

CHAPTER 5

JOY: A LIFE OF SERVICE

5.1 INTRODUCTION

It is a Saturday morning and Joy and her daughter are busy marking confirmation worksheets for their church. The papers that surround them tell me that hospice is not the only organisation for which Joy gives up her time. We walk outside into a pretty garden that you can see has been lovingly cared for as she prepares to give up more of her time for our interview. Joy is friendly and approachable and she immediately puts me at my ease. We get down to the interview.

5.2 A DESCRIPTION OF JOY'S VOLUNTEER ROLE

5.2.1 Motives – Joy's Journey Towards Volunteering

Shortly before enlisting in the hospice-training course Joy lost her father-in-law and sister-in-law. Up until then death and dying had for Joy had been *"total question marks."* These deaths acted as a catalyst in that they focussed Joy on one of her main reasons for joining hospice - the need to know and understand death and the process of dying. Joy says, *"I knew already that I didn't understand, but [the experience of the deaths] focussed the need to understand more clearly. It was a bit of a catalyst."* Joy's main focus was the need to replace the question marks with skills and knowledge. *"I hadn't been exposed to [death and dying] in my family much. I felt that it was an issue that everybody has to cope with at some time. So I thought I'd learn how to do it professionally and cope with it professionally."*

Joy also cites interest as another motivating force that linked to her need to know and understand. *"Basically it was because I was doing psychology. I was interested in the concept of dealing with death and dying and I wanted to know what I didn't know."* Joy then moves to what emerged as a main motivating force behind her role, the fact that she likes to serve: *"Volunteering satisfies something deep in me, that I like to serve, and this was one way that I could actually serve. If it had been purely just for self-knowledge I could*

have just done a theoretical course and not gone into counselling.” For Joy her need to serve took her beyond book learning and into her role as hospice volunteer. When asked how she thinks she became someone whom needed to be of service, Joy answers quickly and confidently, *“It’s genetic. My mother and my mother’s family were always busy in the service of others. They were always joining organisations. They were great organisers, if they didn’t have anything to organise they would organise everybody else.”* This statement takes me back to the scene that greeted me as I entered - Joy and her daughter both involved with church work. It seems that in this home serving is a family trait that has also been passed down to Joy’s daughter.

5.2. 2 Joy’s Perception of Her Volunteer Role

Joy’s volunteer role involves counselling the dying and bereaved in their homes. As she works a full day this takes place during the evenings and on Saturday mornings. Supervision for her cases, given by the hospice social workers once a week, also takes place in the evenings. To date her cases have concerned bereavement and pre-death experiences. Joy states that she has not had many clients this year due time restraints but that she would like to have more, and on a regular basis. In terms of the types of clients she deals with, Joy prefers the critical, rather than ongoing cases. Critical cases are described as those where the client is imminently terminal. In Joy’s words they are *“the ones who are really up against it and have been jolted out of their comfortable world.”* Joy feels that she relates best to these clients. The preference of the type of cases she deals with seems to link back to her main motivation behind her role, the need to serve. Illustrating this link Joy, in referring to this preference, states, *“it probably is that I feel more useful there because, really, you move from acute shock to death, and sometimes a bit beyond. There are a whole lot of issues to deal with.”*

Elaborating on the description of her role, Joy tells of how she perceives herself as *“the person with the ear - the person who listens to the process of dying that the client is going through.”* Her role is to sit and listen and go along with the patient through his or her journey, to encourage the client to express their feelings about the process they are going through. Joy says of

her clients, *“I think it is easier if somebody is there you can express it to.”* One thing she does stress is that she does not see advice giving as part of her role. In short Joy expresses the role as being a sounding board for the client, a facilitator of emotional expression and just being there to listen.

5.3 JOY’S EXPERIENCE OF BEING A VOLUNTEER

5.3.1 Into the Doing from the Knowing

Being a hospice volunteer has fulfilled Joy’s expectations of helping her to deal with death and dying. *“Basically hospice puts it into the doing from the knowing, so you have to learn the skills of dealing with people who are totally shocked, dazed, in denial and all those things. It’s learning those skills, taking those skills and putting them into practice that hospice is so good at. Hospice focuses very much on how you relate to the person being affected by dying or [who] is actually dying. I feel more prepared, I understand more the process of dying and watching somebody you love die.”* This was one of Joy’s main motivations for becoming a volunteer, to replace the question mark with knowledge, and to learn to deal with death and dying professionally. Joy adds to this by again linking her experience of the role to her main motive behind it: *“The whole point of knowing and understanding is to use what you know and understand for better use, to help people, so I feel more equipped for that.”* The expression of this role gives her a way to use what she has learnt to serve the needs of others thereby satisfying this need in herself.

