

Understanding Transitional Volunteers

By Mary Ann Caesar

Most people have some understanding of the special needs of someone in a wheelchair or of someone who is mentally retarded, but the needs of the mentally ill are not always clear. Our understanding of mental illness has been absorbed through the news media, television and movie screens. These images of the mentally ill are often distorted and shrouded with myths.

The general term "transitional volunteers" refers to volunteers who have special needs because of a handicap. The individuals may be physically, mentally or emotionally handicapped or may have a combination of problems. Traditionally (if tradition can be established in 10 years or less), the term "transitional volunteers" has been associated with people suffering from emotional illness.

Mental Illness — What Is It?

Mental illness is a disorder that affects the way a person thinks, feels, and behaves.¹ Two types of disorders are psychosis (the more severe of the two) and neurosis.

A person with a psychosis may be experiencing any number of things. Hearing voices, living in an imaginary world and having feelings of paranoia are just a few. Part of the difficulty is that there is generally a combination of ways in which the problem manifests itself. Hearing voices may be a part of the imaginary world and if those voices are unfriendly or even hostile, becoming paranoid may be the only defense available to them.

Being neurotic may not be so severe a problem as being psychotic but it can greatly limit a person's ability to function. Neurotic symptomology includes feelings of being un-

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loved, inferior, inadequate, having excessive fears or phobias, tension and psychosomatic illnesses. Neurotic and psychotic symptoms may be present in the same individual, which further complicates matters. Many people who are mentally ill have a very poor self-concept; many have alienated family and friends; many are isolated, lonely and frightened.

Myths

There are many myths that cover a wide variety of subjects, but perhaps none so convincing as those that surround mental illness. Perhaps one of the most prevalent and most misleading myths is that mental illness discriminates among people and does not strike the average person. One person out of seven will require professional psychiatric intervention at some time in life. This results in one of every four families having a close member who will need professional counseling. This means a good number of us will be closely (if not personally) touched by this illness; we owe it to ourselves and our families to understand mental illness.

Mental health disorders do not discriminate — they affect the young and the old, the rich and the poor. They take no notice of race, sex, religion or national origin and have no regard for educational attainments. The very similar suicide rates of white-collar workers (professional, managerial) and blue-collar workers (laborers, clerical) and other suicide statistics all demonstrate the widespread problem of mental illness.

The news and entertainment media may be largely responsible for perpetuating the myth that "people who are mentally ill act crazy."² Since violence sells papers, magazines and movie tickets, a distorted image has been portrayed of all emotionally disturbed people as psychotic killers. Just as most people never receive any press coverage about their

day-to-day activities and achievements, neither do millions of mentally ill individuals, who are coping with their problems in a constructive manner, receive any press coverage.

The threat of bizarre behavior is probably one of the greatest concerns among non-mental health professionals. The fact is that inappropriate behavior can be, and often is, controlled by medication and/or by behavior modification. It might also be helpful to know that bizarre behavior is just as painful and uncomfortable to the individual exhibiting it as it is to the person observing it. However, I do not wish to imply that bizarre behavior is prevalent in all who suffer mental illness. It is common to specific disorders, but not to all. Many famous people made their greatest contributions to society while they were mentally ill. They functioned well without exhibiting any "crazy" behavior. Lincoln led the United States through the Civil War; Churchill guided England through the Second World War; great literary and scientific contributions were made by Hawthorne, Poe and Darwin. All were mentally ill at the time.³

In a nation that has promoted self-sufficiency from its inception, it is easy to see how the myth that people should be able to manage their own emotional problems came into existence. This myth may also have gained momentum from our misunderstanding of the problem. A weakness of character, not illness and especially not mental illness, was seen as the reason a person could not cope with the daily activities of life. The findings of the Mental Health Association indicate that mental health difficulties are "never a matter of will power, and expecting a mentally ill person to 'snap out of it' without professional help is the same as expecting someone with appendicitis to forget about it."⁴

This, by no means, covers all the myths that shroud mental illness. There are many other unsubstantiated beliefs that are held out of fear, lack of information or lack of understanding. Only by maintaining an open mind and increasing our knowledge can we break down the myths and stereotypes which we meet every day in ourselves and others.

