THE GOODNESS OF GIVING: AN EXPLORATION OF THE EFFECTS OF HAVING
A CHARITABLE ORIENTATION ON PERCEIVED WELLNESS

by

ANN SANDERS WOODYARD

B.S., Kansas State University 1982

MBA, University of North Carolina at Chapel Hill 1987

AN ABSTRACT OF A DISSERTATION

submitted in partial fulfillment of the requirements for the degree

DOCTOR OF PHILOSOPHY

School of Family Studies and Human Services
College of Human Ecology

KANSAS STATE UNIVERSITY
Manhattan, Kansas

2010

Abstract

Is there a positive relationship between doing good and feeling well? Does demonstrating behavior that is charitable in nature lead to a greater sense of well-being? While much of the literature regarding charitable behavior is focused on the motivation for giving, relatively little is understood about the outcomes of giving behavior. Using a model developed from social exchange theory and data from the 2004 General Social Survey, structural equation modeling was employed to explore this relationship. Testing the Charitable Activity − Perceived Wellness Relationship model led to acceptance of the finding that participation in charitable activity is positively related to an individual's self-perception of well-being.

Furthermore, income, education, and having a religious orientation were found to be positively related to self-reported well-being. These effects were enhanced by participation in charitable activity.

The results of this study have potential uses for financial planning practitioners, policy makers, and others with interests in family resource management issues and well-being. The possible avenues for further study include refinement of the model, development of a conceptual framework for teaching and research in family resource management, and the integration of other theories related to charitable giving such as the Identification Theory of Care and the Aquinian concept of *caritas*.

THE GOODNESS OF GIVING: AN EXPLORATION OF THE EFFECTS OF HAVING
A CHARITABLE ORIENTATION ON PERCEIVED WELLNESS

by

ANN SANDERS WOODYARD

B.A., Kansas State University 1982

MBA, University of North Carolina at Chapel Hill 1987

A DISSERTATION

submitted in partial fulfillment of the requirements for the degree

DOCTOR OF PHILOSOPHY

School of Family Studies and Human Services
College of Human Ecology

KANSAS STATE UNIVERSITY
Manhattan, Kansas

2010

Approved by:

Major Professor
Karen Myers-Bowman

Copyright

ANN SANDERS WOODYARD

2010

Abstract

Is there a positive relationship between doing good and feeling well? Does demonstrating behavior that is charitable in nature lead to a greater sense of well-being? While much of the literature regarding charitable behavior is focused on the motivation for giving, relatively little is understood about the outcomes of giving behavior. Using a model developed from social exchange theory and data from the 2004 General Social Survey, structural equation modeling was employed to explore this relationship. Testing the Charitable Activity – Perceived Wellness Relationship model led to acceptance of the finding that participation in charitable activity is positively related to an individual's self-perception of well-being.

Furthermore, income, education, and having a religious orientation were found to be positively related to self-reported well-being. These effects were enhanced by participation in charitable activity.

The results of this study have potential uses for financial planning practitioners, policy makers, and others with interests in family resource management issues and well-being. The possible avenues for further study include refinement of the model, development of a conceptual framework for teaching and research in family resource management, and the integration of other theories related to charitable giving such as the Identification Theory of Care and the Aquinian concept of *caritas*.

Table of Contents

List of Figures

List of Tables

Acknowledgements

Dedication

To my father, who knew craft and knew profession and blended the two into a meaningful life. May his love of both and of family forever shape my work.

To my husband, the love of my life, who has been by my side throughout every step of this entire process. Baby, you're the greatest!

Preface

For Love can never
Refuse herself to anyone;
Rather she gives him what she is willing he possess,
And more than she herself promised him.
-    Hadewijch of Brabant

Let us not be weary in doing right, for in due time we shall reap, if we do not give up.
-    Galatians 6:9

CHAPTER 1 - INTRODUCTION

How selfish soever man may be supposed, there are evidently some principles in

his nature, which interest him in the fortune of others, and render their happiness

necessary to him, though he derives nothing from it except the pleasure of seeing

it (Smith, 1759/1986, p. 65).

Thus begins Adam Smith's *The Theory of Moral Sentiments*, the precursor to his

On the Wealth of Nations, the defining document of capitalism. No matter the governing

system one lives under, or the religious beliefs one espouses, or the socio-economic

conditions under which one labors, the interaction of human beings necessitates that

some have unmet needs and some have resources to meet those needs. This dissertation

proposes to create a further understanding, no matter how minute, of this interaction and

the effects upon those who share their resources with others.

In September 2007, an estimated 65% of Americans had given monetary gifts to

charity in the previous twelve months. The total amount of giving for 2007 was expected

to exceed $306 billion (Center on Philanthropy, 2007). In 2005, nonprofit organizations

employed 12.9 million Americans, accounting for 8.1% of wages paid in the United

States (Independent Sector, 2008). Also in 2005, levels of volunteering in this country

were at 30-year high participation rates for all age groups (Reingold & Nesbit, 2006). *The*

Independent Sector reported in their Survey of Giving and Volunteering (2008) that the

rate of participation in volunteering is 44%. Clearly, philanthropy and charitable

involvement are pervasive in modern American culture and worthy of study.

The benefits of being on the receiving end of generous behavior seem inherently obvious. There are nearly two million nonprofit organizations in the United States that depend upon the generosity of donors to maintain their existence (Independent Sector, 2008). There is also a substantial body of scientific evidence to support this insight on a more personal level. The social support provided by parents can affect the health of their adult children much later in life (Russek & Schwartz, 1997). It is now a widely accepted tenet in healthcare that the care and support of others is beneficial, if not necessary, in medical treatment and healing (Post, 2005).

My personal interest in the subject is based on my own experiences as a beneficiary of the philanthropy of others. As a college undergraduate, I received an academic scholarship. When my father passed away during my junior year, this scholarship was no longer merely a great résumé item that had some financial benefit; it became a necessity to completing my education in a timely basis at the institution of my choice.

In my work in the financial planning industry, I was fortunate enough to associate with clients who had been blessed with extraordinary business and financial success. These families gave very generously to causes that I found to be worthy and beneficial to individuals and communities. It was very pleasurable for me, during the course of my daily work, to experience, even vicariously, the joy of giving that my clients experienced. In contrast, I have family members who have access to resources extensive enough to be generous contributors to their communities but who choose not to do so. Family discussions about the subject have been known to rapidly deteriorate into political and

religious arguments, so the topic is no longer broached. However, the impact of these discussions has served to strengthen my interest in the area of charitable activity.

Problem Statement and Significance

Even proto-capitalist Adam Smith recognized that health and happiness were goals that transcend material progress (Rasmussen, 2006). The Hedonistic Paradox states that those who seek pleasure for themselves will not find it, yet those who seek to provide for others will find their own happiness (Konow & Earley, 2008). How can resources be managed in ways that benefit constituent members of families while remaining cognizant of the role of giving and generous behaviors? Finding an answer to this question is an ongoing quest of researchers, practitioners and policy makers who are interested in improving the lives of all people.

Overarching Research Question

The overarching research question for this dissertation can be expressed in the following manner: Is there a relationship between doing good and feeling well (i.e., exhibiting a positive perceived wellness attitude)? A secondary question involves investigating the factors that influence this relationship. This dissertation seeks answers to these questions in a series of stages that first refine the question, then frame it in ways that allow for research. Following that, a research plan is carried out to look at a data set that is representative for the United States. Finally, the results are presented and discussed.

Purpose of Study

The purpose of this study was to examine the outcome of participating in charitable behaviors. Philanthropy and charitable giving have been extensively studied from a variety of perspectives: theoretical (Becker, 1974, 1976; Easterlin, 1974; Griskevicius et al., 2007; Huang & Ray, 1986; Konow & Earley, 2008; Schervish, Herman, & Rhenisch, 1986; Smith & Bird, 2000), fundraising (Andreoni, Brown, & Rischall, 2002; Ball & Dietrich, 1998; Hodgkinson & Weitzmann, 1996; Ostrander, 2007; Schervish, 2007; Van Slyke & Brooks, 2005), and policy making (Auten, Siege, & Clotfelter, 2002; Brooks, 2000, 2007; Cummings & Garrison, 2007; Diamond, 2005; Rooney & Tempel, 2001). Relatively little research has been conducted to test the non-financial impact of participating in philanthropic activity from the donor or giver perspective (Borgonovi, 2008b; Post, 2005; Thoits & Hewitt, 2001). In this study, the relationship between participation in charitable activity, and wellness as described by self-reported measures, was investigated. Thus the focus is on the outcome, or benefit, of participating in charitable behavior, not the motivation for participating in charitable behavior.

Wellness and Well-being

Researchers working in the fields of wellness and well-being often refer to the World Health Organization definition of health, which encompasses physical, mental, social, and economic components (Antonovsky, 1990; Campbell 1981; Campbell, Converse, & Rodgers, 1976). Another definition is simply "a person's evaluation of his or her life" (Diener, Sapyta, & Suh, 1998, p. 34).

4

Studying wellness and well-being within the context of other academic disciplines such as psychology, sociology, and economics does little to crystallize a definition. Dimensions of wellness and well-being that can be, and have been, studied include, but are not limited to: social, economic, material, psychological well-being, and subjective measures.

Subjective well-being is an individual's own perception of his or her life expressed in terms of satisfaction with life at the point of measurement (Diener et al., 1998). Subjective well-being may be expressed in affective terms, cognitive terms, or both (Diener & Fujita, 1995 Ryff & Singer, 1998). In economics, subjective well-being is generally measured in terms of happiness (Easterlin, 1974; Konow & Earley, 2008). Again, it is assumed that the individual is the best resource for determining his or her own level of happiness and, therefore, subjective well-being.

Health and well-being are difficult concepts to define and measure because the context in which they are being considered can alter the very definition of the words. Health can be thought of as the absence of illness, but this is a very one-dimensional and short-sighted approach that limits exploration to epidemiology (Ryff & Singer, 1998). Philosophical explorations on the concept of health can lead to sources as diverse as Buddha, Kant, Camus, and Descartes.

The relationship between health and wealth is well established (Bernstein, 2004; Grafova, 2007; O'Neill, Sorhaindo, Xiao, & Garman, 2005; Sharpe, 2007), with causality flowing in both directions (Lyons & Yilmazer, 2005; Sharpe, 2007). Higher socio-economic status (SES) can enable access to health care, but negative health issues can lead to wealth depletion. In children, reduced access to wealth can be causally linked to

increased life-threatening health issues, while in mid-life, that direction can be reversed (Sharpe).

Wellness and well-being can be adversely affected by factors related to family resource management. Increases in consumer debt have created stress for families by influencing marital outcomes in terms of marital conflict (Grable, Britt, & Cantrell, 2007; Pittman & Lloyd, 1988). While an increase in consumer debt may lead to short-term increases in self-reported well-being due to social comparison factors, or how one views one's situation in comparison to one's peers, the long-term effects are more likely to be negative. Consumer debt must be repaid, which leads to economic pressure to pay off the debt. This leads to reduced freedom of choice and greater emotional costs (Dew, 2007). With a recent indication of steep increases in the level of consumer debt, an all-time low in consumer savings rates (Weller, 2007), and continued negative economic conditions, family resource issues could be a relevant source of family and marital stress for years to come. Developing tools and strategies for families to deal with these stressors, or to help them avoid them altogether, is an impetus for pursuing the study of wellness issues and ways to mitigate the stressors that negatively impact families. By looking at charitable activity and assessing the impact of participation in such activities on wellness, families can benefit.

<div align="center">Financial Planning</div>

In the relationship among theory, research, and practice, an understanding of the element of practice can assist the researcher and the consumer of the research in delineating boundaries and context. This dissertation subject, and the research activity it

has inspired, was based on my own experiences as a financial planner and on my subsequent decision to provide education to financial planners as a profession.

The financial planning field evolved from several financial services-related professions, which include stock brokering, life insurance sales, trust banking, and the legal profession. It was not until the 1980's that interested professionals in these fields came together in the interest of setting standards and providing a means of certifying professionals in the field (CFP Board, 2008a). The field has experienced rapid growth, at least in part, due to the increasing complexity of the decisions that families must now make regarding retirement and health care planning in a rapidly changing economic environment (Walker, 2008). Consumers are demonstrating an increased need for financial planning services with one prominent practitioner estimating that 80% of American families need the services of a financial planning professional (Lee, 2008). As the market for financial services has expanded, so has the need for financial service providers to be aware of the subjective needs of their client base (Wilhelm, Varcoe, & Huebner-Fridrich, 1993).

Providing financial planning services has increased in complexity as well. No longer can a family's financial planning needs be met with the sole purchase of a life insurance policy or the establishment of a brokerage account. Changes and potential changes in the health care environment and the range of choices available to families require skills and resources that families may not possess. As the financial planning profession continues to develop, financial planning professionals will need to take on more diverse strategies to meet their clients' needs. Understanding how a client's orientation towards charitable behavior potentially affects his or her wellness and well-

being supplements a financial planner's skill set in dealing with an area of financial planning that many financial planners find very difficult to address (Grote, 2007).

The economic crisis of 2008-2009 created a spate of well-publicized challenges and opportunities for the financial planning profession. As planners face situations that are becoming increasingly holistic in nature (Adkins, 2008; Dubofsky & Sussman, 2009a), having knowledge grounded in theory and refined in research will be beneficial to financial planners. In this manner, financial planning can be seen as a helping profession, as well as a business enterprise. It is my hope that this dissertation will be a source of knowledge that contributes value to the practice of financial planning as a helping profession.

Summary

The nature of life on this planet dictates that needs and resources to meet those needs are not easily balanced. However, it is human nature that even the most selfish of persons derives happiness from seeing others do well (Smith, 1759/1986). As families make decisions about the allocation of the resources available to them in ways that maximize the benefits to family members, the needs of those outside the family sphere may also be considered. Another possible element of the decision making process for the family is the influence of advisors, such as professional financial planners.

This research seeks to inform families, family educators, family financial planners, and policy makers about the relationship between behaving in a charitable manner, or holding a charitable orientation, and maximizing the benefit to individuals in terms of perceived wellness. The next chapter reviews the literature associated with

wellness and holding a charitable orientation. Chapter Three discusses theoretical issues and establishes social exchange theory as a basis for studying the relationship between holding a charitable orientation and perceiving wellness. The fourth chapter of this dissertation will develop the research question and the hypotheses to be tested. Chapter Five will focus on the results of the methodological tests. Finally, the last chapter of this dissertation will discuss the findings and their implications for families, for financial planners, family life educators, and for other professionals, and directions for further research.

CHAPTER 2 - LITERATURE REVIEW

Research on charitable behaviors has generally focused on the factors that motivate such activity, not the outcomes associated with participation in charitable activity. The focus of this dissertation is on one proposed outcome of charitable activity, namely, that of perceived wellness. That is, does doing good make one feel well?

In order to develop an understanding of the impact of doing good (i.e., participating in charitable giving activities) on feeling well (i.e., perceived wellness), the literature regarding wellness issues and charitable behaviors was reviewed. Observed variables and latent variable constructs that have, to this point, been identified as being important concepts, both in this study and in other academic attempts to explain the interactions between charitable orientation and perceived wellness, were also reviewed. This review of literature is discussed below.

Perceived Wellness

The dependent (outcome) variable for this study was the latent construct of Perceived Wellness. In this study, the term latent refers to a variable that cannot be directly observed but one that can be inferred through the direct measurement of other variables. Literature regarding wellness was reviewed with the goal of identifying variables that would possibly lead to finding a meaningful perceived wellness construct from readily available data.

Wellness is an elusive concept for a conclusive, specific, and empirically meaningful definition. In the many years that wellness has been studied as a social science construct, definitions have included social, physical, economic, and mental components (Antonovsky, 1990; Campbell, 1981; Campbell, Converse, & Rodgers, 1976; Dunn, 1961; World Health Organization, 2007). Wellness and well-being have frequently been used interchangeably to define similar concepts. For this reason, the literature review began by looking at definitions of wellness.

The World Health Organization defined wellness as more than simply the absence of disease (World Health Organization, 2007). Pioneering medical statistician Halbert Dunn spoke and wrote extensively on wellness, and he offered a definition describing the concept as "an integrated method of functioning which is oriented toward maximizing the potential of which the individual is capable, within the environment where he [*sic*] is functioning" (1961, pp. 4-5). In developing a counseling model for wellness, Myers, Sweeney, and Witmer (2000) defined wellness as the "optimum state of health and well-being that each individual is capable of achieving" (p. 252). Anderson (2003) identified six dimensions of health that are related to longevity. These are: emotions, thoughts and action, personal achievement and equality, environment and relationships, faith and meaning, and, finally, biology. Becker (1992) offered a list of no fewer than 15 "criterial goods" (p. 15) deemed necessary to achieve a good life, which was used as a measure of positive health by Ryff and Singer (1998). In the realm of less academic literature, Bolles and Nelson (2007), in the retirement version of the popular "What Color Is My

11

Parachute?" series, simplified to three domains of well-being, which are happiness, health, and prosperity.

Beginning with a model based on the work of psychologist Adler, Witmer, and Sweeney (1992) developed a model of wellness concerning five life tasks (i.e., spirituality, self-regulation, work, friendship, and love) influenced by seven life forces (i.e., family, religion, education, community, media, government, and business/industry). This "wheel of wellness" (p. 529) is thought to be further influenced by global events to account for the dynamic influences on wellness. Interestingly, under this model, physical health emerges as one of seven sub-tasks of the self-regulation life task.

Further research based on this model has led to a holistic framework for therapeutic treatment planning (Myers et al., 2000) and the development of a measurement instrument, the Wellness Evaluation of Lifestyle (WEL), which further refines the model. Repeated administration and evaluation of the WEL instrument using factor analysis and structural equation modeling (SEM) techniques led to a refinement of the model that shifted its focus from Adler's five (Mosak & Dreikurs, 1967) life tasks to five factors that can be described as elements of the Self (Hattie, Myers, & Sweeney, 2004). These are the creative, coping, social, essential, and physical selves.

Two particular items of interest emerge from this trail of analysis. First, activities performed in the interest of others, or charitable activities, are associated with the Adlerian work life task, including volunteer services (Witmer & Sweeney, 1992). Secondly, the initial formulation of the model classifies physical activity and nutrition as subtasks of the self-regulation life task (Sweeney & Witmer, 1991). In the quantitative evaluation used in the 2004 model re-formulation, the Physical Self has emerged as one

of the five principal factors of wellness with nutrition and exercise functioning as its lone sub-factors.

A positively oriented view of wellness was promoted by Antonovsky (1990) by contrasting the traditional pathogenic framework of medicine with the salutogenic framework supported by Antonovsky and his followers. The pathogenic framework is grounded in the identification and treatment of specific pathogens, be they germs, stressors, or other contributors to adverse health conditions. In contrast, a salutogenic approach investigates factors and precursors of good health (Becker, Dolbier, Durham, Glascoff, & Adams, 2008), exploring the capacity for health, not the presence of disease. An emergent intermediate effect of the transition from pathogenic to salutogenic analysis is the inherent need to conceptualize health from a holistic perspective, or to look at the entire person as a functioning system rather than a set of disconnected parts and issues (Antonovsky, 1990; Becker et al., 2008).

A salutogenic wellness model proposed by Adams, Bezner, and Steinhardt (1997) consists of a conically shaped form with wellness represented by six dimensions of wellness (i.e., physical, spiritual, psychological, social, emotional, and intellectual) and illness represented by a constricted point at the opposite end. An attempt to quantify the model resulted in the introduction of the Perceived Wellness Survey (PWS) instrument based on existing measurement scales corresponding to the identified dimensions of wellness. The measurement instrument proved to have high levels of internal consistency ($\alpha = .91$) and face validity when analyzed by health care professionals. However, a factor analysis of the data revealed a one-dimensional, single-factor loading result, that of

13

perceived wellness. This is consistent with Dunn's (1961) assertion that wellness is the experience of each individual participating in the environment.

Using the same wellness model, a path diagram of the psychological and spiritual dimensions of wellness was developed with data collected from college students (Adams, Bezner, Drabbs, Zambarano, & Steinhardt, 2000). Life purpose was found to be the starting point on a path leading through optimism and sense of coherence, a concept described by Antonovsky (1990, 1996) as an orientation to life that incorporates the components of comprehensibility, manageability, and meaningfulness, to a highly correlated outcome of perceived wellness as measured by the PWS. While, due to the limitations of the sample, the information gleaned from the study can only be proposed to apply to college students, the roles of psychological and spiritual dimensions of wellness are reinforced.

Due to the diversity of fields involved in the study of wellness and well-being, numerous models have been proposed for the study and discussion of wellness and well-being, leading to a certain amount of ambiguity in terminology. A summary of the categorical nomenclature included in this discussion of wellness and well-being is found in Appendix A.

Wellness studies is a rapidly changing field involving multiple disciplines; however, in the past twenty years, there has been a recognition of the value of a salutogenic perspective on health and wellness. The next section looks at happiness, an area of study that frequently overlaps not only wellness, but also the fields of economics and sociology.

Happiness

The concept of happiness as the ultimate goal of human action has been documented and discussed as far back as Aristotle (Ahuvia, 2008; Csikszentmihalyi, 1990, 1999; Frey, 2008), from whence came economic views of utility and happiness. Schervish (2008a) described happiness as "the result of making wise choices about how to close the gap between one's history and aspiration" (p.17). In economics, happiness is more generally thought of as welfare (Easterlin, 1974; Konow & Earley, 2008). For most researchers, happiness is accepted as a self-reported subjective concept. In Easterlin's (1974) words, "why not let each person set his standard and decide how closely he approaches it?" (p. 92). This linkage between the psychology of happiness and economics was truly unique at the time of its initial proposal, marking a departure from the positivist or objective view of economics into a post-positivistic, subjective perspective (Frey & Stutzer, 2002). Konow and Earley (2008) analyzed various sources of high and significant correlations between self-reported measures of happiness with one another and with numerous other measures related to happiness, and determined that self-reported observations are more reliable than certain external observations.

Pioneering researchers in the sociological investigation of well-being and quality of life found happiness to be an inadequate social indicator (Campbell et al., 1976). While acknowledging the simplicity and straightforwardness of the happiness question (Campbell, 1981), they found the term "evoke[d] chiefly an absolute emotional state" (p. 31), whereas "satisfaction" allowed individuals to make a more cognitive and comparative judgment of their situation. While happiness and satisfaction were found to be highly correlated, the shared variance between the two items was not found to be

adequate to make the terms semantically interchangeable. Still, Campbell and his associates found value in the use of a single determinant of measurement, in this case referring to well-being, whether that was happiness or satisfaction.

At the country level, happiness, or self-reported subjective well-being, is related to gross domestic product (DiTella, MacCullough, & Oswald, 2003; Namazie & Sanfey, 2002; Van Praag & Ferrer-i-Carbonnell, 2008); this effect is enhanced when one's political party is in power (DiTella & MacCulloch, 2005). Easterlin (1974) contended that looking at basic comparative utility is an invitation to oversimplification and promotes using relative income as a measure of happiness, a concept that is reinforced in Namazie and Sanfey's in-depth analysis of well-being in the transitional economy of Kyrgyzstan (2001). Namazie and Sanfey's discovery of a strong income relativity effect reinforces Easterlin's contention that how one is doing relative to one's culturally related aspirations provides the critical distinction, a concept echoed by Bernstein (2004). Arthaud-Day, Rode, Mooney, and Near (2005) offer empirical support for three domains of subjective well-being: cognitive, positive affect, and absence of negative affect. Frey and Stutzer (2002) observed that the results from income and happiness studies from advanced nations appear to apply to developing nations as well, reinforcing the concept of subjective well-being as a suitable measurement tool as it becomes clear that one's position in the relative income distribution of a community is more important than an absolute level.

Happiness can be viewed from a variety of perspectives but remains a complex concept with interconnectedness to several academic disciplines. Happiness is frequently equated to well-being; however, there are cultural components that confound this view of

happiness. The next topic examined, health, shares this high level of complexity with happiness.

Health

Human health is a complex concept and one that has been studied by academic disciplines as diverse as epidemiology, economics, history, sociology, psychology, and public health (Deaton, 2003). Ryff and Singer (1998) utilized Becker's (1992) criterial goods as a measure of positive health as it relates to a good life. Taking such a broad view of health leaves the examiner with the risk of defining all social problems in terms of medical health (Ryff & Singer). The World Health Organization (2007) defined health as not merely the absence of disease but as a combination of physical, mental, and social well-being. This is echoed by Ryff and Singer when they described health as "the presence of wellness rather than the absence of illness" (p. 23) and Deaton (2003) when discussing health as a component of well-being.

The relationship between self-reported health and physical health is strongly correlated (Idler & Benyamini, 1997; Mjelde-Mossey & Mor Barak, 1998), but it is an imperfect relationship due to factors such as confounding effects of marital status and gender, timing effects that neglect undiagnosed illness, and lifecycle effects (Sharpe, 2007). Research findings in this area tend to reflect the perspective of the researcher. For example, economists tend to look at the path from health to financial outcomes (e.g., Lyons & Yilmazer, 2005; Meer, Miller, & Rosen, 2003), whereas epidemiologists often look in the opposite direction, seeking the causes of particular health outcomes in economic conditions (e.g., Deaton, 2003).

Medical scientists have expressed an interest in the effects of philanthropic behaviors, particularly altruistic attitudes and volunteerism, on health from a psychological perspective (Hierholzer, 2004; Ironson & Powell, 2005; Post, 2005). Working with mostly older adults and using evolutionary psychology as a theoretical perspective, researchers have found relationships between longevity and volunteering. Oman, Thorenson, and McMahon (1999) looked at a group of senior community-dwelling residents of Marin County, California, and found that mortality rates were significantly reduced for active volunteers. These results, however, are restricted to an age group and geography. A broader sample utilized by Thoits and Hewitt (2001) indicated higher levels of life satisfaction and physical health for volunteers over time, as well as evidence that religious attendance has a stronger influence on happiness than other forms of social integration.

Harmony

Harmony has been used as a predictor of well-being in previous research (e.g., White, 2007). While largely absent from the literature, this variable was included in this research based on the significant finding reported by White (2007) showing a positive association between harmony and wellness as well as a relationship between harmony and happiness. White used harmony as an equal measure with happiness in determining well-being. Her study examined the effect of race, gender, economic status, and other potential stressors in conjunction with an individual's resources and perceptions in determining well-being.

Financial Satisfaction

Financial satisfaction is an individual's subjective perception of the adequacy of a person's financial resources (Hira & Mugenda, 1998). While strongly correlated with other domains of wellness and well-being (Campbell et al., 1976), financial satisfaction retains unique relationships with wellness-related stressors such as financial strain, risk management issues, locus of control, and employment issues (Porter & Garman, 1993).

Satisfaction with one's financial situation was identified as a domain of well-being in Campbell's work with American quality of life in the 1970's (Campbell et al., 1976). However, questions regarding satisfaction with one's financial situation were not necessarily structured to give an independent and meaningful assessment of the domain. Participants in the study were asked about their satisfaction with their standard of living, their level of savings and investments, and their housing. When queried about the importance of their financial situation, respondents were asked to assess the importance of having a large bank account and liking where they live. While the financial situation question (large bank account) was rated as 11th out of 12 in domain importance, it was found to rank third out of 12 domains in explaining the amount of variance in respondent's level of life satisfaction. Financial satisfaction may be more important in defining a person's wellness than is superficially obvious.

While there is no consensus on a preferred approach to measure financial satisfaction (Joo & Grable, 2004), researchers have utilized both single item and multiple item measures to achieve reliable and valid findings. Single item measures may be as simple as asking a respondent how well he or she is satisfied with his or her financial situation (e.g., Bonke & Browning, 2009; Morgan, 1992;), how comfortable he or she is

with his or her financial circumstances (e.g., Greenley, Greenberg, & Brown, 1997), or a self-anchoring laddered scale (e.g., Cantril, 1965; O'Neill et al., 2005; Porter & Garman, 1993). Another approach has been to ask questions relating to income, material goods, emergency resources, and net worth and to then calculate a summed score (e.g., Wilhelm et al., 1993) to use as a financial satisfaction measure. For example, a seven item scale was summed by Loibl and Hira (2005), tracking items that closely matched traditional family financial planning disciplines, including cash management, investment decision, credit management, meeting financial emergencies, and estate planning. Multiple item measures can consist of scales (e.g., Hira & Mugenda, 1998; Leach, Hayhoe, & Turner, 1999) or domains (e.g., Draughn, LeBoeuf, Wozniak, Lawrence, & Welch, 1994). Hayhoe and Wilhelm (1998) looked at a combination of mediator variables, objective information, and perceptual information to explain variances in perceived economic well-being, which was measured by asking a series of seven questions of the sample group.

Proposed determinants of financial satisfaction include demographic factors such as income, education, ethnicity, and age, as well as financial stressors, financial knowledge, and financial attitudes and behaviors. Financial stress, in particular, has been linked to poor job performance (Garman, Kim, Kratzer, Brunson, & Joo, 1999; Garman, Leech, & Grable, 1996; Kim, Bagwell, & Garman, 1998), which has in turn been associated directly and negatively with financial satisfaction (Loibl & Hira, 2005). Higher levels of financial knowledge and financial management practices are known to be directly related to increased levels of financial satisfaction (Joo & Grable, 2004; Loibl & Hira, 2005). Of notable interest is Joo and Grable's exploration of a path analysis of determinants of financial satisfaction. The demographic characteristic of household

income was not found to have a direct effect on financial satisfaction. Rather, financial behaviors, such as sound cash management and retirement planning practices were found to have more significant and direct effects on financial satisfaction. From a practitioner's perspective, this could lead to a positive outlook on the potential benefits of consumer education in family financial matters.

