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A Social Cure in the Community: A mixed-method exploration of the role of social identity in the experiences and well-being of community volunteers

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9 **A Social Cure in the Community: A mixed-method exploration of the role of social**
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A Social Cure in the Community: A mixed-method exploration of the role of social identity in the experiences and well-being of community volunteers

Abstract

Cohesive, resilient communities are vital to the well-being of residents. Uncovering the determinants of successful community identities is therefore essential to progressing the community health agenda. Engaging in community participation through volunteering may be one pathway to building local community identity and enhancing residents' health and well-being but the group processes connecting them remain unexplored. We conducted two studies investigated these dynamics using the 'Social Cure' perspective. First, we analysed 53 in-depth interviews with volunteers, finding that community relationships shaped their experiences and that volunteering influenced their sense of community belonging, support, and well-being. Second, a community survey ($N=619$) revealed that volunteering predicts well-being through the serial mediators of community identification and social support. Our paper demonstrates the Social Cure processes involved in community-based volunteering, their impact on community identity, support and well-being, and the implications for community health, and the provision and sustainability of community voluntary action and interventions.

Keywords: Social identity; Volunteering; Social Cure; Community; Group Processes; Well-being.

Introduction

Resilient, cohesive communities are important contributors to the health and well-being of their residents (Ehsan, Klaas, Bastianen, & Spini, 2019). Advances in social psychology suggest a multitude of physical and mental health outcomes derive from meaningful belonging in social groups within a range of contexts (Jetten, Haslam, & Haslam, 2012; Haslam, Jetten, Cruwys, Dingle, & Haslam, 2018). Recent research reveals that the community is one of these contexts, and that social identification with one's local community unlocks a range of psychological resources with positive implications for health (e.g., Fong, Cruwys, Haslam, & Haslam, 2019; McNamara, Stevenson, & Muldoon, 2013). However, despite the important health implications of building community identities, little is known about how these can be actively developed. Volunteering in the community is an inherently social activity affording individuals opportunities to interact and connect with those sharing their local community. Thus, it follows that where this form of community participation occurs, it may also facilitate the development of community identity. Furthermore, evidence suggests that volunteering may have its own psychological benefits, such as improved well-being (e.g., Jenkinson et al., 2013), however the mechanisms enabling such benefits are contested and psychological explanations tend to be individualistically focussed (see Wilson, 2012 for a review), neglecting the potential explanatory power of social relationships. To capture, enhance, and direct the benefits of volunteering, it is essential to explore the psychological processes connecting this community participation and community-level relationships, and how they influence volunteering experiences. Taking this 'Social Cure' perspective, we used a mixed-method approach to explore the social identity processes at the heart of experiences of community volunteering and identify the extent to which they relate to community relationships, and predict the well-being of volunteers.

The Health Benefits of Volunteering

Volunteering is defined by Volunteering England as unpaid work to help another individual, group, or the environment, that can be both formal: through a voluntary organisation, or informal: help offered to others outside one's family (NCVO, 2019). In England alone, volunteers in social and health care settings have been estimated at over 3 million individuals, with large sections of the community also engaged in informal volunteering (Naylor, Mundle, Weaks, & Buck, 2013). Volunteering is so economically and socially valuable that it has received significant governmental and academic attention in the UK (Casiday, Kinsman, Fisher, & Bamba, 2008) and overseas (Smith, 2016), and the extensive study of volunteering motives attests to its value (Snyder & Omoto, 2008; Wilson, 2012). Volunteering is not without its rewards. Research shows volunteering is associated with improved psychological well-being (Wilson, 2000), quality of life (Cattan, Hogg, & Hardill, 2011), physical and mental health (Cole & MacDonald, 2011; Howlett, 2004; Piliavin, & Siegl, 2015), and reduced loneliness and depression (Joloza, 2013; Musick & Wilson, 2003). Volunteering has been linked with self-rated health across low- and high-income countries in Western and Eastern hemispheres (Kumar, Calvo, Avendano, Sivaramakrishnan, & Berkman, 2012), and its influence on well-being persists across time (Thoits & Hewitt, 2001), and across multiple European contexts (Hansen, Aartsen, Slagsvold, & Deindl, 2018). Moreover, whilst volunteering is particularly useful for older adults (Van Willigen, 2000), it also influences the well-being of young people (Kim & Morgül, 2017), and marginalised groups, such as refugees (Carlton, 2015).

Despite this convincing body of evidence, researchers claim little is known about the associations between volunteering behaviour and well-being (Kim & Morgül, 2017), and suggest social context moderates these relationships in ways that are yet to be understood (Cattan, Hogg, & Hardill, 2011). A large-scale systematic review the UK Department of

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3 Health (Casiday et al., 2008) confirmed that whilst volunteering improves life expectancy,
4 physical health, and well-being, these processes are highly context-dependent, stressing the
5 need to identify variables mediating these relationships. However, attempts to isolate these
6 variables tend to focus on individual dispositions (e.g., personality and optimism, Mellor et
7 al., 2008), or increases in personal esteem and confidence (Messias, De Jong, & McLoughlin,
8 2005). Thus, understanding of the psychological influence and health benefits of volunteers'
9 social relationships remains lacking.

20 21 **Volunteering and Social Relationships**

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23 Despite the paucity of psychological analysis, several studies have suggested that
24 social processes might be the mechanisms connecting volunteering with well-being. Some
25 suggest that volunteering promotes better health because it connects volunteers with social
26 networks espousing health-enhancing behavioural norms (Kim & Konrath, 2016). However,
27 because volunteering provides opportunities to contribute meaningfully to others within a
28 social context, it is likely that the experience of social connection *itself* also benefits
29 volunteers. Recent survey data supports this, demonstrating that self-reported social
30 connectedness mediated the relationship between volunteering behaviour and depression
31 (Creaven, Healy, & Howard, 2018). This may apply particularly to older volunteers who
32 report that helping creates a sense of meaningful social engagement that reduces loneliness
33 associated with ageing (Smith, 2012). Musick and Wilson (2003) have also articulated the
34 links between volunteering and reductions in depression for older people as being a result of
35 improved social integration, which unlocks valuable social resources.

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37 Sociological accounts suggest these processes of integration and engagement facilitate
38 the building of 'social capital' providing resources including trust, mutual helping, and
39 supportive social networks (Coleman, 1990; Putnam, 2000). This forms the bedrock of well-
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3 functioning, cohesive communities where community members can rely on others for
4 support: a process known to be beneficial to individual and community health (Kawachi &
5 Berkman, 2000; Poortinga, 2000; Thoits, 2011). This increase in social support has been
6 proffered as a key explanatory pathway between civic engagement in the form of
7 volunteering and self-reported health (Kumar et al., 2012). Accordingly, survey data from
8 older volunteers has demonstrated that through increased social integration, volunteering
9 provides opportunities for the giving and receiving of social support, which in turn enhances
10 subjective well-being (Pilkington, Windsor, & Crisp, 2012). Furthermore, volunteering
11 motives relating to the provision of social resources have been linked with greater rewards
12 (e.g., well-being and role satisfaction), than those resulting from extrinsic motivations
13 (Stukas, Hoye, Nicholson, Brown, & Aisbett, 2016).
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30 Whilst these results highlight the links between social relationships and volunteering
31 outcomes, they do not explicitly define or measure the psychological mechanisms through
32 which volunteering behaviour contributes to subjective investment in social groups (i.e.,
33 social identification; Tajfel & Turner, 1986) nor do they directly examine how these
34 relationships contribute to well-being within local community groups. Nevertheless,
35 connection with the local community is a key component of the volunteering experience and
36 when social capital is conceptualised as psychological phenomena: community belonging and
37 trust in neighbours, research suggests it mediates the relationship between volunteers'
38 altruistic behaviours and self-reported well-being (Theurer & Wister, 2010). Moreover,
39 social capital within local community settings has been aligned with Sarason's (1977)
40 'Psychological Sense of Community' (Perkins & Long, 2002); a phenomenon also previously
41 connected with better health and well-being for community members (Pretty, Bishop, Fisher,
42 & Sonn, 2007) and volunteerism (Omoto & Snyder, 2002; Stukas et al., 2016). Despite
43 these findings, the evidence regarding the relationship between community connectedness
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3 and volunteering remains conflicted and indicates that the relationship is potentially
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5 bidirectional. Whilst several studies indicate that possessing a stronger sense of community is
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7 an outcome of volunteering, others suggest psychological sense of community predicts
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9 volunteering behaviour (Okun & Michel, 2006; Omoto & Packard, 2016). A theoretical
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11 framework which can capture, isolate, and explain these processes is therefore required.
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15 16 **Volunteering as a ‘Social Cure’** 17 18 19

