

Volunteering: Impacts on the Psychological Well-Being of Chinese Older Persons

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Abstract—Technological and medical advancements predict longevity and better health in general for the older population in the 21st century. Improved health and independence of older persons allow them to increase their continuous contributions to their family, community and society. Older retired persons provide an invaluable pool of formal voluntary workers amidst the growing need for social services and fewer resources for social welfare expenditure. This study looks at volunteering, an activity in which time is freely given as a gift to benefit other people, groups and society, and the experiences of social engagement in older and associations between volunteering and psychological well-being (PWB) of older persons, including improved self-esteem and life satisfaction.

I. INTRODUCTION

Volunteering is regarded as one of the ways to make the old age more meaningful and fulfilling. In Asia-Pacific region, continuous participation in voluntary work has been gaining emphasis with population ageing and increasing life expectancy. Hong Kong is one of the places that enjoy long life expectancy and experience population ageing. In 2006, the older population aged 65 or older constituted 12.3% of the Hong Kong population, and the proportion will become 26.4% in 2036 [1]. The expectation of life at birth for both male and female in Hong Kong is among the longest in the world [2]: The life expectancy at birth for male and female in 2007 were 79.1 and 84.9 respectively, and it is projected to increase to 82.8 and 88.3 respectively in 2036 [1]. Such demographic trend is attributable to the advancement in medical technology and improvements in living standards. Despite the challenges brought by the lengthened life expectancy, the older population in Hong Kong in general is physically healthy, which implies that older retired persons provide an invaluable pool of possible voluntary workers. This paper addresses how psychological well-being (PWB) of older persons can be enhanced by involvement in voluntary services, and offer insights into how further developments of volunteering in old age can be planned.

A. Formal Volunteering and Older Persons

Some voluntary work is similar to paid work in that volunteers are asked to perform defined tasks for specific time periods within the context of a formal organization. This is typically regarded as *formal volunteering*. In Hong Kong, the number of older persons engaged in formal volunteering remains low. Volunteer Movement, an organizing committee within the Social Welfare Department, reported that the number of registered older

volunteers has increased from 35,671 in 1998 to 75,223 in 2005 [3]. Despite the doubling of the number of older volunteers, only 3.6% of the total older population is volunteering [4]. Compared to the rates of volunteering in older population in other countries, such as 28-36% in the US [5], the rate in Hong Kong is fairly small, implying that a huge pool of potential older volunteers with rich life experiences and free time remains untapped. It is questionable as to why Chinese older persons are less willing to volunteer, and how to increase the retention rate and recruitment of older volunteers.

Remaining active and staying healthy is the key to successful aging. This can be achieved by minimizing disease and disability, and maximizing (or at least maintaining) physical and cognitive functions. Psychosocial adjustment to the ageing process is one of the major pillars [6]. Through active participation in social activities, older persons can maintain connection to other persons and maintain productivity. The quality of later life depends on what older persons do for themselves, and a suitable choice of lifestyle can prevent functional decline [7]. Volunteering can satisfy such needs and can provide older persons with opportunities to adjust better to the ageing process.

In addition, older persons' approach to life is a key to resilience. Social network for older persons shrinks with loss of spouse and friends, implying that the frequency of interacting with others may decrease. Those who maintain an acceptable and reasonable number of non-family supports are more likely to live longer, and this is associated with maintaining active and the ability to control social interactions [8]. Here intervention can be constructed so that more extensive social networks will revitalize earlier in life, and that older persons, especially the new retirees who may face transitional problems from work to retirement, can continue to benefit throughout their later years.

B. Psychological Well-Being (PWB)

PWB can be seen as the mental health branch of a group of factors that affects people's everyday life [9]. PWB can be interpreted in terms of *life satisfaction* [10], *self-esteem* [11], *self-efficacy* [12] to *depression*, [13]. It can also be viewed in a multidimensional way, which includes the absence of negative emotion, the presence of positive experiences and global life satisfaction [14]. Both subjective factors and objective (or interpersonal) characteristics are taken into consideration in the theoretical modelling of PWB. Subjective evaluation of psychological health was challenged by those who claim that subjective well-being (SWB) is only one aspect of PWB [15]. While SWB is defined as global life satisfaction and scales of positive and negative affect, PWB entails that perception of engagement with existential challenges of life are important to psychological wellness [16]. Such definitions provide a

better-rounded theoretical basis for PWB, which includes not only the subjective sense of wellness but also objective issues such as psychiatric and behavioural references.