5.3.2 The Meaning Behind the Role – Joy’s Feeling of Use

The main impact that the volunteer role has for Joy is that it allows her to see the results of her acts of service. In illustrating how the experience of hospice volunteer is for Joy, she describes a situation where she literally just acted as a sounding board. A loving couple where one spouse was dying just could not communicate what they wished each other to know: *“He talked to me for her ears and she talked to me for his ears and I was literally just a sounding board. That’s all it was, that’s all I had to do, I literally just echoed what they had said and heard it and that was it. I didn’t have to go back because that’s all they needed. When you see things like that and you can actually see the use that they are making of you its good, it’s really very good. You feel that*

you are being an instrument to help them and there was something that they got out of it.”

Although the serving act fulfils a need in Joy she de-emphasises herself and her own thoughts about the situation and where it should be going in favour of the client's preferences, desires and needs. Where she feels that she failed to do this, she loses some of the satisfaction: *“Where I feel least of use is when I feel there has been too much of me in the counselling method, being too personal in intervention. I haven't been professional enough to let them get on. Yes, that's when I think I fail most, when I put too much of myself into it. Either I've become too involved with them as people or I don't to keep the impartiality, or I try and direct things. That's always a danger. That's where they should be, and you try to steer them there, that's when I feel most dissatisfied with myself.”* The need to serve is strongly directed outward to serving others rather than the self and this impacts both on Joy's feelings of satisfaction and dissatisfaction.

Joy expands on the experience of dissatisfaction emanating within the role: *“The things that are not helpful are when you feel that you've not only not been helpful but you may have made things worse. There was one man who was in total shock because his wife had died really suddenly. He didn't know what had hit him and he was convinced that counselling would give him the answer. I got nowhere, absolutely nowhere, nowhere at all with him. He definitely didn't get what he came for. He was very outspoken and he just said that, 'this is not helping me at all, this is not what I want, this is not doing anything for me.' Those [cases] are very tough.”* However, Joy is able to reframe this situation for herself. *“But they [these types of cases] are not failures. Basically the counsellor was there. Maybe the perception of what he was going to get out of it was wrong. He was so new at the grief scene and he needed a huge amount of support and he hadn't been getting enough of it. In retrospect, he was actually much angrier with his family than he was at hospice or the counsellor and he was just deflecting it.”*

This type of case is hard for Joy because she just really wants to help. Referring to wanting to help Joy remarks, *“I think that’s what every counsellor really wants. I don’t think you’d want to go in to it if you thought every situation was going to be a no-win. There has to be a win and preferably, the win has to be for the client, but some times there can be a win-win.”* The essence of the win-win situation for Joy is a feeling of use on her part and a feeling on the client’s part that they got something out of the counselling situation. That really is the essence of it for Joy. *“Yes, its feeling of use, It’s knowing that there is a need out there, and somehow you contributed to lessening that need.”* This seems to be the essence of the meaning behind Joy’s role of service expressed through the role of hospice volunteer. Again she emphasises: *“It’s keeping the self out of it as much as possible. So basically it’s the service of hospice that’s contributed rather than the personal I that’s contributed.”*

Joy also acknowledges the importance of establishing a relationship with her clients and that it is difficult to then leave the importance of the self out of the helping act completely, but she still emphasises the importance that de-emphasising the self has for her: *“You can certainly go into every situation saying I’m a hospice caregiver and not I am Joy coming to put a comforting arm round your shoulder. I think that is the difference in the approach and so the positive feeling has to be that you carry out the hospice ideas and ideals and that the person you met has got something positive out of it.”*

There is still a further tension attached to fulfilment through being useful for this counsellor. Although she is sometimes able to see the results she is often unable to assess what it is that has happened during counselling. *“Sometimes you don’t know what’s done and you don’t know if it is enough and you don’t know if it is going to last, but you know that you personally feel happy about it, the I must have picked something up.”* In this way Joy is able to live with this uncertainty and ambiguity. It is still however a tension: *“I don’t know if I ever know I’ve helped, I don’t know if I ever feel that’s it, that’s what I did, I moved the patient from there to there or he or she experienced some sort of a relief as a result. I think you always have that doubt in you’re mind,*

yes I was there, yes I sat with them, yes they talked but they're not actually going to ever say to you didn't help." What seems to assist Joy in managing this tension is that for her satisfaction is also gained through just observing a need that is lessened, irrespective of whether or not she was the agent that helped facilitate that change or not. This could also be linked to the aspect in Joy that sees her service as something that does not promote the self. *"You go to the odd ones that thought - I probably do need counselling, and then found out what counselling is like, and decided - no I don't need counselling. They [these cases] are satisfying in one way in that they have moved from – 'heck, I don't know what to do,' to, 'I think I can cope'. So something has definitely happened, whether you've done something or not, they proved to themselves that they are okay."*

