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How life events affect volunteering:

Beneficiaries-Turned-Volunteers

Galit Yanay Ventura, P.h.D. Lecturer

The department of human services, Yezreel Valley College

gality@yvc.ac.il

972-54-4702637

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One of the prominent fields in philanthropy research deals with understanding the involvement of citizens in social-civic activities for their own benefit and that of the people around them. The basic premise proposed herein for this activity is that citizens take upon themselves social initiatives on matters that are important to them and in areas in which they have a personal interest in advancing. In my lecture I will delve into this issue by focusing on the field of volunteering and on people who were past clients and subsequently became volunteers. I will inquire: what is it that motivates them to become volunteers in the same field in which they received assistance and how this process occurs in practice. What unique insights do these volunteers bring to the organization, to assisting it and its clients, and what can be learned from them about volunteering, motivation and strategies for working with clients?

The literature gives us many reasons to assume that these volunteers make a unique contribution to volunteering: various studies conducted on AIDS revealed that volunteers that have had a similar background and life experience bring an egalitarian, open and non-judgmental volunteering approach to the relationship with the beneficiaries. Some researchers explain that the reason for the good relationship lies in the similarity of life experience and the absence of organizational and emotional hierarchy. Even in coping with cancer, it was found that colleagues

who survived the disease grant beneficiaries an experience of confidence, knowledge and optimism compared with those who are not colleagues. Colleagues removed the trauma from the disease, enhanced cooperation and evoked intimacy in relationships with beneficiaries. Beneficiaries were given an opportunity to hear their success stories and gain encouragement from them. In fact, volunteers provide an example of pos-traumatic growth because of the identification they arouse in the beneficiaries.

Therefore, I interviewed 42 volunteers who took part in the research from various organizations: 10 from the "Iggy" organization of the gay-lesbian community; 8 from the "Enosh" organization (The Israeli Mental Health Association); 7 from the A.A (Addictions Anonymous) organization; 9 from the Israel Cancer Association (ICA) and 8 from women's shelters for battered women and non-profit organizations that provide aid to women. Each participant had previously been a client (s/he personally or relatives), and had volunteered for a year or more. The study was conducted according to the qualitative paradigm and by means of a semi-structured interview. The essence of the interview centered on the interviewee's personal background, the decision to volunteer, the entry procedure into the organization and the different experiences that came up in their volunteering work.

Findings

The first question therefore was: What causes these volunteers to become active in the field in which they had received assistance in the past, and how does this process occur in practice?

The literature poses at least three possible explanations for this linkage: **According to Maslow's hierarchy of needs** (Maslow, 1954) in order for a person to volunteer his basic existential needs must be fulfilled, since only then can higher needs such as belonging, identity and self-actualization come to the surface. Hence, beneficiaries that have received assistance in the past are likely to regard people similar to them as a form of closure and as a testament to their personal triumph.

Bandura (1977) in his social learning theory emphasized that meaningful learning occurs in observation and that its effect increases when observers believe that the observed doer exhibits behavior similar to them. Hence, beneficiaries that have received assistance tend to identify with the helping agents (volunteers and staff) and seek to apply their learning in the form of motivation to volunteer.

The third explanation that I suggest to adopt, which also best explains the findings I attained, is the **identification theory of Schervish and Havens (1997).**

Schervish and Havens (1997) proposed a model in which the basis for philanthropic involvement is the existence of empathetic identification with the needs of the other where this identification includes two key components: (1) personal tendencies that foster philanthropic acts, and (2) The existence of communities of participation and the contributor's sense of belonging.

