.9</td>
<td>3.8</td>
<td>12.4</td>
<td>21.9</td>
<td>19.0</td>
</tr>
<tr>
<td>Pointed out Undercharge</td>
<td>67.3</td>
<td>11.5</td>
<td>17.7</td>
<td>3.5</td>
<td>—</td>
</tr>
<tr>
<td>Lent Stranger Item of Value</td>
<td>83.6</td>
<td>1.7</td>
<td>9.5</td>
<td>3.4</td>
<td>1.7</td>
</tr>
<tr>
<td>Bought Card from Charity</td>
<td>39.3</td>
<td>18.8</td>
<td>25.6</td>
<td>9.4</td>
<td>6.8</td>
</tr>
<tr>
<td>Helped with Chores</td>
<td>69.8</td>
<td>6.0</td>
<td>17.2</td>
<td>2.6</td>
<td>4.3</td>
</tr>
<tr>
<td>Looked after Things</td>
<td>54.3</td>
<td>11.2</td>
<td>18.1</td>
<td>11.2</td>
<td>5.2</td>
</tr>
<tr>
<td>Helped Handicapped</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cross Street</td>
<td>40.5</td>
<td>4.3</td>
<td>30.2</td>
<td>16.4</td>
<td>8.6</td>
</tr>
<tr>
<td>Offered Seat</td>
<td>58.8</td>
<td>7.0</td>
<td>26.3</td>
<td>4.4</td>
<td>3.5</td>
</tr>
<tr>
<td>Helped Acquaintance Move</td>
<td>72.6</td>
<td>9.7</td>
<td>17.7</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Looked in on Friend or Neighbor</td>
<td>18.1</td>
<td>4.3</td>
<td>23.3</td>
<td>24.1</td>
<td>30.2</td>
</tr>
<tr>
<td>Gave Advice to Friend</td>
<td>25.9</td>
<td>5.2</td>
<td>31.0</td>
<td>19.8</td>
<td>18.1</td>
</tr>
<tr>
<td>Picked up Things at Store</td>
<td>25.2</td>
<td>2.6</td>
<td>27.8</td>
<td>27.0</td>
<td>17.4</td>
</tr>
<tr>
<td>Babysat Free</td>
<td>67.5</td>
<td>2.6</td>
<td>17.1</td>
<td>6.0</td>
<td>6.8</td>
</tr>
<tr>
<td>Helped Neighbor w/ Chores</td>
<td>56.9</td>
<td>5.2</td>
<td>19.8</td>
<td>9.5</td>
<td>8.6</td>
</tr>
<tr>
<td>Gave Emotional Support</td>
<td>9.5</td>
<td>5.2</td>
<td>33.6</td>
<td>29.3</td>
<td>22.4</td>
</tr>
</tbody>
</table>

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Situations to the study based on the fact that a self-report methodology was used. If the self-attributions are valid, however, they raise questions about the universal applicability of an exchange model of helping to elderly providers of help (Blau 1964; Dowd 1980; Kahana, Midlarsky, and Kahana 1987).
EXPERIMENTAL INVESTIGATION OF THE EFFECT OF HELPING ON PSYCHOSOCIAL WELL-BEING

In addition to exploring the nature and prevalence of helping by the elderly, the survey research projects examined the effects on older adults' helping of personal and situational variables found to be associated with altruism among younger people. As predicted, personality variables such as empathy (Mehrabian and Epstein 1972), social responsibility (Berkowitz and Lutterman 1968), locus of control (Rotter 1966), and prosocial moral judgment (Eisenberg-Berg and Hand 1979) were significant predictors of helping in samples of older adults (e.g., Midlarsky, Kahana, and Corley 1986a, 1986b, 1987).

In designing the survey, we also postulated that participation in helping should be a significant predictor of psychosocial well-being among older adults. On the basis of factor analyses, the conception of well-being includes several dimensions, including self-esteem and the sense of social integration (cf. Midlarsky, Kahana, and Corley 1986a). In regard to one aspect of well-being—self-esteem—the idea that helping may benefit the helpers by augmenting feelings of usefulness and militating against perceptions of the self as helpless and dependent has been termed the "helper-therapy principle" (Riessman 1976, 41). Older people are often on the receiving end of help far more so than they were earlier in life—a state of affairs that may produce stress (Karuza et al. 1983). Wentowski (1981) found that even when older people have become frail and need assistance from others, those who continue to serve as helpers maintain higher levels of self-esteem than those not helping. Just as people who are always on the receiving end of help experience declines in their self-esteem as a result of social comparisons with others (Gergen 1977), helping enhances the sense of relative efficacy and productiveness. Other investigators have postulated, and provided a modicum of evidence, that helping others enhances social integration with others (the converse of loneliness) (Midlarsky and Kahana 1983).

