

CHAPTER 7

MICHAEL: A JOURNEY IN SELF- DEVELOPMENT:

7.1 INTRODUCTION

Michael is an intense person who is very knowledgeable on a number of topics, not just his counselling role. He talks about things on a deep level, his thoughts going beneath the surface of wherever the conversation leads us. He was in my supervision group one year and I liked him immediately. His vast knowledge and insight strike me as he inputs into the interview and his openness to my input also strikes me.

7.2 DESCRIPTION OF THE VOLUNTEER ROLE

7.2.1 Michael's Motives – *The Journey Towards Volunteering*

Michael says that the reasons for entering into volunteer hospice work were personal. He has always had an interest in the area of death and dying. His interests in this area extend to health psychology, in particular the mind-body connection. He also thought it would be useful for his current studies. Michael lost a long-term partner under traumatic circumstances and he also entered the hospice volunteer role to work through the death of his partner. *“I think it was due to my partner's death. I needed to work through it. It was a traumatic death. I needed to work through that and coming into contact with death helped to do that.”* Michael believes in synchronicity, patterns in life that recur and link back to previous experiences.

7.2.2 Michael's Perception of the Volunteer Role

When asked how he sees his counselling role Michael says, *“it's something like reflecting and holding and being present... maybe a higher level of awareness. It has so many different aspects and definitions that I would want to be flexible about it, situational, being led by synchronicities [patterns that occur] and being led by the third element, the third partner in the process [a spiritual presence/process].”* Michael realises the limitations of his role as a volunteer counsellor. *“I realise that I am not a therapist so I can't go into too much depth or interpretation.”* Yet due to his educational background and his

interest in depth psychology he sometimes does still go into interpretation for which he seems to have a natural flair. At the same time he is aware of the limitations of his counselling role in the hospice environment. *“I have a sense of what they want and I appreciate that they are much, much more flexible than [another organisation, who] would slap you on the wrist if it were wrong. Hospice is very open and very flexible to an amazing extent.”*

On a practical level Michael describes what his role encompasses: *“There were these three options that we could do - straightforward counselling that we could do in people’s homes, or we could do it [counselling] in the IPU [the in patients unit] where people are very critical and they are basically dying within the next week or so and/or we could get involved in the social activities that they have every week [share care].”* Michael chose to counsel in peoples’ homes.

Of the social activities he says, *“I don’t like that. I’ve only done it once, as it was a requirement of orientation. That doesn’t appeal to me. I am not a group person. It was a bit of a party, a small, informal party. I just felt it wasn’t deep for me and I didn’t want that. Other people prefer that and it’s good because I don’t like that.”*

Michael has done some work in the IPU. Working in the IPU was also a pre-requisite for the hospice internship for volunteers but Michael also worked there for four Sunday afternoons a week when he had no clients. *“I didn’t do the whole afternoon, I probably didn’t do more than two hours and for those two hours I probably didn’t see people for more than half an hour, simply because they are so sick. They are just lying there and they don’t seem able to hear me. There have been some conversations and I remember one or two or even three that lasted more than half an hour, where the person is still sort of all right and they seem to want to talk and that was valuable, but I stopped that because you don’t build up a relationship. It’s very sad but when I returned there the next Sunday I wasn’t expecting people to be there that were there the previous Sunday. I felt it was very difficult to connect because they were not present any more and also the fact that the next Sunday they*

wouldn't be there." Michael seems to enjoy the depth of relationship and depth of content that he experiences in the counselling role that he has chosen – visiting clients in their homes.

Michael has on occasion had two or three clients running concurrently. Mostly he has just had one session a week that has lasted between one and one and a half-hours. As soon as possible after the session he writes a report on what happened during the session. This takes about an hour. It helps him to process what happened and clear his mind and he also then does not forget the content of the session.

7.3 MICHAEL'S EXPERIENCE OF THE VOLUNTEER ROLE

7.3.1 Michael's Past Experiences and How They Affect His Volunteer Role

Michael mentions two significant bereavement experiences that have impacted his life - his partner and his father. His partner suffered from a chronic illness and his father from a relatively short-term illness. Of his partners' death Michael says, *"I take things in bite-sized chunks. It's like eating an elephant with a spoon."* Michael has been reminded of both of these experiences during his hospice counselling.

Michael's first client reminded him of his father on a number of levels. His illness was short-lived, as was his father's. He was very like his father in personality even on the point that Michael could never get close to him. Speaking of how the client reminded him of the death of his father, Michael says, *"I thought that it did not affect me on a conscious level but on a subconscious level it affected me more than I thought"*. Michael dealt with this in supervision. In fact it was the supervisor who initially pointed out to Michael just how much the case was affecting him. *"The supervisor picked it up. I cried after supervision and dealt with it then. There is still emotion now underlying when I talk about it."* Although a difficult experience for Michael he sees it in a positive light. Michael was in shock after his dad died but says that hospice has provided an opportunity to work through this.

