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# Altruism and Well-Being

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# Altruism and Well-Being

By

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An Honors Thesis Submitted in Partial Fulfillment  
of the Requirements for Graduation from the  
Western Oregon University Honors Program

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## Introduction

Altruism is a class of behavior that has been woven through cultures and societies across the globe and is seen as a positive trait. However, altruism is more than simply being “nice” or “kind”; it is a behavior that is selfless in nature.

Altruism can be defined as “acting out of concern for the well-being of others, without regard to your own self-interest” (Taylor, 2010). As the focus of altruism is taken off of the self and aimed at another person, it is clear that the person on the receiving end of the altruistic behavior would benefit from such an act. For example, people are often benefitting from these types of acts such as a homeless man receiving a warm meal on a cold day from a soup kitchen, a sick mom getting childcare help from a friend, or a non-profit organization receiving a large donation from a community member. There have also been many studies done in the field of psychology on altruism for those on the receiving such as the effects of volunteering on the community (Edwards, B., Mooney, L., & Heald, C. 2001) and the effects of charitable giving on the economy (Auten, G. E., Sieg, H., & Clotfelter, C. T. 2014).

However, what about the people who are the ones engaging in altruism? Do those who are on the giving end of altruism benefit as well? There is an old adage that says, “it is better to give than to receive” suggesting that there are benefits to being on the giving side of altruism, possibly even more benefits than

being on the receiving side. Most people are raised to learn that it is good to help others because it's the right thing to do, but if engaging in altruism by helping others in turn benefits us as well, one could argue that we were hard-wired to do so.

The purpose of this paper is to examine the effects of altruism on the giver. However, the concept of altruism is not neat and simple. Rather, it is a complex network of many variables that cross over and connect with one another. For example, demographics may play a role in how altruism affects a person. Someone's culture, race, gender, age, heritage, family dynamics, or education may boost or diminish the effects of altruism. For this reason, this paper will include a variety of demographics in order to determine whether or not the effects of altruism are consistent across demographic differences. Specifically, it will focus on gender, age, and ethnicity, as these are significant demographic characteristics. While they may have slightly varied results, it is hoped that they at least point in a common direction of positive, negative, or neutral effects.

In addition to demographic differences, there is another layer of complexity that is added on by the number of varying types of altruistic acts themselves. Altruism can look like anything from donating food to a needy friend, to picking up trash at a local park, to tutoring a child who needs help in school, to volunteering at a local soup kitchen, to giving someone a nice compliment, to giving to charity,

and the list goes on. There is no way one could encompass every possible type of altruism and compare their effects. For this reason, we will focus in on two major types of altruism: engaging in acts of kindness and volunteering. While acts of kindness is a fairly broad category, it was selected as a main type of altruism because it allows room for the individual who is engaging in these acts to have some autonomy in determining an act of kindness that is significant to them or the people around them. The other main category, volunteering, was selected because it is one the most common, if not the main avenue that Americans use and consider themselves engaging in altruistic acts. In the United States alone, approximately 65 million adults volunteer their time each year: in 2013, that contributed to a total of 7.9 billion hours of volunteer service (Auten, Sieg, & Clotfelter, 2014). With these different categories of altruism in mind (acts of kindness and volunteering), we ask the same questions as we did with demographic differences: do the effects of engaging in these different types of altruism produce effects pointing in the same direction (positive, negative, or neutral)?

With these questions in mind about demographic and altruism-type differences and their contribution to the effects of altruism, we split the formatting of this paper into three sub-sections. The first section will examine the broader topic of altruism itself and any psychological, mental, or physical benefits.

Specifically, it includes several demographic variables including gender and age. The second section will take a closer look at one of the main categories of altruism, volunteering, which also includes ethnicity and age demographic variables. The third and final section details a research study conducted specifically for this paper looking at the last main category of altruism: acts of kindness. In the end, we hope to find a common directionality (positive, negative, or neutral) of the effects of altruism across all demographic and altruism-type variables to uncover a collective theme among all people with regards to the nature of altruism and how it affects us.



## Section 1: The Effects of Altruism

This first section compares three different articles revolving around the effects of altruism including the benefits of altruism and also the differing effects of altruism on males and females. The first article compares the varying benefits of altruism on male and female teens at Presbyterian Churches located across the U.S. The second article observes the benefits gained from engaging in the altruistic-styled behavior known as 'paying-it forward'. The final article studies men and women who have lumbar spine disorders and measures any mental and physical benefits of engaging in altruistic behaviors. Overall, all three articles found evidence that altruism is beneficial to both males and females. However, there are also differing effects of altruism among males and females where gender influences both the types of benefits and the level of benefits that are experienced by the individual. Future research should examine what the causes of this gender-split in altruism benefits are and why it occurs.

### Article One: Helping Other Shows Differential Benefits for Male and Female Teens

The practice of altruism is a common theme across many different religions and is seen as not only an expected behavior, but also a beneficial behavior. However, the psychological and physical benefits of altruism are not common knowledge in these settings. Researchers Schwartz, Keyl, Marcum and Bode (2008) were interested in studying the effects of altruism in a population where it might be expected (a Presbyterian church). However, they specifically wanted to use a cohort of adolescents which is an age group that is less commonly studied when it comes to altruism. They also wanted to research if there are any substantial differences between adolescent males and females. Researches defined altruistic behaviors as behaviors that are for the benefit of another such as volunteering or offering emotional support to community members (Schwartz et. al., 2008). Schwartz and colleagues (2008) hypothesized several things. First, they hypothesized that those who display altruistic behaviors would experience superior health than those who do not act altruistically. Secondly, they hypothesized that there would be differing benefits for males and females who exhibit altruistic behaviors.

Four-hundred and fifty-seven teenagers between the ages of 12 and 17 were recruited nationally through the U.S.A. Presbyterian Church to participate in this research. Participants had a mean age of 15.6 years and included a breakdown

of 44% males and 56% females (Schwartz et al., 2008). The sample also included 97% Caucasians and 99% non-Hispanics. The teenagers were given several questionnaires about their altruistic behaviors, well-being, and quality of health. These measures included a new self-report measure specifically for teens that measured altruistic components including giving emotional support, giving family helping behavior, giving general helping behavior, and one's helping orientation. These components helped measure the teen's "level" of altruism. They were then given the Health-related Quality of Life scale, the Existential Well-being scale, and the Extracurricular Activities scale (all as cited in Schwartz & colleagues, 2008). These scales measured the teen's quality of life in terms of health, well-being and activities.

Schwartz and colleagues (2008) found several significant findings. While they found no correlation between providing emotion support and psychological well-being, they did find several connections between altruism and overall well-being, including gender differences. They found that males experienced the most benefits from family helping behaviors including more positive social interactions, a higher purpose in life, and greater self-acceptance. However, females experienced the most benefits from general helping behavior and helping orientation. Surprisingly, while family helping behavior was associated with more psychological benefits for males, it was associated with more health-related

benefits for females. These findings support Schwartz and colleagues (2008) hypothesis that not only do adolescents experience benefits from engaging in altruistic behaviors, but they also experience slightly varying benefits based on gender. Overall, while both males and females benefit from such behaviors, females report higher well-being *and* physical health whereas males only report higher well-being. Researchers (Schwartz et al., 2008) interpreted these findings as suggesting that gender differences on the effects of altruism may be due to differing pressures that society puts on males and females. They suggest that society (especially within the church) puts more pressure on females to provide helping behaviors to others and more pressure on males to support their families (Schwartz et al., 2008). Therefore, when females provide helping behaviors to others, they experience the most benefits whereas males receive the most benefits when they provide support to their families. Schwartz and colleagues (2008) suggest that future research examine adolescent populations outside of a specific religious organization to determine whether or not these results can be generalized to a wider population.

## Article Two: The Impact of a 'Pay it Forward' Style on Giver and Receiver Well-Being

The altruistic behavior called 'pay it forward' has become popular and well-known in recent years. 'Pay it forward' is the concept that if one is the receiver of an altruistic behavior, they are then encouraged to 'pay it forward' and in a way repay the kind act by passing it onto another person. By result, this creates a chain of positive altruistic behaviors that increase and multiply. Researchers Pressman, Kraft and Cross (2014) wanted to study this 'pay it forward' style of altruism by measuring the impacts of paying it forward on both the person on the giving end and the person on the receiving end. Specifically, they wanted to measure levels of both positive affect and negative affect. Pressman and colleagues (2014) hypothesized that the intervention of the 'pay it forward' style of altruism would increase positive affect levels while at the same time reduce levels of negative affect in the persons on the giving end of the behavior.

