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The Effects of Support Exchanges on the Psychological Well-Being of Volunteers

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Using a sample of volunteers, we examine whether providing and receiving emotional and instrumental support is associated with self-esteem and mastery. Drawing from social psychological theories of social exchange, we also assess the psychological effects of over-benefiting, under-benefiting, and reciprocal support exchanges. We use data from the Social Support from Peers: Mended Hearts Visitors Study. The sample is comprised of volunteers for Mended Hearts, a national and community-based organization. We find that giving emotional support was associated positively with self-esteem. Reciprocal instrumental support exchanges were associated positively with self-esteem and mastery. This study draws attention to the importance of social support for maintaining the psychological well-being of those who give generously of their time through volunteering.

Key Words: Mental health; social psychology; social support; social exchange; volunteering

Formal volunteering benefits the volunteer, those being served, and society, more broadly (Morrow-Howell, 2010; Wilson & Musick, 1998, 2003). In fact, volunteering is positively associated with mental health (Lum & Lightfoot, 2005; Thoits & Hewitt, 2001; Van Willigen, 2000). There is also a vast literature demonstrating that social support is positively associated with mental health (Thoits, 1995, 2011; Turner & Turner, 1999). However, the social support-mental health association among volunteers in particular remains understudied. Thus, the goal of the present study is to examine the extent to which exchanges in social support within one's personal network is associated with psychological well-being among a group of volunteers. We address the following research questions: (1) Among older volunteers, to what extent does giving and receiving emotional and instrumental support affect psychological well-being (i.e., self-esteem and mastery)? (2) What are the psychological effects of over-benefiting, under-benefiting, and reciprocal support exchanges? We are unaware of studies examining associations of psychological well-being and social support in terms of the direction (giving versus receiving) and level of balance in exchanges (over-benefiting, under-benefiting, or reciprocity) in the personal networks of older volunteers. However, the perceived availability of social support from family and friends is likely relevant to understanding how one's personal network affects psychological well-being among older volunteers.

Background

Self-esteem and Mastery as Dimensions of Psychological Well-Being

Psychological well-being (PWB) refers to the degree to which one has self-acceptance, personal growth, purpose in life, positive relations with others, mastery, and autonomy (Ryff 1989). We focus on self-esteem and mastery because they are psychological resources that can aid in handling negative life events (Pearlin, Menaghan, Lieberman, & Mullan, 1981; Penninx et al., 1997; Roberts, Dunkle, & Haug, 1994). Self-esteem is a global attitude a person has about him/herself; self-esteem can aid with coping and problem solving (Carver, 1989). It is associated with fewer anxiety and depressive symptoms and greater life

satisfaction and happiness (Baumeister, Campbell, Krueger, & Vohs, 2003; Taylor & Stanton, 2007; Thoits, 2003; Turner & Lloyd, 1999; Turner & Roszell, 1994). Mastery assesses how much a person feels in control of what happens to him/her, and is associated with successfully completing tasks or solving problems (Bandura, 1997; Pearlin & Schooler, 1978). Similar to self-esteem, mastery among older adults can aid in avoiding, coping with, or taking action when problems occur (Thoits, 1995). In sum, as self-concepts, self-esteem and mastery can protect against and/or aid in coping with stressful life events (Lazarus & Folkman, 1984; Pearlin & Schooler, 1978). Here we assess whether self-esteem and mastery are associated with giving and receiving social support among volunteers.

Volunteering, Social Support, and Psychological Well-Being

The relationship between volunteering and support is likely bi-directional. Volunteering may increase one's availability or quality of social support. It is also possible that individuals with a supportive network are more likely to become volunteers due to greater exposure to recruitment by others (Paik & Navarre-Jackson, 2011; Wilson & Musick, 1998). Relatedly, social support from others may foster greater participation in volunteering.

Not only is the relationship between volunteering and social support likely bi-directional, but social support exchange is also bi-directional. People both give to and receive support from others. The nature of the volunteer role is to provide support. Within the volunteer context, volunteers give more support than they receive; however, this pattern may not be the case in the broader social context of a volunteer's personal network. In their personal networks, volunteers may perceive an equal exchange of support (reciprocity), an imbalance in support in which they either give more support than they receive (under-benefiting), or receive more support than they give (over-benefiting). The level of balance in giving and receiving support outside the volunteer context may influence PWB among this group (Lum & Lightfoot, 2005). It is also likely that exchanges of social support in the personal network may influence PWB among volunteers.

