# Helping as Coping

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**P**rosocial behavior, or helping, refers to actions undertaken on behalf of others. As in the case of all interpersonal transactions, helping not only consists of a motive and a series of motoric acts but also includes outcomes—for the helper as well as for the recipient. Most of the existing literature on prosocial behavior, however, focuses on the antecedents of helping and, in some cases, on reactions to help by recipients. In contrast, this chapter explores the impact of prosocial behavior upon the helper. In it, I argue that helping others can be a means for productive and successful coping with a variety of life stresses.

Within the current literature on stress and coping, the spotlight is on the role of social support by others as a moderator of stress (Bell, LeRoy, & Stephenson, 1982; Gottlieb, 1981; Kaplan, 1983). When one takes the perspective of the recipient, however, support from others is far from an unmixed blessing (Fisher, Nadler, & Whitcher-Alagna, 1982), particularly when the help cannot readily be reciprocated (Clark, Gotay, & Mills, 1974; Gross & Latané, 1974). For instance, being the recipient of help can lower self-esteem or create a sense that one is in debt to the donor of the help. Thus, at least in some instances, when support is provided to the person under stress, the "cure" may be worse than the disease.

Why should this be the case? The answer may lie, in part, in the roles of "victim" or "recipient" and "helper." The recipient typically is viewed in a quite negative light, as one whose plight is attributable to the stress associated with some disturbing event—whether the demands associated with chronic disability, traumatic events during wartime, or, in some instances, the losses and declines associated with aging. When

one is a recipient, there is often an implicit demand that one show some improvement in the future, thus reflecting negatively on one's current state (Miller, Brickman, & Bolen, 1975). There is also a tacit assumption that help is needed from others because the recipient is facing a situation whose demands overwhelm his or her competence to meet them. Indeed, when one occupies a recipient role, as in the case of the institutionalized elderly, efforts to help others or oneself may be virtually ignored (Baltes & Werner-Wahl, 1987). The perceived imbalance between demands and capabilities may come from the appraisal of the situation as a threat or a loss rather than as a challenge (Lazarus & Launier, 1978). In sharp contrast to the recipient role, the role of a helper seems to be viewed in a quite positive light—that is, helpers are typically viewed as competent and good people.

What do these two divergent roles—a recipient role with at least some negative consequences and a helper role with some positive consequences—imply for a person under stress? Well, to the extent to which that person adopts the recipient role, stress might actually increase. However, to the extent to which the individual is able to interpret that situation as a positive challenge, to be met by instrumental problem solving (such as self-help or the helping of others), then stress reduction may occur. Indeed, according to Lawton (1987), people may experience stress when environmental demands either exceed their abilities *or* fail to challenge them, with the concomitant assumption that they lack the competence to meet a challenge. In other words, in this treatment, the individual under stress is viewed not merely as a potential victim but as a potential agent who continues to have the capacity to act as well as to react. As an agent, the person can help him- or herself *or* may provide help to others. Either may benefit the person under stress, although this chapter emphasizes the less obvious strategy of helping others as an effective coping strategy.

The remainder of this chapter is divided into three sections. In the first, conceptual and empirical perspectives on the relationship between helping and coping are presented. Helping will be depicted as a behavior that may plausibly predict positive psychosocial sequelae to stress. The second section presents empirical evidence on the nature and degree of helping by individuals presumed to be exposed to stress, including siblings of children with disabilities and elderly persons. The purpose of this second section is to show that contrary to stereotypes of people presumed to be under stress, many such people *do* help others

despite their own troubles. Such evidence, I argue, increases the plausibility that helping may serve as a form of coping among members of such populations. Finally, a third section is devoted to describing the results of two of my own emerging field studies, the results of which, when taken in combination with evidence presented in the first section, should increase the plausibility that helping serves as an effective coping mechanism.

## CONCEPTUAL AND EMPIRICAL PERSPECTIVES

There are five analytically distinguishable reasons that helping others may benefit the helper, even—or perhaps especially—when the help is given by an individual who is experiencing stress but helps, nevertheless, from other-centered motives. These include the capacity of helping (a) to provide distraction from one's own troubles, (b) to enhance the sense of meaningfulness and value in one's life, (c) to increase perceived competence, (d) to improve mood tone, and (e) to promote social integration—all of which can be disrupted by exposure to stressful events.

First, on an a priori basis it seems plausible that helping others may serve as a *distraction* from one's own troubles. In the course of many life stresses one experiences a range of emotional reactions, including anxiety, embarrassment, and anger. These feelings and one's behavioral responses to them may be distressing, over and above the impact of the stress-producing event. If, however, one turns from the cauldron of one's own reactions to the other-orientation inherent in altruism, the sense of despair may decrease. An egocentric, "turning inward" may be a natural tendency for some people. Yet, it may be hypothesized that an allocentric orientation may be more *effective* in restoring equanimity during times of stress.

Although systematic data on the capacity of altruistic activity to distract one from one's troubles are largely unavailable or inaccessible, preliminary results of a study on rescue during the Holocaust suggest the possible relevance of distraction as an antidote to self-concern. In this ongoing study, in-depth interviews are being conducted with rescuers of Jews during World War II in comparison with nonrescuers. In addition, letters and diaries written during the war are being examined. These interviews, letters, and diaries reveal the power of active helping as a distraction. Overall, the letters and diaries of the rescuers are filled

with details of activities necessary to accomplish their goals for others; the nonrescuers generally reported less activity and more preoccupation with their own concerns. Furthermore, in interviews conducted more than 40 years after the war's end, the nonrescuers still presented detailed lists of their wartime deprivations, losses, threats, and adverse emotional reactions. The rescuers, conversely, tended to *minimize* personal privations. Rescuers recalled fewer adverse personal reactions. When disturbing episodes were reported, they pertained largely to the suffering of those around them, perceived inability to help *enough,* and horror over the brutality of the perpetrators. These differences remain even after controlling for objective wartime circumstances (Midlarsky, 1989a, 1989b). Are these results attributable to the rescuers' prewar personalities or to the impact of their helpfulness? No retrospective correlational study can provide the definitive answer to this question. Nevertheless, the results are at least suggestive regarding the power of altruistic involvement to serve as a source of positive distraction.

