

**UNDERSTANDING THE VOLUNTEER EXPERIENCE: A CASE STUDY OF
AIDS COMMUNITY CARE MONTREAL**

By

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A thesis submitted to the Department of Education

Presented in Partial Fulfillment of the Requirements
For the degree of Master of Arts (Educational Studies) at
Concordia University
Montreal, Quebec, Canada

March 2013

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CONCORDIA UNIVERSITY
School of Graduate Studies

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Entitled: **UNDERSTANDING THE VOLUNTEER EXPERIENCE: A CASE
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Masters of Arts (Educational Studies)

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ABSTRACT**Understanding the Volunteer Experience: A Case Study of AIDS Community Care Montreal**

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This qualitative case study examined the potential of transformational learning through Volunteering at a Montreal based HIV/AIDS organization, Aids Community Care Montreal (ACCM). Five volunteers agreed to participate in the project and they were interviewed about their experiences at ACCM, HIV/AIDS education as well as their judgement about the impact of volunteering in their lives. The author also underwent training as a volunteer in the same organization and this experience provided another lens in analyzing the interview results.

Through open ended interviews, five participants narrated the transformative impact of learning about HIV/AIDS and working in the community centre. The interviews were taped and transcribed and the analysis followed the ten steps of transformative learning outlined by Mezirow. The participants acknowledged that their experience has led them to be more proactive with safe sexual practices, as well as encouraging others to learn about safe sex practices and the realization that HIV is no longer a death sentence necessarily. The volunteer participants have also begun trying to reduce the stigma associated with HIV/AIDS beginning with their immediate social circles and beyond.

The participants also expressed the importance of emotional connections and the need for feeling useful in order to continue with their volunteer time investment. Without feeling needed and useful, there is a certain level of dissatisfaction and while ideas and perceptions on HIV/AIDS remain transformed, the motivation to continue working with the organizations wanes.

This project is a first building block towards further study of the impact of volunteering on transformational learning and whether or not the effects of similar experiences can be long-lasting.

ACKNOWLEDGMENTS

I would like to take this opportunity to thank the many people who have helped me throughout this process. I am forever grateful.

To the many people at ACCM who welcomed me with open arms, especially Patrick, Talia, Huy and Emma, as well as my five participants, without you this study would not have come to fruition.

I would like to thank my thesis advisor, Prof. Arpi Hamalian, for her support, guidance, listening to all my questions and always pushing me further. Her help has been invaluable. To my thesis committee, thank you for your time and consideration. It means a lot to me.

A special thank you to Elena Castiglione and Tedd Liakopoulos who have been there every step of the way, even when it wasn't easy. To Prof. Adeela Arshad-Ayaz who has inspired me to question the unseen.

Lastly, to my parents, without their support and encouragement, I would have never been able to make it this far. To them, I dedicate this thesis.

Table of Contents

CHAPTER I: INTRODUCTION, RESEARCH QUESTION AND SETTING	1
Introduction	1
Statement of Problem and Research Question	1
The Setting of the Case Study: Action Community Care Montreal	2
Volunteerism	6
HIV/AIDS	8
Summary	8
CHAPTER II: REVIEW OF THE LITERATURE	10
Transformative Learning	10
Emotional, Informal and Community Based Learning	14
Learning through Volunteering	16
Education for Prevention	18
Gaps in the Literature	20
CHAPTER III: METHODOLOGY	22
Purpose of Study and Research Context	23
Data Collection	24
A Case Study	25
Participant Recruitment	27
Participants	28
Interview Questions	31
Interview Structure	32

Transcription and Trustworthiness	34
Participant Observation, Journaling and Memoing	35
CHAPTER IV: DATA ANALYSIS, CONCLUSIONS AND RECOMMENDATIONS.....	40
Data Analysis	40
Disorienting Dilemma and Self-Examination	41
Self-Assessment and Recognition of Discontent	46
Exploration and Planning a New Course	48
Acquiring New Skills and New Roles	51
Self-Confidence and Reintegration	53
Difference Making- One Volunteer at a Time	55
Conclusions and Recommendations	57
REFERENCES	62
APPENDIX A- Letter of Information	68
APPENDIX B- Consent Form	70
APPENDIX C- Preliminary Questions	71
APPENDIX D- Interview Questions	72

Chapter I: Introduction, Research Question and Setting

Introduction:

I came across AIDS Community Care Montreal (ACCM) almost accidentally. It was a colleague from the department who approached me last year after I presented a paper on the status of HIV education in Canada to my fellow classmates. I had an interest in HIV/AIDS education because I had never received any throughout my formal education, and I was curious as to what the ramifications of that would be.

I started to research the organization, mostly out of personal interest. I was drawn to an organization that operated almost completely on volunteer hours, where it immersed itself within the community, attempting to educate, reduce stigma and increase awareness. This awareness is of utmost importance as the issue of HIV is ongoing, there is no medical cure so far, but socially there is a possibility to eradicate the virus through preventative measures.

Statement of Problem and the Research Question

The issue at hand is that in a country where education is funded through government monies, little importance is given to health literacy particularly; little importance is placed on HIV/AIDS education. This is a problem for a number of reasons.

First, there is a definite gap in reliable information and formal education when it comes to HIV/AIDS; particularly on the way this disease is contracted, who can catch the disease, transmission mechanisms and ways of living with the disease, once contracted. These gaps further exacerbate the dichotomy between those living with and without the

disease and the misconceptions surrounding HIV/AIDS. This has become a particular problem within Quebec; since 2001, Sex Education has been formally removed from the curriculum, and it is up to the educator or teacher to choose what is taught, and how it is taught (Feldman, 2011). Interestingly enough, on an international level, Canadian programs for HIV/AIDS education and prevention are prominently featured on UNESCO websites, but in Canada we do not place an emphasis on formal HIV/AIDS education. This role falls largely on the shoulders of volunteers and not for profit organizations.

As the disease is given little attention, this further marginalizes and attaches stigma to those who are infected and live with HIV/AIDS. Stigmatization is problematic on both a social and institutional level. One way to reduce the stigma is through learning.