Participants included 83 people who were at the time a part of a positive psychology class at a university in the mid-west. Participants had a mean age of 22.6 years and was 59% female and 41% male. Participants were asked to participate in a 'pay it forward' event on campus in which they were randomly split up into 10 groups and roam about campus for 90 minutes while engaging in altruistic behaviors. Suggestions were given such as opening a door for someone, paying for someone's parking meter, giving someone a compliment or high-five, or

giving a gift of a coupon, gift certificate, or baked treats (Pressman et al., 2014). There were also 251 individuals who were used as control subjects due to not being able to participate in the event. Participants were given the PANAS Positive and Negative Affect Scale (Watson, Clark, and Tellegen, 1998) which was used to measure levels of positive and negative affect before and after the 'pay it forward' event. Participants were also asked to fill out scales that measured life satisfaction, gratitude, optimism, trait affect, and demographics upon completing the 'pay it forward' event.

Pressman and colleagues (2014) found that there were positive effects of altruism on the participants who participated in the 'paying it forward' event. They found significant increases in positive affect among the givers and also significant decreases in negative affect. While there was a variety of individual differences in positive and negative affect scores, the overall statistics support Pressman and colleagues' (2014) hypothesis that paying it forward would result in an increase in positive affect and a decrease in negative affect among the givers. One interesting demographic difference that was found was that while both males and females experienced an increase in positive affect, females experienced a significantly *higher* increase in positive affect. However, researchers are curious as to the reason behind this gender difference and wonder if it was in part due to differences in emotional reporting between genders. While the other aspects of

well-being that were measured produced positive results in life satisfaction, gratitude, and optimism, positive affect increases were the most significant result produced.

### **Article Three: Resources Mediate the Health Benefits of Altruism Differently for Males and Females**

As literature grows in the area of the effects of altruism on health and well-being, researchers are able to narrow the focus of this branch and look at sub-categories. Researchers Schwartz, Quaranto, Bode, Finkelstien, Glazer, and Sprangers (2012) wanted to examine the effects of altruism on males and females who had spine lumbar disorders and see if there existed any gender differences on these affects. Specifically, they aimed to find out if physical, emotional, and economic resources brought about the benefits of altruism differently for males and females. Schwartz and colleagues (2008) chose to use patients with spine lumbar disorders (more commonly known as back pain) because it is very common among both males and females, it is costly, and it is often chronic even when surgery and medication has been used. This allows for varying effects of altruism-related benefits to take place that aren't related to medical procedures. Schwartz and colleagues (2012) hypothesize that there are gendered differences in the relationship between altruism and health. Specifically, they hypothesize that women and men will experience different health benefits from altruism.

Two-hundred and forty-three adults with lumbar spine disorders were recruited from several spine surgery locations. Participants included patients who had recently had surgery, ones who were awaiting surgery, and ones who had surgery many years ago in order to account for benefits due to surgical success. Measures used included the Schwartz Altruism Questionnaire (Schwartz, Keyl, Marcum and Bode, 2008) which is a self-reporting scale that measures community connection, community pressure, helping orientation, and general helping behaviors. These included questions such as how much one enjoys helping others, donates money, volunteers, contributes to their community, offers help, and cares for others. Secondly, the Quality-of-Life Outcomes (Hays, Sherbourne, and Mazzeo 1993) was used which measured physical and mental health and provided patients with a physical component score and a mental component score.

Schwartz and colleagues (2012) found that there were indeed positive benefits of altruism for adults with spine lumbar disorders, as expected. Furthermore, males and females experienced approximately the same *level* of benefits. However, the *type* of benefits from altruism were found to be different for males and females. Specifically, community connection and general helping behaviors components of altruism were found to produce better physical health and lowered pain symptoms in women. While both men and women had better mental health from community connection, only women experienced the physical



health benefit from altruism. These findings support Schwartz and colleagues (2012) hypothesis that men and women would experience different types of benefits from altruism. Schwartz and colleagues (2012) discuss possible reasons for the connection between altruism and improved health. They suggest that by engaging in the act of altruism and diverting one's attention and focus to another person, it allows one to re-evaluate their own condition and improves their well-being, which in turn provides better physical health such as lower blood pressure and better emotional health (more optimism and hope).

### **Altruism Article Integration and Assessment**

All of these articles had a common theme among them that revolved around the benefits of altruism, whether mental or physical. Specifically, each of the articles looked for or found differing benefits of altruism among males and females. Article One found that while both males and females experienced improved mental health benefits from altruism, only females experienced improved physical health benefits as well. Similarly, Article Three found that while both males and females experienced similar levels of benefits from altruism, they experienced these benefits from different altruism components. Males experienced more benefits from community connection, whereas females experienced benefits from both community connection *and* general helping

behaviors. Lastly, Article Two had similar gender-difference findings as they found that while both males and females experienced an increase in positive affect and a decrease in negative affect, females experienced a significantly higher increase in positive affect than the males did.

These common threads through all three articles suggest there is no doubt that both males and females experience various benefits from engaging in altruistic acts. However, the type, cause, and degree of these benefits varies depending on the gender of the altruistic individual. However, unlike the other articles, Article Two suggested that the difference of benefits among genders is not due to an actual difference in benefits, but rather due to a difference in how those benefits are reported, suggesting that a female would tend to report higher emotion and affect scores than a male experiencing the same emotions. It should be taken into consideration that this is only a hypothesis and should be directly studied in future research. It is interesting that several of the articles found that females are the ones who experience more benefits from altruism. It would be interesting to research if that is a cultural phenomenon or global.

Regarding limitations, Article One had a few foreseeable limitations. First, they only had a quarter of their original sample actually complete the surveys, leaving the potential for a selection bias to occur. Secondly, the study was limited to teenagers who were members of the Presbyterian Church. This subgroup of

people tends to have a tighter community of other religious people and lower rates of alcohol and substance abuse. Therefore, it is highly likely that this sample cannot be indicative of the entire population. Future research should include non-religious groups and also include age demographics other than teenagers.

Article Two also had a few limitations. The demographics were limited in that it included all young adults at a local university. Secondly, findings of increased positive affect may be due to the fact that the students enjoyed interacting with other friends in their group (as they were all from the same class) and other students they knew on campus. Future research should include a wider demographic of other ages as well as comparing the 'pay it forward' benefit of friends to strangers. It would also be interesting for future researchers to study the specific links between engaging in altruistic behaviors and the resulting mental and physical benefits.

Lastly, Article Three's limitations were particularly tricky due to having to account for differing levels of spine lumbar disorders. While medications and other medical interventions were adjusted for, it is still very difficult to separate what physical improvements were due to the altruistic behaviors and what was due to medical help. Future research should look at the effects of altruism across multiple kinds of physical ailments and compare the results. Lastly, it would be

interesting for future research to measure how long the positive benefits of altruism last including the mental and physical improvements.

## Section 2: Volunteerism

Volunteering is related to altruism as it is the act of donating one's time for the benefit of another, without compensation. Volunteerism is often an act that is encouraged within societies to help those less fortunate receive help. In the U.S., volunteer acts are even recorded on college applications to show one's involvement in the community and dedication to others. Clearly volunteering is beneficial for those receiving the benefits of volunteers, such as those receiving food from a soup kitchen, or shelter from a local agency. However, many researchers have studied the effects of volunteering and found a wide range of benefits including increased happiness, physical health, psychological well-being, and life satisfaction (Dulin, Gavala, Stephens, Kostick & McDonald, 2012; Thoits and Hewitt, 2001; Willigen, 2000). These articles about volunteerism and well-being study a number of these benefits while also proposing questions about any differential benefits based on the age, gender, economic status, or ethnicity of those who volunteer.