Another client reminded Michael of his partner. The disease this client had was long-lasting, as was his partners - *“on and off and up and down.”* There are other elements in this client’s personality that were reminiscent of his partner. Aspects in their way of relating also reminded him of his partner. Michael calls these patterns and understands them as synchronicity. He wonders, *“is there someone who will come after [this client] or will that person then be my mother who will have died by that time, you know it all... and I don’t want to force synchronicity because you can’t. It’s not synchronicity any more. It’s precisely that you can’t, but the patterns are very clear. I can certainly say on a spiritual level, if that’s what synchronicity is, the patterns are very clear”*. Michael is open to experiencing these patterns or ‘synchronicity’ as he calls it, and embraces them as growth experiences or opportunities to work through experiences.

7.3.2 Being Part of Something Bigger - *The Third Presence*

For Michael volunteer counselling has a spiritual significance, as there is recognition in him of, *“something happening behind the scenes so to speak.”* Michael refers to his sense of a third presence during some of his counselling sessions. It was as though he felt that both he and the client were receiving counselling. This happened specifically with the client that reminded him of his late partner: *“...that’s an experience that I had very, very strongly most of the times when I left there. And I’m sure at the right time it will come back again, whether [with this particular client] or with someone else. I felt as though there was a third force in the room. I was no longer the counsellor. It was as though we were both being counselled. Something was happening with me as well as him. Like we were both on a journey.”*

A belief in the process of counselling and the third presence assists Michael in coming to terms with the fact that it is difficult to measure the input that the counsellor has had in the journey of the client. On talking of whether or not counselling makes a difference that you can see or measure Michael says, *“I have often thought of that, you know. It’s really an exercise in trust - your whole life [as a counsellor]. Whereas the one who is an engineer... he can see the product of that thing, whereas [in counselling] it is absolutely open to*

interpretation, even the quantifiable stuff. But maybe that is the part that makes us more humble or should make us more humble, just trusting the process, and this awareness that's grown in [one of his cases], that it is not me really, I am just one of the partners it is the process that is running itself through us."

7.3.3 Confronting Mortality

Michael has confronted mortality in the IPU wards: *"...the experience around death has been very positive in that it has resolved a lot of issues for me. I have made so much peace with death that I can truly say that death is a friend of mine. There is such a spiritual presence in the IPU. I can't say that I have had negative struggles about death."*

Michael goes on to confront a negative experience that he had in the IPU: *"...and yet I've also seen the one black woman on the Sunday afternoon. I left before she died, but it was quite clear that she was going to die in an hour or two. How extremely restless and confused she was and all the family just standing around staring at her, not knowing what to do and there is nothing to do. And the sister being there doing the few medical things that she could still, and I can still remember that, so I wonder why my view of death is so positive, because I've seen the struggle also. Very, very restless."*

Michael comforts himself with the thought, *"...or maybe she wasn't even aware. I comforted myself with the fact that she was not quite aware of what was going on. That the body was just moving by itself, because she wasn't present any more. She didn't look aware. It looked distressing but it didn't look like she was really there. It's a form of in and out of sleep... and there's the coma, that deeper level of sleep and the delta waves... it's a contradiction to expect someone to be alert. That's not what it's about, It's about fading away."*

Despite this negative experience that Michael is willing to confront, his view of death is positive through his experience with hospice. He did not report confronting his own mortality in his counselling.

7.3.4 Relating to Clients - *Boundaries*

Michael speaks of the difficulties sometimes encountered in relating to clients. Sometimes Michael finds that they misinterpret such things as having to cancel a session even if the reason was due to Michael's own illness and consideration in not wanting to pass his illness on to a terminal patient. Michael explains how the client has not been trained psychologically and therefore will not be self-reflective of their misinterpretation of the reason for the cancelled visit. This leaves Michael feeling a bit guilty even though his cancellation is due to the flu. Clients however can cancel of their own accord and not be honest as to the reasons why this has happened and this leaves Michael guessing as to the real reason for the cancellation.

Michael speaks of the problems in dealing with clients who can become difficult at times. *"She seems to be a bit of a grumpy person and it's difficult to not to take things personally. It's difficult to separate when she's just grumpy and I [then] feel bad. Sometimes I can [and I don't take things personally] and sometimes I can't [and then I do] because she projects in it on to me".*

Michael deals with these situations by gaining distance when he is away from the situation. He can then institute the boundaries although he also feels that it is not that easy due to the client's part in the relationship. It is still a problem as the client is not psychologically trained and therefore will not institute the same reflection. *"It's okay to reflect about it at home. You can see where those boundaries are, but it takes two to tango."*

7.3.5 Boundaries of the Volunteer Role

Michael finds himself going beyond the boundaries of pre-death and bereavement in his counselling sessions. As the emphasis of hospice is pre-death and bereavement Michael struggles with this issue. He illustrates this dilemma referring to a case in which this happened: *"It's been a problem ever since I got this case. It was in the first month after training that I received this case."* The case was allocated to him by a social worker who realised that it involved a relationship problem, but the person concerned was a client of

hospice so she gave the case to Michael. Michael says, *"I should have responded immediately but I didn't... because I first need to process [information]. I should have said but [the name of the social worker] we are trained with bereavement and now you give me a relationship problem."* Michael also had reasons as to why the case was interesting to him. It was due to his interest in psychology and because he felt it was challenging to him personally. He felt that this case was taking him beyond hospice into new areas. Yet there was a tension for Michael from the very beginning with this particular case. To some extent, it seems to me, that tension may relate to his own self-doubt: *"yet I felt quite threatened because I realise that I wasn't trained for that. And you know I felt incompetent for a long time and actually went to family life training sessions which was a lot of money and time, but I didn't get a lot out of these courses anyway. Maybe one or two blind spots were removed, but I think it would take a lot longer course to get into relationship counselling. And this [client] is [a certain number] years older than I, and so what can I advise him about relationships? Except that as from the third party point of view."*

