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The Self-image of a Mentally Retarded Volunteer ¹

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(Editor-generated) Abstract

The authors present an expansive case-study outlining the life and volunteer career path of Miriam, a mentally retarded volunteer, at the Hebrew Home in Washington, D.C. They describe her struggles as a volunteer, the challenges of Hebrew Home employees, and the personal successes Miriam gained through the experience of working at the Hebrew Home.

¹ Editor's Note: the term "mentally retarded" as used throughout this article is that of the original authors as first published in 1980, and in no way reflects the philosophies or sensitivities of the current Editor, Editorial Board, or Editorial Reviewers of *The International Journal of Volunteer Administration*.

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Work can be a way for the mentally retarded to feel useful- to be contributing members of society. Individuals work to fulfill economic, social and/or psychological needs. The mentally retarded have long been deprived of their human rights, including the right to work. Mentally retarded individuals are able to benefit from a systematic and structured environment designed to improve and develop their abilities and work skills. All too often the normal channels of the rehabilitative process, e.g., vocational rehabilitation, fail to provide adequate services for the mentally retarded. This paper examines and presents another avenue designed to serve the rehabilitation and normalization of a mentally retarded adult.

We will explore the development of a full-time, structured work plan for a mentally retarded volunteer, who performed meaningful work and established mutually beneficial relationships with elderly residents and staff in a long-term care

facility. In the rehabilitative process, Miriam's self-esteem was enhanced and she gained greater independence in activities of daily living. To examine Miriam's normalization process, a case study approach will be used. Further, her responses to a questionnaire regarding a volunteer's role perception and self-image will be compared to responses obtained in a research study of 144 non-retarded volunteers.

The Hebrew Home of Greater Washington, D.C., a structured community living environment for the elderly, served as the setting for the training model. This training model is unique in that it serves individuals with a variety of handicaps as well as normal individuals. It also provides a variety of work opportunities so that volunteers can experience choice and a degree of responsibility.

In October, 1975, a telephone call was received by the Director of Volunteers

of the Hebrew Home from Miriam's sister-in-law inquiring about the possibility of Miriam, then age 43, doing volunteer work at the Hebrew Home. A meeting was arranged with the brother, sister-in-law and Miriam for the purpose of evaluating her potential for volunteer work.

During the interview it was learned from the family that Miriam's first three years of development were "normal." At age three, she had mastoiditis with very high fever, and after surgery, a marked slowdown was noted in her ability to learn. Endocrine tests showed nothing abnormal. She attended special classes in the New York Public schools until age 18. She learned to read, write and do simple arithmetic, but her reading comprehension lagged.

At age 25, her family placed her in a job program for the retarded, but the training was minimal. During a five year period she worked intermittently and part-time, first in a candy factory placing chocolates in boxes, and later in a jewelry factory placing rhinestones into pins. Both factories closed, and Miriam never earned a salary again.

We were informed that Miriam's parents believes her ability was even more limited than the school psychological testing indicated. She was sheltered and never allowed any significant independence. She occupied herself by watching T.V., occasionally knitting, but was not encouraged to do household chores. Her parents made every effort to protect her against disappointments, and she developed many irrational fears. At age 43, after her parents' deaths, Miriam's older brother and his wife brought her to Washington, D.C., and assumed total responsibility for her.

Initially, we had doubts about Miriam's ability to perform meaningful volunteer work. She seemed nervous, excited, distracted, and it was difficult to keep her focused on any one subject. She appeared insecure, had a limited attention

span, and her affect was mechanical and flat. She told us how much she liked old people, but seemed aloof when introduced to some of the residents.

However, moved by the family's sincere desire to help her become more independent, the situation was viewed as offering a meaningful challenge as well as being potentially beneficial to the residents of the home. We began with a three-hour orientation involving the family, including a tour, introductions to staff and a review of rules and regulations. The family agreed to reinforce the learning that has taken place during the orientation and to work together with us. The family's goal was to help Miriam attain as much independence as possible... to use public transportation, maintain her own apartment and do her own shopping.

Supervision

A fundamental principle in training the retarded individual to function is that the training must be accomplished in short, methodical steps, to include the following:

1. Orientation, observation and assessment.
2. Settling in, or adapting to the surroundings.
3. General training.
4. Detailed, practical training.
5. Actual work itself (Lennig, 1978).