20 The social identity approach to health (Haslam et al., 2018; Jetten et al., 2012) has
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22 provided a robust theoretical framework to explain why social connection influences health
23
24 and well-being. Drawing upon Social Identity Theory (Tajfel & Turner, 1986) and Self-
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26 Categorisation Theory (Turner, Hogg, Oakes, Reicher, & Wetherell, 1987), theorists suggest
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28 that the social dimensions of self (i.e., the emotional, cognitive, and behavioural impact of the
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30 sense of ‘we-ness’ derived from the group membership) define our social worlds and how we
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32 experience them and that the pivotal psychological process connecting social relationships
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34 with health and well-being is meaningful social identification (Jetten et al., 2012). Even when
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36 contact with social groups is controlled for, it is this *subjective* sense of belonging and
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38 identification that predicts health and well-being outcomes (e.g., Sani, Herrera, Wakefield,
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40 Borocho, & Gulyas, 2012). A growing body of research has now demonstrated that social
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42 identification is associated with physical and psychological health outcomes in clinical and
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44 practice settings (Haslam et al., 2018). Moreover, the more groups with which individuals
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46 identify, the better their health and well-being tends to be (Sani, Madhok, Norbury, Dugard &
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48 Wakefield, 2015a, 2015b).
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56 As well as positively influencing health and well-being, social groups also provide
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58 contexts for members to feel supported: an experience fundamental to the impact of social
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3 identity upon health (Haslam, Jetten, Postmes, & Haslam, 2009). This group-based support
4 influences appraisal of challenges and mediates the relationship between group identification
5 and lower stress/greater satisfaction (Haslam, O'Brien, Jetten, Vormedal, & Penna, 2005).
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7 Social support is therefore likely to be a key variable mediating the links between
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10 volunteering and well-being. Moreover, social identification increases trust and reciprocal
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12 helping (Levine, Prosser, Evans, & Reicher, 2005; Wakefield et al., 2011) and the likelihood
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14 that support will be offered and received in the manner intended (Haslam, Reicher, & Levine,
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16 2012). In line with this, volunteering research has reported that volunteers are more likely to
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18 offer their help to those with whom they share a group identity (Stürmer, Snyder, & Omoto,
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20 2005).
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28 Social Cure research has also provided a valuable framework for the study of
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30 community processes. The local community is a social group most people can claim some
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32 access to, and it is as valuable in terms of life satisfaction as other important social
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34 identifications (e.g., family, Wakefield et al., 2017). Moreover, while neighbourhoods have
35
36 long been found to have a profound impact on the residents' health, recent research points to
37
38 the pivotal role played by identifying with one's local community neighbourhood in
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40 improving mental health and buffering against negative health effects (Fong, Cruwys,
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42 Haslam, & Haslam, 2019). Even stigmatised communities are potentially valuable resources
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44 that can enhance members' feelings of support and improve psychological well-being
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46 (McNamara, Stevenson, & Muldoon, 2013). Shared community identification has also been
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48 identified as a valuable resource during emergencies, and in the wake of disaster (Ntontis,
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50 Drury, Amlôt, Rubin, & Williams, 2018). However, at present the community receives
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52 relatively little interrogation through a Social Cure lens, and no studies have explored the
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54 health-promoting benefits of community connections related to community volunteering.
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Specifically, it is not known whether forms of community participation, such as volunteering, could be connected with the development of community identity.

Whilst a social identity analysis of volunteering is typically lacking, one recent study has paved the way for future work. Gray and Stevenson (2019) have begun to explore the collective dimensions of volunteering arguing that social identity is a critical variable in explaining the links between organisational volunteering experiences and their consequences. Their interview data revealed that identification with fellow volunteers led to feelings of belongingness and collective support within voluntary organisations. These dynamics were associated with feelings of happiness and satisfaction, as well as how well volunteers felt they could cope with challenges. This study has laid the foundations for understanding the benefits of social connections resulting from volunteering but was limited to exploring the social identity dynamics of individuals within their organisations. Given, the evidence reviewed above highlighting how volunteering influences community connectedness (e.g., Theurer & Wister, 2010) and the impact of community identity on health and well-being (Fong et al., 2019; McNamara et al., 2013), more research is needed to fully appreciate the links between volunteering behaviour, identity processes, and the role of community-based social identification in volunteers' experiences and well-being.

The Present Studies

To address the limited interrogation of community behaviour through Social Cure lenses and identify the processes connecting volunteering, community relationships, and well-being with a unifying explanatory framework, we conducted a mixed-method exploration of the relationship between community volunteering and well-being, using a social identity perspective. We sought to elucidate whether volunteering in the community is related to increased community identification and social support, and whether these

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3 psychological processes help explain the relationships between community volunteering and
4 well-being. We addressed the aims of the study using a mixed-method approach to allow a
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6 quantification the predicted identity processes, whilst also giving voice to the experiences of
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8 volunteers themselves. In doing so we sought to address concerns over the paucity of high
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10 quality qualitative and multi-method research addressing these questions (Cattan et al., 2011).
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14 We present findings from the following two studies:
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18 1. A qualitative interview study exploring the experiences of active community
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20 volunteers, their understandings of their relationships with the community, and their
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22 sense of well-being.
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26 2. A large-scale community survey investigating relationships between time spent
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28 volunteering, self-reported community identification, social support, and
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30 psychological well-being.
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33 34 **Study 1**

35 36 37 **Rationale**

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39 This study aims to explore volunteers' accounts of community volunteering using a
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41 theoretically-guided thematic analysis (Braun & Clarke, 2006) with a social identity
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43 perspective. This approach enabled us to explore and understand the complex and
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45 subjectively defined nature of community connections, which are not always amenable to
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47 quantitative analysis. Thus, we explored how volunteers described and interpreted their
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49 volunteering practice in relation to themselves, their community, processes of community
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51 identification, and their experiences of volunteering over time. Additionally, we explored
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53 how these community identity processes might relate to perceptions of social support, and to
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55 a sense of personal and collective well-being.
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Method

Participants

Data for this study were collected through semi-structured interviews with 53 volunteers from a range of volunteering organisations across the South and South West of England. Participants were recruited purposively to capture a range of different ages, types of volunteering activity, time committed to volunteering, and stages of volunteering experience (e.g., new volunteers, working volunteers, and retired volunteers) to allow exploration of variations across patterns of connection and time committed. Participants were initially contacted through two volunteering membership organisations that represent volunteering organisations across the South and South West of England. Thereafter, recruitment was targeted through organisations with types of volunteer underrepresented in our sample. For example, we recruited participants through university volunteering centres to reach younger volunteers, who were not captured in the first round of recruitment. To protect confidentiality, participant pseudonyms are used, and organisation/place names removed. Many participants volunteered in multiple formal and informal locations/roles, making it difficult to accurately determine how many organisations were represented in the sample. Volunteering categories varied greatly, and included older adults' services, befrienders, youth clubs/groups, search and rescue, fundraising, emotional support and psychological services, hospice work, church/religious projects and supporting health and well-being services (see Table 1 for participant information).