C. *The Present Study*

The purpose of the present qualitative study is first of all to explore the effects of volunteering on PWB of older volunteers. It has been shown in numerous studies that volunteering contributes to improved well-being outcomes for its participants, yet very limited literature has documented the mechanism of how volunteering, or the volunteering experience, affects psychological well-being specifically of older persons. The second purpose is to identify the barriers and motivations to volunteering among older persons.

II. METHODS

This study adopted a combination of methods. Twenty-two older women and men aged between 60 and 75 in Hong Kong, China, were purposively sampled. Older volunteer and non-volunteer respondents were selected by the social workers from three elderly centers, namely, Sai Cho Wan Lutheran Centre for the Elderly in Lam Tin, Hong Kong and Macau Lutheran Church Kei Fuk Elderly Centre in Kowloon Bay, and Yan Oi Tong Wu Chung District Elderly Community Centre in Tuen Mun. Potential subjects were screened for their age (aged between 60 and 75), volunteering experience (current volunteers or never volunteered before) and employment status (employed or retired). Because of the small sample size, these sampling criteria were chosen in order to allow for comparison between the well-being of volunteers and that of non-volunteers.

Those who fit the sampling criteria were asked to participate in a focus group interview and complete a self-administered questionnaire. Before the interviews, each respondent was invited to attend a scheduled briefing session on the study's aims and methods in their affiliated centers. Each interview included a self-administered questionnaire containing General Health Questionnaire (GHQ-12), household status, health, psychological well-being, and volunteering experiences. GHQ-12 was used as a screening instrument and a measure to verify any psychiatric disturbance. Interviews lasted from 40 minutes to 2 hours, and were conducted in the respondents' affiliated elderly centers. Trained research assistants helped those with little or no educational attainment.

For the focus group interviews, all respondents were divided into two categories: volunteer and non-volunteer. Two focus group interviews were conducted for each group of respondents, in which both groups were requested to self-rate their *health status* (5 - very good, 1 - very poor) and *life satisfaction* (5 - very satisfied, 1 - very dissatisfied), followed by a discussion on their self-perceived self-esteem and overall happiness at that time. The respondents from the volunteer group were further invited to discuss their volunteering experience (including the frequency of participation, type(s) of voluntary service engaged, and the number of organizations they have served, motivations to volunteering, willingness to continue volunteering, and the benefits from volunteering, while respondents from the non-volunteer group were asked about their experience in

volunteering, if any, the reasons for dropping out, and barriers to volunteering.

By examining the GHQ-12 scores of the non-volunteers, one male and one female volunteer were screened out for the longitudinal case study of intervention, with follow-up interviews 6 months apart. They were eligible for such study because of their relatively fair general health conditions, little experience in volunteering, and their experience of adversity shortly before and after their retirement. Such method was designed so that interviews would capture their change over a 6 month period. During the first interview, the 63-year-old widowed female respondent expressed some depressive symptoms such as insomnia and sense of hopelessness. Having retired for nine months, she experienced bereavement one month before the interview, and started volunteering for less than a week out of invitation by her friends from the elderly centre. The male respondent, aged 60, was still eager to find a job despite that he was retired for 3 months from the civil service at the first interview. Invited by his spouse, who had been participating in a volunteering group at the elderly centre for a year, he started volunteering a month before the first interview.

The respondents were then invited to participate in voluntary work and services at least twice a month for six months. Attendance sheets were given to the staff of their affiliated elderly centers, who were asked to help keep a record of the duo's attendance. There was no restriction on the types of voluntary services which they should participate, and follow-up in-depth case interviews were conducted 6 months later. In the subsequent interviews, the two respondents were asked to complete the GHQ-12 questionnaire and describe any change they had experienced in the previous 6 months. To ensure accuracy, all interviews were audio-recorded and transcribed with the consent of the respondents.