## Article One: Volunteering predicts happiness among older Maori and non-Maori in New Zealand

This first article aims at understanding any possible ethnicity differences of those who volunteer. Researchers Dulin, Gavala, Stephens, Kostick and McDonald (2012) studied a large group of older New Zealanders who were both of Maori and non-Maori ethnicity to answer a few questions. First, they aimed to find if the amount of volunteering these adults engage in can predict overall happiness levels. Second, they aimed to find if their ethnicity (Maori VS. non-Maori) has an impact on the effects of volunteering. And lastly, they aimed to find if economic status (high economic status VS. low economic status) moderates any part of the relationship between volunteering and happiness. First, Dulin and colleagues (2012) hypothesized that the amount of volunteering would have a direct impact on one's happiness level based on their previous knowledge. They also hypothesized that ethnicity may have an impact on the relationship between volunteering and happiness due to the nature of the Maori culture. Specifically, those in the Maori culture view helping other as a part of their duty, so it is more of a cultural norm and expected of them to help others through volunteering. Therefore, they may not reap as many benefits from volunteering if they feel a cultural pressure to do so. However, the positive benefits of volunteering could also prove to be a universal phenomenon that it seen across cultures. Lastly, Dulin

and colleagues (2012) hypothesized that those with a lower economic status would experience more salient benefits of volunteering than those with a higher economic status.

Dulin and colleagues (2012) conducted a cross-sectional study where they surveyed 1,028 Maori and non-Maori older adults from New Zealand from ages 55-70 years old ( $M=63$ ,  $SD=4.1$ ). Participants broke down into 43% Maori and 57% non-Maori. Participants completed a number of measures that obtained demographics and information on marital status, age, education, retirement, and independence to rule out any happiness differences due to these factors. Next, they recorded the number of volunteer hours the participants engaged in per week, with a mean of 5.6 hours. They also measured economic status using the Economic Living Standards Index which put participants on a sliding scale of economic status from 0 to 31 (Jensen, Spittal, & Krishnan, 2005). Lastly, they measured happiness using Lyubomirsky and Lepper's measure of subjective happiness (1999). All of these questionnaires and measures were a part of a large, New Zealand longitudinal study on health, work, and retirement.

Dulin and colleagues (2012) had several significant findings. First, they found a significant positive relationship between the amount of hours volunteered per week and resulting happiness levels. This was as expected and further strengthens the notion that volunteering has beneficial effects. Dulin and

colleagues (2012) continue to wonder however, whether volunteering causes happiness, or if happy people are the ones who decide to volunteer. Secondly, researchers found that ethnicity did not have a significant impact on these positive happiness benefits of volunteering. This was against Dulin and colleagues (2012) original hypothesis that the Maori's cultural norms would affect happiness benefits and suggests that the benefits of volunteering may actually be a universal benefit. Lastly, researchers found a significantly large impact of economic status (ELS) on the positive benefits of volunteering experienced among participants. Specifically, they found that those with a low economic status had a stronger relationship between volunteering and happiness than those with a high economic status (Dulin et al., 2012). This suggests that volunteering may be more beneficial for those with a lower economic status and may moderate the effects of volunteering. Overall, Dulin and colleagues (2012) found that the amount of time spent volunteering has a direct impact on happiness levels, that those with lower economic status experience more benefits from volunteering, and that ethnicity does not have an impact on the effects of volunteering. Future research should include a variety of ethnic groups, as well as an age sample that includes more than just older adults.



## Article Two: Differential Benefits of Volunteering Across the Life Course

This second article also aims to look at the benefits of volunteering. However, researcher Willigen (2000) wants to study the specific age group of the elderly and the impact of volunteering on their lives. Willigen posits two questions about volunteering and the elderly. First, Willigen (2000) wants to know if volunteering improves both the psychological and the physical well-being of older adults. Second, she is interested in whether or not older adults experience different benefits from volunteering differently than younger adults do. Willigen observes that previous material has not examined whether older adults experience increased benefits from volunteering, or whether older adults simply experience increased happiness overall as an age group regardless of volunteering behaviors (2000). Willigen (2000) hypothesizes that any increased benefits of volunteering among the elderly may be due to both the *amount* of time spent volunteering as well as the *type* of volunteering acts that are engaged in. For example, older adults may spend more hours volunteering because they have more time on their hands as children have left the home, and as their careers come to an end. Also, Willigen (2000) hypothesizes that older adults spend more time volunteering through religious organizations such as at churches or synagogues, whereas younger adults spend more time volunteering at educational

systems or in politics and therefore may experience increased benefits due to the nature of volunteering at a religious organization specifically.

Participants included 2,867 adults over the age of 25. Two-thirds of the adults were over the age of 60, and 1/3 were under 60. There was also a ratio of 2:1 African-American to Caucasian participants (Willigen, 2000). Members participated in a series of two in-home face-to-face interviews between 1986 and 1989. Several types of questionnaires were asked about their volunteering including their role in volunteering, the number of hours spent each week volunteering, and the range of volunteering. Participants were also given measures of well-being including ones measuring life satisfaction and perceived physical health. Lastly, participants were asked about their social roles, socioeconomic status, any functional impairment, their social integration, and social support in order to count these factors as potentially contributing to well-being levels (Willigen, 2000).

Willigen (2000) had several significant findings about the relationship between the elderly's volunteering and well-being. First, she found that while both young and older adults volunteered, older adults tended to be more *active* volunteers, meaning they spent more time volunteering. As predicted, Willigen (2000) found that 66% of older adults participated in religion-based volunteer activities compared to young adults who were significantly more likely to

volunteer for a school or political group. As to the specific effect of volunteering on older adults, it was found that it was positively associated with both life satisfaction and perceived health (Willigen, 2000). This means that Willigen found it's not simply the case that volunteers are people who are already happy, but that engaging in volunteerism can actually increase happiness and life satisfaction (2000). As to any differential effects of age on the benefits of volunteering, Willigen found that older adults did experience greater benefits from volunteering than their younger counterparts, as hypothesized (2000). Also, it was found that volunteering was 2.5 times more likely to increase perceived health for the older adults than it was the younger adults. Willigen (2000) poses several possible reasons for these findings. First, she suggests that older adults experience increased benefits from volunteering than younger adults are not only because older adults spend more hours volunteering, but because volunteering provides them with a way to stay socially integrated, occupied, active, and feeling productive at a stage in life where activities are often on the decline. Also, younger adults who spend large amounts of time volunteering may feel added stress due to their other roles in their career, education, or raising children. Overall, Willigen suggests that older adults experience these differing effects of volunteering based on the different stage of life they are in.

### Article Three: Volunteer Work and Well-Being

Unlike the first two articles, this third article on volunteerism does not aim to look at any specific differences in age, gender, or ethnicity of those who engage in volunteering. Rather, Researchers Thoits and Hewitt (2001) aim to examine six different aspects of well-being and how they are influenced by volunteerism: happiness, life satisfaction, self-esteem, sense of control over one's life, physical health, and depression. Researchers Thoits and Hewitt (2001) are also interested in studying the question of what *motivates* someone to engage in acts of volunteering such as internal or external factors. They then propose four factors that may have a potential impact on determining one's motivation for volunteering. These factors include one's values and attitudes, role-identity, personality model, and personal well-being model. Thoits and Hewitt (2001) hypothesize that volunteering not only increases the above six aspects of well-being, but that volunteering is also motivated by individuals who already experience these aspects of well-being, and as a result volunteering serves a purpose in both maintaining and increasing well-being thus producing a reciprocal effect. Lastly, Thoits and Hewitt (2001) suggest that no matter what an individual's motivation is to volunteer is that volunteering will enable them to be able to pursue their values and goals more effectively and efficiently. For the purposes of this article, volunteering is defined to not only include providing unpaid services to

other people who are in need, but to also include political activism and representing community agencies on their boards.

Participants included 3,617 adults from the U.S. who were surveyed at two different times through personal interviews as a part of the American's Changing Lives Survey (House, 1995). First, at each interview, participants were asked to describe their volunteering habits including how often they volunteered in the last year, who they volunteered for, what they did, and how long they committed to volunteering for a particular organization. Next, participants were asked about measures including the six aspects of well-being that were mentioned above. Life satisfaction was measured using a single-item scale which asked about their perceived satisfaction with life on a one to seven spectrum. Happiness was also measured with a single-item scale that was coded negatively the first time, and positively the second time. Self-esteem was measured using Rosenberg's (1979) ten-item self-esteem scale. Mastery (a sense of self control over one's life) was measured by asking questions about perceived self-efficacy. Physical health was measured on a one to five scale rating how satisfied the individual was with their perceived health. Lastly, depression was measured using 11-items from Randloff's (1977) Epidemiological Studies of Depression Scale.

