

**Thy Will Be Done: Exploring the Longitudinal Rewards of Religious Group Membership Enactment
During Volunteering**

Running Head: Volunteering as Identity Enactment

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Abstract

The volunteering literature is replete with studies revealing the health benefits of volunteering. This has led psychologists to question whether social processes may help deliver these benefits while also supporting sustained volunteering engagement. The Social Identity Approach (SIA) recognises that volunteering takes place in groups, and sheds light on these processes by providing insights into group dynamics. Specifically, recent work within the Social Cure tradition has revealed the dynamic relationship between volunteering and group identification, and how this can influence health and wellbeing. This study extends previous work by exploring whether the relationship is mediated by the extent to which volunteers feel able to enact their membership of a valued group (specifically their religious group) through their volunteering. People who volunteer with religiously-motivated voluntary groups ($N = 194$) completed the same online survey twice, three months apart (T1/T2). For participants high in religiosity, T1 identification with their voluntary group positively predicted their sense of being able to enact the membership of their religious group through their voluntary work at T2, which in turn was a positive predictor of T2 mental health and volunteer engagement. The implications of these findings for both the theoretical literature and for voluntary organisations are discussed.

Keywords: volunteering, social identity, norms, depression, group membership

Introduction

Volunteering is widely recognised as an act that brings about many benefits for societies. For instance, the 2020 UK Civil Society Almanac (NCVO, 2020) estimated the value of volunteering to the UK economy to be £18.2bn, which is likely to be an under-estimate, due to a great deal of informal volunteering going unreported. As well as organisational, social, and economic benefits, volunteering also brings wellbeing-related benefits. A large body of literature has explored the relationship between volunteering and health/wellbeing in volunteers from many demographic groups, including the elderly (Onyx & Warburton, 2003), employees (Ramos, Brauchli, Bauer, Wehner, & Hämmig, 2015), and cross-national populations (Kumar, Calvo, Avendano, Sivaramakrishnan, & Berkman, 2012).

It is unsurprising, then, that a great deal of work within social psychology has attempted to investigate what motivates people to volunteer and what encourages them to continue volunteering over extended periods of time. Much of this work has focussed on the individual differences, personality traits, and interpersonal processes that might foster volunteering and promote volunteer retention (for a review, see Wilson, 2012). While it is important to consider such variables, this inter- and intrapersonal focus neglects an important aspect of volunteering: that it often occurs within *groups*, such as teams, charities, and organisations, as well as within communities. This important link between the personal and the social aspects of volunteering was highlighted in what is perhaps the best-known model of volunteering motivation: The Volunteer Process Model (VPM; e.g., Omoto & Snyder, 2002; 2008). This model addresses the three stages of volunteering (antecedents, experiences, and consequences), but does so at four analytical levels (individual, interpersonal, organisational, and the wider social system). This allows for volunteering to be explored at the level of the volunteer whilst also appreciating the dynamics and implications of volunteering within collective contexts.

Applying The Social Identity Approach To Volunteering

With its focus on group processes and collective contexts, the Social Identity Approach (SIA; e.g., Tajfel, 1978; Turner, Hogg, Oakes, Reicher, & Wetherell, 1987) is also a useful theoretical framework for exploring the social predictors and implications of volunteering. The SIA complements and extends the VPM in several ways. First, it moves beyond the intra- and interpersonal aspects of the VPM, which focus on exploring how people's personality traits and motivational states may encourage them to start volunteering, and how their interpersonal relationships with beneficiaries may encourage them to continue volunteering (e.g., Omoto, Snyder, & Hackett, 2010). Instead, the SIA focuses on how group-based processes (such as people's sense of connection to relevant group identities) may predict their engagement in prosocial behaviour (e.g., Levine Prosser, Evans, & Reicher, 2005). Interestingly, in their applications of the VPM to specific volunteering contexts, Omoto and Snyder (e.g., 2002; 2010) highlighted the important role played by Psychological Sense of Community (PSOC) as a predictor of volunteering and volunteer satisfaction. Omoto and Snyder (2002) suggest that it is essential to move away from conceptualisations of the community as providing only the geographical context for volunteerism and urge a need to think of community as being *psychologically* defined and interwoven with volunteering experiences. Community is therefore generally used as a collective subjective term for volunteers and their beneficiaries (e.g., 'the community affected by HIV/AIDS' in the case of HIV/AIDS volunteers). The multi-faceted PSOC construct therefore shares features with the SIA concept of group identification. For example, volunteers can experience a sense of positivity about being in the community, and a sense of bondedness and commitment to the community as an outcome of volunteer processes (Omoto & Snyder, 2002; 2010). While the VPM already acknowledges identity development and commitment as outcomes of the volunteering process, the application of a social identity analysis of the role of community in volunteering can reveal the processes through which psychological connections to the community can be both a motivator and an outcome of prosocial community behaviour (e.g., Bowe et al., 2020; Bowe et al., 2021; Stevenson et al., 2021).

However, the SIA extends and enhances the concept of PSOC in other important ways. For example, work on PSOC involves little consideration of intergroup processes or the idea that volunteers belong to multiple social groups: it only explores dynamics within the specific community in question (Omoto & Snyder, 2008). However, both inter- and intra-group dynamics (as well as the relevance of multiple group memberships) are central topics of study within the SIA, thus allowing for richer exploration of volunteering processes. For instance, this perspective provides the ability to investigate the extent to which volunteers perceive themselves and their beneficiaries as belonging to two separate groups (e.g., Wakefield, Bowe, & Kellezi, 2021), and the implications of this for volunteer behaviour, whereas the VPM typically considers relations between volunteers and beneficiaries as interpersonal (Omoto & Snyder, 2002). The SIA also allows for an appreciation of the complexity of volunteers' social identities by acknowledging that they can belong to multiple social groups in addition to their volunteering group, and that their membership of these additional groups is also likely to have implications for their behaviour.

The SIA thus shares and extends the VPM's argument that we need to conceptualise and investigate volunteering as a group-related process, where volunteers may perceive themselves as sharing a group membership and understand their volunteering behaviour in these collective terms. The SIA is thus ideally placed to offer insights into the group dynamics involved in volunteering and to enable this analysis. However, relatively little research has explored volunteering from the SIA perspective. While the SIA has been used to investigate acts of helping, the focus tends to be one-off responses to emergencies or acute situations. These tend to involve situations where bystanders can provide assistance in a relatively quick and straightforward manner, such as someone tripping and falling (Levine et al., 2005), someone dropping pens on the floor (Wakefield et al., 2011), someone needing directions (van Leeuwen & Oostenbrink, 2005), or one-off monetary donations being sought to support vulnerable populations (Hopkins et al., 2007; Levine & Thompson, 2004).

Volunteering processes are rather different to bystander processes and one-off acts of helping, however: they tend to involve longer-term and more complex acts of helping in order to

address chronic and multi-faceted societal problems, such as food insecurity (Bowe et al., 2019), HIV/AIDS (Omoto & Snyder, 2002; Simon, Stürmer, & Steffens, 2000), or environmental disasters with long-term consequences (Ntontis et al., 2020). Moreover, due to the additional time commitments usually required when volunteering, volunteers may have the opportunity to develop relationships with fellow volunteers in a way that bystanders do not tend to have. Indeed, Thomas, Rathmann, and McGarty (2017) showed that this sense of shared volunteer identity was a key predictor of commitment to volunteerism amongst active volunteers in a victim support charity (but not amongst those who supported the cause in name only). These observations suggest that complex group dynamics may occur during the volunteering process, and that further research is required to investigate these processes.

