

Accepted for publication in *British Journal of Guidance and Counselling* published by Taylor and Francis.

A qualitative study exploring the experience and motivations of UK Samaritan volunteers: “*Why do we do it?*”

Smith, Lucy^a, Callaghan, Jane E.M.^{b*} and Fellin, Lisa C.^c

^a*Division of Psychology, University of Northampton, Northampton, United Kingdom*

^b*Centre for Child Wellbeing and Protection, University of Stirling, Stirling, United Kingdom*

^c*School of Psychology, University of East London, London, United Kingdom*

*Corresponding author:
Professor Jane Callaghan,
Faculty of Social Sciences
3S9 Colin Bell Building
Stirling
FK9 4LA
United Kingdom
Email: Jane.callaghan@stir.ac.uk

A qualitative study exploring the experience and motivations of Samaritan volunteers: “*Why do we do it?*”

Telephone helplines offer a valued service for those in distress. However, little research has explored the experience of helpline volunteers. Through semi-structured interviews, in this article we explore the volunteering experiences of nine long-term UK Samaritan volunteers. Interviews were analysed using Interpretive Interactionism. The analysis highlighted that this volunteering impacted participants’ experience of their sense of self. The decision to volunteer was framed as part of a search for personal meaning, tied to experiences of loss and reparation. They reflected positively on their volunteer identity, but highlighted tensions between a sense of vocation and the experience of care burden. The Samaritan Community also offered a sense of belonging and social support. They experienced involvement as personally meaningful, enabling the construction of a positive self-identity.

Keywords: telephone counselling; Samaritans; helplines; volunteers; Interpretive Interactionism.

Introduction

Telephone helplines and email-based befriending support services like the Samaritans offer free, anonymous and accessible emotional support for people in distress around the world (e.g. AASRA in India, Samaritans in the UK and US, Lifeline in South Africa, and Befrienders Worldwide) (Brownlie, 2017; Siette, Cassidy, & Priebe, 2017).

These longstanding services provide psychological relief for those in need (Dunkley & Whelan, 2008; Reese, Conoley, & Brossart, 2002). Voluntary organisations like the Samaritans relieve strain on state-provided mental health services (Hvidt, Ploug, & Holm, 2016), which is particularly important in times of economic austerity.

Increasingly, the voluntary sector has come to be valued, globally, as a major contributor to economic and social development (Rochester, Ellis Paine, Howlett, & Zimmeck, 2010). Although contemporary volunteering is often episodic in its nature (characterised by short bursts of involvement) (Rochester et al., 2010), the Samaritans is still characterised by the lengthier engagement with training and an expectation of organisational commitment that is typical of a more traditional model of volunteering. For this reason, our literature will focus on issues relating to motivation and retention in this kind of more sustained voluntary work.

Motivation to volunteer has been explained in varying ways. Clearly, a key reason for involvement is the desire to help others and to contribute positively to society (Rochester et al., 2010). Psychological research has suggested that specific character traits are associated with volunteering (Penner, Fritzsche, Craiger, & Freifeld, 1995), and that motivation to volunteer is driven by individual attitudes (Meneghini, 2016; Stukas, Hove, Nicholson, Brown, & Aisbett, 2014). Motivators like the desire to enhance career prospects (Yamashita, Keene, Lu, & Carr, 2017), or to promote particular social values (Meneghini, 2016) have also been considered. International

research highlights the benefits of volunteering for individuals. For example in England volunteering has been found to enrich participants' lives and improve their employability (South, Purcell, Branney, Gamsu, & White, 2014). An international study of 29 European countries found that volunteers experienced significant mental health benefits (Kamerāde & Bennett, 2017), a finding echoed in the USA (Yeung, Zhang, & Kim, 2018), and in the UK, it was found to enhance subjective well-being (Binder & Freytag, 2013). A US study found that resilience was enhanced amongst volunteers (Brown & Okun, 2013). Australian research has suggested that motivation impacts the wellbeing outcomes of those who volunteer, with those driven by prosocial desires experiencing more satisfaction and other positive outcomes than those motivated by career or social pressure (Stukas et al., 2014). Prosocial, community-oriented motivations have been associated in Italian and Australian research with the likelihood that individuals continue to volunteer (Nencini, Romaioli, & Meneghini, 2016; Stukas et al., 2014).