According to a study done by Baumgartner (2005), those who are involved with learning about HIV/AIDS and are able to immerse themselves within the HIV/AIDS community (whether or not they have the disease) go through a transformative process where new understanding gives them a more rounded and accepting view of HIV. Given resources and outreach, as volunteers, they engage in that transformational journey. Therefore, the research question guiding this study is whether volunteering led to a transformative journey for those who volunteered in a particular setting, AIDS Community Care Montreal (ACCM).

The Setting of the Case Study: **AIDS Community Care Montreal (ACCM)**

“ACCM envisions a society free from the stigma of HIV/AIDS. We are committed to building a community where all people living with or affected by HIV/AIDS receive the support they need. We are dedicated to empowering individuals to make informed decisions related to their health.”

(ACCM, Vision.)

Founded in 1987, ACCM was an initiative which focused on offering support to those who were marginalized by the disease, targeting specifically the Anglophone population of Montreal. This organization was the first of its kind in the city. Its focus was living with AIDS, rather than dying with the disease. The organization was granted charitable status by Revenue Canada in the same year.

In 1995, ACCM opened their prevention education and volunteer programs. Today, it is recognized as a leader within the community, developing working relationships with the English Montreal School Board and other youth organizations, providing educational programs, workshops and outreach. In recent years the organization has strayed away from its outreach roots, offering only one day per week in their drop in centre, placing more of an emphasis on educational programs. This has led to a shift in the type of volunteer needed. Most of the volunteers at ACCM are involved in some capacity or another with education.

In 1996, there was a shift in HIV outreach; the focus which ACCM had adopted, living with HIV and AIDS, had become a reality and was proudly discussed at the International AIDS Conference in Vancouver. Through advancements in anti retroviral combination therapy treatments people with the disease were living longer. Care shifted from emergency measures to long term treatment as antiretroviral treatments were more readily supplied (Engel, J. 2006, 246). This reduction in urgency allowed a platform at ACCM for a focus on education for prevention.

In order to become a volunteer at ACCM, potential candidates are vetted very carefully by submitting a resume with references, as well as filling out a paper application. Once that stage has been completed, they are granted an interview. After

being interviewed by the Volunteer Coordinator, new volunteers are required to attend four training sessions, two of which are held intensively over a weekend. This requirement is mandatory. In order to better grasp the volunteer process, I attended the volunteer training which took place in February of last year. This process is stringent in order to put in place a measure of quality control and to ensure that selected volunteers are truly committed to ACCM.

This training was an eye opening experience. I came to ACCM knowing a fair amount about HIV, but unsure of what was being done at their organization and within the community. I had never been exposed to the realities of the disease, nor had I been privy to any formal sex education that addressed HIV or any other sexually transmitted infections (STIs). My only real exposure to the notion of STIs was through education in the home as well as at John Abbott College, where one week a year there is a symposium dedicated to sexual health.

The training was about educating future educators. It dealt with basic prevention techniques, such as safer sex practices, needle disposal and the use of anti retroviral drugs. As part of our training, we were given four pill bottles filled with placebo pills (various jelly beans). Each pill bottle was one component of a typical cocktail those living with HIV would have to take. We were also given a file folder containing a list of instructions. The experiment was to last a week. We were to take our cocktail of drugs at the same time every day; not all drugs could be taken at the same time, some could not be taken with meals, whereas others had to be taken with food. In our instruction packet, there were also dietary constraints and each day included an unpleasant side effect like fever, nausea and diarrhea. This experiment negates the notion that one's life on anti-

retroviral drugs is completely normal. It is far from a normal existence, but it is at least an existence where there can be a lot of living going on. The importance of sticking to a medication and diet regime was clear. Anti-retroviral drugs can only do their job if taken according to their many strict instructions.

What I took away from this experiment was the difficulty I had remembering what I could and could not eat. I set various alarms on my phone as a reminder of when to take my medication. I am fortunate enough that my work schedule was conducive to allow for this, as having an alarm going off at random times of the day is not normally acceptable behaviour in the work place. It was planning for my meals, while keeping my “HIV Status” a secret from those I live with. I finally revealed my status on the sixth day, as I could no longer keep it to myself.

Other elements of the training session were not only meant to educate the volunteers to aid in their volunteer roles, but to educate them as citizens. Workshops were conducted on the history of the organization, prevention methods, harm reduction, confidentiality, active listening and round tables with clients of ACCM sharing their personal stories of living with HIV and the struggles they have had to overcome and what struggles they still face on a daily basis.

After my training sessions were complete, I had this positive energy and spirit; I felt that something had awoken inside of me. I began to develop not only a deeper understanding of the disease but what it meant to be involved in something so important, but at the same time, something that is not really spoken about. I gained a wealth of knowledge in four sessions. It highlighted the continued importance education could play in HIV.

ACCM attributes its continued success and 25 year existence to the power and dedication of its volunteers. Paid employees are not many at ACCM; therefore, the role of the volunteer is magnified exponentially. It is truly education for the community by the community. The organization accepted to facilitate access for my research because they recognize the value in knowing more about the volunteer experience as it is essential in the day-to-day operations of the organization. The organization's goal is to provide a milieu for a positive volunteer experience, thus ensuring a core group of volunteers who will stay on in the long term.

Volunteerism

“We are prone to judge success by the index of our salaries or the size of our automobiles, rather than by the quality of our service relationship to humanity.”

Dr. Martin Luther King, Jr. (September 1, 1958)

According to a survey report released on March 21, 2012, over 13 million Canadians are said to be involved in some form of volunteering. This equates to roughly 47% of the population. Over 2.1 billion volunteer hours were donated in Canada, which is comparable to approximately 1.1 million full time jobs, which went unremunerated. This data was compiled from a survey conducted in 2010. It is this idea of selfless giving that has motivated me to look into the experiences of volunteers. Wilson (2000) defines volunteering as an activity which is “given freely to benefit another person, group or organization” (p.215). Wilson goes on to note that volunteering is not only beneficial to the specific person, group or organization, but that the volunteer also stands to benefit from their actions.

