

The Helping Community: Characteristics of Natural Helpers¹

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As part of a project to develop a primary prevention system using natural helpers in rural communities, a sample survey of 213 households was conducted. Existing helping and help-seeking patterns, community participation, attitudes toward and knowledge about the community, service utilization, and other factors were examined. Two groups were identified who differed greatly in their reported rates of being asked for and giving help. Active helpers were younger, better educated, newer in the community, more likely to be employed, and lived in larger households. Other demographic features (age, sex, income, marital status) bore no relationship to helping rates, nor did attitudes toward the community and one's quality of life. However, a complex of questions tentatively identifiable as "community mindedness" did differentiate the two groups.

For some years, interest in the effective use of nonprofessionals in assisting people in various stages of psychosocial distress has been growing. Although the power of self-help groups has long been known (Gartner & Riessman, 1977), only recently has the functioning of lay people in informally helping their neighbors, relatives, and work associates gained attention. Gottlieb (1976) has reviewed the influence of lay people in providing mental health services, and notes that the informal helper may be properly considered a provider of mental health services. Warren (1975; 1976) has demonstrated the usefulness of informal networks of neighborhood helpers

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in his study of inner-city communities. D'Augelli and Ehrlich (Note 1) have documented the scope of such helping. Their sample of rural helpers reported spending 126 minutes per week in informal helping, talking with four to five helpees a week.

The potential for people with minimal or no formal training in mental health to be useful in maintaining the quality of community life is considerable. Gottlieb (1981) and Collins and Pancoast (1976) suggest that much is to be gained by careful collaboration between mental health professionals and informal helpers. A report on 10 such projects (Froland, Pancoast, Chapman, & Kimboko, Note 2) describes the many variations of this collaboration. Little is known, however, about these informal helpers and how they differ from other community residents, although Patterson (1977) has described some differences in working styles of natural and paid helpers in a project in rural Kansas. Empirical study of natural helpers would serve to clarify and extend our understanding of the concept of community and, more pragmatically, aid in the development of collaborative programs.

One such collaboration is the Community Helpers Project (D'Augelli, Vallance, Danish, Young, & Gerdes, 1981). Designed to test the feasibility of developing a package for community intervention through training informal helpers, this effort has used a "pyramid" model to train a set of local residents in helping skills (Danish, D'Augelli, & Hauer, 1980) and in the processes of training others. Results of the training are reported elsewhere (Ehrlich, D'Augelli, & Conter, 1981). A critical component of the project was a community survey of help-seeking and help-giving. In the course of this survey community residents who differed in their informal helping activities were identified. This report details differences between the "active" helpers in the sample and other residents who were uninvolved in informal helping.

METHOD

Sample

A random sample of households was chosen from the project sites, two rural areas in central Pennsylvania. The first area included the town of Bloomsburg and its adjacent township, with a total population of 16,000; the second was the western portion of Snyder county, with a total population of 2,350. The two areas are about 50 miles apart. The people in both areas are predominantly whites (more than 95%) of German, English, and western European descent; only six nonwhite households appeared in the sample.

The desired sample size was 230 households, 115 in Bloomsburg and 115 in western Snyder. A modified area probability sample technique was used to select households in which random sampling points were chosen from a map of the area. From these points, interviewer routes were drawn whereby five households along each path were to be included in the sample. The specific households were selected by taking every fifth household in Bloomsburg and every second household in the western Snyder area. The percentages of households interviewed were 2% for Bloomsburg and 15% for the western Snyder area. The overall completion rate for the survey was 93%. Of the 230 interviews sought, 213 were completed, 111 in Bloomsburg and 102 in the western Snyder County area.

Survey Instrument

The survey had as its objective to provide information on the local communities, on residents' knowledge and use of community resources, and on their assessment of their communities and of the quality of their lives. Although the survey was not designed specifically to analyze in detail the differences between people who actively help others and those who do not, the data made possible an initial exploration of such differences.