In essence, these training stages were incorporated in our plan to integrate Miriam in our volunteer training program. We began with an orientation period involving extensive on-site supervision. One of our most capable and qualified volunteers, a member of the Retired Senior Volunteer Program (RSVP), agreed to undertake the supervision and training of Miriam. Miriam became an honorary member of RSVP since she was too young to join. She attended the meetings and eventually was provided with

free transportation. As part of the general training, Miriam accompanied the senior volunteer on her daily rounds, visiting residents and escorting them to and from physical therapy, clinic and various activities.

It took Miriam approximately five months to feel secure enough to function on her own. Building on her phenomenal ability to memorize names and room numbers, combined with her abundant energy, the detailed practical training began. We decided she could escort residents to and from their appointments in the physical therapy department, a job involving long periods of waiting. In one week, Miriam demonstrated that she was capable of handling the work and was asked to extend her volunteer activities to three days a week. A few weeks later Miriam was taught to collate printed material and deliver bank statements and weekly schedules to the residents.

During the final phase of actual work training, we were able to provide Miriam with a highly structured and supportive environment. She had daily conferences with the Director of Volunteers. Staff (department heads and nursing aides) were consulted in order to analyze and evaluate the appropriateness of her assignments. Miriam's strengths and weaknesses were evaluated on an on-going basis, and she was encouraged to express her interests and job preferences.

Dealing with Problems

When Miriam first started her work in physical therapy, she was relatively quiet and reserved. As she became more secure, she began to talk incessantly, often in loud tones, constantly saying "I know," and frequently interrupting staff. She served as a "one-woman grapevine," conveying all the news to us, and once had to be reprimanded for discussing privileged patient

information. Miriam's verbal excesses became very annoying to the staff and many conferences were held to find a way to deal with this problem. It was decided that each of us would speak to Miriam privately, firmly, but kindly, aware that she was anxious to please and fearful of rejection.

We were assisted by the other volunteers who also reminded Miriam that she was talking too much. She would usually quiet down for a few days, but then we would hear "See, I have stopped talking so much," of course interrupting staff in order to say this. However, with constant reinforcement, we had moderate success.

After Miriam was with us about four months, her family provided her with an apartment a few blocks from their home and taught her to do her own shopping. Miriam was on her own for the first time in her life and, of course, problems developed. For example, her personal grooming had been supervised by her family; now her hair was oily and she had an offensive body odor. Constant reminders and demonstrations of proper body care proved futile; Miriam insisted that she showered twice daily. The help launched a major educational campaign. An endocrinologist was consulted and ruled out hormonal problems. Constant reminders, positive feedback when her hair looked nice, and the fact that the RSVP volunteers brought her lovely clothes, all helped in our attempts, and Miriam began to take pride in her physical appearance. She was especially proud of her volunteer uniform and identification pin.

Close contact with Miriam's family was essential and provided the basis for our success. Matters discussed, and reinforced by them, included clothing, grooming and excessive talking. Miriam visited her family weekly and they provided her with an allowance. It took Miriam's brother three years of paper work, lost forms, phone calls and personal visits to the Social Security

office to secure for Miriam a \$180 Supplementary Security income. Her family still subsidizes her financially.

Relationships with Staff, Residents and Fellow Volunteers

Miriam has proven to be a most reliable volunteer. She is always punctual, and during her three years as a volunteer she has accumulated over 2000 hours of volunteer service. The staff deeply appreciates this devotion.

Her relationships with staff and residents are excellent. Miriam, always friendly, greets everybody at least three times a day. She shares many details of her personal life with us. When she received her volunteer certificate, she told everyone at the Home about the award. Although at times she is definitely a nuisance, her work is viewed as a valuable contribution. The staff realizes that a non-retarded volunteer would be bored with the routine, which is often tedious, monotonous and lacks challenge. Miriam, on the other hand, never complains and gives every indication of enjoying her work. Indeed, for her it is a challenge.

Physical therapy and other departments accept Miriam as a member of the team. She has lunch with the staff in the employees' cafeteria; they buy her gifts; she shares in their personal lives; and they named a plant after her. She developed friendships with many of her fellow volunteers and a few even visit her apartment.

The residents have accepted Miriam although they recognize she is "slow." Even our more alert residents, who often snub each other, are very fond of Miriam. The explanation may be that Miriam is no threat to them, makes no demands, acknowledges them by name, is friendly, does what they ask of her and is someone they can mother. She is affectionate and nurturing with the

residents and manifests a strong sense of responsibility in her relationship with them. Initially, she suffered a deep sense of personal loss when a resident died, but was unable to verbalize her feelings. She is not demonstrating growth in her ability to talk about, and deal with her feelings of loss.