7.3.6 Personal Growth vs Self-doubt

Counselling invokes feelings of self-doubt within Michael and therefore the need for growth. To me it seems that his feeling the need to develop more stems from his feelings of incompetence. Michael himself confirms this: *"It's self development but its also a sense of frustration, that I feel more and more incompetent, but I think that they are two sides of the same coin."* For Michael the difficult part of the counselling is the self-doubt. *"Self-doubt is always a huge shadow." My doubts whether I have made any change or whether I have made a mess, especially [in one case that is on and off].* Michael starts to doubt himself and wonders whether he pushed the client too far or whether he interpreted, or whether he had been too directive. *"These are very strong temptations in me to go those routes. Just reflecting feelings has its place but I feel that it's so limiting, it is just holding for that moment. I don't know whether it makes any change and if it really empowers in the long term and so it's that struggle about the feeling of incompetence. The benefit of that is that it forces that to the surface. And you find avenues for actually*

understanding yourself and reaching out for more development.” Here Michael shows a positive way of confronting his self-doubt to use it for personal advancement.

Michael has reached a point where he now feels that he needs to grow more before he continues with hospice counselling. In explaining the consolidation taking place for this growth Michael says, *“it’s almost in an academic, intellectual way. I’m not so sure if the growth that is being consolidated is an emotional integration of what I have experienced. Yes, and let me rather say insights. When I have a bit more knowledge about the body and how it reacts emotionally and all that, I think my whole view will be more valuable in terms of my own self-perception. So that has come to a standstill at the moment and I don’t have regrets, but I want to move on to a higher level with a broader perspective. I think that is what is going on in my mind - a broader perspective.”*

Michael feels that moving onto a broader perspective would satisfy him because he would “see wider”. He wants to move onto “a higher level” when he returns to hospice. He also wants to develop his interest in health psychology. *“My interest in health psychology is quite clear in my mind, obviously I cannot be a specialist in cancer, like the doctors are, in fact I am not interested in all that, but I think there are very generic experiences like pain. How do people experience pain psychologically? So I don’t need to know whether you have cancer of the pancreas or whatever, the pain experience will probably be very generic or the frustration or the this, or the that, and that’s what I’m interested in.”*

Michael would like to “explore more avenues in the counselling” and perhaps get involved in other institutions to for a short time “just to spice up and as input.” Of hospice he says, *“I’ve sensed something about hospice that I’m more interested in hospice in a longer term relationship.”*

7.4 A WAY OF COPING

7.4.1 Personal Resources

Due to the need to develop further Michael is currently taking a break from handling any new clients. He has, however, not withdrawn his name from the hospice list. He gives a number of reasons for taking this break. The counselling, he says, is time-consuming and he needs to finish a number of projects that he is currently busy with. He also feels that he has lost some conscientiousness, for instance, he has not attended supervision regularly. Also, a long-term client terminated counselling and Michael felt like *“things started to phase out.”* With regards to self-development Michael says, *“I felt that I had reached my peak in terms of self-development. It could happen that if I carried on in the way I was going I could start to decline in terms of what I was offering them because I was not motivated any more and it does not give me a sense of meaning. I’m getting too used to this so it’s just becoming a sense of responsibility. So it could be an inverted ‘u’ shape in the sense of a graph, that you build up to a peak, but if you carry on you will just decline.”* Michael recognises this need within him and takes the break he needs to pay attention to developing himself further. The other personal resource that Michael uses to help deal with the effects of his volunteer role is his belief of synchronicity and being part of something bigger. These beliefs frame potentially stressful situations into a positive framework of growth through working through issues.

7.4.2 External Resources

Michael has used the hospice organisation as a support for issues arising from his volunteer role. He experiences the organisation as *“holding”*, i.e. supportive. The supervision groups and supportive supervisors were used as a means of support for his volunteer role. Within these groups he accessed useful information with regards to his cases and personal support.

7.5 IMPACT OF THE HOSPICE CULTURE

7.5.1 Michael’s Concept of Death and Hospice Influence

Of his view of death Michael says, *“Hospice is the most recent influence in my view of death, but there’s been accumulated layers and layers of influences. I*

think I can say that a lot of it [his ideas on death] has come from hospice, my views, my perceptions.” The death of his partner has also influenced his perceptions on death. *“I see death as a continuation. I can still feel the presence of my partner, not that I have to be involved with her. I have moved on.”* His studies, particularly of a certain French philosopher, helped him through his partner’s death. This philosopher proposes, *“that death is actually a turn to the cosmos and that you’re not separate any more but that you’re merging again. It’s embracing and he has changed my views very much and he has even facilitated a lot of my stuff about [his partner’s death]. I saw it much, much more positively and I have often thought how would it be, how great would it be to die without having a death wish as such”*

