

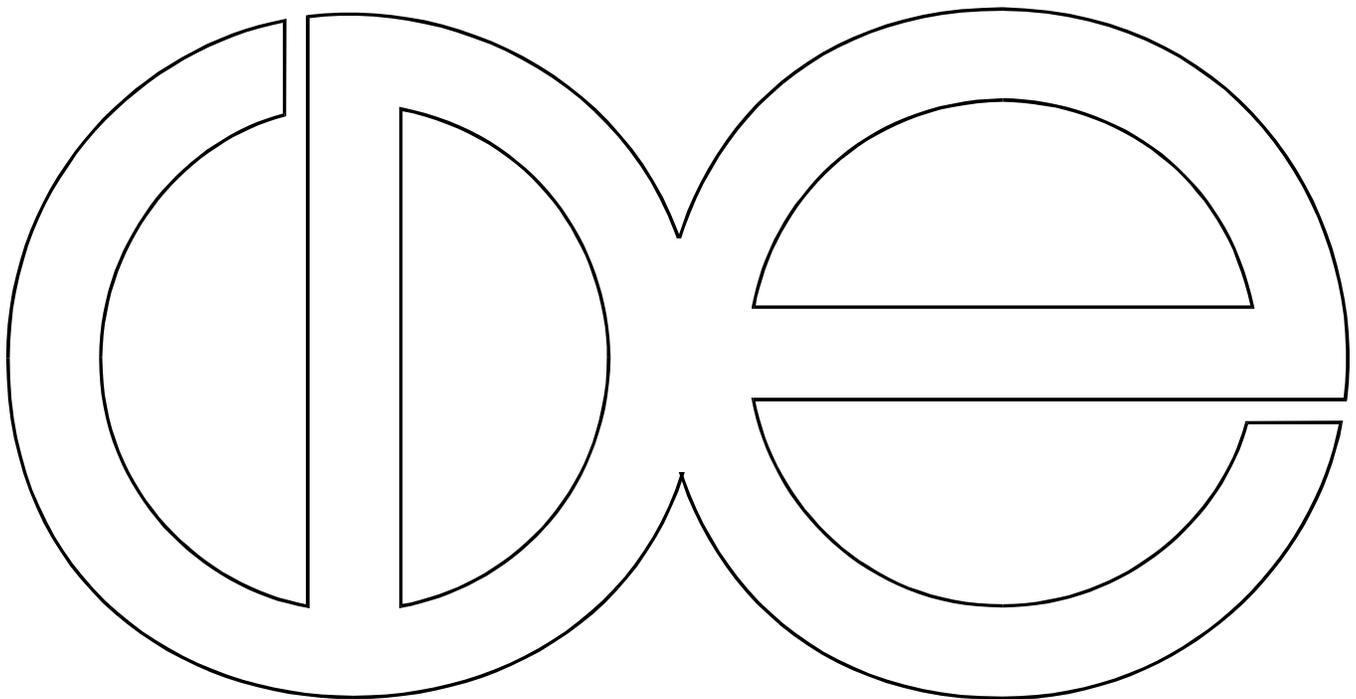
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**Volunteering Protects Older Adults at Risk
for Loss of Purpose in Life**

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Volunteering Protects Older Adults at Risk for Loss of Purpose in Life

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Abstract

Objectives. Guided by interactional role theory and employing a resilience framework, this study aimed to investigate whether volunteering protects older adults with more role-identity absences (partner, employment, and parent) from poorer mental health (hedonic and eudaimonic).

Method. We use data from 589 participants, aged 60-74, in the 1995 Midlife Development in the U.S. (MIDUS) survey. Multivariate regression models estimated the effects of role-identity absences, volunteering, and the interaction between role-identity absences and volunteering on negative affect, positive affect, and purpose in life.

Results. Participants with greater numbers of role-identity absences reported more negative affect, less positive affect, and less purpose in life. Being a volunteer was associated with a positive, main effect on positive affect and moderated the negative effect of role-identity absences on respondents' feelings of purpose in life.

Discussion. Consistent with previous studies, findings indicate that having multiple role-identity absences constitutes a risk factor for poorer mental health. Results further demonstrate that being a volunteer can protect older adults with multiple role-identity absences from decreased feelings of purpose in life. Findings also suggest that the associations between volunteering and mental health may be contingent upon the volunteer's role-identity status and the dimension of mental health examined.

Introduction

Volunteering is an increasingly popular activity among older adults in the U.S. A growing emphasis on staying active in later years, a widespread cultural value of volunteering, and rising income and educational levels among the aged have led to more older adult volunteers over the past few decades (Chambre, 1993). In fact, a recent poll of Americans found that the majority of retired respondents volunteered at least once during the past year, and that for those between the ages of 50 and 75, the importance of volunteering in retirement ranked second only to travel (Peter D. Hart Research Associates, 1999).