III. RESULTS

A. *Self-Rated Health and Life Satisfaction*

On a scale of 1 (Very poor) to 5 (very good) in self-rated health status, volunteers' average rating was 4.15 (Good), while that of non-volunteers was 3.11 (Fair). For the self-rated life satisfaction, volunteers' average rating was 3.85 (fair), while that of non-volunteers was 3.44 (fair).

B. *Self-Reported Self-Esteems*

It is interesting that respondents were less likely to provide information on self-esteem. One volunteer respondent even stated she had never thought about it. A possible reason is that volunteers seldom take rewards and expectations into consideration. Research on social productivity and well-being of older persons, the balance between effort and reward at productive activities is experienced as gratifying and reinforcing the provider's self-esteem.

C. *Self-Reported Happiness*

Volunteers in general felt happier, because volunteering could help distract its older participants from their painful symptoms, and some older volunteers also experienced a reduction in stress caused by chronic illnesses:

[I'm] very happy. Really happy. See how happy we are! After becoming a volunteer, I feel happier and

more optimistic, and I learn to take things easy. Now I pretend I don't have any illnesses. Being cheerful is the best medicine. (Ms L, volunteer)

Household Status	V*	NV**	Total
Sex			
Male	3	2	5
Female	10	7	17
Total	13	9	22
Age			
Mean	65.9	67.2	65.8
Marital Status			
Married	7	5	12
Divorced/separated	2	-	2
Widowed	4	4	8
Never married	-	-	-
Educational attainment			
No schooling/kindergarten	-	3	3
Primary	1	2	3
Lower secondary	4	3	7
Upper secondary	5	1	6
Matriculation	1	-	1
Tertiary or above	2	-	2
Monthly Personal Income (HK\$*)			
\$2,000 or less	-	-	-
\$2,001 - \$3,000	1	-	1
\$3,001 - \$4,000	3	2	5
\$4,001 - \$5,000	3	4	7
\$5,001 or more	6	3	9

HK\$7.78=US\$1

* Volunteers

** Non-Volunteers

Table 1. Demographic Characteristics of the Respondents from volunteer group (V) and non-volunteer group (NV).

Volunteering could alter its participants' attitude towards adverse changes in later life. It remains uncertain whether volunteering, directly or indirectly, affects physical wellness, but it can be postulated that volunteering enhances the sense of happiness and positively changes the volunteers' attitude towards possible decline in physical strength. By comparison, non-volunteers seemed to have a harder time finding happiness:

I'm really afraid of public holidays, because the centre is closed, and it's so boring to stay at home, since I live alone. I want to go swimming, but there are just too many people. (Ms H, non-volunteer)

In this case, the power of volunteering in establishing social networks can be easily seen. As will be explained in the next section, one of the motivations to volunteer is to make friends. This is because, as discussed before, the social network of retired older persons will decrease as they age. Volunteering can be an alternative for this respondent to reconnect her social ties.

D. GHQ-12 Scores

Comparing the General Health Questionnaire scores of volunteers and non-volunteers, the scores of volunteers were significantly higher than that of non-volunteers (11.7 vs. 8). As GHQ examines the existence of preliminary symptoms of depression, anxiety, social impairment and hypochondriasis, the difference in GHQ-12 performance showed that volunteers were less prone to psychiatric illnesses than non-volunteers.

