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Authors: Paul G. Schervish, John J. Havens

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Paul G. Schervish

John J. Havens

Social Welfare Research Institute

Boston College

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Paul G. Schervish

Social Welfare Research Institute

McGuinn 516

140 Commonwealth Avenue

Chestnut Hill, MA 02467

Tel. (617) 552-4070

Fax. (617) 552-3903

email: schervis@bc.edu

Paul G. Schervish is Professor of Sociology and Director of the Social Welfare Research Institute at Boston College, Chestnut Hill, Massachusetts, USA. <http://www.bc.edu/swri> John J. Havens is Associate Director and Senior Research Associate at the Social Welfare Research Institute at Boston College, Chestnut Hill, Massachusetts, USA. <http://www.bc.edu/swri>

Abstract

This paper describes the theoretical foundations, empirical findings, and practical and philosophical implications of the Boston Area Diary Study, a study of the caring behavior of 44 participants over one calendar year. In particular, we present an identification theory of care and discuss how it shaped our conceptualization, collection and analysis of the data in our year-long diary study of daily voluntary assistance. Our results suggest that when citizenship is properly defined and measured there may in fact be no deterioration in the physical or moral density of associational life as is suggested by many contemporary commentators, but as we will discuss, there is a vibrant "moral citizenship" at the heart of US society. The findings from the Boston Area Diary Study (1) theoretically confirm the identification theory of care; (2) methodologically capture how individuals perceive and carry out caring behavior as a unity; and (3) empirically document the existence of a moral citizenship in America that is substantially more vigorous than is implied by the usual indicators of civic and political citizenship.

Diary study

Giving and volunteering

Moral Citizenship

Care

Identification Theory

The Boston Area Diary Study and the Moral Citizenship of Care

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Boston College

November 02, 2001

Between 1995 and 1997, with support from the W. K. Kellogg Foundation, the Boston College Social Welfare Research Institute carried out an evaluation of the Independent Sector / Gallup Survey of Giving and Volunteering. A major part of this endeavor was to conduct the Boston Area Diary Study (hereafter BADS) with supplemental support from the T. B. Murphy Foundation Charitable Trust. Over the course of the 1995 calendar year we interviewed 44 respondents almost every week, resulting in a total of approximately 1800 interviews. To our knowledge, this was the first ever diary study on giving and volunteering. Though other diary studies in the US have included questions on giving and volunteering, or in asking people to detail their activities in a diary format, imply the inclusion of philanthropic and caring behaviors, no diary study before or since ours has been conducted solely with a focus on giving and volunteering and no study including giving and volunteering has been conducted over such a long period (Ver Ploeg, et al., 2000).

This paper describes the theoretical foundations, empirical findings, and practical and philosophical implications of BADS. In particular, we present an identification theory of care and discuss how it shaped our conceptualization, collection and analysis of the data in our year-long diary study of daily voluntary assistance. Our results suggest that when citizenship is

properly defined and measured, there may in fact be no deterioration in the physical or moral density of associational life in America as is suggested by many contemporary commentators, but as we will discuss, there is a vibrant "moral citizenship" at the heart of US society. In the first section of the paper, we reconceptualize the conventional notion of voluntary assistance within the identification theory of care. In the second section, we present empirical findings on the scope and prevalence of voluntary assistance when redefined in this manner and examined through the lens of a weekly diary study. In the third section, we discuss the findings in the context of what we call the moral citizenship of care. In the conclusion we indicate the empirical, theoretical, and practical implications of this research for assessing the quantity and quality of contemporary moral citizenship in the US.

Our principal thesis is that a river of care rises in our land and that we must trace its flow through all its branches, including all those hidden yet abundant channels that mean much to those who drink from them, but frequently go unnoticed by others. Whether the types and amounts of this informal giving we have observed are sufficiently generous, we are not in a position to say; that they point to a far more extensive network of relations of care than is generally recognized, we have no doubt. The findings from the Boston Area Diary Study (1) theoretically confirm the identification theory of care; (2) methodologically capture how individuals perceive and carry out caring behavior as a unity; and (3) empirically document the existence of a moral citizenship that is substantially more vigorous than is implied by the usual indicators of civic and political citizenship.

I. Theoretical Foundations of the Boston Area Diary Study:

The Identification Theory of Care

The identification theory of care, which we have developed over time to explain the roots of formal and informal giving and volunteering, presents an alternative to theories of selflessness, altruism, guilt, noblesse oblige and generalized reciprocity based on trust, in which charitable behavior is usually framed. The identification theory has empirical roots in our extensive ethnographic research: interview studies with wealth holders about their philanthropy (Schervish, 1997a; Schervish, 1997b; and Schervish, O'Herlihy and Havens, 2001); interviews with a random sample of Boston Area residents about their daily spirituality (Schervish, 1995 and Schervish, Halnon and Bettez-Halnon, 1996); our multivariate analysis of the motivations for charitable involvement (Schervish and Havens, 1997 and Schervish, Coutsoukis, and Havens, 1998); and has philosophical roots in religious and philosophical traditions, especially in the discourse of human love (Pope, 1991a, 1991b, 1992; Toner, 1968; Gilleman, 1959). Our identification theory, we are reminded by the anonymous reviewers of this paper, also has correlates in various additional sources. These include Seligman's (1992) writings on social networks, Kohlberg's (1981) on moral development, discussions of prosocial behavior, psychobiology, and consumer theory. We find it exciting that models from sociology, psychology, psychobiology and political science, have reached similar conclusions to ours. Our interest in the discourse of human love here provides an alternative to these discourses and to

those of political and legal citizenship, which have often been used as frameworks for explaining and analyzing philanthropic behavior.

The identification theory begins with a rejection of both the defense and criticism of the modern notion of altruism which has dominated interpretations of charitable behavior. Both those accepting and rejecting altruism seek to understand the subjective motivation of care and the objective behavior of apparent self-sacrifice from within the perspective of rational utilitarianism. Once rational utilitarianism is accepted as the theoretical starting point for explaining caring behavior, one is forced to choose between the ethical ideal of pure selflessness and that of pragmatic self-interest. Empirically, the findings from the 130 intensive interviews with wealth holders conducted during the Study on Wealth and Philanthropy (Schervish and Herman, 1988) reveal an alternative perspective on what motivates charitable giving and volunteering, namely caring behavior is motivated by identification with the needs of others. The interviews recount a process of engagement by interviewees in which the type and degree of empathetic identification with the needs of others generates philanthropic responsibility. The identification theory was subsequently confirmed by a multivariate analysis of the motivations behind giving and volunteering based on data from the 1992 Survey of Giving and Volunteering in the United States (Schervish and Havens, 1997) and was recently validated once again in 30 in-depth interviews with high-tech donors involved in philanthropy (Schervish, O'Herlihy, and Havens, 2001). Respondents in both of these studies, when talking about their philanthropy, simply did not frame their motivation in terms of altruism *or* self-interest, but typically could recall a specific moment in time when the identification with another was a life-changing event,

motivating a caring response, and leading to a longer term commitment to philanthropy. Since it is not the absence of self that characterizes the motivational edifice of donors, nor is it pertinent to refute the possibility of self-interest.