Need For Support

The road back from mental illness to mental health is often long and difficult. A supportive environment where minor achievements can be built upon may be vital for recovery. This is the area in which we, as directors of volunteers, can be of greatest help. Through a careful interview and placement process, transitional volunteers (the mentally ill) can start building the self-confidence they need to recognize their capabilities and self-worth. Meaningful work is an important aspect of building self-esteem. Those of us

who have worked with the mentally ill are aware of the many talents they possess. Creative writing, clerical work, tutoring, greenhouse work are some of the things they can do. They can be receptionists, tour guides, activity aides, nursing home visitors, child care aides and many others. Moreover, with proper support, they are able to provide the same type and caliber of volunteer services as anyone else in the community with similar skills, talents, education, and qualifications.

Transitional volunteers have a wide variety of skills and interests, but their ability to utilize their skills may be hampered by their lack of confidence. For example, a woman with more than 10 years experience as a registered nurse believed all she was able to do was to stuff envelopes. This may not seem like much in terms of what her actual abilities were, but it was a start; she lacked self-confidence, not ability. It was a means of accomplishing a small achievable goal before moving to a more challenging one. In her present volunteer position, her nursing background has been an asset.

Another volunteer had a great fear of leaving her home which was coupled with the fear of meeting people. Needless to say, I was very much concerned when she indicated a strong desire to staff the information booth at an agency that has hundreds of visitors a day. Her strong attraction to the agency enabled her to overcome her fears. She has been volunteering there for six months now, has been successful, and "enjoys meeting all those interesting people."

Volunteering is also a means by which transitional volunteers can explore a new career and, for some, employment has been a direct outcome of their volunteer experience. One young man has never worked with mentally retarded people before, but thought he would like to give it a try as a volunteer. Within a few months, this transitional volunteer was hired as a temporary employee; more than a year and a half later, he is part of the permanent full-time staff and is considered by his employer to be one of the most valued employees.

Unfortunately, just like all the other volunteers we recruit, not all transitional volunteer placements work out the way we would like. Some do not follow through, their fear of something new is too great, while others are not ready for the demands and stress of volunteering (remember what is stressful for them may never occur to us as being stressful).

In a variety of ways, transitional volunteers are not any different from anyone else who volunteers. The reason for providing a community service is the same; the desire to help others, to be needed, to learn a new

skill, to meet new people — the list could go on and on. They share the need for recognition, appropriate work, and feedback. Many do very well, others do not.

As directors of volunteers, it is essential, in dealing with transitional volunteers, that we understand mental illness, that we can dispel the myths in ourselves and others, and that our expectation be realistic. Initially, additional time is required to help the volunteer feel welcome and needed. The duties they will be required to fulfill should be clearly stated (written job descriptions are helpful). Our support, encouragement, supervision, gentle feedback, and patience may enable a volunteer to achieve a goal that seemed unattainable just a year ago. It has also been very gratifying for some directors of volunteers to watch a person with emotional problems unfold and blossom before their eyes. Of course, it does not happen overnight, but during the course of a few months many transitional volunteers have grown tremendously in a warm, accepting atmosphere.

For some, volunteering is seen as just something to do to keep busy, for many it becomes an enjoyable way to meet new people, learn new skills, and to be themselves. In my experience with transitional volunteers, I have found them to be kind, sensitive, and caring individuals. The majority of them are passive and withdrawn; others are outgoing and friendly (you would never know they have any more problems than you or I have). In the words of one of my volunteers (now employed full-time and living independently), "I have gained a sense of achievement in relating to people and a sense of belonging, realizing that relationships are formed on the grounds of what I am now, not what I was like before."

The Transitional Volunteer Program enables emotionally disturbed people to return to the community through their volunteer work. Since each Transitional Volunteer Program operates differently (there are approximately 16 in various areas in the United States), contact your local program for information on how you can become involved. If there is no program in your area, the local chapter of the Mental Health Association may be able to provide you with additional information on how to help the mentally ill.

Footnotes

- 1 Mental Health Association, *Some Things You Should Know About Mental and Emotional Illness*, Arlington, Virginia. (Pamphlet)
- 2 McLean Hospital, *The Myths of Mental Illness*, Belmont, Massachusetts, 1976 Annual Report, p. 7.
- 3 Ibid.
- 4 Mental Health Association, loc. cit.

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