(TABLE 1)

Procedure

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Following institutional ethical approval, participants were recruited through an email advert sent by the respective organisations. Participants then contacted the study researcher directly to organise interviews. Participants were informed of their rights to free participation and withdrawal and were offered a small monetary reward for participation. Interviews were biographical in nature, using a series of open-ended questions about interviewees' lives, the communities in which they lived, their volunteering history and experiences, and their interactions with other volunteers and volunteering organisations¹. Before the interview began, participants were asked to complete a short demographic questionnaire establishing age, gender, and employment status. Interviews lasted between 45 and 90 minutes and were conducted both face-to-face and via Skype by five trained interviewers.

Data Analysis

All interviews were audio recorded and transcribed verbatim. Data were primarily analysed using a theoretically-guided thematic analysis (as described by Braun and Clarke, 2006, 2013). However, in order to allow for novel observations, coding proceeded using a “hybrid” approach integrating deductive codes derived from our theoretical framework, with data-driven inductive codes (e.g., Fereday & Muir-Cochrane, 2006; Swain, 2018). This approach was essential for addressing the research question, as it allowed us to explore how participants spoke about their volunteering experiences in social identity terms, whilst also allowing codes to be data driven. The data were analysed by two of the authors using Braun and Clarke's (2006) six stages; details of these stages and how they were carried out are provided in Table 2. Themes and the evidence supporting them are provided below.

¹ Information on organisational dynamics was collected for the purposes of alternative studies.

TABLE 2

Results

The analytic process identified numerous themes relating to social identities, volunteer well-being, and the transformative processes involved in volunteering. Here, we discuss themes that correspond with our research aims to explore the links between volunteering, community identity processes and well-being. These themes demonstrate that: 1) community relationships are an important motivator for volunteering; 2) the community identification central to volunteering experiences is important for sustaining volunteer commitment; 3) volunteering can create a sense of community support, and 4) volunteering can contribute to a positive sense of well-being. Each of these processes are discussed below with indicative extracts from volunteer interviews provided as supporting evidence.

Theme 1: Volunteering for the community

The participants interviewed had a variety of complex volunteering histories, volunteering for different organisations at different times and places across their lives. For many, these volunteering roles overlapped, and volunteers held several different volunteering roles at the same time. Participants' intentions regarding these roles were similarly complex and changed over time. However, what is striking across the different accounts of volunteering is the ways in which participants commonly framed their volunteering motivations in relation to their own sense of community. For example, in Anne's account of

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3 why she started volunteering in an earlier period of her life, after having children, she draws
4 upon on the notion of reciprocity central to positive community relationships:
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10 ***Extract 1 (Anne, 74 years):***

11 INT: So, was there a specific person or an event that inspired you to volunteer or...?

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14 Anne: No, it was just me not only wanted to give back to the community but also as I said to
15 get out of the house and get to meet people [rather] than being a mummy brain I
16 suppose really [laughs]
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23 Community relationships, and a sense the community needed her, are also drawn upon in
24 Sophie's explanation for the initiation of her volunteering work as a response to help she and
25 her family have received from within the community. This reinvestment of her time further
26 reveals the importance of reciprocity as a feature of community membership.
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35 ***Extract 2 (Sophie, 72 years):***

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37 INT: What were you hoping to get out of it, if anything?
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39 Sophie: Putting something back first, you know. I felt I'd been quite lucky. I've always
40 worked hard. Like most families we've had our trials and tribulations, but as I was
41 maturing, and life was becoming a bit more relaxed, I thought, you know, now is the
42 time. Yeah, it sounds a bit corny really, so I went back into that community. I've had
43 a lot from the community in one way or another over the years, and there's nothing
44 there now, and now is the time I can put it back. So, that's really what made me think
45 I could do it.
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57 These two extracts highlight some of the many motivations expressed by our
58 participants for volunteering, including wanting to make social connections and managing
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3 identity transitions, e.g., the transition to parenthood (Anne, Extract 1), or the transition to
4 retirement as a more time-rich period of life (Sophie, Extract 2). However, common to both
5 accounts is the framing of volunteering in community terms, i.e., as a way to, first and
6 foremost, ‘*give something back*’ to the community. As is evident in both of these extracts,
7 such motivations were primarily related to an already-existing sense of community
8 membership and they reflect observations from both the social identity and volunteering
9 literature discussed above outlining reciprocal helping between ingroup members. Indeed,
10 both Anne and Sophie frame their reasons for volunteering as a way of giving back to a
11 community that they see themselves as members of.
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25 As in these cases, many of the other participants interviewed described such
26 community-based motivations in reciprocal terms. Where community members had received
27 help and support from the community, volunteering was seen as an important way of
28 returning that help for other community members. Particularly, where there was a perceived
29 need in the community that is not being met, e.g., where Sophie talks about how ‘*there is*
30 *nothing there now*’ and about how she feels able to ‘*put it back*’. In this way, volunteering
31 was often described by our participants as act of community (re)building, based on a sense of
32 community belonging and a commitment to the preservation of group continuity. This
33 concern for the restoration and protection of the community demonstrates its importance to
34 those who identify with it and supports the claim that pre-existing community memberships,
35 as well as resultant community connections, can influence how people experience and make
36 sense of their own motivations for volunteering. Thus, where volunteering takes place in
37 communities where volunteers already have a sense of connection, the existence of bi-
38 directional relationships between volunteering and social identification is possible. Moreover,
39 it highlights how such motivations are related to broader social norms about the reciprocity of
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community helping: that volunteering is about helping others that have helped you or could help you, and that this is a crucial part of 'good' community membership.

Theme 2: Volunteering and the community: A committed relationship

Importantly, this understanding of volunteering as a feature of community membership, was not simply a feature of why people started to volunteer, but also played a central role in how our participants explained their continued volunteering over time. For example:

Extract 3 (Lisa, 50 years):

INT: Okay. Do you think you'll continue volunteering?

Lisa: Yeah, I suppose I will, because I think we all feel a certain obligation towards doing it, to be honest. I think it's more now, and what you're looking for is a purpose in it all. The reasons why you perhaps started is different to the reasons of why you continue. You continue because, I suppose, to some extent, you don't want to let your community down, in my case anyway. I don't know about anybody else, but that's the way I feel.