Our concept of *caritas* or care has been informed philosophically by a variety of sources, but in particular by Jules Toner's writings in *The Experience of Love* (1968). Toner defines love as the recognition of others as ends in themselves, and care as the "implemental" aspect of love: "Care, then, is an affirmative affection toward someone precisely as in need" (75). Thus the caring response to the recognition of another's need is based on the engagement of the self, rather than self-sacrifice. An earlier theologian, thirteenth-century philosopher Thomas Aquinas, advances a morality in which people extend rather than curtail their love of self. Although Aquinas did not anticipate our modern conception of identity as an individuated personality, he did espouse a rich notion of *identification* between self and other: "by the fact that love transforms the lover into the beloved, it makes the lover enter inside the beloved, and conversely, so that there is nothing of the beloved that is not united to the lover" (*III Sent.* d27, q. 1, a. 1, ad 4, cited in Gillemann 126). This is roughly akin to Tocqueville's civic concept of "enlightened self-interest" which he observed in his travels in nineteenth-century America. Americans "enjoy explaining almost every act of their lives on the principle of self-interest properly understood," writes Tocqueville. "It gives them great pleasure to point out how an enlightened self-love continually leads them to help one another and disposes them freely to give part of their time and wealth for the good of the state," (526). Finally, contemporary theories on which we base the identification theory include Pope's (1991a, 1991b, 1992) explorations

of reciprocal and interpersonal love; Frank's (1988) discussion of moral sentiments, tastes, emotion and habit in the context of other-directed behavior; Martin's (1994) discussions of the morally desirable relationships and community participation attendant on care; and the research cited by Jackson, Bachmeier, Wood and Craft (1995) to support the sense of "we-ness" as an important factor in social mobilization.

The identification theory is fundamentally a relational one and these relations can be fostered and expanded: voluntary assistance derives from identification, identification derives from encounter, encounter derives from relationship, and relationship derives from participation.

¹ Analysis of the motivations of charitable giving and volunteering based on our Study on Wealth and Philanthropy showed that communities of participation are more strongly correlated to giving behavior than either youthful experiences of philanthropy, discretionary resources, being asked or invited to give or volunteer, or a particular framework of consciousness or belief (Schervish and Havens, 1997 and Schervish, 1997a). Thus the identification theory suggests that the informal and generally unrecognized voluntary assistance carried out in and around the community of one's family, friends, and associates, is where we first identify with the fate of others and learn to care for them, and the beginning of and the opening to a wider horizon of assistance: "being connected to an array of such life-settings is the basis for people becoming

¹ Readers will note that we do not in the Boston Area Diary Study research the relationship of encounter but that we have ample evidence of relationship and participation leading to identification.

aware of needs and choosing to respond" (Schervish and Havens, 1997, p. 241). What we do for those whose lives most closely intersect with our own is the prototype for what we do for those more distant from us in space, time, and relationship. We are all aware, intuitively and from experience, that at most times and in most circumstances, the care of family and others whom we encounter in our daily lives takes precedence over care for distant or anonymous strangers. However, identification motivates our care for those we view as part of us, like us, or like those we love, and so can motivate our voluntary assistance of others beyond our immediate kith and kin when a moment of identification occurs and when temporal and material resources allow.

Although voluntary assistance varies in how distant, how out of the ordinary, how formal, or how emotionally or temporally sacrificial it may appear, despite such variation, every form of voluntary assistance is both philosophically and empirically unified under the common rubric of *caritas*. People live and talk about their lives not as a series of choices *between* caring and not caring, but in terms of choosing *among* types of care and among multiple ways of providing voluntary assistance as a routine part of their daily lives. Formal philanthropy is thus but one channel or outlet of the greater river of care. Our previous research teaches us that in order to study the full temporal, spatial, and relational range of voluntary assistance, we need to unlearn the bias toward equating the measure of a caring society with the amount of formal giving and volunteering taking place, and learn to recognize the day-to-day giving of time and money that sojourns in the daily occasions for care surrounding work, family, friends, and community. Conceiving of care as a unity both in theory and in practice allowed us in the

Boston Area Diary Study to bring the full extent of people's caring behavior to the fore, and while this was not our primary intention in conducting the study, our findings have enabled us to develop an assessment not just of the level of care, but of the quantity and quality of moral citizenship in the US. Our findings suggest, as we will discuss below, that strategies for extending the depth and breadth of care in American society should, for ethical and practical reasons build on, rather than deprecate, people's current, and often unrecognized, voluntary assistance in *all* aspects of their daily lives.

II. Empirical Analysis

The methods and metrics we used in carrying out BADS derived directly from the foregoing identification theory. In the course of this study we interviewed 44 individuals once a week for a year about all the ways, formal and informal, they gave material or emotional assistance to others and we compiled the results for the purposes of comparison with the Independent Sector/Gallup's Survey of Giving and Volunteering (1996). First, we discuss our expanded conceptualization of giving and volunteering as applied in the study, review our research design, and indicate our methodological procedures. We then present our findings on the scope of voluntary assistance that exists when giving and volunteering are conceived of within the framework of care. The main difference we discovered was that BADS indicated dramatically higher rates of participation in and amounts of time and money devoted to giving and volunteering, even without the inclusion of informal assistance. In this paper we will focus

only on the theoretical issues involved in our redefinition of philanthropy as a component of a broader concept of care.²

II. i. Conceptual Framework and Research Design

Philanthropic behavior, as we have indicated above, is only one aspect of a more general pattern of care that pervades the daily human living experience. There are myriad ways in which this caring behavior is expressed. Some are relatively passive, for example praying for others or treating others with civility and respect. Others involve direct action, such as taking care of an elderly relative; driving friends and acquaintances who are in need of transportation to a variety of appointments and activities; helping others take care of their children; and lending emotional support to those facing both common and extraordinary tribulations.

