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Psychological and educational aspects of hospice voluntary action

Hundreds of thousands of persons every day devote their time in voluntary actions, while solving complicated life situations, protecting public interest, serving people that suffer, that are lonely, that live in difficult situations. This is exactly what voluntary action is about. A volunteer undertakes tasks that others will not solve with equally gratuitous approach, featuring so strong and altruist motivation. Thirty years ago that activity, relatively poorly developed, was defined as philanthropy, and it consisted in providing the usual care to those in need. Today, they also apply those terms, but more and more often they apply the notion of voluntary action understood as a civic movement characterised with deep and mature aspirations[J. Binnebesel, 2008]. Once volunteers were named social activists/workers, philanthropists or altruists – these terms are applied also at present as synonyms[E.I. Dąbrowska, 2002]. The very word ‘a volunteer’, when looked up in a dictionary (1975), was explained as „a military man, previously a volunteer; a trainee working without pay to learn a vocation”[W. Kopaliński, 1975]. Whereas in 1993 these terms were defined in a following manner: „a voluntary action is a pay-free form of an internship of a doctor gaining practical knowledge, in a hospital”[Słownik wyrazów obcych, 1993], and „a volunteer as a trainee working without pay in order to get familiar with a vocation, obsolete: a volunteer in an army”[Słownik wyrazów obcych, 1993]. At present there functions a commonly used definition of a volunteer as defined by the Act about pro publico bono activities and about voluntary action[Act from 24 April 2003]. In accordance with the Act „a volunteer is a person that on voluntary basis and without pay performs services in accordance with the principles defined in the Act about pro publico bono activities and about voluntary action (art. 2 par. 3 of the Act)”[K. Kołodziej, 2003]. The source of the word ‘a volunteer’ is a Latin word *volontarius* — voluntary. Using the definition developed by BORIS (Service Bureau for Movement of Social Initiatives), one can indicate that: being a volunteer means free, conscious, voluntary activity for the benefit of others, apart from family, colleagues’ and friends’ relations. Everyone could be a volunteer, in every sphere of social life, everywhere such help is needed, but we should remember that not every volunteer is suitable for every type of work[M. Ochman, P. Jordan, 2000]. Moreover, volunteers are currently called: helpers[D. Balcerowicz, 2004],

leaders[Z. Cendrowski, 1998], volunteers of a fellow-brother love[S. Gawroński, 1999], philanthropists[A. Kanios, 2004].

Hospice voluntary action creates an additional dimension of taking care of a terminally ill person, in his last phase of illness. A volunteer, along with the medical personnel and a family of an ill person, co-participates in performing this care service for a patient. Volunteers come from various social groups. They are school youth, students, working persons, pensioners and the unemployed. Hospice medical voluntary actions, while having at their disposal more time than a personnel, with less emotional load than a family, have an opportunity to talk with an ill person, listen to his or her tiniest of needs. Among the duties of a volunteer there can be, among other things, offering a companionship for an ill person and a family at a moment of passing away, talking with an ill person, providing support for a family, helping with taking care of a patient and with overcoming hard ailments. Also, volunteers help in organization and implementation of charitable activities[P. Krakowiak, A. Janowicz, 2008].

Ms. Bartoszevska emphasises that „the pattern to follow of an attitude of a volunteer towards an ill man, as postulated by the hospice movement in Poland, is „companionship”[E. Bartoszevska, 2005]. This is also how voluntary action is perceived by volunteers themselves, according to their own statements quoted by Ms. Bartoszevska. „To accompany means to walk together with an ill person, not along one’s own, but along his or her way. To walk close enough for a patient to make him feel safe, yet distanced enough not to make him feel overwhelmed with my presence. To accompany means to offer feeling, which often is easy, and to know how to accept it, which sometimes is much harder. To accompany means hoping that this road is not the last one, but a first one that starts a new, remarkable journey”[B. Kromolicka, 2008].

In literature one can find much information about: types of voluntary action, various aspects of engagement in help for others, gains of those to whom such help is dedicated. However, one ought to highlight also the numerous advantages received by a person joining actively voluntary action activities. Voluntary action, as a way of spending free time, can perform educational, integration, cultural and compensation functions[P. Tauber, 1998]. Let us have a closer look at those roles and the way they influence the psyche of hospice volunteers.

People, while living together, mutually influence, change with respect to their personality. Personality is usually flexible, it changes when stimulated with new needs and experiences. Routine can be a factor that blocks its development. Often only some unexpected circumstances occurring in life, quite new situations breaking the so far rhythm of functioning, awake the development potential otherwise asleep. This human ability of psychological development is understood in psychiatry as a health criterion. Personality development does not stop at the age of 25. The evidence could be the participation in voluntary action of person aged 50 and more, that are active and looking for inspiring experience.