In this extract, Lisa, who has been volunteering for a number of years, talks about how her continued engagement with volunteering is now fundamentally related to her own feeling that she doesn't want to '*let [her] community down*'. This was a common narrative across the interviews, where many participants talked about their continued volunteering in these terms: as a form of community 'commitment' underpinned by a sense of obligation to help the community they feel connected with. Moreover, as can be seen in Extract 3, this sense of community commitment was often framed by participants in developmental terms: as something that developed across a person's engagement with volunteering over time. That

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3 is, over time, a commitment to volunteering was seen to develop into a (more) committed
4 relationship with one's community that in turn led to a more committed relationship with
5 volunteering. This commitment to other community members and their feelings is also
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8 evident in Simon's account:
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14 ***Extract 4 (Simon, 68 years)***
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16 INT: So, what does your current volunteering week look like?
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18 Simon: Right. Current volunteering week is, it's, kind of, developed, and my wife said, you
19 have to be so careful (...) because the minute you retire and start to volunteer the
20 word gets out, especially in the small communities up here. People ask you things,
21 and you don't want to let them down. You don't want to upset them, and you feel
22 quite, proud, and quite, sort of, they think I'm up to do this.
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32 This extract highlights some of the developmental nature of community-based
33 volunteering. Simon, who is new to volunteering, describes here (and later in his interview)
34 how his volunteering life developed following his retirement and from one initial
35 volunteering role. From this, he talks about how he got to know people in (and across) his
36 community, and that this meant that he was asked to take part in more activities by others in
37 his community. As in the case of Lisa (Extract 3), this connection into the community where
38 he doesn't want to '*let people down*' is an important element of his continued commitment to
39 volunteering. These examples reveal the ways in which volunteering can build social and
40 community connections, and how this can lead to a strengthening of community bonds for
41 volunteers and, in turn, a strengthening of their commitment to volunteering. In this way,
42 community identification can be both a precursor to, and an emergent property of,
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volunteering activity over time.

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3 This developmental and emergent nature of volunteering and community engagement
4 was a common feature of the interviews. Indeed, many participants talked about how
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6 volunteering had connected them to a wider community of neighbours, friends, and
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8 colleagues beyond those associated with the original volunteering opportunity, opening up
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10 further opportunities for formal and informal giving and receiving of help in their
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12 communities. Importantly, however, this sense of community commitment was not always
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14 framed in entirely positive (or indeed negative) terms. The use of the term ‘*obligation*’ by
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16 Lisa in Extract 3, and Simon’s sense that he has to be ‘*careful*’ in Extract 4, begins to
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18 underline the ways in which this sense of community commitment can be problematic in
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20 some instances, e.g., where people felt overwhelmed by the demands on their time, or where
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22 they feel that this commitment has taken over other aspects of their lives. Helping is hard and
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24 requires intergroup and intragroup management (Gray & Stevenson, 2019). However, it was
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26 also the case (as in Simon’s experience, Extract 4) that this central role in their communities’
27
28 engendered feelings of pride, self-efficacy, and community support. We pick up on some of
29
30 these themes in the sections below. However, it is important to note the potentially
31
32 ambiguous nature of people’s relationship with their volunteering – and community –
33
34 commitments, as well as how such community commitments can be an important contributor
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36 to people’s continued engagement with volunteering.
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46 **Theme 3: Volunteering as Community Support**

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50 Across the interviews, there were a range of ways in which our participants described
51
52 their volunteering as an important source of social and community support, for both
53
54 themselves and for others. For example:
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58 ***Extract 5 (Alex, 72 years):***
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3 INT: So, can you tell me a little bit about why you started volunteering?
4

5 Alex: Well, I just feel that, you know, you've got to give something back, and there
6
7 might be a time, in years to come, that I need this support, and I won't feel so
8
9 bad at asking for it if I've actually done something, earned brownie points, to
10
11 use it. So, yes. I don't know. It's a funny thing. I just feel it's nice to be able
12
13 to do something for other people and know they will do something good for
14
15 you.
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19

20
21 This extract highlights many of the themes discussed already. Again, we see the
22
23 framing of community volunteering motivations in terms of '*giving something back*', as was
24
25 evident in Extracts 1 and 2. Moreover, we see volunteering once again described as a form of
26
27 reciprocal community helping, as is the case of Sophie (Extract 2) above. In Alex's account,
28
29 that reciprocation is seen to come full circle providing the sense that he will be helped by
30
31 others in his community, should he need it. Indeed, Alex describes his motivation for
32
33 volunteering as being directly related to the social contract of reciprocity and the building of
34
35 a community supply of mutual support that is seen to lie at the heart of community-based
36
37 volunteering. That is, he feels the need to contribute, so that he is justified when calling on
38
39 this shared community support later. In this way, volunteering is seen as both as a way of
40
41 giving support to others, when you can (Sophie, Extract 2), and as a way of ensuring that
42
43 support is returned, if it is needed (Alex, Extract 5), and is indicative of group-based helping
44
45 where groups provide the context for social support processes.
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51
52 For most of our participants, this social and community support function of
53
54 volunteering was where the real benefits of volunteering were seen to lie, both for themselves
55
56 as volunteers and for the strength of the wider community. Indeed, for most of the volunteers
57
58 interviewed, it was not the direct provision of help that was seen to be the key benefit of
59
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1
2
3 volunteering; although, clearly this was also important. Instead, many argued that the real
4
5 benefit of volunteering was the psychological safety that it provided for themselves and for
6
7 others in knowing that help could and would be available. For example:
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9

10
11 **Extract 6 (Sandra, 48 years):**
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13
14 INT: And what good do you think the organisation does?
15

16 Sandra: Well, I mean, obviously within the role, it does the community good. It puts
17
18 people's minds at rest, even people that haven't got people missing. I've heard
19
20 people come out and say, you know, it's good to know people are out
21
22 there. So and so has a form of dementia, and it's good to know that if anything
23
24 happened there will be someone out there looking for them.
25
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29
30 Sandra volunteers with a search and rescue organisation, where they work in teams to
31
32 find people who have gone missing, e.g., local individuals suffering from dementia. Here she
33
34 describes how she sees the key 'good' provided by this volunteering organisation – and hence
35
36 her volunteering role – as not solely role-based, but also by providing a community resource
37
38 that puts '*people's minds at rest*'. That is, providing the wider community with the
39
40 knowledge that people will be there for them. Indeed, later in this interview, she describes
41
42 how a central part of her role as a volunteer for this organisation is to tell the community
43
44 about this service, primarily because it is important that people feel that if anything happened
45
46 to them or to a loved one, there will be someone out there looking for them. Many others
47
48 described their voluntary roles in similar ways, i.e., that a central part of their understanding
49
50 of their volunteering action was to provide this sense of psychological safety and to give
51
52 people the sense that they will be supported when needed.
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3 This highlights the ways in which volunteering can provide psychological benefits to
4 people both directly through the giving (and receiving) of help, and indirectly by providing a
5 psychological sense of social support, safety, and collective resilience in the face of potential
6 adversity. For many of our participants, this social and community support element of
7 volunteering makes it an essential community resource, one that has important implications
8 for people's personal and collective well-being. We turn to this point below, in our final
9 theme: Volunteering for Well-being.
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21 **Theme 4: Volunteering for Well-being**

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25 As discussed above, the participants in our study came from a variety of different
26 volunteering roles and had a range of different volunteering experiences. Perhaps
27 unsurprisingly, therefore, there were also a range of different ways in which they saw
28 volunteering as being positively related to their own sense of well-being. In many cases, this
29 relationship between volunteering and well-being relates to the themes already described. For
30 example, knowing that help could and would be available when needed was seen by many
31 participants as central to their own (and others') sense of happiness and security (e.g., Sandra,
32 Extract 6). Others additionally spoke of how volunteering provided them with opportunities
33 for social connection to their community in ways that helped them to escape potential
34 isolation by *'getting out of the house and get to meet people, [rather] than being a mummy*
35 *brain'* (Anne, Extract 2). Finally, some spoke about how their commitment to their
36 volunteering and their communities, engendered feelings of pride and social connectedness
37 that were directly linked to their own sense of subjective well-being (e.g., Simon, Extract 4).
38 Thus, for our participants, social support, social connection and community commitment
39 were all important ways in which volunteering were seen to enhance subjective wellbeing.
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Common to these different accounts of volunteering and well-being, is the importance of community identification and belonging. Indeed, for many participants, their volunteering role is clearly an important context for the enactment of personal and social/community identities in ways that are central to their well-being. For example:

Extract 7 (Chloe, 22 years)

INT: Do you feel like you kind of belong here?