In order to focus on care in BADS, we extended our definition of voluntary assistance beyond the conventional definitions as they are used by the research community, (giving money, goods, and volunteer time to charitable organizations) to include a wider range of activities. We were careful to include questions that allowed a comparison with responses given on the biennial Independent Sector Survey on Giving and Volunteering on formal expressions of care. But in addition, BADS also asked respondents about informal voluntary assistance using expanded

² For a more detailed description of the methodology and its implications for studies of giving and volunteering please see Havens and Schervish, 2001.

definitions that included giving of money, goods, assistance, and emotional support to relatives, friends and neighbors. Since giving and receiving are not isomorphic, and proved not to be easily reconciled, we do not discuss the receiving of help in this paper--one person's giving what they perceive as care might not be perceived as such by the recipient, for example, what parents consider advice may be perceived by children as interference.

In summary, BADS included inquiries about informal giving and volunteering for the following reasons. First, our fundamental theoretical perspective is that formal giving and volunteering are but subsets of a more comprehensive array of relations of *caritas* or care. Second, from prior in-depth interviews on philanthropy, from multivariate analysis of the motivations behind charitable behavior, and from various readings on human love, we had learned that the key to care is identification with the fate of others and that the school of such identification is the experience of being engaged in acts of care that occur throughout daily life. Third, from years of ethnographic and survey research we had discovered that informal care in and around one's home, family, and associates is the root and not the rival of formal philanthropy, and could not be ignored in research. Fourth, we had previously found that people generally perceive their care as a unity and do not segment their consciousness or care into the categories of "formal" and "informal" that researchers generally offer in their surveys. Finally, we recognized that it was necessary to move beyond conventional notions about what constitutes the moral quality of a society if we were to adequately assess the validity of the current pronouncements about the decline of community in the United States, which are riven with pessimism about our cultural and moral health.

Our study of informal caring behavior had two focuses: unpaid assistance and emotional care. The first area of informal giving that we studied was the personal help that individuals give to others outside the auspices of a formal nonprofit organization. Such practical help may involve giving or loaning money or items on an interpersonal basis, but it also extends to performing tasks and services for other people. Included are contributions (money, assets, and goods) to (1) non-dependent relatives in need (excluding inheritances and other disbursements that were made without regard to need such as holiday, birthday, wedding gifts, etc.); (2) to individuals, friends, and associates in need (again excluding inheritances and other disbursements that were made without regard to need such as holiday, birthday, wedding gifts, etc.); (3) political candidates, causes, and parties; and (4) to informal social movements and causes. Usually these are tasks and services that recipients would have had to pay a fee to have performed or foregone altogether had the donor not provided them free of charge. In BADS we refer to these financial and temporal activities as *unpaid assistance*. The second type of caring behavior we studied is the spiritual and psychological care that people naturally extend to others in their daily lives. Sometimes this type of caring is manifested in short phrases of encouragement, praise, congratulations, and similar affirmations. More often, it takes the form of some greater involvement with the recipient and the provision of emotional support -- either at a general level or more specifically in the active assistance of the other person to cope with particular difficulties in their lives. We refer to all these varieties of interpersonal psychological and spiritual help and support as *emotional care*.

Methodological Considerations

In order to learn about and measure this fuller array of care, a diary study approach to collecting information on the broader definitions of giving and volunteering served our purposes best. It facilitated the collection of information very close to the time that the behavior took place; permitted the tracking of information to investigate the seasonal variation of giving and volunteering; and allowed the gathering of information about patterns of daily living and life-styles that portrayed the context of caring behavior and supported an analysis of how it fit into the lives and life styles of the participants (Almeida, et al., 2001). Mainly for reasons of efficient use of resources, we decided on the telephone mode of reporting, in which we asked each participant in the study to keep track of their care-giving and care-receiving behavior during each week, and to transmit the results to our staff in weekly telephone interviews throughout 1995, which were compiled at the end of the study.

Sample Design

The first decision concerning the sample design was the size of the sample. A sample of approximately 50 participants seemed sufficient to meet the requirements of the intended repeated measures analysis and practical with the resources available to conduct the study. The second decision was to establish a definition of the Boston area. We decided to select the sample by random digit telephone dialing within a stratified sample design. Therefore, we defined the Boston area as the geographic location covered by telephone area code 617, i.e., Boston and the surrounding communities. We wanted to assure variability by household income and race, so the sample design was stratified by household income (i.e., under

\$30,000/\$30,000 but less than \$60,000/\$60,000 or more) and race, based on data from the 1990 census, updated for inflation. A stratified design provided targets that were within 5 percent of being representative by household income in the Boston metropolitan area, but constituted an oversample of more than 100 percent of the proportion of black American households in the same area. The sampling universe consisted of all households in the 617 telephone area code in which adult decision-makers spoke English, were age 18 or older, were not planning to leave the Boston area, and were not full-time undergraduate college students. The sample frame consisted of all valid residential telephone numbers in area code 617 at the time that screening calls were placed in December, 1994. The sample selection process and other methodological details are available upon request from the authors.

Sample Characteristics

The final sample consisted of 49 initial participants: 38 chosen completely randomly, 6 chosen in an oversample of black American participants, and 5 chosen in an oversample of higher income households. One other potential participant dropped out before the study actually began and is not included in the description of the sample presented in this paper. A second participant dropped out during the initial interview and is included in the description of the sample. After the first interview in which household income was more carefully obtained, it turned out that informants had a tendency to underestimate their household income in the screening call. In hindsight, the oversample of higher income households was not necessary. The participants selected in this oversample were, nevertheless, included in the final sample as described in Table 1.

Table 1: Sample Characteristics of the Boston Area Diary Study

Gender	n	Race	n	Marital Status	n	Age of Participant	n	Household Income	n	Age of youngest child living at home	n	Age of oldest child living at home	n
Male	17	White	41	Married or Living with Partner	25	18-29 years	6	Less than \$15,000	4	No children	25	No children	25
Female	32	Black American	8	Single	22	30-39 years	15	\$15,000-\$19,999	6	Under 12 years	13	Under 12 years	10
				Divorced	2	40-49 years	14	\$30,000-\$44,999	6	12-17 years	5	12-17 years	5
						50-59 years	9	\$45,000-\$59,999	12	18-21 years	1	18-21 years	2
						60 years or older	5	\$60,000-\$74,999	10	Over 21 years	5	Over 21 years	7
								\$75,000-\$99,000	2				
								\$100,000 or more	9				

Source: Social Welfare Research Institute, Boston College.