For Michael formal religion plays only a small role in his present beliefs. *“For me religion is symbolic, metaphoric, mythical or an expression of ancient peoples’ ideas about it.”* Michael does believe in life after death although he does not know the exact form that this would take. *“I don’t know the details of what happens after this life, I just sense that there is some sort of a level of consciousness but whether it’s a heaven or hell or reincarnation or ancestral-type relationship, I don’t know and it doesn’t bother me.”*

Specifically regarding the hospice influence on his ideas about death Michael says it has helped to eliminate the fear of death. *“I think what is different from my expectations is that I thought I would have a lot more fear about death actually when I came to hospice. I never experienced anyone dying in my presence, never. So there was a lot of fear around that and that fear has left completely [since being at hospice]. In fact I long to have that experience and that is contrary to expectations and that is positive. I have a friendship almost with death. I think it would be great to die, not in pain though. The way you die that would be different. So for me it’s not a tragic moment, it’s a hell of a great moment. The fear has gone. When I still did the [hospice] course there was a lot of that [fear], predominantly so, in fact. There was mainly fear and whatever about death, but it has mainly dissipated.”* Michael however also shows a willingness to confront uncertainty in this area. *“On the other hand I wonder if I don’t underestimate death now. Whether when I’m really in the*

transitional moments I won't become completely overwhelmed with fear and anxiety. That I'm perhaps romanticising it now as a way to protect myself." Michael says he will never know for sure until the moment that he comes to die. Seemingly willing to go with this uncertainty he says, *"I will never know until I go myself."*

His final word on his view of death is: *"When I think of death I see the wards in hospice. I see the IPU part of hospice. That is my view of death."* For Michael hospice has had a significant influence in the way he sees death and it has given him a place to work through some of the issues surrounding it.

7.5.2 Compatibility with Hospice - A Sense of Belonging to Hospice

Through our conversation Michael gained a sense about himself that, *"I belong to hospice in the long term."* He has many interests in different areas of study such as the mind-body connection, religion and philosophy that are compatible with and can be of use within the hospice setting. He can now use these along with his experience to be of valuable service to the hospice organisation. In turn Michael feels that he will also gain from involvement with hospice in areas such as academic development and direction in this area. He feels that he will probably return within the next few months. Michael is still connected to hospice on an intellectual and emotional level. *"I feel still very interested, maybe more intellectually so, and yet there is also an emotional thing that draws me towards hospice."*

Michael finds the culture of the hospice both holding and spiritual. *"It is challenging and the culture is very holding even from a spiritual angle and I've sensed probably because of the death situation. It brings a spiritual sensitivity out stronger. There's something subtle in the air that I just can't mention almost like a spiritual element, I think that has been a very surprising thing for me. It has to do with the authenticity I think and also the professionalism, the fact that there are so many professionals on the premises. The organisation is quite holding"*.

Michael has not experienced this in other organisations for which he has worked as a volunteer. He has found some of them to be judgmental and opportunistic in their use of volunteers. Michael says that he is very sensitive to underlying cultures and has found the culture in another particular organisation to be harsh and full of pretence. In contrast, of hospice he says, *“I can say that the underlying culture is one of authenticity, of holding. There is a spiritual side to it. And also the interdisciplinary and professional team that’s around - the medical and the social work, and psychologists - these are all people that are professionals and that was something that was terribly missing in other organisations. They are so judgmental and arrogant, yet none of them are professionals except [a specified number of people] of the organisation, yet with hospice it’s very different.”*

7.5.3 Supervision - Criticism vs Support

Michael has found supervision of great value and support in dealing with his cases. *“When I have discussed my cases in supervision I always felt that there was value. I’m very critical, I feel that I don’t always get value for my time and all that type of thing, but with supervision I always felt that I was getting that... [for example] the feedback [that he got]... especially from the people who led the group, the two social workers. They are very supportive. I feel that they always look for something positive to build you up - probably because of the subject matter. You drop the façade and become more real, less critical. That is what I like about hospice, that it is the support. In my other counselling I always felt as though they were critical, but I have never felt that about hospice. I can see that others feel that way too.”*

The supervisors are experienced as *“holding”* and positive although they are able to confront when their opinions differ from the volunteers. Of one of the social workers Michael says, *“she focuses strongly on the positive and she will find compliments even where you have failed completely.”* Michael also finds supervision validating when the social workers confirm his perceptions of his cases. Michael finds the morning supervision group easy to attend but when he took up other commitments he had to change to the evening and he found keeping up regular attendance more difficult.

On the whole Michael has gained support from supervision but he has also had some criticism from fellow volunteers. *“...People started to raise eyebrows at one stage when they heard that I'd been [seeing a client for a long time].”* The social worker then stepped in and defended Michael, but this still put a question mark in Michael's mind as to whether he should have carried on for so long.

