

Editorial

Volunteering Among Older Adults: Life Course Correlates and Consequences

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Older adults are one of the United States' most valuable yet arguably unused resources. A recent study by the [Corporation for National Community and Service \(2016\)](#) documented that more than 21 million adults ages 55 and older contributed more than 3 billion hours of volunteer service to their communities in 2015, with these contributions valued at \$77 billion. Formal volunteering is generally defined as unpaid, noncompulsory work done through a formal organization, and that provides benefits to people beyond the volunteer's household. The tasks that older volunteers perform range from collecting and distributing food donations for local food drives and ringing up items at a hospital gift shop, to more specialized tasks like tutoring elementary school students, or providing professional, managerial, and fundraising assistance to nonprofits. Older adults give back to the community to the extent their health allows, and in the process may also enhance their own well-being. Volunteering for formal organizations like Meals on Wheels and Habitat for Humanity, or one's local congregation is just one of myriad ways older adults give back to their communities and families. Older adults also provide direct care to ailing family members, and help with tasks like grocery shopping or caring for grandchildren.

Common wisdom and empirical studies tell us that helping and giving back to the community can enhance older adults' health, happiness, and even life expectancy. Yet early studies were limited in that most relied on cross-sectional data, comparing the health and well-being of volunteers with nonvolunteers at a single point in time. As a result, researchers could not tease out whether the link between volunteering and well-being reflected social causation, where community engagement brings health-enhancing benefits, or social selection, where the healthiest and happiest older adults would seek out such opportunities. The

proliferation of large longitudinal data sets like the Health and Retirement Survey (HRS) and Wisconsin Longitudinal Study (WLS) now enable researchers to delineate the complex ways that taking on new volunteering roles can affect health over time, such as whether the benefits are short-lived or persist or even intensify long after one becomes a volunteer.

The papers in this special section use sophisticated multiwave data from large population-based surveys to document the ways that volunteering affects trajectories of physical, emotional, and cognitive well-being. Examining the direction, magnitude, and duration of these effects carries important implications for understanding how volunteering might help, hurt, or have no effect on successful aging processes. Several papers tackle another important and innovative concern: subgroup differences in the impact of volunteering. Does volunteering have equally beneficial effects for men and women? And are the health-enhancing effects of volunteering contingent on how much time one dedicates? Documenting for whom volunteering is protective, and whether these effects are conditional on the frequency of participation is essential both for researchers interested in pinpointing the social factors implicated in healthy aging, as well as practitioners developing targeted interventions to enhance the health and social engagement of older adults.

Before delving into the consequences of volunteering, researchers must first establish precisely who older volunteers are. Although prior studies have documented the demographic and health characteristics of volunteers, [Greenfield and Moorman \(2018\)](#) identify the early roots of later-life volunteering, focusing on one's participation in extracurricular activities in high school. Using more than 50 years of data from the WLS, they examine whether

the number of extracurricular activities one participated in during high school is linked with subsequent participation in voluntary associations like religious groups, unions, sports teams, or professional organizations. [Greenfield and Moorman \(2018\)](#) found that participation in voluntary associations over the life course was consistently higher among those with greater extracurricular participation in high school. They also found strong evidence of a life course trend in volunteering, where rates climb steeply throughout adulthood, peaking at age 54, and then slowly declining with age. However, these later life declines are the least steep among those who were the most active in high school. This study reveals clear patterns of continuity and change, where those who were “joiners” in high school continued this behavior throughout their lives although later-life transitions like retirement and the onset of physical health problems may discourage people from such engagement in later life.

The next four empirical papers examine the extent to which volunteering is linked with physical health ([Burr et al., 2018](#)) and functioning ([Carr, Kail, & Rowe, 2018](#)), loneliness ([Carr, Kail, Matz-Costa, & Shavit, 2018](#)), and cognitive functioning ([Proulx, Curl, & Ermer, 2018](#)). Using 10 years of data from the HRS, [Burr and colleagues \(2018\)](#) examine whether three types of prosocial behavior—formal volunteering, informal helping, and caregiving for a parent or spouse—are linked with one’s risk of cardiovascular disease (CVD), while [Carr, Kail, Matz-Costa, et al. \(2018\)](#) use 16 years of HRS data to study whether initiating formal volunteering predicts changes in physical disability levels. Taken together, the studies show that volunteering has protective effects for physical health, yet these effects are not uniform for all outcomes, and distinctive patterns emerge for older men and women. [Burr et al. \(2018\)](#) find that women who did formal volunteering developed a lower risk of CVD, whereas men who provided informal help to others enjoyed better heart health. Family caregiving was not linked to health for either men or women. The authors conclude that different types of helping have different meaning and benefits for men and women. Because providing informal help is a normal and even expected behavior among current cohorts of older women, they may not receive the support they need and the accompanying health benefits. Men, by contrast, may receive health-enhancing social and interpersonal benefits from informal helping, as this behavior is not always expected and perhaps disproportionately rewarded.