As aforementioned, the receipt, provision, and level of balance of social support within the personal network may affect a

volunteer's self-esteem and mastery. Both the direction of support (giving versus receiving) and the (im)balance of social support from friends, family, and neighbors are likely to be related to PWB. Having social support might provide a sense of purpose prompting older adults to volunteer and create positive social connections (Pinquart, 2002). Furthermore, social ties within the volunteer's personal network may provide emotional and instrumental support needed to participate in and enjoy volunteer work (Pilkington, Windsor, & Crisp, 2012). In the next section, we review theoretical perspectives that propose different associations between support exchanges and PWB.

*Social Exchange Theory:
It is Better to Receive Than to Give*

Social exchange theory suggests that individuals engage in social transactions with the expectancy that the benefits will outweigh the costs (Homans, 1961/1974). Individuals wish to maximize rewards (both material and non-material) and minimize costs in relationships with significant others (Lowenstein, Katz, & Gur-Yaish, 2007). Thus, those who receive more social support than they give (i.e., those who over-benefit) should experience higher levels of well-being (Cruza-Guet, Spokane, Caskie, Brown, & Szapocznik, 2008). Accordingly, social exchange theory suggests that for well-being it is better to receive more support than one provides. However, of the few studies examining both receiving and providing support, there is limited support for this hypothesis (Lowenstein et al., 2007).

In the context of their personal lives, volunteers might experience greater self-esteem and mastery when they receive more than they give (over-benefiting). Windsor, Anstey, and Rodgers (2008) find that those with a high number of volunteer hours and no romantic partner are more likely to experience an increase in negative affect compared to those who engage in a high number of volunteer hours and have a partner. The authors note, "Improved access to emotional and financial resources that are afforded by having a partner could provide an important basis for engaging in high levels of voluntary activity without being overburdened" (p. 68).

While only focusing on one social relationship, this finding provides preliminary evidence to suggest that over-benefiting

within the personal network could be the optimal support exchange arrangement for volunteers' PWB. In other words, the very nature of volunteering is to give. As such, in the volunteer context, one is presumably giving more than he/she receives from those he/she serves. In their personal networks, volunteers might hope to over-benefit to counteract under-benefiting in the volunteer role. In fact, we surmise that over-benefiting in their personal networks might help facilitate the desire to give more to the individuals they serve in their volunteer role. Though this conjecture cannot be directly tested here, a finding that over-benefiting is positively associated with PWB among volunteers would provide suggestive evidence.

*Altruism and Self-Enhancement Theories:
It is Better to Give than to Receive*

Altruism theory proposes it is salubrious to give more support than one receives (i.e., to under-benefit) (Piliavin & Charng, 1990). Similarly, self-esteem enhancement theory suggests giving more support may be beneficial because providing support makes a person feel valued (Batson, 1998). These theories point out that people are concerned with the emotional tie between themselves and others and are cognizant of the norms, assistance, and responsibility present in close relationships. Intimate relationships are unlike business transactions, where calculations are made regarding how much of a good is given and received. Thus, individuals may obtain satisfaction from helping others with an expectation of nothing in return. Volunteers, in particular, might be givers by nature or choice and may reap psychological benefits by giving more than they receive (under-benefiting), even outside of formal volunteering. Some research supports this notion by showing that volunteers are prosocial, empathic, and helpful (Allen & Rushton, 1983; Mellor et al., 2008; Penner & Finkelstein, 1998; Penner, Midili, & Kegelmeyer, 1997). We can reasonably assume that volunteers give more than they receive in terms of the time and effort they dedicate to those to whom they provide services, and, given that volunteering is associated with better mental health, it is possible that giving more than they receive in the context of their personal social relationships will be positively associated with PWB. In sum, a finding that under-benefiting

is positively associated with PWB would lend support to altruism/self-enhancement theories.

Equity Theory: Reciprocity in Giving and Receiving

Equity theory (Adams, 1965; Homans, 1961/1974; Walster, Walster, & Berscheid, 1978) implies that balanced reciprocity (i.e., equal levels of giving and receiving support) is more beneficial to well-being than an imbalance in receiving and giving support. Individuals do not want to feel exploited, nor do they want to feel indebted. Evidence demonstrates that compared to perceived reciprocity, over-benefiting in social exchanges is associated with low self-esteem (Kleiboer, Kuijer, Hox, Schreurs, & Bensing, 2006). However, given that studies examining reciprocal exchanges in support focus on other measures of well-being (e.g., psychological distress), more empirical work is necessary in order to ascertain whether equality or imbalances in support are optimal for self-esteem and mastery.