Chloe: Yes, definitely, that's my zone, I couldn't leave, it's one thing that I couldn't do, like...if I had to...that's why I also wanted to commute to here, because I felt I couldn't leave, it's my commitment that makes me happy and makes the girls happy and if that's not in my life, I'm not saying I'm going to kill myself, but I'm going to say that that's a part of me that's missing and I'd miss me and I'd miss them.

Chloe volunteers at a local youth club for young girls and has done so for a number of years. She has since left to go to university but commutes back to the community the youth club is situated within once a week to fulfil her volunteering role with this group. In this extract, she describes her commitment to the volunteering role, and to this community and how this relates to her own (and their) sense of happiness. For Chloe this volunteering commitment is clearly related to her own sense of identity (to her sense of 'me'), which in turn sustains her involvement and further commitment to the group over time. Indeed, for Chloe ceasing to volunteer with this group would involve losing a part of herself. This highlights the ways in which community identification is central to volunteers' motivations for starting, and continuing with, volunteering. Moreover, it highlights the ways in which social and community identification can be an important mediator of well-being benefits for volunteers, in the sense that volunteering can provide an important context within which volunteers can build and maintain meaningful identities that can have a positive impact on

1
2
3 their well-being, even when this commitment becomes difficult and costly (e.g., in terms of
4
5 her commuting time).
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8
9 This social connection influences the life of some volunteers in such a pervasive
10
11 manner that they described their volunteering in transformative terms: as having positively
12
13 change their whole sense of self. For example:
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18 ***Extract 9 (Louise, 68 years)***
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22 INT: If you are reflecting back on your volunteering experience, how would you say it's
23
24 affected your life?
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27 Louise: Oh, it's completely enriched my life. My, I don't think I would be me without
28
29 volunteering. It's such a part of me and it's part of my son because that's the way I
30
31 brought him up, umm, it brings something so different to your life, socially you come
32
33 in to contact with people that you wouldn't normally meet, intellectually it challenges
34
35 you in a different way from work, umm, and obviously the feel-good factor and the
36
37 rewards of actually doing what you do umm are huge, I mean, a massive boost for
38
39 your self-esteem, gives you something to talk about at dinner parties, it sets you out
40
41 from the crowd in job interviews, but mostly I do it because it enriches my life.
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46
47 In this extract, Louise describes how volunteering has become a central part of her
48
49 personal and social identity, and how this valued understanding of volunteering has positively
50
51 'enriched' her family, her social life, her work life, as well as her sense of self-efficacy and
52
53 self-esteem. This demonstrates the many ways in which volunteering can impact on peoples'
54
55 lives in positive ways that promote their sense of well-being across different contexts. Indeed,
56
57 for some, the whole notion of volunteering as good for them and for the community was so
58
59 self-evident, they questioned in the interviews why we would ask them about it. As described
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2
3 by Joy (Female, 74 years), “*doing things to try and make [the] community a better place and*
4 *help others is obviously the best way to live [laughs] - the right way to live*”. In this way, the
5
6 benefits of volunteering stem from an alignment with a set of shared values about the
7
8 importance of helping others and making communities better. It is about choosing what is
9
10 described by many participants as a ‘positive life’: of kindness, purpose in life, helping others
11
12 and making the communities around them a better place.
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19 Discussion

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22 These findings provide important insights into the social identity dynamics of
23
24 volunteering: how features of belonging to a community, such as the receipt of help and a
25
26 desire to reciprocate that help, can motivate volunteering, and how community identification
27
28 can be built as a result of volunteering over time in ways that sustain people’s commitment to
29
30 their volunteering roles. This highlights the ways in which a psychological sense of
31
32 community could be considered both predictor and outcome of volunteering behaviour (Okun
33
34 & Michel, 2006; Omoto & Packard, 2016) pointing to a potentially bidirectional relationship
35
36 between volunteering and community identification. We can also see how such processes
37
38 can be directly linked to people’s subjective sense of well-being through a ‘Social Cure’ lens
39
40 (Jetten et al., 2012; Jetten et al., 2017). Our findings show that volunteering provides a
41
42 context for the meaningful enactment of identity; social connection, even during identity
43
44 transitions (e.g., motherhood; see Seymour-Smith, Cruwys, Haslam, & Brodribb, 2017); with
45
46 opportunities to reciprocate previous ingroup support (Levine et al, 2005); and opportunities
47
48 to build support resources that contribute to social capital (Putnam, 2000) and the community
49
50 efficacy viewed as essential in disaster responses (Ntontis et al, 2018). These results highlight
51
52 the mechanisms through which the health and well-being benefits accrued through
53
54 community volunteering may be explained and why community volunteering is such a
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3 valuable resource. Our research also shows that volunteering can be a complex mix of roles
4
5 and commitments that can require careful balancing of costs and benefits. For some,
6
7 volunteering roles are central to their sense of self, allowing them to enact valued identities
8
9 and contribute to their community in meaningful and valued ways. The importance of these
10
11 opportunities and the benefits they confer is reflected in the time community members devote
12
13 to their volunteering activities. These relationships are further explored in Study 2.
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19 Study 2

22 Rationale

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25 This study aimed to quantitatively test the relationships between volunteering
26
27 behaviour, community identification, and well-being, utilising the Social Cure framework.
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29 As reviewed earlier, evidence suggests that community identity is a valuable resource that
30
31 enhances well-being (e.g., McNamara et al., 2013), and the results of Study 1 suggest that
32
33 Social Cure dynamics may provide an explanation for the improved well-being of community
34
35 volunteers. However, it is also apparent that community relationships may motivate
36
37 volunteering as well as being further developed by volunteering, suggesting that the nature of
38
39 the relationships between these processes needs to be established. As suggested above, social
40
41 support is a central feature of positive group dynamics and it features throughout our
42
43 interviewees' accounts, therefore its place within community volunteering will also be
44
45 investigated. Evidence suggests volunteering creates opportunities to improve social support
46
47 (Pilkington et al., 2012), whilst Social Cure research shows the supportive contexts provided
48
49 by groups can foster well-being (e.g., Haslam et al., 2009). This suggests both social
50
51 identification and associated social support may mediate the relationship between
52
53 volunteering and well-being. Study 2 therefore tested two predictions:
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3 1. Compared to non-volunteers, people who volunteer within their community will
4 report a stronger sense of identification with that community, greater social support,
5 and higher levels of well-being.
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10 2. There will be a positive relationship between time spent volunteering and well-
11 being, and this will be serially mediated by increased community identification and
12 social support. Specifically, more volunteering will positively predict community
13 identification, which will positively predict social support, which will positively
14 predict well-being.
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23 **Method**

24 **Participants and Procedure**

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Postal invites to participate in an online, area-specific survey were sent to all
households in two localities in the East Midlands in May 2018. The letter included participant
information, an explanation of the research, and a web-link to the online survey. Interested
participants provided informed consent online before taking part. Paper copies of the survey
were available on request. Respondents were required to be over 18 years and resident in the
area. Data collection resulted in a sample size of 619 respondents (online survey, $n = 617$;
postal survey, $n = 2$). Following data cleaning, data were retained from 529 participants: 200
described themselves as male (38%), 322 as female (60%), two left gender undisclosed (1%),
and five chose to self-describe their gender (1%). Participants were between 18 and 95 years
old ($M = 41.59$, $SD = 15.48$), the majority were in a relationship ($n = 346$; 65%), while 183
(35%) participants were not. Finally, 118 were unemployed (22%), while 411 were employed
(78%).