Applying The Social Cure Perspective To Volunteering

As well as providing a useful lens to understand the group processes involved in volunteering, the SIA also provides an opportunity to explicate the well-established wellbeing-related benefits of volunteering. While much of the literature investigating the relationship between volunteering and wellbeing has involved interpretation of this link through an interpersonal lens (e.g., Krause, Ironson, & Hill, 2017; Stukas, Hoye, Nicholson, Brown, & Aisbett, 2016; Yeung, 2018), the Social Identity Approach to Health, otherwise known as the Social Cure perspective (e.g., Haslam, Jetten, Cruwys, Dingle, & Haslam, 2018; Wakefield, Bowe, Kellezi, McNamara, & Stevenson 2019) highlights the important ways in which social group memberships can benefit people's health and wellbeing. These benefits have been shown to occur only if participants identify (i.e., experience a subjective sense of belonging) with the group/s in question (Haslam et al., 2018). While numerous processes which may explain the relationship between group identification and health/wellbeing have been proposed and tested, two of the main ways in which group identification benefits wellbeing is through increasing the social support that one receives from fellow ingroup members, and increasing the sense of perceived social support that one expects to receive from fellow ingroup members during times of stress or crisis (e.g., Haslam, Reicher, & Levine, 2012). These support-

related processes have been shown to help people cope better with stress (e.g., by reducing their likelihood of appraising events as stressful: Haslam, Jetten, & Jacobs, 2004). Group identification has also been shown to foster belongingness, self-esteem, perceived personal control, self-efficacy, and sense of meaning in life, all of which have been shown to benefit general health/wellbeing (Greenaway, Cruwys, Haslam, & Jetten, 2016). However, of particular relevance for the present paper is the finding that meaningful and supportive group memberships also have the potential to specifically benefit mental health, such as predicting reductions in depressive symptomology and risk of depression relapse (Cruwys et al., 2013; Wakefield, Bowe, Kellezi, Butcher, & Groeger, 2020). Together, these observations suggest that the Social Cure perspective is likely to be a particularly relevant lens through which to explore volunteering processes and their relationship to mental wellbeing.

The Social Cure perspective also has the potential to shed light on predictors of volunteer engagement. It is important for volunteers to experience a sense of engagement with their work, as it has been shown to be an important antecedent of volunteer wellbeing itself (Vecina, Chacón, Marzana, & Marta, 2013), as well as of intention to continue volunteering (Vecina, Chacón, Sueiro, & Barrón, 2012). Length of service is critical to volunteering sustainability (Omoto & Snyder, 1995). Promoting volunteer engagement is thus often cited as a key goal for voluntary organisations (e.g., Alfes, Shantz, & Bailey, 2016). Much of the research exploring predictors of volunteer engagement has focused on intrapersonal and trait-based variables, such as conscientiousness, self-efficacy (e.g., Kossowska & Łaguna, 2018), perceived characteristics of the volunteering role such as the level of skill and autonomy involved (e.g., Millette & Gagné, 2008), and demographics (e.g., Tang, Copeland, & Wexler, 2012). While important to explore, this focus on intrapersonal characteristics neglects the role that social identity processes can play in predicting volunteer engagement. For instance, previous SIA research has shown that volunteer group identification predicts volunteer engagement, which in turn reduces intentions to quit and increases the likelihood of volunteers recommending the organisation to others (e.g., Mayr, 2017). Moreover, Traeger and Alfes (2019) explored the

positive relationship between high-performance Human Resource practices within voluntary organisations and levels of volunteer engagement and found the relationship to be mediated by volunteers' identification with the voluntary organisation. These observations led us to expect that voluntary group identification would predict engagement-related benefits as well as well-being related benefits in our study.

Few studies have explicitly explored volunteering from the Social Cure perspective. One of these involved interviewing volunteers to investigate their lived experiences of organisational volunteering (Gray & Stevenson, 2020). Consistent with the Social Cure perspective, the authors' results highlighted the importance of group identity for volunteers' experiences of and motivations for volunteering, as well as showing how a sense of shared identity within the organisational context could benefit volunteers' wellbeing and provide a sense of social support during challenging volunteering experiences. These results are also consistent with the quantitative findings of Caricati, Panari, and Melleri (2020), who found that medical services volunteers' identification with their voluntary group negatively predicted burnout and positively predicted compassion satisfaction (i.e., obtaining satisfaction from helping others), and that these relationships were mediated by feelings of personal self-efficacy.

Bowe et al. (2020) recently conducted further Social Cure-based volunteering research, which involved conceptualising volunteering as a community-related activity. Consistent with Gray and Stevenson (2020) and Caricati et al. (2020), Bowe et al.'s interviews with community volunteers showed that community relationships shaped volunteers' motivations for and experiences of volunteering, while their survey evidence demonstrated that the act of volunteering predicted feelings of community belonging, support, and wellbeing. Moreover, they found that the number of hours that participants spent volunteering positively predicted wellbeing via two serial mediators: community identification and perceived social support. The authors thus provide evidence of Social Cure processes occurring within the community volunteering context: time spent volunteering

positively predicts volunteers' sense of identification with their community, which predicts a stronger sense of social support, and, ultimately, better wellbeing.

Bowe et al.'s (2020) research highlights an important point that is at the heart of the SIA: that as well as possessing a volunteer identity, volunteers possess multiple additional social identities (such as community identity), and that volunteering may strengthen volunteers' bonds with these additional identities. However, as yet, only Bowe et al.'s (2020) work has provided quantitative support for the connections between acts of volunteering and the strengthening of social identity, and this research involves cross-sectional survey data and a sole focus on community identity. As well as addressing these shortcomings, the present study seeks to extend the literature exploring group processes within volunteering by focussing on an alternative group process: identity enactment. Specifically, it explores a novel possibility: *that identification with a voluntary group enables people to enact their membership of other valued group identities*, and it is (partially) through this process that benefits such as enhanced wellbeing and volunteer engagement are derived.

Enacting Group Identities

A body of literature within the social identity tradition has explored the performative aspect of social identities (e.g., Klein, Spears, & Reicher, 2007). It is through performance that group identities are created and understood: group members' behaviour can produce, reproduce, and reinforce the group's norms, both to fellow group members and to outgroups. Within the context of crowds, this process is known as *collective self-objectification* (CSO; Drury, Cocking, Beale, Hanson, & Rapley, 2005; Drury & Reicher, 2005, 2009; Pehrson, Stevenson, Muldoon, & Reicher, 2014), and describes how crowd members can enact group norms (and, though this, enact their membership of the group) in order to feel a sense of empowerment, and to potentially challenge outgroup conceptualisations of the ingroup's identity (e.g., in the case of protests or other forms of intergroup conflict). This makes CSO a potentially powerful force: indeed, Drury et al. (2005) argue that it is vital

for fostering members' feelings of commitment towards the crowd's cause, and they also describe how CSO led to self-reported feelings of joy in activists.

While CSO focusses on crowd-based identity processes, group members may also visibly enact their group memberships in more everyday contexts. Again, this may be done with the aim of communicating the group's norms to outgroups. One behaviour which lends itself particularly well to this strategy is help-giving, as it is a behaviour which can communicate a myriad of positive ingroup traits, such as warmth, capability, selflessness, status, and resource possession (e.g., van Leeuwen & Täuber, 2010; Wakefield & Hopkins, 2017). Various social identity researchers have explored the ways in which ingroup members may use help-giving strategically, such as to highlight the ingroup's generosity when their possession of this trait has been questioned by an outgroup (Hopkins et al., 2007), or to emphasise the ingroup's distinctiveness or status when it has been threatened (Nadler & Halabi, 2006; van Leeuwen, 2007).