5.3.3 Effect of Joy's Past Experience on her Volunteer Role

Possibly linking back to little exposure in her own life, Joy does not claim any reminders of personal experiences of death and bereavement while encountering death in others. She also does not cite her own bereavement experiences as a major catalyst in bringing her to her role. She also finds each client different and thinks this might be due to her limited exposure to cases. *"Every single case is different. I can't really say I've met someone who is like this or someone who is like that. Either I haven't done enough cases yet, but they have all been dissimilar. Nothing has been so repetitive that I can say, 'oh, this has been like the other one I did."* She reports that there are certain elements that recur, but they mix in a different way making each case unique. She reports having experienced no sense of experiencing her clients as reminding her of her sister-in-law or father-in-law.

5.3.4 Effect on Relationships Outside of Hospice: Taking away/Building up

Joy reports both negative and positive effects on her family life. Because she works during the day Joy's hospice involvement occurs after hours. As a result this affects time spent with her family. *"Doing it after hours or weekends means that you can't take in many people because that is family time that you are cutting into. There's no getting out of it."* Joy's family

however knows the importance of service in her life and how this builds her as a person. *“That is your family time but on the other hand the family gets to know that that builds you up as a person to be able to do that kind of service and they say, ‘okay, fine.’”* Joy thinks the supportive attitude of her family might be different if she were doing something considered to be frivolous or a luxury and that was what was taking her away from them.

The positive effect on her family of being a volunteer is that she builds herself up through acts of service which means that she has more to offer her family as a person during the time that she is with them. *“I come back from doing hospice and I’m personally more happy with myself, I feel like I’m doing something. I might not be getting anywhere with the client but I feel that I am at least going through the motions and putting in the time and that rebounds on your family life.”* Joy expands on this positive influence elaborating yet another effect of her role as hospice volunteer, that of a changing perspective. *“After all if you come back from someone who is actually dying, and the family is distraught, and you come back to your family, you do it in a more rosy light and their homework and stuff doesn’t seem so serious. If you confront that kind of death and trauma and things all the time or on a regular basis and you do it all the time and you do it from a cosy position, it does affect the way you see your cosy position. You are coming from something that’s tragic to something that’s relatively happy and it certainly makes you count your blessings and makes you see things in proper perspective.”*

5.3.5 Confronting Mortality

As with all hospice volunteers Joy has confronted mortality in the terminal clients that she has encountered. She reports that for the most part she has not found this difficult and attributes this to the type of clients she has had. *“I don’t find it difficult at all but having said that I think I have been fortunate in the clients I have had so far because most of them, to a certain extent, have shown great courage and bravery and they’ve been positive about it or they haven’t been negative.”* It has not always been easy though and Joy illustrates this contrast for me by describing an incident that she did find hard: *“I had one client and they just couldn’t do anything about his pain. He was in*

absolute severe pain from start to finish and nothing anybody did to the minute he died seemed to help that and that was extremely difficult to cope with. You almost wanted him to die.” The difficulty in the experience of confronting dying for Joy seems to be linked again to her urge to serve rather than any issue with death itself. *“You didn’t feel that, ja, maybe mentally you helped a bit, otherwise, speaking as a counsellor, he was giving me more than I was giving him because he could speak over his pain and through his pain and I don’t know if I could. If I had been in that situation I probably would have said knock me out now. Day and night he was in excruciating pain.”* The prominent need of this particular client was not lessened despite everyone’s efforts. Joy illustrates an ability to confront both the difficult and more positive aspects associated with death.

5.3.6 Joy’s Personal Growth

Joy speaks of the effect that the role of volunteer has had on her as a person. She demonstrates humility and self-understanding of her own limitations. *“I think before I was far too arrogant. I think I have a healthy dose of self-doubt. As a person I have become a little less arrogant and more focussed.”* Joy demonstrates an understanding of human nature and the counselling process that has arisen out of her hospice experience: *“There’s no one way of counselling and there’s no one way of approaching anything. The human person is so complex and each situation is so unique and I think you have to approach it knowing that, and knowing that there’s no one size fits all. It certainly makes you understand the great complexity and depth of the human person. There’s no way you can predict which way they are going to go and what they are going to feel.”* Joy has filled in some of the question marks that she set out to replace with knowledge. Here she demonstrates a workable framework that she has developed for herself in dealing with her clients, one that gives room for not being able to know all the answers. She uses this framework with flexibility in her service of others.

