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# Is it good to do good? Altruism and health.

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THE LAST FEW YEARS have seen an expansion of interest in research on altruism and concern for others (e.g., Post 2007). While some scholars—psychologists, for example—focus on the personality traits that are conducive to care-giving behavior, others such as cultural anthropologists, are more inclined to explore whether different national cultures vary in their capacity to nurture concern for others. From a quite different perspective, there is interest among neuroscientists and evolutionary biologists in the genetic material that may determine altruism. These different researchers all raise intriguing questions about the nature and development of altruism. As a sociologist, my main interest is in the social context and social implications of altruism. In other words, I am interested in whether individuals from different social backgrounds and with different social experiences are more likely than others to engage in altruistic behavior and whether, in turn, concern for others has unintended consequences for the care-giving individual. In accord with this year's Discovery theme, "Taking care of self and community: A University Dialogue on health," I use this essay to simply highlight some research findings informing our knowledge of the impact of care-giving activities on individual health. This is not a clear-cut issue. As is so often the case in studying everyday life, it is not always possible to isolate one set of experiences from another; there are a lot of intricate interconnections that together have an impact on specific outcomes. In general, in social research (in contrast to the laboratory experiments of biologists and physicists), it is hard to say definitively what causes what. In the case of altruism and health, the knotty complication is that altruistic individuals may also be energetic and sociable people who simply like to be involved in all kinds of social activities, regardless of whether those activities show compassionate concern for others. It is difficult, therefore, to identify whether it is precisely altruistic behavior itself or a more general pattern of social engagement that is conducive to good health. Additionally, good health may itself influence who becomes altruistic and who doesn't.

## *What is altruism?*

Altruism is typically defined as selfless concern for others. It is close in meaning to what the influential social psychologist Erik Erikson (1963) called generativity, to refer to the individual's concern for the welfare of future generations and for the world at large, and to the sociologist Pitrim Sorokin's (1954/2002) notion of compassionate love. All of these terms are more or less interchangeable; they assume a positive emotion toward others that extends to all of humanity and that is realized or enacted in care-giving behavior.

When we hear mention of altruism, we might readily think of some extraordinary people such as Mother Teresa of Calcutta or Paul Farmer, a medical doctor who has dedicated his life to improving the life conditions of the poor in Haiti, Peru, and other countries (e.g. Kidder 2003). Undoubtedly, these individuals have helped many extremely disadvantaged individuals and communities. However, a lot of altruistic behavior takes place in local communities far away from the media spotlight. Many Americans give hours of their time every month to volunteering—teaching inner city kids to read, working at a food pantry, visiting with an elderly neighbor who has Alzheimer's, giving free art classes in the community, etc. These activities also count as altruistic.

We know that community service looks good on your resume when you apply to college or for your first job, thus suggesting that care-giving activities may not always be motivated by the selflessness presumed in official definitions. Nonetheless, when social scientists describe someone as altruistic, they must have evidence not only of care-giving activities, but of a warm and caring ethos behind the person's commitment to those activities. It is important to note here the joint importance of both the motivation and the action. Good intentions alone are not enough; individuals must act on their concern for others by engaging in some pro-social care-giving activity. These care-giving activities can take many forms, whether directly helping some underprivileged group or an individual with a specific need, or engaging in less tangible activities such as working on long-term environmental sustainability issues, for example.

*Altruism and health: Some research findings*

The findings from a longitudinal research project in which I have been involved illustrate the long-term value of an early commitment to care-giving. The study's data were gathered over sixty years from extensively detailed personal interviews conducted at regular intervals across the lifetimes of a community sample of individuals who were born in California in the 1920s. The participants in the study were evenly divided by gender and social class, though reflecting the composition of the region at the time, most were white (see Dillon and Wink 2007 for specific details). The study used well-regarded indicators of altruism that focused on the individual's generosity and giving behavior toward others, emphasized the individual's pro-social competence, and their ability to translate altruistic impulses into care-giving accomplishments.