E. Motivations to Volunteering

1) Personal vs Altruistic Motives

Respondents volunteered to satisfy their personal emotional needs. Also, respondents considered volunteering a win-win situation for both themselves and the people they had helped. Considering this, they were more likely to continue volunteering:

I will help if I can. Making others happy makes me happy too. I can't help with tasks that are too difficult or too demanding, but I'm still able to handle things like selling flags. (Ms L, volunteer)

I have time, that's why. Helping others means helping myself too, especially when helping the centre. (Ms C, volunteer)

2) Filling Spare Time

Having been disengaged from paid work after retirement, the increased amount of free time available could cause different effects on different older persons. To some, this might be a good thing as they have more freedom to do whatever they want to, or to do things they have always wanted to do. But for others, deciding how to spend this extra amount of time might be a nightmare. Especially for older men, since they were used to having a structured life form like getting up and going home at a certain time, one way to tackle with this problem is to give them back the structured life form:

The most important thing is that I can kill some time [through volunteering]. It's terrible to stay home alone, facing four walls. It's so boring, and makes me think about unhappy things. (Mr C, volunteer)

3) Friendship Formation

Facing retirement, new retirees may engage in voluntary activities as a way to replenish their social network:

We volunteer at our centre. By this, we are meeting more people. We have more friends we can talk with, to look after each other, or even just to say hi. (Ms L, volunteer)

As discussed before, the social network of older persons often tend to diminish with age. A way to compensate for this is to join activities in which older people could meet more people. Friendship develops most easily when people engage in regular contact structured around shared activities and meaningful social roles. Volunteering provides a comfortable, natural basis for social engagement and friendship formation.

4) Continuous Learning/Understanding the World

Volunteering can offer opportunity for older persons to maintain connection with the changing world. Through getting a hand on things they have not tried before, older volunteers can learn more about the world:

Being a volunteer lets me learn more stuff, and helps keep me up-to-date. The world is changing so fast. (Mr C, volunteer)

5) Response to a Direct Request

Respondents revealed that their reason for volunteering was being directly request by the staff in elderly centre:

The centre asked us to help. They formed a volunteering group, and asked us if we want to join. So I joined. (Mr C, volunteer)

6) Inspiration from Earlier Life Events

The initiative to volunteer could be inspired by events that happened in the early life of the participants:

I'm currently volunteering to visit older patients in hospitals. They're poor. No family. No money. I know their feelings. Just like my mother. She passed away a few years ago. The period before her going, it was really hard time for her. I wish I could help more older patients who are undergoing what my mother just did. (Ms W, volunteer)

F. Barriers to volunteering

1) Physical and Psychological Constraint

Physical fitness was the most frequently stated barrier. Most of the non-volunteer respondents in this category thought that they were too old to participate:

How can I join [Volunteering?] at this age? People would think you are a nuisance. You don't have enough strength to help move stuff, and you can't talk well too. So I'd rather not become a volunteer. I just want a place to sit, and talk with other older people. (Mr L, non-volunteer)

Although the non-volunteer respondents did rate self-assessed health status lower than the volunteer group, it should be noted that all of the non-volunteers were not disabled in this study, and those who cited personal barriers such as declined physical strength were actually able to perform some less physically-demanding activities if they chose to.

2) Mismatch of Interests and Voluntary Activity

Personal interest could also become a barrier to volunteering. A non-volunteer explained why he did not join the volunteer group:

Usually you won't volunteer unless it suits your own interest. For example, I don't like to swim, so I can't force myself to become a volunteer in swimming activities. Even if I do, I won't be happy... [V]olunteering or not depends on your own interest. (Mr L, non-volunteer)

3) Tradition Chinese Ways of Thinking

The idea of getting their own things done before helping others could also hinder participation:

It's already good enough that I've taken care of my own business. Being a volunteer? We can't at this time and at this place. When I was young, maybe. At our age, we need help ourselves too. (Ms Y, non-volunteer)

This is related to the traditional Chinese way of thinking. As the old saying goes, *ge jia zi sao men qian xue* ("Every family tidies the snow in its own front yard", meaning "Everybody minds his own business"), showing that preference of helping largely depends on the strength of the attachment between help-providers and clients.

4) Family Obligations

Family consideration still ranked high in older persons' priority list, and this was more prevalent among female older persons. Even though they could simply change the mode of volunteering from formal to informal, to volunteer or not in elderly centers sometimes depends on family duties:

I used to volunteer more. But I volunteer less because I need to take care of my grandson. Both his parents work and come home really late at night... Now I still help people, like when I see some who's having financial problems, I may give him some money. Or if someone's having problem crossing the street, I will try to help him. (Ms L, non-volunteer)

G. Prevalence of Volunteering

Volunteer respondents in this study were fairly experienced in volunteering in general. Five respondents reported that they had been volunteering for more than two years, of which two reported having more than five years of volunteering experience.