Within the volunteering literature, there is work which explores the concept of volunteer role identity, which posits that volunteer retention and satisfaction is increased when the volunteer role is incorporated into the self-concept (e.g., Jiménez, Fuertes, & Abad, 2010), and that expression of volunteer role identity is predictive of intention to remain a volunteer in long-term volunteers (Chacon, Vecina, & Davila, 2007). However, to our knowledge, no researchers have explored whether helping (and specifically the act of volunteering) allows individual group members to explicitly enact their membership of important social groups, and, further, whether this enactment is consequential for their wellbeing. It makes sense that volunteering for a voluntary group may allow an individual to enact their membership of that voluntary group, and, consistent with the results of Bowe et al. (2020), it also may be the case that it would allow an individual to enact their membership of their local community. However, we investigated an additional form of potential identity enactment: enactment of a religious identity.

Volunteering and Religious Identity

Although people often volunteer for secular reasons (e.g., desire for social connection or skill development; Same, McBride, Liddelow, Mullan, & Harris 2020), there is also a strong connection between religious belief and volunteering in many cultures and contexts (von Essen, Hustinx, Haers, & Mels, 2015). For example, large and well-known charitable organisations such as the Salvation Army and the Trussell Trust are religiously-motivated, although not all of their volunteers will necessarily share this faith or motivation. While there has been a great deal of research exploring the link between religion and volunteering, much of this work conceptualises religion in terms of individual differences in the strength of volunteers' religiosity (e.g., Dury et al., 2015; Musick & Wilson, 2008; Ruiter & De Graaf, 2006; van Tienen, Scheepers Reitsma, & Schilderman, 2011). This individualistic focus prevents a complex analysis of the inter- and intra-group dynamics that may be involved in religiously-motivated volunteering.

There is also a growing body of research exploring the potential health/wellbeing benefits of religiosity and religiously-motivated volunteering. For instance, Yeung (2018) found that volunteering mediated the relationship between religiosity and self-reported wellbeing, while Krause, Ironson, and Hill (2017) measured wellbeing objectively via participants' pulse rates, and found that the negative relationship between volunteering and resting pulse rate is stronger in more religious participants. Although not directly investigated by the authors of either study, both use their results to describe possible reasons why religiously-motivated volunteering may enhance wellbeing. For instance, Krause et al. (2017, p. 600) suggest that "merely helping others is not enough. Instead, helping others must arise from proper motives. Religious commitment represents one way of assessing these motives because it reflects dedication to faith traditions that emphasise the importance of loving others and helping people who are in need."

However, in the present study, we suggest that as well as being a behaviour that can be born out of religious motives, volunteering is also a way for religious group members to explicitly enact their identity as a 'good' (i.e., normative) member of their religious faith/group (particularly if they are

high in religiosity), with the same potential resultant benefits for their wellbeing and engagement as those experienced by members of activism-related crowds engaging in CSO (Drury et al., 2005). Thus, while we recognise the findings from Gray and Stevenson (2020) and Caricati et al. (2020) show that a shared sense of volunteer group identity benefits volunteers' wellbeing, we predict that, for religious participants who volunteer with a religiously-motivated group, this relationship is likely to be mediated by their perceived ability to enact their religious identity through their voluntary work.

The Present Study

Based on the theoretical and empirical literature reviewed above, we expect that religious participants who identify strongly with their religiously-motivated voluntary group are likely to feel able to enact their religious identity through their voluntary work. We predict this because people who identify strongly with a group are more likely to enact the group's norms (Turner et al., 1987), and since a religiously-motivated voluntary group is likely to embody pro-religious prosocial norms (e.g., selfless giving, helping in the name of a specific deity, etc.), this means that strong voluntary group identifiers are likely to engage in voluntary behaviours which allow them to enact their religious norms. In turn, we predict that participants' sense of religious identity enactment will positively predict their mental health and volunteer engagement. We predict this because of work showing how experiencing CSO, which also involves people enacting their group membership, can foster a sense of psychological wellbeing and positive feelings towards the group's cause (specifically empowerment through the realisation and achievement of collective goals; Drury et al., 2005). We have chosen to operationalise mental health as (lack of) depressive symptomology, because volunteering has been shown to reduce depressive symptoms (for a systematic review, see Jenkinson et al., 2013).

To establish the temporal ordering of variables, we conducted our research longitudinally, with a three-month gap between Time 1 and Time 2 (we chose this gap because we felt it would be long

enough to allow us to explore the temporal ordering of variables, but not too long that we risked widespread participant attrition, and also because we have used a three-month gap with success in similar research; Authors, 2020). Our central hypothesis was thus that we would observe a longitudinal conditional indirect effect in the data: for participants who possess high levels of religiosity (but not for participants who possess low levels of religiosity), identification with their religiously-motivated voluntary group at Time 1 (T1) will positively predict ability to enact their religious identity through their volunteering at T2, which in turn will positively predict mental health and volunteer engagement at T2.

Method

Participants and Procedure

Participants were recruited via Prolific Academic. First, 2000 international participants over the age of 18 were asked to take part in a very brief survey (paying £0.09 upon completion), where they were simply asked if they currently volunteer with a religiously-motivated group, charity, or organisation. Of these, 448 stated that they did, and these individuals were then invited to complete the survey proper. Participants were paid £2 upon completion. Three hundred and twenty participants completed the survey. Of these, 12 stated that they did not currently volunteer with an organisation; three withdrew from the survey before they had provided enough analysable data; 40 reported that they volunteer with a group, charity, or organisation that is not religiously-motivated (e.g., MacMillan Cancer Support) and 17 reported that they did not consider themselves to be a member of the religious group with which their religiously-motivated group/charity/organisation was associated. These 72 participants were excluded from the data-file, leading to a total of two hundred and forty-eight participants (136 *males*, 112 *females*; $M_{age} = 32.90$ years, $SD = 10.74$, *age range* = 18-64 years). Participants' reported religions were as follows: Two hundred and twelve (85.5%) Christians, 12 (4.8%) Muslims, 6 (2.4%) Buddhists, five (2%) Jews, three (1.2%) Sikhs, three (1.2%) Hindus, and three (1.2%) Jehovah's Witnesses. Individual participants reported their

group/charity/organisation to be Spiritist, Satanist, Mormonist, and Atheist respectively (0.4% in each case). We chose to retain the Satanist because, contrary to popular belief, the Satanic Temple's fundamental tenets involve promoting social justice and helping others (e.g., Laycock, 2020). We chose to retain the Atheist participant because some have argued that Atheism should be considered a religion (e.g., Davis, 2005), and, more importantly, we felt that the participant probably perceived it to be a religion (since they chose to take part in a study on religious identity). Participants possessed a range of nationalities, the most common being British/Irish ($n = 87$, 35%), American/Canadian ($n = 37$, 15%), Polish ($n = 35$, 14%), and Portuguese ($n = 24$, 10%).

Of the two hundred and forty-eight Time 1 (T1) participants, two hundred and ten (84.68%) completed the same survey three months later at Time 2 (T2). Participants were again paid £2 upon survey completion. Sixteen participants were removed from the data-file due to them no longer volunteering with a religiously-oriented group, leading to a T2 total of one hundred and ninety-four ($M_{gap} = 91.43$ days, $SD = 1.15$). An a priori power analysis in GPOWER (Erdfelder, Faul, & Buchner, 1996) assuming a medium effect size ($f^2 = 0.15$), .95 power, and nine predictors (one predictor, one moderator, one mediator, and six control variables) indicated that a sample size of one hundred and sixty-six was required.

