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TABLE OF CONTENTS

Editorial	1
Volunteer Service Coordinators-	
Catalysts in Urban Areas	2
HARRIET H. NAYLOR	
✓ The Senior Citizen as Volunteer	8
RICHARD E. DEWEY	
✓ The New Concept of a Volunteer Bureau	16
CATHERINE B. HEALEY, ACSW	
"See Me, Feel Me, Touch Me, Heal Me"	22
DONALD A. TREFFERT, M. D.	
Reflections on the Helping Professional Organization or Person	28
REV. DANIEL M. BOLAND, C. S. C., Ph.D.	

EDITORIAL

THE ROLE OF CITIZENS IN THE ADMINISTRATION OF HUMAN SERVICES

The consumer of human services in this country has witnessed the emergence of community-based programs which aim toward continuity and comprehensiveness of care as well as preventative measures. In the final analysis, it is the citizen who provides the financial support for these human service programs, whether through voluntary contributions or tax support. Vast numbers of citizens contribute their time, talents, and interests in providing direct volunteer services to human beings in need of help. Many of the states which have adopted community mental health services acts provide for local mental health boards or committees with representation of nonprofessionals.

The citizen volunteer movement is the conscience of the nation. Its members are obliged to become major spokesmen to help create a climate which permits professionals to operate at maximum efficiency. The citizen volunteer groups can fight "conservative government" which makes open attacks on human service programs through basic conservatism or under the guise of "fiscal responsibility."

The shifts in function, status, and influence that have occurred over the past 80 years in the working experience and relationship of volunteers and paid staff members indicate that service agencies need to revitalize the activity of citizen volunteers, whose interest in making a positive and effective contribution to social welfare will make them sharply discriminating in choosing their social agency connections. Social reform and social action are peculiarly the job of the volunteer and the major responsibility of board membership.

There exists in a democracy a persistent safeguard against insularity, extremism and excesses by the publicly supported agencies and institutions. This is in the form of a lay board whose role is to represent the broad community interest, thus providing essential checks and balance.

Shifting populations and more participation by minority groups has created a challenge for leadership development representative of the whole community. Thus agency structure today requires careful screening, training, and placement of citizen leaders in the right job at the right time. Administrative volunteers who plan policy, set standards, and, as board members, guide the social agencies are difficult to attract, particularly if composition of the boards and committees is to be truly representative.

The implementation of poverty programs has been accompanied by the politics of federalism, and their mutual impact has led to consideration of developing a "creative federalism" — new concepts of cooperation between the federal government and local communities. An essential element of the war on poverty, especially its community action component, has been the utilization and strengthening of direct federal-local ties. The states have been relegated to a minor role and have had to prove their usefulness.

The community action concept has the capacity to restructure human services in several ways: (1) local planning can account for local needs and bypass traditional agency jurisdictional lines; (2) coordination at the local level can provide broad representation of community opinion; (3) the concept of "community," as opposed to city, town, or metropolitan area, is open-ended, permitting functional crossing of boundaries. The community action program, by requiring participation of those affected by welfare programs, is a contribution to participatory democracy. This development faces two major political dilemmas, however: the question of central control and that of cleavages and conflict within the comprehensive community service movement. Contemporary federalism involves a proliferation of competitive and cooperative relationships among both governmental and private groups at various levels. The goal of creative federalism should be to coordinate and order the disparate aspects of human service programs.

VOLUNTEER SERVICE COORDINATORS — CATALYSTS IN URBAN AREAS*

by

HARRIET H. NAYLOR

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Urban areas *are* different from rural areas in ways important to us Coordinators of Volunteer Services, as professional catalysts of community resources and mental health services. The anachronistic isolation of old style state hospital or state school is disappearing, some from inundation by urban sprawl, others by creating ingenious links to catchment areas. New York State institutions and cities deal with awesome numbers, and our urban communities have been forced to face and grapple with problems which may not hit other areas for years, perhaps never in the scale we face now. We have rapid innercity rot, housing deterioration, unevenness of middle class services and the usual shenanigans which short circuit the intent of federal

aid. But we have some exciting and effective urban programs, too, and we are valiantly changing a very firmly entrenched and extensive system, involving a whole lot of people, to make real the *response* part of *our responsibilities*. I shall share with you some of our learnings, hoping you will share my faith that the human race can rise to the demands of urbanization pressures because people *do* care and *are* willing to work for betterment if they can just see *how* — and many more of those people could be volunteers!

Mental health and retardation program problems intensify with urbanization pressures. Ours in New York are magnified by a long history of traditional services and greater numbers. But people are people wherever they live, and their feelings determine what they do. Frustration and anger in the hard core areas of an innercity is a natural response to inexorable deterioration. People there are poor treatment risks unless their environment changes, too, and retardation often is perceived as apathy, truncating an already limited potential. Both forms of waste were traditionally accepted by society, but they don't have to be! There's a traditional mutual distrust between the teachers, social workers, medical staff and policemen and the less advantaged in cities. Some superimposed solutions create more problems: urban renewal, razing housing without replacing it has compounded problems and increased pressure on the few services remaining when others pull out; highrise housing creates more isolation; the welfare cuts have reinforced conviction that the haves don't care about the have-nots. Able citizens move out and are replaced by people less able and more needful. The haves remaining in the cities tend to be the unconcerned jet-set rather than the *noblesse oblige* motivated, while self-help initiators are moving to the suburbs in concentric circles of affluence. Left behind are also the least mobile, most marginally employable, and therefore the most threatened, living near and hostile to the most disadvantaged. Farther out, there is less pressure, more affluence, more services.

A worldwide phenomenon in Ireland, on campus and in cities, is the refusal of the disadvantaged to *remain* disadvantaged. De Toqueville pointed out years ago "The evils which are endured with patience as long as they are incurable seem intolerable as soon as a hope can be entertained of escaping from them." Hope is catching on that poverty can be alleviated in an affluent society, authority can be influenced to act and specifically that mentally ill and retarded as well as poor people can participate more fully in the mainstream of life.

This challenge to us Coordinators of Volunteer Services as catalysts must influence the nature of our profession and its

work. We cannot practice in isolation, be exclusive, or possessive of our volunteers. We need the allied professionals and we also need our allied counterparts in allied community services, especially welfare programs (wait 'till the Harris Amendments take hold!), general hospitals, schools, children's agencies, cultural organizations. Where there is a Volunteer Bureau, we must educate and use it, to provide mobility and freedom of choice for all volunteers. Who hurts if we all allow lunches and carfare, or baby sitting money? We all need volunteers, too, including those who may need that help to be volunteers.

By 2000 A.D. there will be 100 million more Americans and 80% of them will live in urban areas. Community mental health and retardation services will have to be multiplied and the urban ecology will determine preventive and treatment tactics for an ever increasing proportion of the people needing the "bold new approach." People are becoming less patient with inadequate services. Professional manpower increases at arithmetic progression rates, while the demand for services moves at geometric rates. More of us will practice in increasingly urban settings where it is more difficult to enlist either public support or individual citizens for direct service. All mental health professionals must recognize that being nonpolitical is a past luxury now unrealistic. We Coordinators, motivated by our understanding of the essential human needs requiring services, must lead allied staff and our volunteers. In New York State, recent drastic cuts in our service budgets moved all too few of our 45,000 registered mental health and retardation volunteers to protest. My plea is not for partisan politics, but for more effective communication to citizens.