In crisis hotlines like The Samaritans, organisations find recruitment and retention of volunteers particularly challenging, because the time commitment and emotional burden of this work tends to be more significant than in other volunteer situations (Hector & Aguirre, 2009). This kind of emotionally intense volunteering is associated with high rates of burnout, which contribute to dropout. Dropout is influenced by personal factors like coping style. For instance, in the UK, Roche and Ogden (2017) found that having an avoidant coping style contributed to burnout in Samaritan volunteers. Burnout is defined as “a response to chronic emotional strain of dealing extensively with other human beings, especially when they are troubled or having problems” (Ross, Reenfield, & Ennett, 1999, p. 724). Ross et al. (1999) found that the stress of the work itself (client problems and emotional overload) as well as organisational factors, were a stronger

predictor of burnout than individual factors. In other high stress volunteer environments (e.g. volunteer firefighters in Australia) (Huynh, Jasmine Xanthopoulou, & Winefield, 2013), it has been found that the impact of this stress is mediated by levels of social support, within and beyond the organisation.

Generally though, volunteering contributes positively to people's sense of identity, enhances the individual's sense of self, and enables the construction of a helping identity (Studer & von Schnurbein, 2013). Perceptions of the organisational climate also play a strong role in the experience of volunteering, and predicts whether individuals continue to volunteer over time (Nencini et al., 2016).

However, these overly individualised psychological accounts of motivation and retention risk underestimate the meaning of being a Samaritan in the context of the person's broader narrative, and in their community and political context. It is important to recognise that volunteering is not just an individual phenomenon, and relational and community factors are also important in determining whether someone volunteers, and whether they are retained as volunteers over time (Institute for Volunteering Research, 2011). As Hustinx and Lammertyn (2003) have suggested, volunteering can often be best explained at the interface of the community and the biographical – it is both personal and collectivist/political in its nature. Ellison (1997) framed voluntary as a means of resistance to the isolation of individualism - a means to retain a sense of engagement and connectedness in an increasingly alienating post-industrial society.

The research on both volunteering, and more specifically on being a Samaritan, has tended to be quantitative, and focused on personality, individual reasons for volunteering, motivation, and attitudes (Coveney, Pollock, Armstrong, & Moore, 2012).

Literature has generally not explored how being a Samaritan is incorporated into

volunteers' personal narratives, or how it contributes to a sense of personal meaning or belongingness. One does not build a sense of self as a 'helper' or 'volunteer' in isolation – it is a socially constituted identity project (Callaghan, 2005, 2012) – and it is therefore important to see the process of 'becoming a Samaritan' in its relational and organisational context. In this research, we explore Samaritan volunteers' lived experience; how they understand the personal, relational and organisational context; and how this shapes their involvement with the organisation.

Method

Interpretive Interactionism is a qualitative method that enables a consideration of the way lived experience is constituted at the interface of personal biography and social practices and institutions (Denzin, 2001). Denzin suggests we structure our life stories in relation to 'epiphanic moments' – turning point experiences that illuminate aspects of self, other, and society for the narrator. We felt this would be a useful method to understand how people tell the stories of their experiences of becoming 'Samaritans' and building a helping identity.

Context

The Samaritans is a UK charity that was founded as a local listening service by vicar Chad Varah in 1952, following the suicide of a fourteen-year-old girl in his Parish. Since then, the organisation has grown and developed into a countrywide institution, offering a free 24-hour telephone-based confidential listening service to those in distress. The organisation consists of a network of small, local branches that are 'volunteer' run. Volunteers are selected through application and interview, and participate in rigorous initial training and induction before they can take calls.

Participants

Nine Samaritans who had been active listeners for at least a year were recruited from one branch, via a bulletin-board advert. Participants were all white British, five women and four men, aged 33-70, who varied in both length of service (18 months to 10 years), and position within the organisation. (Further detail on position in the organisation has not been provided to avoid identifying participants as the local organisation is very small.)

Interviews

Semi-structured interviews were conducted by LS, a Samaritan, known to participants. The interview schedule covered issues relating to participants' perception of their life circumstances and sense of identity, their motivation to be involved with the Samaritans, and the social and personal circumstances that contributed to their involvement with the organisation.

Ethics

The study was approved by Samaritans Central Office, and by the University of Northampton's Ethics Board. It was conducted in accordance with the British Psychological Society's Code of Ethics (BPS, 2009). Participants were provided with a detailed Information Sheet and Consent Form and interview questions, before meeting with the interviewer. To ensure anonymity, participant names were replaced with pseudonyms, and other identifying information was removed. Quotes that might identify participants were not included in write-ups.