While volunteering takes place in various forms and shapes, one of the most common volunteer activities involves education. I am focusing my study on volunteers who work with a particularly marginalized segment of the population -- those living with HIV or AIDS.

Education, as a transformative process, is the most effective way of approaching and helping not only this segment of the population but also in educating the general population. It helps to reduce stigma and narrow the effects of marginalization. Unfortunately, there is little formal education about HIV/AIDS, and whatever exists is imparted informally.

Volunteerism is a key which brings together both those who are marginalized and those who are not, by using education in a largely informal capacity. This study will focus on the importance of volunteerism as not only a form of adult education but as transformative learning transforming outlooks, stereotypes and educational programs. It is not so much what the education volunteers give, but what they learn and how they are transformed while volunteering. It also allows for an opportunity to open the dialogue about HIV/AIDS and health literacy in the community. This study will look at Wilson's (2000) idea that volunteering is often proactive rather than reactive. It could be argued however that one's choice to volunteer is in fact a reaction to something that has happened on a personal or societal level.

HIV and AIDS

“With HIV, it can't be done quietly. You have to be loud, you have to be vocal, because at the end of the day, this is about sex and drugs” (Josh Levinson, 2012 DC Appleseed).

HIV and AIDS statistics are problematic to analyze. There is a discrepancy in reliable statistics for a number of reasons. Published statistics reflect only those who are coming forth, being tested and disclosing their status. The most recent statistics are from 2009, where approximately 65 000 Canadians are HIV positive. In 2005, it was reported that 57 000 Canadians were HIV positive. Public Health Canada (2010) estimates that 26.5% of HIV diagnoses are people aged 15-29. They attribute this to three factors: risky behaviour, street youth and men having sex with men. Proportionately however, since 2007, the number of women being infected with HIV is greater than that of men.

Education is believed to be the greatest tool for prevention, but it is also where the greatest gap exists. Allan and Leonard (2005) believe that prevention education need not only address the medical explanations, but also look at the social aspects of the disease (p.56). By targeting social causes, one targets stigma, biases and ignorance. They feel this is the way to reach the greatest number of people.

Summary

This qualitative study will focus on five volunteers at ACCM. I am choosing current volunteers for two reasons; the first is access to the volunteers. ACCM is an organization which protects the identities of its client-members and its volunteers, and will not divulge their names or contact information. Therefore, the contact that I had with the volunteers was initially mediated by the volunteer coordinators. Their mailing lists deal mainly with their active volunteer base. The second reason I have chosen to look at current volunteers is to understand the process that the volunteers go through, and to study their transformation, potentially as it is happening. This will be explained thoroughly in Chapter III.

Whether volunteers experience a transformation, by realizing a shift in their views is the basis of my research questions. Chapter II will look at transformative learning theory, in particular the ten steps outlined by Mezirow. Additionally, I will address HIV stigmatization, as well as HIV/AIDS education and the learning potential that volunteering promises. Chapter III will explain the methodology used in this study. Chapter IV will present the analysis of the data, the conclusions of the study and provide further suggestions for future research.

Chapter II: Review of the Literature

“HIV/AIDS work has always been a fertile ground for adult education -- though, by it’s relative absence from the disciplinary discourse, underrecognized”(Trussler and Marchand, 2005, 43).

Stigma and marginalization play a role in the development of HIV/AIDS education, and therefore affect volunteers who work within that community. It is a theme within the literature surrounding HIV/AIDS. It is also an important element to explore when looking at the volunteer experience.

This study is looking at the volunteer experience to see if in fact, volunteers go through a transformative process, meaning that their views, opinions and outlooks experience a significant shift. In order to understand the experiences of volunteers as a transformative process, one has to begin with an examination of the literature. First, transformative learning calls into question one’s place within society. It forces one to reflect on their understanding of the world around them by synthesizing personal experiences. It is these experiences that are of particular importance in this study. Second, there is an emphasis on community based learning in adulthood, which plays a strong role in volunteering, as well as the concepts of informal learning and emotional based learning. Third, there is also a strong connection between Canadian society and volunteering that will be explored. Fourth, there is a tremendous amount of literature on HIV/AIDS however, this is in conjunction with a gap in health literacy. This gap has ramifications for HIV/AIDS education and the role of the volunteer.

I. Transformative learning

“A defining condition of being human is that we have to understand the meaning of

our experience” (Imel, 1998, 1). This defining moment is a core tenet of adult education and the learning process of which adults go through. Imel goes on to say, “But in contemporary societies we must learn to make our own interpretations rather than act on the purposes, beliefs, judgments, and feelings of others.” Learning in this respect is representative of a personal journey, where one explores and experiences new ideas.

The main question of importance to this study is whether or not volunteering can lead to a transformation on a personal level. A significant element in the transformation is the notion that the learner must at some point change their viewpoint, or frame of mind, linking together the rational and the creative (Grabove, 1997, 90). It is after that change that a transformation can occur. Mezirow (1991, 1996) credits this to being a change in one’s frame of reference.

This study is using Mezirow’s ten phases of transformation in examining whether or not the volunteers at ACCM have in fact engaged in a transformational experience. Mezirow (1997) considers frames of reference to be “the structures of assumptions through which we understand our experiences” (p. 5). Frames of reference are simply how people choose to process the world around them as well as their personal experiences, cognitively and emotionally. Taylor (2008) elaborates on the concept of frames of reference, defining it as “structures of assumptions and expectations that frame an individual’s tacit points of view and influence their thinking, beliefs and actions” (p. 5). It is the initial frame of reference that is the jumping off point for transformation. For learning to happen, one must bring together new information gained within the existing frame of reference (Mezirow, 1997, 10).