Conducting between-groups t -tests on each of the T1 key variables (volunteering group identification, religiosity, religious identity enactment through volunteering, depression, volunteer engagement) in order to compare participants who did ($n = 194$) and did not ($n = 54$) feature in the T2 survey analyses revealed no significant differences (all $ps > .085$).

Measures

Unless stated, all items were measured on 1-7 scales ("I strongly disagree"- "I strongly agree"). Participants' *volunteering group identification* was measured with the four-item Group Identification Scale (GIS; Sani et al., 2015, e.g., "I feel a sense of belonging to my voluntary group").

The items were averaged to create overall measures of voluntary group identification, where higher values indicate higher identification.

Participants' *religious identity enactment through volunteering* was measured with a four-item scale designed for this study, entitled the Identity Enactment Through Volunteering Scale ("Doing this voluntary work allows me to show others that I am a member of this religious group"; "Doing this voluntary work allows me to be a 'good' member of this religious group"; "Doing this voluntary work allows me to behave in ways that a 'good' member of this religious group should"; "Doing this voluntary work allows me to uphold my obligations as a member of this religious group"). The items were averaged to create an overall measure of religious group identity enactment, where higher values indicate higher identity enactment.

Participants' *volunteer engagement* was measured with Vecina, Chacón, Sueiro, & Barrón's five-item (2012) Volunteer Engagement Scale (e.g., "At my voluntary work, I feel bursting with energy"). The items were averaged to create an overall measure of volunteer engagement, with higher values indicating higher engagement.

Participants' *mental health* (specifically their *depressive symptomology*) was measured with the seven-item depression sub-scale of the Hospital Anxiety and Depression Scale (HADS; Zigmond & Snaith, 1983). Participants rated the extent to which they had experienced each symptom (e.g., "I feel as if I am slowed down") in the past week on a 0-3 item-specific scale (e.g., "Most of the time" - "Not at all"). After the relevant items were reversed, the mean of the items was found, with higher values indicating higher depressive symptomology.

Participants' *religiosity* was measured at T1 with a single item: "To what extent would you describe yourself as a member of the religious group that your religiously-motivated voluntary group/charity/organisation is associated with?". Participants rated provided their answer on a 1-3 scale ("Not much" - "Completely").

Relevant *control variables* were also measured: participants' *age*, *gender* (0 = female, 1 = male), *time since they started volunteering* with the group in question (measured on a 1-41 scale which ranged from *less than one month - more than 30 years*), and the *number of times they volunteer* with the group in question in an average year (i.e., frequency of volunteering). These variables were selected for inclusion due to the potential impact they might have on volunteer engagement and wellbeing. Other variables were measured in the survey, but are not relevant for addressing this research question, so are not presented here: a full list of variables can be obtained from the corresponding author.

Results

Descriptive Statistics and Correlations

Table 1 shows the descriptive statistics and correlations for the key variables (controlling for age, gender, time since started volunteering, and frequency of volunteering). As expected, the T1 and T2 versions of each variable correlated strongly (all $ps < .001$). Supporting predictions, T1 volunteering group identification correlated significantly with all other variables, including T1/T2 volunteering engagement and T1/T2 depression ($ps \leq .002$).

Table 1

Means, standard deviations, Cronbach's alphas (where appropriate), and partial correlations amongst the key variables (controlling for age, gender, time since started volunteering, and frequency of volunteering)

Variable	1	2	3	4	5	6	7	8
1.T1 Volunteering Group Id (1-7, $M = 5.84$, $SD = 0.86$, $\alpha = .82$)	-							
2.T1 Religious Id Enactment (1-7, $M = 5.28$, $SD = 1.19$, $\alpha = .90$)	.39***	-						
3. T1 Depression (0-3, $M = 0.72$, $SD = 0.53$, $\alpha = .78$)	-.30***	-.14†	-					
4. T1 Volunteer Engagement (1-7, $M = 5.65$, $SD = 0.86$, $\alpha = .85$)	.46***	.34***	-.17*	-				
5. T1 Religiosity (1-3, $M = 1.98$, $SD = 0.72$)	.34***	.54***	-.09	.19**	-			
6.T2 Volunteering Group Id (1-7, $M = 5.67$, $SD = 0.94$, $\alpha = .88$)	.53***	.31***	-.33***	.37***	.38***	-		
7.T2 Religious Id Enactment (1-7, $M = 5.25$, $SD = 1.23$, $\alpha = .92$)	.36***	.60***	-.12	.36***	.46***	.47***	-	
8. T2 Depression (0-3, $M = 0.79$, $SD = 0.60$, $r = .82$)	-.22**	-.06	.70***	-.12	-.14†	-.46***	-.20**	-
9. T2 Volunteer Engagement (1-7, $M = 5.52$, $SD = 0.99$, $\alpha = .90$)	.27***	.24***	-.15*	.59***	.18*	.57***	.45***	-.32***

Note: *** $p \leq .001$, ** $p < .01$, * $p < .05$, † $p < .10$.

Conditional Indirect Effects Analyses

We used model seven in version 3.0 of Hayes' (2017) PROCESS macro to test our hypothesised longitudinal conditional indirect effect models. Specifically, we predicted that T1 voluntary group identification would positively predict T2 religious identity enactment through volunteering (but only for participants with high religiosity), and that, in turn, high levels of T2 religious identity enactment through volunteering would predict either low levels of T2 depression (model 1) or high levels of T2 volunteer engagement (model 2). Each analysis involved 5,000 bootstrapping samples with 95% confidence intervals (LLCI/ULCI), using the percentile method. Values were mean-centred for the construction of products. The T1 versions of participants' age, gender, length of time volunteering with the group, and number of times volunteering with the group in a typical year were controlled for, as well as the T1 versions of any T2 variables included in the model (i.e., the T1 versions of religious identity enactment through volunteering and depression

were controlled for in Model 1, and the T1 versions of religious identity enactment through volunteering and volunteer engagement were controlled for in Model 2).

Model 1: Depression

The interaction between T1 voluntary group identification and T1 religiosity significantly predicted T2 religious identity enactment through volunteering, thereby indicating that T1 religiosity was a significant moderator of the relationship between T1 voluntary group identification and T2 religious identity enactment through volunteering, $Coeff = .28$, $SE = .11$, $t = 2.54$, $p = .01$, $LLCI = .06$, $ULCI = .51$. T2 religious identity enactment was a significant negative predictor of T2 depression, $Coeff = -.10$, $SE = .03$, $t = -3.29$, $p = .001$, $LLCI = -.17$, $ULCI = -.04$. The direct effect of T1 voluntary group identification on T2 depression was non-significant, $Effect = .003$, $SE = .04$, $t = 0.07$, $p = .95$, $LLCI = -.08$, $ULCI = .08$, but the conditional indirect effect of T1 voluntary group identification on T2 depression via T2 religious identity enactment through volunteering was significant at high levels (+1 SD) of T1 religiosity, $Effect = -.06$, $Boot SE = .02$, $Boot LLCI = -.11$, $Boot ULCI = -.02$, but not at low levels (-1 SD) of T1 religiosity, $Effect = .001$, $Boot SE = .01$, $Boot LLCI = -.03$, $Boot ULCI = .03$. The index of moderated mediation for T1 religiosity was significant, $Index = -.03$, $Boot SE = .01$, $Boot LLCI = -.06$, $Boot ULCI = -.005$. See Figure 1 for the model. The control variable path values can be seen in Table 2.¹