The factors related to perceived wellness represent diversity and interconnectedness. Happiness and health are both studied by a variety of academic disciplines. Harmony is a largely unexplored variable with potential for impact in wellness studies. Financial satisfaction incorporates yet another perspective into the way that individuals feel about themselves.

Charitable Orientation

Charitable orientation is a concept that describes an individual's tendency to participate in charitable activity. The literature relating to theories of charitable activity was examined as well as that relating to volunteering and spontaneous giving.

Theories of Charitable Activity

Psychobiological theories of altruism attempt to explain behaviors that result in giving, either for the sake of giving, or to demonstrate resources and the potential for domination. Costly Signaling Theory (CST) incorporates elements of biology, anthropology, and economics to explain altruistic and philanthropic behaviors (McAndrew, 2002; Smith & Bird, 2003; Zahavi, 2003). The roles of prosocial behavior (Becker, 1974; Boone, 1998; Penner, Dovidio, Piliavin & Schroeder, 2005) and gratitude (Nowak & Roch, 2007) have influenced this arena of theorization.

Economic theories of philanthropic behavior cluster around the concept of utility maximization (Huang & Ray, 1986; Kahneman & Thaler, 1991: Spiegel, 1995) in forms including after-life utility (Azzi & Ehrenberg, 1975) and warm-glow (Andreoni, 1990). Borrowing from business policy (Auten, Sieg, & Clotgelter, 2002; VanSlyke & Brooks, 2005) and psychobiology, economic theories of philanthropy look at resource allocation optimization, including tax avoidance as well as behavioral issues regarding decision making. Much research into private contributions to public goods has taken place in the context of fundraising for performing arts organizations, where the output may be economically looked at as either an improvement over government funding of programs (VanSlyke & Brooks) or as a club good (Speigel, 1995). A club good is a public good that has been rendered excludable (Buchanan, 1965). An example of this would be patronage prices for arts programs; some patrons would pay higher prices for the bundle of goods associated with attendance at an opera, such as social prestige, networking, and the tax benefits of a contribution to a nonprofit organization. In an example of Pareto efficiency, the patronage of those persons lowers the cost of the good, or admission to the opera or ballet, to the point where it is accessible to those who would not otherwise be able to afford it, such as students, those working in lower wage professions, or potential patrons with insufficient levels of disposable income.

Volunteering

As identified by Schervish and Havens (1997), confirmed in their subsequent research (Havens et al., 1998), and consistent with the Identification Theory of Care, their middle-range their exploring motivation for giving, communities of participation are

22

theoretically a major construct of the propensity to donate and volunteer. The types of communities discussed include formal organizations, such as professional associations, school clubs, sports organizations, fraternal groups, or service organizations, or informal communities such as a neighborhood effort to clean up a park or help a burdened family on the block. Communities of participation may request donations of time and/or money. The important roles of communities of participation are to make members aware of needs and to facilitate a means of response. Analysis of three data sets by Havens et al. (1998) (i.e., 1992 Study of Giving and Volunteering, 1994-1995 Harvard Health Study, and 1998 General Social Survey) confirm the role of participation in social communities as positively influencing the propensity to give to charity.

Evidence surrounding community involvement, volunteering, and wellness looks to be positive, but further examination indicates that it might be somewhat ambiguous (Dolan, Peasgood, & White, 2008). On a global basis, Haller and Hadler (2006) found that there was no connection between volunteering and happiness or life-satisfaction in an analysis of 34 countries using the World Values Survey. However, Americans tend to be different and indicate positive correlations between community participation variables and higher levels of life satisfaction and self-reported health (Helliwell & Putnam, 2004).

Studies of older adults have been conducted in the contexts of community involvement and volunteering (Musick, Herzog, & House, 1999; Oman et al., 1999; Shmotkin, Blumstein, & Modan, 2003; Van Willigen, 2000). This is in part due to the expanding amount of time facing most adults between retirement and complete incapacity or death. Volunteering and participation are seen as positive activities for older persons with moderate amounts of volunteering seeming to be the most beneficial.

23

The major struggle with studies in this area revolves around causality. Do people realize changes in subjective well-being and self-reported health because they volunteer, or do healthy people who feel that their lives are going well tend to volunteer? Van Willigen's (2000) longitudinal study looked at older Americans and found that effects were more pronounced for volunteers over the age of 60 than those under that age, and a second wave of data supported that conclusion. However, older Americans seeking to protect themselves against mortality should be careful about how much they volunteer. Musick et al. (1999) showed that mortality protection is the greatest for moderate amounts of volunteering. The benefits diminish for large amounts of volunteering and volunteering for several organizations at once.

Regardless of the marginal effects of volunteering on mortality, there does seem to be a mutually beneficial component of volunteer participation by older persons. Americans are already twice as likely to volunteer as their French or German counterparts (Thoits & Hewitt, 2001). Whether the inspiration is to protect oneself against mortality or to serve the common good, the effects of volunteering are largely perceived to be positive, and research supports this conclusion.

Spontaneous Giving

Spontaneous giving is distinguished from regular charitable giving in that spontaneous giving occurs on an ad hoc basis and does not necessarily carry with it the full range of benefits associated with charitable giving. This can take the form of giving money, food, or other items to a homeless person, purchasing items such as magazines or popcorn from a school organization, or responding to a request for funds by a Salvation

Army volunteer stationed at a local retail establishment. Such forms of giving are typically not rewarded with a receipt denoting the tax-deductibility of the gift; nor is there any assurance to the donor that the gift is used for the intended purpose. These situations may be perceived as emergencies, or they may be reactions to observed events in the environment (Amato, 1990). In this manner, spontaneous giving and helping behavior can be distinguished from planned or formal giving behavior (Pearce & Amato, 1980; Smith, 2003), thus making the distinction between behavior that is immediate and reactive and that which is based on longer-term though processes and reactions.

Religious Orientation

Religion and religiosity are related to well-being, health issues, and charitable activity in multiple, complex, and intertwining ways. It is important to make the distinction between religious preference and religiosity clear; the former has to do with the choice to ascribe to a given set of religious beliefs, and the latter "encompasses such dimensions as commitment to the religion, the strength of religious beliefs, and participation in religious activities individually or as part of a congregation" (Lehrer, 2004, p. 707).

Religious Affiliation

Religious affiliation is not as significant of a factor as is religiosity when discussing the impact of religious orientation. While some studies have found denominational differences in mortality by religious affiliation, these tend to disappear when variables such as education and income are taken into account (Koenig, 2004). Denominations such as the Church of Christ, Scientist (better known as Christian

25

Science) and Jehovah's Witnesses have health issues due to restrictions on the medical care they feel their faiths allow them to receive (Butler, Wacker, & Balmer, 2008). Their numbers are small, however, and while these make interesting studies within their own realms, they should not affect research regarding the population at large.

While some studies have found no difference between denominations in the arena of charitable giving (Brooks, 2003), others have found slight differences between Catholics and Jews with Protestants varying significantly from neither group (Havens et al., 1998, Schervish & Havens, 1997). Members of Church of Jesus Christ of Latter-day Saints, or the Mormons, stand out among denominations in their giving practices. The practice of tithing, or giving 10% of all income, is closely monitored by the church hierarchy and is necessary for full participation in church rituals (Ostling & Ostling, 2008). While other denominations frequently encourage members to tithe, the Mormon organization is the most rigorous in collecting it (Dahl & Ransom, 1999).

Religiosity

Religiosity, or religious involvement, has been demonstrated to have more impact on well-being, health, and charitable giving than denomination (Borgonovi 2008a; Borgonovi 2008b; Dolan et al., 2008; Garrison et al, 2004; Iannacone, 1998). Faith community involvement has been found to be of more significance than religious beliefs and negatively related to depressive symptoms in a study of rural low-income women (Garrison et al., 2004). While a customary interpretation of the positive relationship between religiosity and health was that the practice of most religions is to discourage the use of alcohol, drugs, and cigarettes (Dolan et. al., 2008), the concept of community

involvement and support was also considerable (Borgonovi, 2008a; Idler & Kasl, 1997). Borgonovi (2008a) went on to suggest that religious pluralism strengthens this effect and that religious diversity within a geographical area intensifies each religious community's volunteering efforts. In a similar vein, Iannacone (1998) found that diversity among religions within a population increased participation in religious charitable donations with minority denominations giving at increased levels.

Social Characteristics

A variety of social and demographic characteristics are related to both wellness and charitable activity. The following discussion highlights two of these relationships, education and income, as conceptualized for this study, due to their importance to the development of this research. Also, other social characteristics that are relevant to wellness and charitable activity and germane to further research will be discussed.

Education

Linkages between levels of education and income are well established and logically incontrovertible (Barrow & Rouse, 2006; Shmotkin et al., 2003; Van Slyke & Johnson, 2006), and within limitations, income is a significant predictor of well-being (Dolan et al., 2008). Education, along with income, occupation, and property ownership, is a key component of socioeconomic status (SES), which is very closely tied to positive health outcomes (Williams & Collins, 1995). While some studies indicate a higher level of satisfaction with each incremental level of education (Blanchflower & Oswald, 2004), others report a greater effect for those with a middle level of education (Stutzer, 2004).

However, there is general agreement that higher levels of education are associated with increased levels of happiness (Frey, 2008).

Health factors very logically connect to level of education, although some effects may be spurious for a unexplored reasons. In a study of early twentieth century compulsory schooling laws and mortality, Mazumder (2008) found numerous confounding factors and some conditions, such as hypertension and kidney disease, that were associated with higher levels of education. Obesity is known to be negatively related to education level (Nayga, 2000; Zagorsky, 2005), in a direct negative relationship. Zagorsky (2005) reported that even on a cross-cultural basis, an increase in schooling years leads to a reduction in obesity rates. Nayga's study of the relationship between health knowledge and obesity levels indicated that more education leads to lower rates of obesity and the health issues related to obesity. In a study examining the relationship between physical attributes and wage-earning ability, Mitra (2001) found that physical attributes, including weight, were significant factors. However, education was far more positively related to wage earning ability than obesity was negatively related. This effect was not as strong for women as for men.

Education may also be a factor in the availability of health related information that positively impacts health behaviors. Education is related to employment potential, and working in higher quality environments leads to a greater availability of workplace health education programs which have proven effective at improving health practices, even in small business environments (Divine, 2005). Religious affiliation appears to exert more influence on educational attainment than the other way around, with expectations for some religious affiliations being higher than others (Lehrer, 2004). With regards to

charitable orientation proclivity, education is thought to be positively associated with

both giving and volunteering (Van Slyke & Brooks, 2005; Van Slyke & Johnson, 2006).

In a study on women's propensity to volunteer, Bowen, Andersen, and Urban (2000)

found education to be the only significant predictor of volunteerism for a cancer

education program. Wilson and Musick (1998) found education to be of higher

significance than household income or wealth in predicting volunteerism among a

nationwide sample. Education was found to be significantly related to the percentage of

income contributed to charitable organizations (Schervish & Havens, 1997). Even among

low-income charitable givers, higher levels of education indicated higher levels of giving

(Savoie & Havens, 1998).

Income

The literature shows that income is limited in the amount of happiness it can

provide incrementally once poverty status has been exceeded (Diener & Biswas-Diener,

2002). According to Ahuvia (2007), income can account for only 2-5% of subjective

well-being, leaving other factors to account for at least 95% of what gives people

satisfaction. When looking at consumption, the factors that motivate individuals to

increased levels of earnings may fall outside of the realm of pursuing happiness. Income

as a means of garnering resources might be a factor as well as functioning as the means

towards achieving or displaying sexual attractiveness (Griskevicius et al., 2007) through

conspicuous displays and other means of promoting and managing social identity within

groups and relationships. One hesitates to discount the concepts of successful

programming for consumption and a tendency to value short-term rewards over long-

term compensations in the decision making process. As noted by Dolan et al. (2008), generally income is positively related to happiness, but with diminishing returns as income increases. This is a finding echoed by Diener and Biswas-Diener (2002). Some of the positive effect may be due to reciprocal causality; modeling has not yet been completed to determine if income increases well-being, or if individuals with high wellness levels tend to earn additional income.

The relationship between health and income is intuitively positive and significant and will not be belabored (Zagorsky, 2005). Income allows for access to health care (Drentea & Lavrakas, 2003) and reduces psychological stress (Deaton, 2003; Himmelstein et al., 2006; Smith, 1999). Research acknowledges that health and financial well-being may be intertwined – i.e., negative, and particularly unexpected - changes in health can also negatively impact personal finances (Ettner, 1996). Additionally, social statuses associated with higher levels of income are related to more positive health practices, such as lower rates of cigarette smoking and shorter times between the appearance of health issues and seeking treatment (Mjelde-Mossey & Mor Barak, 1998).

The literature does support a positive relationship between income and religiosity and religious affiliation, but the relationship may not be strong. While some differences in wage levels are associated with particular religious groups, and particularly for women, these are frequently explained by differences in education, fertility, intergenerational skill transfer, and aspirations that affect the wage earning potential of individuals (Lehrer, 2004). Income has been shown to be strongly related to charitable giving but far from exhaustively explaining the concept. The 1% of families with the highest incomes make nearly 14% of annual (as opposed to bequests or estate gifts)

charitable contributions (Havens, O'Herlihy, & Schervish, 2006). However, many lower income households make significant percentage contributions of income, although these may be influenced by education level and religious orientation (Mount, 1996; Savoie & Havens, 1998). Because of the relationship between retirement status and volunteering and the general understanding that retirement incomes are less than working incomes, the relationship between income and volunteering is even less clear (Hodgkinson, 1995).

Other Social Characteristics

The following social characteristics are variables that have often been used in studies of charitable giving and wellness. However, due to theoretical constrictions, these were not used in the model for this dissertation, although one model iteration was attempted using the age variable, and then rejected. It is hoped that future iterations of study would revisit these significant and interesting variables and that their inclusion would someday be considered valuable.

Wealth

Closely related to income is the concept of wealth. In terms familiar to the financial planning community, wealth is a snapshot of a family's or an individual's financial position, or their balance sheet. By contrast, income would be described as a statement of earnings for a specified period of time or the motion picture version showing inflows and outflows of lucre for a defined period of time. While the two concepts are generally closely related, they are not interchangeable; it is possible to have wealth without income, just as it is possible to generate a great deal of income and have very little wealth to show for one's efforts.

As household indebtedness has grown since the 1980s, the expected balance between income and wealth has somewhat shifted. Various factors account for this increase, including increased access to credit markets for consumers (Godwin, 1998) and escalating expectations (Csikszentmihalyi, 1999). Due to shifting patterns in consumer behavior, it is no longer assured to assume that wealth and income are as tightly coupled as they have been in the past. Also, life cycle factors may account for disparate relationships between income and wealth. A household composed of a recently retired couple with a large pool of retirement savings may not earn income in proportion to their net worth. In contrast, a highly leveraged, high consumption family with large education expenditures may not have mechanisms in place for accumulating wealth. While the household's earnings may be high, it may not have assets that reflect this (Yilmazer & DeVaney, 2005). Given the changing economic horizon, including restricted consumer access to credit markets, this will be an interesting area to watch. However, with that observation made, there is a high correlation between wealth and income when related to philanthropy (Schervish & Havens, 2002).

Age

The relationship between age and perceived well-being generally follows that of a U-shaped curve with the youngest and the oldest age groups showing the highest levels of life satisfaction (Dolan et al., 2008). Easterlin (2006) pointed out that many life circumstances, such as income, employment, and health, follow this pattern. Borgonovi (2008b) found age to be negatively related to health in a small but significant way but insignificantly negatively related to happiness when dealing with a population over the age of 18. Schervish and Havens (1997) found in their analysis of the 1992 Survey of

Giving and Volunteering in the United States, that the age of the survey respondent was

significantly positively related to the amount of money given to charitable causes as a

percentage of income. This study was replicated by Havens, Coutsoukis, and Schervish a

year later (1998) using data from the Harvard survey of Health and Life Quality

(HSHLQ) and General Social Survey (GSS), which confirmed the finding.

Gender

Gender is strongly related to many of the factors covered in this research, such as

health (Lyons & Yilmazer, 2005; Meer, Miller, & Rosen, 2003; O'Neill et al., 2005;

Zagorsky, 2005) and happiness (DiTella, MacCullough, & Oswald, 2001; Frey & Stutzer,

2002). Previous research results indicate that women generally experience higher levels

of self-reported health, possibly due to men's early mortality (Borgonovi, 2008b) and

rather ambiguous conclusions about happiness, perhaps due to fluctuations during the life

cycle (Ryff & Singer, 1998). Other conclusions found through research indicated that

women's health is more vulnerable to changes in financial conditions (O'Neill et al.,

2005) and men's poor health behaviors have a stronger effect on family financial

condition (Grafova, 2007). Men are less likely to give to charitable organizations (Van

Slyke & Brooks, 2005) and to volunteer (Thoits & Hewitt, 2001) than are women. Some

gender effects are thought to be dependent on age or life-cycle (Inglehart, 2002).

Ethnicity

Race and ethnicity are terms that encompass elements of differentiation in

American society. Race is strongly tied to health issues (Bond-Huie et al., 2003;

Borgonovi, 2008b; Williams & Collins, 1995) and those of well-being (Campbell, 1981;

Borgonovi, 2008b; Von Praag & Ferrer-i-Carbonnell, 2008). Zagorsky (2004; 2005)

looked at the combination of race and gender when studying obesity and wealth statistics, finding that body mass index (BMI) and wealth in the form of net worth are inversely related with the effect being largest for white women and smaller, but still significant, for black females and white males (Zagorsky 2005). When interaction effects are removed, there is no difference in the amount of giving or the probability of giving (Rooney, Mesch, Chin, & Steinberg, 2004), although James and Sharpe (2007) found that Black respondents with low incomes were likely to give to religious organizations.

Marital status

Marriage has been found to be positively related to subjective well-being (Brown, 2000; Dolan et al., 2008), with separation being the least desirable state from a wellness perspective, ranking behind divorced status or widowhood (Helliwell, 2003). Married persons also enjoy better health, which is most likely attributable to a higher economic status than single or cohabitating persons, but also from the intimate level of social support associated with married status (Argyle, 1999; Brown, 2000) and from the increased security associated with a lasting relationship as opposed to a series of temporary relationships (Branchflower & Oswald, 2004). Married people are more likely to donate to nonprofit organizations than their single counterparts, although the impact of volunteering for an organization as an indicator of a propensity to donate monetarily is magnified for singles (Van Slyke & Johnson, 2006).

Summary

Within this chapter, literature was reviewed for the areas relevant to the proposed study. The literature regarding health and wellness reflects changing attitudes from

pathogenic models, or those assuming that wellness is a reaction to the introduction of outside pathogens, such as germs and stressors, to more salutogenic models. These newer models reflect more holistic approaches to health and wellness, such as the body's capacity to deal with illness, and non-allopathic solutions to health problems.

The focus of much literature regarding charitable activity and orientation is on the motivation for giving and not the outcomes of the giving experience or activity. Because prior research on charitable activity has been derived from interests in fundraising, the effects of giving on the giver have not been explored. This study was conducted with the goal of identifying the outcomes of giving in order to assist those in the helping professions, particularly the financial planning profession, in understanding the positive role that charitable activity can play in the lives of constituents. The use of theory will be criticial in leading this study as it provides a valued lens for viewing the available data in the context of the outcomes of charitable giving and holding a charitable orientation.

CHAPTER 3 - THEORETICAL ISSUES

Theoretical Framework

Theory will provide the basis for examining the outcomes of charitable activity.

Due to the sparse availability of literature on the subject, it is necessary to provide a

theoretical lens for viewing the data to be collected and explaining the relationships

contained therein (Klein, 1996). Theoretical models, particularly those with interactive

properties, can be incorporated into studying family behavior. Social exchange theory is

the overarching theory used to develop a model for studying the relationship between

charitable activity and the outcome of perceived wellness for this study.

Social Exchange Theory

Social exchange theory is a formal propositional theory of human and family

behavior and dynamics. It is an abstract theory comprised of assumptions and

propositions, centered around the general principle that "humans avoid costly behavior

and seek rewarding statuses, relationships, interactions and feeling states to the end that

their profits are maximized" (Nye, 1979, p. 2).

Social exchange theory has both economic and family studies applications

(Edwards, 1969; Nye, 1978, 1979, 1980). When viewed through the lens of social

exchange theory, economic and family studies applications can be combined for study.

Social exchange deals with the costs and rewards of pursuing a particular course of

behavior, many of which apply to charitable giving. For example, social approval,

autonomy (perhaps expressed in terms of Schervish's (2006) concept of "hyperagency", or possessing the ability and personal leverage to make societal changes), money, and, to a certain extent, ambiguity, and reciprocity can all be related to charitable activity.

Concepts

The following strategic concepts are essential to understanding social exchange theory: rewards, costs, profits, comparison levels, and reciprocity. Each of these strategic concepts will be described in further detail.

Rewards

Rewards are the things, experiences, interactions, statuses, and relationships that bring pleasure or gratification to the individual. Due to the nature of the individual, rewards vary from person to person (Ingoldsby, Smith, & Miller, 2004). Anything that is perceived as beneficial is a reward (White & Klein, 2002), including experiences that bring pleasure to a person. In many ways, rewards are self perceived and somewhat intangible. In this study, two rewards were identified: religious orientation and charitable orientation. Both concepts were conceptualized for this study by latent constructs as follows:

Religious orientation

(a) Church Attendance, which was defined as frequency of attendance at religious services, and

(b) Fundamentalism, which was defined as each respondent's placement on a continuum spanning religious liberalism through moderation and fundamentalism based on denominational affiliation.

Charitable Orientation

37

(a) Volunteering activity,

(b) Giving money to charitable organizations, and

(c) Spontaneous giving, which was defined as giving food or money to a

homeless person, or other non-planned, unacknowledged form of

giving.

Rewards, as conceptualized for this dissertation, provide an individual with an

experience that brings pleasure or gratification. While not everyone will agree that

holding a strong religious belief or an orientation of voluntarily giving of one's self, time,

or resources automatically brings pleasure; this strategic concept does have empirical

support. As discussed in the review of literature, individuals living in the United States,

for whatever reason (e.g., after-life utility maximization, myopic pleasure, status seeking,

tax benefits, etc.), tend to associate with a religious cause and hold a charitable

orientation. It is assumed that one primary reason for this behavior is the pleasure these

activities provide individuals.

Costs

The contrasting concept to reward is that of cost. A cost can be something that is

undesirable to the individual, or it can be a reward that is foregone in place of a greater

reward (White & Klein, 2002). Examples of the first category of cost would be statuses

that are accompanied by negatively perceived states, such as suspicion, persecution,

uncertainty, or ambiguity (Nye, 1979). The second category would be exemplified by a

reward, such as cash, that is exchanged for a good or service or time that is invested

toward the future receipt of a reward, which can also be thought of as opportunity cost.

Cost, as a social exchange theory construct, is conceptualized by the following two exogenous variables in this research:

(a) Household Income, and

(b) Education.

In effect, these are two socioeconomic factors that serve as resources for use in meeting daily household financial needs and wants. An individual with sufficient levels of education and income, which tend to be highly correlated, has many alternatives when pursuing rewards, or what is often labeled life satisfaction or utility. Some individuals may indulge in what appears to be hedonistic displays of consumption as a means of achieving satisfaction. Others may horde their income and limit their contributions to society by restricting the use of skills acquired through education to occupational activities only. On the other hand, some individuals may use their income and education to increase their rewards and profits, as defined in this study, through religious activities and charitable giving. As such, costs in this study are most closely aligned to the concept of opportunity cost. That is, an individual has a choice in terms of resource allocation. Giving income and educational talents as a charitable activity by default ensures that other experiences will likely be foregone. Further, the expenditure of household income and educational talents on charitable activities is an exchange that is irrevocable, but one that is premised on the gain of a reward and profit—in this study, a reward and profit that is subjectively perceived. Costs in this context may also be thought of as investments; rather than reaping immediate rewards from the skills and resources at hand, the individual has chosen to invest the skills and resources to be realized either at a future time, or by a different actor.

Profit

Also known as utility (White & Klein, 2002), profit is the outcome realized by an individual in terms of rewards and costs (Ingoldsby et al., 2004). Individuals will maximize profits, or realize the most rewards at the same time as the fewest costs. "Whether one is maximizing profits or minimizing costs, the principle is the same – to obtain the most favorable outcome available" (Nye, 1979, p. 3). Profit was conceptualized in this study by the latent construct defined as perceived wellness, where perceived wellness includes the following four self-perceptions measures:

(a) Happiness,

(b) Health,

(c) Financial Satisfaction, and

(d) Harmony.

Within a social exchange theory framework it is generally assumed that individuals strive to maximize their satisfaction—profits—in order to obtain the most favorable outcome. In this study, that outcome is a high or elevated self-perception of wellness. As was discussed in the review of literature, wellness is a multidimensional construct that includes general states of pleasure/displeasure, physical health, financial health, and a sense of harmony.

Comparison levels

The standard by which an individual compares and evaluates rewards and costs is known as a comparison level. A comparison level is abbreviated "CL" and its alternative is "CL+" (White & Klein, 2002). An individual might be very satisfied with a status or relationship in his or her life until he or she is exposed to an alternative that causes him or

her to evaluate the potential costs of leaving their current situation to explore another one (Ingoldsby et al., 2004). An example would be a woman in a dating relationship. She has a CL that internalizes the quality of that relationship. By meeting someone else with whom she would consider having a relationship, she establishes a CL+. She must now determine if the costs involved in extricating herself from the first relationship justify getting to the alternate level or CL+.

Comparison level, as a social exchange theory concept, is assumed in this study to be realized as an outcome associated with an individual's participation in a religious activity and through their charitable orientation. That is, individuals compare and evaluate the profits, rewards, and costs associated with participating in a religious activity and when making charitable decisions. Those who find that the costs associated with these activities outweigh the benefits will explore alternative uses of their resources. In this dissertation, comparison levels were not directly measured.

Reciprocity

The final, and possibly most important, concept within social exchange theory is that of reciprocity. This is the social expectation that one will treat others as one would wish to be treated oneself. Reciprocity is the basis for the interchanges that enable social interaction to occur on an ongoing basis. "Others will typically not allow us to reward ourselves at their expense, so to gain rewards we must give rewards to others" (Ingoldsby et al., 2004, p. 57). Without reciprocity, social exchange would stagnate, within the family as well as outside of it. Individuals will participate in a social exchange situation only in which all parties involved in the transaction receive benefits, over time, which exceed each participant's cost inputs. For example, a social actor will call the police

41

when he sees his neighbor's home in flames or being burglarized, in the hope that someone will be perform the same service for him or her if needed in the future (Nye, 1979).

Sources of Costs and Rewards

Nye (1979) developed a list of six general sources of rewards and costs that he considered to be culture-free and applicable across all situations. These sources are:

- Autonomy – a state that is preferable to the individual over dependence.
- Ambiguity – the value of knowing what to expect in our futures, tempered by the desire to not be bored by predictability.
- Security – freedom from fear and want.
- Money – a measurable standard for obtaining goods and services.
- Value, Opinion, Agreement – the prestige, love and respect that individuals seek from those who can provide it for them.
- Equality – assuming that higher levels of interchange occur between individuals who have equivalents to offer in terms of rewards and costs.

Assumptions

Nye (1979) divided assumptions regarding social exchange into those that apply to the partial theory (pre-1972) and those that were added as the theory became generally applicable. Nye's sixteen assumptions can be collapsed and summarized as follows:

- Human beings are rational and can make choices.
- Choices entail perceiving future outcomes that affect short and long term rewards and costs.
- The individual's goal is to maximize profit/utility over time.
- Observed human behavior is a reaction to perceived rewards and costs, whether or not those perceptions are accurate.
- Social interaction requires reciprocity (see *Concepts*).

42

- Individuals are aware of the potential affects their actions have on the rewards and costs of others.

Propositions

One of the characteristics of social exchange theory is its parsimony or its ability to simply offer explanations for phenomena with little room for discussion. The following simple propositions offered by White and Klein (2002) illustrate this concept.

"Actors in a situation will choose whichever behavior maximizes profits" (p. 43). Incorporating the assumption of rational behavior, this proposition states that individuals have choices, and they make those selections that most greatly benefit them. This does not mean that the greatest reward will always be chosen; that selection may incur costs greater than the individual wants to realize.

Where costs are equal, an individual will seek the alternative with the greatest reward. Likewise, where rewards are equal, the alternative with the lowest cost will be preferred. If immediate outcomes are equal, the potential long-term reward will determine the selection made. If long-term outcomes are perceived to be equal, then that which promises the greatest short-term reward will be chosen.

Where costs and rewards are equal, individuals will prefer alternatives that offer greater social approval, greater autonomy, less ambiguity, and greater security. Under these same circumstances, individuals will choose to form family and other alliances with those with whom they are in agreement in regards to values and opinion, and with whom they perceive greater equality.

Nye (1979) considered these propositions to be free from cultural biases and substantive differences. He also considered the list to be inexhaustive and saw it as a starting place for building deductively constructed hypotheses for empirical testing.

