VOLUNTEER ADMINISTRATION

VOLUME I *NUMBER 1*

SPRING 1967

Published Quarterly by

The Center For Continuing Education
Northeastern University
Boston, Massachusetts

VOLUNTEER ADMINISTRATION

A quarterly journal devoted to the promotion of research, theory, and creative programming of volunteer services.

MANUSCRIPTS: Address all correspondence concerning manuscripts to the Editor, VOLUNTEER ADMINISTRATION, Center for Continuing Education, Northeastern University, Boston, Massachusetts 02115.

SUBSCRIPTIONS: Subscriptions are $4.00 per year. Checks should be made payable to Northeastern University.

TABLE OF CONTENTS

EDITORIAL 1

CONGRATULATIONS
Dean Albert E. Everett 2

THANKS TO VOLUNTEERS
Summer G. Whittier 3

PROFESSIONALS AND VOLUNTEERS: A ROLE COMPARISON
Elliott A. Krause 10

NEW CAREERS FOR EVERYONE
Leonard Hassol 18

VOLUNTEERING AND THE LEISURE-TIME PERIOD
John W. Putnam 22

VOLUNTEERS IN REHABILITATION MEDICINE
Jacob L. Rudd
Reuben J. Margolin 26

THE PERSONALITY OF VOLUNTEER HOUSEWIVES AND CANDY-STRIPERS
Luciano L'Abate 29

TOWARD AN ASSESSMENT OF THE VOLUNTEER WORKERS PROGRAM AT OSAWATOMIE (KANSAS) STATE HOSPITAL
Monroe Stein 37

EDITORIAL

There are developments taking place in volunteering in which coordinators of volunteer services must actively be concerned and participate if the profession of volunteer administration is to advance. In a rapidly expanding field trends are often difficult to delineate. However, certain elements are clear: (1) more community services will continue to expand to serve a wider range of persons needing aid, including the severely disabled, emotionally disturbed, mentally retarded, the aged, and the socially deprived; (2) more community agencies will expand their volunteer services, including nursing homes, public and private schools, anti-poverty agencies, and neighborhood health centers; (3) the roles of volunteers will continue to shift as they take on sub-professional tasks which support and enhance the role of traditionally professional disciplines.

One purpose of this Journal is to provide a dialogue among directors of volunteer services and other professional persons interested or involved in the utilization of citizen volunteers. It is felt that the sharing of generic principles and cross-fertilization of ideas and experiences is both necessary and desirable for the development of more effective organization of volunteer services.

Letters to the Editor are requested and welcomed. We hope the Journal will meet real needs, but it is necessary to have adequate reaction and feedback before modifications are made.

Contributors are asked to limit their papers to approximately 2000 words. Research reports, theoretical papers, discussions of issues, description of practices, and any latent original notions are acceptable. Two double-spaced typed copies of your paper are requested. Five free copies will be sent to the author or senior author of an article. Duplication of an article is permitted if publication in Volunteer Administration is noted.

- M. S. A.

CONGRATULATIONS

Many have attempted to produce a title for the dynamic period of social change through which man is passing. All have failed, because each in turn has attempted to bring it into focus through his personal system of lenses. Truly, it is a period of searching, where man is seeking deeper meanings in life. And it is through these inquiring efforts, culminating in an ever broadening recognition that the true meaning of life - God's kingdom on this earth - can be found in man helping his fellow man through volunteer service, that this period will eventually be recorded in history as one in which Man Discovered Man.

Congratulations upon this first issue of VOLUNTEER ADMINISTRATION. It truly symbolizes the essence of the Center for Continuing Education, and we at Northeastern University are proud to join forces with you. May it become a source of knowledge and inspiration, linking together all who are devoting their lives to man's greatest calling.

Albert E. Everett, Dean
Center for Continuing Education

THANKS TO VOLUNTEERS*

Sumner G. Whittier**

I am going to speak about volunteers. Every year the President's Committee asks someone to speak about volunteers.

There need be no feeling of suspense about which side the President's Committee is on as far as that issue goes. It is in favor of volunteers.

It follows then, as children a Good Humor cart, that if the President's Committee asked me to deliver this sermon, it felt rather confident that I supported their view. Let me erase any mystery if such exist. I do support that position. I am in favor of volunteers.

As I understand my assignment I am to praise the volunteers. I so do. Further I am to thank them for the assistance which they have this year given to the handicapped and to the President's Committee.

To the measure that you have contributed of self and are deserving, so do I for the President's Committee extend more than simple gratitude. I lavish tall beakers of appreciation upon your kindly heads.

These are courtesies usually performed, but I believe there is a further point and the most important one. The Committee would like added volunteer effort. By such effort can more handicapped be employed. Therefore, if you are a volunteer, please, if you can, next year give more of time and self. If you know others, enlist them in this fine cause and thus multiply the assistance to the handicapped.

That completes the burden of my assignment, and now, if any among you has some pressing obligation elsewhere, you have heard my speech...

I have no idea how extensive the market research on the subject has been; I've seen none, but my instinct tells me that volunteers are pretty unanimously favored both among volunteers and non-volunteers. Some may favor volunteer efforts more for others than for themselves, but in the main, I think we can rest secure that they are approved by something beyond even a Lyndon Johnson majority -- speaking nationally, of course...

This particular speech is uttered against a backdrop of fervent discussion that is universal these months wherever people in the charities gather, be it staff, volunteer, or both. Last year was legislatively in the health field spectacular. A long list of fine bills were passed, freight carloads of pens were distributed, and several sets of rose bushes necessarily had to be replanted in the White House garden.

With government surging into the health field with such cascading vastness, the question keeps recurring: What is the role of the voluntary agency? Can it survive? Will it be totally replaced?

I do not intend to examine the questions or the answers here except quickly. It is the view of almost everyone that, though there may be some changing of roles, the volunteer agencies still have a strong part to enact on the health stage.

---

* A talk delivered at the Mayor's Luncheon, National Employ the Physically Handicapped Week, Boston, Massachusetts, October 11, 1966.

** Mr. Whittier is Executive Director, The National Society for Crippled Children and Adults, Chicago, Illinois, and is member of the President's Committee on Employment of the Handicapped.

No matter how lengthy the discussions, one conclusion rises prominent as the Washington monument and that is the government is in the health arena, is in it hugely and energetically, and whatever the changes, all of us, remembering that our joint and basic goal is improving America's health by finding answers to the great health questions before us, must work together in complementary fashion, each in its best place, and so we shall.

The moment may arrive when voluntary contributions will decline, but as far as I can see there is to this moment no statistical evidence showing any such trend -- almost all major fund raising drives seem to be at record peaks.

Among government officials I find spoken reassurance that volunteers and volunteer agencies are needed and expected to continue. Vice President Humphrey speaking of the handicapped and their need for a chance to prove themselves competitively said at this meeting a year ago:

> "It is you who are providing that chance...
> you who are leaders of business, labor....
> and other voluntary organizations."

When we consider the side that is positive and what the volunteers have accomplished, we think: America, God shed His Grace on thee. And part of that Grace was the gentle human heart that cared beyond self to change and conserve this land, to endow it with more beauty, more health, more decency.

Think you not so?

IMAGINE AMERICA WITHOUT VOLUNTEERS

Come with me for a moment, let us sit atop the highest peak where the Continental Divide splits the Rockies. Let us look east and west, north and south at a different America.

What if there had been no volunteers? -- in this, our land?

What if every citizen had turned his back and let the stricken die when their cries for help came agonizingly upon the air?

What if the selfish and the vested had been permitted totally to inherit the shore and plain, river and mountain?

What if there had been no voice preaching out against wrong -- demanding justice, fair play, remedy for injury, at town meetings, at the assemblies of Congress?

.... A BARREN LAND

Look out in grim imagination at that barren land -- three thousand miles east to the little towns of New England and their ledge-rock shores -- to the streaming rivers that hold Manhattan -- to Washington, D.C. -- Chicago and its pendant lake -- then west to Big Sur and the Sierras and the vast tumbling Pacific.

What is it you notice first?

.... NO CONSERVATION

The land naked of the trees, gone the tall ponderosa and the taller sequoia, slash pine and cedar vanished from an ugly continent? For who was there to raise the protest when the spoilers came to strip the forests?

Who was there to fight the lobbies that descended upon the lawmakers?

Who to save the watershed?

See the huge dark swirling clouds rising above the dustbowl plains. For

there had been no volunteers to preach conservation.

.... NO BEAUTIFICATION

But look beyond to the cities and the towns. What seems so strange? What's missing? Parks and flowers? Yes. No foolish garden clubs.

.... NO CHURCHES

But more, no steeples, no white spires rising on New England greens, no great ascending cathedral tower along New York's Fifth Avenue, no reminders to the secular world that there might have been greater forces fighting the torrent of materialism -- for churches are built and manned by whole armies of volunteers, from Ladies Aid to Sunday School teachers.

.... NO MONUMENTS

The nation's capital seems strange -- that's it, no tall obelisk rising high to honor Washington -- no white columned Memorial in Lincoln's memory -- for such monuments need volunteer efforts.

.... FEW HOSPITALS

The hospitals seem so few in every community. The state cannot build enough hospitals without volunteer help. Tuberculosis is rampant. There was no Lawrence Flick, the packer from a Los Angeles orange grove, stricken and recovered from tuberculosis, a volunteer fiercely to organize public opinion against the dread white plague.

.... NO MARCH OF DIMES

Yes, there was a President named Franklin Roosevelt. He was a victim of polio, campaigned held in braces, and he wanted deeply to prevent others from being struck down, but they needed volunteers to march for dimes, and after all, who would march for a dime?

When they proposed it, a certain lawyer stood up to bait them and to protest. Ringing a lot of doorbells, especially in some of the suburbs, would irritate a lot of comfortable people, who did not want to be disturbed.

Besides, if that flock of women, the lawyer said, ever got too eager, the drive might be successful. Why, the effect would be terrible -- there might even be a lot of new drives springing up trying to help conquer other diseases. Just think how much that might disturb suburban Americans. We must not disturb people he said. It might bother someone's conscience to pause and think that he might be his brother's keeper.

It just wasn't businesslike -- it wasn't efficient -- having women run around like that collecting money when they could be home playing bridge or watching some inspiring afternoon program on television. And besides, polio wasn't the biggest problem anyway.

So the criticism convinced the Volunteers and they gave up the idea.... no Volunteers....no March of Dimes.

.... NO POLIO VACCINE

Now over there, this is the huge hospital and sanitarium -- looks like a warehouse, doesn't it? -- where we keep our handicapped, the lame and the halt. There are certainly a lot of them. We hope that the government will appropriate money for a big research program to try and find some serum or vaccine to halt polio.

But we don't talk about it much. We conceal the handicapped. It bothers the public too much. Some people wanted to get a thing going to try and change public attitudes, but it would have taken too many volunteers, and there were none.

.... DISEASE RAMPANT

Oh, those social diseases...shhh! We don't say those words. That's another thought someone had -- attempting to get frank discussion of such things. But that got killed too. Would have taken volunteers.

Gray Ladies? In hospitals to help veterans? I can see how a visitor might be a bridge in a mental hospital between hope and hopelessness, to take the patient for a ride outside, or be a companion to a halfway house helping him rehabilitate himself.

NO VOLUNTARY HEALTH AND WELFARE ORGANIZATIONS!

Raise money to help in disasters? You mean like giving out food and blankets? Or finding shelter for people when there are floods and tornadoes? And getting blood for blood banks? And instructing in first aid or giving lessons in lifesaving while swimming? It sounds interesting, but who'd ever do it? Where would you find the volunteers? I'm sure someone would criticize that and discourage the volunteers right away.

And so it would have been had there been no volunteers to serve and to work and to achieve in the face of apathy and resistance.

The voluntary health and welfare organizations of America would have disappeared. Cerebral palsy, epilepsy, arthritis, multiple sclerosis, heart, mental illness, mental retardation -- these and many more organizations would have vanished.

Can you imagine the vast government structure that would have had to be established to fill the gap -- if they had just tried to add one person to the payroll for every vanished volunteer? Can you visualize the millions of government dollars needed to replace the money raised by volunteers through the years?

I cannot help but wonder, for all we have done in the private sector, had we done more, had we been able to inspire still others, would there have been so much for government to do?

VOLUNTEERS DO MUCH

Fortunately, there have been the volunteers doing all kinds of unbelievable tasks -- cooking fudge with Brownies, lugging cookies to the office and forcing all their reluctant fellow employees to buy boxes for the Girl Scouts, coaching ferociously competitive Little Leaguers, playing nursemaid in cooperative nursery schools from morning until dusk. Who can count the bruises, the contusions, the scratches that poor middle-aged, overweight adults have accumulated -- not to mention the barrels of unguentine and the tubs of arnica that have been applied to those aching bodies -- because they have vigorously led flocks of energy-driven young Americans up and down hills on camping expeditions in park or mountain.

How many adults have been in nursing homes or day care centers or other institutions that give help to the aged? It is the volunteer who brings back the light and the memory and the smile.

Could there have been the symphony music to enjoy in so many cities without volunteers to raise funds to perpetuate the nation's orchestras? How much of music, how much of amateur sport, has existed because of the peculiar drive and concerned interest of whole battalions of volunteers?

I have stood in the aspen gold mountains in Colorado, have stood on the side of a great California mountain below Malibu looking out to the tumbling sea, and by a manmade lake in Des Moines, Iowa, and in other of America's states surrounded by youngsters in wheelchairs and with crutches who were working, laughing, playing because one man in one small town of Elyria, Ohio, had once -- long ago -- been stirred to action to provide help when the size

of the need and the challenge seemed vast beyond calculation.

His son was injured in a streetcar accident, and died because there was neither the facility nor the talents in Elyria to save him. So Edgar Allen left his well paying job, motivated his fellow Rotarians to raise funds to build a children's hospital, then saw as a patient a terribly handicapped youngster in need of special help. Edgar Allen set out to provide it, and from that dedication against all the apparent impossibilities grew Easter Seals, in every state and more -- 1400 locals -- thousands of volunteers -- because one man cared and acted.

And in this room and at this meeting, we must acknowledge the volunteer who helped make the very promise of our Declaration of Independence come true for many -- that man shall have life, liberty, and the pursuit of happiness. A man who is chained by a severe handicap has little of liberty and less of the pursuit of happiness. Those who are at this meeting and others who have preached and acted across America to provide the opportunity for the handicapped at the workbench, in the laboratory, in a thousand places at a thousand, thousand jobs, have given meaning to many lives, have given self respect, confidence, and a sense of belonging more fully to a free America.

The surging horde that comes in increasing numbers every year to this conclave until we have outgrown Constitution Hall is witness to the immensity of volunteer compassion.

And now I have called the positive roll -- not the total roll, but enough in the sampling so that we know there has been this great pulsing force in America that has changed its ways, that has remade its cities, that has touched the life of millions.

The story is magnificent and inspiring. I wish I could leave it there. I wish that, like the motion pictures I used to see when I was young and which still turn up on late television, they would all live happily ever after. I wish it were a success story, total and complete.

But the nagging, continuing, relentless persistence of something inside me will not let me be. I have seen America, and I have seen its greatness. But I have seen also its agony in too many places. It is the more terrible in its contrast when we know that the need occurs in the most affluent of societies. Never has the richness been as great, but the statistics of need are still long.

I shall not quote any columns of figures. They are dull in the listening and in the reading. But there is no one of you who works among the charities who does not know that there is never enough. Charity groups all across America and their budget committees are aware of the swelling demands and the growing requests for more, of the increasing goals that must be met and too frequently are not for the budget must be balanced.

It is difficult to make an objective balanced judgment positive or negative. There are both in the world -- the caring and the care-less -- and I shall not weigh which are greater in number -- though I know that, whatever the balance, there is need for many more volunteers, for many who care with a driving passion.

If my assignment here is only to emphasize the positive, only to acknowledge the good men have done, this is a fine undisturbing public relations approach. If the calling of the proud roll of the honored and the compassionate, among individuals, among industries, among agencies, among government departments, among cities and among states, if that awarding of prizes, if that describing in sincere words with deserved compliments, if those accomplishments become the inspiring example, and create in other men the urge to follow -- the burning need to go and do likewise, then that positive approach is one of resounding merit.