Analytic Procedure

The data was analysed by LS, using Interpretive Interactionism (Denzin, 2001). The

transcripts were '*bracketed*', a term Denzin uses to refer to the isolation of specific units of meaning within each transcript, labelling features of each participant's reported experiences, including the identification of epiphanic structures. In the '*reconstruction*' phase, the elements of each interview are drawn together into a narrative, before the final '*contextualisation*', in which comparisons are made between transcripts to build overarching themes that capture participant experiences, and connect experiences to the social context within which they are located.

Reflexivity

All three authors have counselling and therapeutic training and experience, and have experience working in in the charitable sector. LS, who completed the interviews and transcription, maintained a reflexive journal throughout the process. As a Samaritan, she occupied an insider position in the research, supported by JC and LF, who occupy more of an outsider position. LS was positioned by interviewees as a trusted friend and colleague who shared their experiences and values. This enabled disclosures based on a sense of shared history, and LS could draw on her own experiences to facilitate empathy and understanding in the interviews and analysis. However, being a Samaritan also posed some challenges for LS, whose relatively senior position in the organisation might have inhibited less positive disclosures from participants, and might have discouraged some individuals from participating at all. The cross-validation of data coding by JC, and of the full analysis by LF, aimed to enhance the transparency and consistency of the analyses, and mitigate some of these challenges.

Results

We present four themes identified in the analysis. '*Crisis and Epiphany*' clarifies the connection participants see between the decision to apply to be a Samaritan and their

personal biographies, particularly experiences of bereavement and loss. In *'Healing ourselves'* participants reflect on their reparative experiences as a Samaritan. *'The Good Samaritan'* explores participant reflections on their volunteer identity, and tensions between a sense of a special calling with the experience of the care burden. *'The Samaritan Community'* highlights the importance of belonging, inclusion and social support.

Crisis and epiphany

Eight participants described how a sense of life crisis was linked to their decision to become a Samaritan. This was often some form of loss - the death of a loved one, a broken marriage, a loss of job, retirement, or a significant long-distance relocation. Many participants had experienced multiple losses in a short space of time before joining The Samaritans. For example, Stephanie, described how losing a parent propelled her to retire from her pressured professional job, and relocate back to her original family home:

I had been facilitating most of my life in a professional sense, and to stop work to move away from the area, which meant that my identity...which I hadn't realised that much, but at the time had been so tied up in all that...to move away from that...I was asking myself, 'Well, who am I? What am I going to do? Where am I going to fit into things? What am I going to do next?' And starting with the Samaritans was part of the change that took place in me there.

This major life change provoked an intense period of self-reflection and life-review as Stephanie questioned her sense of who she was, and her possible future self. She suggests her professional self had previously defined her identity, and that stopping work had thrown her sense of self into crisis. She weaves becoming a Samaritan into

her self-narrative, framing her volunteering as part of the process of reconstructing her sense of self, in the aftermath of this series of significant losses.

Five participants described the death of a loved one as part of their journey to become a Samaritan. This does not seem accidental given the dominant role of the Samaritans as a suicide prevention helpline. William describes his acute awareness of loss and mortality:

I mean in life we learnt that people die – my mum died, my dad died, my brother in law died...been to quite a few funerals, you know...in the last few years, and um, better able to deal with it now.

He suggests learning to live with the reality of death builds resilience, positioning him as ‘able to deal with it now’. He describes himself as well suited to working as a Samaritan, since he is comfortable with the reality of death. He goes on to talk about the loss of one family member who died by suicide, reflecting on the anger he felt towards the relative at the time, and reframing this experience through his position as Samaritan.

he...buggered off and left them with it effectively. So that took a...there was a lot of anger in there um...and I was...still am very close to his family.... It would have been during the training when uh...when the light suddenly switched and I thought: yes, I understand this.

William frames this experience as a life lesson (‘we learn’), a reality of life we must understand and adapt to. He frames the Samaritan identity as adaptive, wise and resilient– someone who has faced the reality of death and loss, and come to accept it as a part of life. He manages the narrative rupture of the loss of his family member by reframing it as a new beginning and a route to wisdom. Some participants, like Louise,

framed this capacity to cope with the reality of death as a kind of expertise:

My mum died recently, and what was lovely about it was being a Samaritan gave me a chance to talk to her about death and I think that's a bit of a gift actually. And it's a gift that someone had given me the tools to be able to have an open and honest conversation without running away from them. I think I find emotion in others really easy to deal with now, and I hope that I give them the comfort to know that they can express without having to cover up what they're feeling.