In urban areas where so many channels are available, we Coordinators have a professional obligation to stimulate volunteers to enlist political decision-makers as well as potential volunteers in the cause of realizing human potential. Professional leadership means to speak as well for patients as we do for ourselves, not to conform piously to tradition. As catalysts, we will help volunteers express needs they see, and professionals to pay attention. Their goal congruency is the key to effectiveness of services, not only in our own facilities but in wide health planning. Our breadth of perspective will influence future services.

In urban settings, the geographically small areas around mental health centers cannot produce all the resources needed, so we are going to have to develop ways to collaborate and pool resources, to build mobility for volunteers and faith in all kinds of people as volunteers. For instance, one of our Coordinators

persuaded senior citizen volunteers to invite patients a second day each week to their own club house — and that involves a lot of faith building!

Urban community cooperation involves not only our professional counterparts in other services such as volunteer bureaus, general hospitals, welfare, social agencies and schools, but organizations such as universities, industries and churches in their outreach efforts, especially membership groups like MHA's and ARC's. Students are natural catalysts, too — it's cool to care! — and industries are looking for ways to improve their image and help mobile employees put down roots in new communities. Action programs in the ghetto are looking for handles for their people to take hold of in efforts to improve their own communities. "Joining" is becoming a life style in the ghetto as well as in the middle class, and career exploration is an important motivating force not only for students, but for the middle aged housewife and the newly literate or retrained graduate of a manpower program.

Ironically, we find some fears and assumptions about volunteering in cities which don't help! Primarily, these surround the newly articulate consumer demands for accountability. New abrasive questions to authorities don't pull any punches. "Who gets your services?" "Are people really helped?" The professional mystique is evaporating, and new manpower is demonstrating ways to get to people traditional middle class pro's were not reaching. A doctor in the tough East Bronx section of New York told me there the color of skin isn't what matters, it's whether the person is doing a good job. He called the community takeover at Lincoln Hospital a staff takeover, impatience that the job wasn't getting done. The NIMH study later verified that there was still some old wine in the new bottles, and not enough wine or bottles! Many people in these communities know what is needed, want to help, and will get their neighbors to use services they have faith in. Tailored services are *theirs*, which means intake focussed on what *can* be done, not what *can't*! Hours accommodate not the staff, but the people who live there. People who work long hours for low pay can't have interviews during the day, or travel very far. "Uncooperative" families often turn out to be not indifferent but paralyzed by middle class unawareness of their life situation.

So — in a problem of communication, which volunteers can do a great deal to ameliorate, ideally, these volunteers will be like the patients and their families. But volunteers imported from the suburbs can win confidence in the cities, too, if they are warm and humanly concerned with patients, and realistic about

how it is. We catalysts must communicate persuasively with both. One service in Brooklyn is carefully pairing middle class volunteers with local residents, to serve together. One knowing more about how it could be and what can be done, and the other knowing for sure how it is; both have a unique opportunity to learn from one another.

Ironically, with all we know about what volunteering does for the volunteer's self-respect, we still shy from offering opportunity to give service to the disadvantaged. Again Brooklyn showed me how wrong this is. From one of the least affluent areas, people were taken by bus to visit Kings Park State Hospital fifty miles away. It happened because a new catchment assignment led the key staff to seek area community leaders there, and were offered a guided tour of Brooklyn. In reciprocation, eighteen volunteers had to be turned away, but the bus took a full load in the other direction, each assigned to an unvisited patient to explore his ties to Brooklyn. One volunteer who had given up a day's pay to go asked how best to give her patient spending money. They say they will visit again, bus or none. Another, assigned to a man ready for release, found people who remembered him: his old Rabbi and several families offering to provide him a home. That volunteer will find it easier to visit him now that he's "home" using the community services. Most of the busload returned excited and happily planning the tour of Brooklyn for the hospital staff and their own follow up activities. The volunteers who also serve in the community saw the hospital as a service they "can recommend." All this in an urban area where you see the blight spreading every week! Transportation here, as in rural areas, proved a key to attacking people problems.

Within cities, too, volunteers link fragmented services, and volunteer services coordination involves the whole community not just our own facility. Less bound by job protocol and work load obligations, volunteers can move about freely and cut through red tape. They enjoy having meetings, comparing notes, consulting experts, planning new services. As in service assignments they influence policy development productively. Volunteers see problems as impact on people — less clinically, or administratively. They cut away encrustations of traditional procedures and test policies against today's real conditions. Like parents, we Coordinators of Volunteer Services will find that freeing volunteers to grow, to follow new interests, maybe even to leave us, will mean they may return more mature and able, and at very least will represent our service well in the community, bonding us to others.

We Coordinators can help professional power to imagine. The volunteers themselves are the richest lode for mining new ideas.

Labor unions need educating about volunteers, not only to recruit for service people unaccustomed but most valuable as volunteers, but to allay fears that volunteers mean fewer jobs. With a "we" experience, union members see that volunteers provide special humanizing and threaten no job in these days of shortages. Every job can be reinforced and made more effective with volunteer help — even more enjoyable! Our Coordinators are undertaking a real work analysis for professional and all services, identifying what volunteers can do to free the paid person to do what he alone can do and preventing workers continuing their work in overtime as volunteers. We have to communicate what we mean by volunteer jobs to the unions so they'll join us, not oppose us.

Recruitment in cities starts through the relatives and friends of patients, and proceeds on an each-one-bring-one basis unless a committee of the MHA or ARC, or a volunteer bureau gets us started and continues actively supplying volunteers. Mass media are not very productive, but do help make volunteering the "in" thing to do. The Coordinator is the catalyst who must like and respect people of all economic and educational backgrounds, and attract each to work with the other. Skill in group as well as individual leadership is essential to recognize teamwork potentials and form sound structural relationships. Nurturing leadership potential in other staff and able volunteers, the Coordinator uses grouping for general orientation and program exchange, mixing people skillfully.

Job learning happens best under direct supervision. Urban areas offer many training resources in colleges, adult education programs and community service conferences. As catalysts, Volunteer Services Coordinators develop teachers from the staff of our own services including volunteers, and we can tap libraries, schools, and commercial resources for audio-visual aids and teaching resources, enlisting the many other people working to solve the problems of the cities, and sharing our resources with them.

There is no cookbook for urban area volunteers. The Coordinator of Volunteer Services who cares more about violence to the human spirit than about law and order on the street will find plenty of ways to further the mental health movement and the development of every person to his greatest

potential as a right, not a privilege. In urban areas we may have more dramatic problems, but we also have there more tools to use and more people to help the volunteer do his own thing, in the way and in the place where he can do it best.

•Presented at the Annual Meeting, AAVSC, September 14, 1969
Houston, Texas

THE SENIOR CITIZEN AS VOLUNTEER

by

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I have been asked to discuss some suggestions for the better utilization of the elderly as volunteers. This topic has to be seen in the light of the fact that there is nothing at all new about retirees volunteering their talents. In this nation of volunteers two groups, the very young and the elderly, have traditionally made us the largest pool of volunteers. Practical reasons have determined this. These two groups have more time available during the daylight hours when most agencies conduct their business. But despite the historicity of this involvement of the senior citizen, it is only in the past ten years that we have seen a sizeable increase in the utilization of mature volunteers, to the point where today they very nearly constitute the hope of voluntarism in this country.