As volunteers serve others, they might need people to support them in order to feel in control of their lives and have a positive attitude about themselves. They may benefit from giving to others (through the volunteer role) but desire a balance of social support in their own network (reciprocity). As it relates to our study, findings by Windsor, Anstey, and Rodgers (2008) suggest that reciprocity or over-benefiting in one's personal network can foster positive PWB within a volunteer context in which under-benefiting is probable.

In sum, the current study addresses two research questions: (1) Among older volunteers, to what extent does giving and receiving emotional and instrumental support affect psychological well-being (i.e., self-esteem and mastery)? And (2) What are the psychological effects of over-benefiting, under-benefiting, and reciprocal support exchanges?

Data Measures

Data are from the *Social Support from Peers: Mended Hearts Visitors Study*. Established in 1951, *Mended Hearts* is a national and community-based non-profit organization affiliated with the American College of Cardiology. One key feature of the organization is the service provided to heart patients by visiting

programs, support group meetings, and educational forums run by former heart patients (Mended Hearts, Inc., 2002). Mended Hearts volunteers offer peer support to patients, family members, and caregivers by visiting heart patients and their caregivers in hospital settings, online, and through telephone communication. There are two types of hospital volunteers: former heart patients and caregivers. Former heart patients provide support to current heart patients. Caregiver volunteers offer emotional and informational support to those who will be caring for the patient. The intent of the *Mended Hearts Visitors Study* was to examine volunteers' perceptions of the meaning and importance of the volunteer role, their motivations for volunteering, and their impressions of how peer support differs from other support provided to cardiac patients. Information was collected from questionnaires and qualitative in-depth interviewing.

For this study, we only use quantitative information from the questionnaire. A random sample of 75 Mended Hearts chapters was selected from a list of 250 chapters and then questionnaires were administered to the volunteers in these chapters. Four hundred fifty-eight individuals completed the questionnaire; the response rate was 52%. After dropping missing cases, our sample is comprised of 389 respondents. It is important to reiterate that this sample consists of volunteer hospital visitors. They volunteer an average of 3.3 hours per week. In addition, 85 percent of the sample is retired.

Measures

Dependent variables. *Self-esteem* is a widely used 10-item scale which asks respondents to rate the extent to which they (1) feel like a failure, (2) are able to do things as well as other people, (3) feel proud of themselves, (4) have a positive attitude toward themselves, (5) feel useless, (6) desire more respect for self, (7) feel they are no good, (8) feel they have a number of good qualities, (9) have self-worth and (10) are satisfied with themselves (Rosenberg, 1986). Response options are 1 = "strongly disagree," 2 = "somewhat disagree," 3 = "somewhat agree" and 4 = "strongly agree." Negative items were reverse-coded. To reduce missing values (9% of the sample was missing on one or more of the self-esteem items), each participant's responses were summed and then divided by the number of items he/she answered to

produce his/her average response to the scale. Thus, participants' scores ranged from 2.1 to 4 in value from low to high self-esteem (Cronbach alpha = .76).

Mastery is a 7-item scale designed to assess whether individuals view themselves as in control of their own lives. The scale includes items such as the extent to which respondents feel "pushed around in life" and "have control over things that happen" to them (Pearlin & Schooler, 1978). Response options are the same as the self-esteem questions. Negative items were reverse-coded. Respondents' answers were summed and then divided by their number of answers (10% were missing on one or more of the mastery items). Thus, participants' scores ranged from 1.86 to 4 in value from low to high mastery (Cronbach alpha = .70).

Independent variables. The perception of *emotional support received* is measured by an averaged index of three items. The items determine the extent to which the respondent: (1) feels he/she can count on a friend for understanding and advice; (2) feels he/she can tell a friend anything; and (3) feels he/she can talk to a friend about things that are important. The respondents were instructed that friends can include relatives, but not their husband/wife/partner. Response options are 1 = "strongly disagree," 2 = "somewhat disagree," 3 = "somewhat agree," and 4 = "strongly agree" (Cronbach alpha = .94). Higher scores indicate greater levels of support. An averaged index of perceived *emotional support given* is measured from the following three statements: (1) certain friends come to me when they have problems or need advice; (2) certain friends come to me for emotional support; and (3) my friends seek me out for companionship. The response options are the same as the emotional support received measures, and higher scores indicate higher levels of support (Cronbach alpha = .86).

