

Volunteerism and Society's Response to the HIV Epidemic

Mark Snyder and Allen M. Omoto

In 1981, the Centers for Disease Control reported the first case of what would come to be known as AIDS. Now, barely a decade later, there are over 200,000 confirmed cases of AIDS in the United States and an estimated 1.5 million Americans infected with HIV (the virus that causes AIDS). The World Health Organization projects that, by the year 2000, 30 to 40 million adults and children worldwide will have been infected with HIV, and most of them are expected to develop AIDS.¹ Clearly, with neither a vaccine nor a cure in sight, the full impact of AIDS, as devastating and profound as the epidemic has been, has yet to be felt, and will surely touch all of our lives.

Society has responded to the HIV epidemic on a number of fronts, including at least three for which the skills and expertise of psychologists, as scientists and practitioners, can be tapped: (a) providing psychological services for persons living with AIDS (PWAs), (b) developing behavior change campaigns to reduce the likelihood of HIV transmission, and (c) implementing public education programs to address matters of prejudice and discrimination associated with AIDS and PWAs.² In our research, we are examining a remarkable social phenomenon born of the HIV epidemic—AIDS volunteerism and its implications for each of these fronts.

A critical component of society's response has been the development of community-based grass-roots organizations of volunteers involved in caring for PWAs and in educating the public about HIV, AIDS, and PWAs. Volunteers fill many roles; some provide emotional and social support as "buddies" to PWAs,

whereas others help PWAs with their household chores or transportation needs. Volunteers also staff information, counseling, and referral hotlines; make educational presentations; raise funds; and engage in social, legal, and political advocacy. In the United States, AIDS volunteer programs have emerged in every state, in cities large and small, and in rural areas as well. AIDS volunteerism is a compelling testimonial to human kindness and to the power of communities of "ordinary people" to unite and organize in response to extraordinary events.³

As remarkable as AIDS volunteerism is, it actually is part of a pervasive social phenomenon in American society. A recent Gallup Poll estimated that, in 1989, 98.4 million American adults engaged in some form of volunteerism, with 25.6 million giving 5 or more hours per week to volunteer work—volunteer services worth some \$170 billion.⁴ In addition to working on HIV-related issues, volunteers provide companionship to the elderly, health care to the sick, tutoring to the illiterate, counseling to the troubled, food to the hungry, and shelter to the homeless.

Although the study of helping has long been a mainstay of research in the psychological sciences, volunteerism is a form of prosocial action about which there is little systematic literature.⁵ Volunteerism is, however, marked by several distinctive features. Volunteers typically seek out their opportunities to help, often deliberate long and hard about the form and the extent of their involvements, and may carefully consider how different volunteer opportunities fit with their own needs, goals, and motivations. Many forms of volunteerism also entail commitments

to ongoing helping relationships that have considerable duration and require sizable personal costs in time, energy, and expense.

We view AIDS volunteerism not only as an intriguing social phenomenon, but also as paradigmatic of sustained and potentially costly helping behavior. In one survey,⁶ we found that AIDS volunteers overwhelmingly had actively sought out their volunteer opportunities (over 80% indicated that they had approached their AIDS organizations on their own initiative). Moreover, their involvement represented a substantial and recurring time commitment (on average, 4 hr per week) that extended over a considerable length of time (1½ years on average, and often spanning several years). Finally, these volunteers were giving of themselves in trying and stressful circumstances (spending time with PWAs and confronting the tragic realities of serious illness and death) and doing so at some personal cost (with many reporting feeling stigmatized as a result of their AIDS work).

THREE STAGES OF THE VOLUNTEER PROCESS

In our research, we are seeking to understand the social and psychological aspects of volunteerism. Our research is grounded in a three-stage conceptual model of the *volunteer process*, a model that specifies psychological and behavioral features associated with each stage and

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speaks to activity at three levels of analysis: the individual volunteer, the organizational context, and the broader social system.⁷

The first stage of the volunteer process involves *antecedents* of volunteerism and addresses the questions "who volunteers?" and "why do they volunteer?" In the case of AIDS, considerations at the antecedents stage focus on the attitudes, values, and motivations that dispose people to serve as AIDS volunteers, as well as the needs and goals that AIDS volunteer work may fulfill for individuals.

The second stage concerns *experiences* of volunteers and the dynamics of the helping relationships that develop between volunteers and the people with whom they work. In the specific case of AIDS, it is important to recognize that these relationships are carried out against the stressful backdrop of chronic illness and even death. Of additional concern are the effects of AIDS volunteers on the general treatment and coping processes of PWAs, as well as changes that occur in volunteers themselves.

