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ABSTRACT

What happens to volunteers when they confront and experience loss? Living in a culture that fears and denies death, are they adequately prepared to face issues of loss, death, grief, and bereavement? Volunteer administrators in organizations where volunteers are faced with these issues must be prepared to train in these challenging areas as well as recognize personal attitudes towards mortality and be sensitive to other clues that might indicate a volunteer in distress.

When Volunteers Grieve

Ona Rita Yufe

We live in a culture that has a strong fear of death. In her pioneering work, *On Death and Dying*, Elizabeth Kubler-Ross (1969) noted that "death is still a fearful, frightening happening, and the fear of death is a universal fear even if we think we have mastered it on many levels."

Many volunteer administrators work in organizations where volunteers are faced with multiple issues of loss, death, and grief. Volunteers in organizations such as hospices, AIDS and HIV-related service agencies, domestic violence centers, and child and elder abuse programs often find themselves experiencing feelings that mirror the values and beliefs of society as a whole—values that often do not adequately prepare us for life-threatening situations.

As volunteer administrators, if we fail to deal with volunteers who experience loss, we may find our programs and clients negatively impacted and we may lose valuable volunteers. Can we learn to recognize problems and assist our volunteers through a personal grieving process? Are we willing to examine our

own and our volunteers' attitudes towards mortality? This article outlines an approach that may prove valuable in answering these questions and helping volunteers recognize and deal with personal grief.

RISK FACTORS

At-risk volunteers fall into two categories: those who work with clients in life-threatening or end-of-life situations, and those who have recently experienced a personal loss.

Volunteers who work with clients or patients in hospices, home health agencies, hospitals, AIDS or HIV service organizations, domestic violence or child abuse centers may be at higher risk for an unrecognized grief experience because of their close attachment to both the issue and the person involved.

Personal losses may affect the volunteer's capacity to perform. Personal losses include a death in the family, the death of a friend, a divorce or separation, termination from employment, an "empty nest," or any other unexpected trauma or

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loss. This condition is described by Thomas A. Welk (1992), Director of Education at Hospice Inc., in Wichita, Kansas as

... times when we need to address our own needs, to unbind our wounds for the possibility of healing. When that is the case, then we are not able to be available to the other. We will be in need of hospitality ourselves. We must be careful to be in touch with ourselves, to hear the signals that come from within.

VOLUNTEER ATTITUDES TOWARDS GRIEF

Two prevailing attitudes should alert the volunteer administrator to possible problems: "It [unexpected or incapacitating grief or grieving] won't (can't) happen to me," and "Whatever happens, I can handle it."

The first response may be typical of the volunteer mirroring societal values that reflect both a fear of and a discomfort in discussing death. Since many have grown up in homes where death was a taboo subject, there may have been little opportunity to "practice" talking about it. Accompanying this uneasiness may be an unrecognized belief that death is contagious, and merely talking about it can make it happen. Along with this attitude of denial, frequently there is the feeling of invincibility and great strength—the ability to transcend anything as negative as death and grief—coupled with a noticeable lack of information on the grieving process.

Facing personal grief, a volunteer (read: nurturer, caregiver, helper, supporter) may become convinced that it is manageable. "After all," s/he may say, "I take good care of myself, I've been through hard times before, and I know what I must do to get through this!" Indeed, there may be times when this is a valid assessment based on a volunteer's previous grief work. But even those who have dealt successfully with personal grief in the past may find their skills inadequate

in a current situation.

Who among us has not been the last to recognize when we are approaching the brink of the burn-out abyss? The savvy volunteer administrator working in settings where volunteers are facing issues of life and death should assess the risk factors inherent in the work to better identify the volunteer nearing burn-out. There are a number of telltale signs.

- The volunteer may be so emotionally overloaded personally that s/he withdraws emotionally from the client or patient:
- The volunteer may become either immersed in performing or carrying out activities at a frenzied pace or, conversely, will withhold from sincere involvement.
- The client or patient is objectified and depersonalized by the volunteer. The volunteer may place blame on the client or patient for the current situation or may appear intolerant and judgmental ("You people are all alike" or "You brought it on yourself").
- Anger replaces sensitivity and acceptance in reaction to the client or patient.
- The quality of the volunteer's accomplishments is not up to her/his usual standards.

ROLE OF THE VOLUNTEER ADMINISTRATOR

The volunteer administrator working with volunteers who have grief issues can assist in three major areas: education, recognition of potential problems, and the provision of support.