On the other hand, if not mentioning the negative permits a patch to be

placed on vulcanized consciences, if mentioning only the positives hides the need for action in your town and in mine, then we have not hoisted the banner high enough, nor enlisted enough volunteers in the legions, nor done full battle against the constant enemies of mankind -- indifference, preoccupation, cruelty, neglect, and the blind refusal to see or hear or do.

All that I have said seems to keep adding up to full approval of volunteering -- but beyond this room some division might arise. In truth voluntaryism is a question that is so old in time as to be beyond the tracing of its origin. The Bible raises it early. It was Cain who said, "Am I my brother's keeper?"

Through centuries of history man has been debating that troublesome question in his conscience for it is not easy to answer except in the doing.

It was a question asked of Christ. He gave an answer so clear it has come ringing down the centuries to us. A certain lawyer stood up trying to bait Christ -- someone is always trying to bait those who preach goodness -- and asked: "Who is my brother? Who is my neighbor?"

GOOD SAMARITAN

Christ told the story of the Good Samaritan:

"Thou shalt love....thy neighbor
as thyself."

Men did turn their backs on their neighbors -- men did look the other way and leave a bleeding human being beaten by thieves. Dying in the dusty road until one man, as he journeyed, came where he was; and when he saw him, he had compassion and went to him and bound up his wounds.

A beaten man on the roadside -- does that sound ancient and long remote? Or does it have a sound of recency to it?

Even in this hour — after all the countless years of conscience -- the question is still being asked and different answers being given.

Christ lived in a brutal time. Execution was by crucifixion. It was a hedonistic, sordid, ugly, materialistic world of illness, of many beggars and many crippled, of short life and quick death for men, for women and for children.

But what has this to do with this meeting here in the civilized 20th century? This is a new and modern world and all is changed.

Or is it?

The things still undone, the needs yet unmet can furnish us with a long troublesome list, and a longer list of men who have turned away.

Is Kew Gardens the symbol of our age? A girl coming home from work on the streets was stabbed to death, and men pulled down their shades and went with troubled consciences back to be, while she lay bleeding and dying on the street, her pitiful cries unanswered...the Samaritan, as he journeyed, came along a few thousand years too early to be of help to her.

Need I recount others?

When some future age looks back on us as now we look back to the time of Christ, and weighs in balance the good and the bad, what will history's judgment be of our century?

In terms of statistics on murder and crime, of concentration camps, and civilian deaths in wars, few ages will be able to match us in sheer numbers, much of it occurring because someone refused to see or act when, by his action, the results might have been different.

When Jesus came to Golgotha
They hanged him on a tree.
They drave great nails through hands and feet,
And made a Calvary.

They crowned him with a crown of thorns --
Red were his wounds and deep
For those were crude and cruel days
And human flesh was cheap.

When Jesus came to Birmingham,
They simply passed him by.
They never hurt a hair of him.
They only let him die.

For man had grown more tender,
And they would not give him pain
They only passed him down the street
And left him in the rain.

Still Jesus cried
"Forgive them for they know not what they do"
And still it rained the winter rain
That drenched him through and through.

The crowds went home
And left the street without a soul to see
And Jesus crouched against the wall
And cried for Calvary.*

Who does care? Who is the greater number -- the caring or the care-less?

It is magnificent to come to this meeting...and be part of this warming pageant that a hundred times walks right off the platform and grabs hold of you in your heart and in your soul.

At this assembly we have...heard the Handicapped American of the Year stand at a lectern and address the nation -- all America -- in a voice he himself could not hear -- handsome and erect and gallant and confident, his blind eyes shining with dreams. He stood there the photographers crowding round. I noticed a little nun in her black habit snapping pictures like mad.

He stood there and he put his fingers on the moving lips of the Vice-president of the United States, and you felt it, and you knew it when he said, "There is no darkness when there is the sunshine of hope. There is no silence when there is the song of dreams."...

But forget you not that there are others who, if they are to take their place here, need you and you, need volunteers, need the caring to carry the inspiring story, their story, state to state, town to town, to tell others, to enlist the uncaring...

How did the story of the Good Samaritan end?

GO THOU AND DO LIKEWISE.

---

* "Indifference" by G. A. Studdert-Kennedy

PROFESSIONALS AND VOLUNTEERS : A ROLE COMPARISON

Elliott A. Krause*

DEFINITIONS: THE PROFESSIONAL AND THE VOLUNTEER

Carr-Saunders and Wilson gave in 1933 what has remained an important and central definition of the term "profession". They noted:

> It is the existence of specialized intellectual techniques acquired as a result of prolonged training which gives rise to professionalism and accounts for its peculiar features (1).

Other important criteria noted were: the forming of professional associations, specialized intellectual techniques, some tests of competence for potential full members, a code of ethics for the group, and some sort of format within which they could meet at regular intervals for social and vocational purposes, especially the exchange of information (2). Greenwood, some decades later, agreed essentially with these authors in saying that five criteria for a profession were: a systematic body of theory, authority in the eyes of the client, community sanction, ethical codes, and a group culture (3). An additional point which Greenwood made is very relevant to our problem -- that many of these qualities can be present in what we call a non-professional group, an occupational group which isn't a profession. He believed that it was a matter of intensity or quantity, rather than quality. That is, you had to have a strong body of theory, a lot of authority and substantial community sanction, a firm ethical code and a strong group culture, in order to have a true profession. Any occupational group, and even a group such as a labor union, could possess some of these characteristics, or even all of them to a minimal degree. So also could a group of volunteers (4).

There is little discussion in social science literature on how one goes about defining a volunteer. Because volunteers come from all walks of life, with all sorts of previous training, it seems that the primary dimension for defining is an economic one -- they don't get paid, in a situation where they volunteer their services. This much we can say. Anything beyond that varies, depending on where they are volunteering, what they are doing, in what capacity they are volunteering. If we compare these two, we see then that a professional usually defines his qualifications in terms of training and special group membership, while the volunteer is self-defined and defined by others in terms of interest in being of service, and in possessing a value system which includes the principle, "thou shalt give thy time for nothing in the way of financial reward, toward a higher good," and they may or may not have formal training in the work (5). Certainly in many situations today the volunteer tries to get this training in the role, and most volunteer organizations do seem to select out some people almost by definition. Some people would never dream of volunteering for anything.

A HISTORICAL OVERVIEW OF RELATIONSHIPS BETWEEN THE GROUPS

Volunteers have probably been around just as long as professionals. If we take one of the world's oldest professions -- prostitution -- I think we find that going back to ancient Egypt, we possibly had both professionals and volunteers! The situation does not seem to have changed that much in the meantime -- where we have professionals, we usually also have volunteers. A professional group tries to create a mandate for itself, a set of things which it claims it does and that only it is capable of doing (6). However, professions, as they carve out areas for themselves, taking the traditional professions of medicine, law, and the ministry, will still find that there is a greater need for their services than existing trained individuals recognized as fully competent by the

---

* Dr. Krause is Assistant Professor of Sociology at Northeastern University, Boston, Massachusetts.

professionals in performing the services. Historically, as a profession becomes established, it increases its power to regulate "quacks" or deviant practitioners of the arts in which they claim competence (7). In the absence of a majority of people who are willing to go against the existent power of the professional group by such deviant pathways, there will still be a need for more services. In the mind of the professional group there is usually some desire to meet what they're not meeting in the way of community needs, in a way which is non-competitive for them. Volunteering as a way of gaining support for their work has been traditionally seen by the professionals as a resource in meeting their ethical committments.

The early volunteers in such "auxiliary" fields as social work seemed to be rather free from close scrutiny of the relevant professional groups. The social service volunteer in the late nineteenth century certainly was watched, but it was not in the professional terms of the present day but was rather a scrutiny of her morality and correctness of demeanor in acting as a benefactor toward those everyone conceived of as her social inferiors (8).

Between the end of the nineteenth century and the middle of the twentieth, industrialization speeded up, the economy changed over to a service model from the earlier entrepeneurial industrial model, the world opened up and communication improved. A phenomenon which was not prevalent at the end of the nineteenth century began to become more frequent, to its present dominant position as a social process -- the process of professionalization (9). Professionalization refers to the desire of almost every occupation to consider itself no longer as an occupation but rather as an emerging profession. One example of this is the role which used to be called the health inspector or rat inspector in a public health department, which has now evolved into the role of the (semi-professional) "sanitarian." Sanitarians are not just rat inspectors but have many duties, which, though often minor and menial, can often be important in preventing epidemics such as typhoid fever (10). This is one instance of a general social trend. Wherever there is an opportunity for greater learning in any service occupation, the opportunity and the learning process become formalized. Courses are set up somewhere, by somebody, and the individuals setting up the courses usually set up formal criteria and start giving a degree. Once a degree program is set up, this means formal accreditation and standards. A grandfather clause is set up, so that all people presently practicing whatever it is can still do it. But their approval is still needed -- for in the early years of a new profession, the only ones practicing it are formally unqualified.

Historically, as professionalization became more prevalent, as more and more occupations redefined themselves in professional terms, and as the role of the professional became more important, the standards became stricter. And so, in many professions, there was a period during which volunteers were not conceived of primarily as helpers for professionals but rather mainly as <u>the old way of being a professional</u>, and therefore something to be actively fought. This social phenomenon is similar to the behavior of the nouveau riche, the arriviste, who wants to put his slum past, and his slum friends, behind him, by actively denying their relevance to him or their value in any way. Thus the hardest time to be a volunteer may have been in the period halfway between the turn of the century and the present day. At this time, in the health and welfare areas, the need was thought of as primarily to professionalize, with extra volunteers seen as a distraction and an uncomfortable reminder of a recent past. As Lobove stated, in his study of the development of social work as a profession:

> In the late nineteenth century, social agencies had delegated important administrative and treatment responsibilities to the volunteer; by 1930, her activities were often marginal or else closely supervised. The paid social worker's claim to expertise, the emergence of a professional identity nurtured by schools and associations, and the development of a formal organization or bureaucracy as a characteristic feature of administration, were crucial in the devaluation of voluntarism.(11)

I think this is changed at the present time, because many of the groups who were professionalizing in the middle period have now arrived. Nurses are considered as professionals, social workers, certainly dentists are considered as professionals, yet this was for them an open question in 1900.

Other things of major importance, as we noted above, have been happening during the previous half century: the population explosion, and the fact that still in 1966 one-fifth of the nation exists beneath the "poverty line" of $3000/year for a family of four (12). These individuals are in need of services, and through the present way of funding public services -- through the voter and Congress -- public services are underfinanced and public servants underpaid. The need for volunteers is seen as increasing proportional with the realization of their usefulness and the shortage of funds (13). And finally, as an expectable step in this historical prowess -- volunteers are professionalizing. Volunteers are beginning to think of themselves as an occupational group, with an organized body of individuals pressing toward status, respect, power, some allocation of resources, and some definition of their role in a more modern sense. They are becoming a self-conscious occupational group. Not a full-time occupational group -- and not by definition a paid occupational group, but an occupational group whose existence as a group is sometimes of particular interest to training programs in universities, set up specifically for volunteers across different service areas. I think that this last turn of events is historically important, for it appears that the original helping role of the volunteer, which was an important one in the society, was eclipsed and devalued in the drive toward professionalism. A new generation of volunteers wishes to establish a renewed position of importance, and a new relationship with the professionals -- often in their image. This has some ironic aspects, which will be considered in the concluding section. At the present time, the shortage of trained people in the helping professions is encouraging this trend toward a newer and more progressive use of volunteer workers. So I think that at the present time we are beginning to see a coming together or a partnership between two groups -- not the same partnership which existed back then, and not the active antagonism which existed in several areas halfway between then and now, but new types of relationships between the groups.

PRESENT-DAY INTERRELATIONS

There are several dimensions of relationships between volunteers and professionals which hold for many settings -- several types of permutations and combinations in their working arrangements. We can take up five main ones at this point.

First, there is the administrator of volunteers. Most social service work is carried out in some sort of organization. This organization has an administration; the administration must order the work tasks and the flow of work, the flow of patients, and all other everyday activities, in some sort of rational sequence so that to some degree what is going on is predictable. If volunteers enter into the helping process in any significant way, in any significant numbers, in any organization larger than about ten to fifteen people, there is sure to be someone whose part-time job will be the administration of volunteers and their program. Traditionally this may have been done in an informal way, by an unpaid senior volunteer, before the growth of large service organizations. But in a bureaucratic framework often a special role is formally defined, and in large service organizations such as mental hospitals, there will be someone who is called the administrator of volunteers, or the volunteer administrator. Now this can be a confusing term -- "volunteer administrator" -- because in many cases in large settings such people are not volunteering their services, but are in fact paid staff members, perhaps trained in some form of interpersonal work, who have been delegated this responsibility in the organization.

The volunteer administrator has divided loyalties almost by definition, in the same way that the foreman in industry has loyalties divided between management (who want to use him as a tool for forcing the workers to work harder) and the workers on the line, who are his fellow union members and with whom he must unite at times to fight management (14). The volunteer administrator,

ideally at least, is a person who cares about volunteering. He or she believes in it, in its value -- "there should be more volunteers, we should have an enlarged program". A volunteer administrator can usually be expected to not only keep the program going, but also to improve and expand it. The other administrators, in a hospital or any other type of service agency, may have mixed feelings about this, because the volunteer is not completely under the organizational thumb. The volunteers can come and go. Volunteers, not being paid, are not subject to the restrictions which can be imposed upon an employee. And this economic bond is an important consideration to any administrator. Other complexities involve the high-status community volunteer with good intentions and no skill, who can make life miserable for the administrator of volunteers, but who may not be offended at any cost, as she and her husband are powerful in the community and in the "board" of the agency or organization (15). To sum up, one cannot command the loyalty or unquestioning total obedience of those who are offering their services at their own free will, and can withdraw them at their own free will with little or no consequences to themselves. Therefore the administrator of volunteers has to treat the volunteer as a pseudo-employee, and try to fit them into a schedule like an employee. But the idea of the volunteer and the employee are not always the same. The part-time problem is only one example of this.

Administrators of volunteer programs constitute a group which now seem to be increasingly interested in professionalizing. Here are individuals who are dealing both with service staffs and with volunteers, and dealing constantly with the conflicts and dilemmas discussed above. The goals of the training programs being set up for volunteer administrators are presumably to bring about a greater degree of expertise in handling these problems, and in more fully utilizing the resources presented by the volunteer. They are a bridge between the professional, the administration, and the service organization on the one hand, and the volunteer on the other.

A second type of relationship between professional and volunteer is what can be called the "professional" volunteer (16). By this is meant the volunteer who has been around so long in the setting that they know all the rules, how the rules can be broken or observed, what the culture of the service organization is, what the informal channels of communication are as well as the formal channels, what the routine is, on an everyday basis, what the best and most efficient ways are for acting in an emergency. Usually the "professional" volunteer is someone who has given a significant proportion of his or her time to this activity, someone who is in the setting almost as much as a paid worker. The "professional" volunteer comes in several species, usually not obvious ones. Many service organizations have someone who is considered as an unpaid staff member rather than an obvious volunteer or "lady bountiful" type who spends only a few hours per week. This type of person may be counted on quite heavily in some service organizations, especially in understaffed and overworked ones. These individuals may also, informally, have training. That is, their in-service training may have been quite extensive by the time they reach this status, over a period of years. In many ways, they are most accurately described as unpaid, informally trained professionals. One can observe senior administrators on service staffs pleading with the "professional" volunteer to join the staff as a paid member. But these offers are usually rejected, for either the money is not a factor to the volunteer or her freedom in the role -- as well as its uniqueness -- counterbalances any desires for economic reward.

A third relationship, one with extensive historical precedent, is that of the professional as a volunteer. Going back to ancient Greece, we note that the Hippocratic oath, taken by all physicians, states that one performs one's services according to need, and expects to receive renumeration only according to ability to pay, and that no criterion shall be used to eliminate anyone from the receipt of services (17). The volunteer activities of the professional are often considered part of the ethical dimension of the profession itself. Taking physicians, we can note that they have traditionally tried to reserve some time for the charity ward; lawyers are expected to give at least some legal aid to the poor, the minister performs many activities for which he

receives no remuneration. When a professional acts in this capacity, he does not expect immediate and public praise for his efforts. He would be embarrassed if it came, because it is defined as part of his role, as part of what he ought to do as a professional.