Measures

The following measurement scales were included. For all scales, the mean of the items was calculated for analysis.

Community identification was measured using four questions adapted from McNamara et al. (2013). Participants rated their agreement with each item (e.g., *I feel strong ties with members of my local community*) on a 1-5 scale ('strongly disagree' – 'strongly agree'). Higher values indicated greater community identification.

Social support from others in the local community was measured using four-items adapted from Haslam et al. (2005). Participants rated how often they received different forms of support (e.g., *Do you get the help you need from other people in your local community?*) on a 1-5 scale ('not at all' – 'completely'). Higher scores indicated greater social support.

Personal well-being was measured by four items adapted from the Office for National Statistics (2018) Personal Well-being Scale. Participants rated how positive or negative they felt about aspects of their life (e.g., *Overall, to what extent do you feel the things in your life are worthwhile?*) on a 0-10 frequency scale ('not at all' – 'completely'). Higher scores indicated greater personal well-being.

For the purposes of this study, *community volunteering behaviour* was broadly defined with the following description: "*Volunteering may involve voluntary helping activities which provide services to a group of others over a period of time, which benefit the group.*" Participants were given this definition and asked whether, based on this description, they volunteered in a group within their community. If the participant responded with 'no', they were taken to the end of the survey. If they responded with 'yes', they were asked to name the group and to indicate how many hours they spent volunteering there in a typical

1
2
3 week, before completing a series of measures related to volunteering. These are not of
4
5 interest for the present study, so are not reported. Due to the insights gained in Study 1,
6
7 volunteering time was used as a linear measure of volunteering behaviour as it was deemed
8
9 capable of capturing the extent of the time commitment involved for each participant across
10
11 the potentially multiple volunteering roles participants could be involved in.
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16 Results

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19 The sample contained 76 individuals (14%) who stated that they were volunteering
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21 within a group in their community. Volunteering roles within the two target communities
22
23 varied greatly, and included school governing, working with community sports clubs, Scouts,
24
25 Parent-Teacher Associations, parent and baby/toddler groups, church/religious groups, and
26
27 charity groups. Each week an average of 3.96 hours was spent volunteering (*range* = 1-16
28
29 hours) and total time volunteering ranged between less than one month to 450 months, with
30
31 the average length being 49.69 months. To explore the extent to which volunteering
32
33 behaviour predicts community identification, social support, and personal well-being,
34
35 Multivariate Analyses of Variance (MANOVAs) were conducted to compare results between
36
37 volunteers and non-volunteers. Supporting our first prediction, results showed that volunteers
38
39 (vs. non-volunteers) identified significantly more strongly with their community, felt
40
41 significantly more supported within their communities, and reported having significantly
42
43 greater personal well-being (see Table 3).
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48

49 (TABLE 3)

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52 Due to the non-equal group sizes of volunteers versus non-volunteers, we also
53
54 conducted a non-parametric Kruskal-Wallis H test. This showed that there was a
55
56 statistically significant difference in personal well-being between the volunteer and non-
57
58 volunteer groups, $\chi^2(1) = 7.24, p = 0.007$, with a mean rank personal well-being score of
59
60

1
2
3 319.82 for volunteers and 267.20 for non-volunteers. There was also a statistically significant
4
5 difference in community identification between volunteers and non-volunteers, $\chi^2(1) = 26.92$,
6
7 $p < .001$, with a mean rank community identification score of 361.51 for volunteers and
8
9 260.49 for non-volunteers. The analysis also showed that there was a statistically significant
10
11 difference in social support between the volunteer and non-volunteer groups, $\chi^2(1) = 21.61$, p
12
13 $< .001$, with a mean rank social support score of 352.41 for volunteers and 261.95 for non-
14
15 volunteers.
16
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19

20 Providing initial support for our second prediction, correlation analyses (Table 4),
21
22 showed that hours spent volunteering was significantly associated with greater perceptions of
23
24 social support and increased identification with the community. Volunteering behaviour was
25
26 also significantly associated with greater personal well-being.
27
28

29 (TABLE 4)
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34 *Mediation Analysis*

35
36 To further test our second prediction, we used model six in version 3.0 of Hayes'
37
38 (2017) PROCESS macro to investigate whether the relationship between hours spent
39
40 volunteering and personal well-being was mediated by increased community identification
41
42 and social support. The analysis involved 5,000 bootstrapping samples with 95% confidence
43
44 intervals (LLCI/ULCI), using the percentile method. Values were mean centred for the
45
46 construction of products. Participants' gender, age, relationship status (yes/no), and
47
48 employment status (yes/no) were controlled for, since these demographic variables are known
49
50 to influence well-being (Alexopoulos, 2005; Artazcoz, Benach, Borrell, & Cortes, 2004;
51
52 Nolen-Hoeksema, 2001).
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Supporting our second prediction, we found a significant indirect effect of number of volunteering hours on personal well-being through community identification and social support, $Effect = 0.01$, $Boot SE = .007$, $Boot LLCI = .0007$, $Boot ULCI = .03$. Number of volunteering hours was a positive predictor of community identification, $Coeff = .10$, $SE = .02$, $t = 4.44$, $p < .001$, $LLCI = .06$, $ULCI = .15$, while community identification was a positive predictor of social support, $Coeff = 0.63$, $SE = .04$, $t = 14.11$, $p < .001$, $LLCI = .54$, $ULCI = .72$, which in turn was a positive predictor of personal well-being, $Coeff = .21$, $SE = .10$, $t = 2.18$, $p = .03$, $LLCI = .02$, $ULCI = .40$. The total effect of number of volunteering hours on personal well-being was significant, $Effect = .16$, $SE = .05$, $t = 3.11$, $p = .002$, $LLCI = .06$, $ULCI = .27$, and this became non-significant when community identification and social support were accounted for (direct effect), indicating full mediation, $Effect = .10$, $SE = .05$, $t = 1.87$, $p = .06$, $LLCI = -.005$, $ULCI = .20$. See Figure 1 for the serial mediation model.

(FIGURE 1)

For completeness, we also analysed a model with the positions of volunteering hours and community identification switched to address the existing evidence reviewed above suggesting that increased community connectedness may predict volunteering behaviour, and that these social relationships may be a predictor rather than an outcome of volunteering behaviour. Nonetheless, the resultant model was non-significant, $Effect = 0.003$, $Boot SE = .003$, $Boot LLCI = -.0005$, $Boot ULCI = .01^2$.

Discussion

² Model figure presented in supplementary materials.