Summary of Social Exchange Theory

The various theories in the academic universe that touch philanthropy and charitable activity are multidisciplinary and encompass such heterogeneous disciplines as economics, anthropology, biology, psychology, sociology, and neurology. Frequently, disciplines combine and overlap in attempts to explain this particular avenue of human behavior in the form of psychobiology, neuroeconomics, and the like. The breadth of academic disciplines concerned with the issue give a sense of the scope of the human complexity associated with altruism, philanthropy, charitable giving, and care for others.

The family theory that works in concert with both psychobiological theories and economic utility theories with regards to philanthropic behavior is social exchange theory. Consistent with Nye's (1979) assertion that social exchange theory can be applied to virtually every situation involving issues of relevance to the family, it will be applied here to study the relationship between holding a charitable orientation and perceiving wellness by individuals. A model will be developed that incorporates social exchange theory into the study of charitable behaviors by identifying the costs, rewards, and profits that link charitable activities and actions to self-perceptions of wellness and well-being.

Modeling Charitable Activity and Perceived Wellness

The remainder of this dissertation will discuss the development, testing, and intended uses for a model of charitable behavior and perceived wellness that is known as

44

the Charitable Activity - Perceived Wellness Relationship model, or CAPWR model. The main relationship explored is that between the latent constructs of Charitable Activity and Perceived Wellness. Other elements are Religious Orientation, which is a latent construct, and income and education as moderating exogenous variables. A formative diagram of the CAPWR model is shown in Figure 3.1. The proposed elements for each latent construct have been presented in this chapter and will be discussed again with the methodology used in the research in Chapter 4.

For the purposes of this study, reciprocity was modeled through a series of path diagrams (see Figure 3.1). Each path in the model is based on variable relationship as described by social exchange theory. The following assumptions underlie this working proposition:

(a) A positive correlation (i.e., association) between household income and education exists.

(b) As cost inputs, household income and education have a direct impact on a person's religious and charitable orientation. That is, individuals have a choice to make with their household income and educational background. They can either invest these resources into religious and charitable activities or they may chose to allocate these inputs in other ways. Within a reciprocity framework, one should expect to see a positive effect from household income and education to religious and charitable orientation.

(c) Household income and education are expected to have a positive impact on perceived wellness (i.e., the profitable outcome proxy in this study). That is,

those with more household income and higher levels of attained education should self-report higher levels of wellness as defined in this study.

(d) Religious and charitable orientations, as reward proxies, are assumed to have a direct effect on perceived wellness (i.e., the profit outcome in this study).

(e) Religious orientation is expected to have a positive direct effect on charitable orientation (i.e., those who are exhibit higher levels of religiosity will be more charitable), and thus, there will be a positive indirect effect of religious orientation on perceived wellness (i.e., the outcome variable).

(f) Household income and education will additionally have an indirect effect on perceived wellness through religious and charitable orientation. That is, individuals will gain profit by distributing their costs of involvement through religious and charitable activities.

The selection of income and education as the exogenous variables used for this research has to do with the close association of each of these factors with wellness variables, charitable activity variables, and religious orientation. These are also included due to their anticipated value to financial planning practitioners. In building a model that has practical applications, parsimony is an ongoing concern. The goal is to add to the body of knowledge used by members of a growing and developing helping profession. While subsequent studies may include information that is considered descriptive in nature for this application in exogenous form, this study focused only on these two specific exogenous variables.
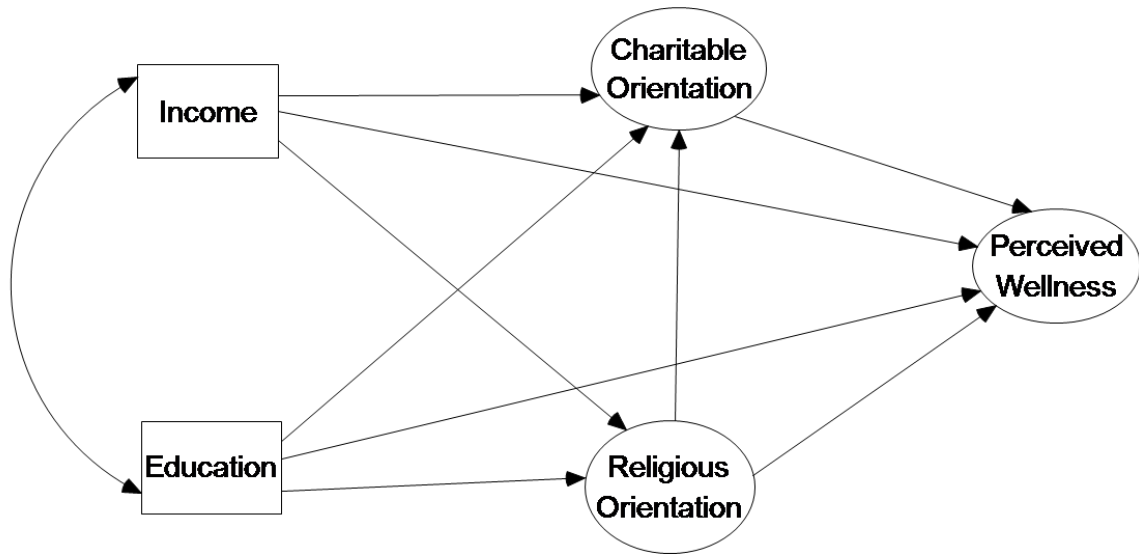
Figure 3.1 Formative diagram of Charitable Activity - Perceived Wellness

Relationship Model

Not all of the variables that may be perceived as costs that are related to charitable activity and perceived wellness are included in this study. First, this research was conducted as an exploratory study, primarily to determine the characteristics of the relationship between charitable activity and perceived wellness; the intent of the study was not to explain the mechanics of the relationship quantitatively but rather to explore the need for further research in understanding the outcomes associated with charitable activity. Secondly, the literature indicates strong relationships between and among the variables shown in Figure 3.1. Religious giving is responsible for up to 40% of all giving (Havens, O'Herlihy, & Schervish, 2006) and approximately 90% of religious people give or volunteer (Brooks, 2003). Education and income are also factors related to giving (VanSlyke & Johnson, 2006). Furthermore, modeling techniques such as Structural Equation Modeling (SEM), which are compatible with exploring theoretical perspectives, do not allow for the use of non-continuous variables. The fact that variables such as

47

gender, race/ethnicity, and marital and work status are not being incorporated into this model should not be interpreted as a dismissal or diminishing of their value in the study of charitable activity or perceived wellness. Rather, in the discussion of the results of this study, the role of these variables in further research will be carefully considered.

Summary

There are many theories about philanthropy and charitable giving which encompass multiple academic disciplines. These disciplines are not limited to social sciences, but they also incorporate natural science arenas such as biology and neurology. The business disciplines are also included through the use of economic utility theories and some concepts which overlap the field of marketing. However, for the perspective of this dissertation, family theories are relevant. The theory that was used to develop the model used for this study was social exchange theory.

In this study, perceived wellness was investigated as an outcome measure for persons participating in charitable activity. The literature surrounding a number of factors was examined for relationships with variables related to the proposed latent construct of Perceived Wellness, and the Charitable Activity – Perceived Wellness Relationship model was formulated. The model uses the latent construct of Perceived Wellness as the reward state for participation in charitable activity. Income and education are the cost inputs into the model. While these may not be obvious cost elements, they should be thought of as opportunity costs or resources that the social actor may choose to allocation in a variety of ways. Within this model, they are allocated to Perceived Wellness as well as to the reward proxies of Charitable Orientation and Religious Orientation, both of

which are inputs into the reward state of Perceived Wellness. The social exchange

theoretical concept of reciprocity is represented through the paths that link the exogenous

elements and latent concepts together in choice and exchange relationships.

CHAPTER 4 - METHODS

The purpose of this study was to examine the outcome of participating in charitable behaviors in terms of perceived wellness. In the second chapter, the literature pertaining to theoretical constructs of philanthropy, well-being, and the factors that influence charitable activity were reviewed. A model was formulated within the discussion of theory in Chapter 3 and presented in Figure 3.1. In this chapter, methods for the proposed study will be formulated and explained.

Nearly all of the literature related to philanthropy and charitable activity deals with the motivations of the prospective donor, but very few researchers have studied the outcomes for donors regarding well-being or wellness. Their tax burden may be lower, their estate liability may be lighter, and there may be a perceived "warm-glow" that is achieved, but what is the perceptible outcome to the donor? This study investigated the effects of participating in philanthropic activities, or holding a charitable orientation, in terms of the donor's *perceived wellness*, a construct developed for this research. Variables have been identified in the literature or prospected in the General Social Survey (GSS) data set for consideration as elements of this construct. The term *perceived wellness* was not found in the literature reviewed, but it will be used here as a construct that encompasses an individual's assessment of their own wellness, as measured by his or her own assessments of well-being, health, and attitudes.

Research Question and Hypotheses

One overarching research question and a secondary question were used to guide

the study. The following four hypotheses were formulated to guide the investigation of

the data:

Primary research question:

Is there a positive relationship between having a charitable orientation and feeling

well?

Secondary research question:

Are religious orientation, income, and education level related to having a

charitable orientation and feeling well?

Hypothesis 1:

H_o: There is no relationship between charitable orientation and perceived

wellness.

Ha_1: Having a charitable orientation is positively related to perceived wellness.

Hypothesis 2:

H_o: There is no relationship between religious orientation and perceived wellness.

H_{a1}: Religious orientation is directly positively related to perceived wellness.

H_{a2}: Religious orientation is indirectly positively related to perceived wellness.

Hypothesis 3:

H_o: There is no relationship between household income and perceived wellness.

H_{a1}: Household income is directly positively related to perceived wellness.

H_{a2}: Household income is indirectly positively related to perceived wellness.

Hypothesis 4:

Ho: There is no relationship between education level and perceived wellness.

H_{a1}: Education is directly positively related to perceived wellness.

H_{a2}: Education is indirectly positively related to perceived wellness.

Data Source

When evaluating possible data sources, of primary concern was the availability of data that would allow for an answer to the research questions and associated research hypotheses. Fortunately, a unique data set does exist that fits well with the purpose of this study. The data source for this study is the General Social Survey (GSS) from 2004. Because of the specific questions relating to charitable giving and volunteering asked beginning in 2002, and the Topical Module on Altruism in 2002 and 2004 versions of the survey, only the most recent applicable (2004) data will be used. The General Social Survey is administered by the National Opinion Research Center at the University of Chicago. The survey has used a nationally representative full probability sample since 1977. Since 1994, a split sample design was implemented, incorporating two similar sub-samples containing 1,500 cases. The implementation of the split sample design allows for the survey to ask more questions and cover more subjects without jeopardizing the statistical integrity of the sample. This is accomplished by maintaining a reduced core of questions asked of all respondents and sub-modules or topical modules asked of each group of respondents. The sample size requirements to maintain statistical integrity are maintained, while splitting the main sample into two groups allows for more questions to be asked (Davis & Smith, 2007).

Each GSS sample is drawn from English-speaking persons 18 and older living in non-institutional situations in the United States. While previous to 2002, all surveys were administered in paper-and-pencil format, data have since been obtained using computer-assisted personal interviewing (CAPI) techniques (Davis & Smith, 2007). In 2004, the sample frame used was updated to reflect the 2000 U.S. Census and a non-respondent sub-sampling design was utilized. This latter adaptation was implemented to reduce the overall field effort required to complete the survey. After the initial data collection phase, the cases that are deemed more difficult to complete are sub-sampled. While these cases require considerable effort to complete, the net effect is a cost savings and a more representative data set. For 2004, the total sample size was 2,812. The subsample receiving the Topical Module on Altruism was 1,340. [1]

The use of GSS data is advantageous due to the generalizability of the results obtained from the study. An alternative methodology would involve developing a metric or decision criteria involving the relationships between the relevant concepts. However, in a basic research exercise such as this, which tested theoretical concepts, a generalizable approach is more appropriate as the results can be discussed in terms of a

[1] The other data source considered for this study was the Federal Reserve Board's Survey of Consumer Finances (SCF). While the SCF contains richer financial data, such as a household's net worth, and more detailed spending information, the data set does not contain sufficient information regarding charitable habits and behaviors. For example, the only question regarding formal charitable giving asks about gifts in excess of $500 (Schervish & Havens, 1998). The questions asked by the GSS deal with frequencies of giving and other behaviors, which is more relevant to the study at hand.

broader population. If the goal of the research undertaken was to make a clinical recommendation or summative evaluation, a more specific data set would have been appropriate for the exercise (Lavee & Dollahite, 1991; Patton, 2002).

Measurement of Research Variables

The preliminary design of a model of charitable orientation effects to be tested is presented in Figure 3.1. The main relationship in the model is that between charitable orientation and perceived wellness. The relationship was based on the theoretical conceptualization presented in Chapter 3. The ovate shape of these constructs implied that other variables were involved and that these were endogenous variables that constitute these constructs. Religious orientation is a third latent construct that was hypothesized to be associated with charitable orientation and perceived wellness.

In addition, two exogenous variables that were indicated in the literature that was reviewed were presented as having relationships with the latent constructs of charitable orientation and perceived wellness. These were household income and education level. The model also indicated whether or not these exogenous variables had relationships with each other, as indicated with the curved arrows in the model. The assumption was that there were covariance relationships between these variables, and this assumption was tested in this study.

Operational Definitions

The three latent constructs shown in the Theoretical Model (Figure 3.1) are Perceived Wellness, Charitable Orientation, and Religious Orientation. Variables were identified to fit within these constructs and were analyzed in steps during the research

process. In addition, social characteristics that are of interest to practitioners were analyzed for inclusion in the model if they were significant enough to contribute to the model.

Perceived wellness

The construct of perceived wellness was developed for this research. This is a construct that captures an individual's assessment of his or her wellness as measured by subjective measures. Factors that were explored in developing this construct were happiness, health, financial satisfaction, and harmony. Each of these factors is described below.

Happiness

The use of self-assessed happiness as a measure for subjective well-being is consistent with the literature and previous research (Borgnovi, 2008b; Easterlin, 1974; Frey & Stutzer, 2002; White 2007). For example, the wording of the GSS question regarding happiness is nearly identical to that used in the Social Community Capital Benchmark Survey (Borgnovi, 2008b).

The concept of happiness is represented in this research by the subjective measure provided by GSS and represented by the variable HAPPY: "Taken all together, how would you say things are these days—would you say that you are very happy, pretty happy, or not too happy?" Possible responses are 1 = Very happy, 2 = Pretty happy, and 3 = Not too happy. This variable was reverse coded so that higher scores indicate higher levels of happiness.

Self-reported health

Because of the established usefulness of self-reported health in the literature (Idler & Benyamini, 1997; Post, 2005), the GSS variable HEALTH was used as the relevant measure. The survey population responded to the following question: "Would you say your own health, in general, is excellent, good, fair, or poor?" The four options lineated in the question formed four possible responses. These will be coded as 4 = excellent, 3 = good, 2 = fair, and 1 = poor. Higher scores indicate better health.

Financial satisfaction

Havens et al. (1998) used financial satisfaction as a predictor variable of charitable giving. The GSS requires the interviewer to ask the respondent for a self-reported measure of how the respondent and his or her family are getting along financially. The choices are 1 = Pretty well satisfied, 2 = More or less satisfied, and 3 = Not satisfied at all. For this study, responses were reverse coded to reflect the value of higher valenced responses. The variable name is SATFIN.

Harmony

Harmony has been used as a predictor of well-being in previous research (e.g., White, 2007). A happiness assessment was included in the 1998 and 2004 GSSs as part of a religion and culture module. While largely absent from the literature, this variable was included in this research based on the significant finding reported by White showing a positive association between harmony and wellness. The question that GSS interviewers ask of respondents is: "To what extent do you experience the following: 'I feel deep inner peace or harmony.'" The responses were recoded for this study due to valence relevance to 6 = Many times a day, 5 = Every day, 4 = Most days, 3 = Some

days, 2 = Once in a while, 1 = Never or almost never, and 0 for 'don't know' or non-answers.

These four self-perception measures were conceptually theorized to formulate the construct of perceived wellness, the proposed outcome variable of the CAPWR model.

Charitable activity

Rather than asking respondents about the dollar amount given to charity, or the number of hours volunteered, the GSS asked about the frequency of charitable activity for the altruism module conducted in 2002 and 2004. After answering a series of questions on empathy, respondents were asked how often in the previous 12 months they had done several things, such as giving blood. Among the activities asked about were volunteering and charitable giving.

Volunteer work

Respondents were asked how often in the past 12 months they did work for a charity. Responses were coded as 1 = More than once a week, 2 = Once a week, 3 = Once a month, 4 = At least 2 or 3 times in the past year, 5 = Once in the past year, and 6 = Not at all in the past year. The variable name is VOLCHRTY. The variable was reverse coded to reflect the value of the higher valenced responses.

Charitable giving

Respondents were asked how often in the past 12 months they gave money to a charity. Responses were coded as 1 = More than once a week, 2 = Once a week, 3 = Once a month, 4 = At least 2 or 3 times in the past year, 5 = Once in the past year, and 6 = Not at all in the past year. The variable name is GIVCHRTY. The variable was reverse coded to reflect the value of the higher valenced responses.

Giving to the homeless/Giving spontaneously

The 2004 survey asked one question in the Altruism Module that queried if respondents had given food or money to a homeless person in the previous 12 months. Responses were coded as 1 = More than once a week, 2 = Once a week, 3 = Once a month, 4 = At least 2 or 3 times in the past year, 5 = Once in the past year, and 6 = Not at all in the past year. The variable name is GVHMLSS. The variable was reverse coded to reflect the value of the higher valenced responses.

Volunteer work, charitable giving and giving spontaneously were combined within the model to represent the latent constructs of charitable orientation, a reward state within the CAPWR model.

Religious orientation

Religious orientation was assessed through two measures. The first, Fundamentalism, was based on respondents' self-assessment of their place on a continuum. Second, attendance was measured as frequency of attendance at religious services.

Fundamentalism

The GSS assigns denominations and religions into Fundamentalist, Moderate, or Liberal categories, with the variable name FUND (Smith, 1986). For exploratory purposes, the religious views question was coded as if the dichotomous variables were related on a scale or if they represented a continuum of thought. This was done with fundamentalist responses being coded as 3, moderate responses as 2, and liberal responses as 1.

58

Fundamentalism was interpreted as a measurement of intensity of belief, although it is clearly not an ideal measure due to the arbitrary quality of the measurement as it is based on the GSS assumption based on choice of denomination. However, given the exploratory nature of this study, it was included as a variable with its shortcomings duly noted.

Religious attendance

Differing from religious preference, religious attendance is seen as a measurement of commitment to a religious organization or ideology, not merely a categorization of belief. The GSS variable ATTEND was coded to correspond with frequency of religious service attendance, ranging from "Never" to "Several times a week." For this research, this variable was coded to reflect a non-cardinal continuous variable meant to indicate a relative level of commitment to religious beliefs. Specifically, Never = 0, Less than once a year = 1, About once or twice a year = 2, Several times a year = 3, About once a month = 4, 2 – 3 times a month = 5, Nearly every week = 6, Every week = 7, and Several times a week = 8.

Education

The GSS variable of education, EDUC, was measured as the number of years of formal schooling completed by the respondent. Although there is no acknowledgement of degree achievement noted by using the variable, the continuous nature of the measurement is useful. The variable was coded from 0 (no formal schooling) to 20, indicating 8 years of college or more.

Income

The 2004 GSS used a banded scale implemented for the 1998 survey with the variable name INCOME98. Income bands ranged from under $1,000 per year to $110,000 or over. INCOME98 reflects household income as opposed to the individual respondent's income. This was chosen in order to be consistent with earlier studies.

Latent variables

Three latent variables were used in this research. These were titled PERCWELL, to describe the respondent's perceived wellness; CHARORNT, to describe respondent's charitable orientation as expressed through monetary donations and volunteering; and RELORNT to describe the level of religious orientation indicated by the respondent. The use of these latent variables facilitated the structural equation modeling that was performed as part of the analysis.

Data Analysis Plan

Data from the 2004 General Social Survey were analyzed for this research. Beginning with simple univariate analysis of the variables, analyses proceeded to develop an understanding of the relationships between variables and the significance of the relationships, if any. The multivariate analysis was concluded with the development of a path model to determine if there were any relationships between variables. Structural equation modeling (SEM), a variation of path analysis, was used to test the research hypotheses. Analyses were conducted using the statistical software packages SPSS and AMOS.

The initial analysis involved descriptive statistics for all variables. This included characteristics of distribution, central tendency, and dispersion. Next, relationships between the variables were examined and analyzed for their significance. Variables that had strong relationships with the proposed outcome variables were considered for inclusion in the final model. Variable names, descriptions, and coding of measures are shown in Table 4.1. The exact wording of GSS questions as asked of respondents and the original codings are found in Appendix B.

Exploratory Factor Analysis

The next step in the process involved the technique of Exploratory Factor Analysis or EFA. This multivariate statistical technique is used to analyze many variables to determine the underlying structure of the variables addressing a particular issue (Hair, Anderson, Tatham, & Black, 1995). Using correlations, a matrix of underlying dimensions, known as factors, is determined for further interpretation. In factor analysis, it is possible to consider multiple variables simultaneously without a predetermined outcome variable to guide the analysis. The relationships between variables are considered as the entire set of variables is analyzed.

Factor analysis can be considered to be either exploratory or confirmatory. In practice, however, it has been observed that the distinction between the two can be blurred. A two-step practice is advocated with the first step involving the identification of factors and the second being their application to a model to determine the factors and, therefore, the variables' applicability to the situation being studied (Anderson & Gerbing, 1988).

Table 4.1 List of Variables

Construct	Variable	Brief Description	Variable Codings
Perceived Wellness	HAPPY	Self-reported happiness	1 = Not too happy; 2 = Pretty happy; 3 = Very happy
	HEALTH	Self-reported health	1 = Poor; 2 = Fair; 3 = Good; 4 = Excellent
	HARMONY	Inner peace or harmony	1 = Never; 2 = Once in a while; 3 = Some days; 4 = Most days; 5 = Every day; 6 = Many times a day
	SATFIN	Financial satisfaction	1 = Not satisfied at all; 2 = More or less satisfied; 3 = Pretty satisfied
Charitable Orientation	GIVCHRTY	Frequency of giving to charity	1 = Not at all in the past year; 2 = Once in the past year; 3 = At least 2 or 3 times in the past year; 4 = Once a month; 5 = Once a week; 6 = More than once a week
	VOLCHRTY	Frequency of volunteering for charity	1 = Not at all in the past year; 2 = Once in the past year; 3 = At least 2 or 3 times in the past year; 4 = Once a month; 5 = Once a week; 6 = More than once a week
	GVHMLSS	Frequency of giving to homeless persons	1 = Not at all in the past year; 2 = Once in the past year; 3 = At least 2 or 3 times in the past year; 4 = Once a month; 5 = Once a week; 6 = More than once a week
Religious Orientation	ATTEND	Frequency of attendance at religious services	0 = Never; 1 = Less than once a year; 2 = About once or twice a year; 3 = Several times a year; 4 = About once a month, 5 = 2 – 3 times a month; 6 = Nearly every week; 7 = Every weekl 8 = Several times a week
	FUND	Religious fundamentalism	1 = Liberal; 2 = Moderate; 3 = Fundamentalist
Exogenous Variables	INCOME98	Annual household income	23 bands from under $1,000 per year to over $110,000 per year
	EDUC	Years of education	0 to 20

Structural Equation Modeling

Upon completion of the first two phases of data analysis, a path analysis of the

Charitable Activity - Perceived Wellness Relationship Model (CAPWR) was conducted

to determine if relationships existed in the model and if they had predictive value. Path analysis is used to estimate the magnitude of linkages between theoretically connected variables based on correlations between those variables. Structural equation modeling (SEM) is a form of path analysis that uses latent variables in addition to measured variables, and can be seen as "the union of confirmatory factor analysis and path analysis" (Meyers, Gamst, & Guarino, 2006, p. 613). This modeling technique was used as latent variables were employed for the constructs of Religious Orientation, Perceived Wellness and Charitable Activity for purposes of model building and analysis. The model to be analyzed corresponds with the conceptual framework of the CAPWR as presented in Figure 3.1, earlier in this dissertation.

SEM was selected as the appropriate research methodology for this study additionally due to the exploratory nature of this basic research. Social exchange theory was applied to concepts of charitable activity in order to study relationships between these concepts and the outcome of perceived wellness on the participant in charitable activity. This theory-based progression of hypothesized connections among conceptually defined variables, such as charitable activity and perceived wellness, is dependent on the observed variables that have been connected to these concepts through previous research as discussed in the literature reviewed in Chapter 2. These observed variables and their interrelations are all that we possess at our disposal to uncover relationships among the latent variables (Blunch 2008). SEM, using statistical software packages such as SPSS and AMOS, allows researchers to utilize technology to calculate large amounts of data accurately and arrange that data in ways that enable the researcher to examine relationships and reach conclusions or determine the next set of questions to ask.

Additionally, SEM has been used as a statistical technique in other research involving wellness as an outcome (Adams et al., 2000; Hattie, Myers & Sweeney, 2004) and explorations of financial satisfaction (Joo & Grable, 2004). Because this study involves a large data set (potentially 1,340 cases), three latent constructs (Charitable Orientation, Perceived Wellness, and Religious Orientation) with their associated manifest variables and at least two exogenous variables (Income and Education), SEM utilizing SPSS and AMOS was selected as the analysis methodology for this study.

Summary

The overall goal of this study was to determine if there are beneficial relationships between participating in charitable activity and perceived wellness and to add to the knowledge about philanthropic activity and relationships. A model called the Charitable Activity – Perceived Wellness Relationship Model has been proposed and was analyzed using a nationally representative data set, the General Social Survey. Statistical techniques began with simple descriptive statistics and proceeded through more complex multivariate analyses, including factor analysis and structural equation modeling. Through the use of descriptive statistics and multivariate analysis, it was hoped that pathways may be discovered that can be of use to practitioners such as family life educators, financial planners, family resource management specialists, and policy makers. Table 4.2 summarizes the research hypotheses that were tested in this study.

Table 4.2 Hypotheses and Variables

Null Hypotheses	Variables of Interest
1. There is no relationship between charitable orientation and perceived wellness.	CHARORNT and PERCWELL
2. There is no relationship between religious orientation and perceived wellness.	RELORNT, CHARORNT and PERCWELL
3. There is no relationship between household income and perceived wellness.	INCOME, CHARORNT and PERCWELL
4. There is no relationship between education and perceived wellness.	EDUC, CHARORNT and PERCWELL

CHAPTER 5 - RESULTS

This chapter summarizes the results of the statistical analyses of the data

examined for this dissertation. The steps leading to the construction of a Structural

Equation Model (SEM) are described and discussed. The SEM and its elements are

described and the relationships between variable examined. The first section of this

chapter uses descriptive analysis to describe the data set and the sample population. The

second section examines relationships between the variables on a bivariate level using

correlational statistics. Section three incorporates multivariate analyses of the most highly

related variables using Exploratory Factor Analysis. The fourth section encompasses the

development of an SEM to confirm the previous factor analysis and apply the conceptual

model to observed data. Finally, the advantages and disadvantages of the model are

discussed along with plans for further analysis and modifications.

Data Preparation and Descriptive Statistics

Data from the 2004 General Social Survey (GSS) were downloaded from the GSS

website using the NESSTAR tool. A variable-list subset was created to include the

variables in this study and downloaded in SPSS format (Gershenson, 2007). Once loaded

into SPSS, filters were applied to the data to arrive at the appropriate data set for this

research. The first filter reduced the data set to contain the 2004 GSS data only, not other

years. The second filter that was executed served two purposes: it limited the data set to

include only (a) the respondents who answered the 2004 version of the Topical Module

on Altruism, and (b) those who answered question 159 regarding the HEALTH variable. Due to the sub-sampling design implemented in 1994, not all questions were asked of all respondents. In order to assure that this data set included only those respondents who answered the question leading to this key dependent variable, cases that did not answer this item were selected out of the data set.

As missing data are not acceptable for modeling using AMOS, they were handled by recoding for the appropriate variables. Where recoding was not practical, such as with "don't know" or "no answer" responses, cases with missing data were filtered from the data set using listwise deletion. In other words, those cases that contained missing variables for the relevant data points were deleted from the data set. The delimited data set contained 715 cases. Using the general rule applied by Meyers et al. (2006) of at least 50 more than 8 times the number of variables in the model, this data set was found to accommodate a model containing over 80 variables. This was not found to be an issue with the analysis; it confirmed the use of listwise deletion for handling missing data.

Descriptive Statistics

An examination of the descriptive statistics of the data confirmed that the data were appropriate for further analysis. The analysis began by summarizing and examining the demographic variables, followed by the behavioral variables.

As shown in Table 5.1, average education level for survey respondents was 13.85 years (*SD* = 2.89 years) indicating that most respondents had not only a high school level of education, but also at least one additional year of schooling. Household income was measured with 23 levels ranging from 1 (under $1,000 per year) to 23 (over $110,000)

67

per year. Respondents indicated an average income level of 16.65 ($SD = 5.10$). These income stratification levels were first used in the 1998 GSS, and were readjusted for the 2006 study. For this sample the mean household income fell between $30,000 and $34,999 with the median falling between $40,000 and $49,999. According to the U.S. Census, the median household income in 2004 was $44,389 (DeNavas-Walt, Proctor, & Lee, 2005), leading to the conclusion that the data were acceptable for this study based on this key measure of central tendency. Respondents' ages varied from 18 to 89 and over with a mean of 45.37 years ($SD = 16.81$) and median of 43 years.