U.S. society promotes volunteering as an important activity for older adults. Much of the current enthusiasm for volunteering in later adulthood focuses on the mutual benefits of such arrangements, namely that older adults have the availability and ability to assist those in need, and that volunteering provides older adults with needed constructive activities and productive roles (e.g., Rouse & Clawson, 1992). In addition to the prominence of volunteering as a suggested intervention to promote older adults' health and productive activities (Moen et al., 2000), the final report from the 1995 White House Conference on Aging listed "senior volunteers" as one of its highest priorities for aging policy. The executive summary called for the development of public and private partnerships to provide resources for older adult volunteers, as well as for heightened recruitment efforts of senior volunteers (Preston, 1996). Currently, the federal government's Department of Health and Human Services includes a number of federal agencies that mobilize older adults' volunteer efforts.

Given growing societal zest for promoting older adults' volunteer work, understanding the implications of volunteering on mental health has received increasing social scientific attention over the past decade. Research on volunteering and well-being has demonstrated that

formal community involvement is associated with opportunities to interact with new people (Morrow-Howell, Kinnevy, & Mann, 1999), better self-health ratings (Morrow-Howell, Hinterlong, Rozario, & Tang, 2003; Young & Glasgow, 1998), increased levels of life satisfaction (Van Willigen, 2000), decreased mortality (Musick, Herzog, & House, 1999), higher levels of contentment (Jirovec & Hyduk, 1998), as well as lower functional dependence and depressive symptomatology (Morrow-Howell et al., 2003). Researchers also have begun to investigate how volunteering may have differential benefits on mental health according to subgroup variations within the older adult population; however, evidence for contingent effects of volunteering on well-being has been limited and inconsistent (Morrow-Howell et al., 2003).

This study aimed to advance understanding of how volunteering can contribute to older adults' well-being. We draw on a large body of empirical and theoretical work that identifies major role-identity absence to be a risk factor for older adults' mental health; this literature suggests that lacking partner, employment, and parental role-identities—cumulatively and independently—is adversely associated with older adults' well-being (Coleman, Antonucci, & Adelman, 1987; Hong & Seltzer, 1995; Moen, Dempster-McClain, & Williams, 1992; Rushing, Ritter, & Burton, 1992; Sieber, 1974; Verbrugge, 1983). Using a resilience framework, we investigated the degree to which volunteering moderates the association between the accumulation of role-identity absences and mental health. In addition to formulating and testing a resilience model, this study contributes to our understanding of older adults' mental health by investigating how role-identity absences and participation in volunteer activities may be differentially related to multiple dimensions of psychological well-being.

Theoretical and Empirical Background

Interactional Role Theory

Gerontologists often draw on role theory in their investigations of volunteering and well-being (Morrow-Howell, Hinterlong, Rozario, & Tang, 2003). Interactional role theory—a framework outlined by Stryker and Statham (1985) that integrates classic symbolic interactionism and traditional role theory—guided our study. Interactional role theory posits that within physical and social environments, people classify themselves and others according to social positions. These positions—or roles—are associated with behavioral expectations for the social actors occupying them, regardless of the actors' individual personalities (Sieber, 1974). When a person internalizes a positional designation, gained through interactions in role relationships, a role-identity is formed, and role-identities collectively form one's self (Burke & Tully, 1977).

The relation between role-identities and mental health constitutes a classic theme within the social sciences (Thomas & Biddle, 1966). Emile Durkheim, the founder of formal sociology, wrote extensively in the nineteenth century on roles as the vehicles by which individuals contribute to a large societal whole. His notion of “anomie”, or the malaise resulting from rolelessness and separation from a wider social order (Durkheim, 1979), attests to early notions on the linkages between roles, identity, and well-being. Likewise, Turner (1978) considered playing roles to be a germinal process through which people validate their self and gain esteem. Thoits (1983) further postulated that roles provide meaning, guidance, direction, and purpose for individuals' lives, thereby helping persons to avoid negative mental health and disorganized behavior. Finally, Bronfenbrenner (1979) explained that because roles are rooted in both

people's micro- and macro-social worlds, they assert a powerful influence over how a person acts, is treated, relates to others, thinks and feels.

Interactional role theory has guided research revealing that volunteering holds greater psychological and physical health advantages for older, as opposed to younger, adults (Van Willigen, 2000). Volunteering may hold more meaning for older adults, because they are more commonly missing role-identities, such as a paid employment and marital role-identity. If this is the case, older adults who experience more role-identity absences would derive greater psychological advantages from volunteering than older adults who experience fewer role-identity absences.