Describing her skills and insight as a Samaritan as 'a gift', Louise positions her understanding of death and dying as a special quality, to be shared with others. Her work as a Samaritan is described as offering mutual benefit to the caller, and to the volunteer. This gift, the ability to cope better with emotional complexity, is not restricted to Samaritans' activity on the helpline, but also spills over into their everyday life. Their 'gift' has become part of their everyday identity, and they are 'A Samaritan' both when volunteering, and in their ordinary life context. By linking their Samaritan identity to their experiences of loss, acceptance, and personal growth, participants constituted it as a particular kind of vocation, to help others with the everyday realities of death and dying.

Many participants became Samaritans after retirement – a period of significant change, and loss leading to transformation, often experienced as epiphanic – a disruption or turning point in the personal-political narrative (Denzin, 2001). They framed this period as transformative, associated with loss of their previous sense of life goals and professional identity. Robert was a professional who spent his life in a high-pressured job. He retired shortly before applying to the Samaritans, and described this as reducing

his stress and responsibility. Nonetheless he experienced a sense of void and loss of purpose:

I remember sitting down with my wife and she said ‘Oh my God, what are we going to do with you?!’ So we thought of a number of things ... and this is the one that survived, and it’s the one that I treasure most really and I’m very glad that I came here, and um, I enjoy coming here.

Robert’s sense of a loss of purpose was shared by his family, and produced a ripple effect across the household. It was experienced as a crisis (‘what are we going to do with you?’). The Samaritans was one of ‘a number of things’ he tried, to fill this void, but the language he uses to describe his engagement with the organisation is one of fulfilment and personal satisfaction.

Each loss appears to propel the individual into a sense of biographical crisis, and they reported that they felt a need to process that crisis. They suggested that the crisis was resolved through engagement with a new meaningful activity, which restores their sense of purpose and direction. Volunteering with The Samaritans did not only bestow new skills, and a new understanding of listening and respecting emotions, it also offered a supportive context for individuals to process the grief, and re-forge their identity post-crisis. In particular, it helped them to recognise themselves as empathic helpers, a new identity that supported them in processing their sense of loss.

Healing ourselves

Most participants related their decision to become a Samaritan to a sense of ‘filling the void’ – the sense of loss identified in the first theme. They described a sense of ‘emptiness’ motivating their decision to apply to the Samaritans. This emerged as a

sense of a 'missing piece' in the self-prior-to-application, and a sense of fulfilment in their Samaritan identity. Volunteering was framed as part of a quest for personal meaning, and becoming a Samaritan was described as a means of 'becoming themselves'.

Some participants suggested being a Samaritan helped them to feel needed. Participants reflected that they felt low, lacked self-confidence, or self-esteem, and that becoming a Samaritan made them feel they were contributing something worthwhile, and were needed:

Stephanie: I think for me, if ever I was stuck with something to do, I know there was always something for me to do here which would be useful. Whether it was more shifts, or cleaning, or whatever, there's always...I mean it's kind of given me a permanent...a permanent outlet, but somewhere where I know I'll always be useful. I'm also aware that I shouldn't become dependent on it in any way.

Stephanie articulated the benefits volunteering offered here. She felt needed, not just by callers, but by the entire organisation, contributing to her sense of value in the organisation.

Being a Samaritan contributed greatly to individual volunteers' sense of their own wellbeing. Lily outlined how helping others contributed to her own wellness:

There's always a sense of 'there's always somebody worse off than you'.

There's a sense of 'what am I getting my knickers in a knot about'. The calls can make you realise how vulnerable we all are, and that's almost like a medicine for yourself. You think: well actually we are all hanging on by a thread aren't we.

Speaking to vulnerable people was described as offering both personal meaning, and a way of maintaining a sense of perspective on their own lives. This was built, not from a sense of distance between self and caller, but rather a sense of empathy and fellow feeling ('we are all vulnerable, we are all hanging on by a thread'). This sense of common humanity and shared experience of distress offered an important insight into her own everyday worries and anxieties. This perhaps offers further insight into how the identity of Samaritan contributes to a sense of a resilient self.

After the experience of loss and grief described in the first theme, the second theme highlighted how the work and identity of being a Samaritan was experienced as offering healing potential to volunteers. It was described as a space in which they could grow, build insight, and feel needed – by the callers and by the organisation. In the context of their personal narratives, this was seen as restoring a sense of meaning and wholeness.

