

The Psychological Benefits of Political Participation

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Abstract:

This paper asks whether political participation confers psychological benefits. Four hypotheses were tested: that involvement in volunteer activities reduces subsequent psychological distress, that resisting perceived discrimination does, that the benefits of political involvement are more pronounced for respondents prone to psychological distress, and that any observed benefits of political involvement are attributable to a psychological trait. The study employed data from a long-running panel survey. Political activity appeared to be more beneficial for respondents prone to psychological distress. These findings suggest that participation is a resource that alleviates psychological distress, which might offset some of the negative mental health consequences associated with disadvantaged social status. The results are discussed in light of recent theories attributing health benefits to social capital and empowerment.

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Might political activity enhance citizens' psychological health? Contemporary theories percolating in many disciplines suggest that it should. Recently, public health researchers have taken up the rendition of social capital theory articulated by Robert Putnam, focusing on its implication that communal involvement might improve citizens' well being. Among public health researchers, medical sociologists and community psychologists, there is a long-standing claim that "empowerment," including political activity, is good for health. Last but not least, psychological health is an enduring concern for political psychologists.

In this paper, I investigate the effects of political activity on individual-level mental health. Political scientists might profit from studying mental health for at least three reasons. First, the security and health of the physical body is the pre-eminent concern of the liberal state (Shklar, 1984), while psychological health is demonstrably linked to physical health (Kuzbansky & Kawachi, 2000). Second and related, both absolute and relative socioeconomic status have been associated with health outcomes (Adler & Ostrove, 1999), and it is a fundamental concern of government to assess the distribution of social and economic status and to design interventions to correct bad distributions. Third, civic well being arguably depends on good individual mental health, so that citizens can contribute not only to the economy and to civil society, but also to more explicitly political engagements such as jury service. The negative formulation of this argument, that psychological afflictions might damage the prospects for democratic politics, is an enduring concern in political psychology and political theory (Lasswell, 1930/1977; Adorno et al., 1950). How political engagements themselves might influence health outcomes is an important question, one I focus on in this paper.

Besides its focus on mental health, two other features of the study I report on here are distinctive. The study treats political activity as an independent variable, and thus promises not only to expand our knowledge base regarding political participation but also to offer a more refined articulation of its consequences. Political participation is often claimed generally to be a good thing; this study offers a precise finding about individual-level health outcomes to support this claim. In addition, the study utilizes longitudinal panel data, enabling better support for inferences about the consequences of participation than studies drawing on cross-sectional data can provide.

I begin this paper by reminding readers that mental health has an important place in the study of political psychology. Next I locate my investigation in the context of recent discussions of social capital and empowerment. Then I introduce my research questions and specific hypotheses about the effects of political participation on mental health. I test these hypotheses using data from the Young Women cohort of the National Longitudinal Survey. I conclude with an evaluation of whether some forms of political involvement are more beneficial than others, and with a comment about what light the findings shed on the ongoing concerns identified in the literatures discussed earlier.

Theoretical background

Three major theoretical traditions articulate questions that resonate with those I pursue in this paper. First, links between psychological well-being and politics are at the core of political psychology's longer-standing interdisciplinary tradition. Second, scholars adapting the social capital perspective enunciated for political scientists by Robert Putnam are now pursuing connections between social capital and health outcomes. Third, students of "empowerment" have postulated links between political power and health for well over a decade.

Political psychology, social capital, and empowerment

Mental health and illness raise questions that are germane to the field of political psychology. Harold Lasswell's work initiated and exemplified the political psychological study of mental health, inspiring, for example, Marcus' early work on the relationships between unconventional political activity and psychological distress (1969). Contemporary scholars remain fascinated by questions that engage mental health, as exemplified by Rahn and her colleagues' recent explorations of "public mood" (1996), and by Robert Lane's exploration of the loss of happiness in market democracies (2000).

For the most part, political psychologists who directly engage mental health and illness attend to the question of how psychological conditions influence political outcomes, sometimes suggesting "psychopathology" as a metaphor for political dysfunction. In this vein, Rubenstein and Lasswell's fascinating study of political processes in a psychiatric hospital was intended to illuminate the processes of democratization in former colonies in Africa (1966). Political theorists also see psychological disruption as a metaphor for and a cause of political dysfunction. Pursuing political theory's interest in political subjectivity, civic capacity, and the boundaries between the self and the polity, political theorists and philosophers including James M. Glass (1995), Julia Kristeva (1993) and Elisabeth Young-Bruehl (1996) have joined political psychologists like Lasswell in looking to mental disturbance to illuminate political processes.

The research question I pursue here turns the focus around, looking instead at the question of how political processes influence health outcomes. In the large research tradition of efficacy studies, one finds a similar focus. According to Albert Bandura, "the inability to influence events and social conditions that significantly affect one's life can give rise to feelings of futility and despondency as well as anxiety" (1997:153). Indeed, Bandura's psychological approach to efficacy is never remote from politics: he declares that "people are proactive, aspiring organisms who have a hand in shaping their own lives and the social systems that organize, guide and regulate the affairs of their society" (1997:vii).

Analysts of social capital claim not only that political engagement enhances civic vitality broadly construed (Putnam, 2000), but also that it will produce positive health outcomes. Public health

researchers now cite Putnam when they speculate about the mechanisms that might account for the oft-observed relationship between social structure and health outcomes (Marmot 1998). The public health researcher Ichiro Kawachi and his colleagues have recently published a series of articles exploring the relationship between social capital and health, frequently invoking Putnam. For example, Kawachi and colleagues linked General Social Survey measures of trust with mortality rates (1997) and social capital measured at the state level with self-rated health (1999). Richard Rose has recently argued that social capital (indicated by access to networks, friendships, a sense of personal control and trust) is more important than human capital (subjective social status, gender and income) in explaining physical and emotional well-being among Russians surveyed in 1998 (Rose, 2000). But not all recent invocations of social capital theory are accompanied by demonstrations of its positive health effects. Veenstra's recent individual level analysis of data from Canada produced little evidence of any relationship between social capital and health, and found no influence of civic participation on health (2000).

Before social capital theories arrived on the scene, public health researchers used the concept of empowerment to capture the intuition that collective action to shape social and political structures might be positively related to individual health outcomes. Empowerment theories emerged especially vigorously from the fields of public health, medical sociology and community psychology in the middle of the last decade. In the 1990s the *American Journal of Community Psychology* regularly featured articles on empowerment, devoting several special issues to it. The psychologist Emory Cowen remarked on this widespread attention: "the gut appeal of the concept of empowerment lies in its potential for addressing irrepressible social blights. Hence the term has come into greater use in both the professional literature and the public domain" (1994). Cowen reflects the community psychology conception of empowerment as a route to wellness, and notes that empowerment often refers to both psychological processes and "macrosocial" system change. Gibbs and Fuery exemplify the conjunction of individual psychology and broader systemic processes under the rubric of empowerment, urging the further development of a theory that would "define how individual empowerment can contribute to group empowerment, and how the increase of a group's power can enhance the functioning of its individual members" (1994).