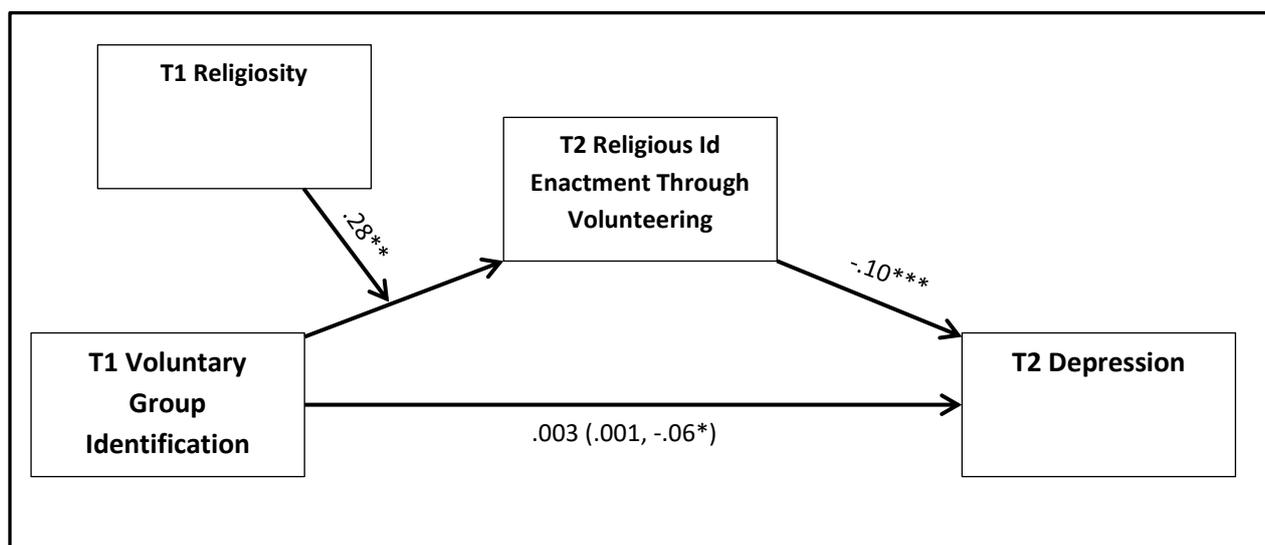


Figure 1. The conditional indirect effect model predicting T2 Depression. Control variables (i.e., the T1 versions of participants’ age, gender, length of time volunteering with the group, and number of times volunteering with the group in a typical year were controlled for, as well as the T1 versions of religious identity enactment through volunteering and depression) are not pictured. The value on the *a* path indicates the interaction between T1 Voluntary Group Identification and T1 Religiosity predicting T2 Religious Identification Enactment Through Volunteering. On the *c* path, the value outside brackets is the total effect, while the values inside brackets are the indirect effects at low and high levels of religiosity respectively. Note: *** $p < .001$, ** $p \leq .01$, * $p < .05$.

Table 2

Path values for the Model 1 control variables

Outcome: T2 Religious Id Enactment						
	Coeff.	SE	<i>t</i>	<i>p</i>	LLCI	ULCI
Time Since Started Volunteering	-.008	.01	-.69	.49	-.03	.01
Volunteering Frequency	-.004	.002	-1.64	.10	-.01	.001
Age	.01	.01	1.92	.06	-.0004	.03
Gender	-.15	.14	-1.05	.30	-.42	.13
T1 Religious Id Enactment	.46	.07	6.27	<.001***	.32	.60
T1 Depression	-.01	.14	-.04	.97	-.28	.27

Outcome: T2 Depression						
	Coeff.	SE	<i>t</i>	<i>p</i>	LLCI	ULCI
Time Since Started Volunteering	-.006	.005	-1.30	.19	-.02	.003
Volunteering Frequency	-.0002	.0001	-.22	.83	-.002	.002
Age	-.004	.003	-1.39	.16	-.01	.002
Gender	-.05	.06	-.83	.41	-.17	.07
T1 Religious Id Enactment	.08	.03	2.44	.02*	.02	.14

T1 Depression	.79	.06	13.23	<.001***	.67	.91
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Note: * $p < .05$, *** $p < .001$

We used simple slopes analysis to explore the significant moderating effect of T1 religiosity on the relationship between T1 voluntary group identification and T2 religious identity enactment through volunteering (see Figure 2). Participants with high levels of religiosity at T1 experienced a significant positive relationship between T1 voluntary group identification at and T2 religious identity enactment through volunteering, $Effect = .56$, $SE = .17$, $t = 3.19$, $p = .002$, $LLCI = .21$, $ULCI = .90$, while this relationship was non-existent for those with low levels of religiosity at T1, $Effect = -.01$, $SE = .12$, $t = -.10$, $p = .92$, $LLCI = -.25$, $ULCI = .23$.

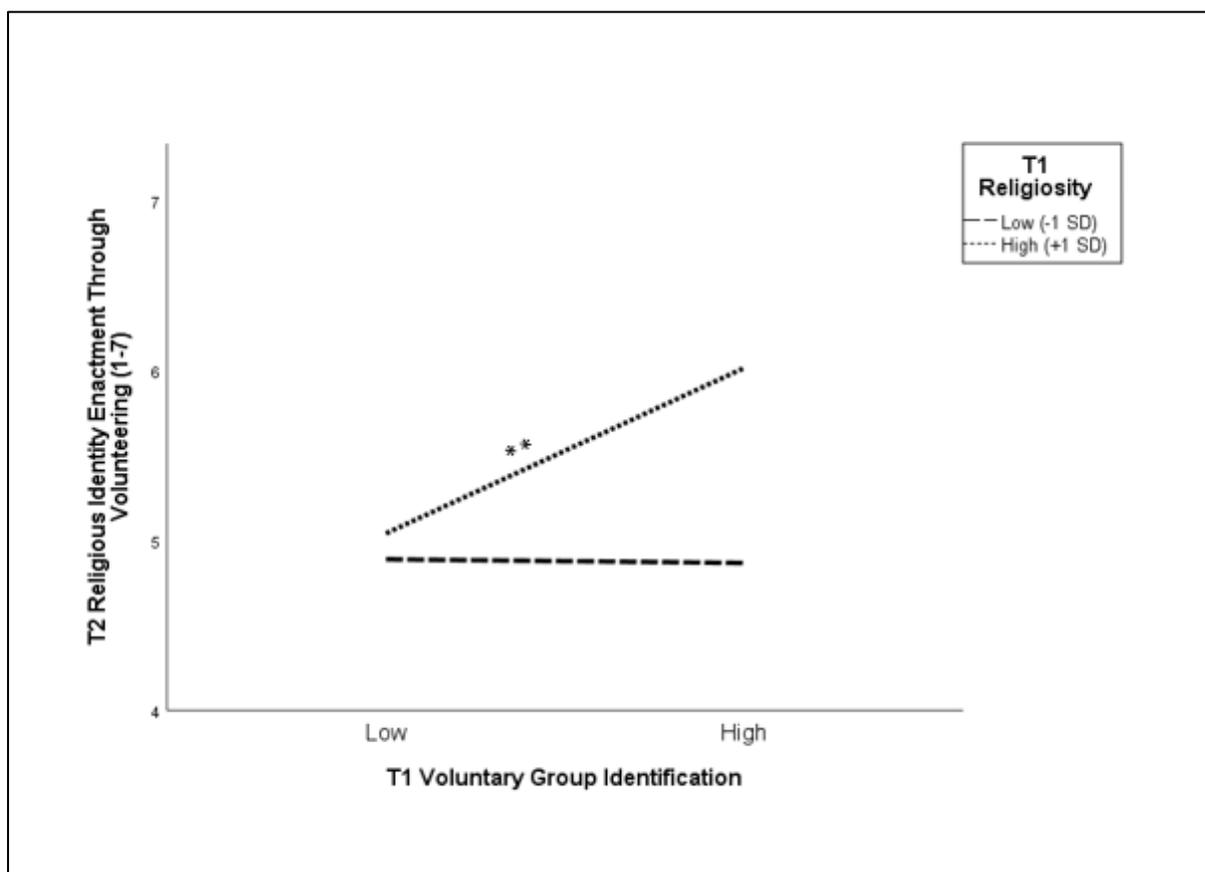


Figure 2. Simple slopes analysis for Model 1. Note: ** $p = .002$.