But we have to be very careful about equating the professional as volunteer with the volunteer as volunteer. Because professionals as volunteers are not just volunteers their physical selves and their good will -- they are volunteering their professional expertise and this primarily is what people want and need from them. The doctor offers his skills and training in diagnosis and treatment, the lawyer his familiarity with the ins and outs of legal process. Also, as Parsons notes, the professional is in many senses a businessman, interested in profit, differing from the businessman primarily not in this area but rather in the ethical restrictions on advertising, universalistic (impartial and impersonal) attitude toward the client, and the rule of confidentiality (18).

The issue of how much volunteering professional groups actually do needs much further consideration and research. For public relations purposes professional groups like to create the image of "public service" -- that they spend a large amount of their time volunteering. In fact, the few studies which have been done indicate that most physicians give about one hour a week to this work. This is certainly better than nothing, but it certainly is not a massive committment to help the poor. Of course, hospitals and physicians vary, and findings like this are tentative. The question remains, though, as to the difference between the image of a group and their actual practices. In medicine, the last few years have seen a sharp decrease in the public's and the physician's expectations of the physician as a selfless volunteer of free service (19). In general, we cannot expect, with any of the professions, that the professional will supplant the volunteer in volunteering work, thereby putting the volunteer out of business.

Fourth, there is the case of the professional who turns volunteer. The retired professional who just wants to keep his hand in, or the professor emeritus who teaches a course just for the enjoyment of it are examples of this category of individuals.

Finally, there is the case of the volunteer who turns professional. Being exposed to the service activities in a profession for a long period of time, getting a lot of experience, being exposed to pressures, given responsibilities and enjoying the work, volunteers may decide to take up a career, in whatever they have been volunteering. We find this true often among students, especially those volunteering in mental hospitals. At a work-study plan university, such as Antioch or Northeastern, students working during the off-term at a social agency sometimes become so interested that they begin thinking of a career in the work. This holds for more than young people. Housewives, after their children grow up, have been becoming more active in volunteering work, and in turn their experience leads to professional training, especially in universities equipped with programs for adult women. Thus people who are in some way deviant to the educational system (dropouts, married women who left college) as well as those in college, form major pools of volunteers who become recruited to a professional career, as a result of the volunteer experience.

To sum up, relationships between volunteers and professionals are quite complex, involving such dimensions as the status of occupational groups, the setting of the service activity, and the time dimension over which the roles are considered. It is possible for professionals to act as volunteers and (almost) for selected volunteers to act as professionals; in full life careers it is possible for the full time professional to develop into the full-time volunteer and vice versa; and there is a role-administrator of volunteers-which is by definition a bridge between the two groups. In each one of these interrelationship situations we see an actual or a potential role passage-a "crossover" type of situation - and any situation of this sort is a source of conflict, because of different expectations made on individuals as a result of

changing roles (20). Typical examples, from our five categories, are the cross-pressured situation of the administrator of volunteers, the skill-without-legal-status dilemma of the "professional" volunteer, the time limitations and ethical dilemmas of the professional acting in a volunteer capacity, and the conflicts over career decisions of the volunteer who is considering turning professional. These are issues which intimately involve individual personalities and service programs, and are also key issues in the sociology of role behavior, and the sociology of occupations and professions. As such, they will warrant much further study.

VOLUNTEERS, PROFESSIONALS, AND BUREAUCRACY: A NOTE OF IRONY

Can one just throw a group of volunteers into a treatment setting? It might in some cases have a positive effect, in others a disastrous and negative effect, depending on the nature of the individual thrown in, and the organization into which he is thrown. Several studies of volunteers in mental hospitals have shown how the back wards can be transformed by a volunteer group into a more cheerful place, for three or four days, possibly even a week or longer. But when the volunteer group leaves, the setting can be plunged into a deeper depression than if the volunteers had not arrived - for the feeling of abandonment and desertion is added to the social experience of the patients, recreating their feelings of earlier desertions by family members, perhaps years in the past (21). As Bruno Bettelheim suggested in the title of one of his books, perhaps love is not enough (22). On the other hand, it certainly suffices more than nothing at all, as in the case of professionals who remain in their role for financial purposes alone, having lost all idealism and humanitarian feelings for others. This is the other side of the coin - the enthusiasm and genuine interest in people which characterize many volunteers.

As service organizations have grown larger they have become more bureaucratic. By bureaucratic is meant the increase of rules in a setting, the increase in complexity of rules, the increase in the number and complexity of the roles of staff members, an increase in the confusion over the definition of these roles by themselves and in relation to one another, and an increase in the level of bickering and conflict on the issue of simply who should do what, rather than what should we do (23). Bureaucratization entails an increase in the complexity of self-consciousness of a group of people trying to work together, and quite possibly a slowdown in whatever they are trying to do. In this, the ironic thing is that the professional by definition is much more involved in this internal bickering and role defining than is the volunteer. Also, as settings become more hierarchically structured, the professionals in high status tend to define out much of their contact with human beings - especially the "dirty work" of the profession, to use Hughes' phrase (24). Increasingly, it becomes the volunteer who sits at the bedside, and talks with the patient. Volunteers are performing more and more of the activities which in ancient times were called "clinical" - a Greek word which originally meant ministration to the soul of the individual, after the biological therapies of the time had done what they could (25). The irony, restated, is that as service occupations professionalize, they leave to the volunteer more of the activities which traditionally were part of their own role. Also, as federal and state bureaucracies apply cost-accounting procedures to public service agencies, they create pressures toward increased impersonality and a production of "numbers served" orientation on the part of the professionals and semi-professionals in the organization (26). As Scott puts it, "professions and bureaucracies are becoming more and more alike; that is, 'bureaucrats' are being professionalized at the same time that 'professionals' are being 'bureaucratized'" (27). Only in the highly prestigeful professions such as medicine and law do the practitioners have enough group power to resist some of these trends. In auxiliary and public service professions like nursing and social work the bureaucratic trends make even more inroads in the individualized service

model (28). Here, when so many volunteers in fact work, the imitation of the prevailing "professional" model is somewhat like compounding a felony. In "professionalizing" in these areas, volunteers who follow the model of the paid practitioners stand the risk of intensifying factors which prevent a meaningful interpersonal helping relationship. Volunteer groups and administrators of volunteer programs may need to be cautioned, in order to avoid the slavish imitation of recent professional trends which deprive the volunteer of a potentially useful gift to others - the personal approach and the non-bureaucratic values which are presumed to lie at the base of authentic humanitarian efforts, whether practiced by professionals or by volunteers.

REFERENCES

1. A.M. Carr-Saunders and P.A. Wilson, The Professions. Oxford: Clarendon Press, 1933, p. 3-4.

2. Ibid., p. 4-31.

3. Ernest Greenwood, "Attributes of a Profession," Social Work, 2, (1957), 44-55.

4. Ibid,. p. 44.

5. For a discussion on the role of values in social interaction, see Clyde Kluckhohn et. al., "Values and Value-Orientations in the Theory of Action," in Talcott Parsons and Edward A. Shils, eds., Toward a General Theory of Action. Cambridge: Harvard University Press, 1951, pp. 388-433 (Harper edition).

6. Everett Hughes, Men and their Work. Blencoe, Ill: The Free Press, 1958.

7. A discussion of the early, feuding approaches in the pre-scientific era in medicine (in Puritan Massachusetts) can be found in George F. Dow, Everyday Life in the Massachusetts Bay Colony. Boston: Society for the Preservation of New England Antiquities, 1935, p. 174. For the period of the first organization of the present-day medical profession, see Daniel H. Calhoun, Professional Lives in America; Structure and Aspiration, 1750-1850, pp. 20-58. (Harvard University Press)

8. See Roy Lubove, The Professional Altruist; The Emergence of Social Work as a Career 1880-1930. Cambridge: Harvard University Press, 1965, pp. 22-54.

9. A. M. Carr-Saunders, Professions: Their Organization and Place in Society. Oxford: The Clarendon Press, 1928, pp. 3-31.

10. Field notes by the author, Harvard School of Public Health, local public health unit study, 1963-1964.

11. Lubove, Ibid., p. 18.

12. See Molly Orshansky, "Counting the Poor: Another Look at the Poverty Profile," in Louis A. Ferman, Joyce L. Kornbluh, and Alan Haber, Poverty in America Ann Arbor: University of Michigan Press, 1965, pp. 42-82.

13. U. S. Government, Closing the Gap in Social Work Manpower. Washington: Government Printing Office, 1965. A publication of National Institute of Mental Health, Careers Branch.

14. A similar situation is that of the white-collar employee who is uncertain about whether to join a union or not. For marginality of a different sort, in a situation of divided loyalty, see Elliott A. Krause, "Structured Strain in a Marginal Profession: Rehabilitation Counseling," Journal of Health and Human Behavior, 6 (1965), 55-62.

15 Sydney H. Croog, field notes on an organizational study of a general hospital.

16 Suggested by Marvin S. Arffa, November, 1966.

17 For a discussion of Hippocrates see Henry E. Sigerist, A History of Medicine, Vol. I: Primitive and Archaic Medicine. New York: Oxford University Press, 1951.

18 Talcott Parsons, "The Professions and Social Structure," Social Forces, 17 (May 1939) 457-467.

19 Howard S. Becker and Blanche Geer, "The Fate of Idealism in Medical School," American Sociological Review 23 (1958), 50-56.

20 Obviously, there is a difference between simultaneous "taking the other's role" and evolution from one to the other. They require different types of committments, and create different types of problems.

21 For a careful analysis of an organization and the impact of volunteers upon it, in sociological concepts such as goals, roles and role sets, and authority system, see Louis H. Orzack, "The Hospital as a Setting for Change," in James W. Dykens, Robert W. Hyde, Louis H. Orzack, and Richard H. York, Strategies of Mental Hospital Change. Boston: Massachusetts Department of Mental Health, 1964.

22 Bruno Bettelheim, Love is Not Enough. Glencoe, Illinois: Free Press of Glencoe, 1950.

23 For a discussion of the role of conflict in bureaucratized organizations, see P. M. Blau and W. R. Scott, Formal Organizations: A Comparative Approach, San Francisco: Chandler Publishing Co., 1962.

24 Hughes, Ibid., loc. cit.

25 Erik Erikson, Childhood and Society. New York: W. W. Norton, 1963 (2nd edition), p. 24.

26 See Elliott A. Krause, "After the Rehabilitation Center," Social Problems 14 (1966), pp. 197-206.

27 W. Richard Scott, "Professionals in Bureaucracies - Areas of Conflict," in Howard M. Vollmer and Donald L. Mills, Professionalization. Englewood Cliffs, New Jersey: Prentice-Hall, 1966, pp. 265-275.

NEW CAREERS FOR EVERYONE

Leonard Hassol*

One of the more familiar quotations from Sigmund Freud concerns his observation that the two indispensible ingredients for a successful life are loving well and working hard. In the intervening years there is little doubt that western civilization has been working hard at the problem of loving well but there is little evidence that the question of work has received an equivalent amount of intensive study. What efforts have been directed towards the study of work have been concerned with questions of "Human Engineering," the efficient and, if possible, humane utilization of human beings in production and management structures where the objective seems to be the smoothing out of the annoying and inefficient disruptions which human unpredictability introduces into the economic process. Only within the last few years have questions about the satisfactions which the individual gets from his work begun to divert some attention from the questions about what the work system gets from the individual.

Once the basic survival issues have been taken care of by the economic structure human beings look for a variety of psychological wages from the enormous portion of their lives devoted to work activity. Certainly one important return is a sense of personal competence in the performance of meaningful work. The inner certainty that one can do something well, and can face new situations with the secure knowledge that one's skills and ability will probably be equal to the demands, is a major source of enhanced self-esteem. Related to competence is the gratification which comes from the knowledge that one is making some kind of personal contribution to the world's functioning. The sense of contribution can be around relatively small issues but most people, even if only implicitly, want to feel that their work is of importance to some one other than themselves. And finally, for the hours spent in work to be rewarding there is the need for a kind of social gratification which can only come from a community of one's working peers, that is, the good regard of those who are able to understand the technical complexities of the job and appreciate the skill with which it is performed.

It hardly requires any elaborate field surveys to establish the fact that the entire drift of events is in the direction of shrinking and perhaps eventually eliminating all three of these major forms of psychological compensation. As more and more work becomes systemized and routinized, thereby calling for less personal judgement and less individual skill, the sense of personal competence declines. Think, for example, of the growing armies of office workers whose jobs essentially consist of endlessly transferring various kinds of information from one place to another; in such a structure people are completely interchangeable and no sense of personal competence can develop. Similar deficiencies exist with respect to the peer gratifications that can be obtained in such a job structure, and certainly very little sense of personal contribution to the world's work can emerge.

As this kind of erosion of the gratifications that come from work spreads through higher levels of work activity, people turn to other sources for gratification for what are after all fundamental human needs. Increasingly, people are trying to get some of this basic psychological supply not from the work they do, but from what they do with the money they make; since more and more jobs are becoming equally barren of psychological rewards it doesn't really matter which one you have as long as it returns sufficient money to provide diversion, new experience, and the continuous acquisition of goods.

At least it seems as if it doesn't matter until alternatives are offered which do have the possibility of reestablishing the sense of competence, peer gratification and personal contribution. Such alternatives, to which people respond with amazing intensity, exist, literally by the millions, in the area

---

* Dr. Hassol is Chief, Community Consultation Service at the South Shore Mental Health Center, Quincy, Massachusetts.

of human services. Personal attention and assistance to the emotionally disturbed, public school teacher's aides, retraining and remotivation programs with school dropouts and with delinquents, programs for introducing discharged mental hospital patients back into the community, - these are forms of work which cannot be routinized into pursuits devoid of psychological satisfactions. A major portion of such human services activity can be made available to non-professional manpower and appeals to a variety of people from all levels of society.

At the South Shore Mental Health Center in Quincy, Massachusetts, we have been experimenting with a variety of uses for volunteers in a number of settings, some of which are within the traditional scope of mental health, and some of which have very little to do in any direct fashion with mental health programming. Our first involvement developed through the Commonwealth Service Corps, the Massachusetts version of the domestic Peace Corps, which I had some part in bringing into being. The South Shore Center was asked to form the first unit of part-time volunteer corpsmen around a project in the juvenile court designed to produce a remedial intervention in the lives of first offenders.* The details of the selection and training of this group of people, ranging in situations all the way from retired school teachers through pharmacists to a senior executive in an automatic machinery corporation, is beyond the scope of this paper. But of considerable relevance is the extraordinary dedication which developed among these people and the very obvious psychological returns which they got from what they were doing, and which, they were able to say, they could rarely get from their regular employment. An identical response was obtained from a similar group of people working in an aftercare project with discharged mental hospital patients. And again, programs to develop a social work case aide role in our child guidance clinic and a teachers' assistant role in our pre-school retardation nurseries, have elicited a similar reaction from mothers recruited from the public welfare rolls as well as from college undergraduates. It still comes as something of a shock to hear bright college students indicate that their college careers provide little opportunity for either a sense of competence or a sense of social contribution.

The commitment elicited by such programs strongly suggests that people concerned with volunteer manpower programs are going to be under increasing pressure to develop part-time work experiences relevant to these major psychological needs. Several examples will suggest the issues to be met on the road to such a goal.

As we began our program with first offenders referred by the juvenile court to the South Shore Center, we were approached by two volunteers of diverse talents and backgrounds. One was a senior executive of a large corporation which designed and produced automatic machinery. The other was a retired vocational high school teacher who had spent thirty-five years teaching mechanical drawing and shop work in the public high schools. Both of these gentlemen told us that they felt they had skills and capacities which were not being tapped in their present activity and which they would like to put to work helping adolescent boys who had not been able to accept the disciplines, and indeed, the impositions of the typical college-oriented high school. After much effort, ranging from interesting the boys to persuading local schools and business groups to donate space and equipment, these two volunteers, working with a group of twelve boys, set up first, a training program in which the young men were trained in drafting and mechanical drawing; and secondly, an operating business, run by the trainees, which sold a blue printing and drafting service to local industry. These were, let me remind you, boys who had been dropped from the public high schools as simply incapable of "tolerating frustration, planning their time, and accepting necessary restrictions and discipline." However, in the atmosphere of acceptance and responsibility which the two volunteers were able to help them generate, and when time became a commodity with which they could operate rather than an imposition which they had to tolerate,

---

*This project was under the dedicated immediate supervision of Mr. John Collins, Director of Court & Police programs, Community Consultation Service, South Shore Mental Health Center.

most of their assumed psychological burdens and deficiencies disappeared in a purposeful blaze of productive energy and studious application.