The Good Samaritan

Participants talked about the process of becoming a Samaritan as an identity-project through the recruitment, training and selection process. They described how qualities of the 'Good Samaritan' must be recognised in the individual candidate in order for them to be selected as a listener. These are refined through the training process, and must be performed in the fulfilment of the role. The Samaritans website

(www.samaritans.org.uk) states:

You'll have a certain set of qualities already. You'll be patient and have a natural ability to listen and remain open-minded. You'll also be able to respect the confidentiality of the conversations you have at all times.

The emphasis on pre-existing or perhaps innate qualities positions The Good Samaritan

not just as a role, but as an identity, a vocation. The emphasis on pre-existing qualities was found in all interviews. For example:

Kathleen: I think you've got to be honest. You've got to be genuine. To our callers...I think. They know if you try to pull the wool over their eyes. You've got to be a good listener, but then you learn that. I think you've got to have a sense of humour.

Louise: Character traits come down to the ones that we practise, which are around empathy and listening, but I think that can only happen if you genuinely do care about people – you can't pretend to care...so I think a 'Good Samaritan'... I think in order to be an effective one, you genuinely have to feel for other people, I think a lack of empathy would just limit you so much, so I think the quality of the listening, that deep listening is not just superficial um... I think you genuinely need to be non-judgemental... if you're going to judge somebody socially, or morally, I don't really think it's the place for you.... A degree of openness is important, and I think curiosity – I think curiosity is a really good thing for being a Samaritan... Being gentle rather than aggressive, tolerant...

In these extracts, The Good Samaritan was articulated as an identity, with specific pre-existing traits underpinning skills that are later learned. It was assumed callers would somehow know if volunteers did not have the 'natural' and learned characteristics of The Good Samaritan. Paradoxically, these accounts suggest, you have to *be* a Samaritan, to become one: the common Samaritan identity is therefore a moral one, embodying characteristics of non-judgementalism, authenticity and acceptance. Being 'selected' as a volunteer, and performing the role of Good Samaritan ratifies

individuals' self-perception that they are decent, moral beings.

This sense of the vocational nature of being a Samaritan might contribute to participants' reported lack of confidence in their ability to *be* a Samaritan, questioning their skills and abilities. This was particularly evident in early experiences of listening, but is not restricted to this phase in the volunteer's career. Louise described her first experience on the phones as terrifying:

I think the moment when you take your first call...nobody can tell you what the fear is going to be like, it was ghastly, and it was a very angry call, so it challenged...at that point I thought 'oh god, I don't think I can do this', and since then there has just been a gradual growth in confidence.

The trial by fire experience of the first call was intimidating, frightening: Louise suggested it challenged her sense of competence, and her burgeoning identity as a helper. The statement 'I don't think I can do this' is a statement about personal capacity, not skillset. One of the difficulties with the discourse of vocation in helping professions is that it opens helpers up to anxiety that they have 'the right stuff', a worry they might be going through all the right motions, but that they are not authentically embodying the helper identity.

However, the experience of staying with the organisation was described in terms of personal growth. This alteration in self-esteem and confidence could be due to an increased feeling of helpfulness, but also signified a change in self-identity and personal competence – a shift from a view of self as 'I cannot' to 'I can'. Sarah echoed how being a Samaritan became a coherent part of her whole identity.

I think the training was so focused on not giving opinions and not discussing

your own experiences, and not trying to direct the conversation... by the time I had absorbed all of those things, it had shifted my way of looking at things, my way of...and that has altered the way I listen to other people now.

The foundational qualities recognised in selection were nurtured and strengthened through training, and further developed through practice, until the person had shifted the way that they saw and interacted with others. Sarah suggested here that training and practice had not just refined her skillset, but had transformed *her*. Her sense of self and the way she interacted with others had changed as she fully 'absorbed' her Samaritan identity.

Being a 'Good Samaritan' also comes with certain obligations. Volunteers are encouraged to give up time for the good of the organisation and the Samaritan community – not just to listen on the phones.

We have to ask people to do more and more, which can be a problem, in terms of asking for more than the 18 hours a month, and invariably, you can triple that some months and you could still go on... There are roles I wish I wasn't doing. It's not me, but they need to be done, so if we're gonna function as a group, we're gonna get on and do them.

Louise explained that she takes on roles she does not like or want because of her sense of obligation to the organisation. The identity of Good Samaritan, which is positioned as a role requirement, also sets individuals up to take on such responsibilities. Taking on additional roles further ratified volunteers' status as 'Good' and enhanced a sense of contributing, belonging and personal importance – something Arthur explicitly voiced:

Well they're very keen to get people involved really early on. Like, you know,

they asked me to mentor within, you know, before a year and, you know that's, that's sort of nice that they, you know, perhaps value you, in that way....If you never get asked for things, you don't get asked, then perhaps you don't feel like anyone really cares about you or knows what you're doing or, you know, like I say, values you.