Role-Identity Absences and Mental Health in Later Adulthood

Research on marital status and well-being suggests that being single is associated with negative psychological outcomes (for a review, see Gove, Style & Hughes, 1991). A considerable body of evidence suggests that widowhood, in particular, has profound negative mental, physical, and social health consequences. Death of a spouse has been associated with greater risk for morbidity and mortality among surviving spouses, especially men (Stroebe, Stroebe, & Schut, 2001). Widowhood is also associated with suicide, impaired immune function, neuroendocrine changes, and increased use of substances, such as alcohol and tobacco (see Prigerson, Maciejewski, & Rosenheck, 2000, for a brief review). Additionally, the loss of the spousal role is related to a range of depressive symptoms (Prigerson et al., 1995), from impairments in mood, sleep, and self-esteem (i.e., bereavement-related depression) to preoccupation with thoughts of the deceased and feelings of searching and yearning (i.e., complicated grief disorder). Loss of a spouse also brings with it changes in older adults' micro-social worlds. Widowed adults commonly experience greater physical seclusion, social isolation,

and a reduction in social activities (Fry, 2001). Finally, particularly for older adults who gained feelings of being useful when caring for ill spouses (Ross, Rosenthal, & Dawson, 1997), loss of the spousal role may hold directly negative consequences for their feelings of purpose in life.

Change in employment status constitutes another area of role-identity absence that has received much gerontological attention. Retirement is considered one of the most salient transitions in later life (Szinovacz, 1980). Although retiring may promote psychological and physical well-being in that individuals are freed from the demands of employment, retirement also can lead to loss of status, income, social networks, previous sources of growth, and sense of self. Research on the psychosocial impact of retirement has presented mixed results (see Kim & Moen, 2002, for a review), most likely due to variation in both pre-retirement factors, such as individuals' job satisfaction and occupational role salience, and in post-retirement conditions, such as how individuals structure their time (Quick & Moen, 1998). However, as U.S. culture places high social value on employment, people not in the paid work force (particularly if they are not rearing young) are likely to be relegated to a lower social standing (Moen, 1996). Therefore, employment role-identity absence presents a potential threat to adults' psychological well-being.

In addition to marriage and employment, research on the psychological implications of parental status suggests that lifelong sources of role absence may become particularly salient in late adulthood. Overall, findings suggest that the parental role is associated with more psychological distress (McLanahan & Adams, 1987). However, linkages between parental status and well-being may depend on the dimension of mental health examined, as well as the context of the parent-child relationship (Seltzer & Ryff, 1994). For example, Umberson and Gove (1989) found that being a parent is consistently associated with greater feelings of life-meaning, whereas

the associations between parental status and other dimensions of well-being, such as affect and satisfaction, are more sensitive to the age of the parents' youngest child and whether parents and children share a household. Because older adults' children are typically adults, and because it becomes more common for parents and children to live in separate households with age, these findings suggest that parenthood may have its most positive impact on parents' mental health in later adulthood. Recent analyses of data from a nationally representative survey support this idea. Among older adults, maintenance of the parental role is related to lower levels of negative affect, higher levels of psychological well-being, and higher levels of generativity across gender (Marks, Bumpass, & Jun, in press). These findings suggest evidence for parenthood as an additional source of role-identity in late adulthood and indicate the potential psychological disadvantages for older adults without children.

Research findings have demonstrated that having fewer of these three major role-identities—partner, employment, and parental—is negatively associated with well-being; multiple role-identity absences is a risk factor for poorer mental (Coleman, Antonucci, & Adelman, 1987; Hong & Seltzer, 1995) and physical health (Rushing, Ritter, & Burton, 1992; Verbrugge, 1983). A number of studies have examined the relation between well-being and multiple role-identity absences by considering the parent, partner, and employment role-identities together with others—such as being a volunteer, relative, friend, group member, neighbor, homemaker, grandparent, and student. Overall, results have shown that a larger number of role-identities is associated with higher life satisfaction, enhanced self-efficacy and self-esteem, fewer depressive symptoms, better subjective health, and fewer health limitations (Adelman 1994a, 1994b; Miller, Moen, & Dempster-McClain, 1991; Pietromonaco, Manis, & Frohardt-Lane, 1986; Thoits, 1986;). Although research has addressed the cumulative effects of

role-identities on mental health, little research has investigated the extent to which non-work and non-family sources of role-identity, such as volunteering, interact with partner, parental, and employment role-identity absences to influence well-being.

Applying a Resilience Model: Volunteering as a Protective Factor in the Face of Risk

To model and test relationships between older adults' role-identity absences, volunteer activities, and mental health, this study employs a resilience framework. Although scholars have long disputed definitions of resilience (for more detailed reviews, see Luthar, Cicchetti, & Becker, 2000; Rutter, 1990), we conceptualize resilience as a multi-dimensional process, which entails both adversity that puts individuals at heightened risk for experiencing negative outcomes, and protective factors that buffer individuals against these negative consequences of adversity (Rutter, 1990). We treat multiple forms of role-identity absence as a risk for decreased well-being. Taking into account Moen and colleagues' (1992) discussion of role context, which focuses on how the effect of one role on well-being may be influenced by a combination of other roles, we hypothesize that being a volunteer may serve as a protective mechanism moderating major role-identity absences risk and mental health outcomes. We focus on three dimensions of mental health.