A second hypothesis is that helping has the capacity to enhance *the sense of meaningfulness and value* in one's own life.[1] Helping others may be not merely a way to keep busy but also a way to occupy oneself in activities that are designed to produce important outcomes. In American society, there is a tendency to judge people on the basis of what they do, not what they are. The older person who is "roleless" may feel useless and outmoded (MacDonald, 1973). The usefulness inherent in helping contradicts the stereotyped view of retired older adults as "useless." Altruistic activities may also preserve one's sense of meaning even under the most extreme circumstances. For many citizens of Europe during World War II, the savage brutality observed or experienced posed a major threat to their value system and sense of justice. For such individuals, whether bystanders or concentration camp inmates, the expression of moral values through the help proferred to others reportedly had the potential to restore their faith in humankind.

In an account based on his own firsthand experience, Frankl (1963) emphasized the great importance of the meaning attributed to their experience by inmates of the Nazi camps. Focusing specifically on cooperative behavioral responses, Des Pres (1976) presents a descriptive analysis of documents indicating that helping and sharing were among the measures used to preserve the sense of humanity among concentration camp inmates. One Treblinka survivor was quoted as saying, "In our group, we shared everything; and the moment one of the group ate something without sharing it, we knew it was the beginning

of the end for him" (Des Pres, 1975, p. 110). In their description of responses by rescuers of Jews during World War II, Oliner and Oliner (1988) noted that several reported being thankful that they had behaved in accordance with their system of values. Others said that, through their helping, they experienced a sense of vital attachment to broader humanity, in almost a spiritual sense.

In another context, grandparents over the age of 60 who help others indicate that they are performing a meaningful role (Bengtson, 1985), as do older volunteers (Midlarsky, 1989b). Kahana and Kahana (1983) reported that elderly people preparing to migrate to Israel often expressed a desire to have the chance, at last, to make contributions to others outside their families. Ultimate satisfaction with the move was related to helping opportunities and professed altruistic activities. There are also recorded self-reports that at least some members of families of children with disabilities feel that they have found a new meaning in life—in the form of a religious or quasi-religious experience—as a result of helping the disabled child (Grossman, 1972).

Third, involvement in helping activities is also postulated to have a *positive impact on self-evaluations*. The relevant literature in this area too is limited. Therefore, the literature regarding three related constructs will be summarized under the rubric of "perceived competence." These constructs are personal control orientations (e.g., Schulz, 1976): self-esteem, which includes the global feeling of self-worth (Coopersmith, 1967), and self-efficacy (Bandura, 1986), defined as the performance-based cognition that one has the ability to control behavioral outcomes. According to Pearlin, Menaghan, Lieberman, and Mullan (1981), the process of dealing with stress has the capacity to threaten one's sense of self-esteem. Indeed, Thoits (1983) has written that it is the decrement in positive self-regard, which is considered by many theorists to be a fundamental human need (Mecca, Smelser, & Vasconcellos, 1989), that is a primary cause of the difficulties that occur subsequent to stress. Even in situations that have the potential to undermine self-esteem, positive self-regard can be restored through effective helping; and, even under extreme stress, people can emerge as effective helpers (Kahana, Kahana, Harel, & Segal, 1986). Of course, it can be argued that helping may be just a behavior that covaries with self-esteem, in that those evaluating themselves most highly are the ones who emerge as helpers. However, it seems likely that, in the process of behaving as a competent helper, the individual gains

perspective on his or her abilities and thus is reassured that he or she has the ability to overcome a negative life experience.

Congruent with the hypothesized relationship between successful helping and perceived competence (Midlarsky, 1984) is Bandura's (1986) finding that what he calls "enactive attainment" is an important source of information about one's effectiveness. When one performs successfully on behalf of others (i.e., when there is "enactive attainment"), then one's efficacy appraisals are enhanced. The enhanced self-efficacy is likely to generalize. In connection with this third way of viewing helping as a means for coping with stress, it is noteworthy that, according to Bandura, the generalization of enhanced self-efficacy is *most* likely where prior decrements in performance resulted from concern with one's own perceived inadequacies. Consider the person under stress who may feel ineffective as demands and obstacles exceed his or her perceived capacities to meet or remove them. It is this very individual whose enactive attainment, perhaps through effective helping, will generalize to a greater extent than if no perceived deficiencies had existed. A second source of critical input to one's self-esteem consists of the appraisals and esteem of others. In contrast to the recipient's implied lack of worth, the prevailing image of the helper is as a powerful and active figure.

Consonant with the "helper-therapy" principle (Riessman, 1976, p. 41), helping may serve as an alternative to perceived helplessness. Even in the event that one can no longer accomplish goals for oneself, one still may be able to accomplish goals for others. It is interesting that when people succeed in accomplishing their goals under adverse circumstances—because they are assumed to have less ability, to be receiving less supervision, or to be experiencing stress or hardship—they are typically given more credit for their success (e.g., Kipnis, 1972; Taynor & Deaux, 1973). A third consideration comes from social comparison theory (Suls & Miller, 1977). Successful helping may lead to increased self-esteem because those whose helping behavior constitutes a productive outlet are in the position to make favorable comparisons between themselves and others.