Results of the interview projects provided support for the hypothesized links between helping and dimensions of well-being. Thus, for example, self-reported helping predicted self-esteem, and was the single most important predictor of subjective social integration. However, this research consisted of the application of
regression analyses to cross-sectional data, so that the direction of causation could not be directly ascertained.

An experimental study was therefore performed to clarify the direction of causation. Our goal was to intervene in such a way as to promote an increase in helping, and then to determine the effects both of the intervention and of self-reported helping on subsequent indices of well-being. The intervention was the provision of information about helping opportunities.

The decision to provide information about helping opportunities as the intervention came from the finding of a significant association between perceived opportunities and helping in the cross-sectional surveys. Because the surveys employed a cross-sectional methodology, it was unclear whether knowledge of opportunities triggered helping, whether altruistic people perceived more opportunities, or whether a third set of factors cause both the perception of opportunities and helpfulness. Our choice of volunteering as the form of helping upon which to focus the intervention effort was based on findings of our own and of other investigators that relatively small percentages of the elderly regularly engage in volunteer work (estimates range from 7 percent to 22 percent), but that many additional older persons actively express interest in becoming so involved (Harris 1975; Payne 1977). Those who do serve as volunteers indicated that their helping fills a role vacuum (Chambre 1984), and often that they are helping more now than they ever have. They report that as a result of responding to perceived helping opportunities, they feel that their lives are meaningful.

The basic premise of the experimental study, then, was that the provision of information about volunteer opportunities should result in an increase in helping behavior and that important benefits would then accrue not only to the recipient of services by the elderly, but also to the older helper (Midlarsky 1989). The study was designed to capitalize on the fact that we had already interviewed a total of 517 older persons across two survey projects to determine the extent of their helping and well-being. The availability of pretested people permitted the use of the powerful Solomon Four-Group Design, which has the advantage of maximizing both internal and external validity.

The four experimental groups were formed in the following way. First, we randomly selected a group of sixty people from the 517
interviewed in the prior survey research projects. These sixty people are referred to as the pretested group. We then formed a group of sixty additional people by drawing a random sample from the population from which the pretested group had been drawn. One-half of the pretested individuals and one-half of the newly selected older adults received the experimental intervention. After a lapse of six months, participants in all four groups were interviewed for the second time. The sampling procedure yielded 120 people, 30 in each of the four groups. They ranged in age from 68 to 100, with an average age of 80 years. Of the respondents, 73% were female and 27% were male. (The ratio of females to males corresponds to the availability of community-dwelling older men and women who are competent and willing to provide informed consent.) This sample was demographically comparable to the samples in our prior research, and there were no significant differences among the four study groups in regard to demographic variables. The experimental intervention consisted of the provision of personalized, in-depth information about volunteer opportunities. A personalized brochure was assembled for each individual participant, based on information obtained in an initial telephone contact. The brochure included a description of several volunteer opportunities that were carefully matched to the respondents’ interests and talents. The names and numbers of coordinators also were provided, and participants were exhorted about the need for volunteers and helpers throughout the community. Results of this investigation indicated that the intervention \( F(1,116) = 8.71, p < .001, \eta^2 = .06 \), the pretest, in which prior helping was discussed in depth \( F(1,116) = 13.74, p < .001, \eta^2 = .09 \), and their interaction \( F(1,116) = 7.54, p < .01, \eta^2 = .05 \) significantly affected perceived opportunities. Those who were exposed to the intervention reported increased knowledge (62.4%), enhanced sensitivity to helping opportunities (83.2%), and satisfaction (82%).