Being asked to take on more was seen as signifying the value the organisation places on the volunteer, and enhanced their sense of belonging. This functioned as a kind of interpellation (Althusser, 1970) – the organisation recognises in you the traits you desire in yourself. The sense of self-sacrifice and moral goodness central to the Samaritan identity could also make it difficult for individuals to say no to such demands.

The extracts above suggest that the construct of “Good Samaritan” is constituted within organisational and relational discourses and practices as a taken for granted schema that naturalises desired characteristics in individual volunteers. This is achieved through processes of recognition, training, and role performance. Volunteers were socialised into the performance of this role, and derived recognition and value when they perform it as needed. In positioning The Good Samaritan as a positive and moral social identity that combines pre-existing traits with good training, the construct functions in a manner that secures the ongoing involvement and commitment. When one feels recognised as a “Good Samaritan” by colleagues and peers, this enhances both feelings of inclusion and personal wellbeing. It must however be taken into account, that in being a “Good Samaritan”, there is also the risk of over-commitment and ‘burnout’, which could result in emotional and physical exhaustion – potentially causing volunteers to dropout.

The Samaritan Community

In being recognised as a Good Samaritan, volunteers described how they were

recognised as legitimate members of what could be understood as a specific community of practice, with a common purpose and a common set of values (Lave & Wenger, 1990). This was achieved through their mastery of a set of skills, and their embodiment of a particular moral identity. Participants felt pride in their recognition as members of this community, and in living life as a Samaritan. This sense of community membership was experienced as their strongest motivator for ongoing involvement with the organisation. Many commented warmly on the sense of inclusion and solidarity they feel as part of the Samaritan community. For instance, Louise said:

What I love is the sense of belonging, I think that's massive, that regardless of what my day's been, or where I am, I can walk into the centre and I can guarantee that pretty much anyone I bump into I will enjoy seeing... There is quite a lot of social about if you want it.

A sense of common identity seemed to underpin this feeling of belonging – she suggested she would always 'enjoy seeing' everyone she met at the centre. This sense of fellow feeling was seen as an important remedy to the isolation she had felt when she first moved to the area. It was further extended by the performance of additional roles (like being a committee member) described in the previous theme.

Whilst the community offered containment for the emotional impact of challenging calls, it also offered support for life outside the organisation too. David lost his partner shortly after becoming a Samaritan, and spoke of the help and comfort he received:

I mean, it was good. It was good that I was involved with Samaritans because people here were understanding. Um, and sort of they, they were the only ones that didn't give me advice um...but they always understood what I was talking about.

As a member of the Samaritan community, David experienced acceptance, empathy and listening, and this made him feel understood at a time when that was what he needed. The bonds formed when people feel heard in a community can be very strong. This kind of containment is part of the community ethos, and from the moment training begins, Samaritans can feel confident that if upset or distressed by the work, there will be someone available to listen and offer comfort. Participants saw the Samaritans as a supportive community, and suggested this contributed their wellbeing within and outside the organisation, and built a sense of cohesion and commitment to the organisation.

Discussion and conclusions

In this study, our aim was to explore how participants experienced and understood their motivation and role as a Samaritan. Participants' narratives of their route into the Samaritans was structured as a journey emerging from a sense of crisis and loss in which they built a sense of common identity and became incorporated into a community. Their stories also stressed the way that their engagement with the organisation enabled a sense of connectedness and healing, in the face of loss of purpose or loss of loved ones. For some, this sense of crisis and loss was also associated with a challenge to their sense of who they were. Their involvement with the Samaritans was experienced as strengthening their capacity for insight, enhancing their self-esteem, wellbeing, and life satisfaction, and contributing to self-healing, as they built a positive identity for themselves as a Samaritan. This facilitated their full inclusion and a strong sense of belonging in a valued community, which was typically described as a positive and powerful experience. This is consistent with Ellison's (1993) suggestion that volunteering can be an act of resistance to the kind of alienation experienced by the neoliberal subject, enabling reconnection to a sense of social meaning and purpose.