Community psychologists studying empowerment have been quite willing to engage concepts, including political concepts, "well removed from the classically defined mental health sphere" (Cowen, 1994). Empowerment scholars have thus focused attention on group processes and individual participation in community organizations, self-help and advocacy groups (Corrigan et al., 1999; Salzer, 1997). More conventional forms of political activity have also been addressed. For example, the medical sociologist Thomas LaVeist has measured the effect of conventionally political variables – the racial composition of city council membership and the voting aged population – to explain black-white

differences in infant mortality (LaVeist, 1992). Rietschlin has found that voluntary association membership makes a significant independent contribution to the reduction of psychological distress (1998). Yet empowerment scholars also frequently refer to individual psychological constructs such as control or efficacy (e.g. Zimmerman, 1995; Zimmerman et al., 1992; Zimmerman & Rappoport, 1988). Trickett in 1994 suggested that psychological definitions of empowerment were becoming more prevalent than political ones (Trickett, 1994).

Efficacy studies by psychologists and social capital theories both contain suggestions that the benefits of political engagement will accrue especially for members of politically and socially disadvantaged groups. However, of the three traditions discussed here, empowerment theorists have focused most keenly on the situation of previously disempowered groups: “empowerment issues are most salient and compelling when focusing on the devastating correlates and costly sequelae of society's most floridly disempowering conditions” including racial, ethnic, age- and gender-related biases (Cowen, 1994). LaVeist's work exemplifies not only the engagement by public health and related fields with conventional political variables, but also the special attention empowerment theorists pay to the circumstances of the least privileged members of society. For him, empowerment is explicitly envisioned as a resource that might offset some of the effects of prejudice and discrimination: “in a highly segregated black community political empowerment can reduce (but not entirely eliminate) the negative consequences of segregation” (LaVeist, 1993).

Research questions in light of these theories

These three traditions draw on similar concepts and invoke similar claims. The links drawn in discussions of social capital between interpersonal trust, voluntary association membership and democratic engagement echo claims about the benefits of political empowerment. In a recent review essay, Hawe and Shiell (2000) have pointed out the correspondence between theories of social capital and empowerment. At least one recent reviewer sees a resonance between the works of Robert Putnam and Robert Lane (Scialabba, 2000). While advocates of empowerment frequently insist that their theory captures both individual and structural influences and outcomes, efficacy's most famous partisan, Bandura, argues that the relationship between individual and collective efficacy must be reciprocal (1997:469). And unfortunately, both empowerment and social capital theories have lost precision as they have become more frequently invoked, as recent criticisms of empowerment by Robert Weissberg (1999) and of social capital by Alejandro Portes (1998) and Robert Jackman (1998) make clear.

In this paper, I ask the question of whether political participation confers psychological benefits, looking at two different forms of participation: participation in voluntary associations and participation in activities to address workplace discrimination. Social capital, empowerment and theories from political

psychology have all linked communal involvements with civic and personal vitality, but the two different forms of participation I look at do not sit equally well in each of these traditions. Empowerment theories and theories of self-efficacy are both broad enough to sweep both forms of participation under their rubric: either activity investigated might be understood as “empowering” or “efficacy building” according to some theorists.

Social capital theories, by contrast, have been criticized for emphasizing too much the positive aspect of communal involvements, while glossing “over the real, and often sharp, conflicts among groups in civil society” (Foley & Edwards, 1996:40). Conflictual forms of participation are as much a part of political life as communal involvements are. Investigating the potential benefits of voluntary association participation promises an endorsement of social capital theory, but looking at the potential benefits of action against workplace discrimination might challenge social capital theory. The two forms of participation afford a contrast, distinguishing more communal from more agonistic or conflictive forms of participation. To the extent that social capital theory fails to recommend or value participation in conflictual political activities, a demonstration that conflictual engagements can confer individual benefits would suggest that empowerment and efficacy theories are richer sources than social capital theory for analysts studying the relationships between social structure and health outcomes.

Because it overlooks conflict and tends to forget problems of historical injustice and inequality, social capital theory offers less than does empowerment or efficacy theory to justify the second major question of this paper, whether participation benefits some people more than others. I ask whether women prone to psychological distress derive greater benefits from participation than those not prone to distress. This question follows easily from the work of community psychologists interested in self-help and advocacy groups for persons with mental illness.

Data and Methods

In this paper I take advantage of over-time survey data to assess the effect of political involvement on psychological distress. The National Longitudinal Survey (NLS), sponsored by the Bureau for Labor Statistics of the Department of Justice, is an ongoing study of the labor market experience of six groups of men and women.¹ The cohort analyzed here is the NLS Young Women, who were age 14-24 at their initial interview in 1968, have been interviewed 20 times between 1968 and 1999 and are still being surveyed. Over the years, a variety of government agencies have funded parts of the survey for their own purposes, resulting in a diverse set of questions across different surveys. The analysis undertaken here concentrates on the period between 1983 and 1993, because within this period the NLS carried the most extensive set of both health and political involvement variables.

¹ Substantial information on the NLS and the original cohorts is available at <http://stats.bls.gov/nlsorig.htm>.

Since the NLS Young Women were asked about their volunteer work, their experiences of discrimination in the workplace, and their mental health, this survey provides a rare example of a study combining political behavior with health status variables. Further, it provides over-time information about participation, reactions to workplace discrimination, and psychological distress, greatly enhancing our ability to make causal inferences about the relationships among these variables. The detailed information the surveys collect about respondents' educational and economic attainments and labor market experience enrich our ability to distinguish the influence of political behavior from background conditions, such as financial status, education and other SES-related variables, that are known to influence psychological well being. Finally, the NLS includes attitudinal variables that afford some control for the possibility that respondents who exhibit less propensity to psychological trouble after political participation are propelled away from distress and towards participation by a personal trait like gumption. Although the measurement of neither the dependent variables (psychological distress and depression) nor the key independent variables (political participation) is ideal, these liabilities are offset by the inclusion of both psychological and political variables in the same, long-running panel study.

A model of change in psychological health

The specific hypotheses tested in this study are all variants of a broader claim that political participation positively influences mental health. This claim is in effect an argument about change: it argues that the chances of moving to a better psychological state are enhanced through participation, while the chances of a decline in health status are reduced by it. Panel data enables the estimation of such a change model of psychological well-being. According to this model, psychological health or distress is an effect of both an individual's prior mental state and intervening life events, whether undertaken by the individual or imposed upon her. For the investigation at hand, the intervention of interest is political participation. To see how individuals' chances of psychological distress following political participation are affected by it, we need to measure the individual's psychological state before it. In theory measures of a prior mental state, intervening participation and the subsequent mental state could all be secured in a cross-sectional study, but having measured the prior mental state at an earlier point in time guarantees that prior distress really is temporally prior.

For both substantive and statistical reasons, the repeated measures of an individual's mental health that are available in the NLS assist in the evaluation of the impact of intervening political participation upon health outcomes. Substantively, health at $t-1$ is likely to influence health at t . Not only is prior mental health a good predictor of current mental health, because it captures an individual's propensity to be healthy or not, but prior health is also likely itself to influence current health. For example, depressed individuals may be more likely to engage in behaviors such as alcohol or drug use

that increase the probability of subsequent depression, while healthy individuals may be more likely to engage in behaviors such as partaking in physical exercise that reduce the chances of subsequent depression. Statistically, the availability through repeated measures of mental health to control for the phenomenon of “regression to the mean” assists our ability to attribute any observed change in health status to real interventions rather than to statistical artifacts (Finkel, 1995).