Thoits and Hewitt (2001) confirmed some of their hypotheses, but not all. First, they found that, as expected, the amount of time spent volunteering (hours

per week) was directly correlated with the six aspects of well-being. Specifically, the more hours the individual spent volunteering, the higher their respective levels of life satisfaction, happiness, self-esteem, sense of mastery or control over their life, physical health, and lowered depression symptoms. This confirms the notion that volunteering does in fact increase several aspects of one's overall well-being, including both physical and mental well-being. However, Thoits and Hewitt (2001) were not able to confirm their hypothesis that there is a reciprocal effect of well-being and volunteering such that volunteering promotes well-being while well-being promotes volunteering. They were able to support that volunteering promotes aspects of well-being, as mentioned above, however they did not have any significant findings that suggest having high well-being also promotes individuals to volunteer. Thoits and Hewitt (2001) suggest that this could be due to the nature of the questionnaires in that they were worded in such a way that referred only to past events, not future, and therefore should be re-examined in future research. Overall, Thoits and Hewitt (2001) found that volunteering had a positive relationship with overall well-being despite age, gender, economic status or ethnicity.

## Volunteerism Article Integration and Assessment

All three articles on volunteerism came to a common conclusion about the relationship of volunteering and well-being, which is that the amount of time spent volunteering is directly related to influences in many aspects of well-being including psychological, physical, and mental aspects of well-being. These findings suggest that volunteering is a beneficial way to increase positive feelings of well-being while decreasing negative feelings such as depression.

While there was some agreement among all three of the articles, there were also some slightly differential findings. First, Article One found that while all individuals can benefit from the positive effects of volunteering, those who reside in lower levels of economic status have more salient effects of volunteering, suggesting that those with a higher economic status do not enjoy the benefits of volunteering as much. Likewise, Article Two found that while both young and old adults experience increased well-being from volunteering, the older adults reaped a significantly larger amount of benefits than the young adults, suggesting that it is not as beneficial for older adults to volunteer, at least in terms of the benefits received. Article Three confirmed previous findings, but found no novel ones.

There were a few limitations to these studies. For example, while there were many control variables that attempted to account for various factors that could contribute to increases in well-being such as marital status, education and

independence, there is no way to rule out these factors entirely without conducting an empirical study, which is difficult to do, due to the lengthy and varied process of volunteering. Future research should include children in their participant sample to see if children reap the same benefits of volunteering as adults. Furthermore, samples should include questions about why the individual desires to pursue volunteering to examine internal desires (volunteering because it benefits others or feels good) or external (volunteering to build a resume for college or work experience) to see if that has an influence on the benefits of volunteering. Overall, it is clear that volunteerism promotes well-being across the lifespan, across genders, and across cultures.



### Section 3: Research Study on Kindness:

#### Abstract

Research evidence suggests that recipients of compassionate acts (acts that benefit others or make others happy, typically at some cost to oneself) often derive some benefit from such acts. Little research, however, has examined the effects of compassion on those engaged in the act of kindness. It was hypothesized that those who engaged in performing acts of kindness would have superior psychological well-being measured by life satisfaction, self-esteem, happiness and perceived stress than those who performed neutral acts. The study included 24 participants, 18 females and 6 males with a mean age of 23.1 years. Participants performed one kind act (experimental condition) or one neutral act (control condition) for a period of three days and then completed measures examining psychological well-being. It was found that those who engaged in the acts of kindness did not score significantly different on the measures of psychological well-being including satisfaction with life; Independent T-test,  $t(22)=.812$ , N.S.,  $P=.425$ , two-tailed,  $r^2=0.03$  (small effect), Self-esteem; Independent T-test,  $t(22)=.039$ , N.S.,  $P=.969$ , two-tailed,  $r^2=0.00$  (no effect), Subjective happiness; Independent T-test,  $t(22)=0.625$ , N.S.,  $P=.526$ , two-tailed,  $r^2=0.03$  (small effect) and Perceived stress; Independent T-test,  $t(22)=0.118$ , N.S.,  $P=.907$ , two-tailed,  $r^2=0.005$  (no effect). These findings were inconclusive

on finding any significant effects of kind acts of psychological well-being. However, further research should include larger samples and measure other aspects of compassion such as donating to charity or volunteering to fully examine the effects of being compassionate.

### **The Effects of Performing Kind Acts on Psychological Well-Being**

Over ninety-five percent of American households donated money to some form of charity last year (Auten et al., 2014). However, donating to charity is just one way that people extend kindness toward one another. Kindness is also shown through many other ways by helping friends or family, strangers or peers and performing kind acts. Kind acts include any acts that benefit others or make them happy, usually at some cost to oneself (such as time or money). While it is likely that many people have benefitted from another's kind acts in a positive way at some point in their life, the effects of kindness on the individual who is giving the kindness should also be examined, rather than the one receiving it. There are many possible effects that performing acts of kindness could potentially have on oneself such as life satisfaction, happiness, gratitude, and self-esteem. Some believe that kindness can increase concentration and give a greater sense of purpose in life (Currie, 2014). Preliminary evidence suggests that kind actions as simple as spending a portion of your income on other people may be linked with overall life-happiness (Dunn, Akin, & Norton 2009). This means that no matter

what a person's income is, simply giving a portion of that income to benefit another person may actually benefit the giver in terms of life-satisfaction and happiness. Existing research also suggests that kindness may have positive effects and increase some life qualities (Alden & Trew, 2013; Buchanan & Bardi, 2010; Mongrain, Chin & Shapira, 2011). The purpose of this study is to examine the effects of performing kind acts to see if there is a positive effect, negative effect, or has no effect on the person engaging in the acts of kindness.

While there has been some research that found a positive correlation between kindness and life satisfaction, researchers Buchanan and Bardi (2010) were interested in this topic because there have been few studies that have empirically tested this correlation to find quantitative data. Furthermore, Buchanan and Bardi (2010) were interested in identifying if the reason performing acts of kindness is positively correlated with life satisfaction is due to the acts of kindness being a novelty in a person's behavior. Therefore, Buchanan and Bardi (2010) wanted to also compare how acts of novelty affect life satisfaction. Researchers Buchanan and Bardi (2010) studied how acts of kindness and acts of novelty affect life satisfaction and hypothesized that those who perform acts of kindness or acts of novelty would experience an increase in life satisfaction when compared to those who did not perform any acts (the control group).

Researchers recruited 86 participants from a local university to take part in the study. Participants assigned to the experimental group were asked to perform “kind acts” during the study. They left the interpretation of “kind acts” up to the participants to decide what would be considered a kind act for them personally. Acts of novelty simply meant performing something new that a participant has not done before or for a long time. To measure these effects on life satisfaction, the Satisfaction with Life Scale was given to participants once prior to the study, and one afterwards (Diener, Emmons, Griffin, & Larsen, 1985). This study was a mixed design which observed the change in life satisfaction before and after the study across all participants while also comparing the differences in life satisfaction between those who performed acts of kindness for a period of 10 days, those who performed acts of novelty for 10 days, and those who performed no acts for 10 days. Researchers found that those who performed acts of kindness for 10 days and those who performed acts of novelty for 10 days both experienced a significant increase in life satisfaction when compared with the control group (Buchanan & Bardi, 2010). There was no significant difference between the increase in life satisfaction of those in the acts-of-kindness group and the acts-of-novelty group. This supports Buchanan and Bardi’s (2010) hypothesis that acts of kindness and acts of novelty increase life satisfaction. It would be useful to repeat this study to confirm their findings, or further explore research on the effects of

acts of novelty on life satisfaction since there is currently very little research in that area.

In another study, researchers Alden and Trew (2013) wanted to expand on the topic of how positive affect correlates with psychological well-being and examine what can be done to increase positive affect in the first place. They chose to examine the effects of acts of kindness on positive affect due to the prior research that suggests acts of kindness increases happiness and life satisfaction (Lyubomirsky, Schkade, & Sheldon, 2005). Alden and Trew (2013) hypothesized that socially anxious participants who performed kind acts would experience a significant increase in positive affect when compared with their positive affect prior to the study and when compared with those who performed no kind acts . The variables measured were performing kind acts or no kind acts and how it affected positive affect.