“Perspective transformation is the process of becoming critically aware of how and

why our assumptions have come to constrain the way we perceive, understand, and feel about our world; changing these structures of habitual expectation to make possible a more inclusive, discriminating, and integrating perspective; and finally, making choices or otherwise acting upon the new understandings.” (Mezirow, 1991, 167). According to Mezirow’s (1991, 1996) ten steps, the first step, or the initial frame of reference is where one starts their journey. Transformation begins at this point, when something life changing happens to shake one’s frame. This is also called the disorienting dilemma. The learner experiences something that shakes their reality. This step is followed by a period of self-examination. As a third step, the learner begins self-assessment, focusing on their previously thought assumptions. At the fourth step, the learner recognizes their discontent, or unhappiness with their current situation, but they also recognize that others have been able to change their situation, therefore so can they. This step is supposed to lead naturally into the fifth step, where the learner begins to explore new options and roles that they could fill. Then, as a sixth step, the learner begins to plan new courses of action. In order to implement these plans, the learner begins to develop and acquire new skills, as a seventh step. These skills will ideally allow for the provision of trying the new roles in step eight. Through these actions, the ninth step is reached as the learner develops self confidence in their new roles and lastly, the tenth and final step, the learner begins a process of reintegration into their own life, with their newly formed perspectives, or rather frames of reference.

According to Grabove (1997), it must be emphasized that transformative learning is a social process, not a solitary one (p. 91). It allows for volunteers to engage with transformative learning, as their work with the ACCM in an inherently social process.

One must take note that the experience is also one of a personal journey, and not everyone necessarily obtains the same results from the same experience.

Transformative learning has a definite informal quality to it. Also, according to Marsick and Watkins (2001), it has an incidental quality, meaning that learning is often done on a subconscious level. This type of learning is of particular importance in various sectors, including but not limited to “the private and public sectors, hospitals and healthcare, colleges and universities, schools, professional associations, museums, religions, families, and communities,” (p. 26). Volunteering provides ample opportunity for learning informally, as it is an outlet for new experiences, and an opportunity to change one’s perspective. As the authors note, incidental and informal learning happens “wherever people have the need, motivation, and opportunity for learning” (p.28).

Learning according to Mezirow (1997) has four processes. The first is to elaborate one’s existing point of view (frames of reference). The second process is to simply establish new points of view. Third is to transform one’s current point of view and the fourth, which is also considered to be the rarest is to be increasingly critically reflective of one’s biases (p.7). By volunteering, I believe that one could learn through one or more of these processes. Taylor (2008) adds to these processes, highlighting the validity of making informed decisions based on frames of reference being integral to the learning process. Ettling (2006) purports that transformative learning is a deeply engaged process. Volunteer engagement may be critical to volunteers’ possible transformation.

II. Emotional, Informal and Community Based Learning

The literature shows that there is a definite emotional context behind learning in adulthood and its transformative possibilities (Dirkx, 2006, 15). These emotions are at the root of why adults learn, and why they are drawn to or engaged by certain subjects and causes. According to Dirkx (2006), emotional learning and related issues often give adult learners “voice to unconscious personal meaning of their learning experiences” (p. 16). It is these emotional ties, often subconscious, which unwittingly bring on growth and transformation. Emotions bring about new levels of awareness. Ettling’s (2006) study also addresses the emotional side of learning and its increasingly important role in transformative learning. Baumgartner (2001) calls transformational learning “intuitive, holistic and contextually based” (p. 17). She argues that transformational learning cannot be looked at without looking at the emotions that the learners experience. These emotions can be studied through volunteer experiences, and how these create new realities for the volunteers. Baumgartner (2005) took these emotional journeys that HIV positive people went through and applied it to Mezirow’s transformative process.

Cueva (2010) credits culture as the basis for community-based adult education, not necessarily one’s own culture, but exposing one’s self to other cultures as well. This type of learning calls on the participant to take risks, and leave their comfort zone in order to truly grow. Cueva notes, that while with the risks come benefits, the change can often be disorienting, and at times painful (p. 81). However, it comes down to being involved in a group setting, where one can push their preconceived boundaries and notions to learn from others. Contrary to Cueva’s group approach, Dirkx (2006) believes that learning does not have to occur in a community or group setting, but take what is learned within

that community or culture and individualize it internally.

Marienau and Reed (2008) use the concept of involved community to describe community based learning. An involved community is one that is built in adulthood, as new roles are adopted and developed. Community-based learning is the arena in which this involved community can be built. It is often done informally without the constraints or parameters of formal education.

Trussler and Marchand (2005) address HIV/AIDS community based learning and research. They acknowledge that many working in the field of HIV/AIDS find the experience of their peers to be of utmost importance for learning. However, herein lies the problem, as information and education is becoming increasingly scientific, community research is considered to be marginal (p. 44). This issue should be highlighted as it lends itself to the notion that certain forms of education are often valued over others. As the issue of HIV/AIDS holds no designated time period devoted to it within Quebec curriculum, it is not valued by formal education and learning. Community based learning in this respect is also given a lower standing, and does not hold the clout that science does. The detriments of this approach will be discussed further, later in the chapter.

Egan and Flavell (2006) make note that community based HIV/AIDS education takes place at a grassroots level (p. 266). It is this grassroots level involvement that has led to the creation of countless social services, which would have been otherwise left by the wayside.

Mundel and Schugurensky (2008) discuss informal learning in relation to formal and non-formal learning, where informal learning “is usually conceptualized as a residual

category for all other learning activities to include self-directed learning, incidental learning, and socialization” (p. 50). Informal learning is best suited for community settings where one is able to better transform their reality (ibid). Therefore, informal learning lends itself to not only to settings in which volunteers may often find themselves, but in particular to the learning that is done within the spectrum of HIV/AIDS, which will be discussed further.

III. Learning through Volunteering

According to Wilson and Musick’s (1999) study, volunteering is a mutually beneficial experience, where both the volunteers and those they are helping (people, organizations, etc.) benefit. Volunteering not only increases self-awareness but also self-efficacy (p. 143). Under these assumptions, a natural progression or transformation is a logical presupposition.

The study goes on to suggest that benefits gained are largely based on an individual basis and that they will linger on after the person is no longer volunteering which could mean that there is a permanent transformation which the volunteer may undergo.

Mundel and Schugurensky’s (2008) work looking at informal learning and volunteering is the one most closely related to my work. They believe that the learning is characteristically informal. They attribute its significance to the sheer number of adult volunteers, and the impact they have. “Through volunteers’ engagement they acquire a range of skills, knowledge, attitudes, and values; such learning is often unintentional and unconscious.” (p. 51). These acquired skills and “take aways” remain largely under studied, but are crucial to civic engagement and community involvement.