Dependent Variables: Psychological Distress and Depression

Thus far, I have been using the terms “health” and “well-being” to refer to the state that individuals enjoy when they are free from psychological distress. Psychological distress refers generally to an unhappy, worried or anguished state; it may include feelings of fear, anxiety, frustration, anger, guilt, despair, depression, and demoralization. Depression refers to a more specific set of disorders characterized either by persistent sadness or a loss of pleasure, and accompanied by other distressing physical and psychological symptoms such as disrupted sleep, reduced appetite, thoughts of worthlessness and difficulty concentrating (DSM-IV, 1994).

Psychological distress was assessed in the NLS via responses provided when the respondent was shown a flashcard and asked “Are there any things on this card that bother you enough to be a problem?” and indicated that “nervousness, tension, anxiety, depression” was a problem. Affirmative responses were coded 1; all other responses were coded 0. This question was administered in 1971, 1978, 1983, 1988 and 1991; for the analysis undertaken here, I utilize the last three of these interview years.

In 1993, NLS interviewers administered a reduced set of questions from the Center for Epidemiological Studies Depression (CES-D) scale (Radloff, 1977). The CES-D scale assesses dysphoria (feelings of unwellness or unhappiness) and somatic symptoms (disrupted sleep and appetite) associated with depression. Respondents were asked how often in the past week they experienced symptoms of depression such as being bothered by things not usually bothersome, feeling sad, restless sleep and poor appetite. Response options were rarely or never (less than 1 day), some or a little of the time (1-2 days), occasionally or a moderate amount of the time (3-4 days) or most or all of the time (5-7 days); these were recoded to range from 0 (rarely or never experienced symptom) to 1 (experienced symptom most of the time). Factor analysis identified 12 of the 20 CES-D items loading on a single factor; this subset produced a highly reliable additive scale ($\alpha=.89$) ranging from 0-1.

Neither of these measures of injury to psychological well-being are precise from a clinical point of view: that is, neither could form the basis for an individual clinical diagnosis of a psychological disorder. However, they suffice as rough indicators of the incidence psychological distress among the NLS young women. They are also adequate for the exploration of the relationship between psychological health and political behavior embarked upon here. Since distress encompasses depression, I will use it to

refer to both dependent variables, and restrict my references to depression specifically to my discussion of the CES-D measure in particular. Readers should understand my references to health and well-being on the one hand, and distress on the other, to point to opposite ends of the same continuum, where depression is positioned with distress at the continuum's negative end.

Independent variables: political participation and controls

The NLS Young Women have been surveyed over the years to illuminate their labor market experience, but these surveys nevertheless conveniently contain two sets of variables, assessing voluntary activity and workplace discrimination, that are plausible indicators of political participation. Voluntary activity provides a way to measure civic engagement; I refer to this form of participation as "taking part." Questions about reactions to perceived workplace discrimination afford an assessment of the propensity to take action against perceived unfairness or injustice; I call this form of participation "fighting back."

Beginning in 1973, voluntary activity was assessed in the NLS through the question "In the past 12 months, did you do any unpaid volunteer work?" Positive responses were coded 1; negative responses were coded 0. Political, church and school volunteer activity was measured by the kind of organization named when respondents were asked "what kind of organization did you work for?" Respondents were not given the option of naming multiple organizations; interviewers were instructed to record the organization to which the respondent had volunteered the most hours of her time. Affirmative responses for each organization were coded 1, all others 0. In 1991, respondents were asked "Thinking about all of your volunteer work in the past year, has any of this work involved attempts at changing social conditions such as working with educational groups, landlord/tenant groups or other consumer groups, women's groups, or minority groups?" Positive responses were coded 1; all other responses were coded 0.

The second form of political participation assessed through NLS was fighting back by taking action against perceived workplace discrimination. Respondents who said that they had experienced sex, age, race or other discrimination between 1983 and 1988 were coded 1 on a perceived discrimination variable; all others were coded 0. In 1988 the NLS Young Women who reported discrimination were asked how they acted in response to it. Possible responses to discrimination included trying to solve the situation informally, registering a complaint with supervisor, filing a grievance with the employer or a union, taking legal action by notifying the EEOC, filing a lawsuit or going to court. Though the first response option, where respondents attempted informal resolution, does not reflect the level of antagonism that my term "fighting back" implies, such a response demands a proactive assertion on the part of the respondent, and is therefore appropriately linked with the other responses to perceived workplace discrimination. Respondents who took any of these actions were coded 1 on a variable indicating fighting back.

Socioeconomic factors have been repeatedly shown to be strongly associated with mental health status (Dohrenwend et al., 1992; Eaton & Muntaner, 1999). They are also linked to political participation (Rosenstone & Hansen, 1993; Verba, Brady & Schlozman, 1995; Nie, Junn & Stehlnik-Berry, 1996). Thus, it is crucial to control for them in any model testing the relationship of participation and psychological distress. In preliminary analysis for the work reported here, I made extensive investigations of the effects of SES variables on distress and participation. In the analysis presented in this paper, I included a subset of these controls, including education, income, marital status, motherhood, and urban or rural residence. This subset was designed to represent the most significant and theoretically important correlates of participation and distress while also preserving cases.

Finally, two additional psychological controls were also employed in the analysis. As mentioned before, it is possible that some individuals possess psychological traits that enable them both to resist psychological distress and lead them to participate. If this is the case, any reduction in the chance of distress associated with participation could instead be an effect of this psychological trait. Ideally, the models estimated here would include controls for personal efficacy, for respondents' belief in their capability to organize and execute the courses of action required to produce given attainments (Bandura, 1997:3). In the absence of an efficacy measure, the Rotter Scale, a reduced form of which was administered in the NLS in 1983 and 1988, provides a reasonably good way to control for the presence of such a psychological trait. This scale was designed to measure internal or external locus of control, or the degree to which individuals perceive themselves to determine their own fates or fall prey to control from outside events. Controlling for the locus of control is a way to test whether some respondents possess some internal psychological resources, a kind of gumption, leading them both to participate in politics and to resist psychological distress. Locus of control is not a measure of personal efficacy (Bandura, 1997:20) but it is the best approximation of it available through the NLS. The second psychological control included in the analysis is for the loss of one's spouse, whether through divorce, separation or death. Spousal loss is one of the most distressing events respondents can experience, so it is important to control for it in a model of psychological distress (Pearlin, 1999; Kessler & McLeod, 1984).

Problems in Panel Analysis

Any investigation employing panel data raises two concerns: attrition and conditioning (Bartels, 1999). Attrition from a panel study occurs when respondents to one interview are not re-interviewed, because of refusals, failure to locate respondents at a new address, institutionalization or death. Conditioning occurs when behavior or attitudes are altered by respondents' participation in the study. Of these two potential sources of bias, conditioning can probably be safely dismissed as a concern in this investigation. Because the NLS is a survey about labor force participation, not politics, and because the

political variables I utilize have not been asked in every year of the survey, it seems quite unlikely that respondents have been conditioned in a way that would distort their answers to the political questions I employ. The political content of the survey is probably not sufficiently obvious to respondents to provoke changes in their behavior. Nor have the mental health questions been asked in every year. The assessment of distress was imbedded in a series of questions about health problems, which probably reduced its salience. The longer and arguably more reactive CES-D was administered only in the last survey year analyzed here. In any case, how panel participation might condition responses to these mental health questions is not clear.