Why this recent change? Only recently have many agencies removed age barriers from their volunteer job descriptions. It was not until the mid 1950's that one of the leaders in voluntarism, the American Red Cross, removed an age barrier of 50 and opened their volunteer ranks to the retired. A great deal of fallacious mythology has in the past kept the elderly out of many areas of service. These myths about the elderly have been largely dissipated in recent years. Movements toward an early retirement age, the growing number of people living to more advanced age, all these factors have broken down old barriers. The result is that we find ourselves on the threshold of an era that will give greater and greater opportunities to serve to those whose declining years used to be spent in idleness and isolation. It has been estimated that today there are six times as many people over 65 as there were in 1900. The Administration on Aging has released figures that show that those in the over 65 category increased from three million in 1900, to six and one-half million in 1930, to sixteen and one-half million in 1960 . . . and by 1990, less than two decades from now, it is estimated that this group will total some 27 million in the United States.

These figures indicate that there is today a senior citizen population that constitutes something like ten percent of our overall population. It would be reasonable to extrapolate that something like 25% of this group, or about five million retired people form the potential pool of aged volunteers from which this nation might draw.

What are those five million prospective volunteers like? Statistics tell us that within that group, for every 100 men there are 130 women. Of the men some 71.3% are married, while only 36% of the women are married. Fully 70% of the elderly reside in urban areas. Actuarians tell us that the men in this group who have reached the age of 65 have an average of 12 more years of life and service left, and the women who are 65 will live an average of 16 more years. Taking those who are 65 and older as a group, 92 % are white and 8% are non-white. The picture this data gives us is that those who retire today face another 15 years or so of near-active life for which they must find meaning. They will generally do this in an urban setting and perhaps most important, will be or will perceive themselves to be poor.

So much for the statistics concerned with the elderly. Statistics are cheap and plentiful. But so often statistics do not answer the questions we face when we try to approach the problems of voluntarism among the elderly. How can we increase the availability of meaningful volunteer assignments for the aged? How can we entice more elderly people out of their self, and culturally imposed, isolation to take these assignments? How can we develop a trained corps of administrators who understand the special needs of the elderly and who can supervise and train them with sensitivity? How can we prepare a nation devoted to youth culture and a value system that rewards only those who produce . . . prepare that nation to open its heart to those senior citizens who want to create new careers for themselves, as paid employees or volunteers?

These questions are not casual questions. We are in a state of crisis relative to the needs of the elderly. Their ranks are swelling, their problems are compounding, while we who are their servants hold conferences to debate our next step.

It has been suggested to me that I approach these problems by reciting to you some case histories of successful senior volunteer programs around the country. I am going to leave that portion of my remarks to the last because I don't feel that the case-study method is the most fruitful approach in the midst of a crisis. Case-studies are not without usefulness, but they usually

tell us only about the successes and not about all the mistakes these programs made on their way to success. And the implication of the case-study technique of problem solving is that what worked well in one community is readily transferable to another. One can only make that assumption if he falsely believes that all communities, and all project managers, and all retired people are alike.

Let me, then, spend a few moments putting the senior citizen volunteer into an abbreviated psycho-sociological context. You have all read the many studies about the aged, studies showing the mental outlook of the elderly, his sociological disengagement, his traumatic change in roles, the effect of social stigma on the elderly, the damaging effect of increased poverty, and so on. I am going to ask you for a moment to go through those studies with me very briefly in order to isolate some basic principles that may help us to understand the aged volunteer and potential volunteer. I think we need this exercise so that we will better understand how to deal with this category of volunteers, how to develop more meaningful programs for him and how better solicit his interest in volunteer programs. We can design all the volunteer programs we want to, design them with all the best intentions in mind, but if we do not have the needs and capabilities of the elderly clearly in mind we will be designing more failure and doing a disservice to the aged who are our primary concern.

When we look at the very process of aging, we face three categories of change affecting human behavior. The process of aging brings physical change, psychological change and sociological change. It is the latter two changes which concern us as we consider the aged as volunteers.

A search of the literature on the psycho-sociological changes which occur in the aging soon turns up something called "the theory of disengagement." The theory of disengagement goes something like this. The trauma which results from the aging process, and more especially from a radical change of life roles, for instance, the departure of children from the home, the sudden loss of employment due to retirement, the sudden reduction in income, the loss of a spouse, results in a disengagement from society. The circle of friends decreases and new friends are not found to replace them. The loss of old roles results in a desire to seek isolation because of a loss of self-esteem. In short, disengagement theory implies that even as social interaction decreases among the aged, the very quality of what social interaction remains is lessened.

Those of you familiar with this theory know that it shelters two opposing schools of thought. One view is represented by Cumming and Henry who state that this disengagement is an inherent part of the aging process; that it is as natural and determinative as the biological changes which accompany aging.¹ The other school is represented by the gerontologist Arnold Rose who contends that it is no such thing, but is actually the effect of the surrounding environment. Rose argues that the elderly are pushed by society into their disengagement and that this disengagement from society compounds the physical deterioration and hastens early demise.² For better or worse, I will follow the majority of scholars and support Dr. Rose's findings. The social disengagement which we find so prevalent among the aged is culturally imposed, but subject to change for many senior citizens if we can find ways to change the environmental situation of the elderly. In other words, if voluntarism can contribute to bringing the elderly out of his withdrawal from social vitality we can contribute to a longer and more meaningful life for the aged.

Now, let's look at how this disengagement affects the older citizen. First of all we have to remember that the roles we all adopt in life are most important; they are what give our lives meaning. If we lose those roles we lose self-esteem. It is the loss of self-worth that is so critical among the elderly. Now, when those role losses take place, according to Rose's interpretation of the disengagement theory, the older person may behave or react in several different observable ways.

The first of these reactions or categories can be labeled "wholesome adjustment." These are the persons for whom aging does not bring trauma. The individual in this group carries his old self roles into old age because he does not retire, or is self-employed. Or he finds new roles just as satisfying as his earlier lost roles. He retains his vitality and for him things do not essentially change in old age. Figures do not exist for this category of the elderly, but to emphasize that this category is in the minority, let us assign an arbitrary 10% of the elderly population to this group.

The second response to the trauma of role loss is by far the majority response. This is the category within which people, upon losing old roles which sustained the ego, make little or no effort to find new roles. Again arbitrarily, I would assign the figure of 60% to this group. That is, perhaps as much as 60% of the elderly "drop out." We often refer to the elderly as the "hidden poor." Within this category are the millions of urban, white, poor, mostly female who simply surrender to the aging

process and disappear behind their television sets. These are the multitudes for whom the majority of our services to the elderly are designed. The possibility of converting these wasting and wasted individuals into productive volunteers who find new roles and careers in voluntarism is an urgent task, but a well nigh impossible one. Many changes of attitude in the overall society will have to take place before the syndrome of this category can be changed.

The third category of those who go through the disengagement process are those who are able to replace the lost roles of earlier life with new roles found and developed within a new sub-culture called "the aging." That is to say, this group drops out, it drops out *into* a peer context of other older folks and retirees. These are people who gravitate toward the Golden Age Clubs and the Senior Citizen Centers. They enter a new sub-culture of the aged and find new and satisfying roles there. They are able to convert old age from the destroyer of self-esteem into the very basis for a new self-esteem. But this is a small group. It is perhaps no larger than five percent of the total elderly population. Membership totals in the Senior Citizen Centers around the country probably would bear this out. But this is the group which provides the largest pool of elderly volunteers we have been able to tap to date. And it is to the organized grouping of the elderly, that sub-culture to which I referred, that we turn whenever we have need to recruit new retiree volunteers for some project.