A key finding from the study was that individuals who were altruistic as adolescents grew up to have successful lives and were in better physical and mental health in late adulthood—in the post retirement years—than their peers who were not altruistic in adolescence. For our study's adolescents (back in the 1930s), gender, church attendance, or whether they came from working class or middle class families did not impact who was and who was not altruistic. By early adulthood (age 30s; 1950s), however, those who were altruistic as adolescents were more likely than others to have graduated from college and to be doing well economically. The altruistic individuals in our study, therefore, were upwardly mobile. Whether or not the pro-social competence that is a component of altruism facilitated their socio-economic success, this success most likely enhanced their access to, and use of, health care resources, resources which, in turn, help individuals maintain good physical and mental health. Thus, as we discovered in late adulthood when the study participants were in their late 60s/early 70s (late 1990s), those who were in good physical health—with no major or chronic illness—and those who were in good mental health who expressed a high level of life satisfaction, reported being peaceful, happy, and calm, and scored low on a widely-used depression scale, were also more likely to have been rated as altruistic during their adolescent years, more than fifty years earlier.

Such long-term positive links between adolescent altruism and good physical and mental health in old age raise questions about what exactly accounts for this relation. Longitudinal data are particularly helpful because with data available for several time points, it is possible to trace the timing of, and any changes in, an

individual's altruistic habits, as well as shifts in their socio-economic status, and the development of any mental and physical health problems, and thus control for these in the statistical analysis.

Longitudinal analyses predicting physical health in late adulthood showed that, after controlling for early adulthood characteristics regarding physical health, mental health, and social class, there was no relation between adolescent altruism and physical health in late adulthood. Thus something other than, or in addition to, altruism itself accounted for the finding that altruistic adolescents grew up to experience good physical health in old age. It is noteworthy, however, that individuals who were altruistic as adolescents were likely to not smoke cigarettes and to drink but to drink less alcohol at mid-life (in the late 1970s/early 1980s) than were their age peers who were not altruistic during adolescence. This finding prompts the suggestion that altruistic teenagers have a certain pro-social inclination that helps them to make smart choices that are beneficial to their current and long-term health (notwithstanding the fact that the negative effects of cigarettes were not publicly known when the study participants were teenagers or young adults).

In parallel analyses predicting mental health in late adulthood (and similarly controlling for early adulthood social class and physical and mental health), the positive association between adolescent altruism and good mental health in old age remained significant. This is an impressive finding: the association between altruism and good mental health spans sixty years. Thus, you can take a 15-year-old adolescent who is altruistic and confidently predict that she/he will be in good mental health when she/he is 70. This finding of a long-term relation between altruism and mental health suggests that good mental health in old age is directly related to the practice of care-giving instilled at a much earlier time in the life course.

Being involved in a purposive activity in the community—either helping specific individuals and/or collaborating with others in some joint activity—integrates individuals into the larger society by attaching them to someone or some cause beyond themselves (e.g., Bellah et al. 1985). Social integration in turn enhances both individual well-being and community bonds. Care-giving activities—whether in the service of other individuals or of the physical environment—also make altruistic individuals feel needed, that they matter, and such positive feelings, independent of their source, whether prompted by altruism or simple friendship, are also conducive to good mental health (e.g., Midlarsky and Kahana 2007).

Yet not all altruistic giving is necessarily healthy. We should recognize that individuals who feel compelled to give beyond their time and material resources (e.g., Schwartz 2007) or who find some care-giving practices emotionally overwhelming (e.g., Post 2005) may experience stresses that debilitate their mental health.

The relation between altruism and mental health is also complicated by the fact that pro-social behavior is not confined solely to volunteerism or altruism; pro-social individuals are also more likely than others to have more friends and acquaintances, and these are important resources in helping individuals cope with the stresses of everyday life (e.g., Oman 2007). The more people you know, no matter how close you are to them, the higher your chance, for example, of having access to information that might help you get a good-paying job (e.g., Granovetter 1973). Employment, rather than unemployment, acts as a buffer against stress, and also provides the individual with the economic resources to afford good health care in the event of illness. Hence the relation between altruism and good health is muddied by the many ways in which altruistic behavior is itself a dimension of a more general pattern of pro-social engagement.

Nevertheless, while many questions about the specific mechanisms linking altruistic behavior to good health outcomes remain to be answered in future research, the pattern of evidence presents a compelling case that overall it is good to do good. When concern for others translates into giving or behavior it is not only beneficial on a communal level but also offers tangible, long-term rewards to the giver. Thus there are good individual and societal reasons to encourage young people to show concern for others in daily life and to provide them with the opportunities for acting on their altruistic impulses.

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