We also include a measure of perceived *instrumental support received* from the statement, "I have a friend I can rely on for practical things, such as lending me something or doing me a favor if I ask." Response options are 1 = "strongly disagree," 2 = "somewhat disagree," 3 = "somewhat agree," and 4 = "strongly agree." Higher scores indicate greater perceived receipt of instrumental support. *Instrumental support given* is measured by agreement with the statement, "My friends can rely on me for practical things, such as lending something or doing a favor if

I'm asked." Response options are 1 = "strongly disagree," 2 = "somewhat disagree," 3 = "somewhat agree," and 4 = "strongly agree." Higher scores indicate greater provision of instrumental support. For both receiving and giving instrumental support, responses range from 1 to 4. While these questions do not measure actual exchanges, respondents' perceptions are likely grounded in past exchanges.

We also measure the reciprocal relationship between providing and receiving support. Relationships can be reciprocal (balanced) or non-reciprocal with a person either receiving more support than they give (i.e., over-benefiting), or giving more support than they receive (i.e., under-benefiting). We examine the degree of reciprocity for emotional and instrumental support. Due to differences in wording across the emotional support measures, the reciprocity in emotional support variable was constructed only using the following two measures: "feels he/she can count on a friend for understanding and advice" (receiving) and "certain friends come to me when they have problems or need advice" (giving). Values for giving support were subtracted from values for receiving support: thus, positive values indicate *over-benefiting* (i.e., receiving more than giving), zero indicates *reciprocity* (i.e., equivalent levels of giving and receiving support), and negative values indicate *under-benefiting* (i.e., giving more than receiving) emotionally.

The reciprocity in instrumental support measure was constructed using the following two items: "I have a friend I can rely on for practical things, such as lending me something or doing me a favor if I ask" (receiving) and "my friends can rely on me for practical things, such as lending something or doing a favor if I'm asked" (giving). Values for giving instrumental support were subtracted from values for receiving support, and three categories were created: over-benefiting, balanced, and under-benefiting.

Control variables. Because former heart patients might experience providing and receiving support differently from those who have not had a heart event (e.g., heart attack or stent placement), we include a control for *heart patient status*: former heart patient (reference), former caregivers, and those who are both former heart patients and a caregiver to a heart patient. We also control for *number of hours volunteering* each week (range of 0 to 23). We control for *educational attainment*: less than high school,

high school diploma or G.E.D equivalent (reference), some college, Bachelor's degree, and graduate/professional degree. *Financial strain* is ascertained using the question, "At the present time, how much difficulty do you have in paying your bills, a great deal, some, only a little, or none at all?" Higher values indicate greater financial strain. We also control for *relationship status*: married/cohabiting (reference) versus those who are not (i.e., never married/separated/divorced/widowed), *employment status* (retired, reference to those who are not retired), *self-reported health* (poor = 1 to excellent = 5), *gender* (female = 1), and *age* in years (range of 41 to 89).

Analytic Strategy

Ordinary least squares (OLS) regression is used to analyze the two dependent variables. To assess the effects of giving and receiving social support on PWB (RQ1), we include three models: first, receiving and giving emotional support, and second, receiving and giving instrumental support. The last model, Model 3, includes all four variables in the same model in order to test which type of support affects PWB, net of the other support measures. To assess the effects of over-benefiting, under-benefiting, and reciprocity (RQ2), we include three models: Model 1 includes emotional over-benefiting and under-benefiting (reciprocity is the reference category). Model 2 includes instrumental over-benefiting and under-benefiting. Model 3 incorporates both emotional and instrumental over-benefiting and under-benefiting. We specify all regression models taking into account clustering by chapter number using the "vce" command in STATA. All analyses were conducted with STATA 14 (StataCorp, 2015).