Attrition is arguably a more serious problem. In 1993, 81.9 percent of the respondents who answered questions in 1983 participated again in the NLS. Overall, 1993 interviews included about 61.8 percent of the original 1968 respondents. Though the ability of the NLS to sustain a sample over twenty interviews spanning four decades is quite impressive, attrition from this study nevertheless probably biases the estimates reported here to some extent. Attrition due to death, inability to locate or institutionalization are all arguably more likely for respondents who have suffered from psychological distress. Indeed, respondents who were distressed in 1983 were significantly less likely to be interviewed in 1993 due to death or due to other reasons including institutionalization or a failure to be located. In addition, political participators are probably also survey participators, and vice versa (Brehm, 1993). Thus, respondents disinclined to participate anywhere are probably less likely to be retained in the NLS sample because of refusals. To be sure, attrition due to refusals in 1993 was substantially less likely among respondents who had previously volunteered or perceived workplace discrimination.

The NLS sample in 1993 probably had a lower incidence of distress, less severe psychological debilitation, and a higher inclination to be participatory, than it would have apart from the problem of attrition. Since there is no way to estimate the real magnitude of this problem or to correct for it, it is necessary to bear in mind its likely implications. Respondents with more severe psychological afflictions, and respondents who are disinclined to participate, are probably not well represented here. The estimates reported in the analyses to follow obtain for a relatively participatory, relatively healthy sample.

Hypotheses and expectations

The data available through the NLS allow me to test four specific hypotheses about the effect of political participation upon psychological well-being. The first hypothesis is that participation in voluntary activities decreases the chances of subsequent psychological distress, controlling for prior distress. The second is that fighting back against perceived workplace discrimination decreases the chances of subsequent distress. The third is that any benefit from taking part and fighting back will be stronger for respondents inclined to distress, in other words, that the interaction between prior distress and

participation will be significant. The fourth is that any observed effects of political participation are in fact attributable to a psychological trait like personal efficacy that leads respondents to participate and also protects them from distress.

I exploit the longitudinal aspect of the NLS data to evaluate these four hypotheses. With regard to the first, I investigate the influence on subsequent psychological distress and depression of participating in a variety of community organizations, including political organizations. In this instance, the panel data enables the assessment of how participation in volunteer activity affects the probability of subsequent psychological distress, controlling for prior psychological distress. Second, I test the hypothesis that taking action to protest perceived workplace discrimination offsets the psychological injury associated with that discrimination, controlling for respondents' prior propensity to psychological distress. Third, I utilize measures of prior distress to test for interactions between mental health and political activity, to see whether the impact of participation is greater for individuals who have been psychologically distressed in the past. Fourth, I introduce the control for locus of control via the Rotter Scale.

If empowerment theories are correct, both forms of political participation should afford psychological protections, or reduce the chance of psychological distress. Further, these protections should be more pronounced for "disempowered" respondents who have previously exhibited signs of psychological distress, and the protections should not be an effect of respondent characteristics such as a sense of control over one's environment. Though social capital theory does not require that individual citizens who contribute to social capital themselves derive benefits from it, nevertheless a finding of positive psychological returns for participatory individuals would lend support to the suggestion that building social capital benefits public health.

Results

Overall, analysis of the NLS data provides support for the general claim that political participation assists psychological well-being. Political participation is far from the most significant correlate of psychological distress in this sample of women, yet some benefits emerge even in the face of a challenging set of statistical controls. The benefits associated with fighting back appear to be more robust than those associated with voluntary activity. Some of the benefits appear to be more substantial among respondents prone to prior distress. Controlling for internal/external locus of control sometimes dents the effect of participation, but does not eliminate it. I turn now to a more detailed discussion of the findings emerging from NLS data.

Incidence of psychological distress

The first task in analysis is to clarify the magnitude of the problem of psychological distress for NLS Young Women. Overall, their levels of reported distress are consistent with those found in epidemiological studies. Table I reports the proportions of white and black respondents who indicated that distress was a problem in the years where distress and depression were measured. Once the cohort moved into adulthood, around nine percent of the whites and thirteen percent of the black respondents regularly reported psychological distress. In this analysis without socioeconomic controls, in most interview years these racial differences are statistically significant at $p < .01$. Eighty percent of respondents scored less than .28 on the CES-D scale, a frequency that corresponds to rates of depression found by other researchers in community samples (Comstock and Helsing, 1976). The last column in Table I indicates the percentages of black and white respondents who scored above this level. Momentarily, we will see that when total family income, education, marital status and related variables are controlled, race loses most of its power to predict NLS respondents' CES-D scale score and their propensity to report psychological distress.

[Table I about here]

Frequency of political participation

Table II shows the incidence of the NLS women's voluntary involvement over the years. In the fifteen years between 1973 and 1988, as the women moved from youth to middle age, their level of voluntary activity increased, consistent with political science studies of participation (Verba, Schlozman & Brady, 1995; Rosenstone & Hansen, 1993). But the likelihood of participation in a voluntary organization depended on race: consistently, blacks were less likely, in every year and for each kind of participation, to engage in volunteer activity. Blacks and whites were about equally likely, however, to say in 1991 that their voluntary activity was meant to accomplish social change.

[Table II about here]

Table III shows that about a fifth of the women interviewed in 1988 perceived some sort of discrimination in the five-year period preceding the interview. Of the respondents who perceived discrimination, about half fought back, or took some action in response. Among those who fought back, about a fifth ultimately garnered a positive outcome, as indicated by a variable coded 1 when the employer took action to solve the problem or when a grievance was settled in the respondent's favor. Though black women were significantly more likely than white women to report experiencing racial discrimination in their place of work, they were only slightly more likely to report experiencing discrimination in general, and less likely to report an experience of sex discrimination between 1983 and 1988. Moreover, patterns of objection to discrimination, and achievement of successful outcomes as a

result, differ little by race – but where they differ, they suggest more eager and more successful resistance to perceived discrimination by white women. Though white women were much less likely – indeed quite unlikely – to report perceiving racial discrimination, they were somewhat more inclined to fight it, and significantly more likely than black women to achieve a response deemed positive. Similar patterns obtain for sex discrimination and for discrimination in general. Clearly, neither perceiving, nor resisting, nor succeeding in resisting discrimination is the exclusive preserve of black women.