Michael has also used supervisors individually to gain insight into cases, which he has found useful. During training Michael has also experienced the social workers as consistently holding and positive. He suggests that hospice should have more training and perhaps in more depth. Michael also enjoys the multi-disciplinary team within the hospice organisation. *“That's the nice thing about hospice that there are so many professionals around.”*

7.6 INTERPRETATION

7.6.1 DESCRIPTION OF THE VOLUNTEER ROLE

7.6.1.1 Michael's Motives – *The Journey Towards Volunteering*

Michael's reasons for entering into volunteer hospice work were interest in the area of death and dying, and health psychology. Personal interest, is cited by Scott and Cladwell (1996), Garfield and Jenkins (1981), Payne (2001), and Chng and Ramsey (1984), as a motive for becoming a hospice volunteer. Michael also thought that involvement in hospice might be useful for his current studies. Unger (1991) gives improving the family's (or in this case the individual's) human capital in the form of education, or some other form of building skills or maintaining skills while not participating in the job market as a reason for volunteering. Michael is currently not employed while he finishes studying. Michael also needed to work through the death of his partner and says that this was another reason for volunteering. Personal experience with the death of a family member is cited by Scott and Cladwell (1996), Garfield and Jenkins (1981), Payne (2001), and Chng & Ramsey (1984), as a reason for becoming a hospice volunteer. For Michael a combination of many factors lead to a life of service as a volunteer (Kottler, 2000; Unger, 1991). His motives for volunteering support those found in current literature.

7.6.1.2 Michael's Perception of the Volunteer Role

When asked how he sees his counselling role Michael says, *"...it's something like reflecting and holding and being present."* This shows the influence of hospice training and the Rogerian counselling influence. Michael's personal views also affect his perception of the volunteer role: *"...maybe a higher level of awareness. It has so many different aspects and definitions that I would want to be flexible about it, situational, being led by synchronicities and being led by the third element, the third partner in the process."* This links to Michael's motive of becoming a volunteer to work through his late partner's death. This supports Cantor (1990) who states that motives in a particular situation frame the perceptions of those activities in terms of those motives. Michael perceives the volunteer role and the counselling situation to be part of a wider process. He also believes in what he calls "synchronicity", patterns in life that recur and link back to past experiences thereby providing an

opportunity to work through things. He gets a sense through synchronicity of being only a part of a bigger process that is taking place, a process through which he and the client are both being counselled. Michael realises the limitations of his volunteer role in that he is not a therapist so he can't "*go into too much depth or interpretation and yet I still do sometimes go into interpretation. It's a natural thing coming from a philosophy background but also my interest in depth psychology.*" Michael's knowledge, which goes along with his depth of perception, influences the form his volunteer role takes. He shows an acknowledgement and awareness of his own limitations. Riordan and Saltzer (1992) say there must be self-awareness of limitations to avoid stress in the volunteer.

7.6.2 MICHAEL'S EXPERIENCE OF THE VOLUNTEER ROLE

7.6.2.1 Michael's Past Experiences and How They Affect His Volunteer Role

Michael mentions two significant bereavement experiences that have impacted his life, that of his partner and his father. He has been reminded of both of these experiences during his hospice counselling. This confirms what Berger (2001) states, that stress experienced by the counsellor in relation to his or her developmental wounds is inevitable. In the case of the hospice volunteer, working with a bereaved client may trigger past bereavement experiences for the volunteer. Michael's experience of this trigger is influenced by his perception of the counselling process. Seeing his own part in the process (as an element in a bigger process) and his idea of "*synchronicity*", provide him with a framework of experiencing this trigger as a positive opportunity to work through issues and therefore grow. Berger (2001) states that if the stress relating to developmental wounds can be modulated the volunteer can empathise more closely with the client. However, the symptoms of this stress need to become conscious to the counsellor and supported effectively. If this happens, the past trauma can contribute positively to the counselling experience. The hospice organisation provides support in the way of bringing into consciousness how the client was reminding Michael of his past bereavement experience, specifically with his father. The social worker initially pointed this "*synchronicity*" out to Michael

and this acted as a catalyst for him to recognise what was happening and to work through this issue.

Expanding on the role of motivation as a possible source of stress, Glass and Hastings (1992) state that if the expected outcome for going into hospice work is not achieved, stress can ensue. These motivations include wanting to resolve past issues. Michael cited wanting to resolve past bereavement experiences as a motive for becoming a hospice volunteer. There may be a particular vulnerability of hospice workers to stress pertaining to wanting to resolve past issues, as typically there is a disproportionate amount of bereavement experiences amongst hospice workers. Past personal loss is often cited as an incentive for going into the volunteer role and this experience could help to bring closure (Garfield & Jenkins, 1981). Alternatively it could lead to increased stress if closure is not attained (Glass & Hastings, 1992). In Michael's case he has been able to confront some of the issues of his past bereavement experiences in an excepting and positive light due to the hospice organisation facilitating this and due to his own perception of the counselling situation.

7.6.2.2 Being Part of Something Bigger - *The Third Presence*

Michael refers to his sense of "*a third presence*" during some of his counselling sessions as though he felt that both he and the client were being counselled. According to Kottler (2000), the act of helping provides a sense of being part of something bigger. In Michael's case this happened specifically with the client that reminded Michael of his late partner. "*That's an experience that I had very, very strongly most of the times when I left there [referring to the client who reminded him of his partner].*" For Michael the feeling of being part of a bigger process then seems to be linked to past experiences and what he calls "*synchronicity*".