Results

Descriptive statistics are shown in Table 1. Self-esteem (3.67, SD = .34) and mastery (3.30, SD = .47) are high in the sample. Respondents, on average, also give and receive high levels of emotional support and instrumental support. In terms of support exchanges, for emotional support, a large proportion (59%) experiences reciprocal exchanges, while 32% over-benefit, and

Table 1: Descriptive Statistics for Dependent and Independent Measures (N=389)

	Mean	(SD)	Range
Dependent Variables			
Self-Esteem	3.67	(.34)	2.1-4
Mastery	3.30	(.47)	1.86-4
Independent Variables			
<i>Social Support</i>			
Emotional Support Received	3.47	(.72)	1-4
Emotional Support Given	3.26	(.66)	1-4
Instrumental Support Received	3.53	(.65)	1-4
Instrumental Support Given	3.68	(.56)	1-4
<i>Reciprocity Variables</i>			
Emotional Support			
Over-benefitting	.32	-	0-1
Balanced	.59	-	0-1
Under-benefitting	.10	-	0-1
Instrumental Support			
Over-benefitting	.07	-	0-1
Balanced	.72	-	0-1
Under-benefitting	.21	-	0-1
<i>Controls</i>			
Heart Status			
Heart Patient	.78	-	0-1
Caregiver	.12	-	0-1
Heart Patient and Caregiver	.10	-	0-1
Hours Volunteering per week	3.28	(2.82)	0-23
Education			
Less Than High School	.03	-	0-1
High School Diploma/GED	.13	-	0-1
Some College	.38	-	0-1
College Graduate	.26	-	0-1
Graduate/Professional School	.20	-	0-1
Financial Strain	1.42	(.77)	1-4
Married/Cohabiting	.78	-	0-1
Retired	.85	-	0-1
Self-Rated Health (1=Poor)	3.58	(.83)	1-5
Female	.41	-	0-1
Age (years)	72.63	(8.72)	41-91

Source: Mended Hearts Visitors Study, 2011

10% under-benefit. For instrumental support, the majority of the sample experiences reciprocal exchanges (72%) while 21% under-benefit and 7% over-benefit.

The majority of the sample are heart patients only (78%), volunteer an average of 3.28 hours each week, have at least some college education (84%), experience low levels of financial strain (1.42, $SD = .77$), are married (78%), and are retired (85%). Self-rated health is relatively high (3.57, $SD = .83$). Forty-one percent of the sample is female, and the average age is 72.69 years ($SD = 8.72$).

Does giving and receiving emotional and instrumental support affect psychological well-being?

The results in Table 2 correspond with the first research question. Giving emotional support is associated with higher levels of self-esteem (Panel A, Model 1): a unit increase in giving emotional support is associated with a .14 increase in self-esteem ($p < .001$). Receiving and giving instrumental support are associated with higher self-esteem as well. However, when both giving and receiving emotional and instrumental support are included in Model 3, giving emotional support is the only measure that is statistically significant and is associated with higher self-esteem ($b = .12$, $p < .01$).

With regard to mastery, giving emotional support (Panel B, Model 1) and receiving instrumental support (Panel B, Model 2) are associated with higher mastery. However, when all the support indicators are included in Model 3, no support measures are statistically significant, through the direction (but not magnitude) of the effects of giving emotional and receiving instrumental support on mastery remain.

What are the psychological effects of over-benefiting, under-benefiting, and reciprocal support exchanges?

The analysis presented in Table 3 assesses whether over-benefiting, reciprocity, or under-benefiting are favorable or detrimental for PWB. While neither a balance nor an imbalance in emotional support has a significant effect on well-being, unequal exchanges in instrumental support negatively impact self-esteem.

Table 2: The Effects of Receiving and Giving Support on Self-Esteem and Mastery (N=389)

	Model 1	Model 2	Model 3
Panel A: Self-Esteem			
Emotional Support Received	.03 (.03)	-	.02 (.04)
Emotional Support Given	.14*** (.03)	-	.12** (.03)
Instrumental Support Received	-	.05+ (.03)	.001 (.03)
Instrumental Support Given	-	.11** (.04)	.07 (.04)
Constant	3.15*** (.23)	3.05*** (.25)	3.00*** (.24)
R-squared	.29	.27	.30
Panel B: Mastery			
Emotional Support Received	.06 (.04)	-	.001 (.05)
Emotional Support Given	.12* (.05)	-	.09 (.06)
Instrumental Support Received	-	.14*** (.04)	.10 (.05)
Instrumental Support Given	-	.06 (.05)	.03 (.05)
Constant	3.25*** (.34)	3.09*** (.36)	3.05*** (.36)
R-squared	.21	.21	.22

Source: Mended Hearts Visitors Study, 2011

All models control for gender, heart patient status, education, financial strain, relationship status, employment status, self-reported health, number of hours volunteering per week, and age.