5.3.7 Relating to Clients - Boundaries

Joy prefers to keep in the boundaries by being just a counsellor and not becoming a friend to the client or part of the family. In this way it is easier for

Joy to maintain a professional approach. These boundaries are also evident in the type of cases she has dealt with. All have remained mainly within the boundaries of death and bereavement. However, Joy's way of relating to clients is to maintain boundaries but to be flexible within these boundaries. *"I don't like the boundaries well set if they're too well set and you feel that there's absolutely no link except the fact that you've got hospice written above your head. No, there must be something. There must be some warmth generated or people are not going to open up to you."* The flexibility within the boundaries then for Joy is maintaining warmth and the link between herself and the client. This way of connecting with the client also relates to Joy's central meaning behind the role, that of being useful. *"There's got to be some kind of connection made, and I think if boundaries are very rigid there's no connection made; you don't get the feedback that tells you something has happened, that things are progressing, that you're being positively helpful. The relationship that you have with your doctor has huge boundaries. But you've still got to have the confidence in him, and the ability to talk in front of him. If you can't talk to your doctor, even if he's the most warm person in the world, you're not going to get your problem sorted. There has to be a certain amount of relaxation in the person you are counselling."*

5.4 A WAY OF COPING

5.4.1 External Support – Family and Hospice

Joy explains how she copes with the effects of dealing with families and individuals facing the trauma of death. Initially she emphasises the role that her family plays. She has already represented them as supportive of her hospice work. *"What they said to us in the [training] course is true, if you don't come from a secure, safe background, if you don't have someone that you can let out your emotions [to], not necessarily information, but definitely your emotions, you cannot counsel."* In this way Joy balances retaining the confidentiality of her clients whilst gaining the necessary emotional support for herself. The family consists of older children so they can cope with this aspect of Joy's work of service. Joy explains that she does not draw as much on hospice as she used to because she does not have as much contact with

the organisation due to time restraints. When she did have more time however, she used supervision as a support as well.

5.4.2 Joy's Personal Resources

Although she uses her family as emotional support Joy also demonstrates protectiveness in not allowing them to have to deal with the details of what she works with. To maintain this balance Joy demonstrated an independent way of de-stressing on a regular basis: *"I do it in the car on the way back [from her clients]. By the time I have reached home I am out of the client, I have put it aside, I have thought it through, I have talked it through with myself and whatever feelings it has engendered, I've put back. By the time I get out of the car I am back to being mother and wife, cook and bottle washer. If I saw a client in my own house I would probably have to use some other method. For me driving back in the car from wherever I've been is enough."* Joy shows resilience here in being able to independently provide herself with a way of coping. She processes what has happened for herself and evaluates her counselling session by making mental notes in her mind. She then has the ability to put it aside. She comments, *"that's where I download it from my immediate mind into storage."* Joy feels that this is a very necessary part of volunteering because although her family supports her on an emotional level, she wants to spare them of the details of what she has to deal with. *"It's very necessary because I don't want to take it into my home-life. My family doesn't want me to. They would hate to have to know all the kind of things that I deal with. They haven't volunteered to be counsellors, so why should they have to through me."* Joy seems to have found a working balance between involving her family while at the same time protecting them from unnecessary details. This is also an effective strategy in managing her own stress.

5.5 INFLUENCE OF THE HOSPICE CULTURE

5.5.1 Joy's Concept of Death and Hospice Influence

Joy has strong religious convictions and these include a belief in life after death. She states that the hospice organisation has not changed her personal ideas on death. *"I don't think it's actually changed my ideas at all about death,"* she says, but reiterates that it has *"equipped me with the ability to cope more easily with it, to accept it and to deal with it."* She goes on to explain further, *"I don't think it changed any preconceptions that I had; it more confirmed them rather than changed them."* Joy expands on how the hospice experience has confirmed her personal beliefs. *"The individual contact with the people who are dying... a lot of them have come to the conclusion that when they previously thought that death was the end they realise... how can it be? I am still me and how can the independent me suddenly not be me? That's probably been the way that hospice has confirmed it for me but otherwise it's been watching how people cope with it. To me the human spirit is a great thing... the love and care and the strength that dying seems to call forth to everybody involved in it. And of course the family itself don't like to think that that's the end. They like to think that the spirit, the memory... they like to think it lingers on somewhere and they like to think of happiness to the person whose left and not just nothingness... and even if they are not believers in [life after death], I think to a certain extent it is a very comforting thought that. It adds and it doesn't make it look like an end and possibly a useless end or a tragic end; it puts a purpose to it."* Joy sees death as not an end but as, *"a process that you have to go through and hopefully what you come to afterwards is better, so it's almost worthwhile... the inevitability of death is tempered by the reason for it."*