Multiple Dimensions of Mental Health

Within the gerontological literature on volunteering and psychological well-being, mental health has been investigated most commonly in terms of life satisfaction (Van Willigen, 2000). Although gerontologists often characterize volunteer activities as opportunities for meaning, role enactment, and productivity (Herzog & House, 1991; Jirovec & Hyduk, 1998), few researchers have measured mental health in these or related terms.

To address substantive limitations of previous research, this study focuses on three dimensions of mental health relating to different empirical traditions of operationalizing well-being. Because scholarly treatments of mental health often have been limited to topics of psychopathology and abnormal development, it is only recently that researchers have more expansively investigated well-being, or positive dimensions of mental health independent from the negative (Masten, 2001). Investigations of positive mental health remain limited, however, in that they usually employ hedonic operationalizations of well-being with little regard for more eudaimonic constructs (Ryan & Deci, 2000). Hedonic approaches conceptualize well-being as the maximization of positive affect and the minimization of negative affect (Kahneman, Diener, & Schwarz, 1999); eudaimonic perspectives emphasize well-being as an individual's fruitful engagement with life's challenges and experiences of optimal growth (Keyes, Ryff, & Shmotkin, 2002).

In this study, we investigate how volunteering is associated with both hedonic well-being (positive affect and negative affect) and eudaimonic well-being (purpose in life) among older adults. We focus on purpose in life as the eudaimonic dimension of interest because it captures most closely the notion that volunteering provides older adults with meaning and objectives for living (Chambre, 1987; Ryff & Singer, 1998; Van Willigen, 2000).

Summary of Research Aims

In brief, the main purpose of this study was to investigate whether volunteering protects older adults with more role-identity absences (partner, parent, employment) from poorer mental health outcomes (hedonic and eudaimonic). This aim contributes to recent gerontological interest in whether volunteering has particular advantages for specific subgroups of older adults. This investigation also addresses substantive limitations of previous research by focusing on multiple

dimensions of mental health, relating to different empirical traditions of operationalizing well-being. Finally, because most studies on volunteering have used non-representative samples (Van Willigen, 2000), this study contributes a methodological strength by using nationally representative data to investigate a relatively unexplored mental health outcome—purpose in life.

Hypotheses

Guided by interactional role theory and a resilience framework, as well as the current empirical literature, we developed a conceptual model (Figure 1), suggesting that volunteering would moderate the risk of an increased number of role-identity absences on mental health among older adults. We then tested the following hypotheses:

Hypothesis 1: Older individuals who have more role-identity absences (partner, employment, and parental) will report lower hedonic and eudaimonic well-being, compared to individuals who report fewer role-identity absences.

Hypothesis 2: Older adults who are volunteers will report higher levels of hedonic and eudaimonic well-being, in contrast to individuals who are not volunteers.

Hypothesis 3: Older individuals with more role-identity absences who are volunteers will experience heightened well-being, in contrast to older individuals with more role-identity absences who are not volunteers.

[Figure 1 about here]

Method

Data

This study used data from a subsample of Midlife Development in the U.S. (MIDUS) survey respondents. The MIDUS national probability sample that answered both telephone and self-administered surveys includes 3,032 English-speaking, non-institutionalized adults, who

were between the ages of 25 and 74 when interviewed in 1995. The analytic sample for this study consisted of 589 adults between the ages of 60 and 74, inclusive. This age range included adults who were likely transitioning into later adulthood, as well as adults who were already advancing within their older age at the time of the survey. In general, the target population for this study might be characterized as “young old” adults.

The sample was obtained through random digit dialing, with an oversampling of older respondents and men to ensure a good distribution on the cross-classification of age and gender. Sampling weights correcting for selection probabilities and non-response allow this sample to match the composition of the U.S. population on age, sex, race, and education. For this study, multivariate regression analyses were conducted with both the unweighted and weighted samples. No major differences in results were found; therefore, following Winship and Radbill’s (1994) protocol for sampling weights and regression analyses, unweighted analyses are reported in this article.

Respondents first participated in a telephone interview lasting approximately 40 minutes. The response rate for the telephone questionnaire was 70%. Respondents to the telephone survey were then asked to complete two self-administered mail-back questionnaires. The response rate for the questionnaire was 86.8% of telephone respondents. Therefore, the overall response rate for the sample that answered both the survey and questionnaire was 60.8% (for a detailed technical report regarding field procedures, response rates, and weighting, see <http://midmac.med.harvard.edu/research.html#tchrpt>).