However, as is common in communities built on a sense of common purpose and values, there is also evidence of a regulative culture that can function to ensure compliance with the aims of the organisation. Much of this regulative pressure is constituted around the identity of The Good Samaritan, an identity that functions as both a positive source of validation and personal meaning, and as an incentive to engage in the work needed to support the broader aims of the organisation. The personal experiences shared by participants have been rich and personal, providing a privileged insight into the volunteer's lives. These suggest that being a 'Good Samaritan enhances positive self-esteem, belonging, wellbeing and life-satisfaction. However, our participants' accounts may also suggest another avenue to explore – how the communally constituted identity of The Good Samaritan may also play a regulative role in volunteers' engagement with the work. The regulative discourse running subtly through our participants' narratives does create cultural pressure to sacrifice for the organisation, and perhaps to over-commit. It should be noted that there is concern within the organisation about a relatively high turnover of volunteers – indeed, since participating in this study, nearly half of the group of participants we interviewed have already resigned or taken long-term breaks from the organisation. Psychological accounts of burnout suggest that the stress of the job, and social support are important in mediating the impact of this kind of emotionally burdensome volunteering on wellbeing (Huynh, Xanthopoulou, Winefield, 2013; Ross et al., 1999).

Participant accounts may suggest a need to look to communal rather than individual processes to more fully understand burnout and drop out from volunteering in The Samaritans. In other words, volunteer stress and burnout occurs in a relational and social context, and is not just produced by individual processes like coping styles and individual resilience. It is clear from our participants' accounts that the shared social

identity of The Good Samaritan, and the experience of communal values and support play a key role in motivation to volunteer and to extend volunteering commitments. Unsurprisingly, aspects of the community and relational landscape may have a shaping influence on experiences of burnout and dropout too. This extends beyond mere understanding of organisational climate (Nencini et al., 2016) to understanding how community interactions and community culture permeates the personal and social identities of volunteers (both positively and negatively). This may offer a fruitful direction for research on volunteer retention and burnout.

The findings have potential implications for the training and supervision of helpline volunteers. Whilst participants were very able to articulate the benefits of the organisation, and the identity of The Good Samaritan, they were less focused on aspects of self-care. Their main strategy for dealing with difficult phone calls was to take it back into the community. This is a useful strategy, but it may not offer sufficient support for individuals who feel they do not live up to the Good Samaritan ideal and may feel shame in disclosing it, or those whose difficulties might be related to challenges within the community itself.

Whilst this study has useful theoretical and practice implications, it also has some limitations. LS was able to use her positioning as an insider to the Samaritans to encourage disclosures, but it seems likely participants will nonetheless have tailored their accounts to fit their perceptions of her as a senior member of the organisation. We did make use of the outsider point of view of LF and JC to counterbalance this in analysis, but it was not possible to address the issue in the interviews themselves.

Whilst the volunteers interviewed were of varying ages and had different lengths of service in the Samaritans, they did all come from the same branch, which will impact on the breadth of experience of the organisation more broadly that could be included in the

study. Future studies may wish to explore the lives of Samaritans from a range of branches and cultures to explore the issues raised here.

Acknowledgements

We would like to acknowledge The Samaritans, who allowed us to complete the study in their organisation, and the individual listeners who shared their stories so generously.

References

- Althusser. (1970). Ideology and Ideological State Apparatuses by Louis Althusser 1969-70. Retrieved from <https://www.marxists.org/reference/archive/althusser/1970/ideology.htm>
- Binder, M., & Freytag, A. (2013). Volunteering, subjective wellbeing and public policy. *Journal of Economic Psychology, 34*, 97–119.
- BPS. (2009). *Code of ethics and conduct*. Leicester: British Psychological Society.
- Brown, S. L., & Okun, M. A. (2013). Using the Caregiver System Model to Explain the Resilience-Related Benefits Older Adults Derive From Volunteering. In M. Kent, M. C. Davis, & J. W. Reich (Eds.), *The Resilience Handbook: Approaches to Stress and Trauma* (pp. 169–182). New York: Routledge.
- Brownlie, J. (2017). *Spaces for sharing ? Challenges of providing emotional support online*. Edinburgh.
- Callaghan, J. E. M. (2005). Becoming a professional psychologist: Possibilities for activism? *Annual Review of Critical Psychology, 4*, 139–154.
- Callaghan, J. E. M. (2012). Professional identities and communities. In C. . Walker, K. Johnson, & L. Cunningham (Eds.), *Community psychology and the economics of mental health: Global perspectives*. Palgrave MacMillan.
- Coveney, C. M., Pollock, K., Armstrong, S., & Moore, J. (2012). Callers' experiences of contacting a national suicide prevention helpline: report of an online survey.

Crisis, 33(6), 313–324.