[Table III about here]

The role of socioeconomic and psychological factors

Table IV presents the results of an analysis featuring some of the socioeconomic and psychological factors related in NLS data to psychological distress. The analysis controls for prior distress, and strongly attests to the power of psychological history to shape future psychological outcomes. Across the three analyses reported in the table, the coefficient for distress in the period prior to the measurement of the dependent variable is large and significant. Similarly, the psychological trait captured in the Rotter Scale significantly and consistently contributes to respondents' probability of experiencing distress across the three different analyses, so that women who felt acted upon, controlled by external events rather than controlling them, were more likely to be distressed. The table also suggests the power that social and material circumstances have to determine psychic well-being. Over and above the effects of personal history, where NLS respondents found themselves – how well off their family was, how much education they'd achieved, whether they were married and had children – still importantly affected their chances of being psychologically uneasy or depressed in the period leading up to the survey. In one instance spousal loss was significant, for distress measured in 1991.

[Table IV about here]

[Table V about here]

Table V reports a similar analysis to assess the effects of socioeconomic factors on political participation. Controlling for education eliminates the racial difference in volunteer activity that we encountered in Table II, but fails to produce a racial difference in the propensity to perceive and report discrimination. Prior distress increases the likelihood of perceiving discrimination, but does not reduce the likelihood of volunteer work. Marriage increases the chances of volunteering, but decreases the likelihood of perceiving discrimination, except among black women. Consistently with political science investigations of the precursors to political participation (Nie, Junn & Stehlnik-Berry, 1996; Verba, Brady & Schlozman, 1995), education powerfully determines the political activities of the NLS Young Women. Education consistently increases the chances of both volunteering and perceiving discrimination, though less whoppingly in the latter case than in the former. Indeed, education is so strongly associated with both participation and well-being that any evidence of an independent contribution of participation to

well-being would be notable. Whether respondents perceived an internal or external locus of control plays less of a role in their propensity to participate than it does in their propensity to distress, but is significant in the equations predicting volunteer activity in both 1988 and 1991.

How participation affects mental health

Table VI presents a series of simple models, designed as first cuts at the first two hypotheses of the paper. The dependent variables are distress in 1991 and depression in 1993, as indicated in the labels at the top of the five columns. For distress in 1991, three models were estimated: one looking at the effect of any volunteering on distress, controlling for prior distress; another specifying the nature of the volunteer activity, and a third addressing the effect of fighting back against perceived workplace discrimination. For the first two models, volunteers are contrasted with those who don't volunteer. For the fighting discrimination model, those who perceive discrimination and then either fight or don't fight are distinguished from respondents who did not perceive discrimination. In the last two columns, the volunteer models are re-estimated for CES-D measured depression in 1993. These models contain no other variables not presented in the table.

[Table VI about here]

This initial test of the participation hypotheses is promising. As we would expect, in all models prior distress is a strong predictor of subsequent distress. However, participation seems to produce some protection against future distress. In the first model, while volunteering is not significant at conventional levels ($z=-1.6$, $p=.11$) its sign is in the hypothesized direction. In the next column, where volunteering is decomposed according to the nature of the activity, political volunteering produces a significant reduction in the NLS Young Women's chances of distress in 1991. An analysis not reported in the table confirmed that perceiving workplace discrimination between 1983 and 1988 significantly increased the chances of distress in 1991 ($B=.56$, $s.e.=.14$, $z=4.0$); the coefficients in Table VI for fighting and not fighting discrimination reflect this finding, since all fighters and non-fighters were perceivers of discrimination. However, comparing the two coefficients shows that non-fighters were more likely to bear the full impact of discrimination on distress: for women who acted in response to perceived workplace discrimination, discrimination was somewhat less distressing. The last two analyses reported in the table, assessing the relationship between political volunteering and respondents' CES-D score, is similarly promising. Reporting any volunteer activity in 1991 was significantly related to a lower (less depressed) CES-D score in 1993, controlling for prior distress. Political, church and school volunteering were all significantly associated with lower depression scores.

Introducing a rigorous set of background controls, however, suggests that many of the effects on volunteer activity are attributable to socioeconomic factors, particularly achieved education level. Table

VII presents three models, estimated using logistic regression, predicting psychological distress in 1991. Prior distress is a significant predictor of distress in 1991, but, in contrast to Table VI's findings, volunteering no longer is: this is because this model now includes a wide assortment of socioeconomic controls, including education. Education, family income, and spousal loss in the period covered by the analysis are all significant predictors of distress in 1991 (coefficients not reported). The same non-finding regarding participation applies in the second analysis, which decomposes the volunteer variable according to type of voluntary activity: none of the coefficients for volunteering are significant. The first hypothesis, that participation in volunteer activities reduces psychological distress, is not supported in this analysis. Table VII also tests the third and fourth hypotheses. No evidence suggests that volunteering helps protect women prone to distress from more distress in the future, and though the locus of control variable introduced in the third analysis is significant, there is no participation effect for it to diminish.

[Table VII about here]

[Table VIII about here]

Table VIII offers slightly more promising results. It presents the same three models as Table VII did, this time to predict respondents' score on the CES-D scale administered in 1993. Each model controls for prior psychological distress, volunteer activity, a wide assortment of indicators of socioeconomic status, and spousal loss. In a departure from previous analysis, the models were estimated using OLS, since the CES-D scale is continuous. (Dichotomizing the depression variable and estimating the models using logistic regression yields the same pattern of results.) Once again, the first hypothesis is not supported: the protective effect of volunteering has evaporated in the face of socioeconomic controls.

In this model, however, the third hypothesis fares better: a small but consistent reduction in respondents' CES-D score is associated in all three models with volunteer activity. The coefficient for the interaction of any volunteering and prior distress in the first model is small, but negative as it should be, and significant. Similarly, in the next model decomposing volunteer activity, church and school volunteer activity yields a significant reduction in the CES-D score. Most important, when the Rotter Scale is introduced, affording a control for the degree to which respondents' characteristically sense control over their lives, the small but significant protective effect of participation among those previously distressed persists. A closer look at the distribution of those cases that were both volunteers and previously distressed showed that they were distributed evenly across the 1993 CES-D scale: the observed protective effect of volunteering for previously distressed women seems not to be attributable only to a few outlier cases.

[Table IX about here]

Table IX reports analyses to test the second, third and fourth hypotheses, that fighting back against workplace discrimination offsets psychological distress, that these benefits accrue more strongly

to women who are prone to distress, and that controlling for individual psychological traits does not impinge on this result. Because the discrimination response questions appear in 1988 but not before or after that, the fighting back hypothesis is tested only in one time period, with distress in 1991 as the dependent variable. Two models were estimated: the first including assorted socioeconomic controls, the second introducing the additional control for the Rotter Scale score.

As before, education, income and loss of a spouse to death, divorce or separation in the period covered by the analysis are significant predictors of psychological distress in 1991 (coefficients not shown). Again, prior distress is a robust predictor of distress in 1991. But in Table IX, we encounter solid support for the claim that fighting back against perceived workplace discrimination is especially beneficial to women prone to distress. Both the “fought discrimination” and “didn’t fight discrimination” coefficients are positive and significant, reflecting the fact that perceiving discrimination is significantly associated with a higher probability of subsequent distress. But women prone to distress already who fought discrimination reduced the distressing impact of discrimination. Discrimination is distressing, no matter what one’s response to it. But women who are inclined to distress but take action against perceived discrimination suffer discrimination’s consequences less. Nor does the effect of fighting seem to be attributable to a take-charge, efficacious personality trait, at least insofar as the Rotter Scale can capture it. When the Rotter Scale control is introduced, the model’s estimated coefficients hardly change.