Model 2: Volunteer Engagement

The interaction between T1 voluntary group identification and T1 religiosity significantly predicted T2 religious identity enactment through volunteering, thereby indicating that T1 religiosity was a significant moderator of the relationship between T1 voluntary group identification and T2 religious identity enactment through volunteering, $Coeff = .26$, $SE = .11$, $t = 2.30$, $p = .02$, $LLCI = .04$, $ULCI = .48$. T2 religious identity enactment was a significant positive predictor of T2 volunteer engagement, $Coeff = .29$, $SE = .06$, $t = 5.04$, $p < .001$, $LLCI = .18$, $ULCI = .40$. The direct effect of T1 voluntary group identification on T2 volunteer engagement was non-significant, $Effect = -.05$, $SE = .08$, $t = -0.67$, $p = .51$, $LLCI = -.21$, $ULCI = .10$, but the conditional indirect effect of T1 voluntary group identification on T2 volunteer engagement via T2 religious identity enactment through volunteering was significant at high levels (+1 SD) of T1 religiosity, $Effect = .13$, $Boot SE = .06$, $Boot LLCI = .03$, $Boot ULCI = .25$, but not at low levels (-1 SD) of T1 religiosity, $Effect = -.02$, $Boot SE = .04$, $Boot LLCI = -.11$, $Boot ULCI = .05$. The index of moderated mediation for T1 religiosity was significant, $Index = .07$, $Boot SE = .04$, $Boot LLCI = .01$, $Boot ULCI = .16$. See Figure 3 for the model. The control variable path values can be seen in Table 3.

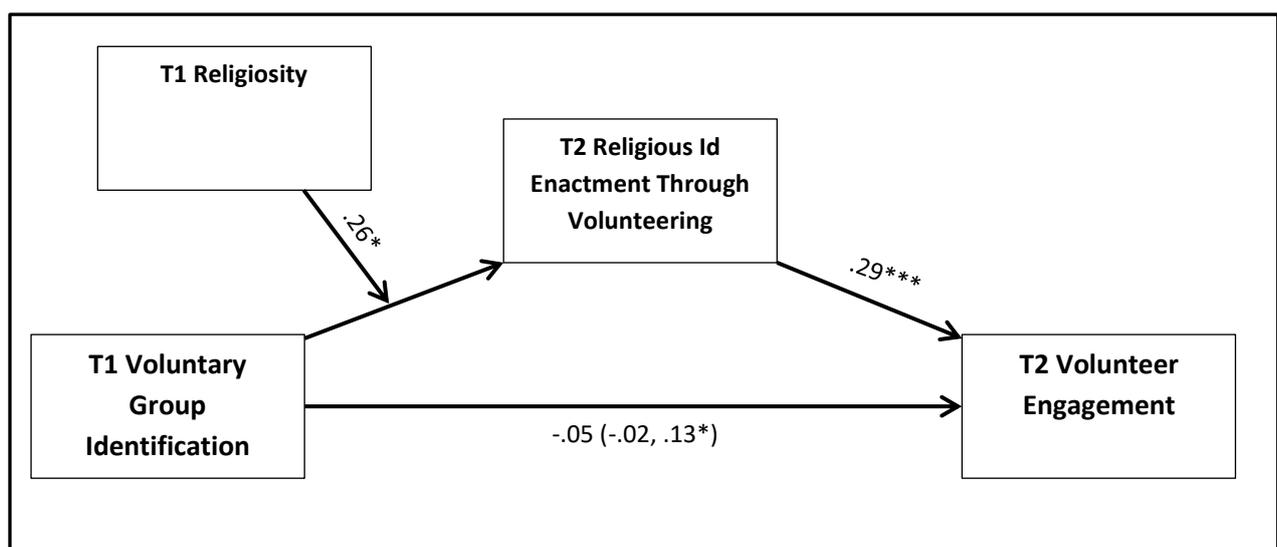


Figure 3. The conditional indirect effect model predicting T2 Volunteer Engagement. Control variables (i.e., the T1 versions of participants' age, gender, length of time volunteering with the group, and number of times volunteering with the group in a typical year were controlled for, as well

as the T1 versions of religious identity enactment through volunteering and volunteer engagement) are not pictured. The value on the a path indicates the interaction between T1 Voluntary Group Identification and T1 Religiosity predicting T2 Religious Identification Enactment Through Volunteering. On the c path, the value outside brackets is the total effect, while the values inside brackets are the indirect effects at low and high levels of religiosity respectively. Note: *** $p < .001$, ** $p < .01$, * $p < .05$.

Table 3

Path values for the Model 2 control variables

Outcome: T2 Religious Id Enactment						
	Coeff.	SE	t	p	LLCI	ULCI
Time Since Started Volunteering	-.01	.01	-.60	.55	-.03	.02
Volunteering Frequency	-.004	.002	-1.67	.10	-.008	.001
Age	.01	.01	1.72	.09	-.002	.02
Gender	-.17	.14	-1.25	.21	-.45	.10
T1 Religious Id Enactment	.43	.07	5.77	<.001***	.28	.58
T1 Volunteer Engagement	.20	.09	2.07	.04*	.01	.39
Outcome: T2 Volunteer Engagement						
	Coeff.	SE	t	p	LLCI	ULCI
Time Since Started Volunteering	.0002	.01	.03	.98	-.02	.02
Volunteering Frequency	.002	.002	1.25	.21	-.001	.01
Age	.01	.01	1.09	.28	-.005	.02
Gender	-.05	.11	-.44	.66	-.27	.17
T1 Religious Id Enactment	-.11	.06	-1.89	.06†	-.23	.005
T1 Volunteer Engagement	.61	.08	8.03	<.001***	.46	.75

Note: † $p < .10$, *** $p < .001$.