In this study, kind acts were considered any acts which benefitted others or increased other's happiness. Participants in the experimental group were asked to perform two acts of kindness each week for a four week period. Participants' positive affect was measured before, after, and once a week during the experiment to see how it was affected. Positive affect was measured through a series of measures including ones that recorded positive and negative emotions, social activity, and anxiety levels. Alden and Trew (2013) conducted a mixed

design as it measured participant's positive affect before, after, and once a week during the experiment while also comparing the levels of positive affect in socially anxious individuals who were asked to perform acts of kindness with socially anxious individuals who were simply monitored and given the measures each week to complete for a period of 4 weeks.

They found that participants who performed acts of kindness during the 4 week period showed a significant increase in positive affect throughout the study. This supported Alden and Trew's (2013) hypothesis that acts of kindness increase positive affect in socially anxious individuals. They suggested that future research examine why an increase in positive affect has many social and psychological benefits for the socially anxious individual (Alden & Trew, 2013). They also questioned whether the increase in positive affect due to acts of kindness could be sustained over longer periods of time. While this study specifically examined socially anxious individuals, replication with a broader population is needed.

Research by Yogev and Ronen suggests that individuals who regularly express compassionate behaviors experience long-term benefits from doing so such as increased mood, self-esteem, and lowered symptoms of depression (as cited in Mongrain, Chin, & Shapira, 2011). However, researchers Mongrain, et. al., (2011) were interested in experimentally testing this theme to provide quantitative data. Researchers hypothesized that individuals who performed

compassionate acts for a period of one week would show increased happiness and self-esteem and lowered depression during the following six-month period (Mongrain et al., 2011). The variables of interest in this study were acts of compassion as the independent variable, and self-esteem, happiness, and depression symptoms as dependent variables.

In Mongrain and Colleagues' study (2011), compassionate acts were considered as interacting with another individual in a thoughtful and supporting way each day for a period of one week. Happiness, self-esteem, and depression symptoms were measured before the experiment began, and also throughout the 6 month time period following the one-week intervention. Measures included the Steen Happiness Index, the Rosenberg Self-Esteem Scale, and the Center for Epidemiological Studies Depression Scale (all as cited in Mongrain et al., 2011). The study was a mixed design which involved comparing individual's change in symptoms throughout the experiment while also comparing the experimental group, who performed compassionate acts for 5-15 minutes daily for a week, with the control group, who were asked to write about an early memory for 10 minutes on a daily basis for the one-week period. All individuals were then given the measures stated earlier following the one-week period, and then again 2, 3, and 6 months after the original post-test to measure for sustainability of the effects.

Researchers found that individuals in the compassion-condition experienced significant and sustained gains in happiness and self-esteem and decreased depressive symptoms when compared to the control condition. This supports Mongrain and colleagues' (2011) hypothesis that engaging in compassionate acts increases happiness and self-esteem, and decreased depressive symptoms in individuals who experience them, and that these benefits are sustained for at least 6 months. Mongrain and colleagues (2011) suggest widening the characteristics of the sample beyond the educated Canadian, Caucasian females who participated. Furthermore, gains in happiness and self-esteem may not be solely due to the compassionate acts as the participants decided for themselves what constituted a compassionate act.

In sum, current research on acts of kindness suggests that performing kind acts can lead to increased happiness, life satisfaction, positive affect, self-esteem, mood, and decreased anxiety and depressive symptoms (Alden & Trew, 2013; Buchanan & Bardi, 2010; Mongrain et al., 2011). It has also been shown that performing kind acts increases these positive effects and maintains them over sustained periods of time (Mongrain et al., 2011). For this reason, I will study the effects of performing kind acts vs. no kind acts on life satisfaction, happiness, and self-esteem. I hypothesize that compared to performing no kind acts, participants



who perform kind acts will experience increased psychological well-being as measured by life satisfaction, happiness, self-esteem, and perceived stress.

## Method

### Participants

There were a total of 24 participants recruited on the Western Oregon University campus which included 18 females and 6 males. The mean age of participants was 23.1 years with a standard deviation of 4.23. The racial breakdown of participants was 93% Caucasian and 7% Asian. 40% of the participants majored in psychology, and 60% majored in a separate discipline. Participants were given three red extra credit slip for their participation.

### Apparatus/Measures

**Perceived Stress.** Participants completed the 10-item Perceived Stress scale (Cohen, Kamarck, & Mermelstien, 1983). This scale measures the level of perceived stress the participant has currently in their life. Each of the 10 items were measured on a 5-point Likert scale and then recorded. Answers to each item were then added up to provide each participant a score of their level of perceived stress (higher scores reflect a higher level of stress). Items #4, 5, 7, and 8 are reverse scored. Sample item: In the last 3 days, how often have you felt on top of things? (rate “never” to “very often”).

**Satisfaction with Life.** Participants completed the 5-item Satisfaction with Life scale (Diener, Emmons, Larsen, & Griffin, 1985). This scale measures the participant's subjective satisfaction with his or her life, which resides under the broader category of one's overall well-being. Each of the 5 items were measured on a 7-point Likert scale and then recorded. Answers to each item were then added up to provide each participant a score of their satisfaction with life (higher scores reflect a higher satisfaction with life). Sample item: In most ways, my life is close to my ideal (rate from strongly disagree to agree).

**Self-Esteem.** Participants completed the 10-item Self-Esteem scale (Rosenberg, 1965). This scale measured both the participant's positive feelings about themselves and negative feelings using a 4-point Likert scale. Answers were recorded and then added up to provide each participant with a score of their self-esteem (higher scores reflect a higher self-esteem). Items #2, 5, 6, 8, & 9 are reverse scored. Sample item: I feel that I have a number of good qualities (rate from strongly disagree to agree).

**Subjective-Happiness.** Participants completed the 4-item Subjective-Happiness scale (Lyubomirsky & Lepper, 1999). This scale measured each participant's subjective happiness they perceive themselves to have, and also in comparison to their peers using a 7-point Likert scale. Answers were recorded and then added up to provide each participant with a score of their subjective

happiness (higher scores reflect higher subjective happiness. Item #4 is reverse scored. Sample item: Some people are generally very happy. They enjoy life regardless of what is going on, getting the most out of everything. To what extent does this characterization describe you? (rate from “not at all” to “a great deal”).

### **Procedure**

Participants were recruited on campus via a sign-up that was announced to various courses and signed up with their email address to participate in the study. Participants were then emailed a link to complete the study. Upon opening the link, participants were directed to the informed consent page online where they were informed that the study has to do with an investigation of the effects of performing certain daily tasks on well-being . Participants then completed a demographics survey online which included questions about their major, gender, race, ethnic background, age, and year in school. Upon completion, they were randomly assigned through an online tool to either the control group or the experimental group. Participants in the experimental group were told that for a period of 3 days, they were to perform an “act of kindness” once per day. An “act of kindness” was defined as any act that benefits another person or makes them happy. A short list was also provided if they needed any help in generating ideas of what kind acts to perform, including writing a note of appreciation, “paying it forward”, calling a loved one, or giving a compliment. After the three day period,

participants in the experimental group wrote in an online survey the acts of kindness they performed. Participants in the control group were given a list of neutral acts to perform during the three day period, including writing a to-do list, writing about an old memory/experience, writing down a goal, or writing down a list of favorites (movies, actors, books, foods, etc.). After the three day period, participants in the control group wrote in an online survey which neutral acts they performed. Participants in both the experimental and control groups completed the four measures that were stated above, via email in a counterbalanced order. Participants were then presented with an online debriefing form, which explained the variables that were measured in the study and the researcher's hypothesis. They were also informed that no deception was used in this study. Confidentiality was maintained by replacing participant's names with codes as soon as possible once the data was collected. The master list was separated from the data and was stored on a password protected computer. Data (such as the mean) was group aggregated so that no individual scores were obtainable. Only the primary researcher had access to the master list. This was a between-subjects design, as the measure scores for the experimental group were compared with the scores from the control group.