There is a paucity of research that has attempted to systematically link helping behavior or altruistic attitudes with perceptions of self-worth. Anecdotal reports, based primarily on case studies, indicate that children who serve as caretakers and teachers of their handicapped siblings express self-evaluations of competence and mastery. Those taking less responsibility, usually male siblings, report higher anxiety

and embarrassment about a sibling's handicap (Grossman, 1972). Bank and Kahn (1982), psychotherapists who based their conclusions on interviews conducted in the context of individual and family therapy over an eight-year period, claim that, at least in some cases, siblings of children with impairment assume a competent and masterful identity as the result of helping. They further assert, on the basis of their clinical case reports, that the helper role may extend into late life. That is, their in-depth interviews with members of the mental health professions revealed that a sizable number of these individuals were caretakers of siblings with disabilities in their families of origin. In a systematic study employing home interviews and daily telephone interviews with families of mentally retarded children, siblings who reportedly engaged in higher amounts of helping—in regard to both sibling caregiving and the performance of household chores—obtained higher scores on a measure of perceived competence (McHale & Gamble, 1989).

In regard to helping patterns among older adults who receive services from others, Wentowski (1981) found a significant correlation between opportunities to engage in helping and the maintenance of self-esteem. Significant relationships among altruistic orientations, self-esteem, and perceived control were found in a study of attitudes expressed by residents of Florida retirement communities (Midlarsky & Kahana, 1981). In a study evaluating the effectiveness of the Senior Companion Program (Fogelman, Roberts, & Dunbar, 1983), a program authorized by Congress in 1973, the elderly companions expressed concern primarily with the effectiveness of the program in meeting the needs of the people they served rather than with its effects on their own well-being. It also is interesting that the companions rated the program as being more valuable and even necessary for the survival of their clients than did the clients themselves.

Experimental research on the improvement of self-evaluations following helping has yielded mixed results. As Williamson and Clark (1989, p. 724) pointed out, following their review of some of the existing evidence, "Although the results of some research efforts are consistent with the idea that providing help improves self-evaluations, the evidence is not conclusive. In addition, some researchers have failed to find support for the effect." In two of their own experiments designed to directly assess the effects of helping, Williamson and Clark found that both self-evaluations and moods became more positive subsequent to responding to a request for help. In a third experiment, unmarried men desiring a communal relationship with the recipient of their efforts

were found to respond in a significantly more positive way than those desiring a communal relationship but who did not help. Although, in contrast to some of the populations just discussed (the elderly and members of families that include a disabled child), the Williamson and Clark work did not involve subjects likely to be under stress; the work, nonetheless, does show that helping can improve self-evaluations. And if helping can raise the self-evaluations of people whose self-evaluations do not seem likely to be threatened, it seems plausible that the impact of helping would only be greater among stressed individuals whose self-evaluations may start off at a lower point.

Initial results of an interview study of World War II rescuers and nonrescuers indicate that those whose self-esteem is highest today were helpers in the past, and they report that they continue to help others today as well (Midlarsky, 1989a). Some of the rescuers interviewed by Oliner and Oliner (1988) said that their altruistic activity helped to reinforce their self-esteem—to preserve their sense of identity and integrity. Even more striking are the many comments by nonrescuers that reveal a sense of powerlessness—the perception that conditions in the war, during which they took no proactive role, left them feeling drained and impotent (Midlarsky, 1989a; Oliner & Oliner, 1988).

Similarly, the few men who were able to help others and to repair their own homes following the Buffalo Creek disaster gave verbal reports of higher levels of self-confidence than did men who did not help. According to Gleser, Green, and Winget (1981), self-reports following the Buffalo Creek disaster indicated that the most adverse psychological effects were experienced by those thrust into a position of childlike dependency—and who, therefore, were not in a position to help themselves or others. As a case in point, women who were married and for whom it was not normative to help themselves or others coped less well than did those not residing with spouses. Huerta and Horton (1978) found that among elderly flood victims, those living with their children reported feeling less competent, and more insecure, in comparison with those living independently.

Results of experimental studies underscore the importance of the sense of control—whether exercised on one's own behalf or for another—for the maintenance of psychological and physical well-being. Schulz (1976) determined that, when institutionalized older adults were either told when they would be visited by college students or could control the duration and frequency of visits, their well-being was significantly enhanced relative to the well-being of comparison groups.

Hypothesizing that the curtailment of autonomy may lead to the rapid deterioration and decline of elderly individuals in nursing homes, Langer and Rodin (1976) investigated the effects of self-care and a form of nurturance on health of the aged. Of the older adults given the opportunity to become more involved in their own care, and given a plant to cultivate, only half were found to have the 18-month mortality rate of a comparison group. Congruent with these results is Taylor's (1979) finding, based on a review of the literature, that patients given a wider role in caring for themselves and other participants recover more rapidly than do patients who are not given such roles.

The giving of help may also result in *positive moods*. This prediction is based on the notion that altruism is reinforcing, with investigators arguing for its status as either a primary reinforcer (Weiss, Buchanan, Alstatt, & Lombardo, 1971) or a secondary reinforcer (Cialdini, Baumann, & Kenrick, 1981). It also may be argued that altruism leads to self-reward, particularly when the provision of assistance to others is congruent with the relatively high level of moral values expressed by older people (Midlarsky, Kahana, & Corley, 1986) and by individuals during wartime (Midlarsky & Oliner, 1987). The sense of rightness resulting from involvement in altruistic activities may lead people to reward themselves with good moods for helping. This tendency may be further reinforced among those who are open to new, preferably communal, relationships (Williamson & Clark, 1989).

In addition to augmenting positive moods, helping may result in the alleviation of negative moods. In the negative-state relief model advanced by Cialdini and his associates (Cialdini, Baumann, & Kenrick, 1981), altruism is viewed as a behavior that acquires the capacity, through the process of socialization, to dispel bad moods as well as to produce good moods.