Table 5.1 Descriptive Statistics of Income, Education, and Age for Sample Respondents

Variable	Mean	Standard Deviation	Median	n
Income (1 - 23)	16.61	5.10	18	715
Education (0 -20)	13.85	2.90	13	715
Age (18 - 89)	45.37	16.18	43	715

An examination of additional demographic characteristics of the sample indicated that that the majority of respondents were married, female, non-Hispanic white, and employed full-time. Table 5.2 contains a frequency distribution by category for the variables related to marital status, work status, race, and sex of the respondents. Married persons comprised 50.9% of the respondents with the remainder of the sample consisting of never married persons (22.9%), divorced persons (15.8%), and those who were widowed (6.7%) and separated (3.7%). The majority (53.8%) of the respondents were employed full-time. The categories of working part-time (12.7%) and retired (12.4%)

were nearly equal. Unemployed respondents comprised 3.6% of the sample, those in

school accounted for 3.2%, and temporarily not working were 3.2%. The remaining

categories represented in the sample were those keeping house (9.8%) and other (1.4%).

More than half of the respondents were female (52.6%). Racially, the sample broke down

into White (80.8%), Black (13.2%), Hispanic (2.4%), and other (3.9%). While these

variables were not used in model development or hypothesis testing, they do serve to

describe the data set in use. Further, these data indicate the generalizability of the data set

to a national audience.

Table 5.2 Frequency Statistics for Demographic Variables

Variable	Category	n	Percentage
Marital Status	Married	364	50.9
	Never married	164	22.9
	Divorced	113	15.8
	Widowed	48	6.7
	Separated	26	3.7
Labor Force Status	Working full time	404	56.5
	Working part time	91	12.7
	Retired	89	12.4
	Keeping house	53	7.4
	Unemployed	26	3.6
	Temporarily not working	23	3.2
	In school	19	2.7
	Other	10	1.4
Sex	Female	376	52.6
	Male	339	47.4
Race	White	578	80.8
	Black	92	12.9
	Hispanic	17	2.4
	Other	28	3.9

Religiosity

Variables related to the religiosity of the sample are presented in Table 5.3.

Religious preference was recoded to specify whether a respondent indicated a religious

preference (84.8%) or none (15.2%). Respondents were asked to describe their religious

feelings in terms of fundamentalism (28.4%), moderation (42.8%), or liberalism (28.8%).

The final measure of religiosity was gauged by respondents' frequency of attendance at

religious services. Most respondents reported attending weekly services (18.7%). Other

reported frequencies were never (15.2%), once a year (15.5%), several times a year

(10.9%), less than once a year (9.0%), two or three times per month (8.3%), more than

once a week (7.7%), nearly every week (7.7%), and once a month (7.0%). Nearly half

(49.4%) of respondents attended church services at least monthly as contrasted with

15.2% who never attended services and 35.4% who attended sporadically.

Table 5.3 Descriptive Statistics for Religiosity Variables

Variable	Category	N	Percentage
Religious Identification	Yes	606	84.8
	No	109	15.2
Religious Fundamentalism	Fundamentalist	203	28.4
	Moderate	306	42.8
	Liberal	206	28.8
Religious attendance	More than once a week	55	7.7
	Every week	134	18.7
	Nearly every week	55	7.7
	Two/three times a month	59	8.3
	Once a month	50	7.0
	Several times a year	78	10.9
	Once a year	111	15.5
	Less than once a year	64	9.0
	Never	109	15.2

Table 5.4 Descriptive Statistics of Perceived Wellness Variables

Variable	Category	n	Percentage
Happy	Very happy	238	33.3
	Pretty happy	387	54.1
	Not too happy	90	12.6
Health	Excellent	211	29.5
	Good	355	49.7
	Fair	127	17.7
	Poor	22	3.1
Harmony	Many times a day	91	12.7
	Every day	176	24.6
	Most days	200	28.0
	Some days	122	17.0
	Once in a while	77	10.8
	Never or almost never	49	6.9
Financial Satisfaction	Pretty well satisfied	215	30.1
	More or less satisfied	313	43.7
	Not satisfied at all	187	26.2

Variables that were to be considered for the perceived wellness construct were those measuring happiness, self-reported health, harmony, and financial satisfaction. The descriptive statistics for these measures are presented in Table 5.4. Most respondents reported being "pretty happy" (54.1%) with a larger number answering "very happy" (33.3%) rather than "not too happy" (12.6%). Self-reported health found 79.2% of respondents in good or excellent health, with 17.7% reporting fair health and 3.1% of respondents considering their health to be poor. When asked if they felt deep inner peace or harmony, 37.3% of respondents reported having such feelings on at least a daily basis. A higher proportion of respondents held such feelings on some or most days (45.0%),

71

while less than 18% of respondents felt deep peace or inner harmony only once in a while

or less often. Financial satisfaction was experienced by almost 70% of respondents with

30.1% reporting that they felt pretty well financially satisfied. Only 26.2% stated that

they felt not financially satisfied at all.

Table 5.5. Descriptive Statistics of Charitable Orientation Variables

Variable	Category	n	Percentage
Give Spontaneously	More than once a week	20	2.8
	Once a week	25	3.5
	Once a month	86	12.0
	At least 2 or three times in the last year	223	31.2
	Once in the past year	109	15.2
	Not at all in the past year	252	35.3
Volunteer	More than once a week	34	4.8
	Once a week	34	4.8
	Once a month	78	10.9
	At least 2 or three times in the last year	118	16.5
	Once in the past year	87	12.2
	Not at all in the past year	364	50.8
Give Money	More than once a week	26	3.6
	Once a week	70	9.8
	Once a month	137	19.2
	At least 2 or three times in the last year	233	32.6
	Once in the past year	104	14.5
	Not at all in the past year	145	20.3

The final category of variables described with statistics concerned those variables

that were related to the respondents' charitable orientation. Respondents were asked how

often they participated in various activities in the previous 12 months. Table 5.5 presents

the data in a tabular format, showing average responses and standard deviations for the

sample. Based on the scale of frequency of activity, the average respondent participated

in these behaviors at least once a year but not more than two or three times per year.

More than half of the respondents (n = 364, 50.9%) did not report engaging in any type of

volunteer activity in the previous year. However, most respondents did participate in both

formal and spontaneous types of giving (n = 570, 79.7%; n = 463, 64.8%, respectively).

Again, at the risk of redundancy, formal giving was conceptualized as giving to a

recognized charitable organization, and spontaneous giving was assumed to consist of

giving money or food to a homeless or other person without the benefit of a supporting

organization.

Correlational Analyses

Correlational analyses were conducted to examine the relationships between and

among variables further in order to garner useful information for model development,

particularly in defining the latent constructs of charitable orientation and perceived

wellness. Such analyses are very useful when a researcher is considering a sophisticated

type of analysis such as exploratory factor analysis, path analysis, or structural equation

modeling (Schumacker and Lomax, 2004). It is important to examine those variables that

exhibit strong correlations, or are thought to be critical, to the theoretical model. The

researcher benefits from proceeding from simple analysis to complex analyses and from

reducing the chance of having to repeat steps or conduct non-valuable analysis with

limited resources. First, the correlation coefficients for the components of the

prospective dependent latent construct, Perceived Wellness, were calculated using SPSS

and examined. These data are found in Table 5.6.

The variables Happy and Health were found to maintain consistent significant

relationships with the other variables that potentially fit within the construct. Harmony

and Financial Satisfaction were significantly related to each other at a lesser level ($r =$ .089, $p \leq .05$), and while significant, the relationship between Harmony and Health was relatively modest ($r = .124$, $p < .01$).

Table 5.6. Correlation Coefficients for Variables within the Perceived Wellness Construct

	Happy	Health	Harmony	Financial Satisfaction
Happy	---			
Health	.267**	---		
Harmony	.251**	.124**	---	
Financial Satisfaction	.334**	.229**	.089*	---

** $p < .01$ (2-tailed); n=715

Correlation coefficients were calculated and analyzed for the variables prospectively associated with the Charitable Orientation construct and presented in Table 5.7. The most significant relationship was that between the behaviors Volunteer and Formal Giving ($r = .444$, $p < .01$). Lesser, yet statistically significant, relationships existed between volunteering and informal giving ($r = .204$, $p < .01$) and formal and informal giving ($r = .208$, $p < .01$).

Table 5.7 Correlation Coefficients for Charitable Orientation variables

	Give Money	Volunteer	Spontaneous Giving
Give Money	---		
Volunteer	.455**	---	
Spontaneous Giving	.199**	.214**	---

**$p < .01$ (2-tailed); n = 715

The three Religious Orientation variables were significantly related. A respondent who identified with a religion was likely to be affiliated with a denomination categorized as fundamentalist in nature (r = .558, $p < .01$). They also attended church frequently (r = .434, $p < .01$). Holding fundamentalist beliefs was also strongly related to frequent attendance (r = .349, $p < .01$).

Table 5.8 Correlation Coefficients of Religion related variables, Income, and Education

	Education	Household Income	Religious Attendance	Religious Fundamentalism
Education	---			
Household income	.354**	---		
Religious Attendance	-.008	.028	---	
Religious Fundamentalism	-.230**	-.059	.349**	---

** $p < .01$ (two-tailed); n=715

Two additional variables were analyzed: respondents' level of education and household income. A simple correlation analysis confirmed that these variables were positively and significantly correlated with an *r*-value of .354, which was significant at the .01 level. There were no relationships of significance between income and any of the religion related variables. However, education was significantly and negatively related to religious fundamentalism (r = -.230, $p < .01$).

Education and income showed strong correlational relationships to the outcome variables associated with Perceived Wellness and the other important factors related to Charitable Orientation (Table 5.9). It is of some concern that Harmony, while correlating

with other variables proposed for the Perceived Wellness construct, did not highly

correlate with the proposed predicting variables. However, one of the desired outcomes

from the progressive statistical analyses undertaken for this research was to identify such

factors before proceeding to the modeling stage. Exploratory Factor Analysis is designed

to assist with this process.

Table 5.9 Summary of Correlation Analysis for Variables Considered

Variable	Happy	Healthy	Financial Satisfaction	Harmony	Formal Giving	Volunteer	Informal Giving
Education	.125**	.301**	.205**	-.010	.218**	.187**	.058
Income	.215**	.269**	.315**	-.038	-.014	.109**	.353**

**p $< .01$ (2-tailed); n = 715

* $p < .05$ (2-tailed): n = 715

Exploratory Factor Analysis

The next phase in the construction of the structural equation model for this

dissertation was to conduct an exploratory factor analysis (EFA). EFA enables a

researcher to determine the number and type of latent variables that exist within a data set

by summarizing or identifying the dimensions or themes presented by the underlying data

set. Aided by the theoretical model and previous univariate and multivariate analyses of

the data, research software such as SPSS can be used to determine which variables share

the variance-covariance attributes necessary to create meaningful latent variables to

continue the data analysis. Once the EFA is completed, the model can be refined, and the

factor analysis can be confirmed.

Prior to proceeding with EFA, the sample size for the study was revisited. The

sample of N = 715 was somewhat smaller than had been anticipated when developing the

research methodology for this study. Meyers et al., (2006) recommended at least 10

participants per variable, and not dropping below a sample size of N = 200. Using these

criteria, the sample size of N = 715 well exceeded the suggested guidelines.

EFA seeks to explore the variance and covariance relationships between particular

sets of variables with the goal of finding a model that fits the data and supports the

theoretical basis for the model (Schumacker & Lomax, 2004). The variables that were

proposed for inclusion in the EFA exercise were as follows:

(a) the expected outcome variables of Happy, Health, Harmony, and Financial

Satisfaction

    (a)   the Charitable Orientation variables of Formal Giving, Volunteer, and

            Spontaneous Giving;

    (b)   the Religious Orientation variables of Attendance and Fundamentalism;

            and,

    (c)   the demographic variables of Income and Education.

The Kaiser-Meyer-Olkin Measure of Sampling Adequacy was .704, which met

the guideline of .70 suggested for adequacy for factor analysis. Bartlett's Test of

Sphericity was significant ($p < .001$), which indicates sufficient correlation between the

variables to proceed with the analysis.

The Kaiser-Guttman criteria of eigenvalues greater than 1 was used to determine

which variables should be retained. A factor's eigenvalue is the sum of the squared

covariances of the variables in the analysis. A factor with an eigenvalue greater than 1 is

generally seen as a factor that contributes to the model. An additional guideline wass that 50% of the variance in the analysis should be accounted for in the factor analysis. The factor analysis conducted for this research yielded three factors with eigenvalues greater than 1, and these three factors accounted for 51% of the variance. The three factors corresponded with the three constructs this study was attempting to clarify.

Commonalities among the variables were moderate with values ranging from .44 to .65. The Perceived Wellness factor had an eigenvalue of 2.46 and accounted for 27.3% of the variance in the data. The Charitable Orientation factor had an eigenvalue of 1.38 and accounted for 15.4% of the variance, while the Religious Orientation factor had an eigenvalue of 1.13 and accounted for 12.5% of the variance. Thus, the three factors accounted for more than 55% of the variance in the data, exceeding the recommendation of 51% (Meyers et al., 2006).

This analysis indicated that the variables clearly were related to their hypothesized latent constructs with one exception. The variable Harmony provided a surprise by fitting into the construct of Religious Orientation with a factor score of .583. The output from the exploratory analysis was sufficient to question the variable's role in the construct of Perceived Wellness and to place it within the construct of Religious Orientation.

This finding confirmed on an exploratory basis that the data supported the three constructs. This provided sufficient confidence to move forward with the statistical analyses to confirm the three constructs and explore their relationships.

Table 5.10 Rotated Component Matrix using Varimax Rotation with Kaiser

Normalization

Variable	Factor 1 (Perceived Wellness)	Factor 2 (Charitable Orientation)	Factor 3 (Religious Orientation)
Happy	.705		
Healthy	.656		
Financial Satisfaction	.719		
Spontaneous Giving		.624	
Volunteer		.774	
Formal Giving		.691	
Attendance			.738
Fundamentalism			.780
Harmony			.583

Reliability

Internal consistency is one method of measuring the reliability of factors used to determine the latent constructs used in this research exercise. Determining a reliability coefficient is done by estimating how well the items within each factor reflect the construct being examined. Cronbach's alpha (α) is a measure of internal consistency reliability calculated by SPSS. The results of the reliability analysis for the three measures are presented in Table 5.11. The Cronbach's alphas calculated for the three constructs were not strong, as a desirable level of α for testing purposes is generally in the .70 to .80 range (Trochim, 2005). However, given the exploratory nature of this analysis,

the limitations associated with the preexisting data in terms of altering coding and the low risk of misidentification error (i.e., a low risk of misassigning individuals to groups based on standard error estimates), the factor analysis was deemed acceptable for forming latent variables.

Path Analysis and Structural Equation Modeling

The overarching research question and hypotheses that were the focus of this study involved specific relationships between variables and constructs. These associations are particularly suited to model-fitting techniques. Due to the presence of the latent constructs of Perceived Wellness and Charitable Orientation, the model-fitting technique that was used was SEM. Had the theoretical model contained only measured variables, Path Analysis could have been used. However, SEM is a specialized formulation of Path Analysis that allows for the use of latent constructs. The statistical analysis that is required to conduct SEM was performed by Analysis of Moments of Structure software, or AMOS. AMOS 17, which is packaged with SPSS 17.0, Student Version was used in this analysis.

Once the initial model was entered into AMOS using the general model in order to be able to understand direct and indirect effects (Blunch, 2007), a calculation of the parameter estimates was conducted using maximum likelihood estimation. Maximum likelihood expresses the probability of obtaining the present data using the initial model as a function of the parameters of the model. It is an iterative process. Maximum likelihood estimation assumes that the factors and error terms are multivariate normally distributed, thus allowing statistical estimation to be performed (Blunch).

Table 5.11 Reliability of Latent Construct Measures

Variable	Mean	Standard Deviation	n
Perceived Wellness			
Happy	2.21	0.65	715
Healthy	3.06	0.77	715
Financial Satisfaction	2.04	0.75	715
α = .528			
Charitable Orientation			
Give Money	2.95	1.37	715
Volunteer	2.21	1.50	715
Give Spontaneously	2.42	1.32	715
α = .554			
Religious Orientation			
Attendance	3.81	2.69	715
Fundamentalism	2.00	0.76	715
Harmony	3.91	1.40	715
α = .448			

Model Identification

Model identification in SEM is a function of the number of variables and

parameters in a model. Two conditions must be met in order for a model to be

sufficiently identified. The first is the t-rule, which states that there must be more known, or measured, pieces of information in the model than there are unknown pieces of information to determine the model. Second, all latent variables must be assigned a scale, including error terms. If a model does not meet these conditions, it is *under-identified* and a solution cannot be attained. A *just-identified* model is one in which the number of variances and co-variances in the data is equal to the number of parameters to be estimated. This is problematic, because such a model will have no degrees of freedom and cannot be scientifically tested (Blunch, 2007). The aim of a researcher working with SEM is to attain a model that is *over-identified* with positive degrees of freedom, which will allow for scientific rejection of the model (Byrne, 2001).

Model Fit Measures

Many measures of model fit are available for SEM analysis. However, for this study, and for the model specification that follows, four measures of model fit were examined and compared. These are chi-square (χ^2), the Comparative Fit Index (CFI), the Normed Fit Index (NFI), and Root Mean Square Error of Approximation (RMSEA).

Chi-square is a statistical measurement of fit between the observed data and the hypothesized population represented by the data (Huck, 2004). A significant χ^2 statistic would indicate that the model does not fit the data, and the model should be rejected. Chi-square is greatly influenced by sample size and model complexity, and for these reasons should not be used as a sole measure of model fit. However, a significant χ^2 should be an early-warning sign that a model will have specification issues. None of the analyses in this study indicated problematic χ^2 measures.

The CFI and NFI compare the proposed model with the null model, or Independence model, which is restrictive to the extent that it considers all relationships between the observed variables to be zero. The NFI was developed by Bentler and Bonnett in 1980 and rescales the chi-square to the range of 0 to 1. The CFI is a newer measure that counters some difficulties found with NFI in certain model configurations (Schumacker & Lomax, 2004). CFI and NFI are measures of relative fit, as they assess the position of the proposed model between the Saturated model, which has the maximum fit, and the Independence model, which is again the most restrictive and has the minimum fit. CFI values greater than .95 are considered a good fit (Blunch, 2007), although earlier researchers felt that a CFI in excess of .90 was sufficient (Hoyle, 1995).

RMSEA is a measure of fit that is sensitive to the number of parameters present in the model and takes into account the error of approximation in the population. Acceptable levels of RMSEA vary, but numbers between .08 and .10 are considered moderately acceptable fits, with numbers less than .06 being indicative of good fit. Lower RMSEA values are preferable, but they are sensitive to small sample sizes (Byrne, 2001).

A basic model was entered into AMOS to determine if a path model would demonstrate a relationship between having a charitable orientation and perceived wellness. This is shown in Figure 5.1. The model indicated that there is a relationship between the two latent variables as defined. The goodness of fit indices for the basic model all exceeded minimum requirements with CFI and NFI both in excess of .95, and RMSEA at a level of .039. However, while this model identified a relationship between Charitable Orientation and Perceived Wellness, it did very little to explain the

relationship between the two latent constructs. For this, the Charitable Activity –

Perceived Wellness Relationship (CAPWR) model was introduced using AMOS.
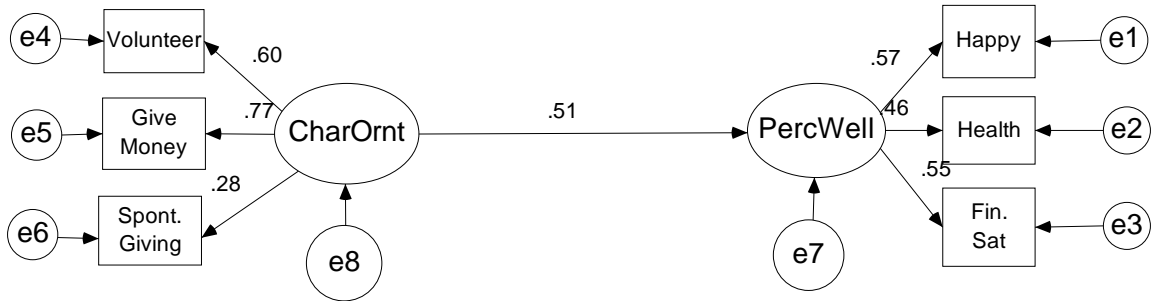
Figure 5.1 Basic Model $\chi^2 = 16.83$ ($p = .000$) $df = 8$, CFI = .980, NFI = .862, RMSEA = .039
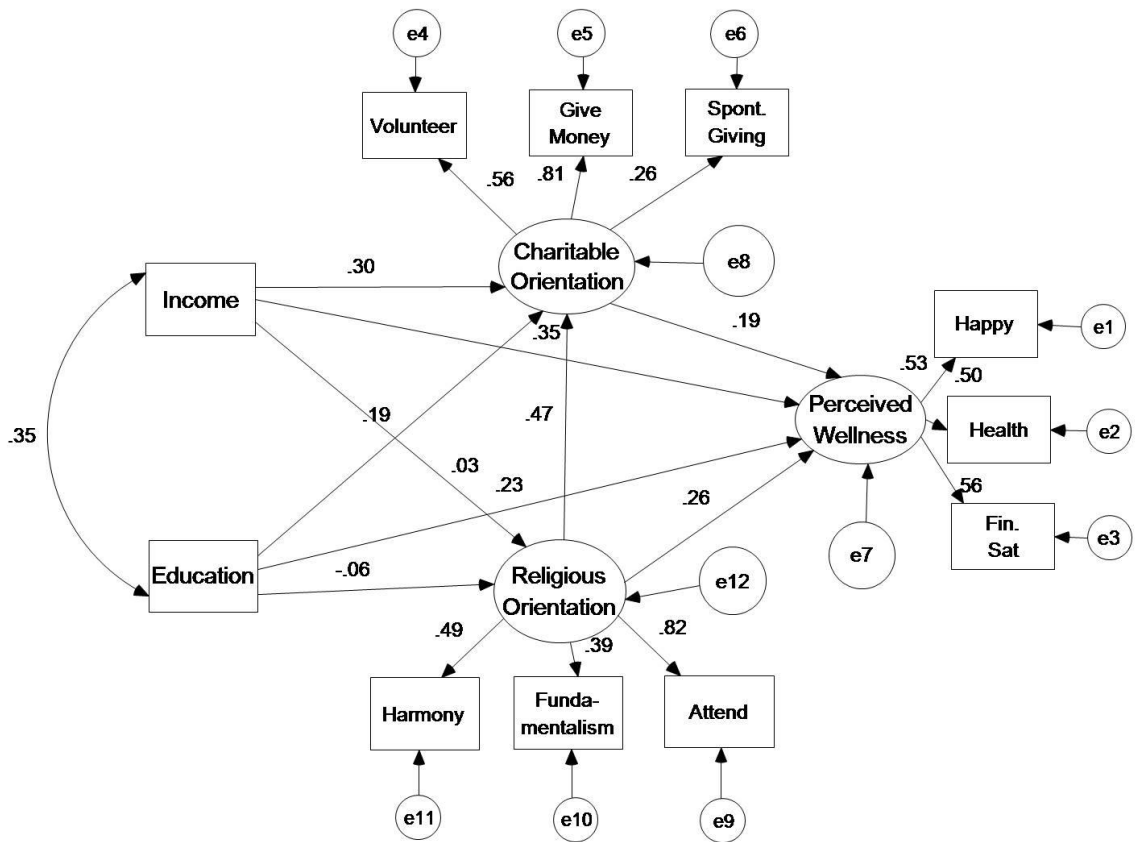
Figure 5.2 Initial CAPWR Model Specification $\chi^2 = 189.67$ ($p = .000$) $df = 36$, CFI = .868, NFI = .843, RMSEA = .077

84

The CAPWR model entered into AMOS conformed to the theoretical model

presented in Chapter 3 (Figure 3.1) with the addition of the measured variables

formulating the latent variables. This model is presented in Figure 5.2. The initial model

fell short of the desired parameters for CFI and NFI but did meet the desired thresholds

for χ^2 and RMSEA. However, due to the exploratory nature of this research, meeting two

criteria and achieving closeness to the remaining standards was viewed positively.

Two of the relationships included in the initial model, the links between the

exogenous variables Income and Education to the latent construct Religious Orientation,

were non-significant and of low value on a standardized basis, at .03 and -.06

respectively. Further examination of the regression estimates for the two paths indicated

that they were statistically insignificant ($p = .539$ and $p = .194$, respectively). A

specification search using AMOS was performed to examine all of the linkages between

exogenous and latent constructs in the model. This exercise confirmed that the two

linkages did not contribute to the model. A respecified model was run without the two

linkages, and the results are illustrated in Figure 5.3. The measurement results were only

slightly improved with no change in the NFI and CFI measures and only minimal

improvement in the RMSEA. However, since the removal of the two linkages increased

the parsimony of the model and made for a visually cleaner experience, the respecified

model became the model of choice for the exercise.

Findings associated with the SEM generated several additional questions, namely,

might there be other variables impacting the hypothesized relationships? In order to

answer this question and to ensure that the model shown in Figure 5.3 could be used to

address the research questions and hypotheses, two additional structural equation models

were developed and tested. The first model, shown in Appendix C, added respondents'

age as a factor directly influencing religious and charitable orientation and perceived

wellness. Age was known to be correlated with both household income and education.

That is, age was introduced as a third exogenous variable, and then the model was again

run against the data. (The result can be found in Appendix C).
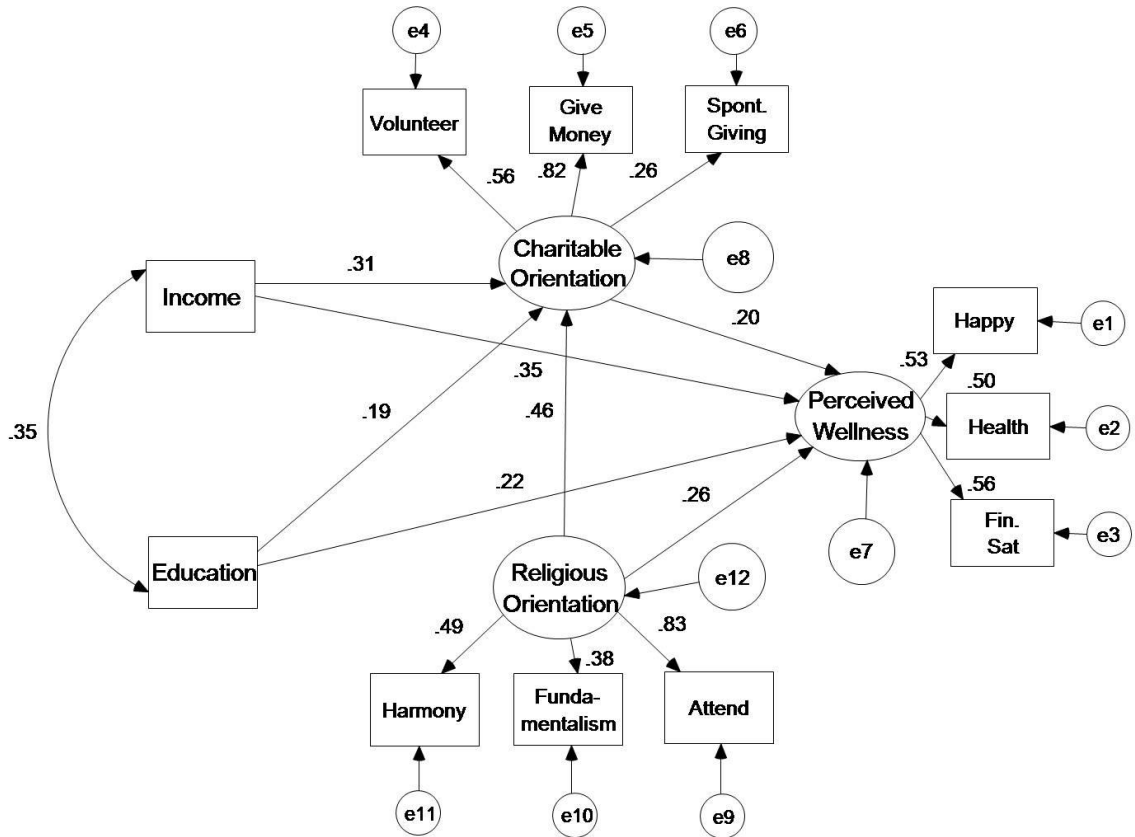
Figure 5.3 Respecified CAPWR model χ^2 = 191.33 (p = .000) df = 38, CFI = .868, NFI = .844, RMSEA = .075

The inclusion of age as a variable did not improve the goodness of fit results for

the model and indicated deterioration of the critical values of CFI, NFI, and RMSEA.

Another model respecification, which eliminated insignificant linkages, yielded minimal

improvements to the model and is not shown.