The authors also indicate that the role of the volunteer and volunteering is continually changing. More and more responsibilities are being placed on volunteers, “as the state continues to download its voluntary responsibilities onto voluntary organizations” (Mundel & Schugurensky, 2008, 51). This is very much the case of HIV/AIDS organizations, and rings particularly true of ACCM. The services given by volunteer organizations would likely not be made available otherwise, making the position of volunteer organizations difficult but necessary (Mundel & Schugurensky, 2008, 57).

Hall, Lasby, Ayer, and Gibbons (2009) worked in conjunction with Statistics Canada to quantify volunteering in Canada. In 2007, 46% of Canadians aged 15 and over said they volunteered. Volunteer hours totaled approximately 2.1 billion, which is equivalent to 1.1 million full time jobs. Interestingly, the most common areas in which volunteers are involved include organizing and supervising events, fundraising, sitting on committees and boards of organizations, teaching, educating and mentoring. The statistics lead us to believe in the importance of volunteering, and the need to better understand the volunteer experience.

In March 2012, Statistics Canada released the current volunteering statistics from 2010. The numbers remained largely unchanged from the previous data. However, the numbers are significant in the fact that nearly half of the Canadian population dedicates a portion of their time to charitable endeavours without monetary remuneration. Therefore, this spring Statistics Canada will begin releasing the Canadian Social Trends magazine, which will be dedicated specifically at volunteering and charitable contributions in the country.

IV. Education for Prevention: HIV/AIDS Literature

“AIDS is an extraordinary kind of crisis, it is at both an emergency and a long-term development issue...The epidemic remains extremely dynamic, changing character as the virus exploits new opportunities for transmission.” (UNAIDS, 2004, p. 3 in Cervero, 2005, p. 5)

HIV/AIDS literature has historically been linked to queer literature, where the two are intertwined. This general misconception, that AIDS is a gay disease, often biases opinions about the disease. Egan and Flavell (2006) draw attention to the biased information that was being purported in the 1980s and the 1990s. Currently, much of the information with regards to HIV/AIDS education is from the viewpoint of community educators, many of whom are volunteers. “Their community-centric, local, and pragmatic orientation, in addition to substantively contributing to knowledge on HIV/AIDS, also adds to our understanding of grassroots, community adult education” (p.266).

In keeping with the historic tradition of literature surrounding the gay community, they were the first community in North America to truly mobilize and offer educational materials concerning contraction and prevention. The disease was given little mainstream attention other than how to contain the disease to a specific grouping of people (Egan, 2005, 86). Without positive support from media outlets and health agencies, the mobilization of the gay community produced a wealth of knowledge. It also filled an important gap created by fear, misconception, marginalization and ignorance. Kniss and Agaki (2008) draw attention to important statistics, which are often overshadowed by that very ignorance. Infection rates amongst adolescents and young adults are on the rise despite a gradual decline in newly reported infections.

Egan (2005) emphasizes the importance of community education in the fight against HIV, infections and transmissions and the knowledge that can be gained when groups of people work together. Focusing his study around the importance of community education, he believes that this type of education not only is able to better reach marginal communities who are often left on the periphery of formal education but it allows for these communities to have a voice and to mobilize through educational initiatives.

Much of the literature surrounding HIV/AIDS education focuses on prevention as the major area of concentration. Allan and Leonard (2005) note a shift in the way prevention is being discussed and presented. The shift is that the focus of prevention is taking a more scientific approach in lieu of a social one. Scientific literature according the authors is inherently difficult to understand. Not only that, but, “the emergent paradigm has the potential to undermine the social model of HIV prevention...” (p. 55).

By limiting the social aspect of the disease, one limits the social involvement as well, thus the role of the volunteer and the role of the HIV positive volunteer. This new scientific paradigm is counter-productive to potential transformative learning, as learning is done completely formally, without the use of social context and personal experiences. Scientific education lumps HIV/AIDS into black and white binaries. Allan and Leonard (2005) urge for a social understanding of the HIV crisis to be prevalent in the literature and the education, which they have termed “positive prevention” (p. 63).

The social nature of the disease, and the further social nature of education for prevention is further emphasized in Cervero’s (2005) article. Disease spreads because of behaviour, not because of a person’s identity or ethnicity. Educational programs that aim to look at behaviours according to Cervero still remain the most effective means of

success. Kelly (1995) also addresses the behavioural side of the disease, and the resulting preventative measures. Kelly stresses that prevention education must address sexual behaviour. By changing sexual behaviour (i.e. using safe sex practices), one can increase prevention. Kelly also addresses health pride. By inducing behaviour changes in one's sexual practices, one can transform their thoughts about their sexual health, and take pride in their decisions.

As the literature has shown, the social approach to HIV/AIDS education appears to be the most effective. Additionally, however, socially based education needs to be flexible, as one size does not necessarily fit all. (Kelly, 1995, 348). Education for the community benefit is said to be most beneficial. It addresses a need and fills a specific role. By looking to the community, and learning from one another, HIV/AIDS educators gained control of the crisis to an extent where they felt that they could help in some important ways (Trussler and Marchand, 2005, 46).

V. Gaps in the Literature

Volunteerism is a very well researched field. Wilson and Musick (1999) address the numerous advantages there are to volunteering and the positive life changes that the volunteer may experience while volunteering, including increased political involvement, physical and mental health improvements and increased life span. Many of these attributes are considered to last long after the person has stopped volunteering. Mundel and Schugurensky (2008) study informal learning and its role in volunteering. What is not observed is the learning potential that is gained by the volunteer, or the subsequent transformation which the volunteer may undergo while volunteering. This is the main

gap in the literature, where many aspects of volunteering are investigated while its transformative effects are neglected. While it is shown that community based learning is the most effective way of transmitting information and education, it is the examination of the experience of those involved in community based learning which is lacking. This study is a small exploratory effort to begin filling this gap.