II.ii. Contributions of Money, Goods, and Time

This section documents the care that the participants in the Boston Area Diary Study provided to people other than their spouse and dependent children during 1995.

It reports their care-giving both in the conventional terms often used to describe philanthropy and in the broader sense of voluntary assistance that we use in BADS. While we present the findings from BADS in terms of average values, statistics, and individual examples, there is, of course, no average person who performs in accordance with the statistical averages. Instead, with respect to most categories of caring behavior, there are usually a few participants who perform large amounts of each type of caring activity, while most participants perform a considerable lesser amount of the relevant types of caring. Combining all the participants, as we do in the presentation of statistics, is misleading from the viewpoint of the individual participant. However, it is revealing at a societal level as a demonstration of the amount of care given by the group of participants as a whole.

Table 2: Average Annual Contributions of Money and Goods

Category of Organization or Person	Participation Rate	Average Annual Contribution	Contributions as Percentage of Income
All Organizations	100%	\$1,490	2.20%
▪ Religious	75%	\$741	1.30%
▪ Non-Religious	95%	\$750	0.90%
All Interpersonal	98%	\$7,779	7.40%
▪ Relatives	93%	\$7,092	6.10%
Adult Child/Grandchild	50%	\$4,834	3.80%
Parent	52%	\$294	0.60%
Other Relative	93%	\$1,964	1.60%
▪ Non-Relatives	98%	\$687	1.30%
Total Money and Goods	100%	\$9,269	9.60%

Source: Social Welfare Research Institute, Boston College.

In 1995 the participants and their families contributed an average of \$1,490 or 2.2 percent of their annual family income to charitable organizations (see Table 2). Each of the 44 participants or members of their families made at least one contribution for a participation rate of 100 percent, with some families contributing as little as \$5 during the course of the year, while others contributed more than \$9,500.

Confirming a well-known trend in giving, religious organizations received the largest amount of contributions as compared with any other single type of organization. The participants and their families gave an average of \$741 or 1.3 percent of their incomes to religious organizations. These contributions were made by 75 percent of the participants, including some without any specific religious affiliation. If we average over the 30 participants with specific (Protestant, Catholic, or Jewish) affiliation, the average contribution to religious organizations was \$1,067 or 1.8 percent of their family income. On average Protestant participants gave \$1,455 or 3.2 percent of their incomes; Catholic participants gave an average of \$422 or 1.0 percent of their incomes; and Jewish participants gave \$1,925 or 1.3 percent of their incomes to religious organizations.

The majority (approaching 90 percent) of this religious giving involved contributions to support the religious activities of churches, temples, and mosques, however, there was a significant amount of religious giving (somewhat more than 10 percent) that supported activities sponsored by churches, temples, or mosques which served the needs of a wider community, often in a non-denominational context. Such activities included a community health center

sponsored by a local Baptist church, a variety of food pantries run by various denominations, and the activities of religiously oriented organizations such as the Salvation Army.

In addition to contributions to religious organizations, 95 percent of the participants or members of their families made contributions to non-religious organizations and on average gave \$750 or 0.9 percent of their family income to a wide variety of organizations. The figures for the percentage of income were first calculated for each participant and then averaged to arrive at the total presented in the text. Therefore the average dollar amount of contributions can increase from \$741 to religious organizations to \$750 for non-religious organizations and yet the average percentage of income decreases from 1.3% to 0.9%. This is because the non-religious contributions are larger and more concentrated at higher income levels as compared with the distribution of religious contributions. There was little difference in the average percentage of income given to non-religious organizations, regardless of whether or not the participant or their family also gave to religious organizations, that is, amounts given to religious organizations were generally extra contributions in addition to amounts given to non-religious organizations.

Participants and their families made contributions to a wide range of non-religious charitable causes, of which the largest amounts, averaged over all participants, were contributed to organizations that dealt with health or medical research, \$222; organizations that distributed food, shelter, clothing and/or social services, \$173; education, particularly higher education, \$110; fire, police, and veterans organizations, particularly disabled veterans, \$68; and media

and arts, particularly public television, \$43. Contributions to all other types of organizations averaged \$135.

Several participants made small contributions of \$5 or \$10 during the year to an organization just because they were asked to do so, usually by someone they knew, as part of a fund drive. However, participants who contributed more than \$20 to an organization during the year and participants who gave regularly to the same organization usually had themselves benefited, or had a close relative or friend who had benefited, expected to or could have benefited from the activities of the organization to which they contributed. For example, one person who had suffered from leukemia gave money regularly to the research hospital where he had received treatment; another person whose mother had Alzheimer's disease gave to organizations that served people with Alzheimer's; a third participant who had a history of heart disease in the family gave regularly to cardiac and coronary research.

There were two exceptions to this pattern of associational dynamics, whereby association breeds identification and thus giving: first, much of the giving to soup kitchens, food pantries, shelters, and various social service organizations usually, but not always, lacked a *direct* connection to the participants, their close relatives, or their close friends. Contributions to such causes were often seen by participants as helping other human souls. The second exception was gifts to disabled veterans, police, and fire organizations (usually organizations which provided benefits to the disabled or to the spouses and children of police and firefighters who have died in the line of duty). In most cases, the participant gave to these causes in

appreciation for the public service rendered by the veterans, police, or firefighters—although in some instances the participant identified more directly with these public servants (i.e., were themselves or had a close friend or relative who was a veteran, a firefighter, or a police officer).

Contributions of Money and Goods to Relatives, Friends, and Other Individuals

Giving to organized charitable causes is within the realm of traditional philanthropy, but we were interested in viewing caring behavior through a wider lens. From our broader perspective we learned that people regularly give care beyond the auspices of traditional philanthropy in the form of direct contributions of money and goods to relatives, friends, and other individuals.