Education

A volunteer self-assessment tool, supervision, and observation can help volunteer administrators determine which volunteers are not fully aware of or trained in death, grief, and bereavement issues. A program then can be designed to provide them with comprehensive education. The program should include the components listed here.

- A section in the initial volunteer orientation or training about loss, death, and bereavement. If you're not fully comfortable facilitating this section, enlist the help of a social worker, other staff member, or expert from the community.
- Personal death awareness training is vital and can be sensitive and sometimes uncomfortable. This kind of training also can help identify potential volunteers who may not be appropriate for your program.¹
- Ongoing education and information exchange in the form of in-services, support groups, mailings, speakers, round table discussions, and open forums is extremely important.
- Include interactive and participatory elements in the program as well as a lecture format. Difficult information becomes more palatable if the mood is relaxed and informal.
- becoming "wounded healers" who are unable to reach out effectively and helpfully to others (Nouwen, 1979).
- Elicit feedback from staff, clients, patients, families, even other volunteers to provide you with a well-rounded view of how the volunteer is performing and behaving. Have there been any complaints about the volunteer's delivery of service? Has the volunteer's "emotional space" spilled over into the patient's arena?
- Be alert for signs of burn-out (outlined above) and/or codependency that has been described by Melody Beattie (1987): "A codependent person is one who has let another person's behavior affect him or her and who is obsessed with controlling that person's behavior." Urge all volunteers to learn how to set limits, recognize appropriate boundaries, and feel okay saying "No." Remind them that one cannot pour from an empty pitcher.²

Recognition of Potential Problems

An alert, engaged, and accessible volunteer administrator can intervene effectively when early warning signs are apparent. What action can you take to avoid crisis?

- Maintain close contact with all your volunteers. In smaller programs, you can establish a schedule of regular phone calls to "check in." In larger programs, you might train a volunteer as an administrative assistant to help with this. Encourage your volunteers to contact you as well.
- Whenever you encounter a volunteer—on the phone, on the job, at a meeting—ask friendly but probing questions about his or her current situation. "How's the assignment going?" or "Anything new with your client (patient)?" or "I know this is a difficult one—how are you doing?" or "What are you doing to take care of yourself?" Volunteers need to maintain a healthy balance between meeting personal needs and helping others to avoid

Providing Support

Your volunteers look to you for guidance and assistance while they navigate through sometimes troubled waters. By providing adequate support you ensure that they can continue to function effectively without being side-tracked by personal grief.

- Plan regular meetings for your volunteers and always include an emotional support group component. You may want to consider holding separate business and support meetings, if your schedule permits. Allow the volunteers the opportunity to ask for individual help if attendance at a meeting is difficult or impossible. Survey volunteers to find out if there are issues they want to discuss at future sessions.
- Memorial services or rituals are an excellent tool for allowing participants to experience closure. A staff chaplain can facilitate such an event with an audience composed of volunteers, staff members, and survivors. Frequently,

volunteers find it therapeutic to plan and implement such a service themselves.

- If your volunteers have had one-on-one contact with clients or patients who died, offer them time out between assignments, recognizing they may have grief work to do. If they claim to be fine and ready for a new assignment, maintain close contact to make certain there are no unrecognized problems.
- Acknowledge the pain and reality of a loss—either on the job or personally—and offer assistance. Meet with the volunteer personally, provide information on bereavement resources within your agency or in the community, and help your volunteer say good-bye.

SUMMARY

Grief can be described as the “hurt of love.” Volunteers who work in the helping professions are not immune from grieving. By their very nature they choose this volunteer work because they care deeply and compassionately about others. Because of this commitment they may ignore their own emotional health, leading to problems of overload, diminished activity, and burn-out. The alert volunteer administrator will keep a finger on the pulse of ongoing volunteer performance in order to prevent and avert problems. The result will be an emotionally healthier and humane volunteer program that acknowledges both the susceptibilities and strengths of its participants, thereby preparing them for continued success.

ENDNOTES

¹In collaboration with a licensed clinical social worker, the author has developed an experiential workshop titled “I’m Dying—Now What?” that addresses personal death awareness and is used in both volunteer and staff training. Materials and guidance in their use will be shared upon request.

²For a discussion on codependency in bereavement caregiving that can be gen-

eralized to codependency in other volunteer-related activities, see “Toward an Understanding of The Codependent Bereavement Caregiver” in *Thanatos*, Spring 1990, by Dr. Alan D. Wolfelt, Director of the Center for Loss and Life Transition in Fort Collins, Colorado.

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(Please note: A more extensive booklist on grief and bereavement for both adults and children is available from the author on request.)