The third stage focuses on *consequences* of volunteerism and is concerned with how volunteer work affects volunteers, members of their social networks, and society at large. For AIDS volunteers, it is possible that their work has not only beneficial effects on personal attitudes, knowledge, and behaviors, but also negative consequences of stigmatization and social censure. When it comes to societal issues, moreover, AIDS volunteerism may possess the potential for encouraging social change as volunteers transmit their new attitudes and behavior to their friends and associates and, by extension, to the broader social system.

BASIC RESEARCH AND PRACTICAL PROBLEMS

In our research, we are engaged in a coordinated program of cross-

sectional and longitudinal field studies coupled with experiments conducted in the laboratory and sampling from diverse populations of volunteers and nonvolunteers. Thus, we have conducted a national survey of currently active AIDS volunteers, querying them about their motivations for volunteering, their experiences, and the consequences of their involvement in AIDS volunteerism, thereby generating cross-sectional data relevant to the three stages of the volunteer process. In an extended longitudinal study, we are also tracking new volunteers over the course of their service providing emotional support and living assistance to PWAs; in this long-term study, we are examining the same people at all stages of the volunteer process. Finally, we are conducting laboratory experiments and field intervention studies, each relevant to one or more stages of the volunteer process.

At each stage of our conceptual model, relevant psychological theories and the evidence of basic research are helping us to frame research questions, the answers to which, we hope, will have implications for addressing practical issues related to volunteerism, as well as for building bridges between basic research and practical application. To illustrate the ways in which our research builds these bridges, let us examine two important practical matters that are rooted in different stages of the volunteer process and the theoretically informed answers to them derived from our program of research. Specifically, we examine issues of volunteer recruitment and retention.

The Recruitment of Volunteers

Recruitment is one of the key concerns at the antecedents stage. There are many formidable barriers that can keep prospective volunteers from getting involved; in the case of AIDS, not only are there limits of

time and energy but also, for many people, fear of AIDS and death and concerns about stigmatization. What, then, motivates people to volunteer to staff an AIDS hotline or to be buddies for PWAs?

Guided by a functionally oriented theory of motivation (which proposes that apparently similar acts of volunteerism may reflect markedly different underlying motivations), we have been examining the motivations of AIDS volunteers. We have utilized exploratory and confirmatory factor analytic techniques in developing and validating a self-report inventory to assess five primary motivations for AIDS volunteerism, each one reliably measured by five different items.⁸ The first set of motivations involves personal *values* (e.g., "because of my humanitarian obligation to help others"). The second set invokes considerations related to *understanding* (e.g., "to learn about how people cope with AIDS"). The third set taps *community concern* and reflects people's sense of obligation to or concern about a community or social grouping (e.g., "because of my concern and worry about the gay community"). The fourth set concerns *personal development* and centers on issues of personal growth (e.g., "to challenge myself and test my skills"). The fifth category assesses *esteem enhancement* and includes considerations about current voids or deficits in one's life (e.g., "to feel better about myself").⁹

The development of this motivational inventory has made possible a more thorough analysis of the psychology of AIDS volunteerism. This work has revealed that, despite what appears to be a commonality of purpose in being a volunteer, there is striking individual-to-individual variability in the motivations that are most and least important. An appreciation of different motivations, moreover, has great practical import for volunteer recruitment. Because volunteering serves different psycho-

logical functions for different people, volunteer organizations would be well advised to tailor their recruitment messages to particular motivations of selected sets of potential volunteers. In recruiting volunteers who would be motivated by esteem enhancement, for instance, recruitment appeals could stress how AIDS volunteerism provides many opportunities for people to work through personal fears, anxieties, and doubts rather than, say, stressing humanitarian obligations and images of kindness (which could be used to appeal to prospective volunteers motivated by value-based concerns).

The Retention of Volunteers

Why do some volunteers continue to donate their time and services, and why do others stop? A persistent frustration in volunteer programs is the high rate of attrition (i.e., dropout) of volunteers. As difficult as it may be to recruit volunteers, it is sometimes even more difficult to ensure their continued service. Considerations of the experiences and consequences stages of the volunteer process may shed light on matters of attrition and longevity of service because the experiences associated with volunteer work and the consequences that result from it likely influence volunteers' effectiveness, their satisfaction, and the length of time they ultimately remain active. To examine some of these possibilities, we recontacted one set of AIDS volunteers a year after they had told us about their work. At that time, approximately one half of the original sample was still active with their AIDS organizations, and we proceeded to ask both quitters and stayers about their experiences as volunteers and the consequences of their work.⁸

We found no differences between the quitters and stayers in reported satisfaction with their service and

commitment to the purposes of their AIDS organizations. Where quitters and stayers differed, however, was in their perceptions of the costs of their volunteer work. Despite having engaged in satisfying and rewarding volunteer work, quitters more than stayers said they felt that volunteering had taken up too much time and—an important point—caused them to feel embarrassed, uncomfortable, or stigmatized. The negative consequences and not the rewards of the work, then, distinguished quitters from volunteers who continued to serve.