Evidence for the relationship of helping and moods comes from the experimental research reviewed and conducted by Williamson and Clark (1989). In nonexperimental field studies of the psychosocial adjustment of adults, "feeling good" also has been cited as a benefit of helping others. Similarly, older volunteers in the Foster Grandparents program reported increases in morale following service in the program (Gray & Kasteler, 1970). Recent research by Karuza and his associates (in press) indicates that, when older persons adhere to prevailing stereotypes that portray them as dependent and ill (Carver & del la Garza, 1984)—by attributing low responsibility to themselves for solving their own problems—then their overall mood tone is less favorable than if

they had accepted responsibility. That is, older adults tend to accept the "medical model" assigned to them by society, very much to their own detriment. Among elderly adults who do help others, increased helping appears to diffuse negative affect but *not* to augment positive moods, according to these investigators.

An additional source of benefit may come from enhanced *social integration* with others within one's own milieu. Altruism is a concept associated with solidarity, or the sense of "we-ness" (Hornstein, 1976). Just as the sense of we-ness may lead to altruism, continued involvement in generous acts may promote social integration or a sense of community among people who are initially strangers to one another as well as among people who are kin (Clark, 1983). Indeed, the nurturance of infants by their mothers is often taken as a prototype for altruism, and mutual concern may cement love relations; both may bring with them a vital sense of connectedness. Furthermore, evidence suggests that social skills obtained through involvement in helping interactions within one's own social or familial domain may lead to enhanced bonding and increased social integration within the family or the wider community (Zahn-Waxler, Iannotti, & Chapman, 1983).

However, unlike the other reasons that helping may serve as an effective coping strategy discussed thus far, caution is in order when discussing the effect of helping on social integration and consequently on coping. Although, as I have argued thus far, helping may well enhance coping by promoting social integration, it also seems possible that it could interfere with social integration under certain circumstances. For example, under conditions of high cost for the helper and a less than salutory outcome for the recipient, the sense of social integration may be threatened. A frequent complaint by siblings of the handicapped is that the increased family responsibilities thrust upon them as the result of having a disabled child in the family leads to a reduction in the amount of time available for friendships with peers outside the family (Hannah & Midlarsky, 1985). Furthermore, at least in the short run, relationships with parents are described as negative, despite the effort expended in caretaking and household responsibilities (McHale & Gamble, 1989). Or, to give another example, what of the adult who is caretaker of a loved one with whom a strong bond has already been established?

It may well be the case that in adult life, helping within families can reinforce communal relationships. But what if the one whom one is helping is seriously, even terminally, ill? In considering elderly

caretakers of people with Alzheimer's disease, for example, an important facet of "caretaker burden" may be—according to self-reports—the gradual loss of a lifetime of shared memories that eventually ends in the loss of the corporal person as well (Midlarsky, 1989b). Unless the older person then becomes involved in other social relationships, social isolation may follow, despite a lengthy period—or even a lifetime—of involvement in family caretaking. Adults who survive to old age may indeed become increasingly isolated as they experience the series of losses associated with late life. In addition to the possibility of widowhood, colleagues and friends may be lost upon retirement, adult children and grandchildren disperse, and relocation and deaths of peers may disrupt existing ties to lifelong neighbors and friends. Kalish and Knudtson (1976) have speculated that the elderly may become disengaged from social relationships because of the perception that they have made, or are soon to make, a transition to dependency and are unable to help others (or themselves). Thus, during the very time of life when losses of friends and family members may necessitate the development of new relationships, perceived resources—such as health and finances—may be at their lowest ebb.

Nevertheless, it seems that helping often can promote coping by increasing social integration. There is growing evidence that even those whose resources are objectively low do help others (Midlarsky & Hannah, 1989). Among those who become involved in helping others, social integration may be enhanced. There is research, for example, indicating that people who give willingly, in a supportive way and without reciprocation of benefits, are liked by others (Greenberg & Frisch, 1972; Hartup, 1983) and that those who value altruism receive social support (Aldwin & Revenson, 1985). In a study of friendship, 67% of elderly people considered "caring" to be the most important characteristic of their friends (Shenk & Vora, 1985). Moreover, even when helping does not promote *immediate* social integration, it may still promote long-term improvements in social integration. For instance, helping by child and adolescent siblings of the disabled may ultimately be found to lead to the development of social skills, which, in turn, may enhance bonding during adult life. There is, therefore, a modicum of evidence that helping roles have the potential to lead to the sense of integration (or reintegration) in the social milieu.

In sum, it appears plausible that helping may benefit the person under stress for the five analytically distinguishable reasons presented above. The positive psychosocial sequelae of helping outlined here are not,

however, intended to be viewed as entirely discrete. Indeed, it is very difficult in practice to separate positive moods from self-evaluations, and both may be related to perceived control and self-efficacy. The impact of helping on negative moods may well be mediated through social integration, in some cases, and self-esteem, in others. Similarly, the sense of meaning derived from helpfulness to others is related to both congruence and mood tone, and all five of the hypothesized sequelae appear to be both conceptually and empirically related to well-being (Liang, 1985).

In addition to recognizing the possible interrelationships among the positive outcomes of helping, it is also likely that the relationships between helping and its outcomes are reciprocal rather than unidirectional. The relationship between helping and well-being may well be mutually reinforcing, once their benign cycle is set in motion. In the case of the relationships to helping of other facets of well-being, such as positive moods and self-esteem, it is possible that, just as they promote the tendency to help others, they may also represent outcomes of benevolence for the helpful person. This set of hypothesized relationships is depicted, in its most general form, in Figure 9.1.

This diagram depicts a set of reciprocal relationships wherein each of the variables has the capacity to predict that which follows in the cycle. It reflects an assumption that the causes and effects of much of human adaptation are reciprocal and can best be represented as benign or vicious cycles. Furthermore, in this view, the cycle of relationships between helping and coping may theoretically be set in motion at any of the three main points. Hence, an individual motivated to help may provide the help requested, which, in turn, may result in the augmentation of one or more of the facets of well-being. In contrast, enforced rehearsal as a helper, or a volunteer pressed into service, may theoretically lead to positive outcomes. The experience of these outcomes may then lead to the development of motives that have the capacity to promote future, self-directed helping. It is further hypothesized that the set of relationships depicted above may be useful in comprehending helping both by people in general and by people who are currently being exposed to certain objective life stresses, such as siblings of the disabled and the elderly.