## Results

To test the hypothesis that performing kind acts increases psychological well-being, participants across both conditions completed four surveys at the end of the study (between-subjects design) including satisfaction with life, self-esteem, subjective happiness, and perceived stress. It was found that, contrary to the hypotheses, participants who performed kind acts did not result in a significantly higher satisfaction with life ( $M=25.92$ ,  $SD=4.91$ ) than participants who performed neutral tasks ( $M=24.15$ ,  $SD=6.13$ ), Independent T-test,  $t(22)=0.812$ , N.S.,  $P=.425$ , two-tailed,  $r^2=0.03$  (small effect), (see Figure 1). Likewise, participants in the experimental condition did not report higher self-esteem ( $M=32$ ,  $SD=5.93$ ) than participants in the control condition ( $M=32.08$ ,  $SD=3.95$ ), Independent T-test,  $t(22)=-0.039$ , N.S.,  $P=.969$ , two-tailed,  $r^2=0.00$  (no effect), (see Figure 2). Participants in the experimental condition did not report higher subjective happiness ( $M=22.3$ ,  $SD=2.79$ ) than participants in the control condition ( $M=21.46$ ,  $SD=3.28$ ), Independent T-test,  $t(22)=0.625$ , N.S.,  $P=.526$ , two-tailed,  $r^2=0.03$  (small effect), (see Figure 3). Similarly, participants in the experimental condition did not reported lower perceived stress ( $M=26$ ,  $SD=6.35$ ) than participants in the control condition ( $M=25.7$ ,  $SD=6.37$ ), Independent T-test,  $t(22)=0.118$ , N.S.,  $P=.907$ , two-tailed,  $r^2=0.005$  (no effect), (see Figure 4).

## Discussion

The hypothesis that performing kind acts would increase psychological well-being compared to performing neutral acts was not supported by the data. Specifically, performing kind acts had no significant effect on satisfaction with life, self-esteem, subjective happiness or perceived stress aspects of psychological well-being. While these components of psychological well-being do not represent *all* aspects of well-being, these results do not support the researcher's hypothesis that showing that certain aspects of psychological well-being (satisfaction with life, self-esteem, subjective happiness, and perceived stress) are enhanced by engaging in acts of kindness. Therefore, we are not able to reject the null.

While there were no quantitative results that support the hypothesis, there is some qualitative data that may suggest there are some benefits to engaging in acts of kindness. Here are some samples of participants who described their act of kindness they chose to enact and how they felt:

-A participant who describes feeling good after paying for someone's food:

*I was at McDonald's last night and overheard a couple of young boys counting up their change and discussing what they could share. When I went up to order for my kids I also ordered what they boys were discussing and ordered enough so each boy could have it and not have to share with*

*each other. When they got up to order I heard the cashier tell them that their food would be up in a minute and it was taken care of. The look of confusion was adorable, they were maybe 8 or 9 years old, and never knew how they ended up with their food. When they left they were very happy, toting their own bags away with them. Made me feel good.*

-A participant who describes feeling happy after talking with their grandfather:

*I called my Grandpa who I haven't talked to in a while and talked to him for at least 10 minutes. He said he loves and appreciates hearing from me, it is strange how a simple phone call can make such a big difference in someone's life. I felt happy that I called.*

-A participant who describes feeling great after encouraging a student:

*Today, not only did I get to talk to my student and tell her how proud I was of her attending tutoring session, but also telling her how proud I was of her for graduating this year. Reminded her of her potential and capacity. In addition to this, I also wrote a recommendation letter she needed, and for me to write about her and to showcase to her what she has achieved through out her high school careers was one of the best feelings. Because not only am I able to show her what she is capable of, but also let her know I am there for her, and that whenever she needs an extra push, I'll be there. It*

*is great to feel that your students you work with mean more to you than just a job.*

-A participant who describes feeling good after paying for a friend's birthday meal.

*I paid for my friend's meal at Buffalo Wild Wings. It was his birthday but he wasn't expecting anyone to pay for him, so I did. It feels good to be able to help pay for other's meals and it is a blessing that I am financial stable so I am able to give to others.*

While these are not measured effects of kind acts, they do suggest that there are several benefits to performing acts of kindness. Future researchers could further research qualitative data as well and quantitative data.

There are several limitations that could have occurred throughout the study. First, the study was entirely online, which poses a couple of potential problems. Since it was online, there was little control over the environment. Thus, things such as time of day the study was done, what location the study was taken at, who the participant was with, and what they were doing at the time could have affected them. Also, there were a wide range of scores specifically on the Perceived Stress Scale. This could be due to the variability of stress levels; some people are naturally more anxious, whereas others are generally more laid back. A



way to eliminate this limitation would be to do a mixed design and also record pre-tests and post-tests with each individual.

Next, due to the commitment level of 3 days this study required, not all participants completed the full study. Since the experimental condition required a bit more planning to decide what kind act to perform, more participants dropped out of the experimental condition, leaving it a bit smaller than the control condition. Also, it was left up to participants to decide what kind/neutral tasks to perform. This created the potential for a vast array of kind acts to be performed, which ranged from minimal time investment to a substantial time investment, depending on what participants chose to do. It is suggested that future research examine whether the commitment level of the kind acts has an effect on the amount of psychological well-being that is increased.

Lastly, the demographics of the participants could have had an effect on the results. There was low diversity among the participants; most of them were Caucasian, non-Hispanic females who were seniors at Western Oregon University, studying psychology. This suggests that these results could be specific to this population of people, so further replications of this study should be done with different populations to confirm the results.

The findings of this study are not consistent with the findings of Buchanan and Bardi, who found that performing acts of kindness increases satisfaction with

life (Buchanan & Bardi, 2010). This could be due to the difference in sample size, and the current study had a smaller sample size. The current study also did not find that there were any gains in happiness by performing kind acts as Mongrain and colleagues did (2011). This could be due to the difference in methodology, as participants in the current study only performed kind acts over a 3-day period as opposed to a 10 day period. Also, measuring perceived stress was unique to this study, so it is not a surprise that there were no significant differences between the experimental and control conditions.

While these aspects of psychological well-being that were measured were not significant, it is important to note that there were no detrimental findings to engaging in acts of kindness, which show that there were no measured negative impacts of performing kind acts. Overall, these quantitative measured aspects of psychological well-being were not impacted by the type of act performed (kind or neutral). Future researchers should replicate this study with larger numbers of participants as well as measuring other aspects of well-being not included in this study and compare the results.

Figure 1. Mean group differences in scores on satisfaction with life scale based on condition. Standard error bars are presented in the figure by the error bars attached to each column.

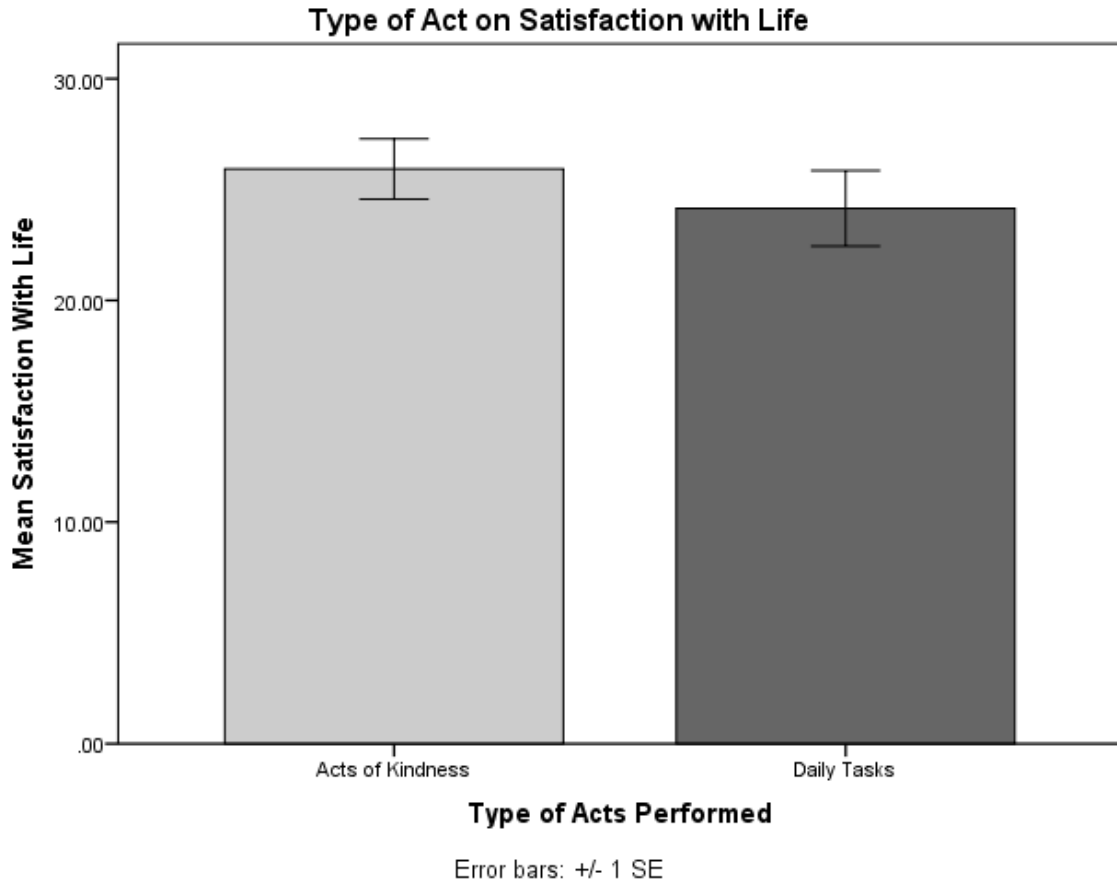


Figure 2. Mean group differences in scores on self-esteem scale based on condition. Standard error bars are presented in the figure by the error bars attached to each column.

