

THE VOLUNTEER AND THE VOLUNTEER DIRECTOR IN THANATOLOGY

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Even the government is fostering volunteering because volunteering is a natural human response to the needs of other persons. In today's society, families are widely scattered, remaining together temporarily in highly mobile nuclear units during the period which children are dependent. Many of the functions which used to be carried by collateral relatives or long term neighbors are now institutionalized or carried by volunteers. Motivated by a critical need of stress or their own needs for meaningful relationships, they carry out services which in earlier generations were done within the extended families and neighborhoods, rooted to the home base.

Now, more than one fourth of all Americans volunteer. The entire socio-economic range is represented within their ranks, and nearly all ages. The volunteer of the year award in West Virginia last year went to an 18 month old AFDC child who with her mother visited elderly people living alone. The popularity of

volunteering among the elderly continues to grow, with high school and college students a close second. For both of those groups, volunteering offers a significant identity during a life period when an occupational identity is not available. Volunteering is being regarded as an important developmental experience for persons, a right which more and more people are claiming. The desolate anomie felt by persons dying in some organized way, according to a recent census bureau report,¹ sterile, medical institutions, and by their families and survivors, adds another source of anguish and frustration when there is no one around who seems to have time to pay enough attention. Time is allotted to all of us each day in equal amounts, but somehow paid staff never seem to have enough of it. A troubled person hesitates to impinge on the time of busy medical staff, or apartment neighbors whom one doesn't know very well. However, time is the unique factor every volunteer chooses to give. That can mean time by persons facing their own or a relative's death. In other relationships, even if friends and relatives are deeply concerned, their own feelings make listening particularly difficult. What they hear compounds their own grief unbearably.

One of the most cynical critics of volunteering has referred to it as a "compassion trap", stating that service is not worth doing unless it is intended to change the system or is paid for.² Perhaps volunteers can change our system of dying which would be

good, but those who attempt to help people through the loss of their own or a near relative's dying are feeling with those people. That is their very reason for being there at that time and afterward. Compassion is an essential humane value, and the means for expressing it are few and inadequate. Volunteering has become a major way to express caring in a materialistic world.

Volunteers in Thanatology help people singly, and in groups. One of the most rapidly growing groups calls itself "The Compassionate Friends" and is made up of parents who have lost a child now reaching out to newly bereaved parents. You will be hearing directly from them here. They, and I agree with them, feel that compassion is a desperately needed human emotion in this depersonalized world, and its benefits can never be measured in dollars.

Widow to widow groups illustrate another outreach program by victims to more recent victims of tragedy. When one has been helped, she seldom feels she can repay the helper adequately. She then must turn to others with similar needs and pass along the kind of understanding and concern which meant so much to him when she needed it. There is authenticity in the empathy which comes from a person who has undergone the same kind of experience, a ring of insightful sympathy which other people don't have. And it is a way to "repay" the obligation one feels for help which was really helpful. Sometimes a volunteer acts in a helpful way he would have appreciated but did not experience - something he missed when he was in the same spot. Or he may initiate the

effective helpers he did know then. In either case, there is a bond in common human experience which binds us humans together when we discovered it. The widows to widows meet in groups with a high turnover because people "graduate" when they no longer need that sustenance. A dropout is often a sign of adjustment to a new life style. "In 1970 there were approximately 12 million widowed persons in this country of whom 10 million or 85% were women."³

The American Association of Retired Persons and Retired Teachers Association has a special widowed Persons Service which trains volunteer aides and helps to organize groups for discussion and mutual support. They apply Phyllis Silverman's preventive intervention principles.⁴ Postponed repressed expression of grief can cause other severe problems which are available. Telephone reassurance networks are established and people are helped to develop new ways of coping and new relationships. AARP-RTA issues publications with notice of up to date programs, resources, travel opportunities and advice.

An example of another volunteer mutual help group is the SIDS Program. Sudden Infant Death Syndrome takes 20,000 infants each year. Parents who have lost an infant for an unknown cause are helping one another and also helping scientists study the unexplained causes. With new legislation last year, the Center for Disease Control is now researching this sad phenomenon with the task of finding a preventative remedy.

Several Mental Health Associations across the country are organizing seminars for professionals, volunteers and individuals dealing with death and dying. In Tucson, Arizona the Funeral Directors Association approached the Mental Health Association, whose clergy committee has conducted seminars in various parts of the state. A similar pattern emerged in North Dakota with the state mental Health Association cooperating with the LPN Association, and the Continuing Education, Division of the State School of Service to reach the whole state. In Shawnee County, Kansas a seminar has triggered a similar pattern of continued requests. These voluntary groups are pooling resources to meet a widespread human need in a variety of combinations, creating a healthier climate for persons grief-stricken as we all are at some time in our lives.

The person who wants to help others over a difficult period as an individual volunteer may have a more difficult time finding someone to help. Just as we know there is high turnover and a tendency to short span of organization for self-help groups without staff, the volunteer alone may not sustain his efforts. He would be wise to find help to be helpful through the kinds of groups I have mentioned or through volunteer placement staff in Volunteer Bureaus or Voluntary Action Centers, the local Welfare Department or through nursing home or hospital Volunteer Directors. A new occupation is struggling for professional recognitions. Volunteer Directors are prepared to counsel with volunteers to match their interests and abilities to assignments which require particular skills or characteristics.