It is proposed, then, that helping may provide a means for dealing with stress, for the reasons enumerated above. Do people under stress help others, though? This is an important question, for if no objective evidence is found that people presumed to be under stress *do* help, it

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│  MOTIVATION     │ ──────▶ │  HELPING        │
│  TO HELP OTHERS │         │  BEHAVIOR       │
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         ┌──────────────────────────┐
         │  WELL-BEING              │
         │                          │
         │  Equanimity              │
         │  Sense of Meaning        │
         │  Perceived Competence    │
         │  Positive Mood/Decr.     │
         │     Negative Mood        │
         │  Social Intergration     │
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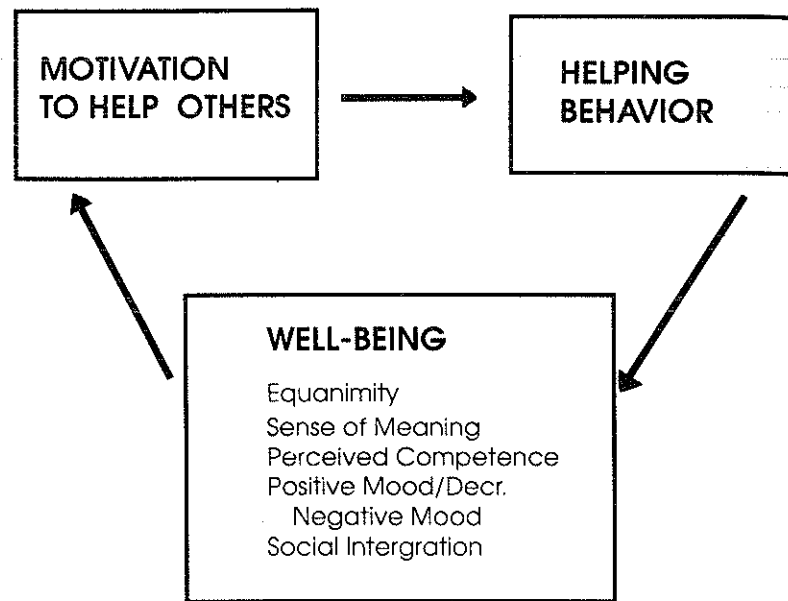
Figure 9.1. The conceptual model of the reciprocal relationships among helping motives, helping behavior, and positive psychosocial outcomes.

makes little sense to argue that helping actually serves as an effective coping strategy for such groups (even if, theoretically, it could). Thus, in the next section, I briefly present evidence that two groups often presumed to be exposed to stress—siblings of the disabled and older adults—do provide significant amounts of help to others.

### HELPING BY PEOPLE UNDER STRESS

To examine whether people under stress do help, one must first select a group or groups to examine who *are* under stress. Unfortunately, for the specific purposes of this chapter I do not have both objective stress data and helping data on the same group or groups of subjects. However, I do have helping data for two groups, the elderly and siblings of the disabled—groups that are widely perceived to be under stress. First, consider the siblings of the disabled, who are often described as saddled with problems not of their own making, as exposed to a difficult and generally unsatisfying family life (Featherstone, 1980), and, therefore,

as being at risk for psychiatric problems (e.g., Poznanski, 1969; San Martino & Newman, 1974). Furthermore, siblings of the disabled are portrayed as being simultaneously deprived of parental attention and "burdened" with caretaking responsibilities (e.g., Seligman, 1983). A recurring theme in the literature regarding families of the disabled is that these siblings need to be "protected" from such caretaking responsibilities (e.g., Bank & Kahn, 1982), thereby suggesting that experts in this area share the opinion that these children are indeed under stress.

Next, consider the elderly. This group also is widely believed to have to deal with increased problems. As people age, they have a greater chance of encountering such high stress events as poor health, problems in paying for costly medical care (Harris and Associates, 1981), enforced (rather than voluntary) relocation (Moos & Lemke, 1985), death of a close friend, death of a spouse, and retirement (Eisdorfer & Wilkie, 1979). With the decline in physical abilities (e.g., as with heart problems and arthritis), for some older people, even the simple act of climbing stairs may produce stress (Lawton & Nahemow, 1973). Moreover, the choice of this group comes, in part, from the position that additional stress may come from the *removal* of certain responsibilities from this group—often combined with the reinforcement of dependency (Lawton, 1987). The anomie that may result, for some aged adults, from the view of themselves as unchallenged (because seen as unable to meet challenges) can be viewed as diametrically opposite a helper identity. Thus I believe it reasonable to at least suggest that these two groups are under increased stress. The next question then becomes, do they help?

### Helping Among Siblings

The literature on altruism and helping often includes suggestions about ways to model helping behavior or to attribute responsibility to children to teach them what is considered a very important social behavior—prosocial/moral action (e.g., Rushton, 1980; and see Grusec's chapter in this volume). Yet, the literatures of social and developmental psychology rarely indicate any recognition of naturally occurring situations within U.S. society in which helping and caretaking by siblings are highly salient daily occurrences, that is, in families in which there is a handicapped child. Indeed, the recurrent emphasis on helping relationships within such families (McHale & Gamble, 1989; Midlarsky, Hannah, & Chapin, 1987; Seligman, 1983) may occur

because, unlike the situation for the U.S. population at large (Whiting & Whiting, 1973), opportunities for helping and attributions of responsibility to well siblings may abound. Indeed, Seligman (1983) found that one of the conditions most frequently leading to caretaking by siblings is the presence within the family of a disabled child. McAndrew (1976) reports that 75% of the siblings of children with cerebral palsy or spina bifida, who were themselves over the age of 7, were expected to provide help. Responsibilities included dressing, toileting, feeding, supervising, and amusing the siblings as well as putting on the braces. Similarly, all of the teenage participants in the research by Graliker, Fishler, and Koch (1962) assumed considerable responsibility for a sibling with Down syndrome.