We used simple slopes analysis to explore the significant moderating effect of T1 religiosity on the relationship between T1 voluntary group identification and T2 religious identity enactment through volunteering (see Figure 4). Participants with high levels of religiosity at T1 experienced a significant positive relationship between T1 voluntary group identification at and T2 religious identity enactment through volunteering, $Effect = .45$, $SE = .18$, $t = 2.48$, $p = .01$, $LLCI = .09$, $ULCI =$

.80, while this relationship was non-existent for those with low levels of religiosity at T1, $Effect = -.07, SE = .12, t = -.57, p = .57, LLCI = -.31, ULCI = .17$.²

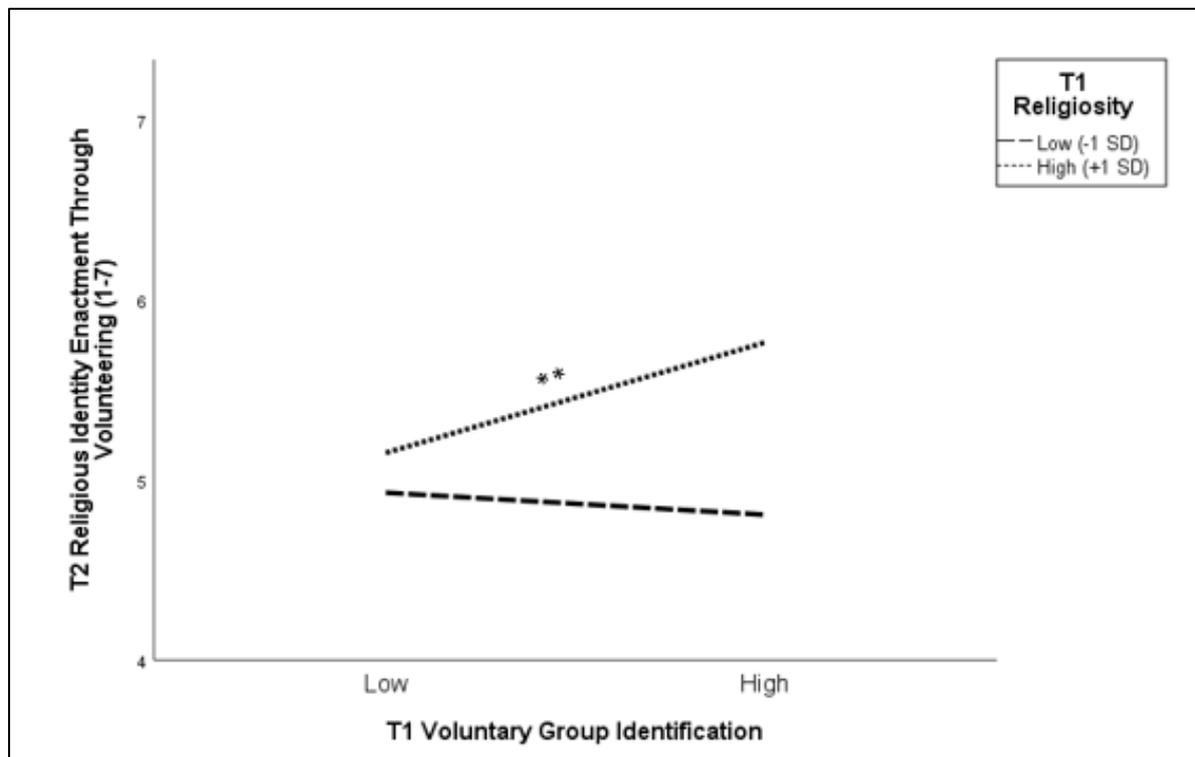


Figure 4. Simple slopes analysis for Model 2. Note: ** $p = .01$.

Discussion

In this longitudinal survey study, we aimed to explore social identity-related predictors of volunteer wellbeing and engagement. We supported our predictions by showing that, for volunteers who possess high (but not low) levels of religiosity, identifying with one's religiously-motivated voluntary group at T1 positively predicted a sense of being able to enact one's religious identity through volunteering at T2, which in turn positively predicted both mental health and volunteer engagement at T2. Our results help to advance several literatures. First, consistent with the existing Social Cure-focused findings within the volunteering literature (e.g., Bove et al., 2020; Caricati et al., 2020; Gray & Stevenson, 2020), we observed positive correlations between participants'

identification with their volunteering group, their volunteering engagement, and their mental health, both cross-sectionally and longitudinally, and even after controlling for age, gender, the length of time they have been volunteering, and the frequency of their volunteering. Our results thus provide much-needed evidence to support the idea that social identity processes predict the occurrence of engaging and beneficial volunteering, and they suggest that these processes could help to explain the well-established wellbeing-related benefits experienced by volunteers (e.g., Piliavin & Siegl, 2015). However, our results also represent an important extension of these findings by exploring the as-yet unconsidered question of whether these Social Cure-related benefits of volunteering may be due, at least in part, to the fact that volunteering allows group members to explicitly enact a valued group identity. As noted, we found that, for participants who possessed high levels of religiosity, ability to enact their religious identity through their voluntary work mediated the relationship between voluntary group identification and mental health, and between voluntary group identification and volunteer engagement. Moreover, we observed these relationships longitudinally, thus adding weight to our proposed temporal ordering of the variables. While a large literature within the Social Cure perspective has explored potential mediators of the relationship between group identification and health/wellbeing (e.g., received and perceived social support, collective efficacy, sense of control, self-esteem, sense of meaning, etc.; Greenaway et al., 2016; Haslam et al., 2018), this study is the first in our knowledge to explicitly explore the mediating effect of one's ability to enact membership of a meaningful group. Future work within the Social Cure literature should continue to explore this idea, and to investigate whether enacting group memberships in ways other than through volunteering also mediates the relationship between group identification and health/wellbeing.

Second, an area within which the relationship between group norm enactment and beneficial outcomes has already been established involves investigating the phenomenon of Collective Self-Objectification within crowds (CSO; e.g., Drury et al., 2005). Our findings extend this well-established concept of CSO within the crowd literature (e.g., Klein et al., 2007; Pehrson et al.,

2014) into the volunteering literature. While CSO involves people enacting the norms of the crowd whilst they are part of that crowd (e.g., during protests), our work explores how volunteer group members may enact the norms of a different (albeit related) group identity across a longer time-period through their volunteering behaviour. Moreover, our findings show that participants' sense of religious identity enactment positively predicts feelings of engagement within their volunteer role, as well as their mental health. These observations are consistent with work by Drury et al. (2005), who showed that experiencing CSO within the context of a protesting crowd was related to feelings of empowerment and psychological wellbeing. In sum, our work shows that the act of volunteering can also be a vehicle through which identity enactment and its potential benefits may be facilitated.

Third, our work contributes to the literature on religiosity and volunteering. While our research involves conceptualising religiosity as an individual-differences variable (e.g., Musick & Wilson, 2008), it also moves beyond this by appreciating that people's religious ties can be thought of as a group to which they belong: a social identity with 'contents', such as norms and values, which have consequences for members' behaviour (Turner et al., 1987). From this perspective, additional light can be shed on the relationships between religiosity, volunteering, and wellbeing. Volunteering (and help-giving in general) is a behaviour through which people can enact norms that are likely to be integral to the majority of religious faiths (e.g., warmth, compassion, empathy, and selflessness; van Leeuwen & Täuber, 2010; Wakefield & Hopkins, 2017), and our results suggest that, for participants who possess high levels of self-reported religiosity, identification with one's religiously-motivated volunteering group predicts volunteer engagement and mental health via this process of enactment. This offers a new perspective on why religiously-motivated volunteering might benefit those who engage in it: rather than (or perhaps as well as) religious volunteers deriving benefits from helping that is 'properly motivated' by religious faith (as Krause et al., 2017 describe it), such individuals may also be using their volunteering as a strategic tool through which to enact the norms of their valued religious identity. In turn, this enactment predicts important wellbeing-related outcomes. Relatedly, recent work by Reicher et al. (2021) explored the social processes that may

constrain or facilitate Hindu participants' religious identity enactment as they move between different contexts (e.g., their homes vs. a religious festival), which suggests that future work could expand on our findings by exploring which aspects of volunteering are perceived by volunteers to be especially helpful/unhelpful in allowing them to enact their religious identities.