As part of a cooperative effort with the Community Action Program of Quincy, Massachusetts, several community psychologists from the South Shore Mental Health Center undertook to assist in developing the anti-poverty program for the area. We began by selecting and then training a group of eight mothers from the Welfare rolls to serve as neighborhood research aides. Their task was to assemble accurate information concerning the needs and resources of the poverty areas of the city and the desires of the low income residents. The training included instruction in questionnaire design, interviewing skills, data tabulation and understanding of the structure of the community. Once the survey was started the consultants met regularly with the aides to help them learn from the experience and, via an ongoing sensitivity training group, to attend to the issues of competition, status, etc. which developed among them. The product turned out and the enhanced sense of self-esteem generated were both so impressive that we had to start thinking about "new career" possibilities; after such a taste of honey the mothers really demanded the chance for further growth.

Our eventual answer here was the development of a social work case aide role in the child guidance clinic of the South Shore Mental Health Center. Under the aegis of our social service staff, the mothers were given training and ongoing supervision in the process of conducting intake interviews and reporting their findings at regular staff diagnostic conferences. A group of college undergraduate majors in social science was given identical training and both mothers and students are now performing all of the centers' intake interview functions. They work well together and the professional staff finds their work to be a major contribution to the effectiveness of the clinic functioning. Many crises occurred, and many adjustments of attitude - as much from the professional as from the volunteer side of the table - had to be made but in the process both groups benefited.

The keys to such endeavors are the imaginative use of volunteers, the generation of appropriate roles and a reasonable kind of selection and training by professionals willing to adapt their concepts and knowledge and skills to the special capabilities of volunteer manpower.

If the notion that volunteer activities in the area of human services has as much to offer to the volunteer as to the recipient, then the question of who is appropriate for such work becomes important. There seem to be two quite distinct modes of selection in operation in volunteer programs around the country. One approach, usually taken by agencies and institutions attempting to "free the time of qualified professionals for therapeutic activity," involves setting very rigorous and high selection standards. In one instance intensive advertising attracted some six hundred applications out of which the twelve "best qualified" candidates were chosen following elaborate personal interviews, the writing of autobiographies and extensive psychological testing. These chosen few were then given extensive training and close supervision over a six month period following which, to no one's surprise but to everyone's delight, they were indeed able to perform the arduous function of taking intake case histories. At the end of one year, and now to the surprise of the professionals involved, these volunteers decided to go to graduate school and become "fully qualified professionals" which is probably what they should have done in the first place. The appalling waste of the other 588 applicants, their disappointment and perhaps even their resentment at not being allowed to try out for a role simply was accepted as part of the price of "maintaining standards."

The other selection mode involves the basic principle that participation should be available on as wide a basis as possible. It involves the recognition that there are many things of real value which people who do not have professional training can do, which would be inappropriate for professionals and which, indeed, they very often may not be able to do. (I would cite here Robert Reiff's example of the neighborhood service worker who spent almost forty-eight continuous hours mobilizing the neighbors to help a lonely Puerto Rican mother in the slums of the east Bronx who was found holding a dead baby in her lap and refusing to

give it up for burial). Rather than searching through vast numbers of people to find those few who could easily qualify for graduate school, this approach recognizes that rather than any overall excellence most human beings including graduate students, have some areas of strength as well as many weaknesses but that it is the strengths which are to be played to in these undertakings. With the kind of supervision which groups of people can be helped to offer one another, the individual weaknesses of people can be compensated for and their combined strengths can be magnified into truly impressive works. The experience of the Howard University project in the slums of Washington, D. C., the Lincoln Hospital project in the low income areas of the Bronx in New York City and the volunteer projects at the South Shore Mental Health Center suggest that far more can be accomplished in many directions by taking this open approach to selection. Volunteers, it turns out, are capable of more significant work than professionals previously imagined, and it may be that one excellent role for the professional is the training, supervision and evaluation of the efforts of the army of volunteers waiting in the wings to be given a chance at work which so badly needs to be done and which we all know there will never be enough professionals to carry on.

For my part I would like to see several major centers undertake a total commitment to volunteer programs. I would like to see each professional agree to train and supervise fifty volunteer nonprofessionals in a massive program designed to bring a variety of human services to the many people who need them. It is only by some such imaginative use of manpower that we can ever hope to get on top of the serious manpower shortage situations we face in the areas of mental health, education, medical care, foster child care, the involvement of our older population in satisfying work, etc.

From this perspective it seems clear that the field of volunteer manpower has relevance for a vast range of influence in the not so distant future. While we may be dealing with specific programs in hospitals and clinics and in the poverty program at the present time, future possibilities are many and may very well lead to a situation where everyone can have at least a part-time new career. It is not only the poor and the college students who need such opportunities; salesmen, secretaries, and insurance actuaries also need the spice of personal involvement which so many trends in contemporary social organization tend to take out of life. The leaders of the new breed of volunteer manpower, even if not yet fully aware of it, are developing resources for the renewal of the human spirit in the midst of what could become a spiritual wasteland of efficient production.

VOLUNTEERING AND THE LEISURE-TIME PROBLEM

John W. Putnam

We hear it said that volunteers cannot do the job, that you cannot expect competence, responsibility or reliability from people unless you pay them, unless you have the control over them that is built into a regular employer-employee, wage-contractual relationship.

We also hear it said that volunteering is not respectable, or that it is the exclusive preserve of the rich and well-born who work off in volunteer service their sense of guilt at being privileged and who get photographed in the process at benefit performances in mink coats and white ties, or that it is only for women and too routine, or that is is no adequate substitute for the paid work which permits the "working" man to hold up his head when he returns home every Friday with his weekly paycheck in pocket.

Only a fool would deny that there is much current truth and meaning in these views. Work, wage-earning work, with opportunity for the industrious and the virtuous to earn, to save, to get rich, to rise to the top of his society, has been a fundamental of the American way of life, a cardinal tenet of American religion. But wage-earning work has become devalued by the very success of its application. American industriousness and scientific genius have automated work down the scale of American values. The average American's work hours are steadily going down; he retires earlier, either optionally or by mandatory policy; he lives longer in better health. In sum, he has a rising quantity of material goods and bodily comforts for a declining output of effort and a great deal of new free time which he doesn't know how to use to his real satisfaction. All of this may be creating a sort of material heaven but it is knocking American religion into a cocked hat. The Biblical words, "In the sweat of thy face shalt thou eat bread" and the early-rising, penny-saving admonitions of Ben Franklin no longer have the meaning they used to have.

This revolution makes it imperative that all professions and disciplines, all thoughtful individuals, review and re-evaluate our attitudes towards work and leisure (or non-work). It demands that we refuse to accept wholly negative views of volunteer activity. We have a problem of leisure time which cuts across all strata of American people. Our scientific genius has created a problem of finding purpose and meaning in life for those who have hitherto found their sole raison d'etre in trying to be a successful housewife and mother or breadwinner. Some other form of genius must arise to keep the newly leisured from becoming "vegetables" or mental cases.

A major difficulty is that this problem does not cry out as loudly as do some of our more easily identifiable problems of international or domestic tension, and also that its solution cannot be achieved by any single discipline, profession or institution. The Civic Center and Clearing House has therefore been established in Boston as an independent, flexible type of agency with the specific purpose of drawing on the community's total resources and of developing new approaches and new practices so that present attitudes towards voluntary service can be changed as a result of successful demonstration. It concentrates on the pioneering of new types of volunteer work with a strong emphasis on the introduction of new educational programs to prepare citizens for such work. It admittedly is tackling only one aspect of the whole leisure-time problem, though an important one. It is not attempting a Grand Design for living in the new world of leisure and material comfort.

A retired man once came to the Civic Center and Clearing House after an unhappy volunteering experience in a hospital and said, "I don't want to be

---

* Mr. Putnam is Executive Director of the Civic Center and Clearing House, Boston, Massachusetts.

uncomfortable for nothing." His attitude was not wholly admirable; his failure to find satisfaction in the hospital job must have been in good part his fault. But he said something more significant than he intended or knew. It could be argued that he was asking not to be paid for being uncomfortable but to be comfortable while doing something for nothing, comfortable meaning challenged, satisfied, using his talents in some productive way. And yet he wasn't very talented. He had been an accountant, probably competent enough at his job, probably a good family man and respectable enough citizen; "mediocrity" wouldn't be an unfair label to apply. As a retiree he was lost and hostile.

This person in one variation of competence, attitude and experience or another is multiplied endlessly throughout our urban society and at a rapidly increasing rate of reproduction. The problem is most severe with retired men; from a study of suicides reported in the Boston HERALD of December 9, 1966 we read that "among men, retired workers represent the largest suicidal group in the city." There is ample evidence, however, that middle-aged housewives, "grown-up" mothers, are searching for meaning and purpose without too much success. Even single young people coming to a city such as Boston to work or study show evidence of need for opportunities for challenging, creative involvement in urban life.

To those, then, who downgrade volunteering, be they potential volunteer workers or those who would "employ" them, the answer is that the urgency of the problem is evidenced and it demands a change in practice and understanding of volunteering. Such a change can be made only by innovating, by creating new fields for volunteer service, by daring to make mistakes (and the Civic Center and Clearing House has made plenty). This is not a recommendation to replace traditional types of volunteer service, but it is a demand to supplement them. At the same time it is to be recognized that even full success here will bring meaning to but a small percentage of the "lost leisured". To other institutions and professions is left the responsibility for broadening and deepening opportunities for the development of rich, creative, non-breadwinning lives in other areas - music and art, contemplative or philosophical pursuits, suitable forms of play, travel, etc.

The Civic Center and Clearing House operating as a laboratory and demonstrator has had some successes in its chosen sector of activity which point the way towards further and more substantial development in Boston and which may possibly serve as a guide to similar development elsewhere. It has attracted in five years some five hundred or more curious, interested, often seriously "lost" citizens ranging widely in age, in employment, in residential location, in educational background and in sophistication. It has successfully engaged more than 150 of these in special work projects most of which involved some form of preliminary training or instruction. A small number, 25 or so, have been referred to existing agencies for volunteer work in their regular programs. Many retirees, chiefly men, have come to the Center seeking paid work but in the course of being interviewed revealed that they really did not need income (although they were far from wealthy) and did not relish the idea of returning to the routine of paid employment, but knew of no alternative for the self-respecting use of their time. Many others have inquired, investigated and not been heard from again.

The type of work project developed by the Center can be classified as belonging generally in the public sector of community service chiefly in three areas of public need: (1) architectural, historic preservation or inventorying in connection with urban redevelopment; (2) environmental health (clean air, clean water, parks, shade trees, etc.); and (3) tourism.

Several groups of volunteers have been researching old buildings, identifying and locating historic site markers, recording and describing public art for a complete registry. One small group after a general course in Metropolitan Conservation and a special study of trees made a detailed survey of the shade trees on Boston's streets. The Civic Center and Clearing House headed the Greater Boston National Cleaner Air Week program in October of 1966 and has subsequently involved a number of volunteer citizens in such tasks as clipping newspapers, reviewing air pollution literature and operating an environmental information

service for both professionals and interested citizens. A group of more than sixty ranging widely in age was trained in local history, landmarks and natural features and has been manning a tourist information booth for the State Department of Commerce and Development.

The primary result of these projects has been to show that opportunities can be developed in the public sector of community service to engage volunteer citizens effectively and with great satisfaction in the performance of the work. Public recognition - the shade-tree survey was front-page news - and awards by the Governor to those serving the tourist effort help to motivate and sustain the enthusiasm of the workers, hardly any of whom, incidentally, fall into the traditional group of socially elite workers in "good causes".

Full scientific evaluation of these experiences in terms of the effects on individual participants remains to be done. Certain conclusions relative to the overall program of the Civic Center and Clearing House are possible and might be of interest. The most significant accomplishment of the Center has been identification of the target population and its needs. The five hundred or so people who have responded to the Center's very limited publicity constitute an adequate sample of the large group waiting for some effective effort to reach and involve them. There is no question that a stepping up of the use of mass media would create a substantial clientele demanding something to do of meaning and of use to the community - and also carefully suited to their own individual tastes, talents, experiences and personalities. This clearly indicates the need for competent avocational counseling - though carefully disguised so as to give no hint of therapy or treatment, no suggestion of need to those who cherish their independence.

The Center began its operation under a name and stated purpose limiting it to work with older people. It soon realized that this was a mistake. A large majority of 75% at the very least of older people neither need nor want any special age-related attention, no labeling and treatment as "Seniors", "Golden Agers", etc. - no coddling. They resent, most of them, efforts to single them out for special treatment. And they in large numbers have presented clear evidence that chronological age is a very inadequate measure of strength, vitality, imagination, desire and capacity to learn, readiness to serve and zest for participation. So the Center then advertised itself as a developer of opportunity for adults of all ages and has even attracted and engaged a few high-school and college students.

The selection of the public (civic) sector for development of volunteer opportunities was made because it was an undeveloped area, because there was no need for a new operation to service the traditional health and welfare fields and because it seemed to offer a wide range of interesting work as well as flexibility of time and place of work. This factor of flexibility is essential because, despite the Center's decision to seek to attract and provide opportunities for all adult ages, it is an obvious fact that older people constitute the largest and most severely afflicted of all the "leisure-stricken" and a high degree of flexibility is required for them. The projects have therefore been designed to permit people to work at times and paces of their own choice, and even to provide work such as reading, editing, monitoring radio programs or telephoning for those of strong minds and eager hearts whose mobility is restricted by physical limitations.

Projects involving research into old buildings or surveys of shade trees have proven to be of clear value to the community; they have not previously been undertaken under the regular programs of appropriate agencies because of the latters' limitations of budget and staff. They are important to these organizations but not of first priority. Under the Civic Center and Clearing House program they have been professionally guided; they do not constitute "busywork" in any sense of the word, but they do constitute valuable community service capable of being performed at a relaxed pace free of the heavy, intense pressures inherent in institutional programs.

As an important bye-product, these projects demonstrate the validity of one

of the Center's most persistently held guiding principles: that the citizen, especially the urban citizen, can play a part in determining the shape and quality of his urban environment, that motivation isn't lacking so much as the machinery for involving citizens already eager to participate. The Center's concern has been to help build such machinery and test it. Initial success has been achieved. The need for major development is indicated.

The Center's experience in introducing educational or training programs to prepare volunteers for action projects has been one of its major contributions. What makes this sort of training different from that given to Peace Corps or VISTA volunteers is that it is sub-professional, informal for the most part and non-credit, therefore more widely applicable. As compared with training given for volunteering in health and welfare agencies it is "liberal", more general and therefore more widely appealing as education. There was real joy in learning for those who were to apply their new knowledge of conservation and trees to a shadetree survey and of local history to staffing a tourist information booth. For the most part those who participated in these learning-doing programs had received very limited previous formal education. The surface has been only scratched; much more development is both needed and possible.

Because of its success in demonstrating what opportunities can be developed for the "leisure-stricken", in proving that the "leisure-stricken" are all around us in greater numbers than we may have suspected and in establishing the need for a professionally competent organization to "service" these people the Civic Center and Clearing House is soon to evolve from an unincorporated, experimental and developmental operation into a professionally competent, firmly secured Volunteer Clearing House, Incorporated. Nearly six years of experience has proven this need. It is clear that only an independent organization can with any hope of success tackle the enormously complicated problem of leisure and the "leisure-stricken". One reason for this is that the latter are more truly "stricken" than is recognized, partly because they themselves will not admit it, partly because the problem has not yet commanded the attention which it deserves. One method of attack is by enhancing the joys, prestige, usefulness and general acceptance of work without money wages, of volunteering.

VOLUNTEERS IN REHABILITATION MEDICINE

Jacob L. Rudd*
Reuben J. Margolin**

All social agencies now widely use volunteers; but the Veterans Administration, in particular, has led the way in demonstrating the value of their utilization. Volunteers have been extremely useful in every phase of the Physical Medicine and Rehabilitation Service. They have been used as clerical assistants, but more significantly, as Occupational Therapy, Educational Therapy, Manual Arts Therapy, Corrective Therapy, Physical Therapy, and Industrial Therapy aides. Because of the assistance provided by these volunteers, therapists can be relieved of some of their routine duties so that they may concentrate on more difficult therapeutic problems. Volunteers permit more available time for regular personnel to give increased individual attention to larger numbers of patients.