Outcome: Mental Health Status

Hedonic Well-Being

Negative affect. The questionnaire asked respondents, “During the past 30 days, how much of the time did you feel: a) so sad nothing could cheer you up, b) nervous, c) restless or fidgety, d) hopeless, e) that everything was an effort, and f) worthless?” Participants reported their experiences with each of these symptoms by responding on a five-point scale (“1”= all of the time; “5”= none of the time). Items were reverse coded so that higher scores indicated more negative affect. Each respondent received a negative affect summary score by summing together their numerical responses for each of the six items. Cronbach’s alpha for this index was .83.

Positive affect. In the questionnaire, respondents were asked “During the past 30 days, how much of the time did you feel: a) cheerful, b) in good spirits, c) extremely happy, d) calm and peaceful, e) satisfied, and f) full of life?” Participants reported their experiences with each of these symptoms by responding on a five-point scale (“1”= all of the time; “5”= none of the time). Each respondent received a positive affect summary score by summing together their numerical responses for each of the six items. Cronbach’s alpha for this index was .91.

Eudaimonic Well-Being

Purpose in life. To assess purpose in life, the questionnaire included a three-item version of Ryff’s purpose in life index (Ryff, 1989; Ryff & Keyes, 1995). For large survey use, Ryff created this three-item index as an additive measure designed to represent the conceptual breadth of “purpose in life,” which she found in factor analyzing her 20-item scale. One subfactor, “future orientation,” is represented with the item, “I live life one day at a time and don’t really think about the future.” A second subfactor, related to having a sense of aims and direction, is represented with the item, “Some people wander aimlessly through life, but I am not one of them.” A third subfactor, related to having new goals, is represented with the item, “I sometimes feel as if I’ve done all there is to do in life.” On all three items, respondents were asked to

“indicate how strongly you agree or disagree” with the statements on a six-point continuum (1=strongly agree; 6=strongly disagree). This additive index is correlated highly ($r > .70$) with its parent 20-item, highly reliable scale (Ryff & Keyes, 1995).

Risk Factor: Role-Identity Absences

Partner Role-Identity Absence

In the telephone survey, participants were asked if they were married, separated, divorced, widowed, or had never married. Unmarried participants were asked if they were “currently living with someone in a steady, marriage-like relationship.” For data analytic purposes, separated, divorced, never married and widowed participants were coded “1”, and currently married and cohabitating participants were coded “0” for partner role-identity absence.

Employment Role-Identity Absence

Participants were also asked in the telephone survey about their current employment status. Individuals who reported that they had not been working for pay for six months or more over the past year were coded “1”, and participants who reported that they were working for pay for six months or more over the past year were coded “0” for employment role-identity absence.

Parental Role-Identity Absence

The telephone survey also asked respondents how many living, biological and non-biological children they had at that time. Participants who reported having no living children were coded “1”, and participants who reported having at least one child were coded “0” for parental role-identity absence.

Role-Identity Absences Score

Participants received a summative score of total role-identity absences by summing together their number of absent roles (partner, employment, and parental). Higher scores

indicated participants who experienced more role-identity absences. The range for this measure was 0-3.

Protective Factor

Volunteer Status

In the questionnaire booklet, participants were asked about their employment status. One item asked participants whether they participated in formal volunteer work for 15 hours or more each week throughout at least the past six months. Respondents who answered “yes” to this item were coded “1”, and respondents who answered “no” were coded “0” for volunteer status.

To test whether formal volunteer work moderates the effect of role-identity absences on mental health outcomes, a Role-Identity Absences X Volunteer Status interaction variable was constructed.

Control Variables

Previous work has demonstrated that mental health is associated with age, race, gender, education, income, and health (Mroczek & Kolarz, 1998; Ryff, 1995). In addition to being related to the dependent variable, these sociodemographic variables are also related to the independent variables of interest, i.e., role-identity absences (McDonald, 1997; Tucker & Mitchel-Kernan, 1995) and volunteering (Duke et al., 2002; Meadows, 1996; St. John & Fuchs, 2002).

To provide evidence that role-identity absences and their interaction with being a volunteer contributes to mental health outcomes independent of other factors, *age, race, gender, income, education, and functional health* were controlled in all analyses. Respondent’s *age* was calculated as years since birth at the time of the telephone survey. Participants who identified themselves as African American were coded “1” on a dichotomous variable for *race*. Individuals

from all other ethnic groups were coded “0”. Likewise, participants who identified themselves as female were coded “1” on a dichotomous variable for *gender*, and males were coded “0”.

Participants’ *income* was computed by combining their personal annual income with that of their spouse. *Education* was coded on a four-point scale, with “1” indicating that the participant had completed some or no years of high school, “2” indicating that the participant had completed high school, “3” indicating that the participant had some years of higher education, and “4” indicating that the participant had obtained a college degree. This study operationalized *functional health* as participants’ ability to fulfill instrumental activities of daily living. The questionnaire asked respondents, “How much does your health limit you in doing each of the following: a) carrying groceries, b) climbing several flights of stairs, c) bending, kneeling or stooping, d) walking several blocks, e) engaging in vigorous activity (e.g., running, lifting heavy objects), and f) engaging in moderate activity (e.g., bowling, vacuuming)?” Participants responded to each of these items on a four-point scale (1= “a lot”; 4= “not at all”). Participants received a summative score on this measure, with a higher score indicating more health-related limitations on instrumental activities of daily living.