The belief in being part of a bigger process gives Michael trust in the process of counselling. This trust helps him to deal with the outcomes of the process, whether they present him with past issues to deal with, or whether he can see if the client has progressed due to the intervention or not. The ambiguity of

never knowing if you helped or not can be stressful (Kottler, 2000). Maslach (1982) also claims that stress can ensue from lack of positive feedback from patients and their families (Maslach, 1982). It is often impossible to measure whether or not the counselling situation helped and on what level (Dass & Gorman, 1990). This lack of feedback gives room for second-guessing on the part of the helper (Kottler, 2000). According to Dass & Gorman (1990), however, a trust in the process can help to alleviate this stress. Michael's experience supports this: *"I have often thought of that, you know. It's really an exercise in trust, your whole life [as a counsellor]. Whereas the one who is an engineer, he can see the product of that thing, whereas [in counselling] it is absolutely open to interpretation, even the quantifiable stuff. But maybe that is the part that makes us more humble or should make us more humble, just trusting the process, and this awareness that's grown in [one of his cases who reminds him of his late partner], that it is not me really, I am just one of the partners it is the process that is running itself through us."*

7.6.2.3 Confronting Mortality

As with all hospice volunteers Michael has confronted mortality in the IPU wards. He feels that this has given him an opportunity to resolve a lot of his issues surrounding death. *"It has resolved a lot of issues about death for me. In fact the experience around death has been very positive."* Thereby the experience enabled him to make peace with death to such an extent that he says that death is *"...a friend of mine. There is such a spiritual presence in the IPU. I can't say that I have had negative struggles about death."* Michael does not report the following: struggles with anticipatory grief; loss; a need to grieve; and to come to closure consistently, which is contrary to expectations of Glass and Hastings (1992).

Michael has however witnessed a negative experience regarding death. *"I wonder why my view of death is so positive, because I've seen the struggle also."* He is however willing to confront this element of contradiction. He copes with the negative experience of death by thinking that perhaps the person concerned was not aware of what was happening to her. He is open to questioning himself as to whether this may be a way of protecting himself.

This supports Momeyer's (1985) claim that to be effective in counselling the dying caregivers have to be able to confront their own fears regarding death. He did not report confronting his own mortality in his counselling, which is contrary to the expectations of Glass and Hastings (1992).

7.6.2.4 Relating to Clients - *Boundaries*

Michael explains the difficulties in relating to clients as they can misinterpret such things as the reasons for why he has to cancel a session. The client has not been trained psychologically and therefore will not be self-reflective of their misinterpretation of the reason for the cancelled visit. This left Michael feeling a bit guilty on one occasion when his cancellation was due to the flu. Clients however can cancel of their own accord and not be honest as to the reasons why this has happened and this leaves Michael guessing as to the real reason for the cancellation. Michael speaks of the problems in dealing with clients who can become difficult at times. *"She seems to be a bit of a grumpy person and it's difficult to not to take things personally. It's difficult to separate that when she's just grumpy and I feel bad, sometimes I can and sometimes I can't because she projects in it on to me"*. This supports Maslach's (1982) findings that clients are a potential source of stress for hospice volunteers. Kottler (2000) found in the helping profession in general that clients could be resistant, angry and manipulative, and they can see the helper as threatening and even be dangerous. Riordan and Saltzer (1992) found they could also have unrealistic expectations of the helper.

To deal with this stress Michael attains distance from the situation at home where he can then recognise where the boundaries between himself and the client lie. Kottler (2000) states that the key for the prevention of stress overload is to find the appropriate balance in helping relationships so as to maintain a suitable distance from clients whilst still exuding warmth towards them (Kottler, 2000). Michael's experience of this is that in practice this is not always that easy as the relationship between himself and the client works two ways. The client plays a role in the difficulties encountered, and even with the boundaries in place from his side he still has to deal with the client's perception of the situation.

7.6.2.5 Boundaries of the Volunteer Role

Michael finds himself going beyond the boundaries of pre-death and bereavement in his counselling sessions. As the emphasis of hospice is pre-death and bereavement, Michael struggles with this issue. He was initially offered such a case by a hospice social worker. He was also drawn to the case due to his own interests in psychology and wanting to be challenged. This case did however lead to a feeling of incompetence, as Michael was not trained in the area of dealing with relationships. It seems to me that to some extent the tension in dealing with this case may relate to Michael's own self-doubt: *"I felt quite threatened because I realise that I wasn't trained for that. And you know I felt incompetent for a long time and actually went to [training at a reputable organisation] which was a lot of money and time, but I didn't get a lot out of these courses anyway. Maybe one or two blind spots were removed, but I think it would take a lot longer course to get into relationship counselling."* The course may not have taught Michael much but I got the sense that he may know more than he thinks he knows. I could understand however from first-hand experience the need to feel equipped for different kinds of counselling and the dilemma of being presented with a case outside of the original definition of your role as hospice counsellor. No literature was reviewed in chapter two that looked at the subjective experience of the role of the volunteer in terms of the content of issues dealt with.