The wider use of volunteers in Physical Medicine and Rehabilitation should be encouraged. Many benefits have been noted and are briefly reviewed in the remainder of this paper.

(1) A greater number of patients can be reached in the rehabilitation process. Motivation is a crucial factor in rehabilitation. Patients are often motivated by the recognition that volunteers from the community are devoting their time and energy without compensation for the patient's therapeutic progress. It is well known that volunteers can often reach patients where professional personnel cannot. This commentary is not offered as a reflection upon the skills or abilities of professionals. Rather it occurs because volunteers can communicate to patients free of medical jargon which often threatens or frightens a patient. It occurs because volunteers can empathize with patients through a process of "there but for the grace of God go I." It occurs because volunteers need to have evidence that their contributions are worthwhile and do not represent meaningless or interfering efforts. It occurs because patients require emotional support from representative members of the community and volunteers feel the need to provide that emotional support.

(2) By utilizing volunteers, the community becomes more intimately involved in the rehabilitation process. The community is unaware of the complexities of the rehabilitation process. To most people in the community, rehabilitation is a blend of pathos and glamour. Everyone thrills to the uphill struggles of a patient overcoming adversity due to illness or injury. But few people realize the necessity for close teamwork among hospital, outpatient clinic, and community in order to complete the patient's rehabilitation process. The volunteer has a first hand glimpse of this process as well as being a partner in the therapeutic progress. As a result, volunteers have been instrumental in securing community cooperation from community agencies and citizens where without it, rehabilitation would have been impossible.

(3) Volunteers help patients get a better reception in the community after the individuals have been rehabilitated. Integrating rehabilitated patients back into the mainstream of community life is not a simple task. The patient is fearful and apprehensive. Not infrequently the community is rejecting or lacks understanding of

* Dr. Rudd is Chief of Medical Rehabilitation, Veterans Administration Out-Patient Clinic, Boston, Massachusetts.
** Dr. Margolin is Chairman of the Department of Special Education and Rehabilitation, Northeastern University, Boston, Massachusetts.

the patient's problems and needs. Volunteers have been helpful in obtaining jobs for the patients. They have paved the way, enabling the patient to make constructive use of leisure time by reintroducing them to such activities as church suppers and social events offered by civic organizations. In some instances volunteer organizations have either provided scholarships or helped patients to secure scholarships to further their education.

(4) The use of volunteers makes possible the employment of a wider variety of skills to rehabilitate the patient. As skillful and well trained as professional personnel are in their particular specialty, they do not possess all the talents or skills necessary to meet the needs, interests, and problems of a diverse patient population. For example, in one educational therapy program a patient was interested in raising bees. A specialist in this field was secured to teach the patient not only the intricacies of raising bees but also sales, purchasing, and marketing procedures pertinent to a successful enterprise. Today this patient is successfully self-employed in this field.

In another situation a patient who was Christian married a girl who was Jewish. The girl's parents spoke primarily Yiddish and were deeply religious. In-law conflict was interfering with patient treatment. A volunteer taught this patient how to read, write, and speak Yiddish which so impressed the in-laws that friction was greatly reduced and treatment enhanced. Countless examples of this sort can be documented where volunteers have utilized their special talents and skills to facilitate the rehabilitation process where serious obstacles existed.

(5) The use of volunteers helps stimulate an educational process which ultimately leads to citizen support of legislative appropriations for rehabilitation efforts in hospitals. In a study of legislator support for rehabilitation services carried out by the Rehabilitation Research Institute at Northeastern University, it was revealed that although legislators may believe in the value of rehabilitation they must be convinced that it requires a greater priority for allocation of funds than other programs such as highways, urban renewal, etc.(1) Volunteers or their spouses are usually prestigious community citizens. With their intimate knowledge of the rehabilitation process they can communicate most effectively to legislators the needs and problems which need fiscal support for successful resolution. In many instances they can even exert subtle pressure upon the legislators to act positively.

(6) The opportunity for volunteering in hospitals provides a meaningful activity for those who have the time to spare, especially for retirees. For the latter, a situation is created which is of mutual benefit to the patient and the volunteer. At the same time certain community problems of rehabilitation, and of the aging, are dealt with in constructive fashion.

The following summary of volunteer activities at the V.A. Outpatient Clinic in Boston gives a bird's eye view of the wide variety and scope of volunteer participation in this agency. It certainly gives us an idea of the tremendous potential that resides in the effective utilization of volunteers.

The Boston Outpatient Clinic Voluntary Service shows what good work can be done in an outpatient clinic where it is more difficult to recruit and assign individuals than is true in a hospital. The latest Department of Medicine and Surgery Station Evaluation Program Report summarizes the voluntary service activity as follows:

"The VAVS activity in the Boston Outpatient Clinic is enhanced through the perseverance of staff, Advisory Committee, and the regularly scheduled affili-

ated and unaffiliated volunteers. Community support and understanding have enhanced the development of cultural, educational, recreational, and vocational programs for the benefit of patients in the Day Treatment Center, and the Physical Medicine and Rehabilitation Service. The impetus of new and added support along the above lines by student volunteers from Harvard University has had a stimulating effect in relation to social and rehabilitation activities. Industries in the community continue to extend 'sub-contract' support for the Incentive Workshop in the Day Treatment Center. The facilities of the Curtis Hall Gym have been made available for physical exercise, and the Fred Astaire Dance Studio provides musical dance therapy. There exists a harmonious relationship with local colleges and universities.

Plans have been projected for a transitional workshop in PM&RS where the physically handicapped are equally dependent upon community support, as are the mentally disturbed in the Day Treatment Center. A preliminary step in this direction has been undertaken by the recruitment of two volunteers who have been assigned to PM&RS.

Major developments include the implementation of a 'Ceramics' Workshop in the Physical Medicine and Rehabilitation Service supported in part from donations to the General Post Fund, and a sizable contribution received from the Arthritis and Rheumatism Foundation; the establishment of a Voluntary Service Program at the Lowell VA Sub-Office; and the expansion of volunteer service to Nursing and Foster Homes in the Worcester area, Geriatrics, Medical Research (Weight Control) and the Normative Aging Study.

Representatives and Deputies on the Advisory Committee have been encouraged to recruit suitable volunteers for assignment to nursing and foster homes where contact by outside influences is so urgently needed and appreciated. We anticipate activation of a volunteer program for Nursing and Foster Homes in the Boston area after the holidays. Several organizations are interested in this project, and they have been provided with background information relevant to same.

The Lowell Mental Hygiene Clinic continues to make effective utilization of five affiliated volunteers for resocialization therapy, and an attempt is being made to recruit student nurses from St. Joseph's School of Nursing and the Lowell General School of Nursing to serve as volunteers. Faculty members from both institutions responded favorably.

In Worcester, seven volunteers affiliated with the Jewish War Veterans Auxiliary, are visiting veteran-patients in private nursing homes, and providing service in terms of friendly visiting, entertaining, handling correspondence, sending seasonal greetings, holding birthday celebrations, and providing emergency transportation for relatives.

In the Springfield Clinic, volunteers are being utilized to provide escort service for recreational and sporting events, and to give tutorial instruction in card games (bridge, whist, etc.). These activities, it was found, tend to promote and foster wholesome interpersonal relationships. Because of the expansion of the Family Care Program, various organizations have been approached for volunteers with a varying degree of success.

The VAVS Program is well integrated into the total clinic operation in terms of administrative functioning and in providing supplementary service to our veteran beneficiaries and their families." (2).

REFERENCES

1. Goldin, G., Margolin, R. J., Perry, S. and Stotsky, B., "Legislator Motivation for the Support of Rehabilitation Services".

2. Quigley, T. J., Bell, B., Karam, T., Zammarchi, F. A., "DM&S Station Evaluation Program Report - Voluntary Service.

THE PERSONALITY OF VOLUNTEER HOUSEWIVES AND CANDY-STRIPERS

Luciano L'Abate*

Two studies of the personalities of volunteer housewives and candy-stripers are reported. In comparison to control psychiatric and medical women patients, volunteer housewives are superior in vocabulary and in other measures of adjustment and psychological health. In terms of Leary's interpersonal checklist regional differences between two groups of volunteer housewives were found. These results were discussed in relationship to methodological problems of selection and especially of relevant controls for a more detailed study of volunteers.

Recent manpower considerations (Rioch, 1966; Poser, 1966; Reiff and Riessman, 1965) have indicated the potential usefulness of volunteer housewives in a variety of roles. L'Abate (1963) suggested their use in research and in the administration and scoring of group tests and simple psychodiagnostic techniques. Rioch et al (1963) used them in psychotherapy and group activities. A recent review of the ever increasing literature on the use of lay volunteer students and housewives indicated the lack of normative data and information concerning the characteristics and possible motivation of these volunteers (1). This study is an attempt to investigate the personality of volunteer housewives and candy-stripers as studied through a variety of objective and semi-projective techniques. The first pilot study was conducted to fulfill this goal. A second study was conducted to study any regional differences between two groups of housewives drawn from two different settings.

FIRST STUDY

Method

Ss: The first experimental group consisted of twenty-six volunteer housewives drawn from a large volunteer service of university-connected hospitals. The second experimental group consisted of forty-seven "candy-stripers," high-school teenagers employed in the same setting on a volunteer basis during the summer.

Two "control" groups were compared with the experimental samples. The first sample consisted of thirty-three women inpatients in the psychiatric hospital of the same hospital complex. The second control sample consisted of twenty-seven inpatients in various medical services of the same complex. They were compared for age (Table 1) which was highly different ($F = 38.28$; $p > .001$), education ($F = 52.41$; $p > .001$) with the volunteer housewives being almost all college graduates, while the psychiatric sample was graduated from high-school. The medical sample was even less educated and comparable to the candy-stripers whose grade level was completion of the tenth grade. Most Ss reported being unemployed housewives with all of the candy-stripers being unmarried. Volunteer housewives had less indication of marital conflict in terms of separation and divorce than the psychiatric and medical controls.

Tests: These Ss were administered various tests by the specially trained volunteers who were otherwise full-time trained and employed as speech therapists(2). They were administered individually: (a) the WISC vocabulary scale from which an IQ score was extrapolated; (b) the Loevinger sentence completion test (scored)

* Dr. L'Abate is Professor of Psychology at Georgia State College, Atlanta, Georgia.

according to the I-level system; Loevinger, 1964); (c) Kahn Test of Symbol Arrangement (KTSA) scored also for hostility and depression (L'Abate and Craddick, 1965); (d) the MMPI that in addition to the usual validity and clinical scales was scored for ten new scales (Welsh and Kahlstrom, 1960) dealing mainly with hostility and impulse expression and the overall sum of the deviations from the mean standard score, or scatter for the nine clinical scales (L'Abate, 1962). All of these tests were scored by volunteers.

The scales of hostility were as follows: Ah - alcoholism differentiation, Pa_1 - persecutory ideas by Harris & Lingoes (W + D, p.461), Hc, Schultz's hostility by Siegel (D + W, p. 468), and MF3 altruism by Pepper & Strong (p.460).

Sargent's (1953) Insight Test was also administered but since it was never scored because of the difficult and time-consuming nature of its scoring systems, results for this test cannot be reported.

Results

There is no question that volunteer housewives' vocabulary is higher than any of the other three groups (Table 1). They all are in the superior group ($F = 7.75$ $p > .05$) while the bright normal vocabulary of the candy-stripers and psychiatric patients may indicate differences in socio-economic background and education superior to the medical group. Although these groups differ insignificantly ($F = 14.73$; $p < .01$) in their level of integration (Table 1) the medical controls seemed mainly responsible for this difference since the other three groups were extremely similar and superior to the medical controls.

Table 1

Characteristics of Four Groups of Women

Groups	N	Age Mean	Age SD	WISC Voc. IQ Mean	WISC Voc. IQ SD	I-Level Mean	I-Level SD
Volunteers	26	36.31	13.78	118.73	14.24	5.92	2.78
Candy Stripers	47	15.28	.83	109.89	10.93	5.76	.89
Psychiatric	33	33.06	12.06	109.42	15.51	5.03	2.43
Medical Controls	27	31.22	9.39	101.19	13.00	2.59	2.65

The results for the KTSA are not reported because no significant differences were found on any of the scales, even though the overall trend from the total abstraction level (numerical element) was strongly in keeping with expectations (3). Volunteer housewives were higher (Mean N.E. = 106.19 S.D. = 19.65) than all the three groups, with the candy-stripers next to them (Mean N.E. = 105.02, S.D. = 19.01), psychiatric women lowest (Mean N.E. = 95.97; S.D. = 20.37) while the medical sample approached the expected normality (Mean N.E. - 100.37; S.D. = 19.80).

Table 2

MMPI Results for Four Groups of Women

Groups	L		F		K		Hs		D	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Vol	1.81	2.48	49.27	6.88	48.77	3.14	59.50	8.11	49.38	6.37	48.31	8.23
CS	2.49	3.87	46.83	7.22	52.85	7.74	55.38	7.76	49.32	6.69	50.04	8.04
P	5.39	11.17	51.27	7.43	59.12	10.18	54.51	10.07	63.51	15.34	68.57	17.37
M	2.37	4.57	50.55	7.45	52.67	10.15	57.81	8.25	59.55	11.60	60.15	11.51

Groups	Hy		Pd		MF		Pa		Pt		Sc	
V	51.35	8.33	52.42	8.91	43.38	9.78	52.77	8.54	50.73	6.28	51.77	5.19
CS	54.49	7.69	58.96	9.41	48.30	8.57	54.68	6.67	54.72	7.85	56.83	7.23
P	68.30	15.65	71.97	14.39	49.00	9.50	66.81	13.48	64.36	14.77	67.30	13.21
M	64.00	9.18	62.00	.99	50.00	9.10	56.00	9.48	56.48	7.82	55.92	8.59

Groups	Ma		MSi		Ah		Pa		FT	
V	55.73	10.35	48.19	9.57	108.92	15.14	31.58	19.24	110.23	17.65
CS	57.04	9.84	50.87	7.26	116.02	14.21	49.98	20.32	113.15	17.48
P	57.79	11.36	56.48	9.73	123.64	29.00	84.67	38.70	106.00	50.88
M	54.74	11.31	54.07	9.73	106.04	28.62	68.22	29.58	115.00	109.86

Groups	HC		MF_3		Scatter		IM	
V	5.23	2.18	6.50	1.42	61.81	16.32	5.69	1.91
CS	7.28	2.43	5.40	1.44	67.10	26.51	8.15	3.61
P	9.76	4.20	6.03	2.07	146.67	77.91	8.82	4.04
M	8.14	3.77	5.92	1.87	87.63	44.05	6.63	3.86

The greatest number of differences among the four groups was found for the MMPI (Table 2). Here the greater degree of health was confirmed for the experimental groups in all the validity scales and the conventional clinical scales except the MF and Ma scales. Among the new scales only Ah ($F = 3.81$ p<); Pa ($F = 20.60$, $p > .01$), Hc ($F = 10.13$, $p > .01$), IM ($F = 4.89$, $p > .01$) and the total scatter ($F = 22.95$, $p > .001$).

A factor analysis with varimax rotation yielded three major factors worthy of consideration. A first order factor showed the highest loadings on the MMPI scatter index, Pt, Sc, Hy, Pd, Hs, D, and Hc according to rank from highest (.91) to lowest (.63) loading. This factor seems to be concerned with the acting-out aspects of maladjustment. The second factor was characterized by high loadings on the KTSA-E (color) and MMPI-K with a negative loading on KTSA-D. No ready interpretation is available except to suggest that this factor may relate to defensiveness. The third factor was an altogether negative one with high negative loadings on KTSA-C and the MMPI F and K scales. On interpretation most available would refer to mode of responding like cooperation, test-taking attitudes, and negativism. No loadings worthy of consideration were found with the sole exception of Hv as a fifth order factor and MF3 and Mj as sixth and seventh order factors respectively.

SECOND STUDY

To check on the possibility of regional differences among volunteers a second study was undertaken in two steps. The first step involved applying the Leary system (1956) to the MMPI and the Leary Interpersonal checklist to the volunteer housewives. The second step involved comparison between groups of volunteer housewives differing in setting and in geographical location.

Method

Ss: Two different regional samples of volunteers were used in this study.