During 1995, 93 percent of the participants in the Boston Area Diary Study or members of their families gave an average of \$7,092 or 6.1 percent of their incomes to relatives (See Table 2). Approximately \$3,410 of this average is due to just one participant who gave \$100,000 to his adult son and another \$50,000 to his domestic partner during the course of the study. Exclusive of this amount the average is still a very high \$3,682 in contributions to relatives. Mirroring a relatively recent trend in American society, more than half the contributions to relatives were made to adult children, who often had families of their own. In fact, exactly half the participants or members of their families gave contributions to their adult children and/or grandchildren during the year, averaging \$4,834 per participant or 3.8 percent of their income, the vast majority of which were gifts to adult children. For example, one of our participants, a married psychologist with a private practice, regularly gave money to her adult

daughters who were no longer living at home so that they could buy clothing and other personal items for themselves. Another interviewee, a married retired biochemist, who had currently embarked on a second professional career involving technical and proposal writing, supplemented her artist son's income on a regular basis, although he was also primarily living away from home. A third participant, working as a writer for specialty catalogues, spent more than half his own modest income to purchase an automobile for his adult daughter so that she could attend college. These gifts to relatives were not always just monetary, and in addition to dollars, participants and members of their families often gave their adult children, as well as other relatives, gifts of clothing, household furnishings, and personal items such as jewelry. Many of these items were used items from the participant's own household; however, just as often, the participant would buy something especially to give to their relative or would pay the entire bill when they went shopping together. Most participants (93 percent) contributed gifts to relatives other than to their parents, children, and grandchildren during the course of the study, most frequently to siblings, nieces, or nephews, amounting on average to \$1,964 or 1.6 percent of family income.

At some time during the study, nearly all the participants or members of their families (98 percent) contributed money or goods to *non-relatives*, giving \$687 or about 1.3 percent of their incomes on average to friends, acquaintances, and other individuals. Clearly, this is not a negligible amount, in fact it is in roughly the same order of magnitude as contributions to religious organizations or contributions to non-religious organizations. Most frequently the non-relative recipient was a close friend or a co-worker, and while there were gifts of cash, most gifts were

of clothing or other goods. A few examples give an impression of the variety of these expressions of care. One participant, a mother on welfare with two children, regularly gave part of the food she obtained from a food pantry to a friend in similar circumstances who did not qualify for the food pantry. Another participant, who had recently lost his job, gave a former co-worker who had been unemployed for so long that his benefits had run out, several hundred dollars to help him out. A third participant, whose friend was in the midst of a divorce, regularly bought her friend clothing and various small gifts to keep her spirits up. A fourth interviewee gave her children's outgrown clothing to a co-worker for the co-worker's children.

Contributions of Time Volunteered to Charitable Organizations

Most of the participants (84%) volunteered through an organization at some time during 1995. We present time contributed in person-days, where a person-day represents 8 hours of time, analogous to one day of work. Averaged over all participants, 6 person-days of time were volunteered to religious organizations and 9 person-days to non-religious organizations (Table 3).

Table 3: Average Annual Contributions of Time in Person-Days

Category of Organization or Person	Personal Assistance		Emotional Support		Total Time	
	Rate	Person-Days	Rate	Person-Days	Rate	Person-Days
All Organizations	84%	14.9	-	-	84%	14.9
▪ Religious	36%	6	-	-	36%	6
▪ Non-Religious	79%	8.9	-	-	79%	8.9
All Interpersonal	100%	42.8	100%	43.8	100%	86.6
▪ Relatives	93%	31.3	100%	35	100%	66.3
Spouse	-	-	84%	17.6	84%	17.6
Adult Child/ Grandchild	45%	6.6	52%	3.5	59%	10.1
Parent	50%	14	57%	9.5	64%	23.5
Other Relative	89%	10.6	93%	4.4	95%	15
▪ Non-Relatives	95%	11.5	98%	8.8	100%	20.3
Total Person-Days	100%	57.7	100%	43.8	100%	101.5

Source: Social Welfare Research Institute, Boston College.

Participants volunteering to religious organizations performed a variety of activities including child-care during religious services, book-keeping, cleaning, organizing various fundraising activities (including bingo and rummage sales), working in a food pantry or soup kitchen, and serving on a variety of committees and/or study groups to provide religious instruction and other religious and social services to the members of the church, temple, or mosque.

Among non-religious organizations, participants volunteered primarily to youth organizations (often local after-school sports activities), averaging 4 person-days; education (often as a teacher's aide in the classroom), 3 person-days; and health (more often to provide services like donating blood or supervising social activities for infirm elderly people than to help with fundraising), 2 person-days. Several participants did, however, volunteer for fundraising drives (notably, walkathons and bikeathons); and one participant served on the board of directors of at least two major hospitals, one local college, and several other charitable organizations and non-profit business associations.

As with their contributions of money and goods, participants tended to volunteer time to organizations that had benefited or were expected to benefit either themselves directly, or a close relative, or a friend. For example, several participants volunteered as coaches or officials for after-school sports activities in which their children participated. Similarly one participant volunteered as a teacher's aide in her daughter's classroom. Another teacher volunteered after school and on weekends to supervise students (including her own students) in learning about

people from diverse cultural backgrounds. A fourth participant gave blood on a regular basis to an organization that had successfully treated his own blood disease several years earlier.

Time Spent Helping People

Over and above the time spent volunteering through formal organizations, all of the participants in BADS cared directly for individuals other than their spouse or dependent children at some time during the year. Most of the 43 person-days that each participant devoted, on average, to this unpaid assistance was provided to relatives (31 person-days), as compared with non-relatives (12 person-days). Although over a third of the participants had no living parents or parents-in-law, the time devoted to relatives was focused on care for parents, averaging 14 person-days. One participant spent nearly all her time away from her work at a toll booth caring for her elderly mother, with whom she lived. Half as much time again was spent providing unpaid help to adult children and grandchildren, averaging 7 person-days, although several participants spent significant amounts of their time caring for their young children and grandchildren. For example, one participant regularly prepared meals and helped keep house for her adult son in his apartment; several participants did laundry and other personal chores for adult children living at home; and a number of participants watched their grandchildren while their parents were working.

Whether providing this kind of informal help for relatives, for friends, or for acquaintances, the nature of the help was concentrated in two areas: (1) care for children and

elderly parents and (2) giving people rides: transporting them to and from work, stores, medical offices, and in the case of children, to and from school, organized sports activities, child-care, and a variety of additional recreation and play activities.

Besides these two kinds of caring, the participants also helped people other than their spouse and dependent children in dozens of activities, such as word processing, bookkeeping, pet care, plant care, snow shoveling, house cleaning, shopping, cooking, tutoring, moving, medical care, religious instruction, sewing, coaching, repairing, and lawn care, among other activities.

In addition to time spent providing this kind of informal assistance, all participants provided emotional support to someone other than their dependent children at some time during the year. Most of the average of 44 person-days of emotional support was devoted to relatives (35 person-days), as compared to non-relatives (9 person-days). On average, this time was most frequently given to the participant's spouse (17 person-days), and other than to a spouse, the pattern is the same as that for unpaid assistance: on average the participants gave 9.5 person-days of emotional support to their parents, 3.5 person-days to their adult children or grandchildren, and 4 person-days to a variety of other relatives. Although much of the emotional support involved expressions of love and affection or took place in a conversational mode without any specific focus, it also included advice, counseling, and problem-solving. In a few instances, however, participants helped a relative, friend, or co-worker with emotional

support in a period of severe emotional distress, such as the death of a loved one, divorce, and issues to do with substance abuse, and job loss.