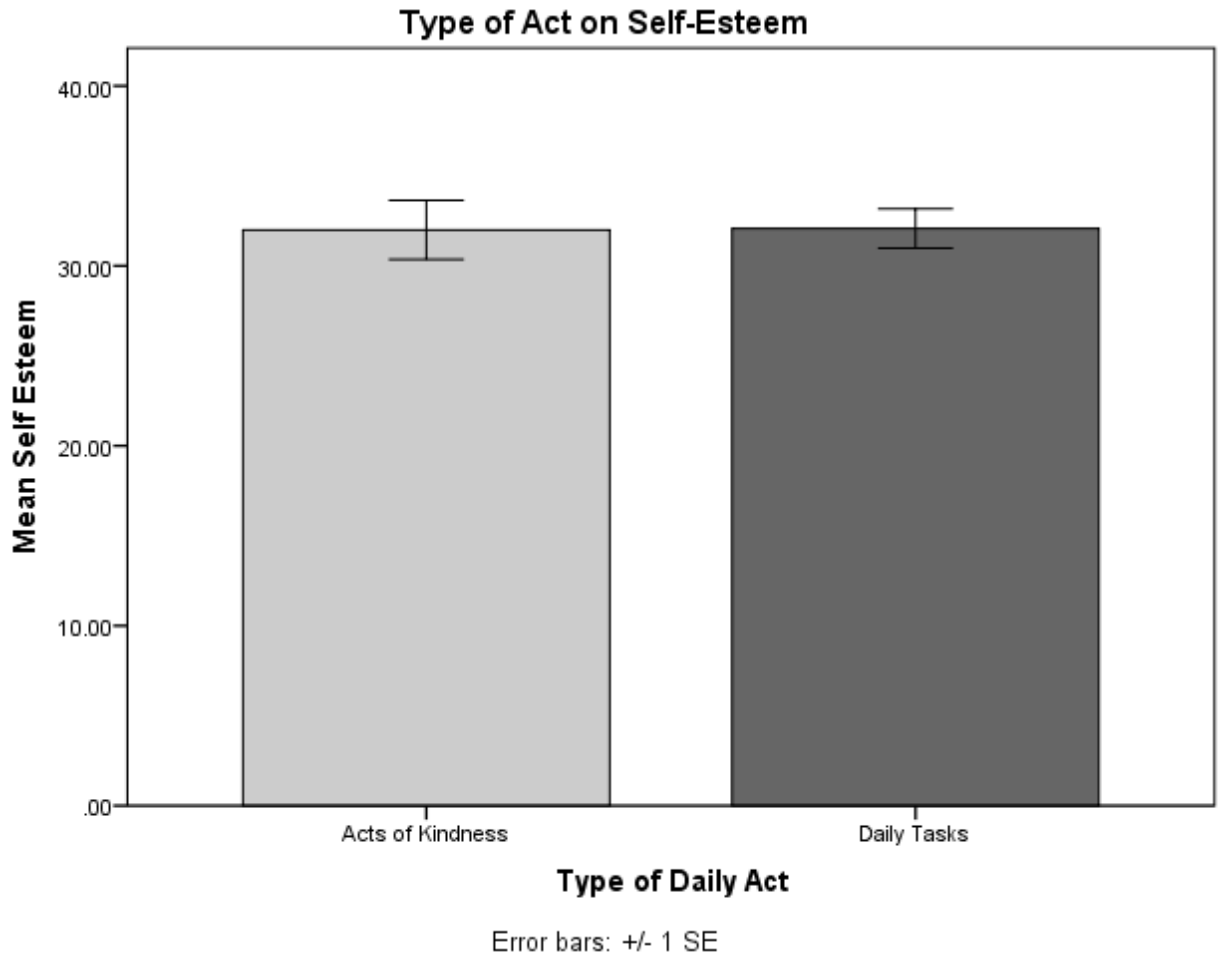


Figure 3. Mean group differences in scores on subjective happiness scale based on condition. Standard error bars are presented in the figure by the error bars attached to each column.