If you have been keeping count on me you know that my assignments of percentages to each group leaves 25% remaining now for the fourth category. These are the folks who feel they have been forcibly, prematurely and unfairly disengaged from society. They, for the most part, did not retire voluntarily. They still feel they can work, and want to work. Not only that, they need to work. The need arises from both a financial need and an ego need. These are the five million or so senior citizens who want to establish new roles for themselves, who have talent galore, and who need only the slightest push to come out of their isolation and contribute themselves to society once again. This is the group to which we must address our attention. These are the ones we can keep off the list of recipients of services and make into deliverers of services.

Such a categorization as I have just run through is of course an over-simplification. But it serves to outline the scope of the problem we are dealing with when we design programs for utilizing senior volunteers and pinpoints, I think, the most productive areas for our recruitment drives among the elderly.

In this categorization I have emphasized the importance of finding life roles which lend self-esteem. When these roles are lost to us through involuntary retirement, or simply as a result of the aging process, we either find new and acceptable ones or we vegetate. The roles we adopt in earlier life are generally related to employment. In this society, for better or worse, we are what we do. From age 20 to 65 that seems to be the name of the game. Suddenly we reach the age of 65, the game goes on, but we are not allowed to play. All our life we have been rewarded according to how well we produced. And now everyone thinks how wonderful it is we have all this retirement leisure. But I am convinced that the restoration of self-esteem to the elderly made possible by an increased involvement of the aged in voluntary programs will succeed best if the word "leisure" is abandoned and the word "work" or "task" reinstated. Volunteer assignments must be made as meaningful and rewarding as any work assignment, and must be given the dignity and discipline of work if our volunteer programs are truly going to assist the elderly in recapturing their critical sense of self-worth. That is both the challenge and the hope of an expanded utilization of senior citizens in voluntary roles.

To recapitulate, we must first understand the sociological ground rules of the aging process . . . that something called social disengagement is taking place. We who help to structure society can help in reducing that disengagement so that more elderly remain in the mainstream of life's vitality and off welfare roles. We ought to concentrate our efforts at recruiting retiree volunteers from among those who are most likely to respond and most anxious to discover the new roles offered by voluntarism.

Getting, now, more specific, what can I tell you of actual programs in this field, what has worked in program design, where are the success stories throughout this land? I must preface the case-studies I will briefly describe by insisting that the utilization of the elderly is nowhere an art or a science. We have only modest beginnings here and there; no great breakthroughs, no convincing statistics. But we *are* on the *threshold* of truly developing this untapped national resource. That state government which will assign a deservedly high priority to the utilization of the elderly as volunteers, not with one or two pilot projects, but on a state-wide basis, will reap untold riches in the distribution of services.

When we look at actual programs we find them falling under three rough headings. First, there are the four federal programs: The Foster Grandparents Program begun in 1969,

the two national programs which use retired executives as consultants to small businesses, and RSVP (Retired Senior Volunteer Project) which was designed in 1969, but for which no money was found until this year. I am not going to describe or evaluate these programs because material on them is easily accessible elsewhere. Let me just say that you should pay particular attention to the RSVP program as it will be a great inducement to innovative voluntary programs in your state in the months ahead.

The second grouping of volunteer programs using the elderly can be called the standard or stock attempts to relate the retiree to volunteer assignments. Found within this prosaic category are such activities as the agency which places the elderly volunteer in other community service agencies, the tutorial programs, the telephone reassurance projects, the friendly visitor programs, the transportation pools, the retired executive-consultant service, and the Meals-On-Wheels programs. These are the standard types of programs and there are many, many examples of each. They deserve some time to describe them, but space won't allow more than to mention them. I want rather to spend a little time on the third category — the category of innovative programs — because what you learn here may cause you to try some innovative programs of your own.

One of the cleverest and most useful new programs is being conducted in Massachusetts. It is a crisis intervention center limited primarily to the questions of bereavement. The Centers' Counsellors' ages average 72 and all are themselves widows or widowers.

Another is a sewing club in Missouri where with donated mill ends elderly volunteer women sew clothing for the children of welfare mothers, while at the same time teaching the mother to sew. For most of these youngsters the piece of clothing is the first new garment they have owned. *Everyone* connected with this project benefits.

In New York City the Housing Authority has a program they call the Tenant Patrol. Retirees are enlisted in the Patrol to act as the eyes and ears of the Police Department by sitting in lobbies and acting as a deterrent to crime and vandalism in New York's housing developments.

The problem of getting surplus food into the hands of those who most need it in rural Oregon has been met by the creation of Rural Food Delivery. Essentially this is an automobile food delivery system in a rural area similar to a Meals-On-Wheels program in an urban area. Both utilize the senior citizen to provide the transportation.

A new nation-wide program aims at using the retired volunteer to help the elderly fill out income tax forms. A similar effort seeks to advise the senior citizen in the matter of old age benefits.

A new group in Washington, D.C. calling itself "The Senior Craftsmen," market the art work and handcrafts of those over 50. Seventy-five percent of the proceeds go to the artisan and 25% to the retail outlet the group has created.

There you have some of the more creative uses of senior citizens that I am aware of. In addition to these samples of specific programs, we are seeing two other new areas opening to mature volunteers. One is the whole correctional field with hundreds of courts beginning to use the elderly in one-to-one assignments with parole and first offender cases.

The other is in the new area of consumer counselling and consumer education. No one is more in need of comparative shopping help than the retired person who lives on a fixed and limited income. This highly specialized field is now attracting many retired volunteers.

Again, let me point out that funding for further innovative programming such as I have just been cataloging is going to be more available than in the past because of the new RSVP program of the Older Americans Act.

If nothing else, I hope I have made you aware of the great potential offered to us by that human resource: Our Senior Citizen. Most of us are cogs in a gigantic system which produces and distributes services of all kinds to Americans of all kinds. Part of that delivery system delivers welfare services and it gets bogged down often because of a perennial shortage of manpower. Over against this bogged down delivery system are the elderly — some of whom are recipients of welfare and will always be recipients. Other senior citizens are not now welfare cases. But they will be, and soon, if we don't find them new ways out of their social disengagement. They can either become part of the problem or part of the solution. I vote for the latter; that you, and your colleagues in state government, make as many senior citizens a part of the service delivery system as possible. In that way the retiree can become part of the solution and not just another ego-depressed, lonely, frightened recipient of welfare services.

¹Cumming, Elaine and Henry, William, *Growing Old*, Basic Books, N.Y., 1961.

²Rose, Arnold, *Older People and Their Social World*, F. A. Davis, Pa. 1965.

THE NEW CONCEPT OF A VOLUNTEER BUREAU*

by

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The new concept of the role of a volunteer bureau in today's changing world grew out of the Central Volunteer Service's national study of volunteer bureaus, and is based on recommendations of the 1968 joint CVS-SWPC committee, composed of members of the CVS Advisory Committee and the Social Work Planning Council Board. This committee, having reviewed the findings of the national study, was cognizant of the growing awareness all over the nation of the value and potential of the human resources of volunteer services. They felt future expansion in the field of voluntarism was a reality for which our communities must prepare themselves. Therefore, in conducting their study, they gave careful consideration to the role of a volunteer bureau in this rapidly changing world and what direction the structure and function of a bureau should take to meet the challenges ahead. The committee concluded its work with the following statement: Recognizing the expanding field of voluntarism and the growing demands for leadership in planning, coordinating, standard setting and demonstrating of volunteer programs relating to agencies, groups, and individuals, it is recommended that effective and efficient volunteer participation in sound agency programs can best be achieved through the leadership and planning given the community by a central volunteer bureau.