Do siblings of children with handicaps help more than the "typical" American child? In most of the research on siblings of the handicapped, comparison groups were not included, so that it is difficult to determine whether or not responsibilities exceeded those typically given to siblings. However, two studies indicate that such may be the case. Swirean (1976) compared siblings of hearing impaired or normal 4-year-olds on their child care responsibilities. He found that siblings of the hearing impaired had significantly greater child care and home responsibilities in comparison with siblings of nonimpaired children. In a recent study comparing siblings of retarded and nonretarded children, girls with a retarded sibling helped the most, and boys with nonretarded siblings helped the least. In general, findings indicated that siblings of the retarded do help more, on the average, than siblings of nonretarded children (McHale & Gamble, 1989).

## Helping by the Elderly

Investigators of interpersonal relationships among older adults are, by and large, social gerontologists. In the literature of social gerontology there appears to be little expectation of altruism by the elderly. The elderly are generally viewed as giving less than they receive. When they do help others, they are perceived as being motivated by the anticipation of resources or favors that they will receive or by the desire to reciprocate for resources already received (Dowd, 1980; Wentowski, 1981). Although helping by others directed *toward* the elderly has been the subject of numerous investigations, studies in which the older adult helps others without anticipation of reward or reciprocation have been rare (Stewart & Smith, 1983). In general then, older adults are viewed

as a needy, recipient class, a "handicapped population dangling at the end of the life span" (Ehrlich, 1979)—a view that itself may serve as a source of stress (Lawton, 1987).

The literature provides suggestive evidence, however, that the elderly are willing helpers of others (Kahana, Midlarsky, & Kahana, 1987). In a number of survey research projects, the elderly have reported that they provide help to others and that the recipients of their efforts consist of family, friends, acquaintances, and neighbors as well as the wider community (the latter served primarily in the course of volunteer participation; Midlarsky & Kahana, 1983; Streib & Streib, 1978). In a survey of several hundred community dwelling elderly, for example, 55% reported that they regularly provide assistance to others (Chappell & Havens, 1983). Even older people who are currently receiving assistance report that they continue to provide help (Prohaska & McAuley, 1984). In a study that set out to explore the service needs of the urban aged (Kahana & Felton, 1977), community dwelling older adults reported that they provide more help than they receive.

In an investigation of variations in generosity across the life span (Midlarsky & Hannah, 1989), a donation task was set up in which funds were solicited, in randomly selected shopping malls and parks, to help infants with birth defects. As all of the study sites were known to be frequented by people across a wide age span, we were able to compare monetary donations by individuals aged 5 through 75+. Older people were generally retired and, objectively, have more time for participation in charitable endeavors. Consequently, the study was conducted on weekends, when all participants were presumably at leisure. Results indicated that there was an increase in numbers of persons donating with age. For example, 48% of those 15-24 years old donated, and 60% of those 25-34. There was an even larger increase in midlife, with an average of 73% giving to charity among those aged 35 to 44. The percentages of people donating remained stable through age 64, followed by a jump to 91% in the number of donors aged 65 and above. A different picture emerged, however, when *amount* donated was the dependent variable. Here, donation size showed a continual trend upward until about the age of 65, followed by a significant decline. Because this finding was thought possibly to reflect the possession of differential financial resources rather than generous tendencies, a second experiment was conducted.

The methodology of Study 2 was essentially identical to that of Study 1, with the exception that the donation task required effort rather

than money. People approaching the donation booth were told that, if they wished to make a contribution to the fund for infants with birth defects, they should operate the lever labeled "for the children" and that, for each lever pull, 5¢ would be donated to the fund by local merchants. Results of Study 2 indicated that the numbers of people donating was very similar to the numbers in Study 1 and that elderly people pulled the donation lever more than persons at younger ages. Hence, with financial costs controlled, the relationship between age and helping was maintained, with the highest donations given by the older adults. Results of this experiment lend support to the notion that generosity may increase through life, particularly when resources for helping are available.

## DOES HELPING BY THE ELDERLY AND BY SIBLINGS OF THE DISABLED LEAD TO MORE EFFECTIVE COPING?

In this section I present evidence from research conducted with my colleagues Mary Elizabeth Hannah and Eva Kahana. In our work, we chose to study siblings of the disabled and older adults because of the general tendency noted above to view them as groups with a higher than average exposure to stressful events and who, therefore, are generally expected to suffer from impairments in mental and physical health (Dohrenwend & Dohrenwend, 1974).

It is interesting, however, that the literature regarding the *actual* well-being of these groups does not support the notion that their life situations result in across-the-board psychiatric impairment. Research studies conducted on the mental health of siblings of the retarded, employing comparable groups of siblings of the nonretarded and psychometrically adequate instruments, did discern somewhat higher levels of maladjustment. But, despite the differences, the average scores fell within the normal range (Hannah & Midlarsky, 1988, 1989; McHale & Gamble, 1989). The research on life satisfaction among the older adult population also indicates that although objective life circumstances may change, chronological age is not, in itself, a significant predictor of psychological distress or of morale (George, 1981). However, a focus on average group differences tends to obscure the fact that there is wide variation in the adjustment of individuals within the groups. What this may indicate is that other factors—whether status variables (such as sex), resources (such as health), or coping strategies (such as helping)—

may combine with objective stress in its impact on outcomes, even possibly superseding its effects.