Bringing our analysis full circle, we also found that initial motivations for volunteering were related to attrition and length of service. To the extent that people espoused esteem enhancement or personal development reasons for their work (rather than community concern, values, or understanding), they were likely to still be active volunteers at our 1-year follow-up; moreover, esteem enhancement and understanding motivations proved valuable as predictors of the total length of service of these volunteers. Thus, volunteer attrition seemed not to be associated with the relatively "self-less" or other-focused motivations, as one might expect, but with more "selfish" desires of feeling good about oneself and acquiring knowledge and skills. Good, and perhaps romanticized, intentions related to humanitarian concern simply may not be strong enough to sustain volunteers faced with the tough realities and personal costs of working with PWAs. Therefore, volunteer organizations, in combating attrition, may want to remind volunteers of the personal rewards of their work rather than underscoring how volunteer efforts benefit clients and society. Similarly, volunteers may be better prepared for their work by having the potential costs of volunteerism made explicit to them at the outset; in this way, volunteers could be "prepared for the worst" and thereby "inocu-

lated" against the negative impact of the personal costs of their service

CONCLUSIONS

To conclude, let us explicitly address a recurring theme in our research—the relation between basic research and practical problems. Our research is simultaneously basic and applied. As much as it informs applied concerns with the current and potential roles of volunteerism in society's response to AIDS, our work also speaks directly to theoretical concerns about the nature of helping relationships and, more generally, the dynamics of individual and collective action in response to societal needs. With a dual focus on applied and theoretical concerns, our program of research embodies the essential components of *action research*, in which basic and applied research mutually inform and enrich one another and, under optimal circumstances, basic research is advanced and effective social action is undertaken.¹⁰

It is said that a society is judged by how it responds in times of need. Clearly, the age of AIDS is a time of the greatest need. The HIV epidemic represents not only a medical crisis, but also a broader set of challenges to individuals and to society. Among these challenges are those to researchers in the social and behavioral sciences. By all accounts, the number of AIDS cases will only increase in the years ahead, and, as medical advances extend the life expectancy of PWAs, more and more people will be living with AIDS and living *longer* with AIDS. As the HIV epidemic continues and intensifies, so too will the importance of contributions of theory-based research relevant to all facets of AIDS. Ultimately, when the history of the HIV epidemic is written, we hope that the psychological sciences will have proven themselves integral to society's collective response to AIDS.

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7. A.M. Omoto and M. Snyder, Basic research in action: Volunteerism and society's response to AIDS, *Personality and Social Psychology Bulletin*, 16, 152-165 (1990); Omoto, Snyder, and Berghuis, note 6.

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10. K. Lewin, *Field Theory in Social Science* (Harper, New York, 1951; original work published 1944); Omoto and Snyder, note 7.

Recommended Reading

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The Ontogeny of Motivation: Opioid Bases of Energy Conservation and Lasting Affective Change in Rat and Human Infants

Elliott M. Blass¹

Studying behavior through the prism of development allows complexity to be fractionated into its component parts. By judiciously rotating the prism, one can, with luck, sometimes synthesize these parts and provide understanding of the mechanisms that select and determine behavioral expression. The developmental approach is unique among biobehavioral analyses because it allows us to study intact organisms under natural circumstances, identify critical events, and

trace their ontogenetic influence. By specifying and analyzing pathways of normal ontogeny, the developmental approach may also shed new light on biological and behavioral causation of aberrant development. This review focuses on the domain of infant affect and motivation.

My colleagues and I have chosen to study infant motivation from the perspective of maternal (and nest) influences. Animal studies have demonstrated that specific interactions of the infant with its mother

and siblings in the natal setting profoundly influence social behaviors ranging from food selection² to sibling recognition³ to habitat preference⁴ to sexual selection.⁵ The functional import of each of these postweaning behaviors is obvious. We are attempting to understand how the mother influences her offsprings' behavior after they leave the nest and what the underlying mechanisms of this influence are.

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