I propose the concept that today's volunteer bureau must be the community agent which assumes leadership for planning with and coordinating of citizens and agencies in the effective use of volunteer services. This concept is not adverse to the traditional principle that a volunteer bureau gives community service. Rather, it builds on this concept of community service but moves beyond the image of a bureau sponsoring and operating volunteer programs into the realm of planning and coordinating of community volunteer activities. This new concept broadens the image of the volunteer bureau from that of an agent established to "recruit and refer volunteers" to that of a central planning agent, whose primary responsibility is planning for and coordinating of individuals and groups with agencies for effective volunteer participation in sound agency programs to meet community needs.

In order for a bureau to assume this leadership role and involve itself exclusively in total community planning and coordinating of volunteer activities, there are certain thought processes, procedures and methodology which the bureau must exercise. First . . . the bureau must accept the premise that volunteers belong to the agency to whom they are committed for service. Second . . . the agency is responsible for the success or failure of its own volunteer program, which includes the recruitment, orientation, training, supervision, evaluation, nurturing and recognition of its volunteers. With these two concepts well established, bureaus can then move toward reconceptualizing and redesigning the functions and structures of their own offices, differentiating between broad community responsibilities, such as planning and coordinating which a bureau should carry, and the responsibilities of an individual program which should be carried by an agency. This is not always easy to do for in many cases the bureaus have traditionally carried responsibility for both, but with thought and effort bureaus can make the changes necessary to operationalize this concept. They can then involve themselves in the four activities which are key to establishing and maintaining an effective network of volunteer programs in the community. These activities are, in the order of their importance: *planning, coordinating, standard setting, and demonstrating* new volunteer practices.

If we as members of the Association of Volunteer Bureaus of America, are committed to the thesis that volunteer bureaus must give leadership to the total community in the growing field of voluntarism, then it follows that volunteer bureaus have a responsibility to do broad community planning if the volunteer resources are to be used effectively and if community volunteer needs are to be met efficiently. It is the central bureau who knows the total community picture regarding volunteer needs and resources; and which has the know-how and expertise to bring the two together. Volunteer bureaus which are members of AVBA have the advantage of drawing on the knowledge and experience of the association and its affiliate members for additional information to share with agencies. Even new bureaus, in communities whose experience with volunteers is of long standing, can assume the role of leadership without difficulty. Establishing standards for membership in the association and spelling out the function of a bureau is an important step in support of this leadership role, for it not only strengthens the association but also strengthens the community image of each member bureau.

In order to plan effectively for the total community, the bureau must constantly stay in the mainstream of volunteer

activities. Citizens and agencies alike, must know what the bureau is . . . what the bureau does . . . and where the bureau can be found. But bureaus must not wait to be found. They must become the hub of all community volunteer activities by being aggressive and moving out into the community and becoming involved in all the volunteer action. They must be alert to new volunteer programs and community agencies; confer with agency administration or directors of volunteer services. Through consultation they can show how a bureau can help an agency have an effective volunteer program, the responsibilities of the agency, the standards of good practice and how they are maintained; as well as the preparation and development of staff for the effective use of volunteer services. Throughout all of these activities, the role of the bureau is that of "planner" not "doer." Planning with agencies for sound volunteer programs; planning with volunteers for more effective service.

Coordinating of naturally follows *planning for* and in the role of coordinator the bureau functions as an "enabler" or catalyst which brings together community volunteer resources into an effective network of volunteer programs to meet community needs. In order to carry out this coordinating process, bureaus must be attuned to and keep abreast of the volunteer interests and needs of the total community. They must be prepared to stimulate additional interests when the need arises. When volunteer interest exceeds known needs it is the role of the bureau to stimulate agencies to expand existing programs or to develop new volunteer projects which will effectively use the available resources. When agencies indicate reluctance to use volunteer services in new ways, bureaus may have to sponsor projects or demonstrations to show the value of the volunteer service. Bureaus should welcome the opportunity to be the pace setters in volunteer services for the community and to demonstrate new and different ways in which volunteer services may enrich agency programs. However, such demonstrations should be designed for a limited period of time, to be integrated into the general operation of an existing agency should the demonstration prove fruitful.

Successful coordination of community volunteer programs does not just happen. It requires effort and time. The bureau must exert effort and spend time in planning and consultation with both the agencies and the volunteers, but the results will be a high dividend of better service to the community and a less expenditure of bureau staff time in the long run.

I would like to give you an example of how this coordination can be done. In 1968, CVS felt the need to move out of the

business of sponsoring programs and into the role of community planner and coordinator for volunteer activities. Following is a brief description of how CVS streamlined one of its most traditional programs . . . the teenage program . . . using the concepts and principles we have just established.

CVS Teenage Program:

Under the old design, CVS was responsible for the total program, which included broad community publicity, determination of community needs, recruitment, orientation, training, interviewing, referral, follow-up and recognition of the teens. Innumerable staff hours were spent between February and August in clerical and committee work, not to mention the hours spent during May, June and July in orientation, interviewing and referral of teens and in planning and operationalizing the recognition program in August.

Under the new plan, CVS moved out of the area of "doer" into the role of community planner and coordinator . . . CVS became the agent which brought together community needs for teen-volunteers with the available teens. To accomplish this, a teen fair was planned with the assistance of adult volunteers. CVS continued to be responsible for general publicity and broad stimulation of volunteer interest as well as general orientation to the responsibilities of volunteering. This is the appropriate role for a central bureau under the new concept as these activities are related to the total community needs. Agencies were invited to staff an exhibit at the fair and to be available for conferences with interested teens, thus assuming the appropriate responsibility of recruitment, screening, interviewing, training and supervising. Following the general orientation, the teens were invited to visit each exhibit, talk with the directors of volunteer services and make an appointment for an interview with the agency of their choice. CVS was available, through adult volunteers, for questions or problems, of which there were only 10 out of over 200 teens. The fair was evaluated by the agencies as highly successful because it offered the teens a broader knowledge of community agencies and their extensive need for volunteer services. It also confronted the agencies with the volunteer needs of other agencies and stimulated them to do their best in presenting their agency's needs and in interpreting their volunteer program. The amount of staff time devoted by CVS to the effort was cut to one third, yet community needs were met more effectively. This is but one example but it helps to illustrate how we can redesign our bureau activities to do the most effective job in the amount of time and staff we have available.

What I am really saying is that the key to the successful establishment and maintenance of an effective net-work of community volunteer programs lies in sound planning and coordinating of volunteer activities at the total community level and in soundly planned and executed agency volunteer programs, based on proven standards of practice when agency volunteer programs have been well planned and there is a knowledgeable director of the program who exercises sound principles of practice, when the individual or group volunteers understand their responsibility and have a firm commitment to their role; the work of the general bureau in planning for and coordinating the agency's needs with the volunteer resources is smooth and successful and the results are mutual satisfaction for both the agency and the volunteer. When this is not the case, the coordination can result in dissatisfaction for one or both parties. The central bureau must take leadership in this process and be the standard setter for the total community in planning and coordinating volunteer activities.