5.5.2 Compatibility with Hospice Philosophies

The Hospice philosophy on death, that it is a natural part of life and not to be put off unnecessarily, is compatible with Joy's view of death. *"Hospice philosophy fits fine with the way I see death. I was probably inclined towards the medical model previously because I come from a very medical family, so I was used to death being coped with in clinical terms. But I never found that the way doctors cope with death was particularly satisfying or particularly*

good. I still don't think that medical schools do enough in that area, so I think hospice has by far the more satisfying approach." In respect to *"the dying patient, the hospice's approach is the one I can relate better to. Death... it is a natural phenomenon; it isn't something that should be abnormally prolonged or put off or anything. I think the medical idea that death is a disaster and a failure is only a medical idea, not a reality. The tenet of hospice is that there is always hope. There's always hope, hope that the medication will kick in, hope that you will have a peaceful death."*

5.5.3 Supervision – Support vs Inaccessibility

Joy started her hospice work attending the morning supervision group, but due to changing work commitments had to change to the evening group. She feels that the greatest asset to her as a counsellor has been supervision. *"I think that what has got to be the greatest benefit is where you talk over what you've done, what method you used, how you listen... and you are able to bring it back into the experience of others and get feedback. That's a very valuable part of the hospice experience. The feeding off each other's experience so that the whole is worth more than the individual parts."* Joy's experience of the morning supervision group is very positive: *"There was always someone to draw it into a positive light for you. Even if you started off feeling very negative, there was always someone who could point a way or reflect not necessarily on your individual experience but a similar one that they had experienced, and so fit it into a bigger picture. Your experience could fit into a wider picture. That was a very good way to learn."* However with working during the day Joy now has to go to evening supervision. Although helpful, the evening supervision group is smaller and so for Joy there is less experience to draw on and less commonality. Most of the people attending the evening session work in the inpatient unit (the ward for terminal cases at the hospice) as opposed to having regular clients to visit. The evening group session also only lasts an hour, to an hour and a half as opposed to two hours in the mornings. *"Those two hours allow everyone to go through it and talk it out."* Of supervision in general Joy says, *"There is never a negative, critical way of looking [at the counselling process]. It built up your self-esteem and drew down your self-doubt because they concentrate not*

only on the experience but on building you up as a counsellor as a caregiver and affirming what you did". Since going to the evening group Joy has had difficulty in attending supervision. *"I have to go in the evening and that's a problem. Sometimes you don't get there on time because you're late at work or the traffic's so bad and you know you're just not going to make it in time and sometimes the supervisors in the evening just can't make it, and it happens, so they put it off for whatever. And while they all substitute for each other during the day, they don't substitute for each other at night all the time... It's definitely more regular than I've been... I haven't been going that regularly."* Due to her limited time resources Joy now relies more on her family and her own resources for support.

5.5.4 Hospice Training

Although Joy has difficulty recalling her initial training (as it took place two years previously) she recalls that it was very good. She regrets that again due to lack of time she has not been able to attend the regular, ongoing training that hospice offers. She would like to have some advanced training based on what she has already experienced. *"I know that they've had some great training this year; they've had some specialist training on some areas."* Joy would like to have some training on Saturdays or on weekday evenings to accommodate those who work. She realises that the social workers also need time off but would like to see them rotating the training - during the day one month and the next month at night. Joy says of the social workers that *"this is the type of job that you need time off"*, and wonders if other people could be involved in the training. In working full time Joy obviously misses the support structure that hospice offers in terms of regular training and regular supervision even though she is coping adequately with the support that she does receive and her own resources.

5.6 INTERPRETATION

The major elements of the themes that emerged in Joy's story will now be summarised and compared and compared to the literature reviewed in chapter two. My observations are also used to interpret the data.