- The first component is well known to us and the literature on volunteering speaks of women with empathetic capacities and of professional therapists; however, the second component is very interesting and also relevant to understanding the context of beneficiaries.
- In the second component, we are likely to find great interest regarding volunteers who were past clients. The researchers claim that identification develops out of formal and informal relationships with communities and organizations the client is a part of. While taking part in these individual and organizational relationships, the volunteer is exposed to the needs of others whom he learns to empathize with. This exposure has a profound impact on the person's identity, since values and priorities may change through it. Here occurs the main process that transforms him/her into a social activist. Is this enough? The researchers say no.
- In the last stage the volunteer is approached by the organization that had aided him/her in the past, which asks him now to take an active part in the organization. This appeal, they emphasize, serves as the final catalyst for action and will usually be answered affirmatively. In this way, the model emphasizes that philanthropy is not merely the result

of a rational decision-making process but also of the actual exposure or request for contribution or involvement.

This model may well explain how beneficiaries become volunteers:

Death of a loved one, having cancer, drug addiction, coming out of the closet and other events can induce distress that seeks a personal response. The distress leads to a search for a helping organization. The encounter with the organization is formative, empowering and transforms one's own consciousness and values. Volunteers described the change that occurred in them and the gratitude they felt towards those who had helped them in their time of need. For them, their arrival [as volunteers] in the organization constitutes a type of corrective experience. They treated volunteering as a “life duty “and regarded their volunteer work as part of a new identity they had developed. However, when asked how and why they began volunteering they presented reasons very similar to the ones proposed by Schervish & Havans: Typically they received an explicit request from the organization or were required to undergo training as part of their academic studies. When this requirement came up and they had to choose a field of practical experience, they approached unhesitatingly the organizations they were familiar with. They noted that they saw this as closure and were grateful for the opportunity.

These findings present an important conclusion concerning social policy: that while theoretical emphasis in volunteering literature is placed on the individual – the volunteer – **the responsibility and initiative of social organizations is of no less importance.** We tend to examine the individual motives and assume that volunteering is based on initiative and free will. While here, we have seen that even though the initiative did not come from them, volunteers felt satisfied and related to being motivated as coming from a place of personal calling. The very important conclusion to this is that the initiative to volunteer is not a responsibility imposed entirely on the volunteer. **No less importance is placed on the initiative of social organizations to motivate the volunteer from the outside**.

In the second part of my research, I inquired **how life experience affects volunteering and what actually happens to a volunteer who comes from the same field**. I was interested in knowing whether background and personal experience detract from, or benefit, or occupy (and how they occupy) the volunteer while performing his/her volunteer work.

Here, I came to a paradoxical finding:

On the one hand, volunteers bring a model of personal success and rehabilitation to their volunteer work; yet, on the other hand, they also confront their past and their personal wounds. This encounter is very real, alive and lasts throughout all their activities and demands constant coping from them. Volunteers described their fear for the future of the beneficiaries, often feeling sadness and powerlessness, and it was not always easy when analyzing data to draw the line between their words and those of the beneficiaries.

This is how Liat described her pain and apprehensions:

> "Once there was this girl, who was going through rehab and she had been here for more than a year and a half and felt stuck and wanted to harm herself. Me and another counselor talked to her; all I could say to her was one sentence, 'Believe, believe in yourself, believe that you can because I know it's possible, I really know on my flesh that it's possible'. But what I… experienced for a long time after this event … how she, ya know, doesn't believe in herself at all and I, ya know, broke down for a moment and thought maybe she won't make it, and that scared me so much, ya know, my thoughts that maybe she won't make it, that I decided to toss it out of my head like, 'no, no, she will succeed, if she wants it bad enough', and that was a very tough experience for me, because I feel very connected to her, but her lack of faith was killing me."

Liat is barely able to draw a line between her own story and that of the beneficiary. She seems completely absorbed in the points of similarity between their lives. The same held true for volunteers who aided cancer patients. The pain and sorrow that afflicted them by the possibility of

cancer returning to the beneficiary demonstrates that volunteers who are former beneficiaries are very emotionally invested in the beneficiaries' well-being.