It is surprising that only 4 volunteer respondents could describe the details of their volunteering patterns, especially in frequency and hours spent on volunteering. Of those who could provide this information, they all spent fewer than ten hours per week performing voluntary activities according to their experience. It was difficult to collect such data because respondents often stated that the frequency and hours spent on volunteering depended on their availability. Especially, female respondents showed this problem when they were requested to recall these volunteering experiences. One female respondent said:

I don't know [the approximate number of hours spent on volunteering]... because I volunteer only when I'm free. If I'm not free, I won't. Sometimes, when his mother [daughter-in-law] is on holiday or day-off, she will bring her son back home for a period of time. During those days, I'll volunteer more. (Ms H, volunteer)

Most of the volunteers started volunteering only after becoming members of their affiliated organizations. Thus, they were most likely to take part in the voluntary programs provided by these organizations. The most common organization is elderly centers, and religious institutions accounted for the second-largest share of volunteers. Also, volunteers joined in many kinds of activities. All older volunteers were involved in at least one voluntary activity. According to their self-reported answers, the most frequently enrolled activities were:

1. Home/hospital visits;
2. Administrative/paperwork;
3. Instant help for the centre/staff;
4. Performance (e.g. drama, singing);
5. Fund-raising (e.g. flag selling);
6. Personal assistance (accompany persons with disability to have regular medical check-ups).

In this study, there was no significant gender difference in participation pattern in voluntary activities among the

respondents. However, the voluntary activities they joined were dominantly the so-called “front-line” activities. The term “front-line” refers to the offering of direct care to those in need. One of the possible reasons is that the types of voluntary activities available to the participants are limited.

H. Findings from Intervention Studies

The cases of two respondents, Ms W and Mr C, were typical examples showing how volunteering could assist older persons in overcoming undesirable life events. Their background information will be shown in the following paragraphs.

1) Case Study 1: Experience in Widowhood

Ms W, a 63-year-old lady, retired for nine months, having faced loss of spouse one month before the first interview: Since then, she had had some depressive symptoms. Her friends from the elderly centre strongly encouraged her to join the volunteering group organized by the senior members and supervised by the social workers of the centre. Having volunteered for six months, her psychological well-being was enhanced. Her GHQ-12 scores went up from 7 before volunteering to 11 after volunteering within six months.

Widowhood, to older women, is like a new stage of her life after living as a wife for years. Ms W steadily adapted to such transition by engaging in meaningful activities through volunteering and received emotional supports from her friends whom she met while volunteering. After participating for 6 months, she withstood the hardships by establishing social ties with new friends and found her strengths and interests. Participation in meaningful activities, for example, volunteering, particularly in the company of neighbours and friends, could facilitate an older woman’s adaptation to the death of her spouse, and enable her to live a fulfilling and vital life in widowhood [17]. Ms Wong’s case is a good manifestation of such idea.

2) Case Study 2: Fresh Job-Seeker after Retirement

Mr. C, a 60-year-old new retiree, was a civil servant in the Hong Kong Treasury before his retirement. Like many retired baby-boomers who wanted to re-engage in work, Mr. C was eager to work again after retirement. He sent more than 30 application letters but got no response. He was “frustrated”, according to his description. His wife, who had been joining a volunteering group in the elderly centre for a year, invited him to join as well. He became happier later on as he could apply his previous work skills on voluntary activities such as word-processing and data entry, and felt a greater sense of usefulness.

It is not surprising that role loss, especially loss of the work role, associated with retirement, is challenging for older men. Role Theory indicates that work role is the most important factor in providing social status to men as well as their families [18]. The social values of work role and the rewards from it could be seen as comprising a large part of the core value system in the society. Meanwhile, performance in the work role could be seen as an integral part of the male’s conception of himself and would influence his behavior and associations.