1. The St. Louis Group:

   A. Fifteen adult volunteers (housewives) with a modal age of 38.8 and 16 grades of education.

   B. Nineteen high school volunteers (Candy-stripers) with a modal age of 16.1 and 11.3 grades of education.

2. The Atlanta Group:

   A. Fifteen adult volunteers (housewives) with a modal age of 32.9 and 16 grades of education.

   B. A Control group of 20 mothers whose children were referred to a psychological laboratory for evaluation. The modal age of these mothers was 37.1 and 13 grades of education.

Tests: Tests administered to the St. Louis group consisted of the Leary Interpersonal Checklist (ICL) which was scored for both Lov and Dom on both Self and peer rating and the MMPI which was also converted into Leary's Lov and Dom scores.

The test administered to the Atlanta group consisted of the ICL with rating for Self, Ideal Self, and Husband. All ICL and MMPI scores were converted into Lov - Dom scores and plotted on the Leary Octant System. Discrepancy scores such as Self to Ideal Self were computed by measuring the distance between the coordinates of the Self rating to those of the Ideal Self rating. Numbers were recorded in sixteenths of an inch representing only relative measures of maladjustment (Leary, 1956).

Results

The only significant (t = 2.58, p > .05) difference between the St. Louis volunteers and candy-stripers was on Lov, on which housewives scored higher (3). The two significant differences between St. Louis and Atlanta volunteer housewives were on the ICL self-ratings. Apparently the St. Louis group were less "loving" (t = 11.72, p > .001) and more dominant (t = 5.39, p > .01) than the Atlanta group. Between the two Atlanta Groups, the volunteers rated their husband as more dominant (t = 2.50, p > .05) than themselves. Their self-to-ideal discrepancy was smaller (t = 2.42, p > .05) than in the control mothers. Although this result did not reach a statistical significance, the self-to-husband discrepancy was smaller for the volunteers than the control mothers.

DISCUSSION

On the basis of the results of the first study, there is the suggestion that a greater degree of intelligence, emotional stability, and high cooperative functioning are the earmarks of volunteer housewives and candy-stripers.

In terms of Loevinger's theory of ego development (1966) as measured through the sentence completion, the results may make sense for the medical patients if one accepts the proposition that this is a transitory momentary stage of impulsivity and fear of retaliation in which the patient must assume a dependent position and her conscious preoccupation is mainly focused on body feelings as Loevinger suggested (1966). On the other hand, the uniformity of scores and lack of difference among the psychiatric and the two experimental groups as being mainly at stage five characterized by conscientiousness, internalized rules based on guilt, responsibility, differentiated inner feelings and achievement orientation would describe well the two experimental groups in a manner which is consistent with the MMPI results. However, the lack of differentiation between the psychiatric women and the two experimental groups raises some questions not on the validity of the theory, but on the efficiency of the sentence completion method as a method of testing the theory (Goldberg, 1965).

On the basis of the MMPI results besides the clear indication of superior adjustment in volunteers, the suggestive trends on the M-F and Ma scales indicate a lower degree of submissiveness and a higher degree of activity in volunteers than the controls. The aspects of submissiveness, together with other aspects, has been found by Stienmann *et al* (1965) and indeed may be a *sine qua non* for successful volunteering.

One of the major problems with volunteers is the staying on the job for a prolonged period of time. It would be helpful to use some of the characteristics already found as selection criteria. On the basis of a year follow-up a group of 28 volunteer housewives was split into stayers and quitters. The latter group ostensibly left for extrinsic (moving, pregnancy, etc.) rather than any personal reasons. Furthermore, the stayers were decided into a Group A and a Group B on the basis of their attendance and performance as test administrators and scorers. The results of this division (Table 3) do suggest the usefulness of measures of vocabulary functioning and of adjustment. The best group (A), tended to have a lower vocabulary IQ than Group B. However, on both global indices of adjustment, the KTSA-NE and the MMPI scatter index (Craddick and Stern, 1963; Stone, 1964), Group A appeared better adjusted than Group B. Although no statistical significance is given these results suggest possible ways and means of screening, selection, and evaluation of volunteer housewives.

Table 3

Intelligence Level and Adjustment

Among Three Groups of Volunteer Housewives

	WISC Voc IQ		KTSA	NE	MMPI	Scatter
Stayers	Mean	Range	Mean	Range	Mean	Range
Group A	120.7	95-135	112.3	68-162	57.6	31-95
N = 10						
Group B	138.7	108-141	101.0	83-134	63.25	37-95
N - 4						
Quitters	124.0	106-142	108.0	93-149	66.4	26-122
N = 10						

The characteristic of submissiveness found on the MMPI was the basis of applying the Leary system subsequently, where the most relevant measures of the system, love and dominance, would appear especially relevant to the study of volunteers.

The primary impression gained by a review of the findings in the second study is that regional as well as age differences are found in separate samples of volunteers. There is also an indication that the personality of the volunteer within a given sample conforms closely with the others in that group.

Although Murstein and Glaudin (1966) point out that the completing of the ICL by a subject who has a personal stake in the results is surely different than for an altruistic volunteer, the ratings of the Atlanta Volunteers and the Atlanta Control group (mothers of disturbed children) were surprisingly similar. They differed significantly only in the rating of their husbands' dominance (Atlanta volunteers mean Dom rating of their husbands was 68.3; Atlanta Control group mean 61.8) and their Self to Ideal Self discrepancy ratings (Atlanta volunteers mean discrepancy 10.9; Control 28.0).

It is possible that the more dominant volunteer type personality (mean Dom Self rating of Atlanta volunteers was 58.2; Atlanta Controls 53.5) attracts and chooses a more dominant husband.

A significant factor in the Self to Ideal Self discrepancy ratings of the two groups (Atlanta volunteers and Control group) could be that mothers of disturbed children may feel inadequate and seek to over or under-achieve in their Ideal Self ratings thus scoring high on the discrepancy scale. On the other hand, housewives who volunteer to spend time away from home probably have no small children to care for and in many ways are more independent than those of the Control group. This independence and stability is likely to produce a high degree of maturity and account for the relatively small Self to Ideal Self discrepancy scores.

The significant difference found between the MMPI Lov rating of the St. Louis adults and Candy-stripers is hard to account for with any one hypothesis. It is likely that a combination of factors cause the adults to show a higher Lov score than the high school girls (adults mean Lov rating 56.8; candy-stripers 50.2). Maturity is probably the largest single factor while education and experience may also be involved. In addition a low discrepancy score in the Self to pooled rating may be another indication of maturity (mean adult Self to pooled discrepancy).

There may be an educational effect on taking the ICL and the overall

result is hard to predict except that groups with more education score lower on each variable and are more difficult to rate on discrepancy scales. Evidently there are many other variables which are involved in Leary's hypothetical construct of Lov and the question involves concepts which are beyond the scope of this paper. This small sample could not prove conclusively whether there is indeed a Southern personality as opposed to a Northern one, but certainly there was an obvious difference in these two regional samples. It is interesting to note that the volunteer project in St. Louis is still going on. The Atlanta project, however, has reached virtually a standstill and has had a much higher rate of "quitters." It is suggested that the more dominant personality of the St. Louis adult volunteers is a vital factor in the success of the project while the role of the low Lov scores is uncertain.

It is acknowledged that a number of factors are involved in the success of any project utilizing volunteers. External conditions such as pregnancy, moving, sickness, poor organization, and social prestige of the work effect the outcome of the project. These conditions were not controlled for and therefore assumed to occur randomly in both regional samples. Differences reflected in personality scores are believed to be major factors in the results of the two projects.

Because virtually no clinical data was available on the non-volunteer, it was necessary to choose some other source of information. A random sample of housewives would be useless as the results would consist of those who chose to volunteer information - thus another volunteer group. It was decided to utilize the data on mothers whose children had been referred to a children's clinic for evaluation. The ICL is routinely administered to both parents of such children. Since the mother was not volunteering <u>per se</u>, but merely complying with a request for background information, it was believed that this source of information furnished a good reverse control group. The previously cited results seem to support this hypothesis.

FOOTNOTES

[1]L'Abate, L. <u>The Laboratory Method in Clinical Psychology</u>. Chapter 7; Technical and Subprofessional personnel (in preparation).

[2]The help of Sandra Davis and Joan Good is gratefully acknowledged.

[3]A copy of the detailed results can be obtained directly from the author.

[4]The help of Ronald H. Dewees in analyzing the data of this study is gratefully acknowledged.

REFERENCES

Briar, S., & Bieri, J. A factor analytic and trait inference study of the Leary interpersonal checklist. Journal of Clinical Psychology, 1963, 2 193-198.

Craddick, R. A. and Stern, M. R. Note of the reliability of the MMPI scatter index. Psychological Reports, 1963, 13, 380.

Dahlstrom, W. G. and Welsh, G. S. An MMPI handbook. Minneapolis: University of Minneapolis Press, 1960.

Goldberg, P. A. A review of sentence completion methods in personality assessment. Journal of Projective Techniques and Personality Assessment, 1965, 29, 12-45.

L'Abate, L. MMPI scatter as a single index of maladjustment. Journal of Clinical Psychology, 1962, 18, 142-143. (a).

L'Abate, L. The relationship between WAIS-derived indices of maladjustment and MMPI in deviant groups. Journal of Consulting Psychology, 1962, 26, 441-445. (b).

L'Abate L. The contribution of volunteers in mental health work. Invited address, Auxiliary section, Missouri Hospital Association Weekly, St. Louis, Missouri, October 31, 1963.

L'Abate, L. and Craddick, R. A. The Kahn Test of Symbol Arrangement (KTSA): a critical review. Journal of Clinical Psychology: Monograph Supplement. No. 19, 1965, Pp. 1-23.

Leary, T. Interpersonal Diagnosis of Personality. New York: The Roland Press, 1957.

Leary, T. Multilevel Measurement of Interpersonal Behavior, Berkeley, California: Consultation Service, 1956.

Loevinger, Jane. The meaning and measurement of ego development. American Psychologist, 1966, 21, 195-206.

Loevinger, Jane. Measuring personality patterns of women. Genetic Psychology Monographs, 1962, 65, 53-136.

Murstein, B. I. and Galudin V. The relationship of marital adjustment to personality: a factor analysis of the interpersonal check list. Journal of Marriage and Family, 1966, 28, 37-43.

Poser, E. G. The effect of therapists' training on group therapeutic outcome. Journal of Consulting Psychology, 1966, 30, 283-289.

Reiff, R. and Riessman, F. The indigenous nonprofessional. Community Mental Health Journal. Monograph Series, No. 1.

Rioch, Margaret J. Changing concepts in the training of therapists. Journal of Consulting Psychology, 1966, 30, 290-292.

Sargent, Helen, The Insight Test: A Verbal Projective Test for Personality Study. New York: Grune and Shatton, 1953.

Stienmann, Anne, Fox, D. F., and Levi, J. Specific areas of agreement and conflict in women's self perception and their perception of men's ideal woman in Argentina, Peru, and the United States. International Mental Health Research Newsletter, 1965, 2, 1-7.

Stone, L. A. Another note on the reliability of the MMPI scatter index. Psychological Reports, 1964, 15, 445.

TOWARD AN ASSESSMENT OF THE VOLUNTEER WORKERS PROGRAM AT OSAWATOMIE (KANSAS) STATE HOSPITAL

Monroe Stein*

As an outgrowth of a one-day workshop consisting of volunteer workers and administrative staff members at Osawatomie State Hospital, an attempt to evaluate the Volunteer Workers Program was undertaken. In general, the hospital staff, as expressed at the workshop, seems to regard the Volunteer Workers Program as making a valued contribution to the care and treatment of patients. Occasionally, though, some dissatisfaction is expressed by staff members, and there are allusions to weaknesses and shortcomings also. Volunteer workers, both individually as well as in groups, provide direct and indirect services to patients. Volunteers, though, are not regarded as substitutes or replacements for the regular hospital staff, but as supplemental to the staff. The overall aim in enlisting volunteers is to serve our patients in diverse capacities that are beneficial to them. Therefore, the present study was initiated in the hope of improving the Volunteer Workers Program through attempting to appraise it, particularly to discover its strengths and weaknesses and any other significant information. If indicated, recommendations will be made to overcome shortcomings and to strengthen the program.

We are especially interested in learning about the motivations of the volunteer workers themselves as well as their attitudes and ways of seeing their relations to the hospital personnel and the therapeutic program so that, if needed, we can attempt to make the necessary improvements. We then may be able, for example, to help the volunteers and personnel to better understand their roles, and perhaps to be more effective in such roles. Hopefully, the volunteers and personnel could thereby arrive at a greater sense of working together for the benefit of the patients.

The volunteer program, under the direction of Mrs. Rosalie Bowker, essentially consists of approximately 30 adults and 30 teen-agers who visit the hospital on a more or less weekly basis. There are also 13 clubs, comprised of about 8 persons each, that visit the hospital once a month to render volunteer services. In addition, there are 200-250 persons who voluntarily assist our patients, such as collecting and sending gifts to them, arranging picnics and church dinners, providing complimentary tickets to sporting events and musicals, and so forth.

Much benefit has been derived from the presence of volunteers in mental hospitals. The use of volunteers gained an impetus in the early 1940's, the need for their services having then become more acute due to the exigencies of manpower shortages in wartime.

Our volunteer program is founded on a philosophy that merits careful consideration. By "philosophy," we mean the principles, general beliefs, and basic conceptions that shape our understanding of phenomena that confront us and guide our approaches to dealing with them. Thus, a "philosophy" provides one with a more or less consistent way of thinking about, and an aim-oriented way of coping with problems. It would follow, then, that an understanding of the philosophy of our volunteer program would better enable one to understand the program.

The philosophy of our volunteer program is based upon the convictions

---

* Dr. Stein is Chief Clinical Psychologist, Osawatomie State Hospital. The author wishes to express appreciation to A. G. Arnold, M.D., Reverend Richard H. Athey, Abdul Basit, Rosalie Bowker, Reverend Paul Kapp, and Lee Jacobson for their helpful suggestions, and their assistance in planning the survey. Special thanks are due to Lurene Paddock, herself a former volunteer worker, for her contributions in interpreting the data, and her valuable editorial assistance.

that volunteers, under proper guidance, can contribute importantly to the care and treatment of our patients, and that volunteer services supplement the service of the personnel to our patients. We also adhere to the view that the volunteer makes a special contribution to patient care and treatment by virtue of not being a member of the hospital staff. According to this view, the volunteer - minus professional training, pay, and not representing any mental health discipline - makes her* (or his) contribution both as a fellow citizen, providing a simple human quality to her helping effort, and as an outsider. The volunteer, as an outsider, offers a vital link between the patient and the world outside the hospital, and she represents the members of the community who are entitled to be aware of what is done or not done for citizens suffering from psychological illness.

In indirect service, volunteers serve as a connecting link in the hospital's efforts to develop relations with the community, and in improving the public's understanding of mental health and illness, particularly of the hospital's treatment program and the part that the community can play in assisting it.

As a cardinal point, we wish to emphasize the principle that volunteer services should not be used as a substitute for the services of paid staff of the hospital. To regard the volunteers as a source of cheap labor is to fail to understand the meaning and purpose of a volunteer program in a modern psychiatric hospital. We think that volunteers should be used as supplementary to personnel because we seek from the volunteers relationships with our patients that afford contacts with the world outside the hospital. These experiences with volunteers, we believe, have unique value in the treatment program because they also provide our patients with interpersonal relationships that have the flexibility, variety of experiences, and unhurried permissiveness that patients find to a much lesser extent with regular staff members because of the latter's usually more authoritarian roles.

METHOD

In undertaking the task of assessing the Volunteer Workers Program, a survey - utilizing questionnaires - was conducted of the hospital personnel and the volunteer workers. Three groups of hospital personnel were asked to complete a questionnaire in order to obtain their opinions and perceptions of the volunteer workers program. These groups consisted of (1) section chiefs and department heads, (2) adjunctive therapists, and (3) a random sample of nurses and psychiatric aides. These personnel were asked to state the kind of volunteer services they felt were the most valuable, and to rate the volunteer workers on a 5-point scale as either (a) very helpful, (b) helpful, (c) neither helpful nor unhelpful, (d) hindering, or (e) troublesome. They were also asked if they felt that volunteers overstepped into personnel duties. They were asked who they felt should supervise the volunteers. They were to list problems encountered in the past in supervising volunteers. Then, their opinions and suggestions to improve the program were solicited.