Chapter III: Methodology

“Perception is strong and sight is weak. In strategy it is important to see distant things as if they were close and to take a distanced view of close things”.

Miyamoto Musashi, 2012, (strategist)

My research was driven by the fact that despite the many years which I committed to my formal education, I still knew very little about HIV/AIDS other than what I had learned on my own. My interest in the topic was largely self-driven, aided by the critical skills I had gained over the years, which gave me the tools to question the gap in my knowledge. I had a desire to learn as much as I could about the disease, what was being done and how it affected the community in which I lived. My first informally structured educative experience happened at my volunteer training workshop at ACCM.

I began my orientation training without trepidation, as new social settings and the potential to make new connections have always excited me. I armed myself with a brand new notebook and a multitude of pens, ready to record my thoughts, experiences and a wealth of new information I was almost sure I would receive, or at the very least, hoped to. These tangible tools could not have prepared me for what the next four days would bring. These training sessions not only gave me information I never knew existed, but completely changed my outlook on HIV/AIDS, and those involved with the HIV/AIDS community. The training session was informative and incredibly emotional. The new volunteers formed a bond, where we were able to discuss in a safe space personal reasons for being there, as well as past experiences, which have shaped us as human beings. I was able to share, in complete confidence certain details of my life that lead me not only to grad school, but to this topic which up until this point I had never mentioned to

anybody. I am grateful that I was able to participate in this training, as in a way; I felt that it had set me free.

It is with that frame of mind that I was able to immerse myself wholeheartedly into my research with a growing respect and appreciation for HIV volunteers, at ACCM and elsewhere, as they become informal educators in our society. This outlook shaped my role as a participant observer as I began collecting and synthesizing the data on my case study.

I. Purpose of Study and Research Context.

The purpose of my study is to gain a deeper understanding of the transformational experience people volunteering may or may not go through. The presupposition is that in fact, volunteers do experience a level of transformation evolving along the lines of Mezirow's steps. I am not using any one volunteer experience, but that of volunteering at ACCM, a local HIV/AIDS centre which offers educational and outreach support to those affected by this disease.

The role of the volunteer is increasingly important because of the lack of formal HIV/AIDS education. The volunteer at ACCM is not simply taking part or investing in community involvement, but becomes an educator. Recently, solidifying the role of the volunteer as a sex educator, ACCM has forged a partnership with the English Montreal School Board (EMSB). This emerging role explains the importance of engaging in conversation with the volunteers, which my study proposes. I am hoping that this study will pay credence to the volunteers and give them a chance to have a voice (Gunzenhauser, 2006, 641), when often times their voice is not heard. According

to Gunzenhauser, it is the conversation between participant and researcher that can allow for new understanding and an observation of transformation (p. 630)

The purpose of my interviews was to highlight the lived experiences of volunteers, some which turned out to be shared and common experiences while some others were quite different from one individual to the other. I planned to engage in a series of interviews with different volunteers who wanted to participate in my research project.

II. Data Collection

Once my proposal was officially accepted by my thesis committee, and was granted ethical clearance and once I secured permission to access the volunteers from ACCM, I was able to begin my interviews with volunteers who had agreed and given informed consent to participate in my research project. As mentioned above, I completed four volunteer training workshops before conducting interviews with participating volunteers. During these workshops, I took in depth notes on my experiences, observations, feelings and thoughts. Janesick (1991) believes that using interviews and becoming a participant observer is the cornerstone of qualitative research, in particular when observing social settings that were at one time unfamiliar to the researcher (p. 103-104).

Prior to each interview, the participants were given a letter of information explaining my study as well as a consent form (Appendix A & B). I went through the consent form with each participant to make sure that they fully understood what was being asked of them, as well as to ensure their confidentiality to ACCM (based upon

agreements they had already signed with the organization) and their anonymity. Additionally, each participant was told that at any point they could withdraw from the study.

i. A Case Study

My research is qualitative in nature. By using qualitative research I was able to communicate on a deep and meaningful level with my participants. Conducting face-to-face interviews allowed me to foster that relationship that may not have otherwise been possible via phone and email (Leedy and Ormrod, 2001). Working with a local organization gave me a starting point to foster mutual respect and understanding, and at the very least we all had a vested interest in the same community. Additionally, by conducting face-to-face interviews, I was better able to make note of non-verbal cues, behaviours and mannerism (Janesick, 1991, 109).

More specifically, I have chosen to do a case study of ACCM. A case study paints a picture of a specific point in time, community, organization etc (McMillan & Schumacher, 2006, 27). The aim of this case study of each volunteer of ACCM whom I interviewed was therefore to focus on “critical incidents, stages in the life of a person...” (Patton, 2002, 447), how they came to be volunteers at ACCM, and where they saw their volunteer work going and how they thought they have grown or transformed as a result of their volunteer involvement.

Within ACCM, the design of this project was based on a series of case studies (interviews with five volunteers who agreed to participate in this study) to better understand the role of volunteering at ACCM. Case studies allow one to study a variety

of elements, or 'cases' in order to develop a larger picture. Observations taken on my own accord (participant observation), along with my interviews of volunteer participants, all constitute separate cases. By layering, or nesting, these cases together, you can build larger studies, larger cases (Patton, 446). This approach was most conducive to bringing together the narratives of the subjects involved as well as my role as a participant observer.

I have chosen to write this case study from the perspective of a participant observer, to add another angle to the triangulation efforts for my project. The role of the participant observer can vary widely, based on the level of participation from the observer. "Social, cultural, political and interpersonal factors can limit the nature and degree of the participation in the participant observation" (Patton, 2002, 266). My role was limited as a participant, as I did remain more of an observer for the most part of the study in order to comply to the strict confidentiality agreements set forth by ACCM.