## Research on Siblings of the Disabled

To explore the relationship between sibship with a handicapped child and mental health, 50 siblings of individuals with mental retardation were contrasted with a demographically comparable group of 30 siblings of nonhandicapped individuals. Both parents and teachers rated the siblings' competence and adjustment in regard to schoolwork, learning, behavior, and happiness (Achenbach & Edelbrock, 1983). Each child was interviewed to determine self-esteem (Coopersmith, 1967) and general happiness (Viet & Ware, 1983). Initial findings from this project indicate that the siblings of the retarded help more than do siblings of individuals who are not retarded and that neither group is psychiatrically impaired (Hannah & Midlarsky, 1988) or judged as having serious problems in school (Hannah & Midlarsky, 1989). In a further investigation of siblings of blind versus siblings of normally sighted individuals, no significant average differences were found on indices of psychiatric impairment. On the other hand, descriptions of objective demands associated with the handicapping condition were indirectly related to the indices of mental health, and high levels of voluntary caretaking were directly related to those same indices. Specifically, siblings of the blind who described themselves as effective helpers showed significantly higher levels of positive affect and self-esteem.

Further evidence for the value of competent helping as an effective coping strategy comes from an experimental study conducted in a naturalistic setting. Several orthopedists in a major metropolitan area cited serious problems in managing the treatment of children suffering from a hip condition. The treatment for this potentially crippling disorder required that these youngsters wear a heavy and unattractive brace. Problems in compliance occurred even though failure to comply could result in serious lifelong disability. The majority of families in the orthopedic practices included a sibling who was cast into a helping role. Many of these siblings were described as having problems adjusting to the multifaceted difficulties and deprivations that the disability imposed on them. Results of interviews with medical personnel working with several of the normal siblings suggested that these children were not just expressing concern about the impact of the disability on

themselves but were frustrated about their perceived inability to mitigate the strain felt by the family. Most felt that even though they were always having to "do things," they were usually not *effective* helpers—capable of "making a difference" in their expenditure of effort.

To alleviate the strain observed among the siblings of the disabled, county funds were allocated for a two-week summer camp. Three camps and a waiting list were established for the first season. As the provision of a camping experience was viewed as an experiment in community preventive intervention, it was designed to permit a systematic evaluation of the results of alternative camp experiences in comparison with those of waiting list controls.

The children, who represented a wide spectrum of backgrounds in regard to socioeconomic status and ethnicity, were then randomly assigned to one of four groups. In Group 1, recreational activities and excursions filled each day. In the other two camps, in addition to the recreational activities, two hours each day were spent working directly with the nonhandicapped children on issues salient to their sibship with a handicapped child. In Group 2, information was provided about the disability, the rationale and importance of the prescribed treatment, and the importance of taking a supportive role within the family. These campers were also given information about how they could obtain help for themselves if they felt overburdened by the care of their brothers or sisters. In Group 3, the two hours spent each day dealing with the disability were designed to provide concrete training in how to effectively provide help within the family. In addition, they were given practice in the use of the skills and information about how to help and also how to obtain help if the need arose. Individuals in the fourth group were placed on a waiting list.

The siblings and mothers of the children with disabilities, along with all other mother-sibling pairs in the medical settings sampled, filled out a set of measures designed to assess mood, self-esteem, and family helping behavior (Midlarsky, Hannah, & Chapin, 1987). These instruments were administered as a "standard procedure" several weeks before the camping opportunity was announced. The effects of the camp experience were assessed by self-report measures on the last day of camp and by data from structured, in-depth interviews with the siblings one week, one month, and one year following the end of the camp. Other data came from systematic interviews in small groups held during "family camp days," which were also held one week, one month, and one year after the end of camp.

In brief, results of the investigation indicated, first, that there were no significant differences among the groups in demographic variables, psychosocial functioning, or helping before the initiation of the camps. On the last day of camp, the children generally manifested elevations in positive mood in comparison both with their prior levels and with the second set of scores obtained from the waiting list controls. Moreover, the participants in Camp 3, and their parents, also reported increased rates of helping after the camp experience, and a linear trend was observed over the three observation points. No such trend was observed in any of the other groups. Camp 3 participants also were the most vocal in expressing an increased satisfaction in their roles as able helpers to the younger siblings. Most important, children who participated in the helping-skills camp (Camp 3) manifested significantly higher levels of positive affect and self-esteem than all other groups; this difference was greater at one month and one year after camp than at one week following the end of the camp. Taken together, these results are viewed as support for the position that siblings of disabled children who achieve active mastery through helping within the family are, concomitantly, contributing to their own self-esteem.

## Research on Older Adults

To determine the relationship between helping behavior and mental health in older adults, interviews were conducted with 400 community dwelling older persons who had been randomly chosen from voter registration lists in the Detroit metropolitan area (Midlarsky & Kahana, 1985). We found, first of all, that after controlling for health and demographic variables, a primary predictor of self-reported helping was a set of values wherein service to others was viewed as highly important. Also significantly related to self-reported helping were emotional empathy, social responsibility, and a situational variable—perceived opportunity to help. At variance with the predictions from social exchange theory (Dowd, 1980), the most helpful persons were also least likely to be recipients of services from formal or informal sources, even after controlling for health and finances.

As predicted, the degree to which the older individual gives help to others was found to be significantly related to the three facets of well-being studied—subjective social integration, morale, and self-esteem. The most powerful predictor of social integration was helping, followed by internal locus of control, perceived health, and altruistic

values. Predictors of morale included two of the personality variables associated with helping—internal locus of control and social responsibility. Helping was an indirect predictor. In regard to self-esteem, even after controlling for health, finances, and other salient demographic variables, helping emerged as an important predictor. Also interesting was the fact that being a recipient of assistance from formal helpers was inversely related to self-esteem in this sample of community dwelling elderly.