The effect of the intervention on both volunteering and on overall helping was significant and had a more powerful explanatory effect than did the pretest. That is, analysis of variance of self-reported volunteering yielded significant effects for the pretest \( F(1,116) = 4.53, p < .05, \eta^2 = .03 \) and for the intervention \( F(1,116) = 20.95, p < .0001, \eta^2 = .14 \). Analysis of self-reported helping yielded significant effects of the pretest \( F(1,116) = 10.75, p < .01, \eta^2 = .06 \) and for the intervention \( F(1,116) = 43.78, p < .0001, \eta^2 = .24 \). In regard to overall helping, the pretest
Table 11.3
Predictors of Self-Esteem

<table>
<thead>
<tr>
<th>Predictor variable</th>
<th>$R^2$ increment</th>
<th>Standardized regression coefficient</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volunteering</td>
<td>.21</td>
<td>.33</td>
<td>29.41*</td>
</tr>
<tr>
<td>Neighbor help</td>
<td>.07</td>
<td>.31</td>
<td>21.19*</td>
</tr>
<tr>
<td>Family help</td>
<td>.00</td>
<td>-.05</td>
<td>14.14*</td>
</tr>
</tbody>
</table>

Note: $R^2 = .28$

*p < .0001

Table 11.4
Predictors of Subjective Social Integration

<table>
<thead>
<tr>
<th>Predictor variable</th>
<th>$R^2$ increment</th>
<th>Standardized regression coefficient</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volunteering</td>
<td>.09</td>
<td>.26</td>
<td>5.27*</td>
</tr>
<tr>
<td>Child help</td>
<td>.01</td>
<td>-.09</td>
<td>2.91</td>
</tr>
<tr>
<td>Neighbor</td>
<td>.02</td>
<td>.20</td>
<td>2.30</td>
</tr>
<tr>
<td>Family help</td>
<td>.01</td>
<td>-.11</td>
<td>1.80</td>
</tr>
</tbody>
</table>

Note: $R^2 = .12$

*p < .05

significantly augmented the efficacy of the intervention in its effect on helping and volunteering. That is, for the interactive effect of the pretest and the intervention on overall helping ($F (1,116) = 9.30$, $p < .01$, $\eta^2 = .05$). In addition, the intervention unexpectedly had a significant, direct effect on self-esteem. Many of the respondents reported being gratified and reassured regarding their potential usefulness, when "so much trouble" was taken to inform them that their efforts were a valuable resource for their community.

The effects of volunteering and helping on the two indices of well-being discussed above—self-esteem and subjective social integration—were examined through hierarchical multiple regression analyses. The results are presented in tables 11.3 and 11.4.

Examination of tables 11.3 and 11.4 shows that volunteering emerged as the strongest predictor of both self-esteem and subjective social integration in the current investigation. The implication of this finding is that volunteering to serve the needs of others—a form of social participation that is acutely needed within American society—benefits the older volunteer in important ways.

Another form of helping that greatly benefits the older person
is that which appears to spring from altruistic motives. In the studies reported here, a group of helpers were identified who also were characterized by high scores on the personality variables associated with altruism and helping in younger individuals, such as social responsibility and empathy. Further analysis of the protocols for these individuals indicated that they apparently participated in more helping, and helping that was more costly and long-term than did individuals who scored lower on measures of those characteristics (Midlarsky and Kahana, forthcoming). Individuals scoring high on measures of altruistic predispositions also stated more other-centered motives for helping. While their reasons for helping centered on the needs of others, it was they who were more likely to show increases in well-being as their self-reported rates of helping increased.

CONCLUSION

We are living in an era of unprecedented expansion of our population of elders—a trend that is likely to continue for several decades. Older people are undoubtedly affected by health concerns, and by the existence of a paucity of services to meet their growing catalog of needs. However, an unrelieved focus on the older adult as unilateral recipient of help, victimized by the accretion of the years, is damaging both to the individual and to the society that is expected to carry the increased burden.

The series of investigations reported here is based on a model whose basic premise is that helping can be a form of coping (Midlarsky 1991), particularly when the individual faces possible decrements in self-esteem as a result of growing vulnerability and the loss of roles such as parent of dependent children and employed worker—both of which may put the individual in a position in which help is often sought and valued.

The most well-meaning among us may overlook the very human and powerful need to serve others that for at least some of the elderly is a corollary of maturity. The inadvertent failure to recognize altruistic motivation for what it is may result in adverse sequelae both for the would-be older benefactor and for the recipient (see Rosen, Mickler, and Spiers 1986). Recognition of the resource value of the "third age" may ultimately benefit both society and the elderly themselves.
REFERENCES