[Carr and colleagues \(2018\)](#) examine whether becoming a volunteer is linked with functional limitations and whether these effects are conditional on the intensity of one’s volunteer experience, defined as more or less than 100 hours per year (or roughly 2 hours per week). They find that starting a new volunteer role is related to decreased progression of disability, at both high and low intensity volunteering levels for women, yet these benefits accrue for men only at the higher level of volunteering frequency.

The authors propose that low intensity engagement may be less protective to men than women because men tend to be more physically active, such that adding an incremental set of volunteering tasks may not deliver substantial health benefits.

Becoming a volunteer may be especially protective for the well-being of older adults at risk of social isolation, such as widowed persons. The loss of a spouse can be emotionally devastating, although social support from friends and families is a well-documented buffer against symptoms of loneliness and depression. [Carr, Kail, Matz-Costa, et al. \(2018\)](#) explore whether becoming a volunteer protects against older widows’ and widowers’ loneliness. Using data from the 2006–2014 waves of the HRS, they examine whether volunteering buffers against the harmful effects of spousal loss on loneliness, and whether these associations are conditional on the intensity of one’s volunteer experience (more or less than 2 hours a week). The authors find that widowed persons have significantly higher levels of loneliness than their married counterparts, yet volunteering 2+ hours a week attenuates loneliness to the point where widowed volunteers fare just as well as their married counterparts. However, volunteering less frequently does not buffer against the strains of widowhood. The loss of a spouse is so profound and daily life changes are so dramatic that more intense levels of social engagement may be necessary to protect against older widowed persons’ feelings of loneliness.

The protective effects of volunteering also may extend to cognitive health, as investigated by one empirical analysis of HRS data ([Proulx et al., 2018](#)) and one literature synthesis and analysis ([Guiney & Machado, 2018](#)). [Proulx and colleagues \(2018\)](#) evaluate the association between formal volunteering and cognitive functioning over time. Taking advantage of nine waves of data from the HRS, they found that formal volunteering was linked with higher levels of cognitive functioning over time, especially for working memory and processing. These associations were not conditional on the number of hours volunteered. This link was stronger for women than for men, and for those with fewer versus more years of education. The strength of the association also varied over time, and across outcomes. The positive impact of formal volunteering on memory weakened over time, yet the impact on working memory and processing intensified over time. Formal volunteering may enhance cognitive functioning by providing opportunities to learn or engage in new tasks, and to remain physically and socially active.

[Guiney and Machado \(2018\)](#) contributed a review article that complements and affirms the findings of [Proulx and colleagues \(2018\)](#). The review encompassed 15 articles that evaluated the association between volunteering and cognitive functioning, and concluded that volunteering has modest benefits for global cognitive functioning as well as some specific indicators such as attentional control, task switching, and both verbal and visual memory, with the

magnitude of these associations varying based on whether the study used longitudinal versus cross-sectional data. They also delineated potential explanatory mechanisms, whereby volunteering promotes cognitive, social, and physical activities which provide neurological and mental health benefits that ultimately enhance cognitive functioning.

Taken together, the articles in the special section advance our knowledge of the links between volunteering and older adults' well-being, paying careful attention to causal ordering, subgroup differences, the time course of effects, and the distinctive consequences for particular aspects of health and well-being. The studies also underscore that volunteering is best understood as a life course process, with roots as early as high school (Greenfield & Moorman, 2018), and with protective effects that change over the course of time (Carr et al., 2018; Proulx et al., 2018). These results suggest that volunteering may enhance health by promoting physical, social, and cognitive engagement, and these benefits could spill over to other aspects of life. Volunteers may socialize with fellow volunteers even after their formal shifts end. This enhanced social engagement, in turn, may lead the older adult to seek out more meaningful and purposeful engagements, more physical activity, and more cognitively complex tasks which may take the place of sedentary activities like watching television. Volunteering also may engage the process of compensatory scaffolding, a form of positive plasticity that occurs with age (Park & Lorenz, 2009). Yet the authors also recognize that much more work is needed. Future studies should pinpoint precisely which activities are performed by older adults, how and for which outcomes these activities may bear on well-being, whether these patterns are conditional on one's other social, economic and cognitive resources, and the role of social networks and social relationships in facilitating (or impeding) volunteering activities.

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