5.6.1 DESCRIPTION OF THE VOLUNTEER ROLE

5.6.1.1 Motives – *Joy's Journey Towards Becoming a Volunteer*

Joy lost her father-in-law and sister-in-law. Up until then death and dying had, for Joy, in her words, been “*total question marks.*” These deaths acted as a catalyst, but only a minor catalyst, for Joy becoming a hospice volunteer. Personal experiences with the death of a family member are cited by many authors (Scott & Cladwell, 1996; Garfield & Jenkins, 1981; Payne, 2001; Chng & Ramsey, 1984) as a motivating factor for involvement in hospice work. The family deaths focussed Joy on one of her main reasons for joining hospice - the need to know and understand death and the process of dying, thereby replacing the question marks with knowledge. The need to know could possibly be classified as acquiring a skill, which is cited by Unger (1991) as a motive for volunteering. The skills Unger (1991) refers to relate to what he calls human capital, which involves developing skills that are of economic value to the volunteer. The difference in Joy's case is that she uses her skills specifically for her volunteer role, which is linked rather to altruistic motives. Joy says that another reason she joined hospice was that she was studying psychology and was interested in the subject of death and dying. Personal interest is cited specifically by hospice volunteers as a motive for going into their role (Scott & Cladwell, 1996; Garfield & Jenkins, 1981; Payne, 2001; Chng & Ramsey, 1984). The main reason for Joy becoming a volunteer is that she likes to serve. Joy learns so that she can use her knowledge in the service of others. If Joy only wanted knowledge she would have taken an academic course. Hospice however supplies Joy with both knowledge and an opportunity to engage in acts of service. A desire to help others and altruistic motives are cited by Payne (2001), Kottler (2000) and Unger (1991) as reasons for volunteering.

Joy believes that her need to serve is 'genetic' as both her mother and grandmother were constantly engaged in the service of others. My observations told me that in Joy's situation altruism is indeed a family trait as Joy's daughter also engages in similar acts of service while helping her mother. Genetic theory would agree with Joy's explanation of the origins of altruism as hereditary. Twin studies carried out by Rushton, cited by Hunt (1990), indicate a 50% heritability of altruism and this lends support to the genetic theory of the origins of altruistic acts. However, altruism in families can also be theoretically explained as learnt behaviour. There are many experiments, such as that carried out by Clary and Miller (1986), that support that parents act as role models promoting altruistic behaviour in their children by way of example. Joy's example supports that altruism does occur in families. Her perception is that its origins are genetic. Joy's case shows a combination of reasons for volunteering (Kottler, 2000).

5.6.1.2 Joy's Perception of Her Role

Joy's volunteer role entails counselling the bereaved and dying people in their homes after she has finished work. The types of clients she prefers are what she calls "*critical cases*" - cases where the client is imminently terminal. The influence of Joy's motives for becoming a hospice volunteer is evident within this client preference as it links to her need to serve. In critical cases Joy feels more useful to the client as there are many issues to be worked through at this particular stage in the dying process. This is Joy's personal influence coming to bear on the type role she prefers. Her motives influence the way in which she sees her role which confirms findings of Cantor (1990). I observe the hospice Rogerian (Barton, 1974) training influence in how she perceives other aspects of her volunteer role. The volunteer counsellor is "*the person with the ear - the person who listens to the process of dying that the client is going through.*" She sees her role as listening to the client and accompanying them through their journey, encouraging them to express their feelings about the process they are going through.

5.6.2 JOY'S EXPERIENCE OF BEING A VOLUNTEER

5.6.2.1 Into the Doing from the Knowing

Joy's experience of the role of hospice volunteer links back to her original motives for becoming a volunteer. It has fulfilled her expectations of helping her to cope with, or equip her more in dealing with, death and dying. *"Basically hospice puts it into the doing from the knowing. It's learning those skills, taking those skills and putting them into practice, that hospice is so good at."* The second motive that relates to Joy's experience of her role is her need to serve. *"The whole point of knowing and understanding is to use what you know and understand for better use, to help people... so I feel more equipped for that."* The type of skill (Unger, 1991) that Joy has learnt is utilised specifically to fulfil her altruistic motive of serving people (Payne, 2001; Kottler, 2000; Unger, 1991). Payne (2001) found that hospice volunteers cited the acquisition of new skills to be one of the most satisfying aspects of their work. Riordan and Saltzer (1992) state that expectations and motives for going into hospice work can be a source of stress for the volunteer, but in Joy's case these motivations have led to personal satisfaction and accomplishment in that she has achieved what she set out to do through hospice.

5.6.2.2 The Meaning Behind the Role – Joy's Feeling of Use

The main impact that the hospice volunteer role has for Joy is that it allows her to see the results of her acts of service. A sense of satisfaction in Joy is related to her original motive of being of use to clients in that they receive something from the counselling situation. This seems to be an altruistic motivation in that the reward of Joy's role as a volunteer is intrinsic to the act itself (Unger, 1991). A potential tension emanating from her motive to help people exists for Joy within her role as volunteer. She reiterates what Kottler (2000) notes about those in the helping service – helpers can never be sure as to whether or not they did help and if so on what level. I observed something in Joy that seemed to help her deal with this tension. In engaging in her acts of service Joy de-emphasises her personal role in the counselling situation. For her, satisfaction is also gained through just observing a need that is addressed, or her words *"lessened"*, whether she was the agent that