It must be the central bureau to which both agencies and volunteers turn for direction in developing and operating volunteer programs. The bureau must assume leadership in setting standards for working with volunteers and in setting standards for agencies in their efforts to establish, maintain and strengthen their volunteer programs.

To carry out this leadership role, the bureau must become involved in and give leadership to the following activities:

- Sponsor community wide workshops and institutes for agency personnel and volunteers.

- Form committees or forums of directors of volunteer services.

- Plan through consultation with agency administration and effective volunteer programs based on sound standards.

- Plan and coordinate through consultation with directors of volunteer services for the maintenance and strengthening of agency programs.

The need for training directors of volunteer services was not only revealed in the national study, but has been further brought to light by the AVBA committee on curriculum, under the very adept leadership of Nancy Nordhoff. We are scheduled to hear a full report from that committee later. However, until such time as a formal training course for directors of volunteer services becomes a reality, the bureaus will have to continue to try and fill the gap as best they can if they are to survive

as community leaders because as a chain is as strong as its weakest link . . . so a net-work of community volunteer programs is as effective as the weakest agency program and the director of volunteer services is the key to an effective agency volunteer program.

From my own experience, I have found that some type of group training session is highly beneficial in training directors of volunteer services as it offers the bureau an opportunity to disseminate large amounts of information to a number of persons and at the same time gives the directors an opportunity to discuss mutual problems and concerns with other directors. Committees and forums of directors which meet on a regular basis also contribute to strengthen the agency's volunteer program. It is the role of the central bureau to give leadership to all of these various training methods . . . again assuming the role of planner and encouraging the agencies and volunteers to participate and become the doers.

In closing I would like to quickly recap the activities of a bureau under this new leadership role. Bureaus must be aggressive in all of their activities and see that they relate to the needs of the total community. When segments of the community cannot or do not come to the bureau . . . the bureau must go to them. Bureaus need to move away from the idea of total recruitment and referral toward encouraging agencies to strengthen their own program and taking responsibility for recruitment, orientation, training, supervision and recognition of their volunteers. Bureaus must make extensive use of volunteers in both service and administrative activities of their bureaus. This valuable community resource must not be allowed to pass the door of the bureau. If volunteer bureaus are to assume their rightful role of leadership in the field of voluntarism, they must put on a new face. They must be willing to go to new places, do new things, involve new people and meet the challenge of increased voluntarism by giving leadership in planning for and coordinating of volunteer resources to meet total community needs.

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"SEE ME, FEEL ME, TOUCH ME, HEAL ME"

by

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We live in a troubled time. One doesn't have to look very far to realize that the riots, the bombings, the protests, have all of us both angry and frightened. Suicide is now the second cause of death among college students in the United States of America. (Automobile accidents is Number 1.) Even more alarmingly, the incidence of suicide in children under 18 years of age has tripled in the past ten years. Here at Winnebago State Hospital in 1962 we had 1,000 patients and 30 of those were children. Today we have 600 patients and over 200 of those are children; it will not be long before half of our patients here, and in hospitals across the country will be under 21 years of age. And then drugs! Drugs are just another symptom of the troubled time in which we live. It is not a phenomenon which grew up all by itself or will go away by itself, unless and until we look at some underlying causes of the drug abuse problem.

Three general impressions have struck me in the past year and a half. First of all, we spend far too much time talking about why they take them. The American People seem to get a ghoulish delight out of viewing confiscated drugs and have become intrigued with the mystery and uniqueness of the drugs themselves, while we continue to overlook the people who abuse drugs. Really, we have a people problem, not a drug problem, and yet all of our attention has been focused on the drugs. Secondly, as I already mentioned, we have to understand that drug abuse is just a symptom of the time in which we live, and it is not a phenomenon all by itself. Thirdly, everybody talks about drug abuse but no one seems to do anything about it. After we have had 3,000 people in an auditorium to hear about drug abuse, the community then feels better having done something in the area, but does not come forth with the resources to help those persons who might have been touched or moved by such a program in the direction of obtaining some help for their drug problem.

What are the problems of our times? What is the cause of the symptomatic behavior of drug abuse? Many of the persons that I speak with who abuse drugs, and many of the patients that I see who come to the hospital or into the clinic or wherever, could best be described as being unhappy rather than sick. In fact, we seem to be an unhappy society, not a sick society; and

if one theme runs across this unhappiness, it is disenchantment with what I call the American Fairy Tale. Very briefly, the American Fairy Tale has a number of themes to it.

One theme is that happiness is things. The more things you have the happier you are, and the way to become more happy is to accumulate more things. The problem with the materialistic world, of course, is that when you try to reach out for it, it crumbles, and when you try to lean on it, it collapses.

Another theme is that happiness is what you do, not what you are. We have become so preoccupied with what one does that we finally have decided to measure this great country of ours in terms of its gross national product. How much did we produce? Yet our gross national neurosis is our preoccupation with our gross national product, and the spin-out of that is a lot of kids who feel like possessions in their homes rather than persons. We are caught up with our own productivity to where we measure each other — our children, our spouses, our patients, our employees — only in terms of what they do and not what they are. You may say that sounds theoretic. But it ceases to be theoretic when you read it in the suicide note of a 14-year-old girl as I recently did. This little girl was a straight A student in grade school. She got into junior high school and got her first B, concluded therein to kill herself and did so. That sounds ridiculous, until you read her suicide note that went very simply, "Mom and Dad never said anything to me about having to get good grades. In fact, we rarely talk about it. But I know they do not want nor could they tolerate a failure, and if I fail in what I do, I fail in what I am. Goodbye!" This little girl lived out the American Fairy Tale with its emphasis on productivity. Not that what one does is unimportant, but it is not all important. We simply have to put into a better ratio the differential between what one is and what one does.

Another theme that permeates the American Fairy Tale is that we have come to define mental health as the absence of problems. Mental health is not the absence of problems. It is rather the capacity to solve problems and to cope with them. And yet when we have raised a whole society to come to believe that it is un-American to be bored or frustrated or unhappy, then we have a generation waiting to take a chemical to make problems go away and we resort and rely on our technology not to solve our problems, but rather to escape them.

When you boil it all down with drug abusers, and when everyone gets honest with each other, you really end up talking about such things as love and care and concern and hope and worth. When you take away the trappings and the language, and when

you cease the rhetoric and debate, and when drug abusers are honest with us and we with them, we find that we are indeed all in the soup together, and that which seems to be polarizing us is really our mutual concern for our own private struggles for worth and acceptance.

A couple of words about who uses drugs, because we cannot continue to consider a drug abuser as a single entity. The drug using generation can be divided into five general categories. The first category is the largest one. It is called the JOINERS. These people use drugs simply because other people use drugs. They are not crazy, mixed up, troubled youngsters seeking to become dope fiends. They simply are responding to that powerful dynamic of peer pressure. If anything permeates the Joiner category it is that these children are bored. The problem with this particular group is that these kids tend to use the products irresponsibly, and it is with this group that we are seeing the most mortality around drug abuse.

The second group is called the PROTESTERS. These are people who use drugs as a symbol of protest, just as they use the war, Vietnam, marijuana, and the draft and a lot of other things as protests. If anything characterizes this group it is alienation, and they are alienated not only from us, but from our life style and are choosing to develop a style of their own.