Discussion

These findings suggest that some forms of political participation are more reliably psychologically beneficial than others, especially for women inclined to psychological distress. The kind of voluntary activity that accords most obviously with social capital theory’s celebration of communal involvement was not consistently related to reduced chances of psychological distress, once socioeconomic factors were controlled. This non-finding is consistent with the skepticism about social capital’s health benefits that Veenstra (2000) expressed, and contrasts with the optimistic assessments offered by Kawachi and colleagues and Rose. The results reported here, however, lend credibility to a claim that historically disempowered groups stand to benefit especially from empowerment, whether empowerment takes the form of associational involvements or challenges to workplace discrimination. Partisans of social capital might find a way to interpret these findings to support their theory. Yet the findings accord more obviously with the claims of empowerment and efficacy theorists, who have appreciated better than proponents of social capital how politics includes conflicts, especially when historically disenfranchised groups demand their rights.

Despite widespread interest in the connections between political, civic, and individual health and vitality, persuasive demonstrations of these links and the mechanisms producing them are rare. The

findings reported here build on previous research in three ways. First, the results demonstrate that both communal and conflictual forms of political engagement reduce chances of subsequent psychological distress for women inclined to distress. Second, the results are drawn from longitudinal data, enabling more secure inferences about the impact of participation on health outcomes than cross-sectional data can provide. Third, controlling for a psychological trait, locus of control, which plausibly could account for the association of political involvement and reduced chances of distress, does not appreciably injure the observed psychological benefits of participation.

The intuition that political participation should confer psychological benefits is enormously appealing. For residents of the United States, this intuition resonates with the twentieth century experience of movements for civil rights for black persons, women, gays and lesbians and people with disabilities, yet the intuition is far from a specifically American product. Wherever they live, liberal democrats are committed to the position that speaking up, voicing concerns, taking part and more fundamentally making oneself present in public, enhances both civic and personal well-being. Partly as a product of our experience with civil rights and other social movements, we have arrived at the belief that protesting injustice, fighting back, demanding rights, articulating claims and otherwise resisting oppression, is a healthy thing to do.

According to the analysis presented here, political participation confers statistically significant, but small, benefits, relative to “human capital” factors like education and income. These benefits are not enjoyed by everyone, but instead are concentrated among women who are especially inclined to psychological distress. Though relatively small and limited in scope, these findings should not be construed as disconfirmation of the intuition that taking part and fighting back is health-enhancing. Political engagement is costly, especially when it requires the enunciation of rights or protests against injustice. This truism is neatly reflected in a story recounted by the feminist legal scholar Kimberlé Crenshaw. In her first year of law school, accompanying two black male colleagues, Crenshaw was asked to enter a private club at Harvard University through a back door because she was woman. Recounting her choice about whether to protest or not, Crenshaw remarked that her story “illustrates the ambivalence among Black women about the degree of political and social capital that ought to be expended toward challenging gender barriers, particularly when the challenges might conflict with the antiracism agenda” (1989/1998:330). Crenshaw's decidedly un-Putnamesque reference to political and social capital reminds us of the costs of fighting injustice. These costs should be recalled as we consider the findings presented here. The small but significant psychological benefit from participation is more impressive when we remember how much participation demands of citizens, especially those working against historical disenfranchisement.

The findings are also more impressive when we appreciate that they were culled from a study that was not designed to evaluate political participation. The NLS Young Women have been followed for three decades by the Bureau of Labor Statistics to shed light on their labor market activities. These data were not gathered to clarify the relationships between political involvement and mental health, and the measures of mental health and political activity that these surveys provide are neither entirely satisfactory from a political science nor from a clinical point of view. The instrumentation in NLS that I used to measure the effects of taking part and fighting back does little to illuminate the exact nature of these behaviors – we cannot discern from the NLS questions the specific aims of the voluntary work the women did, nor can we tell very much about the work environment surrounding reactions to discrimination, and whether protesting discrimination was perceived to be a political act by the women who did so.

Nevertheless, the NLS surveys provide a rare, opportune glimpse into the relationships between mental health and political vitality, offering a chance using a national probability sample to provide empirical and systematic support for our powerful intuitions about the benefits of political participation. The findings I have discussed here show that the practice of closing off politics from considerations of mental health might profitably be challenged. That these less than ideal NLS data provide any evidence at all that political involvements shape mental health is a very powerful suggestion that clearer and stronger relationships would emerge in a study purposefully designed to assess this relationship.

Perhaps the most powerful and politically important conclusion emerging from the research I report here is that political activity stands to be a resource that might offset some of the negative mental health consequences associated with disadvantaged social status. Part of the disadvantage faced by historically oppressed groups is higher exposure to unfair treatment, including discrimination due to race and gender. Increasingly, our attention has turned to other forms of unfair treatment, including age- and disability-based discrimination. Disadvantaged social status is significantly correlated with mental health, as previous studies have documented (Kessler, Mickelson & Williams, 1999). Evidence from the NLS surveys suggests that fighting back helps make discrimination less psychologically consequential. The compelling evidence reported here of more pronounced benefits of political participation among the psychologically vulnerable supports claims from empowerment theorists that political involvements are especially important for historically disenfranchised citizens. The choice to expend social capital through political participation demands sacrifices from individuals, but it may confer just as many benefits.

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Table I

Incidence of Psychological Distress and Depression 1971-1993
NLS Young Women by Race

| | Distress 1971 | Distress 1978* | Distress 1983* | Distress 1988* | Distress 1991* | Depression 1993* |
|-----------------------------|------------------|-------------------|-------------------|-------------------|-------------------|---------------------|
| Cohort age range (years) | 17-27 | 24-34 | 29-39 | 34-44 | 37-47 | 39-49 |
| Whites | | | | | | |
| distressed | 73 | 276 | 227 | 244 | 248 | 431 |
| N | 3227 | 2794 | 2549 | 2593 | 2501 | 2334 |
| % distressed | 2.3 | 9.9 | 8.9 | 9.4 | 9.9 | 18.5 |
| Blacks | | | | | | |
| distressed | 24 | 148 | 145 | 115 | 109 | 182 |
| N | 1273 | 1064 | 962 | 880 | 838 | 735 |
| % distressed | 1.9 | 13.9 | 15.1 | 13.1 | 13.0 | 24.8 |

Note: * Indicates racial difference significant at $p < .01$.