Another questionnaire was sent to volunteer workers to gain information about their views of the problems as well as the strengths and weaknesses in the program, and to obtain their suggestions for improving the program. Among other information, the questionnaire sought to tap (a) the degree to which volunteers regard hospital personnel as helpful or unhelpful, and the ways they seem to be so, (b) how the volunteers became interested in volunteer work, and their reasons for being a volunteer, (c) the satisfactions they derive from their work, and (d) the ways they regard themselves as helpful to the patients.

---

* Since the volunteer workers in mental hospitals consist overwhelmingly of women, the feminine gender, her, would be more appropriate to use in the text of this report.

RESULTS

Section Chiefs and Department Heads

The group of section chiefs and department heads generally expressed the opinion that the volunteer workers were of value to the hospital program. Direct contact of the volunteers with the patients was unanimously considered most valuable. There is a felt need, though, for better organization and supervision of volunteers as well as other suggestions for improvement of the volunteer program.

Of the ten section chiefs and department heads who answered the questionnaire, nine reported having worked with volunteer workers. Two reported working with volunteers directly, five had worked indirectly, and two had worked both directly and indirectly. As to the kind of volunteer services mentioned as most valuable, all of the respondents included the volunteers' direct contact with the patients. Direct contact with patients includes activities such as games, drama, music and art activities as well as outings, such as walks, wheel chair rides and shopping trips. Two respondents suggested that greater emphasis in the use of volunteers be placed on work with the chronically-ill, somewhat deteriorated patients to help them re-establish social contact. One respondent felt that the one-to-one relationship of volunteer and patient was of most value. Another stated that the services of most value depended upon the patients' needs. Three made no response to the question concerning the volunteer services considered most valuable.

TABLE I

SECTION CHIEFS' AND DEPARTMENT HEADS' RATINGS OF VALUE OF VOLUNTEER WORKERS' CONTRIBUTIONS

	N
Very helpful	3
Helpful	6
Neither helpful nor unhelpful	0
Hindering	0
Troublesome	1

As shown in Table I, in rating the value of the volunteer workers' contributions, 6 rated them as helpful, 3 rated them as very helpful, and 1 rated them as troublesome. Those respondents who rated volunteers as very helpful and helpful pointed out that volunteer services provide activities that hospital personnel either cannot provide or cannot provide sufficiently. They particularly cited activities that "break" the hospital routine, such as outings, and companionate association with geriatric patients and the patients at the Bridge. Appreciation of the tendency of volunteers to see the "well side" of patients was expressed. The volunteers' attitudes of interest, concern, and the providing of shared experiences with patients was particularly felt to be valuable. As one respondent said, "I see them as helpful not in what they do as much as that they are here." Four mentioned the work of the volunteers at the hospital as the avenue of communication through which the community comes to know directly the services and needs of the hospital, thereby fostering and maintaining much-needed community understanding and support of the hospital. In the same vein, such community-hospital contact, as a respondent stated, helps to promote mental health education and better attitudes toward the mentally-ill.

One respondent, who rated the volunteer workers as troublesome, emphasized that they "intrude into clinical therapeutic areas and do so without organization, planning, direction, guidance, or good communications." The "clinical staff is not included in planning the program."

One of the questions was, "Do you feel that volunteer workers tend to overstep into the regular duties of psychiatric aides or other ward personnel, thereby tending to be an annoying or disturbing influence to you or your co-workers?" Of the ten responses given, seven were "no" and three were "yes." One respondent said that overstepping by volunteers sometimes occurs if they are not properly supervised. Another reported that "when they are not trained they become very demanding and the aides have to spend considerable amount of time with them." Similarly, volunteers who "become too anxious with an incident they are unable to handle" may also become demanding of special attention from the aides. The questionnaires listed 6 possible ways the volunteer workers services may be improved, and the respondents were asked to indicate any or all of the ways they thought improvement could be made. As shown in Table II, of the 6 ways, better supervision of volunteer workers was designated 8 times. Improving communication between staff members and volumteer workers, and better availability of information about patients' needs and problems were both designated 5 times. Expanding existing services was designated twice.

TABLE II

SECTION CHIEFS' AND DEPARTMENT HEADS' SUGGESTIONS FOR IMPROVEMENTS

	N
Expanding existing services	2
Improving communication between staff and volunteers	6
Better training of volunteers	5
Better screening of volunteers	5
Better supervision of volunteers	8
Better availability of information on patient needs and problems	6

Most of the department heads and section chiefs who responded also made their own suggestions for improvement of the volunteer services. The most frequent suggestion was that volunteers be screened, oriented or trained, and then more closely supervised. Screening and training were mentioned 3 times, and better supervision was suggested twice. The view was expressed several times that screening would help determine if the volunteer were best suited for direct or indirect contact with patients or for individual or group activities. One respondent noted that screening and training would afford an opportunity to become more certain that each volunteer "could come for a period of time that would be long enough and on a regular basis...to make it both a rewarding experience for the volunteer and helpful to the hospital." Such orientation and training, it was suggested, would help volunteers know how to work better with the hospital personnel. The training and orientation, according to one suggestion, could be done by the adjunctive therapists, nurses, or aides. Another respondent felt that the hospital personnel should also be oriented as to the functions of the volunteers. As to who should be responsible for supervision of volunteers, 9 of the respondents in this group felt the supervision should be done by an employee on the scene or a supervisory employee. Some addition-

al suggestions were that supervision be given by either adjunctive therapists, the director of volunteer services, self-supervision through the use of group meetings, or by the psychiatrists.

TABLE III

SECTION CHIEFS' AND DEPARTMENT HEADS' OPINIONS ON SUPERVISION RESPONSIBILITY

	N
Employee on the scene	5
Supervisory employee	4
Department Heads	1
Section Chiefs	1
Others suggested:	0
Adjunctive Therapy Department	3
Volunteer Services Coordinator	1

In reply to the question about difficulties encountered in supervision of volunteers, 6 respondents did not indicate any problems. However, 2 respondents indicated that the greatest problem was in communication and in lack of time to make contact with the volunteer. It was also expressed that the volunteers had a poor understanding of the hospital's treatment program, its limited funds and limited facilities.

As to reward and recognition of volunteers for the services they rendered, 2 respondents suggested that recognition be made by those with whom the volunteers worked most closely. Another suggestion was that since the feeling of helpfulness is an intrinsic reward for the volunteer, this important source of reward would be enhanced if some volunteers were occasionally invited to staff meetings to share their observations of patients. One respondent strongly suggested that the amount of publicity given volunteers should be cut down greatly.

Adjunctive Therapists

As shown in Table IV, the adjunctive therapists almost unanimously expressed the attitude that the volunteer workers were helpful, but one regarded the volunteers as troublesome. This latter noted that a "great amount of orientation, supervision, and coordination arrangements" were needed. The majority of the respondents felt the volunteer workers are most valuable in one-to-one relationships with patients. This group considered better communication, expanding the services, and better volunteer supervision as the greatest needs of the program.

TABLE IV

HOW ADJUNCTIVE THERAPISTS REGARD VOLUNTEER WORKERS

	N
Very helpful	8
Helpful	6
Neither helpful nor unhelpful	0
Hindering	0
Troublesome	1

Fourteen questionnaires were returned by the adjunctive therapists. Of them, 10 reported they worked with volunteer workers, 8 of them having noted that they had worked directly with volunteers. One AT worked directly and indirectly with volunteers. The kinds of volunteer services regarded as most valuable by four of the respondents centered around person-to-person contact. Two felt that outings for dinner, shopping, and out-of-town trips were of most value. Another respondent felt that group activities were of most value. Another expressed the opinion that all services were valuable as long as they were not "utilized specifically (to substitue) for a program on the section." Other volunteer services mentioned as valuable included the sending of gifts and cards, and teaching with the aim of arousing or creating interests. Five respondents, though, gave no response to the question.

Of the AT's who felt volunteers were helpful, personal attention to patients was mentioned 4 times as of central therapeutic value. Others mentioned that volunteers provide help that employees do not have time to give the patients. Three times the contact of patients with persons from outside the hospital was mentioned as valuable. Two respondents added that volunteer services help serve as a channel for the hospital's effort to provide mental health education for the public.

Eleven of the respondents expressed the opinion that the volunteers do not overstep into the duties of personnel, but 3 AT's felt volunteers did so. Two said the volunteers overstepped when the adjunctive therapists let them take over duties to relieve them. Another reported that overstepping happened when an ex-patient came as a volunteer "to do things that were never done for me."

TABLE V

SUGGESTIONS FOR IMPROVEMENTS BY ADJUNCTIVE THERAPISTS

	N
Expanding existing services	5
Improving communication between staff and volunteers	7
Better training of volunteers	3
Better screening of volunteers	3
Better supervision of volunteers	5
Better availability of information on patient needs and problems	3

As shown in Table V, of the suggested possible ways of improving the volunteer worker services, better communication between staff members and volunteer workers was chosen 7 times. Expanding services and better supervision of volunteers were chosen five times each. Better training of volunteers, better screening, and better availability of information about patient's needs and problems were chosen three times.

As indicated by Table IV, the AT's seemed to think supervision of the volunteers should be done predominantly by the employee on the scene or the supervisory employee. To a much lesser extent, department heads and section chiefs were chosen as the person who should supervise volunteers. Seven of the respondents cited no problems in their experience in supervising volunteers. However, some AT's mentioned that they encountered problems in supervision, such as communication difficulties in schedule changes, the volunteers not knowing what to do, the volunteers not understanding hospital procedure and limitations, and volunteers not being punctual. One respondent reported that he felt his work with volunteers had been ineffectual because they had passed over his level of supervision and gone to section chiefs and department heads.

TABLE VI

ADJUNCTIVE THERAPISTS' OPINIONS ON SUPERVISION RESPONSIBILITY

	N
Employee on the scene	7
Supervisory employee	5
Department Heads	3
Section Chiefs	3

Several suggestions for improving volunteer services were given, i.e., more structure and control was mentioned 8 times, 1 respondent felt that teen volunteers should not work with teen patients, and another expressed the need for softball games, ward games, and walks. "Structure" seemed to be defined as planning of the volunteer program as well as training of the volunteers themselves. Four respondents offered no suggestions for improvements.

Nurses and Psychiatric Aides

The general opinion of nurses and psychiatric aides was that volunteers were helpful and should work in direct contact with the patients. They expressed a need, however, for better communications between staff members and volunteer workers, and for more availability of information to volunteers concerning patients' needs. In addition, several suggestions for improvement were made.

Fourteen of the 15 nurses and psychiatric aides who answered the questionnaire reported having worked with volunteer workers. Nine worked directly, 2 worked indirectly, and 3 worked both directly and indirectly with volunteers. Of the volunteer services, the ones considered most valuable by the group centered around direct patient contact. Such volunteer services, according to the respondents, included working with the chronic, deteriorated patients and the geriatric patients, taking walks on the grounds with patients, good-grooming helps, and also conducting dance and drama groups. Other services mentioned included the adopting of wards and organizations by groups of volunteers, and the providing of gifts and grooming supplies. One respondent expressed the belief that a "variety of services (are required) in order to get results, and

to better benefit our patient care."

TABLE VII

HOW NURSES AND PSYCHIATRIC AIDES REGARD VOLUNTEER WORKERS

	N
Very helpful	5
Helpful	8
Neither helpful nor unhelpful	2
Hindering	0
Troublesome	0

As shown in Table VII, 8 of the nursing personnel rated volunteer workers as helpful, 5 rated them as very helpful, and 2 rated them as neither helpful nor unhelpful. In rating volunteer workers as very helpful and helpful, 3 respondents added that they regarded the volunteers so because they provided the patients with contacts with people outside the hospital. Three others noted that volunteers were helpful because they provided activities for which aides did not have time. Two mentioned that volunteers were helpful in that they give patients personal attention. As 1 respondent recalled, "I have seen depressed patients attend (dance class) when they were really down in the dumps and come away happy." Another expressed the feeling that volunteer workers were helpful in that they provided supplies necessary for patients' good grooming. The 2 who felt that volunteer workers were neither helpful nor unhelpful mentioned that the teen volunteer working with teen patients needs supervision, and, in this capacity, considered them to be hindering. Another specifically stated that teen volunteers were not helpful with actively aggressive or hostile patients.

In response to the question whether or not volunteers overstep into duties of personnel, 13 responded "no," and 1 replied "yes." One of the respondents who said "no" enlarged the response by noting that at times "employees may feel they do." One of the respondents said "yes" and "no" because volunteers may arrive on the ward "unannounced and unaccompanied, without even introducing themselves or saying what they are doing there." One who answered "yes" complained that sometimes volunteers "disregard what the nurses or aides tell them about patients and cause them (the patients) to become upset."

Table VIII shows that of the 6 possible ways of improving the volunteer worker services, 11 of the 15 respondents indicated that there existed a major need to improve communication between staff and volunteer workers. Better availability of information about patients' needs and problems was chosen 7 times. Expanding services and better supervision of volunteer workers were indicated 3 times, and better screening of volunteer workers was chosen once.

TABLE VIII

SUGGESTIONS FOR IMPROVEMENTS
BY NURSES AND PSYCHIATRIC AIDES

	N
Expanding existing services	3
Improving communication between staff and volunteers	11
Better training of volunteers	7
Better screening of volunteers	1
Better supervision of volunteers	3
Better availability of information on patients needs and problems	10

Nursing personnel offered several suggestions to improve the volunteer services. Three times it was suggested that volunteers should do more planning and then make arrangements with the ward personnel. Other suggestions, included the providing of more training and supervision of volunteers, and more work with the chronically-ill patients. Two respondents specifically suggested that employees be better instructed in the role, function, and limitations of volunteers. Another felt that the volunteers received too much recognition at the expense of employees' recognition, particularly emphasizing that even though volunteers are not paid (and they do need recognition), some employees also make contributions beyond what they are expected to make, and they receive far less recognition than volunteers.

Ten members of the nursing personnel felt that the employee on the scene should be responsible for the supervision of volunteers, as shown in Table IX. Section chiefs and department heads were designated twice and once respectively as the ones to provide supervision.

TABLE IX

NURSES' AND PSYCHIATRIC AIDES' OPINIONS ON
SUPERVISION RESPONSIBILITY

	N
Employee on the scene	10
Supervisory employee	6
Department Heads	1
Section Chiefs	2

Nine of the respondents mentioned no problems encountered when supervising volunteers. Two said they themselves did not know enough about the

volunteer services, especially as to their roles or the extent, if any, of orientation they had received. However, 4 respondents reported some difficulties with the volunteer workers. Specifically, one noted that patients sometimes get rowdy when with the volunteer workers. Another felt that some were too young to understand the patients' problems, and thus were a hindrance. One had difficulty in having the volunteers report to the staff on the behavior of patients with whom they had worked, although this difficulty seemed to have eased recently. Another respondent mentioned that volunteers seemed uneasy about asking questions about patients and their activities.

Volunteers

The majority of the 18 volunteers who returned their questionnaires expressed the feeling that the hospital personnel were helpful and appreciative of their efforts. Most of them felt that the nature of their contacts with the personnel should remain unchanged. Although one half of the respondents did not indicate any problems encountered in their work with personnel, others expressed some objections and problems with them.

Seven respondents preferred to work with groups, 5 preferred individuals, and 6 indicated no preference with respect to individuals or groups. Concerning problems encountered in their work-experience, one half of the volunteers mentioned no problems, but 5 mentioned difficulty in getting individual patients to participate, and another respondent said that at times groups of patients were not receptive. Similarly, difficulty in communication with patients was mentioned 3 times, and 1 reported difficulty in playing the various games because the patients lacked knowledge of the rules of many games.

TABLE X

VOLUNTEERS WHO FEEL
UNAPPRECIATED OR UNWANTED BY PERSONNEL

	N
Never	10
Seldom	5
Occasionally	3
Moderately so	0
Often	0

Four questions were asked to sample the volunteer's opinions of the attitudes and behavior of hospital personnel toward them. One question was whether they felt unappreciated or unwanted by the personnel, and, if so, by what group. As shown in Table X, 10 reported that they never felt unappreciated, 5 report seldom, and 3 reported occasionally. As to the group by which the volunteers felt most unappreciated, the psychiatric aides were indicated 7 times, nurses were checked twice, and doctors were checked once.