Data Analytic Sequence

Multivariate regression analyses were undertaken to test the proposed relationships among mental health outcomes, role-identity absences, and volunteer status. Preliminary analyses examined evidence for gender differences in the effects of role-identity absences and volunteering on each of the mental health outcomes. No significant gender interactions were found; therefore, it was deemed appropriate to analyze data from women and men together.

For the final analyses, in the first model, the six control variables (age, race, gender, income, education, and functional health) were entered. In the second model, the main

independent variables (role-identity absences and volunteer status) were added to evaluate hypotheses one and two. In the third model, the interaction term (Role-Identity Absences X Volunteer Status) was added to evaluate hypothesis three and to further evaluate hypotheses one and two. All three models were estimated across each of the three dimensions of mental health.

Results

Descriptive Findings

Table 1 presents descriptive information related to major role-identity absences. Over half (50.9%) of the respondents reported only one form of role-identity absence, and very few (4.2%) reported all three forms. Having a parental role-identity absence was the least common form of role-identity absence, with 7.7% of the sample with no living children. About 35% of the respondents experienced a partner role-identity absence, and about 60% lacked an employment role-identity. Table 2 provides descriptives for all analytic variables. Eleven percent of respondents reported volunteering for 15 hours or more each week.

[Table 1 about here]

[Table 2 about here]

Role-identity Absences and Mental Health

To examine initial evidence for our first hypothesis regarding the linkage between role-identity absences and mental health, we estimated a model regressing each mental health outcome on total role-identity absences and volunteer status (Table 3, Model 2). Role-identity absences consistently predicted participants' poorer mental health, which provided strong initial support for Hypothesis 1. Number of role-identity absences was positively associated with negative affect, $b = .55$ ($p \leq .01$), negatively associated with positive affect, $b = -.74$ ($p \leq .01$), and negatively associated with purpose in life, $b = -.43$ ($p \leq .05$).

[Table 3 about here]

Volunteering and Mental Health

To examine initial evidence for our second hypothesis regarding the linkage between volunteering and mental health, we again focus on Table 3, Model 2. Results demonstrated that being a volunteer was a predictor of more positive affect, $b = 1.26$ ($p \leq .05$), and more purpose in life $b = 1.60$ ($p \leq .01$). Volunteer status failed to help predict respondents' level of negative affect.

Volunteering as a Protective Factor

To examine evidence for our third hypothesis regarding how volunteering might moderate the effect of role-identity absences on mental health, we estimated Model 3, which added the Role-Identity Absences X Volunteer Status interaction variable. Results demonstrated a significant interaction effect for feelings of purpose in life, $b = 1.06$ ($p \leq .01$), but not for positive or negative affect. These findings suggest that the effect of role-identity absences on respondents' feelings of purpose in life is contingent upon whether or not they volunteer.

To better interpret this interaction, separate regression models were estimated for volunteers and non-volunteers. Table 4 summarizes these results. Non-volunteers' greater number of role-identity absences were associated with poorer levels of purpose in life, $b = -.56$ ($p \leq .01$); however, among volunteers, role-identity absences were not associated with differences in purpose in life. This finding suggests that volunteering moderates the relationship between respondents' role-identity absences and feelings of purpose in life, providing support for Hypothesis 3 in the case of this eudaimonic dimension of well-being.

[Table 4 about here]

Discussion

The findings of this study contribute to our understanding of linkages among role-identities, volunteering, and multiple dimensions of mental health in later life. First, consistent with previous studies on roles and well-being in later adulthood, findings indicate that having multiple major role-identity absences constitutes a strong risk factor for older adults' poorer mental health. When compared to respondents with fewer role-identity absences, older adults with more role-identity absences reported inferior mental health across all three dimensions examined in this study. These findings support the role accumulation hypothesis (Moen, Dempster-McClain, & Williams, 1992; Sieber, 1974), which posits that multiple roles are beneficial to well-being.

Second, results from this study contribute to recent gerontological interest in the need to investigate differential advantages of volunteering, depending on the diverse contexts of older adults' volunteer activities (Morrow-Howell, Hinterlong, Rozario, & Tang, 2003; Musick, Herzog, & House, 1999; Van Willigen, 2000). This study highlights one way in which role context may influence the relationship between volunteering and mental health. Specifically, our results suggest that volunteering serves as a protective factor against the mental health disadvantage of reduced sense of purpose in life that accompanies a greater number of role-identity absences (employment, partner, and parental).