Referral to Manpower Training and Vocational Rehabilitation

We referred Miriam to Manpower Training (a Federal, state and locally funded agency) for possible training as a nurse's aide. We thought it would be an ideal situation; however, Miriam failed the exam. A referral was also made to Vocational Rehabilitation. Miriam was sent to three jobs; two involving child care for which she was unsuited, and a government clerical job she did not get.

Summary of Psychological Evaluation

Miriam was tested in 1976 at Vocational Rehabilitation. She responded impulsively to verbal items and showed little patience with non-verbal tasks. Her responses were often expressed in apologetic terms and her self-references were self-reproachful. She was anxious to please and be accepted, but gave the impression of anticipated disapproval.

A WAIS full-scale I.Q. of 64 was attained, based on a verbal I.Q. of 73 and a performance I.Q. of 57. Miriam is functioning in the mild retardation range of measured intelligence. The psychomotor rate was relatively high. Pronounced deficits were indicated in visual perception, visual motor coordination and perceptual-motor integration. Her drawings show orientation errors and perseveration, two qualitative errors that suggest developmental lags. Miriam's word recognition skills were comparatively good. Responses on the Sorting task showed signs that Miriam was experiencing feelings of inadequacy with

respect to working out her problems. No serious psychological problems

Self-image

When Miriam first came to us as a volunteer, her self-image was poor and she was very dependent, and documented by psychological testing. After three years as a volunteer at the Home, Miriam was functioning independently and there was a great improvement in her self-image, particularly as it pertained to her volunteer work. For the first time in her life, Miriam felt she was needed and capable of performing useful and productive functions.

Miriam's enhanced self-image can be substantiated on the basis of her written responses to a questionnaire, which was part of a research study involving 145 male and female volunteers in the Hebrew Home. The motivation, self-image and commitment of the volunteer in this extended care facility for the aged was examined.

To the first item on the questionnaire, "Why do you do volunteer work?," most of the respondents stated they wished to help/serve others, including Miriam who said, "because I like to help people who are sick..." For the second item, Miriam wrote, "A volunteer is someone who is helpful to take care of the sick." Similarly, the other respondents indicated the volunteer was consistently viewed as someone helpful. The volunteer responses were overwhelmingly positive to the question, "How do other people (family, friends, neighbors, etc.) describe volunteers?" While not responding directly to the question, Miriam wrote, "They are glad for me to do it." In terms of the question, "How do the residents see your role as a volunteer?," Miriam replied, "They like the work I do and they kiss me and compliment me for the work I do." Again, her reply was consistent by the majority of the volunteers of how the residents view them. The final question,

"How do you think the staff of the Hebrew Home see your role as a volunteer?," elicited a generally positive staff perception of the volunteer, echoed by Miriam who replied, "They like me."

The findings of this study indicate that a volunteer who is highly motivated and has a positive self-image is more likely to be committed to his work. Most of the volunteers in the sample were found to have a positive self-image, a high level of self-esteem, and a volunteer work tended to reinforce their positive self-image. Like Miriam, a repetitive theme was that as volunteers they feel useful, fulfilled and satisfied. Volunteer work offers them a sense of accomplishment, pride and good feelings about themselves and was overwhelmingly reported as being enjoyable and pleasurable.

Summary and Future Research

Miriam herself has best summarized her experiences with the statement, "I have grown a lot in the past three years. I appreciate life. Life means more to me now." In fact, Miriam has demonstrated much growth and maturation and her self-esteem has improved. Her attention span has increased and she is not as easily distracted. As a result of Miriam's improved level of functioning, additional vocational training is currently underway with a goal of paid employment at the Home. Miriam is presently participating in an in-service nurse's aide training program where she is learning skills such as making beds. In addition, under the direction of a senior volunteer, she is learning how to feed the more impaired elderly residents. Further, under the supervision of a social worker, she spends one-half hour daily with one of the confused elderly residents and is paid by the family for her services as a companion.

With the cooperation of the administration at the Home, arrangements

were made for Miriam to obtain low-cost housing adjacent to our facility.

The success of the rehabilitation program for Miriam in the Hebrew Home, a setting similar to a sheltered workshop, was in many ways dependent on the high degree of cooperation and coordination, as well as collaboration, between members of the staff and the family. The positive responses from the professional and non-professional staff and the elderly residents have provided the impetus for a grant application to replicate

and expand the volunteer department vocational training program for other mentally retarded adults.

Reference

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