Unstandardized coefficients, standard errors in parentheses.

+ $p < 0.10$, * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$ (two-tailed tests).

In fact, over-benefiting and under-benefiting in instrumental support are associated with a decline in self-esteem in Models 2 and 3.

For mastery, the results are similar to self-esteem: there are no significant effects for emotional exchanges in support, but a significant and negative effect of under-benefiting in instrumental support (see Panel B, Models 2 and 3). The results lend support for equity theory, particularly with regard to instrumental

Table 3: The Effects of Support Exchanges on Self-Esteem and Mastery (N=389)

	Model 1	Model 2	Model 3
Panel A: Self-Esteem¹			
Over-benefitting Emotional	-.02 (.04)	-	.01 (.04)
Under-benefitting Emotional	.07 (.06)	-	.09 (.06)
Over-benefitting Instrumental	-	-.19*** (.05)	-.18** (.06)
Under-benefitting Instrumental	-	-.10* (.04)	-.11* (.04)
Constant	3.69*** (.22)	3.73*** (.22)	3.71*** (.22)
R-squared	.21	.23	.24
Panel B: Mastery			
Over-benefitting Emotional	-.05 (.06)	-	-.04 (.06)
Under-benefitting Emotional	.06 (.07)	-	.10 (.08)
Over-benefitting Instrumental	-	-.12 (.09)	-.10 (.10)
Under-benefitting Instrumental	-	-.15* (.06)	-.16** (.06)
Constant	3.87*** (.30)	3.89*** (.31)	3.90*** (.31)
R-squared	.17	.18	.18

Source: Mended Hearts Visitors Study, 2011

All models control for gender, heart patient status, education, financial strain, relationship status, employment status, self-reported health, number of hours volunteering per week, and age.

Unstandardized coefficients, standard errors in parentheses.

¹ The reference category includes those who experience equal exchanges in support (i.e., reciprocity).

+ $p < 0.10$, * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$ (two-tailed tests).

support. In other words, reciprocity in instrumental support in one's personal network is optimal for high levels of self-esteem and mastery.

Discussion

The aims of this study were twofold. First, we examined differences in the effects of giving and receiving support on PWB among volunteers. The first set of findings showed that giving emotional support was associated with higher self-esteem after taking into account both types of support (emotional and instrumental) and both directions of exchange (received and given). Thus, providing emotional support is a key contributing factor for high self-esteem for volunteers, which suggests that giving emotional support is more advantageous for PWB, overall, than is receiving emotional support. In general, providing emotional social support may impact self-esteem in particular because the reflected appraisals of one's performance and appreciation from others can positively impact a person's sense of self. Perhaps for volunteers, this finding is aligned with the general profile of volunteers who are inclined to give their time and efforts to people and the organizations they serve.

Another set of findings answers the question, "What are the psychological effects of over-benefiting, under-benefiting, and reciprocal support exchanges?" While social exchange theory would suggest that it is more beneficial to receive than to give (i.e., over-benefiting), altruism/self-enhancement theory would suggest that it is more salubrious to give than to receive (i.e., under-benefiting). Equity theory indicates that equal reciprocal levels of receiving and giving support are ideal. Our results demonstrate that both over- and under-benefiting in instrumental support are associated with lower self-esteem and under-benefiting in instrumental support is associated with lower mastery. Overall, then, equity theory is supported, particularly for instrumental support. In other words, under- or over-benefiting in instrumental support negatively impacts both self-esteem and mastery.

It may be that support is optimal for one's view of self when a person is both pouring into others and also giving to others equally because, as equity theory suggests, with this type of social exchange arrangement, one feels neither indebted nor

exploited. Since a majority of the sample reported equity in both emotional (59%) and instrumental support (72%), future work might assess whether volunteers develop strategies to achieve and restore equity in their close relationships, and whether they are more likely to make more attempts to achieve equity in their relationships than the general population of older adults.

It may also be useful to understand the underlying mechanisms explaining the negative association between under-benefiting, over-benefiting, and PWB. Past research suggests that under-benefiting in close relationships produces anger, while over-benefiting produces guilt (Sprecher, 1992). Given that measures of emotional states are not available in our data, these hypotheses could not be tested. However, answering these empirical questions could contribute to social exchange theory development by specifying the conditions under which certain types of social exchanges are most conducive to positive well-being for older volunteers in particular.