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3 As predicted, the survey results indicated that volunteers reported higher levels of
4 well-being, social support, and community identification than non-volunteers. Whilst it
5
6 should be noted that this was not a volunteer/non-volunteer condition design, and variables
7
8 such as well-being may influence volunteering behaviour, correlational analyses also
9
10 revealed time spent volunteering was associated with increased community identification, a
11
12 stronger sense of social support, and increased personal well-being, demonstrating the social
13
14 and psychological as well as health outcomes predicted by volunteering behaviour.
15
16 Furthermore, the serial mediation analyses have demonstrated that engaging in volunteering
17
18 activities predicts increased community identification, which in turn positively predicts social
19
20 support, which in turn predicts well-being, suggesting that increased feelings of connection
21
22 and belongingness within one's community can be classed as a psychologically valuable
23
24 outcome of volunteering, rather than as a mere predictor or context for this behaviour (Omoto
25
26 & Snyder, 2002).
27
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34 The current findings extend previous literature highlighting that those who volunteer
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36 report higher well-being (e.g., Thoits & Hewitt, 2001) and psychological sense of community
37
38 (e.g., Omoto, & Snyder, 2002). Building on the findings of the interview study, these cross-
39
40 sectional statistical models provide preliminary evidence that volunteering does indeed offer
41
42 opportunities for community connection through a strengthening of social identification. This
43
44 provides initial support for our proposal that volunteering could be a way of facilitating the
45
46 development of community identity. In turn, this 'unlocks' Social Cure processes, such as
47
48 enhanced social support, revealing the processes through which increases in volunteer well-
49
50 being may be experienced. Overall, there is initial evidence from these findings to indicate
51
52 that engaging in volunteer roles has the potential to positively predict the health and well-
53
54 being of community members, and that this is connected with their sense of belonging within
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56 a supportive community group.
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General Discussion

Previous research has highlighted three broad benefits of volunteering, over and above the help received by recipients of aid: the health benefits to volunteers, rewards gained by volunteers from relationships with others, and the benefits accrued by the volunteers' local communities. However, the largely individualistic approach taken to understanding the motivations and experiences of volunteers has neglected the role of group dynamics operating across these domains. In this paper we have provided a unifying framework to explain how the actions of volunteers can shape their group memberships and identification with their broader communities, which can in turn improve social relationships and the health and well-being of volunteers themselves. In doing so, our findings provide insights into the inherently collective and situated nature of volunteering as well as the benefits to be had in enhancing and improving community connectedness in several ways.

First, our work sets out a clear, evidence-based case for the application of social identity principles to the study of volunteering. In line with previous work by Boezeman and Ellemers (2007, 2008, 2009), we find that, as volunteers do not work for monetary gain, intrinsic rewards are pivotal to their motivations. Central to these rewards are their social relationships and, specifically, feelings of being supported by peers. Likewise, in their study of volunteering organisations, Gray and Stevenson (2019) revealed the importance of groups in motivating volunteering as well as providing emotional and practical support to cope with the challenges posed by volunteering roles. Our mixed-method research builds upon this work, showing that these social identity processes predict the health of volunteers, through the support unlocked within their local communities. In other words, whilst relationships with

1
2
3 volunteer peers are important, volunteering is also an inherently *community*-based Social
4
5 Cure.
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9 Second, our work provides definitive evidence of the close relationship between
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11 volunteering and the community it is situated within. Research within community psychology
12
13 has long established the importance of shared habitat in developing community belonging
14
15 and a 'Psychological Sense of Community' (Obst & White, 2005) whilst recently the
16
17 Volunteer Process Model has emphasised the importance of local community factors for the
18
19 motivations and outcomes of volunteering (Omoto & Snyder, 2010). However, this work has
20
21 typically cast community as the backdrop to volunteering. In contrast, our work views
22
23 community as intimately bound up in the dynamics of locally-based volunteering, whereby
24
25 processes of community identification predict both the motivations for volunteering,
26
27 volunteers' commitment to it, and its long-term benefits. Volunteers report wishing to 'pay
28
29 back' into their communities, out of a sense of duty, pride, and obligation. Volunteering also
30
31 effectively provides a privileged advantage for the individual. It offers increased social
32
33 contact in a community where their support is valued and meaningful and allows them to
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35 display the moral characteristics of good community citizenship (Pancer, 2015; Stevenson et
36
37 al., 2015), thus imbuing their interactions with additional positivity and reward and
38
39 conferring enhanced status within the community.
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47 Third, our work provides a conceptual and methodological approach to addressing
48
49 the longstanding question of whether volunteering enhances community identification or
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51 emerges from it. While previous research suggests volunteering increases community
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53 belonging (Theurer & Wister, 2010), others have argued psychological sense of community
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55 predicts volunteering (Okun & Michel, 2006; Omoto & Packard, 2016). Our studies shed
56
57 light on this uncertainty. Our participants' accounts of their volunteering experiences indicate
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59 they recognise both pathways: their sense of community membership and duty increases their
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3 likelihood of volunteering, but the rewards of volunteering also enhance their community
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5 connection and commitment. Our survey data then provide further insight into the possible
6
7 sequence of identity processes involved, demonstrating that time spent volunteering does
8
9 indeed predict enhanced identification, which in turn predicts identity-based resources such
10
11 as perceived social support. Whereas the qualitative study identifies the complexity of
12
13 potential bidirectional relationship between being part of a community and volunteering
14
15 behaviour (a desire to reciprocate resources already provided by community), the quantitative
16
17 study findings suggests that level of volunteering predicts increased subjective community
18
19 identification and support, and that these mediate the relationship between volunteering and
20
21 well-being. While longitudinal work is required to establish the causal relationships between
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23 these variables (as well as the degree to which there is a recursive relationship between
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25 volunteering and identification³), this provides the first substantive evidence of how
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27 volunteering predicts collective identification. Arguably this also contributes to the
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29 developing community identity literature within the Social Cure tradition. To date, this
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31 research has focused on determining the health consequences of community identification.
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33 Here we offer evidence to suggest how community identity can be developed or enhanced via
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35 a specific form of community participation, namely volunteering. Where existing research
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37 has extolled the virtuous cycles operating between subjective social identification and mental
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39 health in comparison with those involved in objective community participation and mental
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41 health (Miller, Wakefield, & Sani, 2017), here we show how this community participation
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43 may actually contribute to the building of these beneficial identity processes. Ascertaining the
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45 determinants of social identification with groups is something that is, until now, relatively
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56 ³ Given recent work suggesting that social support and identification can be concurrent, and potentially
57 mutually reinforcing, features of group life (McKimmie, Butler, Chan, Rogers, & Jimmieson, 2020), longitudinal
58 analyses could also explore the recursive nature of identification and support and their impact on well-being as
59 a result of continuing volunteering.
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3 under-researched in the Social Cure field (Cruwys, Steffens, Haslam, Haslam, Hornsey,
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5 McGarty, & Skorich, 2020).
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9 Fourth, a wide range of previous work (e.g., Jenkinson et al., 2013) associates
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11 volunteering with health benefits, but fails to provide convincing evidence for why this might
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13 be the case. Our work provides convergent evidence from qualitative and quantitative
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15 methods that Social Cure processes underly this relationship. Our interviews highlight the
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17 links volunteers themselves see between their experiences and their well-being in their
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19 everyday volunteering practices. For some, volunteering is a source of pride, satisfaction, and
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21 well-being, for others it has a transformative impact upon their lives. The significance of
22
23 these findings within the Social Cure framework is that these are precisely the experiences
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25 that one would expect to impact upon appraisal-based responses to coping with challenges
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27 because they influence beliefs around available resources and whether help will be
28
29 forthcoming when needed. As outlined above, the Social Cure paradigm posits that groups
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31 provide informational, emotional, and practical resources to cope with challenges, thereby
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33 reducing stress and improving well-being (Haslam et al., 2005, 2009). In effect, these
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35 volunteers' accounts suggest that volunteering feeds into this process by unlocking the
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37 identity-based social support within the community. In turn, this is borne out by our statistical
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39 model which evidences the classic Social Cure pathway, whereby community identification
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41 predicts well-being through the provision of social support (Haslam et al., 2005). In addition,
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43 we show that volunteering predicts community identification and social support, and that this
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45 pathway mediates the relationship between volunteering and well-being. This is the first
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47 tentative evidence of social identity processes underpinning the health benefits of
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49 volunteering suggesting that volunteering may unlock the Social Cure within local
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51 communities. Moreover, it builds upon the previous work attesting to the health benefits of
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53 community identification (McNamara et al., 2013; Fong et al., 2019) by suggesting that
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3 volunteering may be a method through which these variables could be developed and
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5 enhanced.
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8 Our research has limitations which should be borne in mind when interpreting results.
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10 Our interviews are with volunteers from a specific local context and do not span the scale,
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12 economic prosperity, or demographic composition of local communities within or beyond the
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14 UK. Likewise, our survey is also geographically-bounded and is cross-sectional in nature,
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16 limiting our claims to the causal direction of the relationships between variables.
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18 Additionally, using ‘time committed to volunteering’ as a proxy for volunteering
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20 commitment is not problem-free, but the measure does enable some sense of a distinction
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22 between those who do not volunteer, those who volunteer infrequently, and those who
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24 volunteer more regularly and for longer. Moreover, the depth and richness of the interviews
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26 as well as the scope and scale of the survey allow us to confidently triangulate these methods
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28 and, we believe, shed the first definitive light on the community identity processes
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30 underpinning volunteering.
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36 In addition to modelling these effects over time, future research should aim to
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38 incorporate these community-level identity dynamics into more conventional assessments of
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40 volunteering motivation and experience to assess their relative contributions to predicting
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42 volunteering benefits and behaviours; particularly as our interviews and existing research
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44 suggests that social rewards are linked to sustained volunteering behaviour (Boezeman &
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46 Ellemers, 2009). It is also possible that community volunteering and the identity processes
47
48 involved may create other benefits such as collective resilience and efficacy. Both outcomes
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50 have been linked to community identification and social support (e.g., Heath, Rabinovich, &
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52 Barreto, 2017) and these suggestions concur with sociological perspectives of community
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54 volunteering as an empowering political resource, which can deliver resilience when
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56 communities are disempowered by disadvantage and austerity (Montforte, 2019). In addition
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3 to allowing a fuller understanding of the Social Cure processes underpinning community
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resilience to collective disadvantage, such work would potentially afford an insight into how volunteering can challenge inequality beyond simply helping residents cope with their disadvantage.