Another attempt to improve the model was made by examining the reliability statistics from the model shown in Figure 5.3 and displayed in Table 5.11. Following a suggestion by Blunch (2007), the variable with the lowest reliability measure, giving spontaneously, was removed from the model and another analysis was run. This is shown in Appendix C. Removing variables from the model leads to questions regarding the identification of the model. According to Blunch (2007), a two-indicator rule would apply for latent variables based on only two observed variables. The first three of these conditions were met: every factor has at least two variables, no manifest variable is an indicator for more than one factor, and the error terms are not correlated. The fourth, and final, condition was also met, which states that the covariance matrix for the latent variables contains no zeros.

Even though the new model (see the appendix) met these criteria and was still identified and met the standards set for goodness of fit, the question remained of the goodness of the information. Did the additional iteration make the model a better model by eliminating variables? It was difficult to arrive at a definitive conclusion. First, the variable that was removed could have been construed as spurious to the question at hand. Giving to the homeless might reflect a charitable nature or a desire to see something simply go away. This model did not improve any of the goodness-of-fit measures and did not change the magnitude of the relationship between charitable activity and overall well-being. Given the purpose of this study and the theoretical framework used (i.e., no attempt to arrive at scales or other primary measures of the constructs was attempted), the original model was retained for continuing analysis and hypothesis testing.

87

Table 5.12 Squared Multiple Correlations of Observed Variables

Latent Construct	Observed Variable	Squared Multiple Correlation
Perceived Wellness	Happy	.279
	Health	.250
	Financial Satisfaction	.309
Charitable Orientation	Give Money	.665
	Volunteer	.317
	Give Informal	.068
Religious Orientation	Attendance	.695
	Fundamentalism	.146
	Harmony	.237

Hypothesis Testing

Once the model was refined and respecified to meet reasonable standards, the research proceeded to the testing of hypotheses. Table 5.13 shows the direct, indirect, and total effects of each variable in the model on perceived wellness. Note that only the direct effect significance levels are shown for the standardized coefficients. Indirect effects include path coefficients from education through charitable orientation to perceived wellness; household income through charitable orientation to perceived wellness; and religious orientation to perceived wellness through charitable orientation. Total effects are calculated by summing direct and indirect effects.

Table 5.13 Standardized Effects on Perceived Wellness

	Perceived Wellness		
	Direct Effect	Indirect Effect	Total Effect
Income	.35	.06	.41
Education	.22	.04	.26
Religious Orientation	.26	.09	.35
Charitable Orientation	.20	--	.20

Hypothesis 1:

H$_o$: There is no relationship between charitable orientation and perceived wellness.

Ha$_1$: Having a charitable orientation is positively related to perceived wellness.

The null hypothesis was rejected. There was a positive relationship between having a charitable orientation and perceived wellness. The standardized regression coefficient between the two variables was .20 (Figure 5.3), meaning that as charitable orientation increases by one standard deviation, perceived wellness increases by .20 of a standard deviation. This concept has limited meaning without developing and validating units of measurement for the two latent constructs, but the direction is clear, namely, that there is a positive relationship between the two constructs.

Hypothesis 2:

H$_o$: There is no relationship between religious orientation and perceived wellness.

H$_{a1}$: Religious orientation is directly positively related to perceived wellness.

H$_{a2}$: Religious orientation is indirectly positively related to perceived wellness.

The null hypothesis was rejected. Having a religious orientation was related to reporting perceived wellness. The relationship between religious orientation and perceived wellness was composed of direct effect of .26 and indirect effect of .09, for a total standardized effect of .35. The indirect effect of religious orientation on perceived wellness accounted for 26% of the total effect.

Hypothesis 3:

H_o: There is no relationship between household income and perceived wellness.

H_{a1}: Household income is directly positively related to perceived wellness.

H_{a2}: Household income is indirectly positively related to perceived wellness.

The null hypothesis was rejected. Household income was related to perceived wellness with a standardized total effect of .41. The relationship between household income and perceived wellness was composed of standardized direct effects of .35 and standardized indirect effects of .06. In other words, approximately 15% of the effect of income on perceived wellness was related to having a charitable orientation.

Hypothesis 4:

Ho: There is no relationship between education level and perceived wellness.

H_{a1}: Education is directly positively related to perceived wellness.

H_{a2}: Education is indirectly positively related to perceived wellness.

The null hypothesis was rejected. Education was related to perceived wellness with a standardized total effect of .26. This was composed of standardized direct effects of .22 and standardized indirect effect of .04. This indirect effect accounted for approximately 15% of the total effect.

Theoretical Implications

A formative model, the Charitable Activity – Personal Wellness Relationship (CAPWR) model was developed for this dissertation using social exchange theory as the theoretical basis of this study. This model proposed that the opportunity costs that actors experience by expending skills or income on charitable activity create rewards that result in profits in the form of increased levels of perceived wellness. The next section of discussion will reiterate the assumptions developed for the CAPWR and the conclusions drawn from the research.

Table 5.14 Standardized Regression Weights of Variables Related to Perceived Wellness

	Perceived Wellness	
Variable	Standardized Regression Weight	Probability
Happiness	0.53	<0.001
Health	0.50	<0.001
Financial Satisfaction	0.56	<0.001

Perceived wellness as profit

Three self-assessed measures were used to determine an individual's level of perceived wellness. These were happiness, health and financial satisfaction. A fourth measure, harmony, was found to be a more appropriate fit with the construct of Religious Orientation. The model assumed that greater levels of measure for the variables associated with Perceived Wellness are desirable. Because of the significance of the

relationships between the variables and the construct, as indicated in Figure 5.3 and shown in Table 5.14, perceived wellness is a profit within the CAPWR model.

Religious and Charitable Orientation as Rewards

Rewards are states or experiences that bring gratification or pleasure to the actor. These are highly individualized measures, with some individuals deriving a high reward sense from participating in these orientations while others will find them to be neutral or even repugnant. For Religious Orientation, three variables were found to be significant contributors to the latent construct; frequency of attendance at religious services, placement on the continuum between liberalism and fundamentalism, and a sense of harmony with the universe. For Charitable Orientation, the three activities associated with the construct were giving money to charity, volunteering for charitable organizations and giving spontaneously to the homeless. For both latent constructs, the associated variables were significantly related as shown in Figure 5.3 and Table 5.15 and Table 5.16.

Table 5.15 Standardized Regression Weights of Variables Related to Religious Orientation

	Religious Orientation	
Variable	Standardized Regression Weight	Probability
Attendance	0.83	<0.001
Fundamentalism	0.38	<0.001
Harmony	0.49	<0.001

Table 5.16 Standardized Regression Weights of Variables Related to Charitable Orientation

	Charitable Orientation	
Variable	Standardized Regression Weight	Probability
Give Money	0.82	<0.001
Volunteer	0.56	<0.001
Give Spontaneously	0.26	<0.001

Household income and education as costs

The opportunity costs of using household income and skills acquired through educational attainment were the social exchange costs utilized in the CAPWR model. Actors have choices regarding the use of their resources; income can be used for consumption and skills can be devoted to personal or occupational uses. By expending these resources on charitable activities, the actor forgoes other opportunities and engages in a conscious choice to use them in a way that presumably offers rewards in excess of those opportunity costs. Because individuals chose to expend these resources on charitable activities in ways that were measurably significant and shown in Figure 5.3 and Table 5.17, income and education are costs within the CAPWR model.

Table 5.17 Standardized Regression Weights for Education and Income Relationships

	Charitable Orientation		Perceived Wellness	
Variable	Standardized Regression Weight	Probability	Standardized Regression Weight	Probability
Income	0.31	<0.001	0.35	<0.001
Education	0.19	<0.001	0.22	<0.001

The norm of reciprocity is a critically important concept of social exchange theory as identified by Nye, who stated that "[w]ithout reciprocity, social life would appear to be impossible" (p. 4, Nye, 1979). The norm of reciprocity states that exchange should have two dimensions, so that people help those who help them and do not harm those who have helped them. In the CAPRW model, reciprocity is demonstrated through a series of path diagrams signified by directional arrows within the model. The formative model was presented first in Figure 3.1 The final conceptualized model is shown in Figure 5.4.

The difference between the formative model and the conceptualized model is the absence of relationship indicators between Education and Religious Orientation and Income and Religious Orientation. The SEM model did not indicate significant relationships between these variables, so the connections were eliminated from the model. The remaining paths will be discussed below.

a) Education and household income were significantly positively correlated with a correlation coefficient of .35 (Figure 5.3).
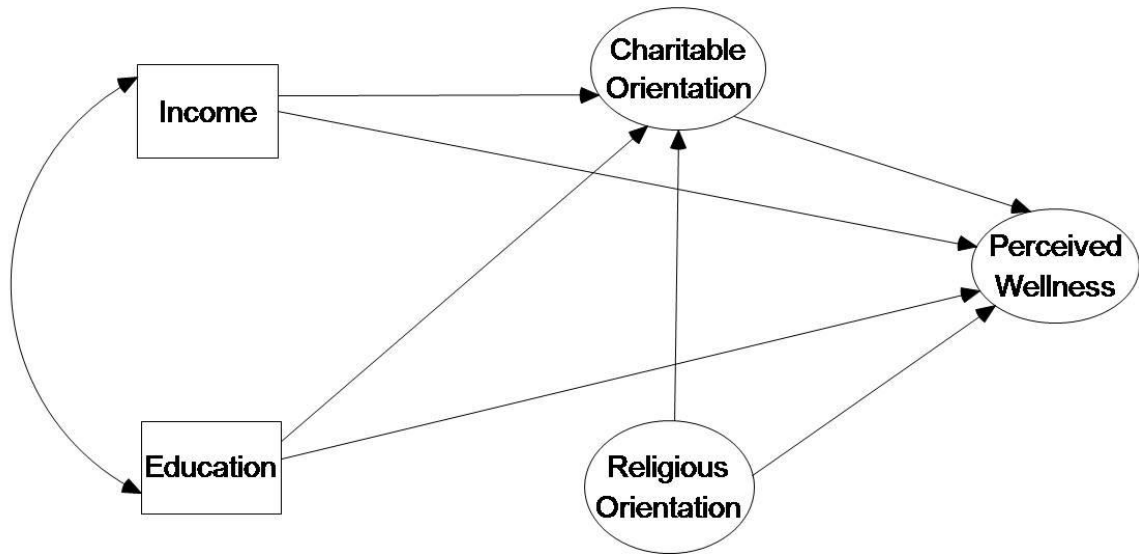
Figure 5.4 Conceptualized Charitable Activity - Perceived Wellness Relationship Model

b) Education and household income had a direct impact on an individual's charitable orientation, but not his or her religious orientation. That is, an individual's religious orientation was not dependent on his or her education or income level, but existed independently of these cost factors. However, the relationships between both income and education, and charitable orientation were positively related and significant at the 0.31 and 0.19 levels, respectively (Table 5.17).

c) Education and household income were positively and significantly related to perceived wellness. These relationships were intuitively sensible and thoroughly borne out in the literature. The model measured these relationships at standardized weights of 0.22 and 0.35, respectively (Table 5.13 and Table 5.17).

d) Religious orientation and charitable orientation, as reward proxies, had significant and positive relationships with perceived wellness, the profit outcome of the study. The model measured these standardized regression weights at 0.26 and 0.20, respectively (Figure 5.3 and Table 5.13)

e) Religious orientation had a positive and significant relationship with charitable orientation, which indicated that individuals with higher levels of religiosity are more likely to exhibit charitable orientation. Religious orientation carried a positive indirect effect of 0.09 on perceived wellness, meaning that 26% of the total effect of religious orientation on perceived wellness was indirect effect experienced through charitable orientation (Table 5.13).

f) Education and household income also had indirect effects on perceived wellness through charitable orientation. For education, the standardized regression weight of this effect was 0.04, accounting for 15% of the total effect of education on perceived wellness. For income, the indirect effect was measured at a standardized regression weight of 0.06, accounting for 15% of the total effect of income on perceived wellness. These findings are also presented in Table 5.13.

Conclusions

A SEM was formulated to create a solution to the research questions and related hypotheses. The model was modified and fitted using specification search procedures. The four research hypotheses were then tested. Hypothesis One, the central hypothesis to

the research, was rejected, and the alternate hypothesis accepted. The conclusion was reached that charitable orientation does have a positive relationship with perceived wellness. Hypotheses Two, Three, and Four were also rejected and their alternates were accepted, indicating that religious orientation, education, and income were positively related to perceived wellness, with effects for all three through the charitable orientation variable, indicating the presence of direct and indirect effects.

The model achieved its specified purpose; that is, it established a positive relationship between having a Charitable Orientation and reporting Perceived Wellness. The model, however, is limited in is applicability for several reasons. First, the latent constructs have no meaningful unit of measure and are adept at showing only relationships and relative magnitudes. It cannot be concluded from this exercise that, should one make one more monthly donation to charity while increasing their income by a given percentage, then their Perceived Wellness would increase, statistically and within parameters, by a given amount. Second, the Charitable Orientation latent construct is based on frequency of participation in the stated activities and not the magnitude of the gift or the number of volunteer hours, while the Perceived Wellness construct is based on Likert-type scales that are also difficult to shape to meaningful units of output. Compounding this phenomenon is the fact that the Likert-type scales used for the GSS for the key outcome variables of Happy, Health, and SatFin were either 3- or 4- point scales, not the more common 5- or 7- point scales generally used for summative response scales (Meyers et al., 2006).

Finally, the statistical modeling techniques applied to the data assume that the data surrounding each and every variable are normally distributed. The use of non-normal

data is not uncommon to research using multivariate statistical methodologies, and after reviewing the literature, it is not unreasonable to say that non-normal data is the norm (Breckler, 1990; Byrne, 2001; Micceri, 1989). The use of ordinally scaled data, such as is utilized by nearly all of the variables in this analysis, is another cause for concern about normality (Schumacker & Lomax, 2004).

Ideally, further development of the model would involve data specifically gathered for the purposes of creating a model that can show not only relationships and relative magnitudes, but meaningful units of measurement. Using absolute levels of income rather than relative stratification levels is a good example. Also, asking clearer questions that are specifically directed to the meanings desired by the model would aid in development and validation. For example, rather than asking, "In the past 12 months, have you given food or money to a homeless person?," a more direct question might give a clearer picture of a respondent's informal giving practices. For example, "How many times in the past 12 months have you given food, money, or material such as clothing to a needy person outside of the auspices of a formal charitable organization?" is a more direct way of asking about a respondents spontaneous or informal giving practices. Another example of the possible benefits of using primary data would be the ability to gather data about a respondent's net worth to supplement the data available about income. The cost efficiencies and time conveniences of using secondary data also inhibit the usefulness of the analysis using said data.

However, even accounting for these potential weaknesses, the findings of this study are beneficial for the academic and professional environments. The final chapter of

98

this dissertation reviews possible applications for the analysis conducted and directions

for further research and practice implications.

CHAPTER 6 - DISCUSSION

Review of Purpose, Objectives, and Hypotheses

As stated in the introductory chapter of this dissertation, the purpose of this research was to examine the outcome of participating in charitable behavior. Using data from the General Social Survey of 2004 and the statistical technique of Structural Equation Modeling (SEM), a model was developed that indicated that there was a positive relationship between doing good (i.e., having a Charitable Orientation) and feeling well (i.e., reporting Perceived Wellness). This led to the rejection of the first null hypothesis. Support was found to conclude that holding a Religious Orientation was positively related to the constructs of Charitable Orientation and Perceived Wellness. Additionally, the model supported the alternate hypotheses that income and level of education were positively related to Perceived Wellness.

Charitable Activity and Perceived Wellness

In the simplest SEM model developed for this study, participation in charitable activity had a direct and positive relationship with perceived wellness (Figure 5.1). Respondents who gave money to charity, volunteered for charitable organizations, and gave to the homeless with greater frequency reported higher levels of perceived wellness as measured by self-reported happiness, health, and financial satisfaction. Even when religious orientation, income, and education were taken into account, the relationship

between charitable activity and perceived wellness persisted at the 20% level, meaning that charitable activity still had a substantial effect on perceived wellness.

Limitations of the Study

This research was conducted using secondary analyses of General Social Survey (GSS) data. This was limiting in that the variables supplied by the data set were not necessarily the ideal ones for answering the overarching research question. Nor were the questions asked to obtain the data necessarily framed and asked to conform to the exact information desired to conduct the study. For example, the question used to ascertain a respondent's tendency to give charitably on a spontaneous or informal basis directly assessed the frequency of giving to the homeless. A better instrument can and should be developed for measuring the extent to which an individual demonstrates charitable behavior. There is also the question of measuring frequency versus the amount of resources. The GSS data used for this analysis asked only about the frequency of charitable activities, not the amount or duration. Using data that measures the amount of money given to charity or to the homeless, or the number of hours volunteered, would be preferable.

The conceptual model is potentially limited in its ability to be applied to other data due to its marginal achievement in goodness-of-fit measures. Looking at the Comparative Fit Index (CFI). The model achieves a measurement of .868, which is considered to be adequate, but marginal (Meyers et al., 2006). Like the CFI, the Normed Fit Index (NFI) establishes a goal of .90 to be reached by a model, with a level of .95 preferred (Byrne, 2001). The model used in this research once again falls somewhat short, only reaching a level of .843. A third measure, the Root Mean Square Error of

Approximation (RMSEA), sets a level of .08 to achieve adequacy, which this model delivered at a measurement of .075. With fit measures that achieve adequacy but not satisfaction, the model is limited in terms of its generalizability. This limitation may be addressed in the same manner as other model limitations, namely by framing the survey questions in a manner which more accurately reflects the information sought and by striving for truly normalized sample representativeness.

The ideal data set for testing the CAPWR model would continue to share much commonality with the General Social Survey in that it would be nationally representative and carry with it the potential for longitudinal study. The nature of the questions would be altered, however. Rather than asking about frequency of charitable activity, the ideal data set would contain information relating to the number of hours volunteered and the amount of money given to charity in the form of cash and in the monetary value of other contributions. While this information regarding monetary value is available in the Survey of Consumer Finances, only information regarding gifts greater than $500 is accounted for, rendering it non-utile for the purposes of this survey.

A distinction should be made between traditional charitable giving and spontaneous acts of giving. In order to be operationalized properly, a clearer definition of the practice of spontaneous giving and methods for measuring the phenomenon need to be developed. A study of spontaneous giving might be more appropriately designed as a qualitative study, rather than pursued in traditional quantitative terms. If a researcher were to look at traditional giving in terms of things that one would consider deductible for income tax purposes, and spontaneous giving as those that are not, he or she would have a starting point for exploring the phenomenon of spontaneous giving.

Significance of Study

The goal of this research was to increase the body of knowledge on philanthropy and the effect of participation on donors and givers. The hope was to establish that the practice of philanthropy in the forms of charitable giving and volunteering is positively related to an individual's perceived wellness. It is anticipated that this knowledge will have value to practitioners of several disciplines.

Financial Planners

Financial planners are concerned with the resources of families. While focusing on the financial resources of families, financial planning may be defined as "the process…of formulating, implementing, and monitoring multifunctional decisions that enable an individual or family to achieve financial goals" (Dalton & Dalton, 2000, p. 4). The allocation of a family's resources is included in this activity. Cash management, income tax planning, and estate planning are all key areas for financial planning professionals, and all may relate to charitable activity.

Current challenges for the profession

Financial planners find themselves faced with a new set of challenges that are sourced from two directions. First, financial planners are finding that more families are in search of their services. This is due to a combination of factors, but all point to the increasing complexity of resource decisions that families routinely make. Retirement planning is one of these areas. Since 1978, there was a massive transition from employer-provided defined benefit pension plans to employer-sponsored defined contribution pension plans (Papke, 1998). This has shifted decision-making and risk-taking

responsibility from the employer to the employee. As more working Americans approach retirement, they are seeking outside assistance to manage their retirement resources, a situation that is likely to be exacerbated by the economic uncertainty in the environment since the financial crisis of 2008. Health-care, while largely unresolved as of this time (November 2009), remains an area of uncertainty for familiesand another one that drives individuals and families to seek professional advice on resource management (Everett & Anthony, 2005; Walker, 2009).

The other factor creating change today for financial planners is the expanding non-financial counseling and coaching role being experienced by many planners in today's environment. A survey of financial planning professionals revealed that over 89% of financial planners have engaged in non-financial coaching or counseling during the course of their financial planning careers (Dubofsky & Sussman, 2009a). Physical health was the second most frequently mentioned item by clients (following life goals), with planners who participate in non-financial planning and coaching reporting that more than 50% of their clients mention the subject (Dubofsky & Sussman, 2009a). The same survey noted that 40% of the respondents have no training in non-financial coaching or counseling (Dubofsky & Sussman, 2009b). As financial planners realize that their continued effectiveness is based on developing the types of holistic skills that families require to achieve financial satisfaction and to incorporate wellness practices, the results of this study indicate to planners the value of incorporating the costs and rewards of participating in charitable activity into their financial planning practices with the goal of increasing their client's levels of perceived wellness.

Charitable activity and financial planning

Professional literature indicates that many financial planners find it difficult to broach the subjects of philanthropy and charitable activity with their clients (Grote, 2007) with some planners even questioning the ethics of asking clients about charitable giving. The argument can be made that not discussing charitable activity with clients is unethical; charitable giving has implications that span the topic areas mentioned in previously in this dissertation. In order to comply with CFP Board of Standards, Inc., Practice Standard 200-2, a planner should gather information from the client in the interest of completeness. Not to do so may compromise the planner's ability to provide guidance in directing a family's simplest charitable interests. For example, it is common for families to contribute to churches, schools, and public radio or television routinely. A very simple financial planning technique is to use appreciated capital assets to make these contributions and realize a tax savings. By neglecting to approach the topic of charitable giving, a financial planner may be breaching his or her professional responsibility. Merely opening the discussion with the client or client's family may lead to building the planner's credibility and further opportunities to leverage family resources through philanthropy. Understanding the impacts of participation in charitable activity can add value to the financial planner's practice by contributing to the relationship between the planner and the client or family (James, 2007). In planning situations where charitable giving and legacy planning have not been approached with the client family, doing so not only opens up an avenue of service and revenue for the planner, but also has the potential to impart savings in the form of reduced income or estate taxes to the client family and to increase the non-tangible value of the planner by potentially adding to the client family's

overall perceived wellness. This study served to demonstrate to financial planners that an investment in charitable activity of income or skills acquired via education can lead to improved levels of perceived wellness that are beneficial to clients.

Policy Makers

"Libertarian Paternalism" is a phrase coined by Thaler and Sunstein (2008) in their work *Nudge: Improving decisions about health, wealth and happiness*. The concept applies to a process called choice architecture. By understanding biases common to a culture, such as loss aversion and overconfidence, public institutions can design systems that "nudge" consumers to the choice that is most likely to be in their best interest. Choice architects emphatically do not dictate what a consumer selects; they merely point to the alternative that is most likely to benefit the end-user.

A financial planning example of choice architecture in policy making is found in the Pension Protection Act of 2006 which removes all impediments to automatic enrollment in employer sponsored retirement plans, or 401(k) plans. Previously, employees generally had to "opt-in" to a retirement plan and frequently chose not to do so. By allowing employers to design "opt-out" plans, the default option is for employees to participate in such plans, potentially doubling the amount of enrollment in such programs (Madrian & Shea, 2001). Accepting the argument that increasing workers' retirement savings is a positive development indicates that choice architecture was constructively applied. Provisions of the Pension Protection Act of 2006 had favorable consequences for philanthropy (Cummings & Garrison, 2007; Walker & LaGarde, 2006),

ranging from Hurricane Katrina relief to penalty-free IRA distributions for those over age 70 ½ and excise relief for blood collection organizations.

One can construe that the Internal Revenue Service tax deduction for charitable contributions is an example of choice architecture that encourages philanthropy. In fact, by making charitable contributions voluntarily directed toward one's own personal interests, it can be said that a donor avoids the involuntary contribution of income taxes to the government, which are clearly not directed by the individual taxpayer. Estate taxes are another vehicle to influence philanthropy, although there is much discussion as to what that effect might be (Rooney & Tempel, 2001). The discussion is complicated by the complexities of human behavior and subjective influences on philanthropic instincts. In any case, the opportunity for additional research exists.

Should policy makers use the concept of libertarian paternalism to influence policy? Passive choice architecture is an alternative. Just as the adage "deciding not to decide is making a decision," electing conscientiously to employ choice architecture is the same as actively laying out an array of choices for consumers. The private sector uses choice architecture all the time; the statistics for placing sale items at the ends of aisles in grocery stores are well known. If the public sector were to adapt these same concepts paternalistically while retaining the liberty of a full array of choices, the opportunity for enhanced governance might be realized. If charitable behavior is shown to be beneficial to individuals on a variety of levels, policy makers have the obligation to incorporate the opportunity to exhibit such behaviors during the course of legislative action and policy development constructively. Given the role that financial satisfaction plays in perceived wellness and overall well-being (Campbell et al., 1976; O'Neill et al., 2005), and recently

compiled evidence that literacy education is neither effective from a behavior modification or cost perspective (Willis, 2008), policy makers are further incentivized to use choice architecture to further the wellness benefits for their constituents.

In the United States, charitable giving has been institutionalized by the Internal Revenue Service by making contributions to most charitable organizations tax-deductible. However, time spent volunteering for charitable causes carries no tax advantage. Automobile mileage to participate in charitable volunteering is tax-deductible at a rate that is considerably less than rates allowed for business mileage, but this in itself would not appear to be an incentive for volunteering. Establishing an hourly rate at which one could recoup the costs of one's time for volunteer activity might serve as an incentive to volunteer. With populations, such as retired persons who are particularly sensitive to taxation issues, who have both time and skills to share, this tax incentive would also carry the added benefit of improving wellness. There are limits to the benefits that are realized by volunteering, especially by the elderly (Musick et al., 1999), and the system would be subject to the same abuses as other tax-deductible charitable giving opportunities, but this is an example of utilizing choice architecture to provide both direct and indirect benefits to multiple parties.

What are the implications of the concept of choice architecture as it might relate to this study? If the premise that participation in charitable activity is beneficial for individuals is accepted, it would follow that means of enabling that participation would carry benefits that extend beyond the individual. For example, one of the elements of the perceived wellness construct is financial satisfaction. If an employer is accepting of the premise that financially satisfied employees are more productive employees, are there

ways in which employers can and should enable participation in charitable activities? Many companies offer matching contributions to certain charitable organizations to which their employees also contribute. Is this an effective means of increasing employee productivity? Do programs such as these, in addition to demonstrating positive corporate citizenship, increase employee morale and productivity? Recent legislation has made it possible for companies to require employees to opt out of defined contribution pension plans. Is there a justification to require employees to opt out of making charitable contributions? There are many parallels between the defined contribution issue and that of making charitable contributions. Based on the results of this study, further exploration into this issue is warranted.

Directions for Future Study

This discussion will begin with the CAPWR model and continue with a proposed conceptual framework to facilitate an integrated, holistic, family resource management based approach to studying areas related to personal financial planning. Finally, a discussion of the Identification Theory of Care and its potential applicability to the study of outcomes of charitable giving will be discussed.

CAPWR Model

The previous section discussing the limitations of this study covered several issues associated with the Charitable Activity – Personal Wellness Relationship model (Figure 5.5) that should be addressed before further research is conducted with this model. First, the latent constructs of Perceived Wellness, Charitable Orientation, and Religious Orientation would benefit from more rigorous testing with other data, and

109

perhaps, other proposed variables. Potential weaknesses with the existing variables, including that of spontaneous or informal giving, have been highlighted in earlier discussions. It would be beneficial to find GSS variables that match up with other dimensions of perceived wellness proposed in the literature. Multiple groupings of dimensions of wellness are found in Appendix A. Variables that match up with these dimensions could provide more effective measures of perceived wellness than those proposed by the CAPWR and relate to other research conducted in the fields of wellness, health and well-being.

The CAPWR has potential application in being able to measure the benefits of participating in charitable activity on perceived wellness for specific groups of interest to researchers, but again this would require a larger data set or better defined variables. An example of this application would be a study that compares the impact of charitable activity on perceived wellness by marital status, gender, or race. This could result in information that leads to targeted programs aimed at specific groups that are designed to improve wellness through participation in activities that result in benefits.

Both education and income are related to socioeconomic status, a key predictor of wellness for Americans (Anderson, 2003). Other elements of socioeconomic status merit examination as well for their interactions with charitable activity and perceived wellness, such as professional prestige or social class. Income inequality is a known factor that influences health outcomes (Rogot, Sorlie, & Johnson, 1992). By applying different income classes to the CAPWR, the effectiveness of charitable activity as an influence on wellness can be measured and examined.

Having a religious orientation was identified as one of the rewards (as defined in social exchange theory) of the CAPWR model, and one that resulted in positive effects on an individual's perceived wellness. The first identified element of the latent construct of Religious Orientation was that of frequency of attendance at religious services, which has been used as a proxy for religious intensity in other research (Dolan et al., 2008). A respondent's identification with a specific religious affiliation or no affiliation of all was considered as a measure, but as dichotomous variables are unsuitable for SEM analysis, this was rejected. Instead, a continuum of religious identification from liberal to fundamental was introduced for this analysis, and referred to as Fundamentalism. While this was not the most reliable of measures used in this study (Figure 5.12), it contributed toward creating a latent construct that worked within the CAPRW model.