The instrument used was a 50-item interview schedule which required an average of 1 hour to administer. Items for demographic characteristics, community residence, and social networks were largely adapted from other surveys (Craven & Wellman, 1973; Warren, 1976). The estimate of life quality used Cantril's "ladder" procedure (1965), some questions from the national survey reported by Campbell, Converse, and Rogers (1976), and several new questions. Still other items sought information on knowledge and use of services, help-giving and help-receiving activities, social participation, health, and attitudes toward the community.³

This report summarizes factors associated with responses given to one major question on the survey: "About how often are you sought out by someone needing personal help?" Six responses were possible: daily, several times per week, weekly, several times per month, and less often than several times per month. This question was only asked of the 185 respondents who had indicated on an earlier question that people did seek them for help with personal problems. From this group, respondents were identified as "helpers" if they answered in any of the first three frequency categories noted above, i.e., they reported a helping interaction to occur at least on a weekly basis. "Nonhelpers" were those respondents who on an earlier item said that "no one seeks me out." By this criterion, 64 active helpers (30% of

³Copies of the entire community survey are available at cost from the first author.

the sample) and 28 nonhelpers (13%) were identified. The remainder of the sample (121 or 57%) reported to be sought out less frequently than weekly; they were omitted from these analyses to create more extreme groups for comparison. The group of self-reported active helpers were contrasted with the group of nonhelpers on demographic information, social relations, attitudes, and community mindedness.

RESULTS

Demographics

Sex, age, employment, marital status, education, income, duration of residence in the community were examined using chi squares. Results appear in Table I.⁴ (In all tables, percentages are rounded to the nearest whole number, producing some totals differing from 100%. Also, some total *n*'s vary from the basic 64 helpers and 28 nonhelpers because of missing data.)

The active helpers are likely to be younger, better educated than nonhelpers, and they are more likely to be employed and to have lived in the community for a shorter time. Sex, marital status, and income bore no significant relation to frequency of helping.

Social Relations

Several questions dealt with household size, relatives not in the household that the respondent felt close to, relatives living nearby, the number of close friends living nearby, and the type of social organization (religious, work-related, fraternal, hobby, service) in which most time was spent.

Of these relations the only one on which active helpers were distinguished from nonhelpers was total household size, with helpers coming mainly from larger households. This is shown in Table II. More than 60% of active helpers came from households of three or more people; of nonhelpers nearly 60% came from households of two or fewer people.

Attitudes

People who ~~hope~~ positive attitudes toward themselves, their satisfaction with life, and positive attitudes toward their communities might be

⁴Because of the exploratory rather than hypothesis-testing nature of the analysis it was decided not to adopt a strict and conventional significance level.

Table I. Demographic Characteristics Associated With Being an Active Helper

Characteristic	Helpers		Nonhelpers		χ^2	<i>p</i>
	<i>n</i>	% ^a	<i>n</i>	% ^a		
Age						
18-40	26	41	4	14		
41-60	26	41	9	32	12.6	< .01
61-98	12	19	15	54		
Education						
Less than high school	19	30	15	56		
High school graduate	28	44	9	33	5.97	.05
More than high school	17	27	3	11		
Employed						
Yes	46	72	14	52	2.56	.11
No	18	28	13	48		
Years in community						
0-6	16	25	4	14		
7-20	14	22	2	7		
21-50	26	41	8	29	15.68	.001
50+	8	12	14	50		

^aPercentages are rounded to the nearest whole number.

more likely to be counted among those who would help others to enjoy their lives as well. A pattern of satisfaction with self and community suggests an openness and responsiveness to the problems of others. Several questions in the survey dealt with this set of attitudes: The Cantril (1965) self-anchoring ladder scale allowed people to say on a 10-point scale how they felt about their lives right now in comparison with the best and worst imaginable situations. Other questions asked how respondents felt about their lives as a whole, about the community as a whole, about the people in the community, about their ability to adjust to life changes, their extent of self-development, and their feelings of financial security. However, active helpers and nonhelpers were not significantly different on any of these attitudes.

Table II. Household Size in Relation to Being an Active Helper

Household size	Helpers		Nonhelpers		χ^2	<i>p</i>
	<i>n</i>	%	<i>n</i>	%		
Live alone	11	17	8	29		
2 persons	14	22	14	50		
3 persons	14	22	2	7	13.47	< .01
4 persons	15	23	1	4		
5 or more	10	16	3	10		

Table III. Components of Community Mindedness Associated with Being an Active Helper