Summary

It is difficult to fully capture the manifold ways that people use their time and resources to help others on a regular basis, and each of the 44 participants in the study has several stories about how they helped others on both a formal and an informal basis. The statistical summary, even with examples, cannot begin to capture the richness of the individual stories; just as the individual stories cannot reveal the overall pattern which is the focus of this paper. However, when we examine this general pattern, we can draw four broad conclusions about the daily bread of nourishment that we both give to each other and receive in our daily round.

First, as a group, the participants spent a vast amount of money, goods, resources, time, and energy caring for people in addition to their spouses and dependent children. This care was most often provided directly on a one-on-one basis, above and beyond the care they expressed formally through contributions of money, goods, and time to charitable organizations and causes. During 1995, the participants contributed an average of \$9,269 or approximately 10 percent of pre-tax family income per family in money and goods and 102 person-days per participant in time to provide this care to others both formally, according to traditional definitions of giving and volunteering, and informally, according to our broader definition of voluntary assistance. In addition, they extended an average of 11 loans per participant to other individuals and praised,

congratulated, or similarly encouraged other people, on average, more than 460 times per participant during the course of the year.

Second, most of the contributions of money and goods, \$7,779 or 7.6 percent of family income, and most of the time, 87 person-days (about equally divided between unpaid assistance and emotional support) per individual, were devoted to caring for others directly, on a one-on-one basis, without being mediated by an organization. This large amount of resources was above and beyond the substantial amount, \$1,490 or 2.2 percent of family income in contributions per family and 15 person-days per person of time, that were given through organized charitable causes. The amounts of time and money devoted to caring for others directly were each more than five times the corresponding amounts devoted to caring for others indirectly through charitable organizations and causes. Thus, we conclude that the organized non-profit institutions through which society provides various forms of service and care for its members represent just a tiny part of the total amount of care that the members of US society extend to each other on an informal basis.

Third, if the participants in the Boston Area Diary Study are at all indicative of the American population in general, most of the care that people provide for others, whether directly or through organizations, is self-related. This self-related pattern is evident in the amounts of money and time they give to others; in their choice of charitable causes; and in their philosophy concerning the provision of care to others. By self-related we do not mean that people are selfish or parsimonious, rather we mean that people focus their generous care-giving

behavior primarily, but not exclusively, on those closest to them, on those most like them, and on those individuals and causes with which they most closely identify. Like the participants in our study, though they do extend their care-giving (usually in substantially lesser amounts) to people with whom and causes with which they have little in common, in general people provide larger amounts of care in a greater variety of ways through organizations and causes with which they have some *direct* connection than through organizations and causes with which they are not as closely identified, and with which they have little or no connection.

Fourth, the pattern of care-giving strongly supports and has begun to amplify the identification theory of caring behavior that we have been developing in recent years. The pattern is one of giving the largest amounts of care to those individuals and charitable causes with which the participant is most closely identified and often has been closely involved at some time in their lives. Thus, family and relatives generally take precedence over friends and acquaintances; and for participants with a specific religious affiliation, religious organizations generally take precedence over all other forms of organization. Organizations that had helped the participant, their family, or their friends generally took precedence over organizations and causes that had not. If we value time spent helping people at only the minimum wage (i.e., \$4.25 per hour during 1995 and combine the areas of care that we measured (i.e., money and goods, volunteer time, unpaid assistance, and emotional support) into a single dollar value for

each participant,³ the participants in our study, as a group, gave more care to their children, family, and relatives (\$9,345 on average during 1995) than to their friends and acquaintances (\$1,376). Those with religious affiliations gave more to religious organizations (\$1,386) than to non-religious charitable causes (\$945). This holds when we average the religious contributions of money and time over all the participants, both those with and without a specific religious affiliation. Moreover, those without any specific religious affiliation for whom religion was not important gave relatively negligible amounts of their resources (\$44) to religious organizations as compared with non-religious charitable causes.

Overall, the findings support the conclusion that people do care for each other in dozens of ways and that while their care is focused primarily on the people, organizations, and the causes with which they identify, the participants also had compassion for and extended their care to people in need, even if they did *not* identify closely with them. BADS recorded that participants extended more care to their family than to their friends and more to their friends than to others through either religious or non-religious organizations. Moreover, participants consistently cared more both for people and causes with which they more closely identified than with those with whom they identified less closely. This was somewhat less consistently

³ Since we conducted BADS, Brown (1999) has written thoughtfully on assigning a monetary value to volunteer work.

expressed in terms of money and goods, but was quite strongly expressed in terms of time, and consequently was strongly evidenced in the total combination of money, goods, and time.

At the end of the study we asked each of the participants about their philosophy of caring for others in society and asked them to try to place their response on a continuum, ranging from the belief that it is each person for themselves in society, to the belief that society should collectively care for each of its members. In their responses, most participants expressed priorities of care that were consistent with their own behavior and with the identification theory, in that their care began with a focus on their own nuclear family, then on close relatives in the extended family, next on close friends and co-workers, and finally on other people, organizations, and causes (Leming and Havens 1998). Nearly 20 percent of the participants expressed a different hierarchy of caring that placed themselves and their family first, followed by those in need in society (relatives first if they were in need), then close family members, etc.

At one time or another during the year, most participants expressed a desire to do more to help others in society, especially those in need or those suffering the same problems which they or someone close to them had faced. However, many participants were unhappy with charitable organizations as a potential channel for this help, perceiving them as (1) spending too much on administration and fund-raising, (2) diffusing their charitable efforts among multiple causes (e.g., they did not want to have heart research money funding any part of AIDS research, or want any part of AIDS research funding used for hospice care), (3) squandering

the participant's talents when they had previously volunteered, and (4) squandering funds through inefficient allocation.

When solicited by charitable causes with which they were familiar, the participants usually made a modest contribution and, in general, were pleased to find ways to help others: they gave used clothing and furnishings to others; responded to walkathons and bikeathons; and took inner city children into their suburban homes for several weeks during the summer under the auspices of fresh air campaigns (designed to give disadvantaged inner city youth a few weeks vacation outside the city).