Further research with the CAPRW model would begin with designing questions that lend themselves to summative scales. The 3- and 4-point Likert-type scale questions asked by the GSS are not suitable for this purpose. 5- to 7-point response scales would be more appropriate. When gathering data about charitable activity, measurement in terms of volunteer hours and amounts of money given is potentially more useful than measuring the frequency of activity. Making a clear distinction between formal giving and informal or spontaneous giving would aid in gathering information as well. Formal giving, especially large amounts or conspicuous donations, can be seen very differently from spontaneous giving. The latter may involve reacting to perceived emergencies or situations where giving goes unrecognized by the public or by taxing authorities. It may represent a more genuine form of giving than pledging to an arts organization or tithing to a religious institution.

The Identification Theory of Care

The Identification Theory of Care (ITC) was developed by Paul Schervish and John Havens of Boston College's Center for Wealth and Philanthropy, formerly known as the Social Welfare Research Institute. The ITC is a middle-range theory that specifically addresses the areas of charitable giving and volunteering. The theory was inductively developed, based on ethnographical research and interview studies with individuals who had demonstrated philanthropic practices (Schervish, Coutsoukis, & Lewis, 1994), and empirically supported by multivariate analyses (Schervish & Havens, 1997; Havens, Coutsakis, & Schervish, 1998). The theory supports not only charitable donations of money, but can also be applied to volunteerism and informal giving as well as in to care-taking as it relates to family and friends. The potential to integrate the ITC into social exchange theory as a measure of reciprocity has yet to be explored, but it has the potential to provide an area of further research into the outcomes of charitable activity.

The ITC is concerned with empathetic *identification* with the needs of others, and the expression of that need in the form of *care*. Where many theories about charitable giving focused on the concept of altruism are concerned with the absence of the self, the ITC argues that identification in the presence of the self is a more powerful motivator and provides a more complete explanation of the phenomenon of caring. Deriving from psychobiology, utility economics, and even neuroscience, altruism theories explain prosocial behavior as being biologically, psychologically, or socially grounded in disregarding one's own self-interest in the advancement of others. The ITC is, in this manner, supported by Becker's (1974) contention that "what appears to derive from a non

self-interested preference is really derived from a composite preference in which the self-interest of the actor is conjoining with the needs of others" (Schervish & Havens, 1997, p. 237).

The ITC has distinctly religious overtones, yet it has support from the secular sector. The theory's authors relied on Aquinian descriptions of both identification and care. Identification is the motivating factor behind the caring for others that initiates charitable activity. Aquinas interprets the familiar command to love one's neighbor as one's self as a commandment for true self-love and as the model for neighbor-love (Pope, 1991). Thus, in the context of Matthew 22:37-39[2], in order to love God, one must also love one's self and one's neighbor. Secular support for this concept comes from 19th century political observer Alexis de Tocqueville, who marveled over American ideals of equality, and the extent to which Americans were willing to help each other in the name of enlightened self-interest (de Tocqueville, 1988).

Assumptions

Philanthropy is defined for the purposes of the ITC as "the voluntary or non-legislatively mandated accumulation and distribution of resources to meet unfulfilled needs and interests" (Schervish et al., 1986, p. 7). The assumptions that accompany this definition and the discussion of the theory are summarized as follows:

---

[2] He said to him, "'You shall love the Lord your God with all your heart, and with all your soul, and with all your mind.' This is the greatest and first commandment. And a second is like it: 'You shall love your neighbor as yourself'" (New Revised Standard Version).

- The environment provides for the means for individual accumulation of resources in excess of individual needs.

- Variations in the accumulation of these resources are directly related to an individual's position in the environment's structural organization.

- Unmet social needs exist in inverse proportion to an individual's, or group of individual's relative lack of position in the environment's structural organization.

- The political and economic tenors of the environment allow for the transfer of resources as the individual possessing them deems appropriate.

Propositions

The ITC is fundamentally a relational theory. The propositions that apply to the ITC deal with the relations between the concepts that formulate the theory.

1. Voluntary assistance, whether donations of money, time or goods, derives from identification with others.

2. Identification is derived from encounters. These encounters may be significant events from one's youth or from experiences with models whom the individual wishes to emulate.

3. Encounters are derived from relationships, particularly the relationships with those closest to the individual.

4. Relationship derives from participation in communities such as families, religious organizations, schools, sports teams, and interest groups.

114

Caritas

A very important concept associated with the ITC is that of *caritas*. Attributed to the writings of Jacques Toner (1968), *caritas* incorporates Aquinian morality based on the engagement of the self to extend love to other human beings. *Caritas* also is seen as having a relationship with Thomas Jefferson's view of happiness and its pursuit as seen in the Declaration of Independence and in his first inaugural address (Holland, 2004). Schervish and Havens (2002) also tie *caritas* to the uniquely American experiences observed by de Tocqueville (1988), wherein Americans give of themselves to others as a means of extending the freedoms they enjoy, unencumbered by the state (Thoits & Hewitt, 2001).

The ITC addresses the activities of charitable giving and volunteering as extensions of the individual related to caring for others. Relationships, encounters, and participation are all factors that lead to the awareness of unmet needs within the social realm. *Caritas* is the philosophical concept that describes the individual's motivation to give. As connections between the motivation to give and the outcomes for giving are explored in future research, the concept of *caritas* has potential as an element of study. As a linkage between social exchange theory and the ITC, can *caritas* be equated to the norm of reciprocity and explain both motivation and outcome? If this is so, then various other qualities of *caritas* may be explored.

The ITC construct of *caritas*, can be seen to incorporate several concepts of social exchange theory, such as the costs and reward sources of social approval, value, autonomy, and equality. A reason for including social exchange theory in this discussion is its relationship to the ITC. The social exchange concept of reciprocity states that

people should help those who have helped them or have the capability to help them. Similar concepts of distributive justice, fairness, and equity also are relevant when discussing the ITC. When social exchange is examined from a societal perspective, it is possible to construct comparison levels of charitable behavior that carry greater rewards and fewer costs than the alternatives of turning one's back on issues. For example, someone who has resources to share with the needy will find it preferable to do so, rather than to ignore the needy and exacerbate the problems of those in need. It is preferable to donate money to the United Way to distribute to families with unmet needs, rather than to witness the disintegration of those families, and deal with the societal consequences, be they personal suffering, greater crime rates, increased homelessness, or other burdens on social systems.

The conceptualization of *caritas* provides a challenge for the researcher. While the construct shares certain commonalities with reciprocity, it may be seen to manifest itself in the latent construct of perceived wellness as developed in this dissertation. Perceived wellness could itself be looked at as not only an outcome, but also as a source of reciprocity as well. Further research should include a more thorough examination of the relatedness of the concepts as their potential for conceptualization, measurement, and study.

In *The Case for God*, Armstrong (2009) identified compassion as the quality that links all the world's enduring religions. She defined compassion as the ability to "feel with" (p.24) another by replacing oneself with another as the center of one's world. Yet, this remains different from *caritas* which does not remove oneself from the center but rather shares the center with others. Toner spoke of the development of benevolence for

the other by keeping the other constantly present in the individual's mindfulness with the intent of preserving and promoting the other's well-being (1968). This is the differentiating factor of *caritas*, where the relationship with others is not expressed transactionally, as in the Golden Rule, but constantly and mindfully. This, too, represents an intensely personal form of the norm of reciprocity. In addition to helping, and not hurting, those who help the individual, *caritas* inspires the individual to carry the relationship to a higher level.

The very nature of *caritas* remains unexplored. Is it a characteristic that all humans possess in varying quantities? Are there people who are devoid of *caritas*? Can it be nurtured and developed? Can education and training make a difference in an individual's demonstrated and realized deployment of *caritas*? Is there an anti-*caritas* concept, and how does that manifest itself in human behavior? These and many other questions remain.

A Conceptual Framework for Family Resource Management

Based on the findings from this study, a conceptual framework was developed as a guide for future research and, potentially, as a model for integrating personal financial planning and family resource management. This three-layered approach is offered in Figure 6.1. The Family Resource Planning conceptual framework offers a hierarchical application of resource management wrapped in a context of risk management. Within the family system, I have proposed three critical success factors as measures of the efficacy of the family's resource management skills. Environmental factors are considered by enveloping the family system in ecological layers. The conceptual

117

framework combines theoretical concepts from Maslow (1943, 1970), Bronfenbrenner (1979), and Darling (1987), as well as established practices of the financial planning profession as expressed by Dalton and Dalton (2000) and Mittra, Potts, and LaBrecque (2005).[3]

Before proceeding, a key question needs to be addressed, namely, what are the resources that are managed by the family? In their classic text, Deacon and Firebaugh (1988) stated that, "[r]esources provide the means to satisfy the family system's purposes or demands…[and]… vary in kind and in their potential for meeting the complex and unique needs and interests of individuals and families" (p. 52). Examples given are money, goods, services, love, status, and information. While financial resources remain central to any discussion of family resources, the time available to the family must be considered as well as intangible energy and capacity issues.

The Planning Pyramid

The principal structure of the pyramid is chronologically oriented, with immediate needs, or Plan for Now, taking the base position. Plan for Now consists of those activities necessary to meet a family's resource need in the immediate or short-term. Examples include budgeting and short-term cash management; that is, the things that are absolutely

---

[3]While Dalton and Dalton use a pyramid structure in their description of the knowledge required of a professional planner, this is unrelated to the pyramid of this particular conceptual framework. Pyramid analogies also exist in other areas of financial planning teaching techniques (Deacon & Firebaugh, 1998; Lytton, Grable, & Klock, 2006; Bajtelsmit, 2006) and may bear some relation to this discussion. However, this pyramid remains unique to this conceptual framework discussion and the reader should be careful in comparing it to other pyramidal analogies related to the field of family resource management.

necessary to meet Maslow's (1943) physiological and safety needs, as well as certain social needs which would be defined by the family's particular situation as determined by ecological factors. Plan for Next ascribes a somewhat longer-term planning horizon for the family and is characterized by looking into the family's future, which may entail setting goals or merely realizing that certain events are inevitable in the course of family life. The specific time horizon attribute assigned to Plan for Next varies with many factors, not the least of which is the family's stage within the life cycle. Thus, a young family may Plan for Next by saving for a down payment for a home or for orthodontic procedures for children. A family who is somewhat farther along in development may be saving for college, or looking forward to retirement. Generally speaking, the time frame for Plan forNext ranges from three to fifteen years (Bajtelsmit, 2006). Activities associated with Plan for Next are long-term cash management, short-term investment planning, and short-term saving strategies.

Plan for Later again varies by life cycle stage but can be thought of as long-term strategy, such as retirement planning. Participation in this planning stage requires not only making investment decisions, but also setting expectations for things such as standard of living in retirement, support for adult and dependent children (including those with special needs), and determining what should be set aside for contingencies.

Plan for Later involves more than the obvious financial management behavior required for retirement planning or estate planning. Consistent with Maslow's hierarchy, moving up through the planning pyramid means thinking of higher order needs and goals.

Figure 6.1 Family Resource Planning Conceptual Framework

120

If a family is actively involved in Plan for Later, they are likely to have made decisions regarding the previous pyramid levels of planning and have experienced some form of success, or at least satisfaction. Not only does Plan for Later include planning for financial assets once the principal owners have died, Plan for Later includes passing on intangible values associated with the family. This can be experienced by philanthropy or charitable giving, which both have tangible asset components, but also the transmission of a true family legacy that can be experienced by future generations and passed on by them. Plan for Legacy is the family resource management complement to Maslow's self-actualization concept.

Maslow's (1943) comments on the role of gratified needs speak to movement from the base to the top of the planning pyramid. As more immediate needs are met closer to the base of the pyramid, needs emerge that push the family into longer-term planning situations and decision-making. A satisfied need is not one that has simply disappeared; it is one that has been met and no longer consumes decision-making resources. Thus, the family is able to channel energies and capacity further up the pyramid to address more or additional needs.

Risk management forms the base of the planning pyramid and embraces the entire structure. In a way, risk management is a manner of expressing the meeting of the most basic and physiological of a family's needs: shelter, nutrition, and safety. These, or the lack thereof, are all risks to be managed. As the family moves upwards within the pyramid structure, risk management continues to be an enveloping element. In the Plan for Now stage, risk management will mean that the family must meet legal requirements, such as purchasing insurance for the family automobile in order to meet state standards

for registration, or the covenants of a financing agreement. Insuring property against damage and destruction is another Plan for Now strategy to manage risks. Life insurance, while meeting Plan for Now requirements for the family, also has implications for higher levels on the pyramid due to investment and taxation issues affecting these stages. Examples include using a child's life insurance policy to fund education as a Plan for Next step, holding a whole life insurance policy to provide income in retirement for the Plan for Later level, and finally, taking advantage of the estate planning benefits of life insurance policies in Plan for Legacy.

Critical Efficacy Determinants

Within the family system illustrated in Figure 6.1, and represented by the oval surrounding the planning pyramid, are three specific concepts that are critical to the efficacy of a family resource management system. I have chosen these three concepts based on my exposure to the field of family studies, my experiences as a financial planner, and discussions with a variety of professionals in these and related fields. Two of these concepts will be dealt with fairly superficially at this point, and, due to its importance to this dissertation, the third will be reviewed in greater detail.

The principal activity of the family system with regard to family resource management is the allocation of scarce resources. The decision-making processes involved with this allocation are complex and based on many factors and criteria that vary between families and circumstances. However, it is not unreasonable to assume that effective allocation of resources, be they financial, spiritual, chronological, or related to capacity, is critical to the efficacy of a family resource management system.

Family communication speaks to the efficacy of a family resource management system by addressing the synergies between the individual components and systems within the family. Also addressed by this efficacy determinant is the setting of goals and measuring of performance and progress, as well as the internal communication structures that allow this information to be shared within the family system.

Health and wellness issues are the third critical efficacy determinant of a family resource management system. The relationship between financial stress and health has been illustrated with regards to debt stress and health (Drentea & Lavrakas, 2000). Nearly half of personal bankruptcy filings can at least partially be attributed to medical expenses (Himmelstein, Warren, Thorne, & Woodhandler, 2005). While the point may be made that a family's stance on health and wellness issues is part of family culture and thus belongs in the next ring away from the family microsystem, it may be difficult to argue that any one issue can create more of a variation in a family's ability to meet resource management requirements.

Health and wellness issues can dictate many family resource management decisions from those affecting immediate scarce resource allocation decisions to attitudes towards nutrition issues that affect expenditures, such as spending money on cigarettes rather than spending money on organic produce. Health and wellness attitudes can have far-reaching implications leading to higher levels within the Planning Pyramid; for example, a decision to continue cigarette smoking (or the lack of a decision to stop smoking) can have negative health effects that affect resources in later lifecycle stages. Health and wellness attitudes may also affect employment decisions. For example, choosing employment that does not offer the possibility of health insurance, or opting out

123

of health coverage as a means of increasing short term cash flows, can expose the family to large amounts of non-insured risk.

Mesosystem and Exosystem Layer

Bronfenbrenner (1979) described the ecological environment as "a nested structure…like a set of Russian dolls" (p. 3). The mesosystem is the space where interaction between two or more settings occurs, where the subject is an active participant. The exosystem is the space where interaction occurs between one or more systems where the subject is not an active participant, but where events occur that directly affect the person (Bronfenbrenner). From a family resource management perspective, the middle layer combines mesosystem and exosystem elements that have not been placed in the family resource management microsystem. These elements, or the level of their influence on the family resource management microsystem, are somewhat controllable by the family. They may be based in earlier family resource management decisions, such as pursuing an education or allowing a mid-life crisis to go unchecked.

The centralized title for this layer of the family resource management system is "Family Cultural Values." This refers not specifically to the ethnicity and heritage of the family but primarily to that family's individual characteristics and factors. Values are psycho-normative concepts that illustrate both the evaluative and empirical status regard held for various qualities: morals, ethics, culture, religion, justice, and prudence (Arcus & Daniels, 1993). Values may be approached at the personal, family, cultural, or institutional levels of analysis. The concept of principles is strongly related to values; if values represent evaluative and empirical statuses, then principles are the active operationalization of those values. For an example, a family may place a high value on

124

education and utilize a principle that states that the minimum acceptable standard for a family member's education is a four-year college degree. While socioeconomic status (SES) is related to education, it also includes the concepts of family income or wealth and occupational status or prestige (Anderson, 2003). SES has a great deal to do with the options available to families and is strongly related to health outcomes throughout the life cycle (Marmot & Shipley, 1996). Cultural identity is a less developed concept as it relates to this framework. The intent of studying family cultural identity is to explore how race, ethnicity, religious background, regionalism, and other factors combine to create a unique identity that influences family values and principles.

Macrosystem Layer

The outer layer of the framework includes those elements that affect the family resource management system, but over which the family has very little control. These macrosystem characteristics include the economic environment in which the family operates, governmental restrictions such as taxation policies, and an overall policy climate, which may include predominant labor attitudes and relationships with industry. The influence of technology and media formulates yet another element of the macrosystems that affect the family's resource decision making processes and habits.

The macrosystem has a cultural component as well, but this represents culture at the larger, societal level. Bronfenbrenner (1979) made the distinction between cultural influences at the macrosystem level and those that occur in lower order systems such as mesosystem and exosystem. The Family Resource Planning conceptual framework makes the distinction between the family's cultural values functioning at these levels and cultural values at the macrosystem level.

Summary of Conceptual Framework

This conceptual framework provides a basis for discussion of a family resource management system and a connection to personal financial planning. It incorporates elements of Maslow (1943, 1970) and Bronfenbrenner (1979, 2005) in order to provide a context for discussion for the relationship between the family studies construct of resource management and the professional field of personal and family financial planning. As stated by Nye (1978), a conceptual framework is a means of cataloging and sorting concepts into intellectual systems; theory is another matter. While this research examined only a small subset of the overall Family Resource Planning conceptual framework, a representation of all of the resource management and planning challenges faced by families was helpful to frame the subject to be studied.

The Financial Planning Profession and the Framework

Professional practitioners who are available to assist individuals and families with family resource management issues are usually known as financial planners, although they may also be known as financial advisors, financial counselors, asset managers, financial consultants, financial counselors, or one of several other titles. Financial planners may be independently employed, or they may work for banks, brokerage firms, law firms, insurance companies, or even large companies that provide financial services as an employee benefit. In order for a financial planner to attain certification from the Certified Financial Planner Board of Standards, Inc. and use the certification marks, including the CFP® designation, several criteria must be met. These include attaining required education levels, passing an examination, achieving experience in practice, and

126

agreement to CFP Board's ethical requirements and practice standards (CFP Board, 2008b).

There are traditionally six financial planning disciplines taught in professional financial planning curricula. These are (a) Cash management and basic tools, (b) Insurance planning, (c) Investments, (d) Income tax planning, (e) Retirement planning, and (f) Estate planning (Dalton & Dalton, 2000). These six disciplines can be superimposed on the conceptual framework in the form of vectors that move from the base of the planning pyramid and risk management through to the top layer and Plan for Legacy. A generalized view of a vector, in this instance representing all six disciplines, is illustrated in Figure 6.2.

Relationship of Research to Conceptual Framework

The results of the research conducted for this dissertation can be linked to, and inform, the conceptual framework. Health and wellness issues have been identified as one of the areas critical to the efficacy of the Family Resource Planning framework. Families are particularly vulnerable to the costs associated with medical care. Long-term effects of active or passive health and wellness strategies are difficult to measure, but with medical costs being responsible for half of household bankruptcies (Himmelstein et al., 2005), it is difficult to ignore the implications of health and wellness issues in family resource planning.
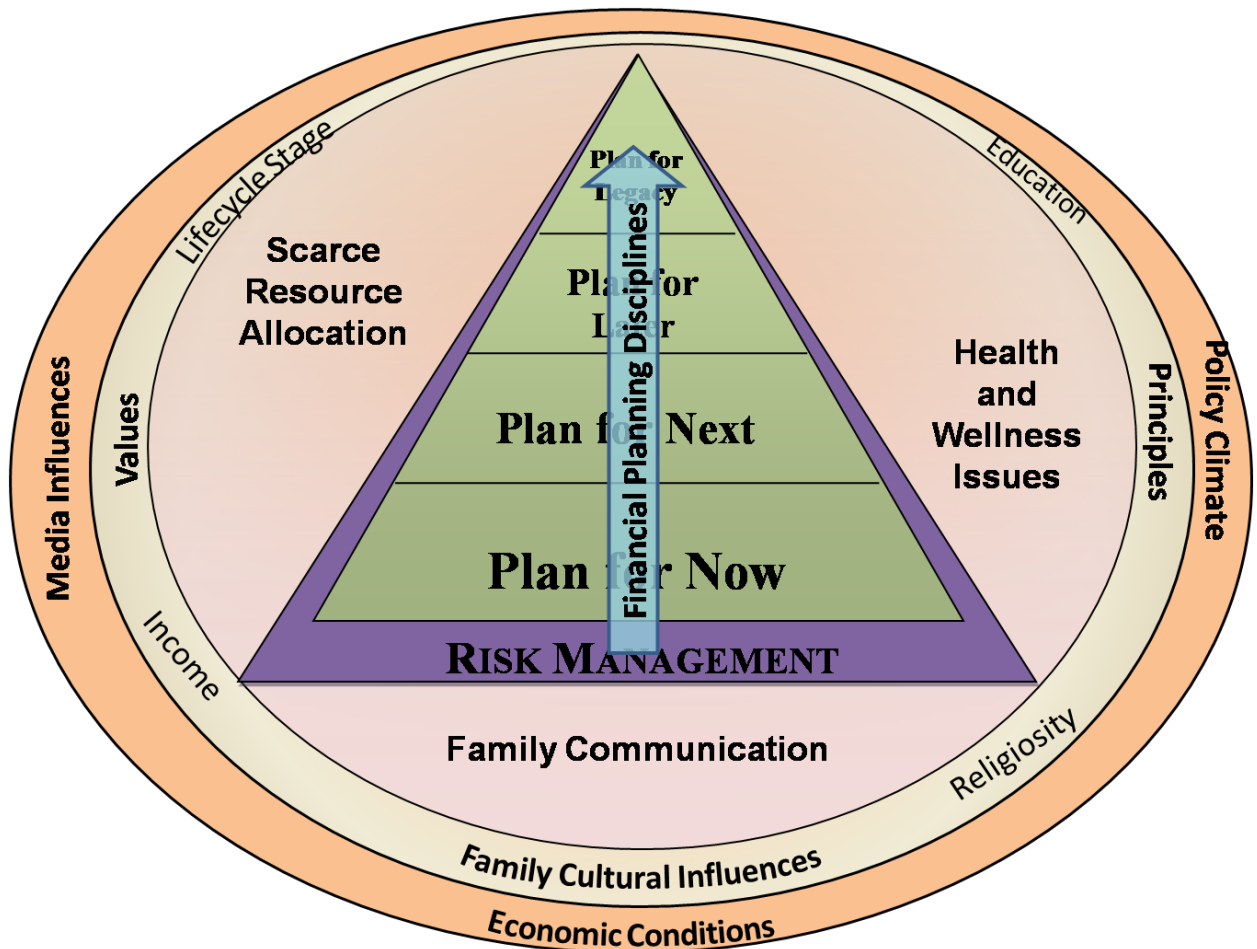
Figure 6.2 Family Resource Planning Conceptual Framework with vector representing Financial Planning disciplines

All levels of the Planning Pyramid can be tested in the study of charitable giving and family resource management. As discussed in the methodology used for this research, the chronological focus was fairly short-term, and involved the assessment of a year's activity. The ecological portion of the research was centered on the exosystem and mesosystem layer with family cultural influences, particularly education and income, acting centrally on several variables. The financial planning disciplines were not directly addressed in this research. However, it is hoped that the conclusions drawn from this study have valuable implications for financial planning practitioners as well as other resource management professionals.

I have adapted the Family Resource Planning conceptual framework from its original form to reflect the focus areas for this research dissertation (see Figure 6.3). A vector has been added to represent the role of charitable activity in the family's resource planning framework. The vector begins at the base of the pyramid and points in a centralized position and upward direction towards the highest level of the pyramid. This represents the presence of the opportunity of participation in charitable activity at every level of the pyramid.

Charitable activity can have a role at every level of the pyramid. Beginning with the Plan for Now stage, contributions made on a weekly basis to a church and annual campaigns run by school groups and public broadcasting entities are examples of charitable giving in the relevant time horizon. Other than these rather formalized examples of giving, more informal or spontaneous forms of charitable activity may include giving food or money to a homeless person, putting money in a Salvation Army bucket during the Christmas season, or buying band candy from a child who sells door-to-door. Many forms of volunteering fit in this planning level of the pyramid. Coaching in a youth sports league, offering to serve as a scout leader or school volunteer, or serving meals at a homeless shelter are other activities that apply at this level.

In the Plan for Next level, many of the same activities that were seen at the Plan for Now level continue to take place. As planning becomes more advanced or formalized, so will charitable activities. A family who is involved in Plan for Next may look at a service component of a vacation, such as a mission activity with a religious organization, as a way to spend time together as a family and express family values through charitable activity.
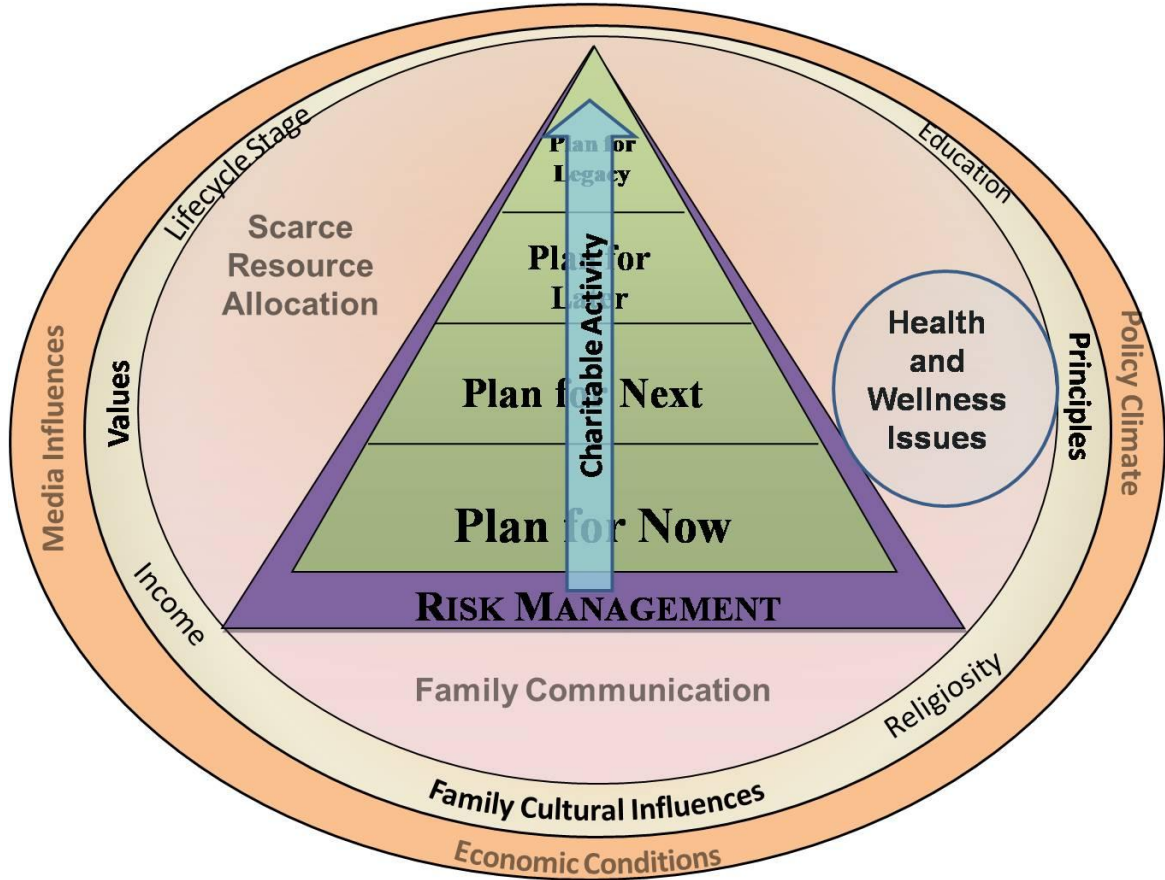
Figure 6.3 Family Resource Planning Conceptual Framework with vector for this study

Planning for Later may involve preparing for a more advanced level of participation in charitable activity. For example, a person preparing for retirement may choose an organization or organizations to which they plan to devote an amount of time in retirement that is not possible during the working years. This could be a religious organization where a teacher hopes to continue to work with young people after retiring. It could also mean making financial and volunteer commitments to an arts organization with the intent of serving on a Board of Directors or in some other administrative or executive capacity.

Throughout the levels already discussed, financial planning activities can interact with charitable activities, particularly in those related to the disciplines of cash management and tax planning. However, charitable activity in the Plan for Legacy level of the pyramid can also involve the financial planning discipline of estate planning. As individuals in the Plan for Legacy level of planning continue the charitable activities of the previous levels, they may also look for ways to contribute to charitable organizations after their deaths by implementing planned giving strategies. These may involve the creation of financial instruments such charitable trusts or using risk management tools such as life insurance policies to fund such trusts or to enable giving to organizations through their estates.