helped facilitate this process or not. *“They [these cases] are satisfying in one way in that they have moved from ‘heck, I don’t know what to do’ to, ‘I think I can cope’. So something has definitely happened, whether you’ve done something or not, they proved to themselves that they are okay.”* This kind of altruistic behaviour could be classified into Karylowski’s (1982) category of altruistic behaviour that focuses on exocentric elements or environmental elements as its source of origin. In exocentric altruistic behaviour what is reinforcing to the helper is the improvement of the person’s condition. The observation of this change alone is inherently reinforcing for the helper, whether they were the agents of change or not. This definition mirrors Joy’s approach as demonstrated in the above quote. According to Karylowski (1982), this kind of altruism will be accompanied by focusing on the other in their need and their condition as opposed to the self. The need to serve in Joy is strongly directed outward to serving others rather than the self and this impacts both on Joy’s feelings of satisfaction and dissatisfaction. *“Where I feel least of use is when I feel there has been too much of me in the counselling method, being too personal in intervention.”* Karylowski (1982) claims that the helper motivated by exocentric altruistic behaviour may be more sensitive to the needs of others as the helping act will not depend on the extent to which a behaviour can restore or maintain the self-concept of the helper. Not only does exocentric altruism sensitise the helper towards the needs of others but in Joy’s case it seems it may also reduce tension originating from being unable to assess whether she helped or not (Kottler, 2000). *“It’s keeping the self out of it as much as possible. So basically it’s the service of hospice that’s contributed rather than the personal I that’s contributed.”*

5.6.2.3 Joy’s Past Experience and how it Affects her Hospice Role

Possibly linking back to little exposure in her own life, Joy does not claim any reminders of personal experiences of death and bereavement. Her own bereavement experiences did not act as a major catalyst in bringing her to her role. She also finds each client different and thinks this might be due to limited exposure to cases. *“Every single case is different. I can’t really say I’ve met someone who is like this or someone who is like that. Either I haven’t*

done enough cases yet, but they have all been dissimilar. Nothing has been so repetitive that I can say 'oh this has been like the other one I did'." She does not report any reminders of her own life traumas in her hospice work, which is contrary to the expectations of Berger (2001).

5.6.2.4 Effect on Relationships Outside of Hospice – Taking away/Building up

Joy reports both negative and positive effects of her volunteer role on her family life. Because she works during the day Joy's hospice involvement occurs after hours. As a result this affects time spent with her family. *"Doing it after hours or weekends means that you can't take in many people because that is family time that you are cutting into, there's no getting out of it."* However Uffman (1993) states that the rewards and difficulties of volunteering are often intertwined. Joy reports that being able to render acts of service through her volunteer role builds her up as a person and so in this way she is able to give more to her family. She also says that dealing with what she has to deal with in her role as hospice volunteer enables her to see her own family situation in a more *"rosy light"*. *"You are coming from something that's tragic to something that's relatively happy and it certainly makes you count your blessings and makes you see things in proper perspective"*. This sounds similar to what Uffman (1993) reports in her study on hospice volunteers, that they learn to appreciate life and not to dwell on the negative, unimportant things but to live it to the fullest.

5.6.2.5 Confronting Mortality

As with all hospice volunteers Joy has confronted mortality in the terminal clients that she has encountered. She reports that for the most part she has not found this difficult and attributes this to the type of clients she has had as they have been fairly positive or not negative in their journey. What is difficult for Joy relates to her motive of being of use. On one occasion there was nothing anyone could do for the client and this was difficult for Joy. Payne (2001) cited making patients more comfortable and happy as a source of satisfaction for hospice volunteers. It would follow that being unable to do this could lead to stress for the volunteer. Joy does not report confronting her own

mortality in dealing with terminal clients which does not confirm the expectations of Glass and Hastings (1992).

5.6.2.6 Joy's Personal Growth

Joy says that she has developed self-understanding and is less arrogant since becoming a hospice volunteer in that she now knows that there is no one way of counselling. This seems to constitute personal growth for Joy, which is cited by Payne (2000) as a source of satisfaction for volunteers. She knows now that there is no one way of dealing with people with terminal illness or counselling them. This is a tension that Joy is happy to live with - knowing that, despite building up a framework of being able to deal with death and dying (one of her motives for going into hospice), there is ultimately no one specific answer. Simply put, she has replaced some of her question marks with better-defined question marks. According to Uffman (1993), hospice volunteers recognised that they did not have all the answers relating to death but they were comfortable with "*not knowing*." This sub-theme links to the theme of impact of the hospice organisation in that both training and supervision have assisted Joy in building the framework for dealing with death and dying.