7.6.2.6 Personal Growth vs Self-doubt

Counselling invokes feelings of both self-doubt and growth within Michael. It evokes a feeling of incompetence and it seems to me that the need to develop more stems from this feeling of inexperience. Michael himself confirms this: *"It's self-development but it's also a sense of frustration, that I feel more and more incompetent, but I think that they are two sides of the same coin."* This supports Uffman's (1993) findings on hospice volunteers that the rewards and difficulties are often intertwined. For Michael *"self-doubt is always a huge shadow...my doubts whether I have made any change or whether I have made a mess."* As the self is used in the helping process, involvement becomes more personal. The helper can start to question whether he was

empathic enough, intuitive enough, courageous enough, or innovative enough (Kottler, 2000). Michael has thought of a number of ways in which he can develop himself by learning more about his interest in the mind-body connection, and “*spicing up*” by exposing himself to other types of counselling. In this way Michael believes that he will develop a wider perspective that he feels is necessary for his volunteer counselling. His self-doubt seems to be a causative factor in taking a break from counselling. According to Dass and Gorman (1990), self-doubt common in those in a helping role creates a pull to be efficient and to find a solution. Sometimes this pull - the weight of personal responsibility - leads to exhaustion and frustration. *“These are very strong temptations in me to go those routes. Just reflecting feelings has its place but I feel that it’s so limiting, it is just holding for that moment I don’t know whether it makes any change and if it really empowers in the long term and so it’s that struggle about the feeling of incompetence. The benefit of that is that it forces that to the surface. And you find avenues for actually understanding yourself and reaching out for more development.”* To be of service to others the self must be faced, including needs, doubts and resistances. For helping to be effective we have to remember who we are behind the role. Self-acknowledgement starts with a simple reflection as the helper acknowledges the tendencies within (Dass and Gorman, 1990). Michael, by acknowledging his doubt and need to develop further, can now attend to this tendency in a proactive way finding avenues through which to develop. Michael’s self-doubt however does seem to be related particularly to the case that involved relationship problems. So for Michael the doubt is related to stepping outside of the hospice volunteer role for which he feels trained. In referring to this case Michael says, *“I felt quite threatened because I realise that I wasn’t trained for that.”*

7.6.3 A WAY OF COPING

7.6.3.1 External Resources

Michael has used the hospice organisation as a support for issues arising from his volunteer role. He experiences the organisation as *“holding”*. The supervision groups and supervisors provide personal support for volunteers and information on how to deal with cases. This links to the theme of how

Michael experiences the hospice organisation, and the theme of past experiences, as it was a hospice supervisor who pointed out how issues surrounding the death of Michael's father were being raised through a current case. Michael used this supervision as a catalyst to work through some of these issues. This supports what Riordan and Saltzer (1992) suggest that the team approach utilised in the hospice environment can also promote an opportunity to develop new skills of self-awareness.

7.6.3.2 Personal Resources

Michael uses self-awareness as a way of coping and shows this in acknowledging his need to take a break. He is currently not taking on any new clients due to the need to develop further, finish current projects and feeling that he has started to lack conscientiousness. He has however not withdrawn his name from the hospice list. Riordan and Saltzer (1992) state that there must be self-awareness on the part of the volunteer of their limitations if burnout is to be avoided. In taking a break Michael illustrates his ability to attend to his own needs which is important to maintain balance in the helping role (Kottler, 2000). The other personal resource that Michael uses to help deal with the effects of his volunteer role is his belief in "*synchronicity*" and being part of something bigger. These beliefs frame potentially stressful situations into a positive framework of growth through working through issues. This personal resource was not found in the current literature.

7.6.4 IMPACT OF THE HOSPICE CULTURE

7.6.4.1 Michael's Concept of Death and Hospice Influence

Michael's view of death has developed from "*layers and layers of influence,*" of which hospice is the most recent. His studies and the death of his partner have played an important part while religion only a small part. The studies helped to facilitate issues he had with his partner's death. Riordan and Saltzer (1992) state that religious beliefs can provide comfort through religious practices or belief systems in hospice volunteer work.

Along with the 83% of hospice volunteers studied by Patchner and Finn (1987), Michael believes in life after death and some form of consciousness,

although he is not sure what form this takes and not knowing the specifics doesn't bother him. This supports what Uffman (1993) found in hospice volunteers: they realise that they do not have all the answers to death but are happy not knowing. Hospice has facilitated working through issues relating to death for Michael. It has provided him with the opportunity to work through some of these issues through experiencing "*synchronicity*" with his clients and through supervision. The facilitative process of this experience is evidenced through the fact that Michael no longer experiences fear surrounding death – a fear which was evident in him when he first came to hospice. Maslach (1982) states that fears of death and dying on the part of the hospice volunteer can also lead to stress. Hayslip (1986) and Cochrane (1990) indicate that those who exhibit greater anxiety around death have more difficulty relating to and communicating with the dying. Through his volunteer role and experience with hospice, Michael states that he has a "*friendship almost with death.*" He admits though that he may have romanticised his concept of death as he has also witnessed, through hospice, the struggle that can be attached to it. This however has not affected his now positive view of it. All in all hospice has allowed him to work through death issues. When he thinks about death Michael now thinks of hospice. "*When I think of death I see the wards in hospice, I see the IPU part of hospice, that is my view of death.*"

Michael has moved from a sense of fear regarding death to a more positive view of death through his experience as a hospice volunteer. Kastenbaum (1993) states that our post-modern society has a changing relationship with death and associated ideas on death are headed in a different direction. These wavering images of death are likely to be transformed by the patterns of the modes of death experienced. Hospice is said, according to Rinaldi and Kearl (1990) to be a reaction against societies taboo against death and the quality of death within a culture and climate of denial (Kasterbaum, 1993).