Component	Helpers		Nonhelpers		χ^2	<i>p</i>
	<i>n</i>	%	<i>n</i>	%		
Total hours weekly in social units						
0-2	28	46	24	89		
3-5	17	28	1	4	85.5	< .01
6-8	2	3	0	0		
8+	14	22	2	8		
Knowing location of counseling service						
Don't know	30	47	23	82		
Wrong	12	19	3	11	10.12	.02
Right	19	30	2	7		
Guessing	2	3	0	0		
Knowing services offered by counseling service						
Fam. Couns.	4	7	0	0		
MH Couns.	14	23	1	4		
Drug couns.	2	3	0	0		
Children's	3	5	0	0	9.35	.09
Don't know	29	47	19	77		
Other	9	15	3	13		
Problems to take to Counseling Service						
Named some	35	57	8	31		
Don't know	20	33	14	54	26.5	< .01
None	6	10	4	15		
Other help programs						
Yes	40	63	11	41	3.11	.08
No	23	37	16	59		
Like people most						
Named	36	56	10	36	2.51	.11
Not named	28	44	18	64		
Lack of service						
Named	19	30	4	14	1.71	.19
Not named	45	70	24	86		
Help for former mental patients						
Don't know	14	22	15	56		
General accept.	10	16	4	15		
Individual aid	2	3	1	4	11.29	.02
Provide service	26	41	4	15		
Don't release	12	19	3	11		
Neighbors' attitude toward exmental patients						
Don't know	19	30	13	46		
Indifferent	0	0	2	7		
Positive	21	33	6	21	8.59	.07
Negative	18	28	4	14		
Mixed	6	10	3	11		

Community Mindedness

A final set of comparisons was made between helpers and nonhelpers on their sensitivity to issues related to helping in their community, or their "community mindedness." Several interrelated items made up this variable: "How many hours weekly do you spend in all groups and organizations (religious, social, professional, recreational, etc.)?" "What additional service does the community need?" "Where is the counseling service?" "Do you know anyone who works there?" "What services are offered?" "What kinds of problems would you likely take to the counseling service or tell others to go there with?" "Have you heard of programs about helping people in the community?" And, "What do you like most and least about the community?" Results appear in Table III.

Table III shows that active helpers were likely to put somewhat more time into community groups ($p < .01$), more likely to know the location of the counseling service ($p < .02$), to know what services were offered there ($p = .09$), to be willing to take and have others take problems there ($p < .01$), and to know of helping programs in the community ($p = .08$). Active helpers were more likely to select "the people" as the feature most liked about their community ($p = .11$), and they named the lack of social services as the least desirable ($p = .19$). The overall pattern of the results was consistent. Active helpers were involved with others and aware and concerned about how people in their communities receive help from others.

A related pair of questions also suggested this sympathetic attitude toward people in need of help. One question asked what should be done for former mental hospital patients returned to the county. Active helpers less frequently said they did not know and much more frequently advocated providing services than did nonhelpers. The second question asked about neighbors' attitudes toward former mental hospital patients. The pattern of results for this item remains unclear, although active helpers more frequently than nonhelpers said they know what their neighbors' attitudes would be and were willing to name them as positive or negative.

DISCUSSION

These results suggest that the active helper is a community-minded person who communicates his or her knowledge of and concern for community conditions and people's well-being in such a way that she or he is sought out for help. There are probably personality characteristics, un-tapped by our survey, also at work in making one a likely target for requests for help. If this is the case, the policy question then becomes one of how to

generate within a community an awareness of problems and a level of participation in coping with problems such that people will expect to find affirmative responses to requests for help, and such that people especially motivated to be helpers may put themselves forward more readily to support their neighbors. In such a process increased help-seeking (and help-giving) would be a by-product of effective community leadership in coping with community problems. Such leadership could effectively encompass the recruiting of several kinds of volunteers, and the encouraging of people to seek help from one another in problems of everyday living. A program of training people who would be natural helpers to improve their helping skills, similar to the one with which the survey was associated, could be a useful part of such community-wide effort.

By way of suggestions for further research, it could be informative to identify and study in detail the personal characteristics, motivations, and more intimate social involvements of active helpers—objectively discovered as well as self-reported—to develop guidelines useful in other settings.

At a more abstract level, the analysis of active helpers in several communities differing in levels of pathology, especially if they were compared with a set of nonhelpers, could lead to a fuller understanding of the factors that differentiate communities with different levels of resources to cope with problems. One of the ideological principles underlying the "Community Helpers Project" is that independence of external resources in coping with community problems is a good. Research on the numbers, motivations, and social involvements of helpers in solving community problems could shed light on the degree to which this asserted good may be manifested in community life.

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