Outcomes and the Family Resource Planning Conceptual Framework

The positive and direct relationship between charitable activity and wellness confirmed by this research connects the Family Cultural Influences level of the ecological segment of the framework to the critical efficacy determinant of Health and Wellness Issues through participation in charitable activity. Income, an element of the family's socioeconomic status, education, and religious orientation are all positively related to perceived wellness and indicate the presence of indirect positive effects on perceived wellness through holding a charitable orientation.

It is possible to link the CAPWR model to the Family Resource Planning conceptual framework in a more systematic manner. Each element from the CAPWR has a corresponding component on the Family Resource Planning conceptual framework. If the exogenous element of income represents SES in the Family Cultural Influences level, and education is already represented on the same level, then Religious Orientation may

be seen as a proxy for Religiosity, again on the same level. Charitable Orientation may be overlaid on the Planning Pyramid in the center of the conceptual framework, and Perceived Wellness in the same way may be seen to represent a Health and Wellness Issue in the critical efficacy determinant space.

This leaves the question of using results of the CAPWR to inform the Family Resource Planning conceptual framework. Because the outcome of participation in charitable activity is an increased level of perceived wellness, Health and Wellness Issues as a critical efficacy determinant is enforced. Participation in charitable activities is represented within the Planning Pyramid, possible at all four levels as discussed earlier. There is a reciprocal relationship to be explored, that of the influence of the critical efficacy determinant of Health and Wellness Issues on the activities related to charity that are contained within the Planning Pyramid. That remains for further study.

SES (as represented by income), education and religiosity (as represented by the latent construct of Religious Orientation) are all elements in the Family Cultural Influences level of the conceptual framework. Although the CAPWR does not indicate a relationship between Religious Orientation and either of the exogenous variables of income and education, there is no reason to assume that all three are not properly placed in this level. The fact that all three elements effect both Charitable Orientation and Perceived Wellness reinforces that they belong in the ecological substructure of the conceptual framework. Education, Income and Religious Orientation all exert effects on certain activities, those involving charity, within the Planning Pyramid, and on the critical efficacy determinant of Health and Wellness issues.

Superimposing the CAPWR on the Family Resource Planning conceptual framework does not prove the effectiveness of the conceptual framework. It does, however, indicate that the model is compatible with the conceptual framework, and informs the conceptual framework by combining elements of the framework for research, modeling and testing.

Summary

As stated in the opening chapter of this dissertation, my hope was to establish a linkage between participating in charitable activity and enjoying the benefits of perceived wellness (i.e., a wellness outcome associated with charitable activity). This formed the overarching research question and principal hypothesis of this research. The first and primary hypothesis was accepted; that is, there is a positive connection between doing good and feeling well. Even when religious orientation and the socioeconomic indicators of education and income are taken into account, the relationship remains strong. The theoretical underpinnings of the finding were found in social exchange theory. A conceptual framework for the study of family resource management was also introduced in the discussion chapter of this dissertation. The Family Resource Planning conceptual framework (Figure 6.1) combines elements of Maslow's hierarchy of needs and Bronfenbrenner's ecological framework into a single framework that places the practice of financial planning within the context of family resource management, a component of the field of Family Studies.

As part of this research, the Charitable Activity – Perceived Wellness Relationship model (Figure 5.5) was developed to test the hypotheses related to the overarching research question. Structural Equation Modeling techniques were used to test

the hypotheses and explore relationships between the variables in the model and even some variables that were considered for inclusion in the model. The resulting discussion covered the limitations and possibilities for the model as well as the implications of the results for financial planning practitioners and other professionals who deal with families, resources, and wellness.

REFERENCES

Adams, T. B., Bezner, G. R., Drabbs, M. E., Zambarono, R. J., & Steinhardt, M. A. (2000). Conceptualization and measurement of the spiritual and psychological dimensions of wellness in a college population. *Journal of American College Health, 48*, 165-173.

Adams, T., Bezner, J., & Steinhardt, M. (1997). The conceptualization and measurement of perceived wellness: Integrating balance across and within dimensions. *American Journal of Health Promotion, 11*, 208-218.

Adkins, R. (2008). Draining the swamp. *Journal of Financial Planning, 21*(7), 26-27.

Ahuvia, A. (2008). If money doesn't make us happy, why do we act as if it does? *Journal of Economic Psychology, 29*, 491-507.

Amato, P. R. (1990). Personality and social network involvement as predictors of helping behavior in everyday life. *Social Psychology Quarterly, 53*, 31-43.

Anderson, J. C., & Gerbing, D. W. (1988). Structural equation modeling in practice: A review and recommended two-step approach. *Psychological Bulletin, 103*(3), 411-423.

Anderson, N. B. (2003). *Emotional longevity: What really determines how long you live*. New York: Penguin Books.

Andreoni, J. (1990). Impure altruism and donations to public goods: A theory of warm-glow giving. *The Economic Journal, 100*, 464-477.

Andreoni, J., Brown, E., & Rischall, I. (2002). Charitable giving by married couples:
Who decides and why does it matter? *The Journal of Human Resources, 38*, 111-
134.

Andrews, F. M., & Withey, S. B. (1976). *Social indicators of well-being: Americans'
perceptions of life quality*. New York: Plenum Books.

Antonovsky, A. (1990, February 19). *Studying health vs. studying disease*. Paper
presented at the Congress for Clinical Psychology and Psychotherapy, Berlin.
Retrieved July 14, 2009 from
http://www.ensp.unl.pt/saboga/soc/pulic/soc_AAconference_berlim_91.pdf

Antonovsky, A. (1996). The salutogenic model as a theory to guide health promotion.
Health Promotion International, 11, 11-18.

Arcus, M. (1987). A framework for life-span family life education. *Family Relations, 36*,
5-10.

Arcus, M. E., & Daniels, L. B. (1993). Values and family life education. In M. E. Arcus,
J. D. Schvaneveldt, & J. J. Moss (Eds.), *Handbook of family life education:
Foundations of family life education* (Vol. 1) (pp. 76-105). Newbury Park, CA:
Sage.

Arcus, M. E., Schvaneveldt, J. D., & Moss, J. J. (1993). The nature of family life
education. In M. E. Arcus, J. D. Schvaneveldt & J. J. Moss (Eds.), *Handbook of
family life education: Foundations of family life education* (Vol. 1) (pp. 1-25).
Newbury Park, CA: Sage.

Argyle, M. (1999). Causes and correlates of happiness. In D. Kahneman, E. Diener, and

    N. Schwarz (Eds.), *Well-Being: The foundations of hedonic psychology* (pp. 353-

    373). New York: Russell Sage Foundation.

Armstrong, K. (2009). *The Case for God*. New York: Alfred A. Knopf.

Arthaud-Day, M. L., Rode, J. C., Mooney, C. H., & Near, J. P. (2005). The subjective

    well-being construct: A test of its convergent, discriminant, and factorial validity.

    Social Indicators Research, 74, 445-476

Auten, G. E., Siege, H., & Clotfelter, C. T. (2002). Charitable giving, income, and taxes:

    An analysis of panel data. *The American Economic Review, 92*, 371-382.

Azzi, C., & Ehrenberg, R. G. (1975). Household allocation of time and church

    attendance. *Journal of Political Economy, 83*, 27-56.

Bajtelsmit, V. (2006). *Personal finance: Skills for life.* Hoboken, NJ: John Wiley & Sons,

    Inc.

Ball, D. B., & Dietrich, B. R. (1998). Rewards for the generous: A review of recent tax

    changes for charitable donations. *Canadian Tax Journal, 46*, 415-441.

Barrow, L., & Rouse, C. E. (2006). The economic value of education by race and

    ethnicity. *Federal Reserve Bank of Chicago Economic Perspectives, 30*(2), 14-27.

Becker, C., Dolbier, C. L., Durham, T. W., Glascoff, M. A., & Adams, T. B. (2008).

    Development and preliminary evaluation of a positive health scale. *American

    Journal of Health Promotion, 39*(1), 34-41.

Becker, G. S. (1974). A theory of social interactions. *Journal of Political Economy, 82*,

    1063-1093.

Becker, G. S. (1976). Altruism, egoism, and genetic fitness: Economics and sociobiology. *Journal of Economic Literature, 14*, 817-826.

Becker, L. C. (1992). Good lives: Prolegomena. *Social Philosophy and Policy, 9*(2), 15-37.

Bernstein, W. (2004, May). Are we happy yet? A far reaching survey of how wealth has been created shows money can't buy satisfaction. *Financial Planning, 34*(5), 44.

Blanchflower, D. G. & Oswald, A. J. (2004). Happiness and the Human Development Index: The paradox of Australia. *Australian Economic Review, 38*, 307-318.

Blanchflower, D. G., & Oswald, A. J. (2004). Well-being over time in Britain and the USA. *Journal of Public Economics, 88*, 1359-1386.

Blume, M., Ramsel, C. & Graupner, S. (2006). Religiosity as a demographic factor – an underestimated connection? *Marburg Journal of Religion, 11*. Retrieved on February 24, 2009 from http://web.uni-marburg.de/religionswissenschaft/journal/mjr/pdf/2006/blume2006.pdf

Blunch, N. J. (2008). *Introduction to Structural Equation Modeling using SPSS and AMOS*. Los Angeles: Sage Publications.

Bolles, R. N. & Nelson, J. E. (2007). *What color is your parachute? for retirement: Planning now for the life you want.* Berekely, CA: Ten Speed Press.

Bond-Huie, S. A., Krueger, P. M. Rogers, R. G., & Hummer, R. A. (2003). Wealth, race and mortality. *Social Science Quarterly, 84*, 667-684.

Bonke, J., & Browning, M. (2009). The distribution of financial well-being and income within the household. *Review of Economics of the Household, 7*, 31-42.

Boone, J. L. (1998). The evolution of magnanimity: When is it better to give than to receive? *Human Nature, 9*, 1-21.

Borgonovi, F. (2008a). Divided we stand, united we fall: Religious pluralism, giving, and volunteering. *American Sociological Review, 73*, 105-128.

Borgonovi, F. (2008b). Doing well by doing good: The relationship between formal volunteering and self-reported health and happiness. *Social Science and Medicine, 66*, 2321-2334.

Bowen, D. J., Andersen, M. R., & Urban, N. (2000). Volunteerism in a community-based sample of women aged 50 to 80 years. *Journal of Applied Social Psychology, 30*, 1829-1842.

Breckler, S. J. (1990). Applications of covariance structure modeling in psychology: Cause for concern? *Psychological Bulletin, 107*, 260-271.

Bredehoft. D. J. (Ed.). (1997). *Life span family life education framework.* Minneapolis, MN: National Council on Family Relations.

Bronfenbrenner, U. (1979). *The ecology of human development*. Cambridge, MA: Harvard University Press.

Bronfenbrenner, U. (2005). *Making human beings human: Bioecological perspectives on human development*. Thousand Oaks, CA: Sage Publications.

Brooks, A. C. (2000). Is there a dark side to government support for nonprofits? *Public Administration Review, 60*, 211-218.

Brooks, A. C. (2003). Religious faith and charitable giving. *Policy Review, 121*(October/November), 39-50.

Brooks, A. C. (2007). Income tax policy and charitable giving. *Journal of Policy Analysis and Management,*26, 599-612.

Brown, S. L. (2000). The effect of union type on psychological well-being: Depression among cohabiters versus marrieds. *Journal of Health and Social Behavior, 41*, 241-255.

Buchanan, J. M. (1965). An economic theory of clubs. *Economica, 32*, 1-14.

Butler, J., Wacker, G., & Balmer, R. (2008). *Religion in American life: A short history*. New York: Oxford University Press.

Byrne, B. M. (2001). *Structural Equation Modeling with AMOS: Basic concepts, applications and programming.* Mahwah, N. J.: Lawrence Erlbaum Associates, Publishers

Campbell, A. (1981). *The sense of well-being in America*. New York: McGraw-Hill.

Campbell, A., Converse, P. E., & Rodgers, W. L. (1976). *The quality of American life: Perceptions, evaluations and satisfactions*. New York: Russell Sage Foundation.

Cantril, H. (1965). *The pattern of human concerns*. New Brunswick, NJ: Rutgers University Press.

Center on Philanthropy. (2007). American Express Charitable Gift Survey. Retrieved April 21, 2009 from

http://www.philanthropy.iupui.edu/Research/amex_gift_survey.pdf

Certified Financial Planner Board of Standards, Inc. (2008a). *Become a Certifed Financial Planner^{TM} professional*. Retrieved January 8, 2008 from

http://www.cfpnet/become/ .

Certified Financial Planner Board of Standards, Inc. (2008b). *Purpose, policies and parameters of CFP Board*. Washington, D.C.: CFP Board.

Clotfelter, C. T., & Steuerle, C. E. (1981). Charitable contributions. In H. Aaron & J. Pechman (Eds.), *How taxes affect economic behavior* (pp. 403-447). Washington, DC: Brookings Institution.

Csikszentmihalyi, M. (1990). *Flow: The psychology of optimal experience.* Reading, MA: HarperCollins Publishers.

Csikszentmihalyi, M. (1999). If we are so rich, why aren't we happy? *American Psychologist, 54*, 821-827.

Cummings, R. G., & Garrison, L. R. (2007). The charitable reform provisions of the Pension Protection Act of 2006. *The CPA Journal, 77*(1), 15-23.

Dahl, G. B., & Ransom, M. R. (1999). Does where you stand depend on where you sit? Tithing, donations and self-serving beliefs. *American Economic Review, 89*, 703-727.

Dalton, M. A., & Dalton, M. F. (2000). *Personal financial planning: Theory and practice*. St. Rose, LA: Dalton Publications.

Darling, C. A. (1987). Family life education. In M. B. Sussman & S.K. Steinmetz (Eds.), *Handbook of Marriage and the Family* (pp. 815-833). New York: Plenum.

Davis, J. A., & Smith, T. W. (2007) *General Social Surveys, 1972-2006*. Storrs, CT: The Roper Center for Public Opinion Research. Retrieved on February 13, 2009 from http://www.norc.org/GSS+Website/Codebook/

de Tocqueville, A. (1988). *Democracy in America*. New York: Harper.

Deacon, R. E., & Firebaugh, F. M. (1988). *Family Resource Management: Principles and Applications* (2ⁿᵈ ed.). Needham Heights, MA: Allyn & Bacon, Inc.

Deaton, A. (2003). Health, inequality, and economic development. *Journal of Economic Literature, 41*, 113-158.

DeNavas-Walt, C., Proctor, B. D. & Lee, C. H. (2005). *Income, Poverty and Health Insurance Coverage in the United States: 2004*. Washington D.C.: U.S. Census Bureau. Retrieved May 11, 2009 from http://www.census.gov/prod/2005pubs/p60-229.pdf

Dew, J. (2007). Two sides of the same coin? The differing roles of assets and consumer debt in marriage. *Journal of Family Economic Issues, 28*, 89-104.

Diamond, P. (2005). Optimal tax treatment of private contributions for public goods with and without warm glow preferences [Abstract]. *Journal of Public Economics, 90*, 897-919.

Diener E., & Biswas-Diener, R. (2002). Will money increase subjective well-being? A literature review and guide to needed research. *Social Indicators Research, 57*, 119-169.

Diener, E., & Fujita, F. (1995). Resources, personal strivings, and subjective well-being: A nomothetic and ideographic approach. *Journal of Personality and Social Psychology, 68*, 926-935.

Diener, E., Sapyta, J. J. & Suh, E. (1998). Subjective well-being is essential to well-being. *Psychological Inquiry, 9*, 33-37.

DiTella, R., & MacCulloch, R. (2005). Partisan social happiness. *Review of Economic Studies, 72*, 367-393.

DiTella, R., MacCullough, R. J., & Oswald, A. J. (2003). The macroeconomics of
    happiness. *Review of Economics and Statistics, 85*(4), 809-827.

Divine, R. L. (2005). Determinants of small business interest in offering a wellness
    program to their employees. *Health Marketing Quarterly, 22*(3), 45-58.

Dolan, P., Peasgood, T., & White, M. (2007). Do we really know what makes us happy?
    A review of the economic literature on the factors associated with subjective well-
    being. *Journal of Economic Psychology, 29*, 94-122.

Draughn P. S., LeBoeuf, R. C., Wozniak, P. S., Lawrence, F. C., & Welch, L. R. (1994).
    Divorcee's economic well-being and financial adequacy as related to interfamily
    grants. *Journal of Divorce and Remarriage, 22*, 23-35.

Drentea, P., & Lavrakas, P. J. (2000). Over the limit: The association among health, race
    and debt. *Social Science & Medicine,50*, 517-529.

Dubofsky, D., & Sussman, L. (2009a). The changing role of the financial planner Part 1:
    From financial analytics to coaching and life planning. *Journal of Financial
    Planning, 22*(8), 48-57.

Dubofsky, D., & Sussman, L. (2009b). The changing role of the financial planner Part 2:
    Prescriptions for coaching and life planning. *Journal of Financial Planning,
    22*(9), 50-56.

Dunn, H. A. (1961). *High-level Wellness*. Washington, D. C.: Mount Vernon Publishing,
    Inc.

Easterlin, R. A. (1974). Does economic growth improve the human lot? Some empirical
    evidence. In P.A. David & M. W. Reder, (Eds.), *Nations and Households in*

Economic Growth: Essays in Honor of Moses Abramovitz (pp.89-125). New York: Academic Press.

Easterlin, R. A. (2006). Life cycle happiness and its sources: Intersections of psychology, economics and demography. *Journal of Economic Psychology, 27*, 463-482.

Edwards, J. (1969). Familial behavior as social exchange. *Journal of Marriage and the Family,* 31, 518-526.

Ettner, S. (1996). New evidence on the relationship between income and health. *Journal of Health Economics, 15*, 67-85.

Everett, M. D., & Anthony, M. S. (2005). Healthcare costs and benefits: A future direction or financial planning research. *Journal of Personal Finance, 4*(4), 69-84.

Frey, B. S. (2008). *Happiness: A revolution in economics*. Cambridge, MA: MIT Press.

Frey, B. S., & Stutzer, A. (2002). What can economists learn from happiness research? *Journal of Economic Literature, 40*, 402-435.

Garman, E. T., Leech, I. E., & Grable, J. E. (1996). The negative impact of employee poor personal financial behaviors on employers. *Financial Planning and Counseling, 7*, 157-168.

Garman, E. T., Kim, J., Kartzer, C. Y., Brunson, B. H., & Joo, S. (1999). Workplace financial education improves personal financial wellness. *Financial Planning and Counseling, 10*(1), 79-88.

Garrison, M. E. B., Marks, L. D., Lawrence, F. C., & Braun, B. (2004). Religious beliefs, faith community involvement and depression: A study of rural, low-income mothers. *Women and Health 40*(3), 51-62.

Gershenson, C. (2007). User's Guide: The General Social Surveys on NESSTAR.

    Retrieved April 24, 2009 from

    http://publicdata.norc.org:41000/gssbeta/Users_Guide/GSS_NESSTAR_Guide.pd

    f

Godwin, D. D. (1998). Household debt quintiles: Explaining changes 1983-1989.

    Journal of Consumer Affairs, 32, 369-393.

Grable, J. E., Britt, S., & Cantrell, J. (2007). An exploratory study of the role financial

    satisfaction and stressors have on the thought of subsequent divorce. *Family and*

    Consumer Sciences Research Journal, 36, 130-150.

Grafova, I. B. (2007). Your money or your life: Managing health, managing money.

    Journal of Family Economic Issues, 28, 285-303.

Greenley, J. R., Greenberg, J. S., & Brown, R. (1997). Measuring quality of life: A new

    and practical survey instrument. *Social Work, 42*, 244-254.

Griskevicius, V., Sundie, J. M., Miller, G. G., Tybur, J. M., Cialdini, R. B., & Kendrick,

    D. T., (2007). Blatant benevolence and conspicuous consumption: When romantic

    motives elicit strategic costly signals. *Journal of Personality and Social*

    Psychology, 93, 85-102.

Grote, J. (2007). Advisors and clients in the brave new world of philanthropy. *Journal of*

    Financial Planning, 20(6), 24-31.

Hadewijch. (1980). *The complete works*. (C. Hart, Trans.) Mahwah, N J: Paulist Press.

Hair, J. F., Jr., Anderson, R. E., Tatham, R. L., & Black, W. C. (1995). *Multivariate Data*

    Analysis with Readings (4th ed.). Englewood Cliffs, NJ: Prentice Hall.

Haller, M., & Hadler, M. (2006). How social relations and structures can produce

    happiness and unhappiness: an international comparative analysis. *Social*

    Indicators Research, 75, 169-216.

Hattie, J. A., Myers, J. E., & Sweeney, T. J., (2004). A factor analysis of wellness:

    Theory assessment, analysis and practice. *Journal of Counseling and*

    Development, 82, 354-364.

Havens, J. J., Coutsoukis, P. E., & Schervish, P. G. (1998). *Social participation and*

    charitable giving revisited: Replication of a multivariate analysis. Unpublished

    manuscript, Center for Wealth and Philanthropy, Boston College, Chestnut Hill,

    MA.

Havens, J. J., O'Herlihy, M.A., & Schervish, P. G. (2006). Charitable giving: How much,

    by whom and, to what and how? In W. W. Powell and R. Steinberg (Eds.), *The*

    non-profit sector: A research handbook (pp. 542-567). New Haven, CT: Yale

    Press.

Hayhoe, C., & Wilhelm, M. S. (1998). Modeling perceived economic well-being in a

    family setting: A gender perspective. *Financial Planning and Counseling, 9*(1),

    21-34.

Hierholzer, R. (2004). Improvement in PTSD patients who care for their grandchildren.

    American Journal of Psychiatry, 161(1), 176-177.

Helliwell, J. F. (2003). How's life? Combining individual and national variables to

    explain subjective well-being. *Economic modeling, 20*, 331-360.

Helliwell, J. F., & Putnam, R. D. (2004). The social context of well-being. *Philosophical*

    Transactions of the Royal Society of London B, 359, 1435-1446.

Himmelstein, D. U., Warren, E., Thorne, D., & Woodhandler, S. (2005). Illness and injury as contributors to bankruptcy. *Health Affairs, 24*, 63-74.

Hira, T. K., & Mugenda, O. M. (1998). Predictors of financial satisfaction: Differences between retirees and non-retirees. *Financial Counseling and Planning, 9*(2), 75-84.

Hodgkinson, V. A. (1995). Key factors influencing caring, involvement, and community. In P. G. Schervish, V. A. Hodgkinson and M.Gates (Eds.), *Care and Community in Modern Society: Passing on the tradition of service to future generations* (pp. 21-50). San Francisco: Jossey-Bass Publishers.

Hodgkinson, V. A. & Weitzmann, M. S. (1996). *Giving and volunteering in the United State: Findings from a national survey*. Washington, DC: Independent Sector.

Hoge, D. R. (1995, Spring). Explanations for current levels of religious giving. *New Direction for Philanthropic Fundraising, 7*, 51-70.

Holland, M. (2004). "To Close the Circle of our Felicities": *Caritas* and Jefferson's first inaugural. *Review of Politics, 66*, 181-205.

Hoyle, R. H. (1995). The structural model approach: Basic concepts and fundamental issues. In R. H. Hoyle (Ed.), *Structural equation modeling, concepts issues, and applications* (pp. 1-15). Thousand Oaks, CA: Sage.

Huang, W., & Ray, S. C. (1986). Labor supply, voluntary work and charitable contributions in a model of utility maximization. *Eastern Economic Journal, 12*, 257-263.

Huck, S. W. (2004). *Reading Statistics and Research* (4th ed.). Boston: Pearson Education Inc.

Iannacone, L. R. (1998). Introduction to the economics of religion. *Journal of Economic Literature, 36*, 1465-1496.

Idler, E. L., & Benyamini, Y. (1997). Self-rated health and mortality: A review of twenty-seven community studies. *Journal of Health and Social Behavior, 28*(1), 21-37.

Idler, E. L. & Kasl, S. V. (1997). Religion among disabled and nondisabled persons I: Cross-sectional patterns in health practices, social activities, and well-being. *Journal of Gerontology, 52B*, S294-S305.

Independent Sector. (2008). *Facts and figures about charitable organizations.* Washington, DC. Retrieved on April 20, 2009 from http://www.independentsector.org/programs/research/Charitable_Fact_Sheet.pdf

Inglehart, R. (2002). Gender, aging, and subjective well-being. *International Journal of Comparative Sociology, 43*, 391-408.

Ingoldsby, B. B., Smith, S. R., & Miller, J. E. (2004). *Exploring family theories*. Los Angeles: Roxbury Publishing Company.

Ironson, G. H., & Powell, L. H. (2005). An exploration of the health benefits of factors that help us to thrive. *International Journal of Behavioral Medicine, 12*(2), 47-49.

James III, R. N. (2007). Charitable giving and financial planner: Theories, findings and implications. *Journal of Personal Finance, 4*(4), 98-117.

James III, R. N., & Sharpe, D. L. (2007). The "sect effect" in charitable giving: Distinctive realities of exclusively religious charitable givers. *American Journal of Economics and Sociology, 66*, 697-726.

Joo, S., & Grable, J. E., (2004). An exploratory framework of the determinants of

    financial satisfaction. *Journal of Family and Economic Issues, 25*, 25-50.

Kahneman, D. & Thaler, R. (1991). Economic analysis and the psychology of utility:

    Applications to compensation policy. *American Economic Review, 81*, 341-346.

Khalil, E. L. (2004). What is altruism? *Journal of Economic Psychology, 25*, 97-123.

Kim, J., Bagwell, D. E., & Garman, E. T. (1998). Evaluation of workplace personal

    financial education. *Personal Finances and Worker Productivity, 2*(1), 187-192.

Koenig, H. G. (2004). Religion, spirituality and medicine: Research findings and

    implications for clinical practice. *Southern Medical Journal, 97*, 1194-1200.

Konow, J., & Earley, J. (2008). The hedonistic paradox: Is *homo economicus* happier?

    Journal of Public Economics, 92, 1-33.

Lavee, Y., & Dollahite, D. C. (1991). The linkage between theory and research in family

    science. *Journal of Marriage and the Family, 53,* 361-373.

Leach, L. J., Hayhoe, C. R., & Turner, P. R. (1999). Factors affecting perceived

    economic well-being of college students: A gender perspective. *Financial*

    Counseling and Planning, 10(2), 11-22.

Lee, S. A. (2008). Sheryl Garrett and why 400,000 planners are needed…and where

    they'll come from. *Journal of Financial Planning, 21*(3), 16-19.

Lehrer, E. L. (2004). Religion as a determinant of economic and demographic behavior in

    the United States. *Population and Development Review, 30*, 707-726.

Loibl, C., & Hira, T. K. (2005). Self-directed financial learning and financial satisfaction.

    Financial Planning and Counseling, 16(1), 11-21.

Lyons, A. C. & Yilmazer, T. (2005). Health and financial strain: Evidence from the

> Survey of Consumer Finances. *Southern Economic Journal, 71*, 873-890.

Lytton, R. H., Grable, J. G., & Klock, D. D. (2006). *The process of financial planning:*

> *Developing a financial plan*. Erlanger, KY: The National Underwriter Company.

Madrian, B. C., & Shea, D. F. (2001). The power of suggestion: Inertia in 401(k)

> participation and savings behavior. *Quarterly Journal of Economics, 116*, 1149-

> 1187.

Marmot, M., & Shipley, M. P. (1996). Do socioeconomic differences in mortality persist

> after retirement? *British Medical Journal, 313*, 1177-80.

Martin, M. W. (1994). *Virtuous giving: Philanthropy, voluntary service and caring*.

> Bloomington, IN: Indiana University Press.

Maslow, A. H. (1943). A theory of human motivation. *Psychological Review, 43*, 370-

> 396.

Maslow, A. H. (1970). *Motivation and personality*. New York: Harper and Row.

Mazumder, B., (2008). Does education improve health? A reexamination of the evidence

> efor compulsory schooling laws. *Federal Reserve Bank of Chicago Economic*

> *Perspectives, 32*(2), 2-16.

McAndrew, F. T. (2002). New evolutionary perspectives on altruism: Multilevel-

> selection and costly-signaling theories. *Current Directions in Psychological*

> *Science, 11*, 79-82.

Meer, J., Miller, D. L., & Rosen, H. R. (2003). Exploring the health-wealth nexus.

> *Journal of Health Economics, 22*, 713-730.

Mellor, D., Hyashi, Y., Stokes, M., Firth L, Lake, L., Staples, M., Chambers, &

    Cunningham, R. (2009). Volunteering and its relationship with personal and

    neighborhood well-being. *Nonprofit and Voluntary Sector Quarterly, 38*, 144-

    159.

Meyers, L. S., Gamst, G., & Guarino, A. J. (2006). *Applied multivariate research: Design*

    and interpretation. Thousand Oaks, CA: Sage Publications.

Micceri, T. (1989). The unicorn, the normal curve and other improbable creatures.

    Psychological Bulletin, 105, 156-166.

Mitra, A. (2001). Effects of physical attributes of the wages of males and females.

    Applied Economics Letters, 8, 731-735.

Mittra, S., Potts, T., & LaBrecque, L. (2005). *Practicing financial planning for*

    professionals. Rochester, MI: RH Publishing.