It is noteworthy that the resilience model was not consistently supported across all three dimensions of mental health examined. Results suggest that volunteering may not protect participants from the increased symptoms of negative affect and the decreased positive affect that accompanies a greater number of major role-identity absences in young old age, but

volunteering provides a mechanism through which older adults with more role-identity absences can maintain goals, aims, and direction (i.e., purpose in life).

We contend that the inconsistency in these results is substantively coherent. Because eudaimonic well-being—including purpose in life—addresses participants' active engagement with the world, and because marriage, work, children, and volunteering are primary channels through which people gain a sense of engagement, it is understandable that the proposed resilience model was confirmed for purpose in life, but not for positive or negative affect.

Similarly, we interpret the pattern of main, independent effects on hedonic well-being (i.e., negative and positive affect) as substantively coherent. A strong U.S. ideology of volunteering as a “feel good” activity for people of all ages may explain why volunteering is associated with positive affect, but not negative affect. Volunteering may not prevent us from feeling dysphoric, but it may help us to feel cheerful and happy.

Overall, results from this study are congruent with gerontological theorizing about social roles and may further illuminate why volunteering has been found to have greater psychological significance in the lives of older adults than younger adults (Van Willigen, 2000). Evidence for the buffering effect of volunteering on purpose in life supports theories that posit that social role-identities are an important source of meaning for adults (Thoits, 1983). Accordingly, volunteering may provide older adults, who are likely lacking other major sources of role-identity, an opportunity for developing more meaning and experiencing more purpose in their lives. Younger adults may not derive as strong a mental health advantage from volunteering because they typically do not experience as many role-identity absences as older adults do.

In sum, the interactive effect between volunteering and role-identity status on purpose in life may imply that volunteering serves as a compensatory role for older adults lacking fewer

major sources of role-identity. This is especially likely in light of the fact that volunteer status was operationalized as volunteering on a consistent basis for relatively many hours per week. Volunteering for fifteen hours or more every week for over six months suggests that for respondents coded as volunteers in this study, volunteering may not be just an occasional activity, but a true role-identity. Future research that replicates this study with different operationalizations of volunteering would better test this idea.

In addition to helping to identify role contexts in which volunteering holds greatest advantages for participants, this study also demonstrates the importance of specifying and defending what these advantages potentially are. Patterned differences in results from this study suggest that depending upon the conceptualization of mental health used, analyses may or may not detect linkages between volunteering and mental health. Perhaps this fact can account for some of the variation in previous findings on the linkage between older adults' volunteer activities and mental health (see Jirovec & Hyduk, 1998, for a review). Findings from the current study support the notion that well-being is a multi-dimensional construct (Keyes, Ryff, & Shmotkin, 2002) and underlines the importance of continuing to do additional research that is grounded in varied conceptualizations of psychological well-being (i.e., both eudaimonic and hedonic).

We recognize that the conclusions drawn from this study are limited. Due to its cross-sectional methodological design, the direction of causality between volunteering and mental health cannot be established with certainty. For example, perhaps positive affect leads older adults to engage in volunteering, rather than their positive affect being a result of volunteer activities. Studies employing longitudinal designs are needed to investigate more thoroughly the relationship between role-identity absences, volunteering, and mental health.

Nonetheless, the results of the current study contribute additional empirical support for the mental health benefits of increasing opportunities for older adults' volunteer activities. It is important to note, however, that volunteering is not a universal panacea influencing all dimensions of psychological well-being, nor is it associated with the same degree of mental health benefit for all older adults. Future research is needed to address the limitations of this study, to identify other factors that may serve as protective mechanisms for older adults' mental health when role-identity absences put them at risk, as well as to develop a more precise understanding of when volunteering is most strongly associated with enhanced mental health. Continuing to investigate these processes will provide researchers and practitioners with a more comprehensive and useful understanding of how optimal mental health may be achieved and maintained through the entirety of adulthood.

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Figure 1. Conceptual model for the risk-buffering effect of volunteering for older adults' mental health