TABLE XI

HOW VOLUNTEERS REGARD PERSONNEL

	N
Very helpful	8
Helpful	6
Neither helpful nor unhelpful	4
Hindering	0
Troublesome	0

However, as shown in Table XI, 8 of the volunteers regard the personnel as very helpful, 6 as helpful, and 4 as neither helpful nor unhelpful. Of those who rated the personnel as very helpful and helpful, 5 said that the personnel were cooperative. Of those who rated the personnel as neither helpful nor unhelpful, the personnel were perceived as just leaving them alone and not even talking to them. For another respondent the aides were experienced as not introducing the volunteer to the patients, as not helping to start games, and sometimes not even making an effort to find the patient with which the volunteer is supposed to work. To improve volunteer-aide relations, it was suggested that personnel attempt to be more cooperative with volunteers, such as introducing volunteers to the patients, and helping volunteers to start games with the patients. Similarly, another suggested that the volunteer could be made to feel more welcome.

The volunteers were also asked in the questionnaire whether services would be more useful if their contacts with hospital personnel were closer, less close, or remain the same. Eleven respondents felt that contact should remain the same, and 6 felt that contact should be closer. The reason given by 2 respondents who felt that contact should be closer is that the volunteer would feel more able to go to them with the problems encountered in her work. Another 2 respondents felt that closer contact was needed so that the volunteer would know what to do that was best for the patients.

The volunteers were asked how they became interested in volunteer work, their reason for being a volunteer worker, the satisfaction they derive through their work, and the ways in which they feel they are helpful to the patients. Five replied that they became interested through Y-Teens, 3 became interested through their church groups, and 4 through their parents who work at the hospital. One entered volunteer work through responding to a newspaper advertisement placed by Mrs. Rosalie Bowker, and 1 responded after hearing Mrs. Bowker speak at a mental health association meeting. Other ways mentioned were through friends, through hospital entertainment, as a sponsor of a sub-teen group, through having been hospitalized as a psychiatric patient, and "just trying it because it appeared interesting and educational."

The reasons for being a volunteer, as given by 15 of the respondents, can be succinctly stated as mostly personal satisfaction. "Personal satisfaction" can be better understood as including the sense of being useful and helpful as well as having intrinsically interesting experiences, largely of a learning and/or creative nature. The gaining or re-gaining of the feeling of being useful and appreciated is the propelling force for 11 of the respondents. One expressly noted that volunteer work for her is a way of rewarding others for what had been done for her as a patient. Two respondents felt volunteer work would be of value to them in their future work. Three mentioned the reward for them in seeing patients respond favorably to treatment, and another sought volunteer work for the opportunity to make new acquaintances.

The personal meaning of volunteer work to many respondents is poignantly captured in the replies, "Whatever I give to Osawatomie, I have returned in many ways. It leaves a feeling inexpressible." And, as noted by another, "It's doing me even more good, I feel, than the ones I work with." The therapeutic value to the volunteers of the work they perform needs no further elaboration.

Asked in what way they felt they were helpful to the patients, 8 of the volunteers said they were bringing some pleasure to the patients, such as someone to visit them, to add the "personal touch" to their everyday hospital experience, and by enabling the patients to have additional experiences in which they feel that someone is interested in them. Two felt that they serve as a link with the world outside the hospital. One said that her helpfulness is in showing them that a hobby is relaxing and can be profitable. Another noted that the volunteer seems inclined to see the healthier side of the patients, and greater asknowledging of health in the patient is helpful. The respondents among the volunteers contributed relatively few suggestions for changes or comments for improvements in the volunteer services. However, 5 offered suggestions for closer structure of the program, including help in delineating for the volunteers the nature of their roles, particularly as supplementary to the personnel. It was also stressed that volunteers need to have a definite assignment, and personnel should be informed adequately of the assignment. In the same vein, in the case of a change in assignment or schedule, the volunteer and/or the personnel should be informed accordingly. Two respondents expressed the need for more supplies for their work-activities. One felt it would be more beneficial for a volunteer to work a whole day rather than a couple of hours a day. Another suggested that the volunteer should accept or be helped to accept constructive criticism, and the personnel should feel free to offer it. Greater cooperation from hospital personnel is needed, another declared. "Enthusiasm on the part of the personnel is certainly a great help."

DISCUSSION

In attempting to discern broad trends in the results of the entire survey, we shall turn to each of the sub-groups in an attempt to ascertain various vectors that may be present in them. Virtually all of the section chiefs and department heads regard volunteers working in direct contact with the patients as valuable. They seem to view volunteers as beneficial to the patients, and, to a lesser extent, as supplementing the relations of the hospital with the community. However, there are fairly consistent references to the need for more structuring of the volunteer program, particularly more planning in the use of volunteers, screening of them, orientation and training, and, last but not least, closer supervision. SCs and DHs express the feeling that personnel orientation is needed also, and supervision of volunteers should be carried on by the employee on the scene or a supervisory employee. There is 1 respondent who rated the volunteers as troublesome, but the reason for so rating them arose from a felt-need for more structure in the program. Similarly, the small minority that expresses the view that volunteers overstep into personnel duties also sense a need for greater structure in the program. This minority even explicitly suggests more structuring of the volunteer services. One respondent objected that the clinical staff was not included in the extent of the planning of the program that does occur, and the objection deserves further consideration. Next in importance, emphasis was given to the need for better communication. On the other hand, such difficulties in communication can be expected to be alleviated considerably, if the volunteer workers program were more highly structured. Even though more structure of the program was strongly emphasized, such structure should not come into being at a great cost to the flexibility of the program. As one respondent aptly noted, the most valuable services arise out of the volunteers' responsiveness to the patients' needs, particularly the need shaped by the individuality of the patient, and influenced by changes with the passing of time.

The adjunctive therapists seem to be predominantly interested in the one-to-one relationship between patients and volunteers. A large majority of the ATs considered the volunteers helpful or very helpful, especially on a one-to-

one basis. However, one respondent considered the volunteers helpful in indirect contact with patients, but troublesome in direct contact with patients. Volunteers were considered troublesome in that a great deal of "orientation, supervision, and coordination" was lacking for them. Implicitly, this AT respondent seems to express a need for greater structure in the volunteer program, but there is also the implication that the ATs do not have time to orient and prepare volunteers for their work. An orientation program may be needed to prepare volunteers for direct contact with patients. The need for an orientation program is expressed again when mention is made of problems encountered in the supervision of volunteers. As a consequence of the need for orientation, one of the more important supervisory problems is that volunteers are often unaware of hospital procedures and limitations in the treatment program. Half of the AT respondents, in citing needed improvements in the program, mention the need for an orientation program for volunteers, but - seemingly inconsistent - one of the least suggestions is the training of volunteers. The ATs regard the problem in communication as rather prevalent also in the use of volunteers. Here again, the need for a more structured program is implied, including orientation - such structure likely to contribute to alleviating the communication difficulty. Explicitly, several times AT respondents suggested that more structure is needed. Among the suggestions of better ways of using volunteers, more participation of them in weekend and summer activities was given a fair degree of weight. One wonders whether the ATs generally have an accepting attitude toward volunteers, but also wish the volunteers to remain distant from them and their work-activities. There is some suggestion in the findings that the ATs, although perceiving volunteers as beneficial, prefer to maintain some distance from them, such as preferring that volunteers engage in one-to-one activities, in weekend and summer activities, and underemphasize training of them. On the other hand, the suggestions made by the ATs for improving volunteer work are valuable.

Among the nurses and psychiatric aides, almost all the respondents worked with volunteers, and all - except one - considered them helpful. The majority regard volunteers as of most value in direct contact with patients. There is another fact, however, worthy of consideration in assessing the attitudes of nursing personnel toward volunteers. To wit, when the survey was made, the nursing personnel was the only sub-group that had a very low rate of returned questionnaires. As a result, they were contacted a second time to get them to return the questionnaires. In some cases new copies of the questionnaire had to be re-distributed. Although the meaning of their reluctance is unclear, it is likely that their hesitancy reflects some noteworthy ambivalence (mixed feelings) or undercurrent of antipathy toward the program.

Although the majority of nursing personnel express the feeling that the volunteers are of value, some felt they were neither helpful nor unhelpful. As an example, teen volunteers were singled out as not helpful with aggressive, active, or hostile patients. Teen volunteers were considered to need more supervision. One respondent mentioned a not infrequent situation where a volunteer arrives on the ward without any previous contact with the personnel, and does not let the personnel know who she is or what she is doing. Another respondent said that sometimes volunteers disregard what they are told by nurses or aides about some patients, and cause the patients to become upset. Another respondent reported having difficulty in getting the volunteers to report patient behavior to the staff. Some nursing personnel also felt that volunteers overstep into the duties of the personnel.

Screening or careful placement of both volunteers and patients would help avoid some of the problem-situations that arise. Another helpful measure would be, of course, an orientation program for volunteers. Orientation would familiarize the volunteer with procedures to follow, enabling her to make appropriate arrangements to work on a ward, and then to proceed smoothly when arriving there to carry on her work with patients. The volunteer would also be better able to avoid incidents detrimental to patients. An orientation would also include becoming familiar with some of the responsibilities expected of the volunteer, such as reporting patient behavior. An orientation program would help prepare volunteers to work better with the personnel, and the personnel with them. If a volunteer upsets a patient, the psychiatric aide or nurse or any other

hospital personnel involved should attempt to understand the problem through talking with the volunteer, and then attempt to clarify, instruct, suggest, and otherwise advise and support the volunteer to deal better with it. If unable to help the volunteer, the employee should seek assistance from a supervisor. Such problems and experiences also suggest a need for clearer definition of roles for the personnel and the volunteers in their relations with each other. A clearer role definition is particularly needed by personnel who do not know enough about the volunteer services, the roles of volunteers, or the amount of orientation the volunteer had received.

Since only half of the volunteers reported problems encountered in the program, the volunteers may be considered, to a large extent, satisfied with their work. A great majority of the volunteers wish to have their contacts with personnel remain unchanged. The retaining of a wide variety of services from which the volunteers can choose for their personal participation, and the preserving of program flexibility would enable large numbers of volunteers to continue to have the opportunity for satisfying work-experiences, and thus would bring more beneficial results to the patients.

The problems mentioned by volunteers, however, were rather the counterparts of problems expressed by the personnel. Thus, the volunteers' problems concerned difficult situations likely to arise in contact with patients, and not knowing what to expect from the aides. These problems suggest the need for more structure, orientation, and role-definition. Many such problems would be likely to be considered and handled in an orientation program, preparing the volunteer for problem-situations they could expect, and for reactions from patients they might receive. They would be alerted to, and gain an understanding of what is expected of them in their roles as volunteers, and what to expect from aides. The volunteers explicitly mention the need for more structure in the program in their suggestion for improvements.

The ways by which volunteers became interested in volunteer work were varied. A great majority, however, became interested through the Y-Teen organization, through their church groups, and through their parents who are affiliated with the hospital. These ways through which volunteer came to be volunteers are suggestive of means of securing future volunteers for the hospital program. Volunteers with special training or abilities would be especially desirable in future programming of volunteer services. The reasons for being a volunteer and the satisfactions derived from the work seem rather consistent. Most prevalently, volunteers derive the satisfaction of feeling they are of value to someone in need, and they are motivated by the reward of seeing results from their efforts to help persons in distress and/or less fortunate. Volunteer work is, in a very real sense, therapeutic for many of the volunteers, and their experiences are also satisfying to quite basic personal needs, such as doing for others what was not done when one was a patient oneself, re-discovering a feeling of personal usefulness to others, and overcoming feelings of emptiness and depression experienced in everyday living.

SUMMARY AND CONCLUSIONS

In an effort toward assessing Osawatomie State Hospital's Volunteer Workers Program, noteably its strengths and weaknesses and to recommend measures toward improvement, a survey - utilizing questionnaires - was conducted of the hospital personnel and the volunteer workers. According to the responses to the questionnaires, the large majority of the personnel views the volunteer workers program as either helpful or very helpful. They also view the volunteer workers program as supplementing the hospital therapeutic program. The personnel recognize the value of volunteer workers, both their direct and indirect services. Personnel generally accord greater value to the individual volunteers working in direct contact with patients, preferably in small groups or in one-to-one relationships. The emphasis on small groups and one-to-one relationships arises from an interest in giving the "personal touch" to patient care and treatment. There are some noteworthy suggestions that many of the nursing personnel have at least some undercurrents of non-accepting feelings toward volunteers. In addition, although the adjunctive therapists largely consider volunteer workers helpful, they seem to mostly regard volunteers as valuable in one-to-one relationships, and seem

to see less need for training for them - suggestive of some concern that the volunteers not overstep into their sphere of work-activities.

The responses from the volunteers reflect a great deal of satisfaction with the program. Generally, they feel that the hospital personnel accept them and are cooperative. The volunteers largely perceive their roles as supplemental to the hospital therapeutic program, and their basic concern is helping to provide additional human interest and concern for the patients, and the hospital personnel as providing therapy. The volunteers derive personal satisfaction from helping those in need, often reflecting ideal basic attitudes for helping relationships with psychologically-ill persons. At the same time, many of the volunteers have sought out and carry on their work in an attempt to fulfill certain personal needs and to cope with their own emotional problems, such as to retrieve a feeling of being socially useful, to overcome undercurrents of depression, and so forth. They are also healthily motivated to be of service to the emotionally-ill, distressed, and otherwise disadvantaged of our society.

The problems experienced and suggestions for improvement by both the personnel and the volunteers are very closely related. The personnel and volunteers, although indicating a great deal of satisfaction, indicate a need for clearer role-definition, orientation, more careful screening, and more supervision of volunteer workers. A clearer role-definition would enable the personnel to better know what is expected of them in their contact with volunteers, and to better understand the duties and responsibilities of the volunteers. The volunteer workers need to know what duties or responsibilities would fall on them, such as reporting patient behavior or the amount of pre-arrangements to be made and procedures to use. After these roles have been more clearly defined, they could be explained and clarified in, or as part of orientation sessions. Orientation sessions are needed for both the volunteer workers and the personnel. The volunteer workers should be somewhat prepared through orientation sessions for their contact with patients, particularly aiming at highlighting possible patient reactions they might receive and other difficult situations that might arise in their work. They should also be given a general view of the hospital organization and the treatment program. These orientation sessions should be merely an exposure for the volunteer, not a training program in the customary sense. If an orientation program is too formalized or too complex, the volunteers would lose the flexible, casual atmosphere that is one of the most vital elements in the volunteer workers' usefulness and effectiveness.

The personnel felt the employee on the scene should be responsible for supervision of the volunteer workers, but the employees also need to know how much supervision is expected of them. Supervision should be intense enough to be of help to the volunteers, but still not stymie them.

To a significant extent, some of the volunteers feel a need for more simple hospitality on the part of the staff members toward them, such as at least having staff members show an interest in talking to them when they come to the wards, having the patients ready to see them, and simply recognizing their (the volunteers') presence. The volunteers especially feel a need to know about the treatment plan for the patients with whom they work so that they can fit their efforts into the plan, and thereby make a better contribution to the patient's welfare. In many instances, volunteers also need to reach out socially toward personnel, such as letting personnel know who they are and what they are seeking to do to be of help to the patients, to be cooperative in an attempt to elicit cooperation from the personnel.

Screening of volunteers is a process of fitting the volunteers to the needs of the patients. Screening also includes ascertaining the stronger abilities of the volunteers so that the workers can be more useful and beneficial in their contact with patients. Several of the personnel are concerned that teen volunteer workers upset, or otherwise work poorly with teen patients and hostile or aggressive patients. This is a problem-area that deserves further inquiry and efforts by supervisory personnel, points up a need for more cooperative involvement by personnel in the volunteer program. Some teen-volunteers probably need more individualized help in choosing and working with patients so that patients can avoid adverse experiences, can benefit to a greater extent from contacts with

volunteer workers.

More structure is also recommended in an attempt to improve the Volunteer Workers Program. Although more definite structure is needed, a fair degree of flexibility in the program should be retained to enable the volunteers to deal adaptively to different and every-changing needs and situations in the hospital. Increased structure would also enable personnel and volunteer workers to better understand each other's needs, roles, and aims, and to be more effective in their contacts with patients.

SPECIAL DEPARTMENTS BEGINNING IN THE NEXT ISSUE (SUMMER):

LETTERS TO THE EDITOR

EMPLOYMENT MARKET - Listings of job openings and applicant availability

REPRINT OF THE MONTH - A significant article previously appearing elsewhere will be selected for reprinting each month.

UPDATING THE LITERATURE - An annotated bibliography of current literature on volunteers and volunteering.