On this basis, a number of recommendations arise from our findings. One key challenge facing contemporary healthcare systems is the need to involve communities in the provision of holistic treatments addressing the social as well as medical factors influencing health. A substantial body of evidence has attested to the negative mental and physical health outcomes of social isolation and loneliness, e.g., heart disease (Valtorta, Kanaan, Gilbody, Ronzi, & Hanratty, 2016), depression (Cacioppo, Hughes, Waite, Hawkley, & Thisted, 2006), and suicide risk (Calati et al., 2019). As a result, strategies such as ‘social prescribing’, which use community-based social interventions to address the social determinants of ill-health, are multiplying across the globe (Alderwick, Gottlieb, Fichtenberg, & Adler, 2018; Brandling & House, 2009; Kimberlee, 2015; Thomson, Camic, & Chatterjee, 2015). Almost without exception, these interventions are atheoretical, lacking explanations for why increasing social connectedness influences well-being (Halder et al, 2018; Kellezi, et al, 2019, Stevenson et al, 2019; Wakefield et al, 2020). The social cure of social prescribing: a mixed-methods study on the benefits of social connectedness on quality and effectiveness of care provision. *BMJ open*, 9(11), 2019a, 2019b). The current study provides a novel and potentially transformative contribution by identifying the social psychological processes explaining the personal and social benefits that can be derived from active community involvement. As the work of community volunteers is central to the successful delivery of these community-based interventions, we suggest that initiatives should work towards activities and practices which enhance community identification through the building of social cohesion, a sense of belonging, and strong support networks. Our evidence suggests

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3 that these Social Cure processes have the potential to result in health benefits for their
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6 volunteers and their communities.
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9 Whilst the international move towards provision of healthcare within community
10 settings does not shift the responsibility for service provision, it does place a substantial
11 burden on the third sector. Community groups are often expected to shoulder an increasing
12 share of healthcare burden, especially within ageing populations. Therefore, a key priority for
13 community groups is the sustainability of their provision. Our research suggests that
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15 volunteering can benefit the individual by providing them with the chance to contribute to
16 and access social support, whilst also increasing their sense of connection and commitment to
17 community life. In other words, by attending to the social identity principles underpinning the
18 recruitment and engagement of volunteers, and promoting their position within local
19 communities, voluntary organisations not only enhance the lives of individuals and
20 communities, but also promote the sustainability of their provision. The latter of these
21 benefits proves increasingly important in response to both crises, e.g., the 2020 Coronavirus
22 Pandemic, and impoverished community resources.
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42 **Reflections on Volunteering and the Coronavirus Pandemic**

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45 Since this research was conducted, the Coronavirus pandemic has placed enormous pressure
46 on communities across the globe. Decisive local responses are vital for effective
47 management of the pandemic, and such responses tend to emerge from cohesive
48 communities: a point recognised by psychologists (e.g., Elcheroth & Drury, 2020) and
49 governments alike (e.g., the UK government's 'All in, all together' campaign, Degun, 2020).
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51 Helping behaviours are key features of cohesive communities and critical elements of disaster
52 responses. It has therefore never been more critical to understand the drivers of this
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behaviour. Our data suggest that community relationships and the deep sense of commitment that residents often feel towards their community act as powerful motivators for volunteering. In the context of the pandemic, these processes were observed during the rapid surge of volunteer registrations to the UK's National Health Service Volunteer Responders programme, and the proliferation of community-based mutual aid groups developed in response to calls to support vulnerable community members across the UK. The UK was by no means alone in these responses: Coronavirus-related volunteering and helping has flourished across the globe (Monbiot, 2020). Nonetheless, concerns remain about the sustainability of these acts of giving, particularly as volunteers' circumstances change and the sense of urgency dissipates. Moreover, those cautioning against the conceptualisation of volunteers as a 'resource' suggest attention must be paid to supporting volunteers and protecting their well-being (Gilbert, 2020); particularly as they are donating their time to help in potentially risky circumstances and helping in ways that governments cannot or will not.

Our findings speak to these issues in two ways. First, they show that a sense of community commitment not only motivates volunteering, but it is also experienced as a reason to continue volunteering over time. Second, our data show that, for those who can, volunteering is a vehicle through which residents can build a sense of belonging to their community. This belonging is closely connected with residents' evaluation of their community as supportive, and these experiences predict better personal well-being, thus unlocking social cure processes that are vital during these most challenging times (Jetten, Reicher, Haslam & Cruwys, 2020). In these ways, cohesive community relationships not only create the conditions that help drive community helping, but they also sustain volunteering behaviours over time, whilst making the experience rewarding for volunteers and beneficial for communities. Thus, whilst we already know that cohesive communities tend to cope better with challenges (Ntontis et al, 2018), by appreciating the complex links between

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3 identity processes and volunteering behaviours, we can begin to address crucial issues such as
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5 how to ensure that such behaviour remains sustained as communities deal with the long term
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7 effects of the pandemic and look towards recovery.
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