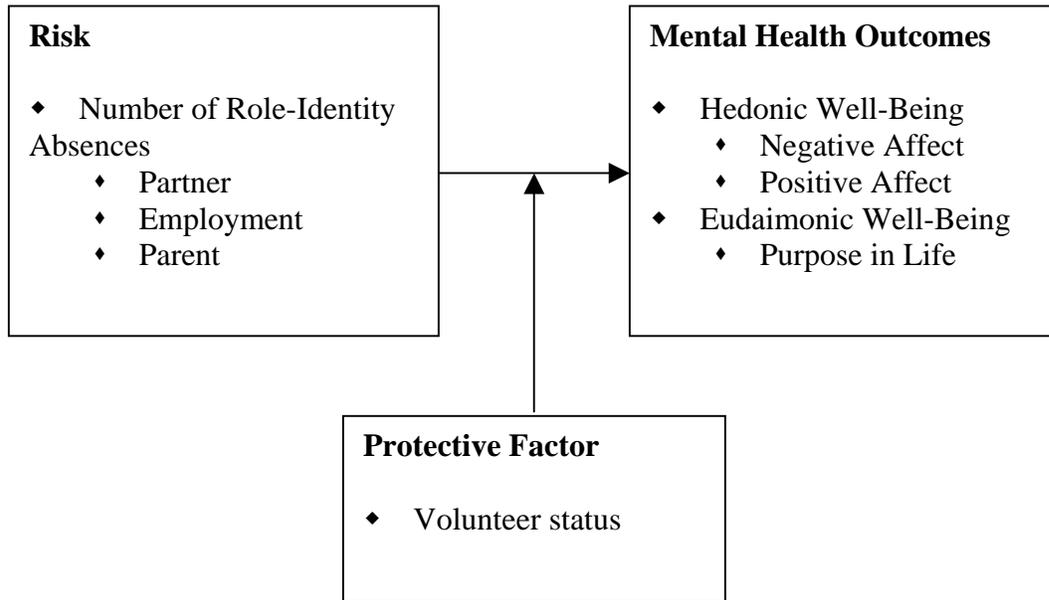


Table 1

Percentage Distribution for Major Role-Identity Variables

Variable	<u>Percent</u>
<i>Types of Role-Identity Absence</i>	
Employment	60.3%
Parental	7.7%
Partner	35.3%
<i>Number of Role-Identity Absences</i>	
None	24.4%
One	50.9%
Two	20.5%
Three	4.2%

Source: Midlife Development in the U.S. (MIDUS) 1995, respondents aged 60-74 (N=589).

Table 2

Descriptives for Analytic Variables

Variable	<u>Mean (s.d.)</u>	<u>Range</u>
Number of Role-Identity Absences	1.04 (.79)	0-3
Volunteer Status ^a	.11 (.34)	0-1
Positive Affect	21.05 (4.15)	6-30
Negative Affect	8.73 (3.19)	6-27
Purpose in Life	10.47 (3.07)	2-15
Age	66.48 (4.52)	60-74
Income	45,200 (43,641)	0-3,000,000
Education	2.55 (1.02)	1-4
Race (1 = African) ^a	.05 (.34)	0-1
Gender (1 = Woman) ^a	.54 (.34)	0-1
Functional Health Limits	1.99 (.92)	1-4

Source: Midlife Development in the U.S. (MIDUS) 1995, respondents aged 60-74 (N=589).

^a Dichotomous variables are reported as proportions.

Table 3

Estimated Unstandardized Regression Coefficients for the Effects of Role-Identity Absences and Volunteering on Mental Health

	Negative Affect			Positive Affect			Purpose in Life		
	Model 1	Model 2	Model 3	Model 1	Model 2	Model 3	Model 1	Model 2	Model 3
Age	-.05	-.07*	-.07*	.05	.07+	.07+	-.06*	-.05*	-.05
Income	.00+	.00	.00	.00*	.00	.00	.00*	.00+	.00+
Education	-.13	-.10	-.10	-.40*	-.46*	-.45*	.39**	.34**	.36**
Race	-.69	-.60	-.61	1.07	1.04	1.00	.08	.10	-.07
Gender	-.45+	.40	.40	-.31	-.25	-.24	-.46+	-.46*	-.40
Functional Health Limits	1.05***	.99***	.99***	-1.28***	-1.19***	-1.19***	-.47**	-.41**	-.39**
Role-Identity Absences		.55**	.54**		-.74**	-.78**		-.43*	.61***
Volunteer Status		-.59	-.65		1.26*	.82		1.06**	-.81
Role-Identity Absences X Volunteer Status			.05			.38			1.60**
Constant	10.37***	10.85***	9.95**	20.58***	22.74***	20.19***	14.17***	14.85***	13.95***
R ²	.13	.15	.15	.09	.12	.12	.10	.12	.14

Source: Midlife Development in the U.S. (MIDUS) 1995, respondents aged 60-74 (N=589).

+ $p \leq .10$, * $p \leq .05$, ** $p \leq .01$, *** $p \leq .001$ (two tailed).

Table 4

Estimated Unstandardized Regression Coefficients for the Effects of Role-Identity Absences on Purpose in Life for Volunteers and Non-Volunteers

	Non-Volunteers	Volunteers
Age	-.05	-.02
Income	.00*	.00
Education	.36*	.38
Gender	-1.20+	-1.20+
Race	-.04	1.54
Functional Health Limits	-.52**	.47
Role-Identity Absences	-.56**	.62
Constant	14.30***	11.87**
R ²	.14	.15

Source: Midlife Development in the U.S. (MIDUS) 1995, respondents aged 60-74 (N=589).
+ $p \leq .10$, * $p \leq .05$, ** $p \leq .01$, *** $p \leq .001$ (two tailed).

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