> In the words of Leah: "There are a lot of difficulties, a lot of frustration, a lot of pain, uh ... identification, it's not easy to hear the stories in this work, to see a woman with bruises. I once accompanied a woman who arrived with her child and by chance I saw him playing with a ball in the corner while the social worker was speaking to the mother ... he had a bruise on his back. At that moment I hurt so badly I almost shed tears, and uh ... I just really wanted to go up to that woman and tell her 'leave him [her partner/husband]!' I was so furious, it upset me like you don't know how, but I cannot [say those things] because right now I'm just a volunteer, not a cop and not a judge, but I did go later and speak with the social worker so she'll do what she deems right... You're not here for summer camp or a fairy tale; this is very hard to contain and bottle up inside."

We can see in Leah's words the paradoxical aspect of this type of volunteering. On the one hand over-identification and over-exposure to similar life experiences and, on the other hand, with regard to the practical experience with beneficiaries - in terms of how and what to do – the volunteers felt confident, had clear action strategies were generally very content with the choices they had made.

> "Many times they take out all their uh, craziness, all their moodiness on you; many times they do not realize that when they are edgy, they really push you away. A lot of times I invest in a certain girl, and in the end she like runs away or leaves, not because she doesn't want to be here but because it's her way of coping and then it's very difficult, because you don't always get the feedback; but at the same time a lot of good things happen: many girls make progress, a lot of success, it's really gratifying."
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> Many quotes of a simple and confident outlook were gathered from the interviewees in the present study about the way clients should be treated.

> While feeling the helplessness of identification, when we went on to speak about practice these volunteers presented a clear vision.

Here, Shuli talks about the ability to avoid getting hurt by the beneficiary in any way as a volunteer: not to judge, not to put yourself in the center and to subdue your need to receive feedback when the beneficiary is not capable of giving it. These things really stood out against the identification that weakens volunteers, which they exhibited as well. Dan, a volunteer at "Iggy" described that every time a beneficiary comes out of the closet, you come out of the closet again with him, a never ending process that doesn't subside. It turns out, that the similar life event has a dual impact on volunteerism: on the one hand, it makes it difficult to function and makes the volunteer confront dilemmas, doubts and personal demons while, on the other hand, it forges a clear ideological conception, an empathetic outlook and feelings of competence in volunteering.

Here, I come to the third part of the findings and to the insights that these volunteers bring to their volunteer work and to methods of working with beneficiaries. As mentioned before, they bring a clear ideological perception of how beneficiaries should and can be treated. First, the beneficiaries should be treated as though they are suffering from a chronic disease, not expecting to progress with great strides, or that their chronic needs will cease; making progress and having setbacks are an integral part of working with beneficiaries, not proof of the failure of the process. Volunteers emphasized an egalitarian non-therapeutic approach. They reported they were well aware of the places they came from and that there was no difference between them and the beneficiaries, except that they were currently not in crisis. They emphasized principles of autonomy and an attitude that refrains from regarding the beneficiary as a weakened or victimized human being. Accessibility, continuity and patience were stressed by volunteers, including a perception that the volunteers should acknowledge their own limitations. If one is not free and accessible for an adequate period of time, they suggested that one should not even enter volunteer work. They described the damage that a volunteer who leaves might cause and expected volunteers to have clear awareness and motivation. The volunteers displayed the same conscientious approach in relation to the organization. Whether the organization they were representing was financially rewarding or not was not ascribed paramount meaning. On the

contrary, they supported the organization and its meager resources and expected a good volunteer to be flexible and modest in expectations. They did not complain even when receiving little training and accepted this as a natural necessity of a financially limited organization. The fact that this perception encompassed the majority of volunteers shows that these organizations generate socialization on how to get by with fewer resources and, in practice, volunteers accept this. These findings are encouraging and worrisome at the same time. On the one hand, they attest to the many achievements in managing volunteers. On the other hand, they highlight the fact that volunteering for an organization of limited resources depends primarily on the resources of its volunteers.

Schervish P.G. & Havens J. (1997). Social participation and charitable giving: A multivariate analysis. *Voluntas: International Journal of Voluntary and Nonprofit Organizations, 8*(3), 235–260.