While people with specific religious affiliations extended even more care, than those without, principally in the form of contributions of money through their church, temple, or mosque. This extension did not diminish their care-giving through non-religious organizations. Indeed, people with specific religious affiliations can be viewed as having two fronts for charitable giving, contributing, in addition to their religious giving, roughly the same percentage of their incomes to non-religious organizations as did those with no religious affiliation or giving to religion. Thus, we find support for that part of the identification theory that says caring for others is an expression of love of self and by implication, people who love themselves are motivated to care for others.

III. Discussion: The Moral Citizenship of Care

Our empirical representation of the often dense but hidden social relations of care, will lead, we hope, to changes in the research methodology of giving and volunteering, and encourage those who extend and benefit from this daily care. In addition however, our research on the social relations of care begs further interpretation and can best be elucidated, we believe, within the framework of what we call the moral citizenship of care. By introducing this notion of a moral citizenship we seek to name a vibrant, yet often ignored, aspect of social relations, which may add another dimension to the debate about the moral health of US society. Shifting the theoretical focus of this discussion on the state of society from political and economic citizenship to the motivations and practices of mutually beneficial identification, and shifting the empirical focus from formal philanthropy to include also informal relations of care, produces an optimistic portrait of moral interdependence, which is a refreshing antidote to the pessimism offered by many in the current debate over the present and future of civil society. We do not here debate whether US civic life has diminished and declined as it is defined and measured by Putnam (2000) and others; we do argue, however, that the ideas of social capital and civic engagement, as important as they are, need to be complemented by findings on moral capital such as we uncovered with BADS and which we interpret as evidence of a substantial and abundant moral citizenship of care.

In their book, *Voice and Equality: Civic Voluntarism in American Politics*, Verba, Schlozman and Brady write that "ordinary and routine activity on the job, at church, or in an

organization, activity that has nothing to do with politics or public issues, can develop organizational and communication skills that are relevant for politics and can thus facilitate political activity" (1995, pp.17-18). In this paper, we go one step further: routine activity, beginning in and flowing from the panoply of personal relations of care in family, neighborhood, work, and other daily associations, is the manifestation of care and the school of philanthropic activity.

We propose the notion of moral citizenship of care as a theoretical framework for understanding and making broader interpretive sense of the full range of practical social relations of assistance we discovered in our diary study—of which formal philanthropic giving and volunteering is but one important component. As far as we know, the term “moral citizenship of care” has not been used anywhere else, but what we mean by it is straightforward. We have already discussed at length the meaning of *care* as the attention to others in their true needs. As to the notion of *moral*, we use the term in a manner akin to what Philip Selznick calls “the moral commonwealth” in his seminal book on the foundations, problems, and prospects of the convergence of self and community. Concurring with Emile Durkheim and John Dewey, Selznick maintains that the “moral” dimension of society is the value-motivated association that comprises daily experience and forges social bonds:

[H]uman values are rooted in the troubles and strivings of organic life, especially in the transition from immediate impulse to enduring satisfaction. They arise out of the continuities of social existence, including the need to nurture what is

immature and unstable . . . Friendship, responsibility, leadership, love, and justice are not elements of an external ethic. . . They are generated by mundane needs, practical opportunities, and felt satisfactions (1992, p.19).

Our choice of the term “moral citizenship” to characterize the social relations of care requires a little more explanation. Spelling out the contrast with political and economic citizenship helps clarify our meaning. First, while moral citizenship shares with political citizenship a basis in the proposition of equivalence among individuals, in moral citizenship this equivalence is not primarily before or under the law, rather it is before and under the sentiment of self-recognition in and self-identification with the needs of others. If the instrumental trajectory of political citizenship revolves around the rights and duties of building nation and society, the instrumental trajectory of moral citizenship revolves around the inclinations and obligations of care in civil society.⁴

The rights and duties of political citizenship can be congruent with the objective of advancing the social relations of assistance, and can contribute to their improvement and operation--indeed, the rights and duties of citizenship derive from and imply an array of pro-

⁴ For a summary history of the term civil society, see Edwards and Foley, *Civil society and social capital* (1998); Powell and Guerin, *Civil and Social Policy* (1997); Walzer, *The concept of a civil society* (1995); and for a general discussion of civil society in the US see Brian O’Connell’s *Civil Society: The Underpinnings of American Democracy* (1999).

social desires, sentiments, and dispositions. However, because political rights and duties are by constitutional mandate limited in their reach, they are neither profound nor broad enough to be the primary ethic for identifying, inspiring, and nurturing care. As salutary as political citizenship is, it is mainly an adjunct to, rather than the source of, a moral community. Moral citizenship is the ground or social foundation of political citizenship and its reach extends well beyond political citizenship. It resides in and fortifies the interstices of life where political citizenship never does, nor should, reach.

Moral citizenship is equally more profound than economic citizenship, something Adam Smith readily acknowledged. In *The Theory of Moral Sentiments* (1759) Smith insists that economic markets (and political institutions) cannot be expected to produce beneficence in society. For Smith, the economic citizenship of the free market provides a framework and a floor for rudimentary well being within society, but not for greater well being:

Society may subsist among different men, as among different merchants, from a sense of its utility, without any mutual love or affection; and though no man in it should owe any obligation, or be bound in gratitude to any other, it may still be upheld by a mercenary exchange of good offices according to an agreed valuation . . . Society may subsist, though not in the most comfortable state, without beneficence (1759/1976, pp. 166-167).

The additional voluntary moral sentiments of beneficence are required to establish a deeper moral commonwealth in which the needs and injuries of others are responded to from love, gratitude, friendship, and esteem:

All the members of human society stand in need of each other's assistance, and are likewise exposed to mutual injuries. Where necessary assistance is reciprocally afforded from love, from gratitude, from friendship, and esteem, the society flourishes and is happy. All the different members of it are bound together by the agreeable bands of love and affection, and are, as it were, drawn to one common centre of mutual good offices . . . (1759/1976, p.166).

In contrast to moral citizenship, both political and economic citizenship focus foremost on access to and participation in a process of determination rather than directly on the content of that determination. There are, of course, substantive contents that people seek to obtain via political and economic citizenship. However, in order to obtain these contents, those seeking them must express their desires through electoral processes and market mechanisms rather than directly as needs. In other words, political and economic citizenship revolve around a process of effective demand--needs expressed in a way that materially disciplines the provider; while moral citizenship revolves around the relations of affective demand--needs expressed in way that morally motivates the provider. Moral citizenship looks for and responds to people's needs even when such needs are not expressed in votes or contributions, as is the case in political relations, or in dollars, as is the case in economic relations.