Together with the volunteers, Volunteer Directors are working to dispel the myths which persist about volunteers. In medical settings volunteers have been accepted for many years in task oriented or fund-raising roles, but work with deep and meaningful relationships to patients has often been blocked by myths. I define a myth as a belief which may or may not be true, but a belief which determines behavior. Thus if a nurse or a social worker believes volunteers should not be deeply involved with patients, relationships will not be allowed to develop. Experience has shown a high degree of self-fulfilling prophecy in myths about volunteers: people who trust them have reliable volunteers around. People who can't really delegate real responsibility to volunteers find them superficially committed and unreliable! The climate set for volunteers which anticipates teamwork with staff makes the difference. Paid staff can multiply their own effectiveness many times over with cooperative volunteers. But an investment of time and trust is essential for such dividends.

There are a few differences between paid staff and volunteers but almost every kind of person now can volunteer. No longer is volunteering limited to privileged people, but is an outlet for professionals, people employed at dull jobs as well as the mother whose young have left the nest. Each has a potential contribution to make so that it is no longer a subordinate - superordinate relationship in either direction. We must plan backup staffing with volunteers, because they must usually have primary obligations which take precedence over their volunteer work. We need to have

substitutes ready when a volunteer is prevented from serving. Such substitute jobs fall to experienced able persons who can fill in as needed. This is a forum of recognition appreciated by volunteers.

A skilled Director of Volunteers will start with the rest of the staff and executive support, identifying unmet needs and the kinds of persons who might be recruited as volunteers. A volunteer should have considerable orientation to the setting before taking on thanatology roles. Most families or dying persons involved are far too vulnerable to serve as the teachers, although the volunteer will indeed learn a great deal from each experience. But there must be someone, perhaps a more experienced volunteer if not a staff member, who can help volunteers, dying persons and their families. One ordinary lives have too long been spent in avoidance of talk about death and dying for us to be ready to cope without a lot of reassurance and support. Not all persons will elect to volunteer in thanatology roles, but some will, and we must make that possible.

Thus, in sequence the Director of Volunteer must develop good relationships with the executive and the staff and involve them in decisions about what volunteers could do, arranging for their orientation to volunteers as well as thanatology theory before defining volunteer assignments. We should consider assigning able volunteers to a family situation, rather than to a task defined specific time slot. In situations involving dying

persons, there are innumerable things a volunteer could do as the situation changes, and the volunteer must be flexible enough to vary schedules and kinds of activities as the situation requires.

You will be hearing from the Red Cross Director of Volunteers (who is a volunteer herself!) about the program at Walter Reed Hospital in which the Red Cross aids in all sorts of ways, the families of children who are terminally ill from finding housing, to taking other children in the family to the zoo. Such volunteers don't worry about what their original job description said, but what seems to be most needed which the paid staff cannot provide.

I especially point out this resource for attention to children in a family in which someone is terminally ill. It is difficult for such a child to be facing loss and feeling helpless, with other family members needing and getting more attention. It seems to me that some volunteers could carry out excursions for such children as well as counselling, or while the parents are getting advice, do something at the child's level, to lift him out of his situation for a while!

The Volunteer Director may become the person to whom the volunteer turns when the situation changes. Technically, the paid staff have no jurisdiction after a patient is no longer a patient, but volunteers can help to bridge the family to other

sources of help in an ombudsman role. The Director of Volunteers has a wealth of information about community resources which the volunteer can relay to the family.

Working toward this institute has been a growth experience for me. How reassuring it has been to find so many people working to ease others over one of life's most difficult phases, its ending. Although I have lived long enough to come to believe there are many life experiences worse than death, I have also come to understand how dealing with death dwarfs many other problems and gives persons a different perspective, different values, and different resources. We are fortunate to live in times when death and dying can be openly discussed. I have felt anguish for my friends who still cannot face it. I believe offering opportunities to volunteers to serve in this area rounds out the full spectrum of volunteer choices.

To make this activity possible, we must arrange to support volunteers in this field with orientation, training and someone wise to turn to as they learn. To be entrusted with these kinds of responsibilities is recognition in itself, but we must be ever watchful for the opportunity to express appreciation on behalf of those who may not be able to express it-not just with pins or certificates at the end of the year, but a special word from the other staff who observe the contribution the volunteer has made,

and communicate respect for the kind of person who could take on this kind of service.

Two news items have recognized one commercial business capitalizing on the needs we shall be discussing. In Time last February 19 an article reported on Threshold "a new Los Angeles business that has trained and will supply death companions to help ease lonely dying clients out of the world. The cost: \$7.50 an hour of which the companion keeps \$3.50----There may be more services to come ...Dying is spectacular says Roberts (who started the business) 'I've even thought of making some kind of production out of it-like having the Mormon Tabernacle Choir come sing at your bedside if you could afford it.' Rather than blame anyone for such cross commercialism, let's acknowledge the vacuum which exists.

Nicholas Von Hofman in the Washington Post on September 18 headlined Morbidity Practiced Here wonders if Medicare or Blue Cross will reimburse for the Los Angeles Threshold service, where the "Thanatologist" will rank in the medical hierarchy, and points out how other professions will be able to abdicate responsibility to the Thanatologist, and "they take a great burden off the small nuclear family." Such commercialism is horrifying, but could only happen if there is a real need being met. Los Angeles also has a volunteer counseling service for the dying and their families. A 24-hour telephone number has volunteers on call to answer

questions or make personal visits in a project called "Shanti" from the Hindu word that translates as the peace that passes understanding, according to Dr. Charles Garfield of UCLA who has mobilized 300 volunteers, 60% of whom are professional social workers, psychologists, nurses, clergymen.⁵ It is my hope that as they usually do, other volunteers with strength, idealism and altruism will offer to meet this need elsewhere, that our institutions will make it possible through underwriting costs and supporting them emotionally as they serve this universal human need to face the realities of death and its implications for all the persons involved.