Results of this investigation provided support for the hypothesized relationships among personality and situational variables, helping, and psychosocial benefits such as morale, self-esteem, and subjective integration. However, this research was cross-sectional, so that the direction of causation could not be directly ascertained.

An experiment was conducted, therefore, to discover whether reported increases in helping and volunteering were related to psychosocial well-being (Midlarsky, 1989b). The project had two aims. First, it was designed to evaluate the impact on helping behavior of fully informing older adults about volunteer opportunities, in contrast to not informing them. The hypothesis was that the provision of detailed information about volunteer opportunities would result in an increase in volunteer behavior. Moreover, it was expected that because of the sensitization effect of exposure to information about volunteer opportunities (e.g., as a Foster Grandparent, hospital volunteer), even people not volunteering through formal agencies would report increases in the help given in other domains (e.g., neighbor and family contexts), in comparison with subjects in the control group. Second, the study investigated the impact on psychosocial well-being of self-reported helping. The hypothesis here was that people who engage in more helping also show higher levels of well-being. This study also was designed to determine whether helping of different kinds—such as volunteer participation versus helping of friends and neighbors—differentially affects indices of well-being.

In this study, two groups of respondents were selected at random from the 400 adults interviewed four years earlier as part of the study described above. The interview administered to those people—which included questions about personal and situational variables (e.g., perceived opportunities), helping and volunteering behavior, and psychosocial well-being—was treated as a "pretest" for purposes of the new analysis. One of the two pretested groups, as well as a third group, received the experimental intervention. The fourth group was exposed

neither to the pretest nor to the intervention. The intervention provided in-depth, personalized information about volunteer activities coupled with encouragement to volunteer. Posttests six months after the intervention phase asked the respondents about their volunteering and helping in considerable depth and detail and assessed their well-being on a series of standardized instruments.

Results of this experiment indicated, first, that the pretest and the intervention each led to independent increases in perceived opportunities to volunteer, in helping (e.g., of family and neighbors), and in volunteer activities. Also, the greatest increase in perceived opportunities and in helping occurred in the group that received the intervention after first having been sensitized to the pretest. The study also provided support for the hypothesis that helping and volunteering are causally linked to psychosocial well-being. Both helping and volunteering were significant predictors of most of the indices of well-being employed. (But, of the types of prosocial behavior studied, only volunteering was linked to all four indices—positive affect, morale, self-esteem, and social integration.) Support for the causal relationship also comes from the finding that both self-esteem and positive affect increased more among people exposed to the intervention than it did among people in the other groups.

## Summary and Conclusions

To summarize, the central thesis expressed here is that human beings—most notably those who hold membership in "recipient" or "victimized" groups within society—have the potential to move beyond avoidance or passivity to become the architects of their own lives. Learning to express compassion and exercising the discipline, fortitude, and control necessary to help others effectively may ultimately serve as a pathway to successful coping, which may have long-lasting positive consequences both for others and for oneself. I argue that this may occur because it is possible that helping makes one feel happy enough, and/or competent enough, to lead to the reappraisal of stress as a challenge rather than as a threat or a loss. I argue that it also is possible that this may occur because helping restores or maintains well-being by distracting oneself from one's current troubles, increasing or maintaining social integration, and/or lending a sense of meaning to one's life.

Is there evidence for this thesis? I think the answer must be yes, but accompanied by a cautionary note that far more evidence is needed. The study of helping as coping is still clearly in its infancy. More questions,

by far, remain than have been answered. Nonetheless, it certainly can be said that there is considerable anecdotal evidence that helping serves as an effective coping strategy, that there is evidence that helping is high at least among two groups of people widely assumed to be under stress, and that among these two groups, helping seems to be associated with some positive psychosocial sequelae. Moreover, we have reviewed a few experimental studies (two of my own in the third section of the chapter and a few others in the first section) that support the claim of a positive causal relationship between providing help and subsequent positive psychological outcomes for the helper.

Clearly, more is needed. In particular, research is needed in which objective measures of stress, of helping, and of outcomes are combined in a single study. A convincing case for helping as an effective coping strategy can best be made if helping is found to lead to positive outcomes in groups demonstrably under stress. The most powerful pattern of findings would be one wherein helping others would lead to greater increases in well-being among people under stress than it would in other, nonstressed people. That is, we need a demonstration of the capacity of helping to "buffer" stress, with a concomitant exploration of the possible mediating processes in this relationship. If helping is, indeed, found to be a significant coping mechanism, its stress-buffering effect compared with other forms of interchange—such as receiving social support from others—needs to be explored as well. An important aim for future research may be to investigate the conditions under which the giving of help may be equally, or even more, effective than other forms of exchange in alleviating psychological distress and enhancing well-being.

## NOTE

1. This is conceptually very similar to the "value-expressive function" of helping discussed by Clary and Snyder in Chapter 5 of this volume.

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# Social Support and Interpersonal Relationships

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This chapter discusses recent research on social support. Several themes in findings on social support and linkages to social psychological theory will be noted. The general finding in field studies is that persons perceive a high level of available support from informal sources, that social support is related to higher levels of well-being, and that support reduces the impact of life stressors such as unemployment or illness. Social support research raises a number of theoretical questions about how informal helping relationships contribute to well-being and which functions of relationships are responsible for the observed effects. These questions bear on theories of close relationships, coping processes, and helping. The purpose of the chapter is to discuss these issues from the perspective of field research on social support, suggesting what social support research has to contribute to social psychology and what social psychological studies on helping and relationships can offer to social support research.

The chapter begins with a brief review of social support research, giving attention to substantive findings and methodological issues. Then I consider several theoretical issues posed by field studies of social support. First, there is a basic question concerning what aspects of social relationships contribute to well-being and how they do so. Second, I consider what kinds of help provided by supportive relationships are most relevant for well-being. Third, I consider how personality factors influence the formation of networks and the utilization of help. In a final section, I draw on the preceding material to consider the