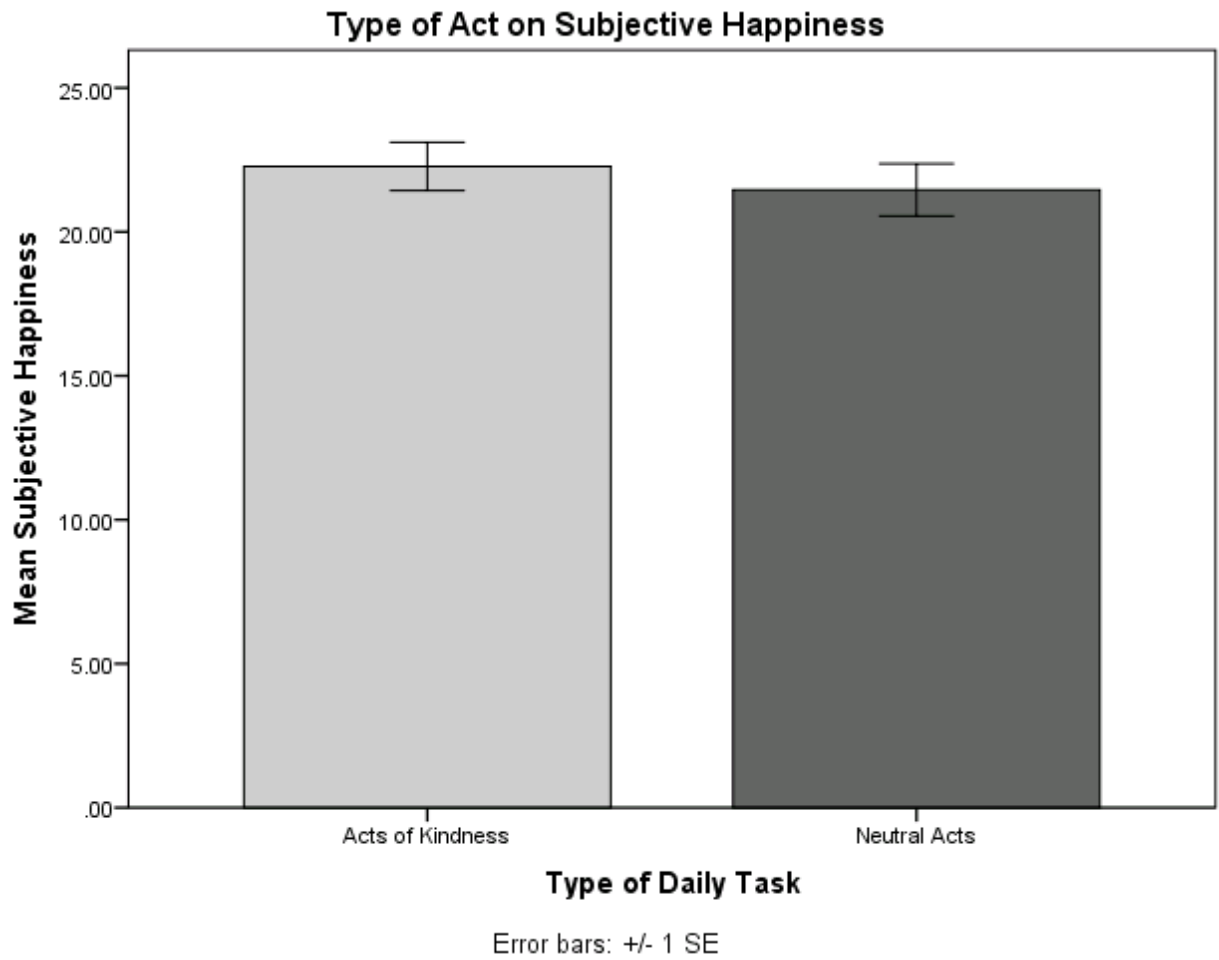
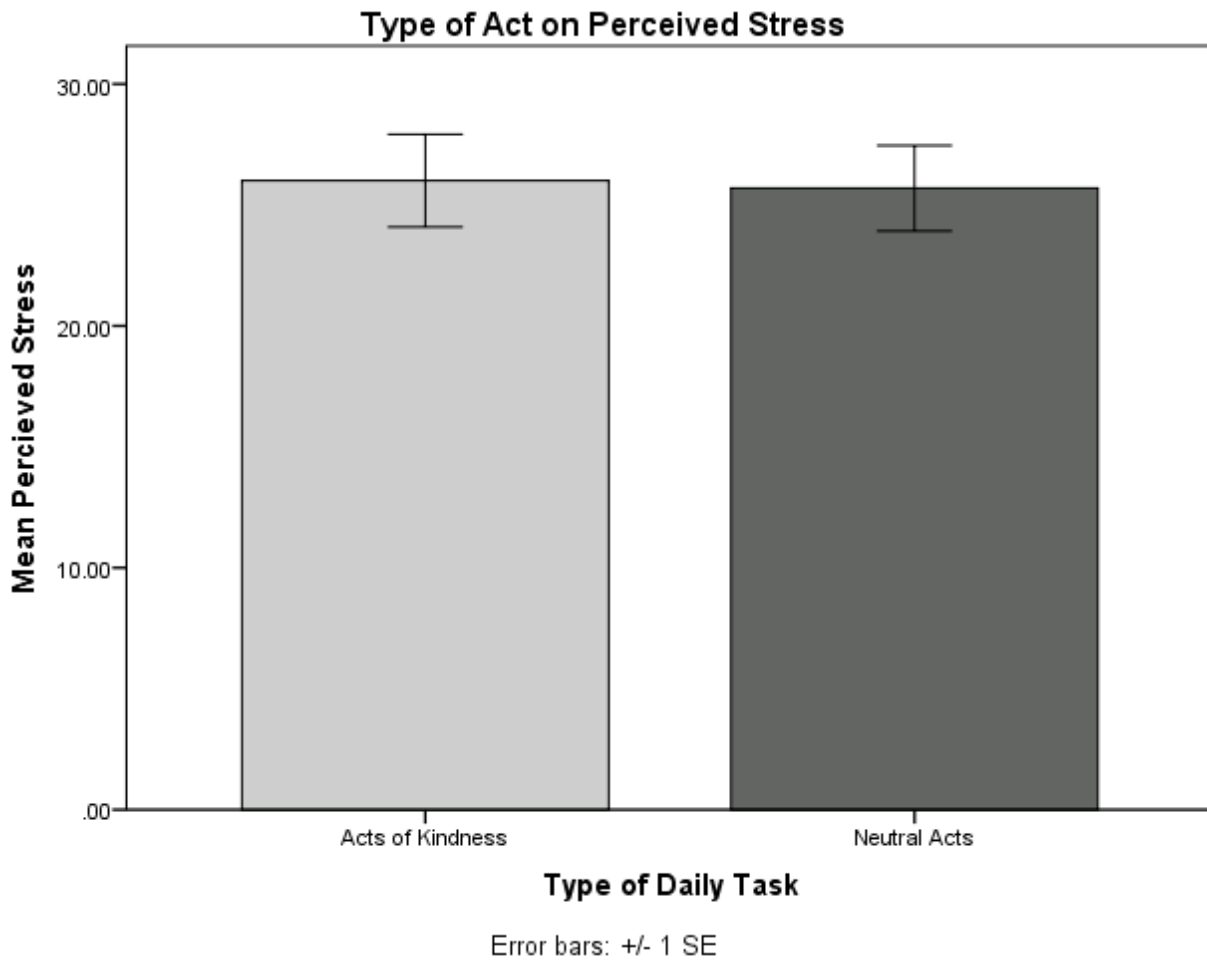


Figure 4. Mean group differences in scores on perceived stress scale based on condition. Standard error bars are presented in the figure by the error bars attached to each column.



## Discussion

Though each section of this paper focused on slightly different aspects, they all had a common theme of altruism weaved through them. The goal of this was to discover any benefits for the individual engaging in altruistic actions. This could include several types of benefits: mental, psychological, emotional, and even physical. Results also varied depending on the individual's gender, age, race, or socioeconomic status. However, while each section had faintly varied findings, they all pointed in the same direction towards positive benefits of altruism.

First, the subsection on altruism had many beneficial findings. It was found that engaging in altruistic acts indeed produces beneficial results ranging from improved mental health, increased well-being, increased positive affect, decreased negative affect, and increased life satisfaction. However, there was one interesting divide in gender on the degree of benefits that were experienced. It was found that while both males and females experienced improved mental health benefits from altruism, only females experienced improved physical health benefits in addition. Also, while both males and females experienced similar levels of benefits from altruism, they experienced these benefits from engaging in slightly different *types* of altruism. For example, males experienced more benefits from community connection, meaning that they benefitted from contributing to their community and feeling like they were making a difference. While females

experienced benefits from community connection as well, they also received benefits from general helping behaviors, whether that was by helping a family member or friend with basic needs. Another difference found between males and females is that while both males and females experienced an increase in positive affect and a decrease in negative affect, females experienced a significantly higher increase in positive affect than the males did. Interestingly, females seem to benefit more from altruism than males. Does this suggest that females are innately geared towards helping others more than males? Or it is simply a result of culture raising females to be more nurturing toward others? Overall, while there is no doubt that both males and females experience various benefits from engaging in altruistic acts, the type, cause, and degree of these benefits varies depending on the gender of the altruistic individual.

Second, the subsection on volunteerism had beneficial findings as well. It was found that there is a direct correlation between the amount of time an individual spends volunteering and the resulting increase in well-being. These benefits include many aspects of well-being such as increased psychological well-being and physical health. In addition, it was found that volunteering is a beneficial way to increase positive feelings of well-being while decreasing negative feelings such as depression. Interestingly, there were some demographic differences found in this subsection as well. For example, while it was found that all individuals can



benefit from the positive effects of volunteering, those who reside in lower levels of economic status have more salient effects of volunteering, suggesting that those with a higher economic status do not enjoy the benefits of volunteering as much. Similarly, while both young and old adults experience increased well-being from volunteering, the older adults reaped a significantly larger amount of benefits than the young adults, suggesting that it is not as beneficial for older adults to volunteer, at least in terms of the benefits received. This may suggest that altruism can help mediate the effects of having a lower income or less resources. In addition, volunteering may be more beneficial to older adults as it helps give them purpose in older age even after many of their careers have ended. Overall, any person can experience the benefits of volunteering, no matter the age or economic status.

Lastly, the subsection on the research study of engaging in acts of kindness had slightly different findings than the first two sections. In the end, the researcher's hypothesis that performing kind acts would affect satisfaction with life, self-esteem, subjective happiness or perceived stress aspects of psychological well-being was not confirmed. While these aspects of psychological well-being that were measured were not significant, it is important to observe that there were no negative findings to engaging in acts of kindness, such as decreased well-being or happiness. This shows that there were no measured undesirable impacts

of performing kind acts. It should also be noted that there were many other very similar research studies that found *beneficial* results in agreement with the findings of the other subsections of this paper. Therefore, these findings should be viewed as a small piece of a larger picture and not as detrimental to the findings of this paper.

Overall, many of the sections of this paper had similarly conclusive findings: engaging in altruistic acts has many beneficial effects for the giver including mental benefits, increased well-being, improved physical health, greater psychological well-being, and more. While there were some demographic and altruism-type varied results as to who experienced the most benefits, they all pointed in a positive direction. This means an individual does not have to fit a certain mold to experience the benefits of altruism. One does not have to be a lower-class female retiree to benefit from altruism, anyone can. These benefits can be experienced at any stage in life, simply by acting selflessly and helping another out. If our bodies and minds are designed to experience a range of benefits from helping others, then this commonality of altruism benefits suggests that engaging in altruistic behaviors is innate in humans. So it turns out there is some truth to the old adage, “it is better to give than to receive”.

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