Table II

Incidence of Voluntary Activity 1973-1991
 NLS Young Women by Race

| | 1973 | | 1978 | | 1988 | | 1991 | |
|----------------------------------------------------------------------|------------|------|------------|------|------------|------|------------|------|
| Age Range of Cohort (years) | 19-29 | | 24-34 | | 34-44 | | 37-47 | |
| | volunteers | % | volunteers | % | volunteers | % | volunteers | % |
| <u>Did R do any volunteer work?</u> | | | | | | | | |
| Whites | 541 | 17.2 | 716 | 25.7 | 1019 | 39.4 | 794 | 31.7 |
| Blacks | 104 | 8.5 | 129 | 12.2 | 190 | 21.6 | 167 | 19.1 |
| <u>Was R's volunteer work for a civic or political organization?</u> | | | | | | | | |
| Whites | 129 | 4.1 | 71 | 2.5 | 145 | 5.6 | 129 | 5.2 |
| Blacks | 18 | 1.5 | 19 | 1.8 | 25 | 2.8 | 41 | 4.9 |
| <u>Was R's volunteer work for church?</u> | | | | | | | | |
| Whites | | | 179 | 6.4 | 287 | 11.1 | 206 | 8.2 |
| Blacks | | | 36 | 3.4 | 82 | 9.3 | 59 | 7.0 |
| <u>Was R's volunteer work for a school?</u> | | | | | | | | |
| Whites | | | | | 277 | 10.7 | 227 | 9.1 |
| Blacks | | | | | 39 | 4.4 | 29 | 3.5 |
| <u>Did R volunteer to accomplish social change?</u> | | | | | | | | |
| Whites | | | | | | | 278 | 11.0 |
| Blacks | | | | | | | 86 | 10.1 |

Table III

Perceived Workplace Discrimination and Responses by Race
 NLS Young Women 1988

| | Any Workplace Discrimination | | Sex Discrimination | | Race Discrimination | |
|---------------------------|---------------------------------|-------------------|--------------------|-------------------|---------------------|-------------------|
| Perceived Discrimination | | | | | | |
| | number | % of total | number | % of total | number | % of total |
| Black (N=874) | 180 | 20.6 | 71 | 8.1 | 110 | 12.6 |
| White (N=2587) | 465 | 18.0 | 299 | 11.6 | 47 | 1.8 |
| Fought Discrimination | | | | | | |
| | number | % of perceived | number | % of perceived | number | % of perceived |
| Black | 81 | 45.0 | 39 | 54.9 | 46 | 41.8 |
| White | 223 | 48.0 | 164 | 54.8 | 14 | 29.8 |
| Achieved Positive Outcome | | | | | | |
| | number | % of fought | number | % of fought | number | % of fought |
| Black | 17 | 21.0 | 9 | 23.1 | 8 | 17.4 |
| White | 54 | 24.2 | 48 | 29.3 | 4 | 28.6 |

Table IV

The Relationship of Socioeconomic Factors and Psychological Distress
 NLS Young Women, Blacks and Whites

| Dependent variable: | Distress 1988 = 1 | | Distress 1991 = 1 | | CES-Depression = 1 | |
|------------------------------------|-------------------|------|-------------------|------|--------------------|------|
| | B | s.e. | B | s.e. | B | s.e. |
| Distress t-1 | 2.04 | .14 | 1.99 | .14 | 1.27 | .15 |
| Socioeconomic status t-0 | | | | | | |
| Black | -.23 | .21 | -.23 | .21 | .06 | .22 |
| Total Family Income highest=1 | -1.55 | .35 | -.79 | .35 | -1.39 | .32 |
| Education Achieved highest=1 | -.32 | .49 | -1.26 | .48 | -1.86 | .44 |
| Married=1 | -.47 | .23 | -.12 | .23 | .77 | .37 |
| Black * Married=1 | .26 | .29 | .01 | .31 | -.24 | .28 |
| Single Mom=1 | -.29 | .24 | -.05 | .24 | .57 | .37 |
| Psychological factors | | | | | | |
| Locus of Control t-1 1=external | .87 | .31 | .91 | .30 | 1.16 | .26 |
| Lost spouse between t-1 and t | .32 | .23 | .51 | .26 | .40 | .24 |
| Constant | -1.31 | .45 | -1.33 | .44 | -.43 | .50 |
| N | 3043 | | 3099 | | 2467 | |
| Pseudo-R ² | .15 | | .13 | | .10 | |

Note: The first table entries for each dependent variable are unstandardized logistic regression coefficients, with standard errors in the next column. All variables are coded 0-1. Coefficients significant at $p < .10$ are indicated in bold. CES-Depression is dichotomized at the 80th percentile for the whole sample. Distress and the Locus of control (Rotter Scale) at t-1 were assessed in the survey year preceding the dependent variable, except for depression in 1993, when the 1988 Rotter Scale was used. Socioeconomic conditions at t-0 were assessed in the same year as the dependent variable.

Table V

The Relationship of Socioeconomic Factors and Political Participation
 NLS Young Women, Blacks and Whites

| Dependent variable: | Any Volunteering 1988 = 1 | | Any Volunteering 1991 = 1 | | Any Discrimination Perceived 1988 = 1 | |
|------------------------------------|------------------------------|------|------------------------------|------|------------------------------------------|------|
| | B | s.e. | B | s.e. | B | s.e. |
| Distress t-1 | -.07 | .14 | .12 | .15 | .85 | .14 |
| Socioeconomic status t-0 | | | | | | |
| Black | -.23 | .17 | -.03 | .17 | -.27 | .17 |
| Total Family Income highest=1 | .63 | .27 | .91 | .28 | .19 | .29 |
| Education Achieved highest=1 | 3.60 | .33 | 3.77 | .34 | 2.05 | .38 |
| Married=1 | .62 | .16 | .52 | .16 | -.84 | .17 |
| Black * Married=1 | -.38 | .22 | -.36 | .23 | .82 | .22 |
| Single Mom=1 | .06 | .18 | .14 | .18 | .03 | .18 |
| Psychological factors | | | | | | |
| Locus of Control t-1 1=external | -.63 | .21 | -.62 | .22 | -.10 | .24 |
| Lost spouse between t-1 and t | .27 | .18 | .04 | .23 | -.23 | .19 |
| Constant | -3.87 | .33 | -4.52 | .34 | -2.70 | .36 |
| N | 3043 | | 3099 | | 3043 | |
| Pseudo-R ² | .09 | | .08 | | .04 | |

Note: The first table entries for each dependent variable are unstandardized logistic regression coefficients, with standard errors in the next column. All variables are coded 0-1. Coefficients significant at $p < .10$ are indicated in bold. Distress and the Locus of control (Rotter Scale) at t-1 were assessed in the survey year preceding the dependent variable. Socioeconomic conditions at t-0 were assessed in the same year as the dependent variable.

Table VI

The Effect of Taking Part and Fighting Back on Psychological Distress
 NLS Young Women, Blacks and Whites

| Dependent variable: | Distress 1991 | | Distress 1991 | | Distress 1991 | | CES-D 1993 | | CES-D 1993 | |
|-----------------------------|---------------|------|---------------|------|---------------|------------|--------------|------|--------------|------|
| | B | s.e. | B | s.e. | B | s.e. | B | s.e. | B | s.e. |
| Distress t-1 | 2.18 | .13 | 2.19 | .14 | 2.13 | .14 | 1.57 | .13 | 1.57 | .13 |
| Taking Part | | | | | | | | | | |
| Any volunteering t-1 | -.21 | .13 | | | | | -.48 | .11 | | |
| Political Volunteer t-1 | | | -.73 | .35 | | | | | -.41 | .23 |
| Church Volunteer t-1 | | | -.24 | .22 | | | | | -.67 | .21 |
| School Volunteer t-1 | | | -.26 | .23 | | | | | -.41 | .19 |
| Other Volunteer t-1 | | | .05 | .20 | | | | | -.31 | .19 |
| Fighting Back | | | | | | | | | | |
| Fought discrimination | | | | | | .29 | .19 | | | |
| Didn't fight discrimination | | | | | | .61 | .17 | | | |
| Constant | -2.50 | .08 | -2.51 | .09 | -2.68 | .08 | -1.49 | .06 | -1.50 | .06 |
| Pseudo-R ² | | .11 | | .12 | | .12 | | .06 | | .06 |
| Total N | | 3159 | | 3159 | | 3159 | | 2927 | | 2927 |

Note: The first table entries for each dependent variable are unstandardized logistic regression coefficients, with standard errors in the next column. All variables are coded 0-1. The CES-D scale is dichotomized at the 80th percentile for the whole sample. All volunteering variables and distress in 1988 and 1991 are dichotomous; 1 indicates volunteer activity and distress. Coefficients significant at p<.10 are indicated in bold.