The third category can be called the SEEKERS. These are people who feel that man not only can but must and should use chemicals to transcend and to actualize and to finally reach human potential. The motto of this group has come to be "Better living through chemistry." They are seeking what you and I are seeking in a private moment. I do not object to the search at all. The search itself is worthwhile. I simply would feel that the means by which they search is short-sighted and futile.

The fourth category is the group I call the LOSERS. These are people who may have started by joining or protesting or seeking. They were troubled before they came on to drugs, and drugs simply makes their predicament worse. They are the patients that end up in the hospital or the clinic. And yet most of our bias and stereotype and prejudice around drug abuse have risen from this group and we tend to look at all drug abusers as if they are Losers. That is far, far from the truth.

A fifth and final group which has recently just begun to emerge is a group that uses drugs recreationally. This group will indicate they are not any of the above categories, but they simply

chose to use drugs rather than alcohol as their recreational chemical. Just as someone who drinks, will say, "Yes, I drink, but I'm not an alcoholic," this group will say, "Yes, I use drugs, but I'm not a drug addict."

The point of this categorization is that if we are going to design legislation and education, and if our treatment efforts are to be relevant and successful, we have to look at who it is we are dealing with, rather than having the idea that there is such a thing as a species of drug abusers, any more than there is such a thing as a neurotic, or a psychopath, or a psychotic. These are all individuals operating with different kinds of dynamics with a final common path of drug use. We have to approach them individually because, sometimes in their franticness and sometimes in their mistrust and because they have been hurt before, they turn us off so that we do not get a chance to help them at all. They attack us; we don't like what they say, we wish they would be quiet. We have other persons who do value our efforts and think highly of us, and it takes an uncommon courage and conviction to be able to deal with this kind of person and to try to understand their life style and their view of chemistry.

What is it then we are looking for and seeking to establish in our treatment efforts? The best answer to the question of what is the cure for drug abuse was written by a group at Mendocino State Hospital who call themselves The Family. This is a group of ex-drug users who have changed their life style drastically and decided not to abuse chemicals. They bothered to write down their cure for drug abuse and it goes like this: "The cure for drug abuse is a meaningful life, but the creation of a meaningful life is a goal for all of us whether we abuse drugs or not. We assume it should have some of the following characteristics:

1. It should have warm, human relationships.
2. It should have in it the opportunity for self-expression and honesty without penalty.
3. It should have a sense of structure and hope for the future.
4. It should provide a person with a sense of belonging to something that is larger than himself that is for tomorrow.
5. It should be a life that the individual feels he has made through his own efforts.

All of us should think in terms of applying that prescription to ourselves first because, unless we have those qualities ourselves, we cannot instill them in others. If each person sought to apply this in his life and his sphere of influence, then we would not have a drug abuse problem, nor would we have a lot

of other kinds of symptoms that face us in 1970. While we can legislate and educate, we are going to have to get down to the fundamentals of a meaningful life before we can have people choose that as an alternative rather than drugs. If any one fact permeates our society at this point, and if any one theme screams out at me when I deal with drug abusers, it is *their concern*, and our vending of ample quantities of apathy. Rollo May pointed out that the opposite of love is not hate, the opposite of love is apathy. And our society abounds in apathy, parents who do not pay attention to their kids, spouses who do not pay attention to each other, doctors who do not pay attention to their patients, teachers who do not pay attention to their students. The problem of our time is not affluence or poverty, or even the war, or ecology. The problem of our time is apathy, and if there is something we can do to instill un-apathy and love and care and concern and human compassion and sense of worth, then we are in business. The attribute that fills our hospitals, guidance clinics, private practice and the courts with kids, is not that parents hate their children; kids have the capacity to understand and tolerate anger, but no one can tolerate having the whole world apathetic to their existence, and there are a thousand ways to be apathetic to the significant people around us.

The pop opera, "Tommy," screams out at us, "See me, feel me, touch me, heal me." That is indeed what each of us needs and what each of us needs to do if we want to do something relevant about ourselves and about the drug scene. Some people have trouble dealing with persons with drug problems because they find it difficult to accept continued drug use, the long hair, or the hippie rationale. However, one should be able to sit down and say to the person you are dealing with, "Look, I like you, but I don't like what you do." One does not have to endorse or condone behavior in order to help someone. Too often we fall into the trap of either feeling we must endorse behavior in order to gain the respect and trust of the individual, or else we do not deal with the person at all because we cannot accept the behavior. That simple phrase, "I like you, but I don't like what you do" can be very helpful, and if we were to like the people who come to our attention then we could "See him, feel him, touch him, and heal him."

My perspective on the drug scene can be summed up by reading to you a letter to the editor which appeared in the New England Journal of Medicine in December, 1968: "During the past few months we have had the opportunity to observe an unusual set of circumstances in a fellow colleague stationed with us in South Vietnam. He is a 31-year-old doctor with an unusual and seemingly insatiable appetite for small red candy, cinnamon-

flavored redhots. Since such luxuries are seldom available in the war zone he has organized a complex set of supply channels from the continental United States. His desire for redhots is best demonstrated by his continued need for them after he has eaten enough to turn his stool red. He expressed concern over the stools, but he found that by mixing redhots with roasted peanuts he could increase his intake without having the problem of red stools. This practice or pica has been present for about twenty years with a gradual increase noted over the past two years. Overall he is best described as a hyperkinetic individual, especially during times of plentiful supply, but he has been observed to be withdrawn, irritable, and short-tempered when the supply has been exhausted for a few days. Cinnamon redhots contain sugar, corn syrup, corn starch, imitation flavors and certified food coloring. To the best of our knowledge none of the ingredients are considered harmful but we are unaware of a similar pica."

The point of that letter, and the point of all I have had to say, is that we come to understand that the mischief does not lie in drugs at all, the mischief lies in people.

We need to find the spiritual cement that put our country together and will help us make our country whole again by making its people one. I agree with that. Enough totalization, enough name calling, enough stone throwing. What we are going to have to do is kind of hold hands and face the darkness, young and old, professional and non-professional, volunteer coordinator and volunteer, if we are going to try and understand the kind of dilemma we are in. What I've said simply is that the answer to some of the larger problems of our time is simply to reach out and care, and if the opposite of love is not hate but apathy, then the antipathy of apathy is volunteering.

REFLECTIONS ON THE HELPING PROFESSIONAL ORGANIZATION OR PERSON*

by

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I would like to investigate three phases of our work as helping professionals; one phase dealing with organizational and managerial styles of work, one phase dealing with personal models and styles of work, and the third phase dealing with a reflective personal confrontation with myself and my own needs as a helping person.

One major pitfall, it seems to me, in our work as helping professionals is that we stand in continuous danger of defining our own value in terms of the outcomes or the products of our work. By this I mean that work becomes the primary definition of what we are all about. I see this as a danger because it can become a subtle but very real tendency for us to systematize ourselves according to the organizational rather than the personal expectations that confront us constantly; that our personal role leads to a departmentalization of our efforts with others. One can see this in large corporations, in universities, in churches and even in such a small but all-important unit as the family. The role and function which an organization assigns to an individual is frequently in practice the most minimal kind of declaration for that individual to follow as the individual attempts to live it out. What is crucial in the living out, not only in terms of job satisfaction but in terms of vocational satisfaction, is that there be the investment of one's self on one's own terms, as far as this is possible and does not intrude upon or interfere with the work of others and their own sense of investment.