Mjelde-Mossey, L. A., & Mor Barak, M. E. (1998). The conceptual and empirical link

    between health behaviors, self reported health, and the use of home health care in

    later life. *Home Health Care Services Quarterly, 17*(3), 71-89.

Mookherjee, H. N. (1997). Marital staus, gender, and perception of well-being. *Journal*

    of Social Psychology, 137, 95-106.

Morgan, J. N. (1992). Health, work, economic status, and happiness. In N. E. Cutler, D.

    W. Gregg, & M. P. Lawton (Eds.), *Aging, money, and life satisfaction: Aspects of*

    financial gerontology (pp. 101 – 133). New York: Springer Publishing Company.

Mosak, H. H., & Dreikurs, R. (1967). The life tasks III, the fifth life task. *Individual*

    Psychologist, 5, 16-22.

Mount, J. (1996). Why donors give. *Nonprofit Management & Leadership, 7*, 3-14.

Musick, M. A., Herzog, A. R., & House, J. S. (1999). Volunteering and mortality among

    older adults: Findings from a national sample. *Journal of Gerontology, 54B*(3),

    S173-S180.

Myers, J. E., Sweeney, T. J., & Whitmer, J. M. (2000). The wheel of wellness counseling

    for wellness: A holistic model for treatment planning. *Journal of Counseling &*

    Development, 78, 251-266.

Namazie, C., & Sanfey, P. (2002). Happiness in transition: The case of Kyrgyzstan.

    Review of Development Economics,5, 392-405.

Nayga, R. (2000). Schooling, health knowledge and obesity. *Applied Economics, 32*, 815-

    820.

NCFR. (1970). Position paper on family life education. *The Family Coordinator, 19*, 186.

NCFR. (2009). Standards & Criteria: Certified Family Life Educator (CFLE)

    Designation. Minneapolis, MN: NCFR. Retrieved November 9, 2009 from

    http://www.ncfr.org/pdf/cfle_cert/Standards_2009.pdf

Nerem, R. M., Levesque, M. J., & Cornhill, J. F. (1980). Social environment as a factor

    in diet-induced atherosclerosis. *Science, 208*, 1475-1476.

Nowak, M. A. & Roch, S. (2007). Upstream reciprocity and the evolution of gratitude.

    Proceedings of the Royal Society B, 274, 605-609.

Nye, F. I. (1978). Is choice and exchange theory the key? *Journal of Marriage and the*

    Family, 40, 219-233.

Nye, F. I. (1979). Choice, exchange and the family. In W. R. Burr, R. Hill, F. I. Nye, & I.

    L. Reiss (Eds.), *Contemporary theories about the family.* (Volume 2). New York:

    Free Press.

Nye, F. I. (1980). Family mini-theories as special instances of choice and exchange

   theory. *Journal of Marriage and the Family,* 42, 479-489.

Oman, D., Thoresen, C. E., McMahon, K. (1999). Volunteerism and mortality among the

   community-dwelling elderly. *British Journal of Health Psychology, 4*(3), 301-

   316.

O'Neill, B., Sorhaindo, B., Xiao, J. J., & Garman, E. T. (2005). Financial distressed

   consumers: Their financial practices, financial well-being, and health. *Financial*

   Counseling and Planning, 16, 73-87.

Ostling, R. N., & Ostling, J. K. (2007). *Mormon America: The power and the promise*.

   New York: Harper Collins.

Ostrander, S. A. (2007). The growth of donor control: Revisiting the social relations of

   philanthropy. *Nonprofit and Voluntary Sector Quarterly, 36*, 356-372.

Papke, L. E. (1998). Are 401(k) plans replacing other employer-provided pensions?

   Evidence from panel data. *The Journal of Human Resources, 34*, 346-268.

Patton, M. Q. (2002). *Qualitative Research and Evaluation Methods* (3rd ed.). Thousand

   Oaks, CA: Sage Publications.

Pearce, P., & Amato, P. R. (1980). A taxonomy of helping: A multidimensional scaling

   analysis. *Social Psychology Quarterly, 43*, 363-71.

Penner, L. A., Dovidio, J. F., Piliavin, J. A., & Schroeder, D. A. (2005). Prosocial

   behavior: Multilevel perspectives. *Annual Review of Psychology, 56*, 365-392.

Pittman, J. F., & Lloyd, S. A. (1988). Quality of family life, social support and stress.

   Journal of Marriage and the Family,50, 53-67.

Pope, S. (1991). Expressive individualism and true self-love: A Thomistic perspective. *Journal of Religion, 71*, 384-399.

Porter, N. M., & Garman, E. T. (1993). Testing a conceptual model of financial well-being. *Financial Counseling and Planning, 4*, 135-164.

Post, S. G. (2005). Altruism, happiness and health: It's good to be good. *International Journal of Behavioral Medicine, 12*(2), 66-77.

Rasmussen, D. C. (2006). Does "bettering our condition" really make us better off?: Adam Smith on progress and happiness. *American Political Science Review, 100*(3), 309-318.

Reingold, D., & Nesbit, R. (2006). *Volunteer growth in America: A review of trends since 1974*. Washington, DC: Corporation for National and Community Service.

Rockefeller III, J. D. (1978). In defense of philanthropy. *Business and Society Review,25*, 26-29.

Rogot, E., Sorlie, P. D. & Johnson, N. J. (1992). Life expectancy by employment status, income, and education in the National Longitudinal Mortality Study. *Public Health Reports, 107*, 457-461.

Rooney, P. M., Mesch, D. J., Chin, W. & Steinberg, K. S. (2004). The effects of race, giving, and survey methodologies in the U.S. *Economics Letters, 86*, 173-180.

Rooney, P. M. & Tempel, E. R. (2001). Repeal of the estate tax and its impact on philanthropy. *Nonprofit Management and Leadership, 12*, 193-211.

Roszkowski, M. J., & Grable, J. E. (2007). How are income and net worth related to happiness? *Journal of Financial Service Professionals, 61*, 64-7

Russek, L. G., & Schwartz, G. E. (1997). Perceptions of parental caring predict health

    status in midlife: A 35-year follow-up of the Harvard Master of Stress study.

    Psychosomatic Medicine, 59, 144-149.

Ryff, C. D., & Singer, B. (1998). The contours of positive human health. *Psychological*

    Inquiry, 9, 1-28.

Savoie, A. J., & Havens, J. J., (1998, November*). The high giving poor: Who are the low*

    income people who make high contributions? Paper presented at the annual

    meeting of the Association for Research on Nonprofit Organizations and

    Voluntary Action, Seattle, WA.

Schervish, P. G. (2006). The moral biography of wealth: Philosophical reflections on the

    foundation of philanthropy. *Nonprofit and Voluntary Sector Quarterly, 35*, 477-

    492.

Schervish, P. G. (2007). Inclination, obligation, and association: What we know and what

    we need to learn about donor motivation. In D. F. Burlingame (Ed.), *Critical*

    issues in fundraising (pp. 110-138). New York: Wiley

Schervish, P. G. (2008a). Why the wealthy give: Factors which mobilize philanthropy

    among high net-worth individuals. In A. Sargeant & W. Wymer (Eds.), *The*

    Routledge Companion to Nonprofit Marketing (pp. 165-181). London: Routledge.

Schervish, P. G. (2008b). Receiving and giving as spiritual exercise: The spirituality of

    care in soul, relationship and community. Thomas Lake Lecture, Lake Institute on

    Faith and Giving. Retrieved January 12, 2009 from

    http://www.bc.edu/research/cwp//meta-elements/pdf/receivingandgiving.pdf

Schervish, P. G., Coutsoukis, P. E., & Havens, J. J. (1998, November). *Social participation and charitable giving revisited: Replication of a multivariate analysis.* Paper presented at the meeting of the Association for Research on Non-profit Organizations and Voluntary Associations, Seattle, WA.

Schervish, P. G., Coutsoukis, P. E., & Lewis, E. (1994). *Gospels of wealth: How the rich portray their lives.* Westport, CT: Praeger Publishers.

Schervish, P. G., & Havens, J. J. (1997). Social participation and charitable giving: A multivariate analysis. *Voluntas, 8*, 235-260.

Schervish, P. G., & Havens, J. J. (2001). Wealth and the commonwealth: New findings on wherewithal and philanthropy. *Nonporfit and Voluntary Sector Quarterly, 30*, 5-25.

Schervish, P. G., & Havens, J. J. (2002). The Boston Area Diary Study and the moral citizenship of care. *Voluntas: International Journal of Voluntary and Nonprofit Organizations, 13*, 47-71.

Schervish, P. G. & Havens, J. J. (2006). Money and magnanimity: New findings on the distribution of income, wealth, and philanthropy. *Nonprofit Management and Leadership, 8*, 421-434.

Schervish, P. G., Herman, A., & Rhenisch, L. (1986, March). Towards a general theory of the philanthropic activities of the wealthy. Paper presented at the Annual Spring Research Forum of the Independent Sector, New York, NY.

Schumacker, R. E., & Lomax, R. G. (2004). *A beginners guide to Structural Equation Modeling* (2nd ed.). Lawrence Erlbaum & Assoc., Mahwah, NJ.

Sharpe, D. L. (2007). Health and wealth connections. *Journal of Personal Finance, 6*(4), 37-56.

Shmotkin, D., Blumstein, T., & Modan, B. (2003). Beyond keeping active: Concomitant of being a volunteer in old-old age. *Psychology and Aging, 18*, 602-607.

Smith, A. (1986). *The Essential Adam Smith* (R. L. Heilbroner, Ed.). W. W. Norton & Co.: New York. (Original work published 1759.)

Smith, E. A., & Bird, R. L. B. (2000). Turtle hunting and tombstone opening: Public generosity as costly signaling. *Evolution and Human Behavior, 21*, 245-261.

Smith, T. (1997). "Measuring race by observation and self-identification," GSS Methodological Report No. 89. National Opinion Research Center: Chicago.

Smith, T. W. (1986). "Classifying Protestant Denominations," GSS Methodological Report No. 43. National Opinion Research Center: Chicago.

Smith, T. W. (2003). "Altruism in contemporary America: A report from the National Altruism Study," GSS Topical Report No. 34. National Opinion Research Center: Chicago.

Spiegel, M. (1995). Charity without altruism. *Economic Inquiry, 33*, 625-639.

Stutzer, A. (2004). The role of income aspirations in individual happiness. *Journal of Economic Behaviour and Organisation, 54*, 89-109.

Sweeney, T. J. & Witmer, J. M. (1991). Beyond social interest: Striving toward optimum health and wellness. *Individual Psychology, 47*, 527-540.

Thaler, R. H., & Sunstein, C. R. (2008). *Nudge: Improving decisions about health, wealth, and happiness.* New Haven: Yale University Press.

Thoits, P. A., & Hewitt, L. N. (2001). Volunteer work and well-being. *Journal of Health and Social Behavior, 42*, 115-131.

Thomas, J., & Arcus, M. (1992). Family life education: An analysis of the concept. *Family Relations, 41,* 3-8.

Toner, J. (1968). *The experience of love*. Washington, D.C.: Corpus Books.

Trochim, W. M. K. (2005). *Research methods: The concise knowledge base*. Cincinnati, OH: Atomic Dog Publishing.

U.S. Census Bureau. (2004). *Current Population Survey, Annual Social and Economic Supplement.* Retrieved January 26, 2006, from http://www.census.gov/hhes/income/histinc/h03ar.html.

Van Praag, B. M. S., & Ferrer-i-Carbonnell, A. (2008). *Happiness quantified: A satisfaction calculus approach* (Rev. ed.). Oxford: Oxford University Press.

Van Slyke, D. M., & Brooks, A. C. (2005). Why do people give?: New evidence and strategies for nonprofit managers. *American Review of Public Administration, 35*(3), 199-122.

Van Slyke, D. M., & Johnson, J. L. (2006). Nonprofit organizational performance and resource development strategies: Exploring the link between individual volunteering and giving. *Public Performance and Management Review, 29*(4), 467-496.

Van Willigen, M. (2000). Differential benefits of volunteering across the life course. *Journal of Gerontology, 55B*(5), S308-S318.

Walker, D., & LaGarde, S. (2006). The Pension Protection Act of 2006 – a comprehensive reform package. *The Tax Adviser, 37*, 650-656.

Walker, L. J. (2008). Capturing the boomer-care flag: The misalignment of compensation and consumer need. *Journal of Financial Planning, 21*(6), 28-31.

Walker, L. J. (2009). The next watering hole. *Journal of Financial Planning, 22*(2), 26-30.

Weller, C. E. (2007). Need or want: What explains the run-up in consumer debt? *Journal of Economic Issues, 41*, 583-591.

White, J. M., & Klein, D. M. (2002). *Family Theories* (2nd ed.). Thousand Oaks. CA: Sage Publishing.

White, Vera A. (2007). *Race, sex, social class: The influence of stress responsiveness on well-being among American families*. Ph.D. dissertation, Kansas State University, United States -- Kansas. Retrieved January 17, 2009, from Dissertations & Theses @ Kansas State University database. (Publication No. AAT 3291399).

Wilhelm, M. S., Varcoe, K., & Huebner-Fridrich, A. (1993). Financial satisfaction and assessment of financial progress: Importance of money attitudes. *Financial Counseling and Planning, 4*(1), 181-198.

Williams, D. R., & Collins, C. (1995). U.S. socioeconomic and racial differences in health: Patterns and explanations. *Annual Review of Sociology, 21*, 349-386.

Willis, L. E. (2008). Against financial literacy education. *Iowa Law Review*, 94, 197-286.

Wilson, J., & Musick, M. (1998). The contribution of social resources to volunteering. *Social Science Quarterly,79*, 799-814.

Witmer, J. M., & Sweeney, T. J. (1992). A holistic model for wellness and prevention over the life span. *Journal of Counseling and Development, 71*, 140-148.

World Health Organization. (2007). *Mental health: A state of well-being*. Retrieved June

    11, 2008 from http://www.who.int/features/factfiles/mental_health/en/.

Yilmazer, T., & DeVaney, S. A. (2005). Household debt over the life cycle. *Financial*

    Services Review, 14, 285-304.

Zagorsky, J. L. (2004). Is obesity as dangerous to your wealth as to your health?

    Research on Aging, 26, 130-152.

Zagorsky, J. L. (2005). Health and wealth: The late 20th-century obesity epidemic in the

    U.S. *Economics and Human Biology, 3*, 296-313.

Zahavi, A. (2003). Indirect selection and individual selection in sociobiology: My

    personal views on theories of social behavior. *Animal Behavior, 65*, 859-863.

Appendix A - Categorical Nomenclature of Wellness and Well-being

Table A.6.1 Categorical Nomenclature of Wellness and Well-being

Reference	Nomenclature	Categories
Andrews, F. M., & Withey, S. B. (1976). *Social indicators of well-being: Americans' perceptions of life quality*. New York: Plenum Books.	Concern measures	Self-efficacy
		Family
		Money
		Fun
		Housing
		National government
Campbell, A., Converse, P. E., & Rodgers, W. L. (1976). *The quality of American life: Perceptions, evaluations and satisfactions*. New York: Russell Sage Foundation.	Domains	Country
		Community
		Neighborhood
		Housing
		Standard of Living
		Family
		Friendships
		Savings
		Amount of Education
		Quality of Education
		Health
		Work
		Marriage
		Government
		Organizations
		Religion
		Spare time

Reference	Nomenclature	Categories
Sweeney, T. J. & Witmer, J. M. (1991). Beyond social interest: Striving toward optimum health and wellness. *Individual Psychology, 47*, 527-540.	Life tasks and forces	Spirituality
		Self-regulation
		Work
		Friendship
		Love
		Government
		Community
		Family
		Religion
		Education
		Business/Industry
		Media
Becker, L. C. (1992). Good lives: Prolegomena. *Social Philosophy and Policy, 9*(2), 15-37.	Criterial goods	Self-command
		Self-love
		Mutual love
		Sexuality
		Benevolence
		Rectitude
		Harmonization
		Aesthetics
		Goodness-of-a-kind
		Autonomy
		Meaningfulness
		Achievement
		Inner unity
		Human excellence
		Personal fulfillment

Reference	Nomenclature	Categories
Adams, T., Bezner, J., & Steinhardt, M. (1997). The conceptualization and measurement of perceived wellness: Integrating balance across and within dimensions. *American Journal of Health Promotion, 11*, 208-218.	Dimensions	Physical Spiritual Emotional Intellectual Psychological Social
Anderson, N. B. (2003). *Emotional longevity: What really determines how long you live*. New York: Penguin Books.	Dimensions	Emotions Thoughts and actions Personal achievement and equality Environment and relationships Faith and meaning Biology
Hattie, J. A., Myers, J. E., & Sweeney, T. J., (2004). A factor analysis of wellness: Theory assessment, analysis and practice. *Journal of Counseling and Development, 82*, 354-364.	Factors	Creative self Coping self Social self Essential self Physical self
Bolles & Nelson (2007)	Dimensions	Happiness Health Prosperity

# Appendix B - General Social Survey Questions and Measurements

Variable and Question #	Question Wording	Responses
HAPPY 157	Taken all together, how would you say things are these days--would you say that you are very happy, pretty happy, or not too happy?	Very happy = 1, Pretty happy = 2, Not too happy = 3, Don't know = 8, No answer = 9, Not applicable = BK
HEALTH 159	Would you say your own health, in general, is excellent, good, fair, or poor?	Excellent = 1, Good = 2, Fair = 3, Poor = 4, Don't know = 8, No answer = 9, Not applicable = BK
HARMONY 681C	I feel deep inner peace or harmony.	Many times a day = 1, Every day = 2, Most days = 3, Some days = 4, Once in a while = 5, Never or almost never = 6, Don't know = 8, No answer = 9, Not applicable = BK
SATFIN 187A	We are interested in how people are getting along financially these days. So far as you and your family are concerned, would you say that you are pretty well satisfied with your present financial situation, more or less satisfied, or not satisfied at all?	Pretty well satisfied = 1, More or less satisfied = 2, Not satisfied at all = 3, Don't know = 8, No answer = 9, Not applicable = BK
GIVHMLSS 927B	During the past 12 months, how often have you done each of the following things: Given food or money to a homeless person	More than once a week = 1, Once a week = 2, Once a month = 3, At least 2 or 3 times in the past year = 4, Once in the past year = 5, Not at all in the past year = 6, Don't know = 8, No answer = 9, Not applicable = BK
VOLCHRTY 927 E	During the past 12 months, how often have you done each of the following things: Done volunteer work for a	More than once a week = 1, Once a week = 2, Once a month = 3, At least 2 or 3

	charity	times in the past year = 4, Once in the past year = 5, Not at all in the past year = 6, Don't know = 8, No answer = 9, Not applicable = BK
GIVCHRTY 927F	During the past 12 months, how often have you done each of the following things: Given money to a charity	More than once a week = 1, Once a week = 2, Once a month = 3, At least 2 or 3 times in the past year = 4, Once in the past year = 5, Not at all in the past year = 6, Don't know = 8, No answer = 9, Not applicable = BK
ATTEND 105	How often do you attend religious services?	Never = 0, Less than once a year = 1, Once or twice a year = 2, Several times a year = 3, About once a month = 4, 2 or 3 times a month = 5, Nearly every week = 6, Every week = 7, Several times a week = 8, don't know, No answer = 9
FUND 104C	Fundamentalism/Liberalism of respondent's denomination	Fundamentalist = 1, Moderate = 2, Liberal = 3
INCOME98	In which of these groups did your total family income, from all sources, fall last year before taxes, that is?	Under $1,000 = 1, $1,000 to 2,999 = 2, $3,000 to 3,999 = 3, $4,000 to 4,999 = 4, $5,000 to 5,999 = 5, $6,000 to 6,999 = 6, $7,000 to 7,999 = 7, $8,000 to 9,999 = 8, $10,000 to 12,499 = 9, $12,500 to 14,999 = 10, $15,000 to 17,499 = 11, $17,500 to 19,999 = 12, $20,000 to $22,499 = 13, $22,500 to 24,999 = 14, $25,000 to $29,999 = 15, $30,000 to 34,999 = 16, $35,000 to 39,999 = 17, $40,000 to 49,999 = 18, $50,000 to 59,999 = 19, $60,000 to 74,999 = 20, $75,000 to 89,999 = 21, $90,000 to 109,999 = 22, $110,000 or over = 23, Refused = 24, Don't know = 98, No answer =99

EDUC 15	What is the highest grade in elementary school or high school that you finished and got credit for?	No formal schooling = 0, 1st grade = 1, 2nd grade = 2, 3rd grad = 3, 4th grade = 4, 5th grade = 5, 6th grade = 6, 7th grade = 7, 8th grade = 8, 9th grade = 9, 10th grade = 10, 11th grade = 11, 12th grade = 12, 1 year of college = 13, 2 years of college = 14, 3 years of college = 15, 4 years of college = 16, 5 years of college = 17, 6 years of college = 18, 7 years of college = 19, 8 years of college = 20, Don't know = 98, No answer = 99.
AGE 13	Recoded from respondent's date of birth	10 – 19 = 1, 20 – 29 = 2, 30 – 39 = 3, 40 – 49 = 4, 50 – 59 = 5, 60 – 69 = 6, 70-79 = 7, 80 or over = 8, No answer, Don't know = 9
MARITAL 4	Are you currently--married, widowed, divorced, separated, or have you never been married?	Married = 1, Widowed = 2, Divorced = 3, Separated = 4, Never Married = 6, No answer = 9
WRKSTAT 1	Last week were you working full time, part time, going to school, keeping house, or what?	Working full time = 1, Working part time = 2, With a job, but not at work = 3, Unemployed = 4, Retired = 5, In school = 6, Keeping house = 7, Other = 8, No answer = 9
SEX 23	Interviewer coded	Male = 1, Female = 2
RACECEN1 1602A	What is your race? Indicate one or more races that you consider yourself to be. [First mention]	White = 1, Black or African American = 2, American Indian or Alaska Native = 3, Asian Indian = 4, Chinese = 5 Filipino = 6, Japanese = 7, Korean = 8, Vietnamese = 9, Other Asian = 10, Native Hawaiian = 11, Guamanian or Chamorro = 12, Samoan = 13, Other Pacific Islander = 14, Some other race = 15, Hispanic = 16, Don't know = 90, No answer = 99

RELIG 104	What is your religious preference? Is it Protestant, Catholic, Jewish, some other religion, or no religion?	Protestant = 1, Catholic = 2, Jewish = 3, None = 4, Other = 5, Buddhism = 6, Hinduism = 7, Other Eastern = 8, Moslem/Islam = 9, Orthodox-Christian = 10, Christian = 11, Native American = 12, Inter-Nondenominational = 13, Don't know = 98, No answer = 99

Appendix C - Additional Respecified Models
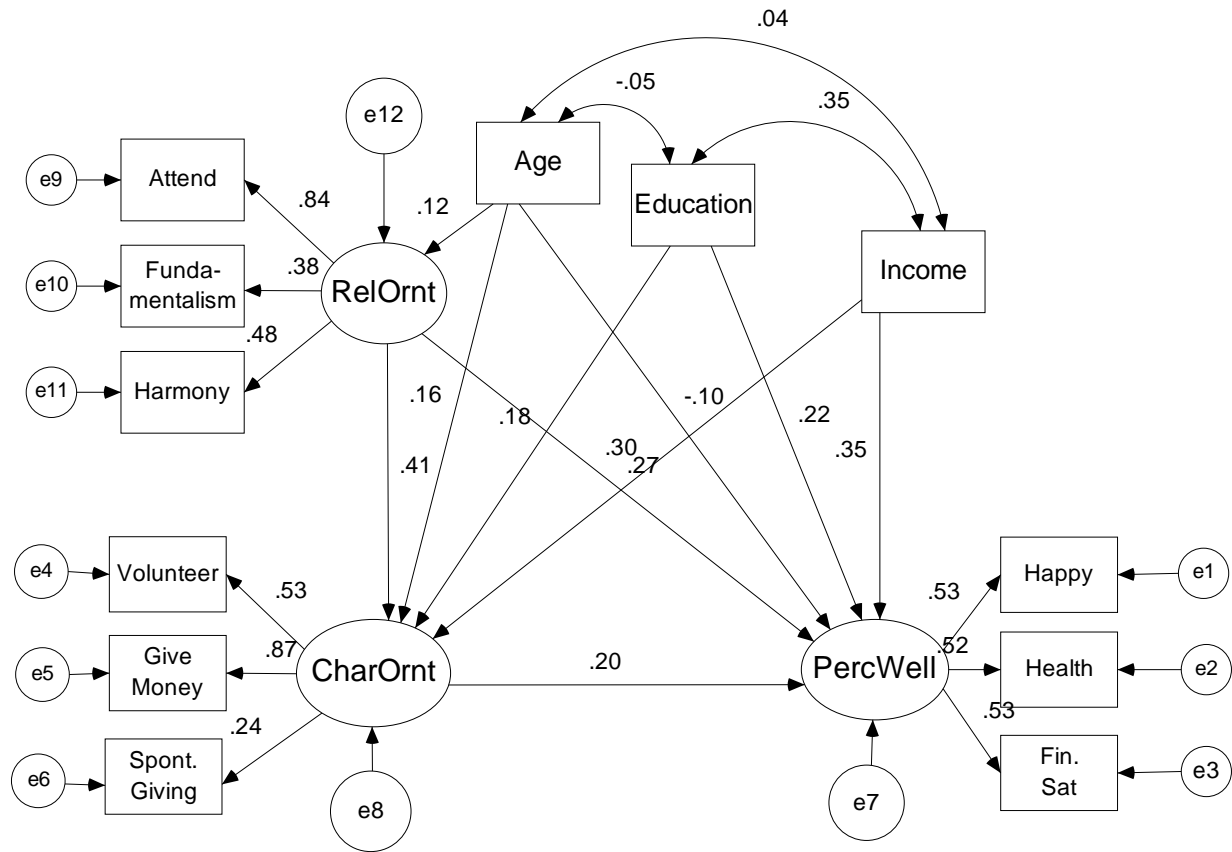
Figure C.1 CAPWR with Age variable included $\chi^2 = 258.26$ ($p = .000$), $df = 44$, CFI = .829, NFI = .804, RMSEA = .083
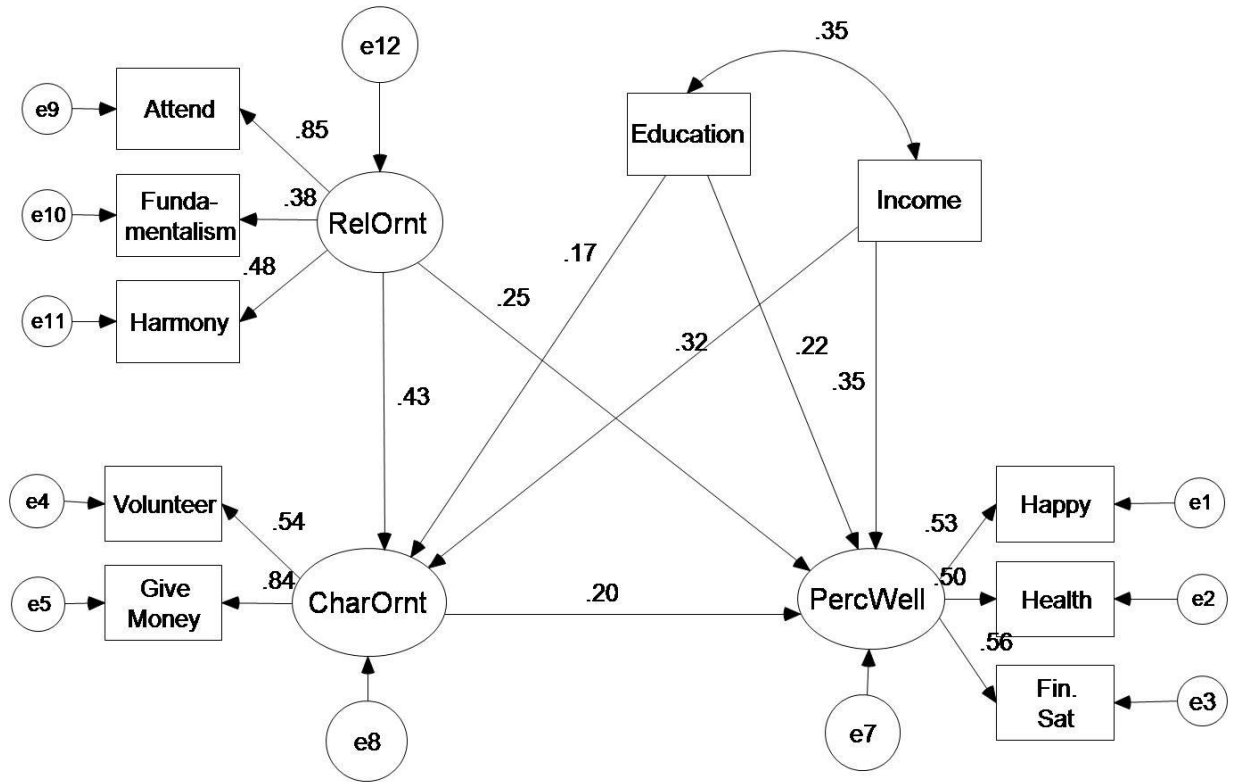
Figure C.2 CAPW Model respecified to remove least reliable variable $\chi^2 = 156.219$

($p = .000$) *df* = 29, CFI = .885, NFI = .864, RMSEA = .078