We found no support for social exchange or altruism/self-esteem enhancement theory. A few explanations are possible. When receiving more than one gives, the over-benefiting individual may perceive that they are a burden to others, leaving them feeling needy and devoid of the ability to find personal satisfaction in feeling valued through giving back. In the under-benefiting scenario, giving more than one receives may leave the individual feeling overburdened, unappreciated, devalued, and lacking in the support they may desire.

The common thread in these two sets of findings is that social support has implications for both self-esteem and mastery. Expressions of support from personal social relationships are consistently associated with PWB for volunteers. Unexpectedly, under- or over-benefiting in emotional support was not significantly associated with PWB. This finding, however, emphasizes that distinguishing between different types of support provides additional nuance to understanding the ways in which support exchanges impact PWB.

While this study provides insight into the association between support exchanges and PWB among volunteers, the limitations of the study must be acknowledged. First, the sample consists of volunteers who are mostly White and middle-class. It is possible that our analyses might yield different results among a more diverse population. Research is needed to establish if this is the case. Future research should examine the ways in which

social status characteristics such as race, gender, socioeconomic status, and volunteer status moderate the support-PWB association. Second, longitudinal analyses are needed to assess causality. For example, receiving/giving support and the level of support exchanged might affect a person's PWB, but it is also possible that one's PWB shapes whether and how much one can receive and give support. Third, the measures of support received and provided do not directly measure these behaviors, but are indirect measures, assuming the perceived likelihood of giving/receiving support is based on past actual exchanges. Despite being indirect measures, perceived measures of social support are useful because they are more likely to be associated with psychological health outcomes when compared to actual receipt of support (Turner & Turner, 2013; Wethington & Kessler, 1986).

Despite these limitations, the current study reveals the ways giving and receiving support as well as support exchanges affect the PWB of older volunteers. In addition, we use two understudied measures of PWB, self-esteem and mastery, which are important psychological resources that aid in coping with stressors. Given the importance of both mastery and self-esteem as resources that can be called upon in difficult times (Barbee et al., 1993), this study provides additional evidence that these outcomes should more often be considered in future research on social support exchanges and PWB.

Conclusion

The current study extends previous research by examining the extent to which not only receiving and giving emotional and instrumental support are associated with PWB, but by also assessing whether social support exchanges (under-benefiting, over-benefiting, and reciprocal exchanges) impact PWB among volunteers. Our findings indicate that giving emotional support is associated with higher self-esteem. In addition, reciprocal instrumental support exchanges are associated with higher levels of both mastery and self-esteem.

The main strengths of this study include the differentiation between emotional and instrumental support, the focus on balanced and imbalanced social support exchanges, and the inclusion of understudied measures of PWB (i.e., mastery and self-esteem). In addition, we contribute to the social psychological literature by

demonstrating that social exchange theories (particularly equity theory) provide useful insights regarding the ways in which different social exchange arrangements have implications for psychological well-being.

While the findings here are not generalizable to all volunteers, it is a first step in informing volunteer program development and strategies that are most conducive to producing positive PWB among older volunteers (Morrow-Howell, 2010). Although volunteer programs focus primarily on the specific requirements and responsibilities for their specific organization, our findings suggest that these organizations should also incorporate elements of “the personal” into their volunteer work. By this we mean that organizations might also facilitate positive social interactions in the context of volunteers’ personal relationships and in the friendships that develop among volunteers. This suggestion is further supported by previous work demonstrating that formal volunteering can produce “better relationships with family and friends” (Morrow-Howell, Hong, & Tang, 2009, p. 98).

The findings also suggest that interventions focused on improving mental health should, in part, focus on aiding aging adults in developing social relationships through which reciprocal social exchanges can occur. As such, from a retention standpoint, it may be useful for organizations to periodically check-in (perhaps through a bi-annual survey) with their volunteers to inquire whether they have adequate emotional and instrumental support in their lives. If a volunteer indicates that he/she is under a tremendous amount of stress coupled with an imbalance in support, the organization might consider sending a card, making a phone call, or determining what needs the volunteer has that could be easily met by the organization. In sum, the implications of our findings for volunteer organizations suggest that further research is needed to ascertain the specific ways in which organizations provide various types of support for their volunteers.

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