Fourth, our work helps to enrich and extend the VPM's conceptualisation of PSOC (Psychological Sense of Community; e.g., Omoto & Snyder, 2002; 2008; 2010). As noted in the Introduction, the PSOC literature focuses on the processes which occur within the community in question (e.g., 'the community affected by HIV/AIDS' in the case of HIV/AIDS volunteers), and how these promote volunteering and volunteer satisfaction. Contrary to this, the present study shows that much can be learned about volunteer processes by taking the SIA's wider view on inter- and intra-group dynamics, and appreciating that volunteers are members of multiple social groups. Specifically, we were able to show how religious participants' volunteer group identity positively predicted their ability to enact their membership of another important group (their religious identity) through their voluntary work. This exploration of interactions between multiple identities is outside the parameters of the VPM's conceptualisation of PSOC, thus showing the need for volunteering theories to appreciate the complexities of volunteers' social worlds: something that the SIA approach to volunteering can reveal.

In turn, these observations suggest some clear practical implications emerging from our research. Most notably, in order to facilitate volunteer engagement and well-being, religiously-motivated voluntary organisations should ensure that the religious people who volunteer for them feel able to enact their religious identity through their voluntary work. While future work is likely to be able to shed more light on exactly what this might entail, it could involve the organisation taking time to make the link between the voluntary work and religious identity during volunteer training, and reminding religious volunteers of this link as they carry out their day-to-day duties. It could also involve sessions where religious volunteers study passages in their holy book/scriptures which talk

about the value of volunteering, or share in prayer/meditation together where they reflect on the religious meaning of their voluntary work. Such collective activity is likely to further strengthen volunteers' voluntary group identification, thus promoting a 'virtuous cycle' of Social Cure processes (e.g., Miller, Wakefield, & Sani, 2017).

However, our work indicates that it is also important for religiously-motivated voluntary organisations to explicitly consider the wellbeing and engagement of their low-religiosity volunteers. Our results indicated that there was no relationship between voluntary group identification and sense of religious identity enactment for these individuals, meaning that this is not a path through which low-religiosity volunteers can obtain wellbeing- and engagement-related benefits. Nonetheless, in some contexts, religiously-motivated voluntary organisations may be the only type of organisation (or at least the most salient type of organisation) with which local people are able to volunteer and express values and identities that are important to them, so it is important to note that the paths to health and volunteering engagement may be quite different for those that are not religious but still volunteer for their communities through these religiously-oriented voluntary organisations. With this in mind, voluntary organisations need to think about the types of group identities that low-religiosity volunteers (and volunteers without any religious faith) may seek to enact through their voluntary work, and facilitate them in developing this sense of enactment. For instance, it is common to hear volunteers and helpers (who are both religious and non-religious) talk about their sense of connection and moral obligation to all of humanity, and that fellow humans are their ingroup when they engage in prosocial acts (e.g., Monroe, 1991). Moreover, Bowe et al.'s (2020) work suggests that community identity also plays an important role in volunteering, so some volunteers may be enacting community-based identities with the aim of supporting the most vulnerable members of their community through their work. Others may be enacting their political identity (Monforte, 2019). Thus, it may be the case that voluntary organisations need to ensure that low-religiosity volunteers are able to enact their membership of alternative groups (such as 'shared humanity', local community, or political party) through their voluntary work. This could perhaps

involve ensuring that the organisation does not describe its volunteers' work in exclusively religious terms (e.g., 'we are doing God's work') but also in humanistic terms (e.g., 'we are working for the good of all people'), community-based terms (e.g., 'we are working for the good of all the people within our community'), or political terms (e.g., 'we are working to highlight the government's shortcomings').

Our study has some important strengths. First, we gathered our data longitudinally, allowing us to explore the temporal sequencing of variables in a manner that cross-sectional research would not allow. Future work can add to this by gathering data at more time-points, or by conducting experimental research in order to draw conclusions about causal relationships between the variables. Second, due to our work being the first to explore the topic, our research also facilitated initial creation of the Identity Enactment Through Volunteering Scale. While future research is required in order to assess the reliability and validity of this scale, it is promising that we observed high Cronbach's alpha values for the scale at T1 and T2, as well as high test-retest reliability between T1 and T2. The nature of the items means that they can be adapted in order to explore the enactment of any identity through volunteering, making the scale versatile and flexible.

However, our research also has limitations. Perhaps most notably, we recruited our participants via opportunity sampling from Prolific Academic, which means that although our sample was international, it is unlikely to properly represent our population (i.e., people who volunteer with religiously-motivated groups). However, since this population is rather specific, it was only through crowdsourcing recruitment that we could be guaranteed a large enough sample-size (especially given the issue of attrition in longitudinal studies), and evidence suggests that data produced via Prolific Academic tend to be of higher quality than those produced via other crowdsourcing platforms (Peer, Brandimarte, Samat, & Acquisti, 2017). Moreover, when considering the depression outcome variable, it should be noted that the cross-sectional relationship between T1 religious identity enactment and T1 depression was only marginally significant ($p = .06$), and the relationship

between T2 religious identity enactment and T2 depression reported in the Model 1 conditional indirect effect analysis was significant but relatively small. Future work may find that alternative measures of depressive symptomology produce stronger relationships.

Limitations aside, our results present some important conclusions: they highlight the important role played by Social Cure processes in predicting beneficial volunteering, and they show that one's ability to enact a valued group membership can be an important mediator of this relationship. Voluntary organisations must apply these observations if we are to ensure that people's valuable voluntary work benefits both themselves and others.

Endnotes

¹ We also checked whether the pathway between religious identity enactment and depression was moderated by religiosity, using both PROCESS Model 58 (moderated mediation where the same moderator (T1 religiosity) moderates both the *a* path (T1 volunteer identity to T2 religious identity enactment) and the *b* path (T2 religious enactment to T2 depression)) and PROCESS Model 21 (moderated mediation where one moderator (T1 religiosity) moderates the *a* path (T1 volunteer identity to T2 religious identity enactment) and a different moderator (T2 religiosity) moderates the *b* path (T2 religious identity enactment to T2 depression)). The moderation interaction of interest was $p > .10$ for both models.

² We also explored the extent to which high vs. low religiosity predicted our two outcome variables (T2 depression and T2 volunteer engagement). Our measure of T1 religiosity was on a three-point scale, so we created a new binary variable where all participants who scored 1 or 2 on the scale received a value of 0 (low religiosity) and all those who scored 3 on the scale received a value of 1 (high religiosity). We then conducted two analyses of variance (one for T2 depression and one for T2 volunteer engagement) using this new binary variable as the predictor variable, and also

controlling for age, gender, length of time since starting volunteering, frequency of volunteering, and the T1 version of depression/volunteer engagement respectively. The main effect of T1 binary religiosity was non-significant in the T2 depression analysis of variance, $F(1,187) = 2.59, p = .11$, but it was significant in the T2 volunteer engagement analysis of variance, $F(1,185) = 5.64, p = .02$. This indicates that people with high T1 religiosity ($EMM = 5.77, SE = .12$) had a stronger sense of T2 volunteer engagement than people with low T1 religiosity ($EMM = 5.43, SE = .07$). This is an interesting result, and extends research showing that religiosity-related variables such as frequent attendance at religious services are positively associated with formal volunteering (e.g., van Tienen et al., 2011). However, it does not detract from our core finding in the paper, which is that, for participants with high levels of religiosity, religious identity enactment through volunteering mediates the relationship between voluntary role identity and both depression and volunteer engagement.

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