An important element that influences development, both of young as well as of old persons, is being a member of a group. This becomes increasing important especially in puberty, while performing an important task in the socialisation process. Participating in a group life stimulates formation of valuable personality features. Developmental

gains can be of multiple character. Voluntary action teaches how to accept responsibility not only under the pressure of duty, but as a result of one's own, free choice. When persons belonging to a group share one goal, they can feel more appreciated, accepted and regarded [H. Muszyński, 1976]. An atmosphere of group meetings, positive emotions related with realization of charitable activities can teach the skill of cooperation. Common activity in favour of others that are in need alleviates egocentric attitudes [Z. Bartkowiak, 1983]. An action volunteer, Sara, 13, talks about voluntary action in this manner: „The work of a volunteer is much needed. While collecting money one helps those that are in need. Anyone can become a volunteer. Some good will is enough. I participated in the action called ‘Daffodil a flower of hope.’ That action consisted in collecting money. Each benefactor was offered a yellow daffodil by us. People gave willingly. Especially the older ones. Sometimes people neglect us, but we do not get discouraged and, with head up, move on. A volunteer has many interesting adventures. When I help others I feel I am needed. I am happy that I help.” [www.hospicja.pl] A man, through contacts with new people, especially those who are important for him, acquires knowledge and new ways of reacting [B. Aouil, 2002]. So, in the hand of an experienced coordinator a voluntary action can be a tool for social education and personality development.

Among most frequent advantages of participating in voluntary action are:

- gaining perspective with respect to one's own problems, looking at life from another angle;
- satisfaction, joy resulting from helping others, a sense of being needed;
- obtaining new knowledge and skills, also those organizational;
- broadening a circle of acquaintances, making new contacts;
- extending life experience, re-evaluating life, preparing for an old age and death, for taking care of the ill.

The enumerated scopes of influences of voluntary action coincide with data acquired in researches carried among hospice centres that indicate positive results of helping ill persons, such as: internal growth, tolerance for attitudes and convictions of others, satisfaction with a well done job, motivation for upgrading qualifications, becoming aware of one's own mortality [E. Krajewska – Kułak, M. Szczepański, C. Łukaszuk, J. Lewko, 2007].

While analysing this issue in the context of a change of attitude that, in accordance with pelagic sciences is: „a complex conglomerate of stored good or bad evaluations of a given object” [E. Aronson, T. Wilson, D. RM. Akert, 1997] in the sum of evaluated phenomena, problems and issues. Attitudes are formed by the following components [E. Aronson, T. Wilson, D. RM. Akert, 1997]:

1. Affective component of an attitude - „emotions and feeling that people associate with an object of an attitude”. This component contains a system of biases and prejudices towards an object of an attitude.
2. Cognitive component of an attitude - „convictions of men concerning the qualities of an object, an attitude”. In other words, this component contains the general knowledge about a given issue or a problem, as stored in available stereotypes.

3. Behavioural component of an attitude – specific „activities of people towards an object of an attitude”, namely towards people, phenomena, processes or issues.

The „anatomy of attitudes” presented above lets us assume that undertaken voluntary actions are characterised with the highest effectiveness in case of delivering a credible knowledge of theoretical fundament, as well of creating positive psychological aspects. Consequently, the work of a coordinator of a hospice voluntary action or of a tutor of a group of volunteers ought to focus, next to training the skills of taking care of an ill person and theoretical lectures, on subjects related with social skills and creating positive attitudes [P. Krakowiak, A. Modlińska, J. Binnebesel]. A volunteer helps with himself, his support for an ill person is based mainly on an art of communication. Voluntary action practice creates a habit of maintaining the contact with one’s feelings and intuition. Voluntary action where one helps another man directly may develop a skill of understanding emotions and managing one’s behaviour. This can be a specific training in assertiveness. It is well put in the following quote: „In order to efficiently communicate and effectively cooperate with others we ought to act with them the way they would like to be acted with. It is about learning to speak their language.” [B.B. Tieger, P.D. Tieger, 2005] Summing up, voluntary action considerably influences getting to know oneself, one’s own weaknesses and strengths. Such knowledge becomes often useful on the road to further development.