Frequently what is missed in discussing organizational and individual functions is the notion of human interaction. By this I mean that any organization and its work can be seen in two ways. It can be viewed simply as a conglomerate of necessary jobs to be accomplished, slots to be filled, work outcomes to be achieved. Research and experience working with large and small organizations sharply indicate that an organizational structure which follows this model is in danger of decreased productivity, worker dissatisfaction, distortion of relationships, increasing distrust among management and labor forces, lessening of communication among workers, island-building among employees including selection of individuals who reinforce one's own perceptions of the organization, and numerous other group and

intergroup devices leading to lessening of effective functioning and decrease in the climate needed for satisfactory work conditions. Jack Gibb refers to this style of organizational life as defensive management.

If, on the other hand, we conceive of an organization's life from the point of view of a network of human interactions and patterns of interpersonal styles, then jobs to be accomplished become human beings to accomplish them, slots to be filled become persons seeking personal rewards and some sense of individual satisfaction, outcomes to be achieved become the socially evident results springing from the consciously coordinated efforts of many persons working in mutually and acceptable interdependence. This is called "participative management," characterized by a climate of confidence, trust and respect, where openness of two-way communication is present, controls are minimal and conflict is experienced as a spur toward greater unity of effort and confrontation is positive, where decision-making is not confined to a few top-level managers and where the sense of dignity and worth of individuals is a basic, implicit tenet of the organization's life and work.

This all sounds like a nice ideal, one might say, and that is quite true. However, there is one aspect of this kind of organizational style which is the key aspect: that the life of any organization, whether it be a university, family, hospital, or whatever, the life and vitality of any organization depends upon the individual human beings who constitute that organization. If change is to occur in any organization then the quality of the human relationships and the quality of the human interactions must somehow be affected. And it is here that I would like to move on to the next phase of our work as helping professionals, that phase which involves personal models and personal styles in our work as helping professionals.

In this area of human relationships much has been written and developed in recent years. The noted psychologist, Carl Rogers, has developed a model of personal functioning and vocational satisfaction based upon four central notions: empathy, congruence, positive regard and unconditionality of that regard. Adequate communication is a fifth principle in this system. Other models are based upon the concepts of empathy, respect, genuineness, concreteness and self-exploration, all of which coalesce into what is termed conditions for facilitative interpersonal functioning. But what is significant in their research is that there are strong indications that in the area of helping professions there is a chain of dependence. It appears that levels of interpersonal functioning from highly successful for patients

and for the individual helper to quite low effectiveness for both helpers and patients are significantly modified by whether or not the environment supports or reinforces continued communication of these conditions. In other words, the climate of a hospital and the quality of the work environment can be handicapping or can contribute to the effectiveness of work experiences and personal satisfaction.

In the role of coordinator of volunteer service one stands in a delicate and often risky position within any organization. Coordinators frequently have some degree of responsibility to the organization for specific tasks or areas of the organization's work. Coordinators frequently stand in some kind of direct line relationship with superiors and subordinates. Coordinators are frequently individuals who must delegate work or at least act on the basis of certain hopeful presumptions about those whose work they coordinate. Inevitably such a position involves elements of personal and professional risk. But in our society risk-taking is usually assumed to be the prerogative of top-level management, of the highest levels of authority and responsibility, and is consequently seldom seen as a relevant and viable criterion for individual action.

In the helping professions, however, I submit that risk-taking is one personal style of behavior which is inherently related to our work. Perhaps the most difficult kind of risk many of us can take is to go out to another person, not simply on a professional basis or because it is expected of us as part of our job, but to go out to a person as an expression of our own sense of me as a valid human experience for other human beings. In my own life, my greatest sense of dissatisfaction has resulted on those occasions when I have waited for the organization to tell me what to do, how to act, or how to behave. I have too often looked to superiors to say to me what I ought to do, how I ought to do it, when to stop, how to decide the value and worth of my own work. In doing this, I've found that seldom have I felt that I have done anything, it is the organization that has done it through me. This leaves me with a sense of having been used in the worst possible way. It leaves me with a consciousness of my own dependence in a way which generates much personal disgust and a strong and immediate need to be angry. But it is difficult to get angry at a system or an organization, when it is myself who has permitted the organization to define me and my value on the most minimal, ridiculously functional levels available. It is actually myself that I dislike, it is me that I am angry with, and it is my own lack of courage to risk myself in my work, for *my own* sake, that catalyzes and generates the bottled-up hostility that I'd like to take out on the system.

Of course, at this point I am faced with the problem of what I am going to do with these negative feelings that I've given birth to, often without even being aware of it. I can go through the usual routine of repressing them, displacing them, projecting them and so on, all the while spending countless hours and many ergs of psychic energy on a task as useless as it is needless. I can go through this self-defeating routine or I can deal with these feelings, consciously and creatively, thereby using them as a source for my own personal growth and my own personal learning. It is here that it is necessary for me to involve myself in the process of awakening new perceptions of myself within the system, how it actually affects me, what dimensions of my prior perceptions were accurate and which perceptions were distorted, to what degree can I move into the system in new ways by expanding and broadening my own horizons, my identifying potential and actual dangers, by recognizing real as opposed to fictional risks I can tolerate and by seeking from my peers, my subordinates and my superiors some greater degree of support.

This is important to me: that as I reidentify myself, my power and my further willingness for risk and involvement, that I obtain certain present and tangible support systems. But it is I who do this, who seek without demanding, and who learn to accept the response and support of others without damaging the tenuous balance between creative and genuine cooperation and selfish personal aggrandizement.

In my work in universities and with laboratory training groups, I have frequently found that this process of self-rediscovery generates definite and tangible changes within the system. Building a support system often meets the needs of numerous other persons, and in allowing someone else to "see" me I allow them to see themselves as well. It seems to boil down the quality of communication involved, a kind of communication that is characterized by lessening of guardedness, a greater sense of one's own value and ideas, a definite sense of trust not only in others but in *me*, in myself. It allows me to develop with others in ways which do not restrict my giving to them, the method of giving to others becomes far less exploitive, far less demanding, and far more personally satisfying, since I find I no longer have to somehow know that I am acceptable to them; they are acceptable to me, and what is even more to the point, I become more acceptable to myself in the process. At this point we are now in the third phase of our work as helping professionals, that phase of reflective confrontation with our own selves.

It seems important to me that we have a sense of our own life and put that sense of self into some workable framework in which we can see that ultimately the best ideal or the best model that we can follow or seek or develop for ourselves does not lie in someone else's mind or in some training program or in some textbook. The best model we will ever discover or develop for our own personal and professional functioning is within our own being. *We* are our own best model; for us, there is none better. Certainly there is education necessary, and a job to be done. There remains the organization and the system and the subsequent environmental and professional pressures, expectations and outcomes which must be integrated into my life style. But in the last analysis, it is within me to define how best I can, indeed *must*, live and work and find some sense of joy and some present and lasting conviction that no matter what I *do*, it is *my* life, and *my* work that has a value in and of itself.

I believe that once one can see one's self clearly as having this uniqueness and this dignity, then one is in a position to function in a creatively more effective manner. By "creatively," I simply mean being able to see myself as a model for others, and being able to redefine the personal dimensions of myself as a model, allowing and even encouraging others to do the same. For ultimately, who knows better than I do what is best for me in my world of work? To give myself and others that kind of freedom, I believe, is the best of the helping professional's task.

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