I underwent the volunteer orientation, which is held four times annually, in intensive weekends, as well as two HIV/AIDS information training sessions. I was able to have some degree of participation while remaining somewhat on the outside as a neutral third party. This position was adopted in the hope to gain important insight on the volunteer experience (McMillan & Schumacher, 2006, 346). By also meeting with the volunteer coordinator and assistants, I was given another level of context and background on the organization which helped in the formulation of my questions which would act as a compliment to my ongoing observations.

ii. Participant Recruitment

I used purposeful sampling in order to recruit my participants, as “qualitative inquiry typically focuses in depth on relatively small samples...,selected purposefully” (Patton, 2002, 230). The participants gave me rich information for my research. Additionally, I chose to do snowball sampling, as I was working within the parameters of one specific organization (McMillan & Schumacher, 2006, 321). I contacted ACCM and asked them to put me in touch with their volunteers who would be willing to speak to me about their experiences, some of my participants then put me in touch with other volunteers. This became very important, as those connections were made on a basis of trust that had grown between my participants and me. It was my hope that this would lead me to the most willing and open participants, where these cases would “offer opportunity to learn” (Stake, 2005, 451).

The first step in my recruitment process was connecting with the Volunteer Coordinator and her two assistants at ACCM. We met on several occasions, to discuss my intentions, the parameters of my study, and how it would also be beneficial to the organization itself. In order to move forward, the Board of Directors would have to give me clearance. After months of fostering a relationship at ACCM, the Board of Directors gave the okay that I was in fact allowed to use their organization as a place of research and I was able to move forward with submitting my proposal to Concordia.

Once I passed that step and was granted ethical clearance by the University, the volunteer assistants prepared a package to be emailed out to all the volunteers currently working with ACCM. In the email they included a description of my research (Appendix A), and that I was looking for willing participants looking to discuss their experiences.

Even within the context of this blanket email, their anonymity was stressed. Within a day of the email being sent out, I immediately received three replies.

Language was not an issue during my participant recruitment or selection. I was prepared to conduct the interviews in either French or English as I am fluently bilingual. ACCM is a primarily English organization, and the volunteers that I worked with as well as staff members all communicated with me in English. Due to their primarily unilingual status, my letters were allowed to be written solely in English. Patton (2002) discusses the importance of language, and the hindrance that languages barriers can create. I was fortunate that I did not have to contend with those barriers throughout my study. One participant, Florence, whose mother tongue was neither English nor French worried that she would become a hindrance, but her perspective was not only understood, but added great insight and value to the study.

iii. Participants

I chose to speak to five participants for this project. I had initially aimed for 4 to 8. I had five reliable participants in the end. It seemed as though it was a reasonable and manageable number. I was incredibly happy that I had three participants agree to speak with me immediately. It was after the initial email that recruitment slowed down considerably. I received my fourth participant after the first volunteer workshop I did, a person approached me quietly and asked to be included. The fifth participant was referred to me through one of my initial participants. ACCM was hoping that more volunteers would come forward. Unfortunately, this was not the case.

My participants had control over where the interviews were to be conducted. I allowed the participant the choice of location, as I wanted them to feel as much at ease as

possible with the interview process. It happened on two occasions that my participants asked for me to choose the coffee shop. I chose a coffee shop with a quiet setting near Concordia University. For many this was the first time that they had been interviewed. Prior to the interview, they had never met me face to face, we had only communicated via email and telephone. It was our first personal meeting. This reality makes pre-communication a vital part of my interview process

All of the interviews took place in quiet coffee shops. The participants opted not to be interviewed at ACCM. The interviews lasted approximately an hour. At the end of each interview, I thanked the participant, asked them to contact me if they wanted to speak more, and asked if I could contact them if I had any further questions or clarifications. I emailed each participant a verbatim transcript of their interviews. This allowed them the chance to make any corrections to what they said, as well as strike anything from the record that they were no longer comfortable with. There were a few participants that were concerned with having too many noted pauses, and superfluous words such as “umm” or “like”. I explained that those could be taken out of direct quotation, and replaced by ellipses, without changing the integrity of what was being said.

I have included quotes and excerpts from their narratives within my work. Narratives help to shed light on “participant meanings, which are people’s views of reality or how they perceive their world” (McMilliam & Schumacher, 2006, 62). Narratives will also add colour to the case study, allowing the separate cases to build towards a better understanding of the process of learning through volunteering.

The participants came from various arms of ACCM. Their roles vary depending on the sector of the organization with which they are involved. This is placed in the context of the literature, which presents arguments in support of the fact that organizations such as ACCM provide a milieu which is conducive to transformative learning. The aim is to be able to discuss the volunteer experience of the participants in order to gain insight as to what they may have learned or gained. Essentially, what have been the lessons learnt from the experience.

The youngest participant is 22 and the oldest was in her mid-40s (according to my guess since this participant did not want to disclose his/her age). My participants consisted of three men and two women, four of whom were students; two were undergraduates working towards a first degree, one in graduate school and one in medicine. My fifth participant was no longer in school. University students make up the majority of volunteers at ACCM. Many students approach ACCM because they take the HIV/AIDS course offered by Concordia.

My participants originated from diverse backgrounds. One participant, from outside of Canada, is currently attending University within the city. He joined ACCM in order to be involved within the Montreal community. He has plans to stay in Montreal after graduation, and hopes to stay on at ACCM as well. Another participant was from Eastern Europe and was looking for a way to forge community bonds. Another volunteer, a native to Montreal volunteered because of long standing family tradition. Despite differences in backgrounds and life experiences, the common theme was the need to feel rooted in something bigger than oneself. This was true of the five participants.

In order to protect the identity of my participants, they were all given pseudonyms of their choosing. Gender and gender identity are subjects which are considered by ACCM to be sensitive. The pseudonyms selected do not necessarily reflect the gender or gender identity of the participants, they are simply a means to ensure complete confidentiality.

iv. Interview Questions

The interview questions were created in consultation with ACCM and my advisor. To recap, the main research question for my study was: Does the volunteering experience with ACCM lead to transformative learning? As mentioned already, my goal was to examine and gain some understanding of learning gained from volunteering and if in fact such learning led to a transformation of sorts for the volunteer.

My interview questions were in two parts, the first part was a preliminary questionnaire (Appendix C) that addressed the participant's name, chosen pseudonym, age, length of time volunteering, and places in which they volunteered. The purpose of these questions was to help in collecting background information on my participants and to keep the data succinct and organized.