For these reasons, we believe the notion of moral citizenship makes good sense of the myriad relations of care we discovered in BADS. As a practical ethic and as a way of life, the moral citizenship of care is that sphere of thinking, emotion, and behavior that begins in the tribulations and aspirations surrounding what is close at hand and extends to an ever-broadening horizon of others in need. Moral citizenship does not divide the private from the public, the local from the distant; instead it speaks of the levels and distribution of moral capital rather than of social capital and financial capital. The moral citizenship of care focuses on the extension and expression of care, rather than on the extension and expression of social life, membership, and participation, as the cornerstone of cultural health. Without disputing changes in the political and economic fabric of US society, the moral citizenship of care leads us to focus on the daily relations of assistance in which people are currently enclosed and to which they are inclined, rather than on the social and political life they may have abandoned or may no longer be inclined toward.

IV. Conclusion: Moral Citizenship and The Decline of Civil Society

*“A river rises in Eden to water the garden,
beyond there it divides and becomes
four branches.”
Genesis 1: 10*

Within the framework of the identification theory the motivation for care comes from identification with the needs of others and does not therefore obey the nomenclatures with which we typically classify giving and volunteering, as formal, public, through an organization, as motivated by a selfless concern for the common good, and as an indicator of the vibrancy of the cultural health of US society. The evidence of the Boston Area Diary Study, which confirms high levels of informal assistance, as well as the unity of care, confirms our enduring understanding of philanthropy as part of a larger fabric of care and encourages us to attend more closely to the activities and motivations of moral citizenship, of which political and economic citizenship are often, but need not always be, significant components. The evidence also suggests that investigations of philanthropy and of citizenship do well to attend more to how formal and informal assistance are mutually constitutive and how the social relations of assistance occurring in settings not conventionally circumscribed by political and economic citizenship are relevant for interpreting the character of contemporary US culture.

The same is true for what the civil society debate suggests is the realm of civil citizenship, to which our notion of moral citizenship can add a missing dimension. The BADS

findings do not offer longitudinal evidence documenting a trend line measuring the ebb and flow of the moral citizenship of care. However, our snapshot of informal assistance and how it extends outwards suggests that a theory of moral citizenship helps us draw a more adequate picture of the intensity and destiny of American civic life than is currently understood and about how the relations of care serve as a school for broader engagement. In particular, we contend that bringing the notion of moral citizenship to the fore is useful for three reasons. First, it razes the artificial boundary between the private and the public, especially as it exists in the distinction between informal and formal arenas of daily engagement and care-giving. Discussions of civil society typically do not include those activities and dispositions that begin in and flow from the personal relations of care of individuals in their immediate spheres. Our notion of a *moral* citizenship allows for valuing the full range of forms of care equally, including private voluntary assistance on behalf of friends and family, and acknowledges care across all sectors and spheres of life as both formative and representative of how people think and act towards others. Second, the concept of a moral citizenship of care leads to a more comprehensive methodological mandate. It requires that researchers devote attention to a fuller range of caring behavior than is traditionally within the purview of political or legal citizenship. Third, when coupled to the dynamics of the identification theory of concern for others, the focus on moral citizenship suggests how the behaviors and dispositions of care that occur within the personal sphere are allies, rather than obstacles, for expanding care beyond immediate relationships and into a broader horizon of time and space. As such, an appreciation of these dynamics indicates an organic strategy for expanding the social health of a society, namely to recognize, honor, and encourage the care that people do provide and are already disposed to extend and increase.

Like Everett Carl Ladd (1999), we believe there is strong evidence that there has been no decline in the civic life of the US, what Putnam calls a "silent withdrawal from social intercourse" (2000, p.115). As evidence, we offer the existence of the kind of moral capital that is accumulated in the relationships of care with family, friends and neighbors, that is equivalent to the social capital that Putnam values so highly, and which has just as much ability to bind us together as the associational glue he finds is becoming less adhesive. Just as "social capital refers to networks of social connections" (Putnam, 2000, p.117), so too can the moral connections of informal care produce moral capital. As Ladd points out, "[e]ngaging citizens in civic affairs is the persistent American answer to how a narrowly self-serving individualism can be avoided"(1999, p.1). As we have shown above self-interest and engagement of self are not the enemy but the root of care. The individual need not be sacrificed to form the citizen.

Elsewhere we have written that the scolding model of fundraising which seeks to elicit giving and volunteering by bullying, by instilling guilt, and by admonishment, should be replaced by one that engages the individual and seeks to build on the individual's prior experiences of the giving and receiving care and the identification with the fate of another, which are endemic to human love (Schervish, 2001a and Schervish, 2001b). Similarly, our findings on the rich weave of the fabric of care in US society at formal and informal levels suggest that it is time to change our questions on citizenship from the focus on what is being shouted from the rooftops, that our civic life is in decline, to what is being whispered in the streets, words of mutual care and support. Frank points out that "our beliefs about human nature help shape human nature itself.

What we think about ourselves and our possibilities determines what we aspire to become; and it shapes what we teach our children both at home and in the schools" (1998, p.ix). So too can our beliefs about US society shape what we become as a society.

When making cross-national comparisons of the non-profit sector, Salamon and Anheier argue, the Third sector and its private voluntary action may not be the most significant expression of the strength of a society's "caring tradition," but that it is necessary to also evaluate the role of the state and business in caring for those in need (1995). They conclude that "the presence of a strong voluntary sector may therefore signify not the presence, but the relative absence, or weakness, of a caring tradition elsewhere in society or the successful resistance to other, more effective, expressions of caring" (p.373). We thoroughly agree; and now find that we can confidently confirm those expressions occurring "elsewhere in society," namely the remarkably substantial amount of intra-family and other intra-associate informal giving of time and money which has regrettably been under-estimated and under-acclaimed. Shifting more of our discourse to the complementary language of moral citizenship, moral community, and care opens us to consider a wider array of activities, sentiments, relations, expectations, and inclinations relevant to the creation of community. It suggests a cross-sectoral and cross-national realm by which we moral citizens examine, transform, and apply the social relations of assistance.

For now, our prevailing verdict is that the kind and degree of caring behavior we have uncovered in the course of our research is not atypical, but that this care is the river that rises

from within the garden of our daily life and branches into streams of broader concern. It is only when systematically measured and accumulated during the course of a year, that the magnitude of this care is actually revealed. Far from being a negligent society, we are an intensely caring commonwealth and there is an ample foundation on which to build even stronger ties of moral citizenship.

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