Kasterbaum (1993) states that people in western society have difficulty thinking about death, as it is associated with various modes of dying such as war, murder, and suicide. Hospice care is working to change these images of

death and those associated with illnesses such as cancer. Today cancer does not always mean death. Nor does a cancer-related death necessarily conjure up images of severe pain, anxiety, social isolation and shame. Cancer had become the emblem of death in our society, but now it is possible to live and die with cancer a little more 'safely'. Death has been revised a little more closely to the heart's desire through hospice programmes (Kasterbaum 1993). Michael's experience with hospice seems to support Rinaldi's and Kearl's (1990) and Kasterbaum's (1993) ideas as his experience with hospice in his volunteer role has facilitated a view of death in Michael that incorporates less fear and more acceptance.

7.6.4.2 Compatibility with Hospice - A Sense of Belonging to Hospice

Through our conversation Michael gained a sense of "*I belong to hospice in the long term.*" He has many interests in different areas of study such as the mind-body connection, religion and philosophy that are compatible with, and can be of use within, the hospice setting. He can now use these along with his experience to provide a valuable service to the hospice organisation. In turn Michael feels that he will also gain from involvement with hospice, such as in his academic development and decisions in connection with direction in this area. This seems to resemble the kind of altruism referred to by Hunt (1990) as reciprocal altruism, which is based on the helper engaging in altruistic acts and in turn also receiving some form of help. According to Kottler (2000), all helpers gain some form of reward or they would not engage in the helping act.

Michael finds the culture of the hospice both "*holding*" and spiritual. He has not experienced this in other organisations that he has worked in as a volunteer. He has found some of them to be judgmental and opportunistic in their use of volunteers and the underlying culture within the organisations to be to be harsh and full of pretence. Glass and Hastings (1992) state that trying to work as a team can be stressful. Kottler (2000) states that those who are in the helping profession do not always treat colleagues with the compassion that might be expected. Work environments may be infested with political intrigue, backbiting, scapegoating and undermining (Kottler, 2000;

Glass & Hastings, 1992). In contrast, of hospice Michael says, *"I can say that the underlying culture is one of authenticity, of holding...there is a spiritual side to it."* Hospice programmes represent thanatology at its best. All participants share a sense of common purpose offering solidarity and togetherness as protection in facing mortality (Kasterbaum, 1993). Michael also enjoys the interdisciplinary and professional team approach that is not evident in some other organisations. *"That's the nice thing about hospice that there are so many professionals around."* Riordan and Saltzer (1992) suggest that creating a staff team approach to working in the hospice environment reduces stress.

Michael feels that he will probably return to counselling within the next few months as his interests and experience fit well with hospice. This exemplifies Scott and Cladwell's (1996) finding that a belief in the hospice mission is associated with continuing in hospice volunteer work. Michael is still connected to hospice on an intellectual and emotional level. *"I feel still very interested... maybe more intellectually so, yet there is also an emotional thing that draws me towards hospice."*

7.6.4.3 Supervision - Criticism vs Support

Michael has found supervision to be of great value as a support for dealing with his cases. The supervisors are experienced as *"holding"* and positive although they are able to confront when their opinions differ from the volunteers. *"Probably because of the subject matter. You drop the façade and become more real, less critical. That is what I like about hospice...the support. In my other counselling I always felt as though they were critical, but I have never felt that about hospice. I can see that others feel that way too."* Of one of the social workers Michael says, *"she focuses strongly on the positive and she will find compliments even where you have failed completely."* Scott and Cladwell (1996) found continuing in hospice volunteer work to be associated with a positive relationship with staff and feeling valued. Michael also finds supervision validating when the social workers confirm his perceptions of his cases. Riordan and Saltzer (1992) suggest consistent supervisory support as a way of reducing stress amongst hospice volunteers.

Michael finds the morning supervision group easy to attend but when he took up other commitments he had to change to the evening and he found keeping up regular attendance more difficult.

Michael has gained mostly support from supervision but he has also had some criticism from fellow volunteers. *“People started to raise eyebrows at one stage when they heard that I’d been [seeing a client for a long time].”* The social worker then stepped in and defended Michael, but this still put a question mark in Michael’s mind as to whether he should have carried on for so long. This again seems to relate to Michael’s own self-doubt.

Michael has also used supervisors individually to gain insight into cases and he has found this useful. During training Michael experienced the social workers as consistently *“holding”* and positive. Riordan and Saltzer (1992) suggest proper orientation and ongoing in-service education as a way of supporting hospice volunteers. Michael suggests that hospice should have more training and perhaps of a more in-depth nature. He also enjoys the multidisciplinary team within the hospice organisation.