Denzin, N. K. (2001). *Interpretive Interactionism*. Newbury Park: Sage.

Dunkley, J., & Whelan, T. A. (2008). Vicarious traumatisation in telephone counsellors: internal and external influences. *British Journal of Guidance & Counselling*, 34(4), 451–469.

Hustinx, L., & Lammertyn, F. (2003). Collective and Reflexive Styles of Volunteering : A Sociological Modernization Perspective. *Voluntas: International Journal Of Voluntary and Nonprofit Organizations Vol.*, 14(2), 167–187.

Huynh, Jasmine Y. Xanthopoulou, Despoina Winefield, A. H. (2013). Social support moderates the impact of demands on burnout and organizational connectedness: A two-wave study of volunteer firefighters. *Journal of Occupational Health Psychology*, 18(1), 9–15.

Hvidt, E. A., Ploug, T., & Holm, S. (2016). The impact of telephone crisis services on suicidal users: a systematic review of the past 45 years. *Mental Health Review Journal*, 21(2), 141–160.

Institute for Volunteering Research. (2011). *Volunteering as a participation pathway*. London.

Kamerāde, D., & Bennett, M. R. (2017). Rewarding work: cross-national differences in benefits, volunteering during unemployment, well-being and mental health. *Work, Employment and Society (Online Ahead of Publication)*.

Lave, J., & Wenger, E. (1990). *Situated Learning: Legitimate Periperal Participation*. Cambridge: Cambridge University Press.

- Meneghini, A. . (2016). A Meaningful Break in a Flat Life. *Nonprofit and Voluntary Sector Quarterly*, 45(6), 1214–1233.
- Nencini, A., Romaioli, D., & Meneghini, A. M. (2016). Volunteer Motivation and Organizational Climate: Factors that Promote Satisfaction and Sustained Volunteerism in NPOs. *Voluntas*, 27(2), 618–639. <https://doi.org/10.1007/s11266-015-9593-z>
- Penner, L. A., Fritzsche, B. A., Craiger, J. P., & Freifeld, T. R. (1995). Measuring the prosocial personality. In *Advances in personality assessment* (pp. 147–163). Hillsdale: Erlbaum.
- Reese, R. J., Conoley, C. W., & Brossart, D. F. (2002). Effectiveness of telephone counseling: a field based investigation. *Journal of Counseling Psychology*, 49, 233–242.
- Roche, A., & Ogden, J. (2017). Predictors of burnout and health status in Samaritans' listening volunteers. *Psychology, Health and Medicine (Online Ahead of Publication)*.
- Rochester, C., Ellis Paine, A., Howlett, S., & Zimmeck, M. (2010). *Volunteering and Society in the 21st Century*. Basingstoke: Palgrave MacMillan.
- Ross, M. W., Reenfield, S. A. G., & Ennett, L. B. (1999). Predictors of dropout and burnout in AIDS volunteers : a longitudinal study. *AIDS Care*, 11(6), 723–732.
- Siette, J., Cassidy, M., & Priebe, S. (2017). Effectiveness of befriending interventions: A systematic review and meta-analysis. *BMJ Open*, 7(4), 1–13. <https://doi.org/10.1136/bmjopen-2016-014304>

South, J., Purcell, M. E., Branney, P., Gamsu, M., & White, J. (2014). Rewarding altruism: Addressing the issue of payments for volunteers in public health initiatives. *Social Science & Medicine*, *104*, 80–87.

Studer, S., & von Schnurbein, G. (2013). *Organizational Factors Affecting Volunteers: A Literature Review on Volunteer Coordination*. *Voluntas* (Vol. 24).
<https://doi.org/10.1007/s11266-012-9268-y>

Stukas, A. A., Hove, R., Nicholson, M., Brown, K. M., & Aisbett, L. (2014). Motivations to Volunteer and Their Associations With Volunteers' Well-Being. *Nonprofit and Voluntary Sector Quarterly*, *45*(1), 112–132.

Yamashita, T., Keene, J. R., Lu, C., & Carr, D. C. (2017). Underlying Motivations of Volunteering Across Life Stages : A Study of Volunteers in Nonprofit Organizations in Nevada. *Journal of Applied Gerontology*, 1–25.
<https://doi.org/10.1177/0733464817701202>

Yeung, J. W. K., Zhang, Z., & Kim, T. Y. (2018). Volunteering and health benefits in general adults: cumulative effects and forms. *BMC Public Health*, *18*(1), 8.
<https://doi.org/10.1186/s12889-017-4561-8>