Table VII

The Effect of Taking Part in 1988 on Distress in 1991
 NLS Young Women, Blacks and Whites

| Dependent variable: Psychological Distress 1 = distressed in 1991 | Model 1: Any Volunteering | | Model 2: Form of Volunteering | | Model 3: Any volunteering plus Locus of Control | |
|-------------------------------------------------------------------------|------------------------------|------|----------------------------------|------|----------------------------------------------------------|------|
| | B | s.e. | B | s.e. | B | s.e. |
| Distress 1983 = 1 | 1.68 | .18 | 1.68 | .18 | 1.59 | .18 |
| Any volunteering 1988 = 1 | .11 | .16 | | | .13 | .17 |
| Any volunteering 1988 * Distress1983 | .06 | .33 | | | .11 | .33 |
| Political Volunteer 1988 = 1 | | | -.66 | .52 | | |
| Political volunteer 1988 * Distress 1983 | | | .50 | .76 | | |
| Church Volunteer 1988 = 1 | | | .07 | .25 | | |
| Church volunteer 1988 * Distress 1983 | | | .27 | .55 | | |
| School Volunteer 1988 = 1 | | | .30 | .26 | | |
| School volunteer 1988 * Distress 1983 | | | -.74 | .72 | | |
| Other Volunteer 1988 = 1 | | | .21 | .25 | | |
| Other volunteer 1988 * Distress 1983 | | | .35 | .51 | | |
| Locus of Control 1983 1= external | | | | | .60 | .32 |
| Constant | -.49 | .41 | -.48 | .42 | -.82 | .49 |
| Pseudo R ² | .10 | | .10 | | .09 | |
| Total N | 2840 | | 2840 | | 2818 | |

Note: The first table entries for each dependent variable are unstandardized logistic regression coefficients, with standard errors in the next column. All variables are coded 0-1. Locus of control is a continuous variable assessed through the Rotter Scale; 1 is external locus of control and 0 is internal. All volunteering variables, distress in 1991 (the dependent variable) and distress in 1988 are dichotomous; 1 indicates volunteer activity and distress. All analyses include controls for a vector of socioeconomic conditions, including marital status, motherhood, urban or rural residence, income, education and losing a spouse; family income, achieved education and losing a spouse in the period covered in the analysis were all significant. Coefficients significant at $p < .10$ are indicated in bold

Table VIII

The Effect of Taking Part in 1991 on Depression in 1993
 NLS Young Women, Blacks and Whites

| Dependent variable: CES-D 1 = depressed in 1993 | Any Volunteering | | Form of Volunteering | | Locus of Control | |
|----------------------------------------------------|------------------|------|----------------------|------|------------------|------|
| | B | s.e. | B | s.e. | B | s.e. |
| Distress 1988 = 1 | .14 | .01 | .14 | .01 | .13 | .01 |
| Any volunteering 1991 = 1 | .00 | .01 | | | .00 | .01 |
| Any volunteering 1991 * Distress 1988 | -.05 | .03 | | | -.05 | .03 |
| Political Volunteer 1991 = 1 | | | -.01 | .02 | | |
| Political volunteer 1991 * Distress 1988 | | | -.01 | .04 | | |
| Church Volunteer 1991 = 1 | | | -.01 | .01 | | |
| Church volunteer 1991 * Distress 1988 | | | -.09 | .05 | | |
| School Volunteer 1991 = 1 | | | .00 | .01 | | |
| Political volunteer 1991 * Distress 1988 | | | -.09 | .05 | | |
| Other Volunteer 1991 = 1 | | | .01 | .01 | | |
| Other volunteer 1991 * Distress 1988 | | | -.03 | .05 | | |
| Locus of Control 1988 1 = external | | | | | .13 | .02 |
| Constant | .33 | .02 | .33 | .02 | .28 | .03 |
| Adjusted R ² | .11 | | .10 | | .12 | |
| RMSE | .18 | | .18 | | .18 | |
| Total N | 2800 | | 2800 | | 2780 | |

Note: The first table entries for each dependent variable are unstandardized OLS regression coefficients, with standard errors in the next column. All variables are coded 0-1. Depression is measured through a continuous variable, coded 1 for the highest level of depression and 0 for the lowest. Locus of control is a continuous variable assessed through the Rotter Scale; 1 is external locus of control and 0 is internal. All volunteering variables and distress in 1988 are dichotomous; 1 indicates volunteer activity and distress. All analyses include controls for a vector of socioeconomic conditions; family income, achieved education and losing a spouse in the period covered in the analysis were all significant. Coefficients significant at $p < .10$ are indicated in bold.

Table IX

The Effect of Fighting Discrimination between 1983 and 1988 on Distress in 1991
 NLS Young Women, Blacks and Whites

| Dependent variable: Psychological Distress 1 = distressed in 1991 | Model 1: Fought Discrimination | | Model 2: Fought plus Locus of Control | |
|----------------------------------------------------------------------|--------------------------------------|------|---------------------------------------------|------|
| | B | s.e. | B | s.e. |
| Distress 1983 = 1 | 1.70 | .18 | 1.63 | .18 |
| Fought Perceived Discrimination 1983-1988 | .69 | .23 | .71 | .23 |
| Fought Discrimination * Distressed 1983 | -.78 | .44 | -.79 | .44 |
| Didn't Fight Perceived Discrimination 1983-1988 | .56 | .22 | .55 | .22 |
| Didn't Fight * Distressed 1983 | .13 | .39 | .12 | .39 |
| Locus of Control 1983 1= external | | | .59 | .32 |
| Constant | -.53 | .41 | -.87 | .49 |
| Pseudo R ² | .11 | | .10 | |
| Total N | 2840 | | 2818 | |

Note: The first table entries for each dependent variable are unstandardized logistic regression coefficients, with standard errors in the next column. All variables are coded 0-1. Locus of control is a continuous variable assessed through the Rotter Scale; 1 is external locus of control and 0 is internal. All discrimination variables, distress in 1991 (the dependent variable) and distress in 1988 are dichotomous; 1 indicates volunteer activity and distress. All analyses include controls for a vector of socioeconomic conditions; family income, achieved education and losing a spouse in the period covered in the analysis were all significant. Coefficients significant at $p < .10$ are indicated in bold.