The specific influence of helping in a hospice consists in a fact that a volunteer acquires a scope of new experiences that substantially influence the development of his or her attitudes and behaviours towards older people, towards suffering and dying. A volunteer’s attitudes depend mainly on his or her beliefs, personality, life experiences, but also on his or her present situation [A. Kwiecińska, 2005]. The attitudes may result from the influences that come from persons or groups especially important for a given person. Such important persons could be for a volunteer the persons that he or she meets in a hospice, often the ill persons themselves. A person that takes care of an ill person cannot protect himself from the problems of a patient and his family, from stress, he becomes psychically burdened. Since he or she is in the very centre of a close, real relation with another, suffering man. Consequently, accompanying a person at the end of his or her life almost invariably leaves traces in the psyche of a volunteer at the same time influencing his or her attitudes towards life and death.

Process of change of convictions was formulated in the rational and emotive concept of psychotherapy of Albert Ellis [A. Kwiecińska, 2005]. A central point of that psychotherapy is exactly the role of convictions in the functioning of a man, and especially their relation with emotions and acting. Ellis defines life occurrences experienced by a man as activating events (adversities) that cause the emergence of definite convictions (beliefs). And they in turn lead to feelings, behavioural reactions and new convictions, namely to consequences. So, one may assume, in the context of the discussed subject, that it is very probable that emergence of new beliefs and change of irrational, harmful convictions can take place under the influence of hospice voluntary action. Since such voluntary action is abundant with experiences consisting in difficult activating occurrences, enforcing reflection.

The change of an approach to suffering and death results from participation in situations that may be, of course, painful for a person taking care. A volunteer may start feeling fear, sadness, despair. It happens that difficult emotions are triggered by some stimulus that brings about reactions to incidents that had been long forgotten or driven away from consciousness. Since such incidents leave behind emotional traces. They may be reactivated when stimulated by similar situations or memories. A volunteer ought to be aware of such possibilities. It is fine when he is being prepared for such a possibility, when he can read his internal, rising emotions. Correct naming and taking care of such emotions can result in working through hard situations from the past. It is worthwhile for a volunteer to take care of his or her own losses in life. This may result in activating new potential based on experience, but in a manner that is not such an emotional burden. His or her own history will not push aside the history of an ill person. A volunteer could, as a consequence, bear and carry more. Putting order to personal experiences let us be closer to an ill person. A personal insight, recognising own weakness, accepting own hopelessness as a natural feeling that emerges in a situation of taking care of a terminally ill patient, all that help being more present at the side of an ill person and his or her family. Then, all energy of a volunteer can be directed by him not at protecting himself or shielding from too difficult experiences, but at developing real closeness with persons that expects it since „at the time of dying the most important is presence. The presence of a family with a dying person, our presence with the family” [A. Dubowska, A. Warmuz, 2000]. One ought to undergo a certain internal change [B. Zaorska, 1992] - in order to accept palliative treatment focusing on eliminating symptoms of an illness, to discover the significance and sense of such therapy. Thanks to those changes the mourning of a volunteer after the death of an ill person has a chance to take a healthy form of coping with a loss. So, agreeing to a fact of inevitability of death is indispensable.

Many persons, before becoming a hospice volunteer, and also during participation in voluntary action, ask the following questions: Am I good for voluntary action? Can I meet the demands? Can I experience one's death? Will I be able to offer company? Can I behave properly when confronted with human suffering? What am I to tell an ill person when he asks about death? Such questions and doubts are numerous. And is not posing such question already related with the progress in development of an asking man? Is not an attempt to look for an answer a stimulus for a change, a personal growth? The hospice reality somehow forces a volunteer to revise his or her so far views and attitudes. It involves a need to develop new attitudes, adequate in a given situation.

However, one ought to emphasise a special responsibility of persons wishing to help in a hospice. Mr. Górecki while analysing the reflections presents after Keith a specific typology of persons that should not be volunteers [M. Górecki, 2000]. Four types of persons were distinguished here:

- Type one: persons that are interested in acquiring knowledge about a man, and not in serving a man;
- Type two: persons with strong need of control, superiority and acceptance, as conditioned by personal need;

- Type three: of persons that coped themselves with problems similar to the problems of people in need, but who forgot how much that effort cost them;
- Type four: persons that are interested mainly in taking revenge and moralizing.

The author emphasises that volunteers help the dying persons, not themselves, and that they satisfy the dying person's, and not own, needs [M. Górecki, 2000]. This seemingly trivial statement may be one of main elements of voluntary work in a hospice.

Let us summarise the issues tackled in the present article with a statement of a hospice volunteer, Ms. Maria: „In a hospice it was not only me who was giving – time, kindness, warmth, help, consolation. I took, as well, and much. At a side of an ill person I learnt how to understand the meaning of life, I learnt humility, I got rid of excessive hurry, I learnt understanding, patience, peacefulness and many other attitudes in life that we tend to forget in everyday rush, while leading hectic life. These experiences made me feel richer, inside, than before.”[www.hospicja.pl].

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