5.6.2.7 Relating to Clients – *Boundaries vs Flexibility*

Joy prefers to keep within the boundaries she has set for her clients in that she stays within the role of counsellor and does not develop an association outside of this defined relationship. In this way Joy maintains a "professional approach." These boundaries are also evident in the type of cases she has dealt with. All have remained mainly within the boundaries of death and bereavement. Joy remains flexible within these boundaries so that she can establish the necessary warmth and in so doing attain the main goal of her counselling – to be of use. In maintaining warmth Joy can get the feedback as to whether she has been of use or not. This supports Kottler's (2000) statement that boundaries assist the helper to maintain an appropriate distance from the client but they must still allow the helper to exude warmth. Joy recognises the importance of her relationship with the client in attaining

her goal of being useful to the client. It is for Joy, as Kottler (2000) claims, that the relationship is at the heart of whatever help is offered.

5.6.3 A WAY OF COPING

5.6.3.1 External Resources

Joy's external resources link to the theme of the impact of the hospice organisation as she uses hospice supervision as support but due to lack of time has had to draw mainly on other sources of support. Riordan and Saltzer (1992) list regular supervisory support as a way of alleviating stress in the hospice setting. Joy relies on her family for emotional support. *"What they said to us in the [training] course is true - if you don't come from a secure, safe background, if you don't have someone that you can let out your emotions, not necessarily information, but definitely your emotions, you cannot counsel."* This would seem to support Maslow's theory that the first four levels of needs should be satisfied before the individual can become self-actualising. Here Joy gives evidence that the third level - the need for love and belonging is satisfied (Calhoun et al., 1977).

5.6.3.2 Personal Resources

Joy also relies on her own personal resources, which allow her to independently work through things that face her as a hospice volunteer. While her family act as a support in her volunteer role Joy's own resources to deal with things protects her family from the unnecessary detail of what she has to deal with as a hospice volunteer. She processes what has happened during sessions in the car on her way home. This type of personal resource was not discussed in literature reviewed in chapter two.

5.6.4 IMPACT OF THE HOSPICE CULTURE

5.6.4.1 Joy's Concept of Death and Hospice Influence

Joy has strong religious convictions and these include a belief in life after death - that it is a process to go through but not an end. Patchner & Finn (1987) studied hospice volunteers specifically and found that 83% of them believed in life after death. Joy's beliefs and ideas on death have been confirmed by her experience as a volunteer in observing the process of dying

in others and how they experience and cope with this. Hospice has not changed her ideas about death, but it has equipped her with the skills to cope with it, which was one of her motives for becoming a volunteer.

5.6.4.2 Compatibility with Hospice Philosophies

Joy's ideas that death is a natural phenomenon, not to be prolonged, and that the hospice approach to death is full of hope, render her beliefs compatible with hospice philosophy. Scott and Cladwell (1996) found belief in the hospice mission to be associated with continuing in hospice volunteer work. On the other hand, conflict due to the ideological expectations of the hospice worker can lead to stress (Glass and Hastings, 1992). Sometimes it is not always possible for the client to have worked through all his or her issues of anger and fear before he or she dies. In Joy's case it was not possible for one particular client to receive release from pain through medication and this caused stress. This stress also linked to Joy's central motive for volunteering that of being useful. Joy was distressed at the fact that no one could do anything about reducing the client's pain.

5.6.4.3 Supervision: *Accessibility vs Inaccessibility*

Joy values supervision as she finds it is always positive. It builds her up as a counsellor and places what she has done as a volunteer in a positive light. Scott and Cladwell (1996) found feeling valued as a person and a positive relationship with staff to be associated with continuing in hospice volunteer work. Joy draws from the other volunteers' experiences as they place her cases into a wider picture. *"I think that what has got to be the greatest benefit is where you talk over what you've done. What method you used, how you listen... and you are able to bring it back into the experience of others and get feedback. That's a very valuable part of the hospice experience... the feeding off each other's experience so that the whole is worth more than the individual parts."* Riordan and Saltzer (1992) suggest that the team approach in hospice work is widely emphasised as it can provide physical and emotional support. This is evidenced in Joy's case as she obtains both support as a counsellor and practical guidance for her cases. A tension exists here however as she finds it difficult to access this support after working hours.

5.6.4.4 Hospice Training

Joy found the initial hospice training very good and also finds the ongoing in-service training useful. Scott and Cladwell (1996) found excellent training to be associated with continuing in hospice volunteer work. Riordan and Saltzer (1992) suggest orientation and in-service education as a way of alleviating stress in the hospice organisation. Once again Joy regrets that due to working during the times that training is offered she has not been able to attend on a regular, ongoing basis. Joy would like to see some flexibility around the training times to accommodate those who work.