I. Summarized Framework of Findings

The discussions in the previous sections have already shown that volunteering could lead to successful ageing (SA). The actual linkage can be summarized into the following paths:

1. Volunteering → Active engagement (SA);
2. Volunteering ↔ Self-rated health (SWB);
3. Volunteering ↔ Self-esteem (SWB);
4. Volunteering → Happiness (SWB); and
5. Volunteering → GHQ-12 (OWB)

IV. DISCUSSION

The results suggest that volunteering can positively influence psychological well-being of older persons. Volunteering helped older persons discover new interests and potentials, allowing them to join in more activities, thus leading to better health, and all these sum up to higher self-confidence and self-esteem for the volunteers.

It is interesting to see that older persons consider helping elderly centers as helping themselves. This stems from their sense of belonging towards the elderly centers. Since human beings are generally social animals, as Role Theory suggests, a person would tend to belong to different groups during different life stages (so-called life cycle or age-related roles). Usually the group an individual belongs to the longest is the workplace. After retirement, his or her membership in this group will tend to be lost or at least be much more intermittent and non-workplace based. At the same time, their adult children would most likely become independent and move out of the older person’s home, the

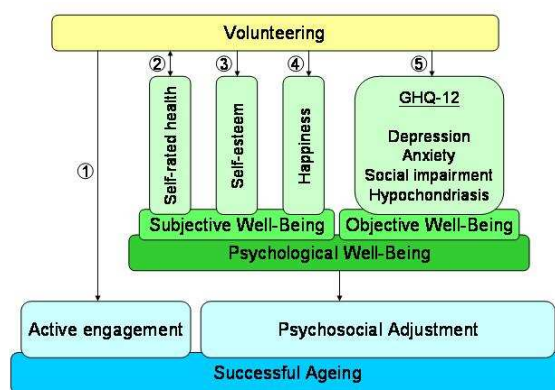


Fig. 1. Framework of Findings. This figure shows the relationships proven in the present study.

so-called “empty-nest effect”. Thus, it is compelling for the older persons to find a suitable group that could substitute for these losses, and the elderly centre would be a good choice.

The actual resistance indeed appears to come from a range of psychological barriers to volunteering. Lack of confidence and self-esteem, anxiety about trying something new, or fear of failing at the volunteer duty, inability to recognize their own abilities and strengths and an assumption that they would not be welcomed or appreciated by a voluntary group are the typical psychological barriers among older non-volunteers. As volunteering is confirmed in this study to have positive psychological outcomes for its older participants, volunteering has the potential to build

self-confidence and self-esteem of these non-volunteers. How to encourage these able-bodied older persons to volunteer would be another question for policy makers to ponder upon.

For the concept of Resilience in Ageing, self-selection is the essential mechanism by which older individuals decide whether they would become participants in volunteering - they are more likely to participate if the nature and the tasks of volunteering match their lifestyle and personal interests. Older persons, while willing to give back to the community, also have a desire for the volunteering activity they choose to participate in to be meaningful to themselves. While they contribute to their community, they also want to do something that could fulfill their personal passion and enjoyment. This implies there is an increasing demand for higher flexibility in the volunteering and related programs. As society progresses, older persons might be presented with new situations or encounter changes that could possibly affect their personal interests. Organizers of volunteering programs should, therefore, try to develop a larger variety of volunteering activities so as to cater to possible changes and growing diversity in individuals' interests.

Older women are generally more likely to have family obligation, especially those with married and working adult children, which is consistent with the proved positive relationship between formal volunteering and number of adult children in household [19]. In this study, more than half of the older persons still had to devote a relatively large amount of time to their families. Those who had grandchildren, in particular, had lower volunteer participation rates.

Finally, in the traditional Chinese way of thinking, preference of helping largely depends on the strength of the attachment between help-providers and clients. Help-providers differentiate clearly between those who are close to them (the so-called "in-group") and those who are not. Based on this, such differentiation will potentially be likely to affect their willingness to help. A possible suggestion is that elderly centers could try to nurture a sense of belonging among its older members, as this may affect their willingness to volunteer.

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