The interview questions themselves, in the second part, were primarily open-ended (Glesne, 2011, 134). The goal of open-ended questioning is to obtain answers which are not probed, but given freely. Johnson and Weller (2002) suggest using broad descriptive questions, which are exploratory in nature in order to gather a wide range of information (p. 497). While my interviews consisted of the same basic questions, there were various follow-up questions that were used in response to the answers that were

given. These participant-specific questions were not planned, happening through a natural conversation.

In essence, the purpose of open-ended questions is to “enable the researcher to understand and capture the points of view of other people without predetermining those points of view through prior selection of question categories” (Patton, 2006, 21). Open-ended questions allow each participant to have a voice, and it will be these voices which will make up the case study of the volunteer experience at ACCM.

I used the same list of questions (Appendix D) for each interview. The interviews were structured in a way to keep the door open for follow-up questions or interviews at a later date either face-to-face, or if the participant wishes via telephone or email. By allowing this open door, I was able to revisit the transcripts, double check the clarity of the answers, observe the themes that were developing and to expand on themes and experiences that I may have not accounted for when designing my study. I did have to contact my participants on a few occasions to clarify certain statements that were made during their interviews.

v. Interview Structure

The interview structure was consistent throughout for all the participants. Following the structure of the open interview put forth by Glesne (2011), the interview consisted of a number of predetermined questions as well as follow up questions asked in the moment.

Each interview took place at a quiet coffee shop and lasted approximately an hour. The interviewee’s schedule was of utmost importance -- as volunteers have already

incredibly full schedules, most of which goes uncompensated, the interview was set up to fit their schedules. Prior to the interview I communicated via email and telephone with each participant, establishing an amiable rapport, which allowed for a smooth transition into our interviews. The email correspondence and phone calls were not lengthy, but very informative; as I was able to gauge the participant's willingness to be a part of the study as well as their enthusiasm. Johnson and Weller (2002, 494) state that initial contact can be used to elicit information about each participant. Indeed each volunteer exhibited a great desire to be included and an exuberant attitude when I contacted them initially to make an appointment.

After sitting down, before I began the interview, I presented each interviewee with a consent form to read over. They were made aware that the interviews would be in fact recorded, though the recordings would be destroyed twelve months after the thesis was filed with Concordia. Furthermore, transcripts would be kept in a locked file cabinet. Once signed, I reiterated the confidentiality policy upheld by ACCM, to ensure total clarity. I then explained in my words the exact purpose of my study, its relevance and importance, and that as a researcher I was looking to learn and gain information and understanding from my participants' experiences (Johnson & Weller, 2002, 497).

The interviews were recorded on a digital recorder. Patton (2006) outlines keys for recording interviews, which guided my interview process (p. 382); notes were also taken throughout, making remarks and observations, as well as to note certain body language indicators and nuances. These notes were amalgamated into the field notes taken throughout the research. There were no names included, only a colour coding

system developed by the researcher. It was only within the final thesis that the pseudonyms were used.

vi. Transcription and Trustworthiness

The truthful representation of the interviews in order to ensure trustworthiness was of utmost importance throughout this study. I therefore took a number of precautions as each interview was recorded and transcribed verbatim.

Transcription quality is at the heart of my research. Without effort in ensuring its accuracy, it could bias and change my study. Poland (2002) emphasizes transcription quality, stressing the “accuracy of verbatim accounts by minimizing the sources of error in the transcription process.” (p. 630). The first precaution that was taken was that I was responsible for all the transcribing, albeit, a lengthy process. Poland discusses the fact that being a part of both the interview and transcription process allows for quotes and information to be kept in context. This reduces the chance that what is being said will be distorted and misinterpreted. By using a digital recorder, I was readily able to transfer the audio recording to my computer, allowing easy access to the recordings. Furthermore, I will be able to save the recordings, where I solely will have access them. It is a second level of security for my participants and the preservation of the data in its original form.

Transcription serves other purposes as well. Verbatim transcripts will become documents in my data analysis, which will allow for careful triangulation. Also, according to Poland, putting audio recording into text allows the researcher to go back

and forth throughout the information, which can allow for common themes to develop throughout the analysis process.

The second precaution that was taken to ensure accuracy and trustworthiness is transcription review by the interviewees. Member checking allows for another dimension of validity (Patton, 2002, 560). At this stage, participants were allowed to review their personal transcripts for accuracy and context. They were also given the opportunity to strike any comments as well as to add to any of their initial statements.

vii. Participant Observation, Journaling, Memoing.

As a participant observer, I completed the same training that each volunteer is required to complete. Throughout the entire process, I kept detailed field notes of not only the information and education that was given, but of my thoughts, feelings and general observations. In order to keep the field notes organized, I used Janesick's (1991) model. This model stresses the importance of organization by date, as well as some form of coding in order to make note of concurrent or new themes that may arise. A key element to the note taking process is to clearly state one's role and level of participant observation. Notes should reflect the participation level accordingly (p. 105). Janesick techniques focus on an ethnographic journal, an approach that was employed in this study. An ethnographic journal centers itself on understanding the surroundings and the subjects instead of predicting the outcomes and meanings of what people say and what is going on. Guzenhauser (2006) elaborates on assumptions, stressing that there needs to exist a deeper sense of mutuality to move past assumptions.

I chose to use a journal throughout this process. Revisiting observational data recorded proved to be of invaluable help to my study. “Understanding context is essential to a holistic perspective” (Patton, 2006, 262). ACCM deals with sensitive subject matter, by ensuring that my data and research are not taken out of context, I tried my best to do my journaling with the utmost care and respect.

By forming a strong contextual basis, I was able to connect with my participants, and we all shared a mutual respect with one another. Poland (2002), notes that forming these relationships will be essential while interviewing the participants, as it will allow the researcher to better communicate what the participants and their meaning. In order to successfully accomplish this, Poland further emphasizes the need to journal before, during and after each interview. Richardson (1994) adds that journals are an outlet for researchers to document feelings about their work.

After each interview, I’ve reviewed my notes and journals, adding reflection paragraphs on any other information I felt was relevant in developing my study. These journals have become a historical record, tangible information that can be revisited. They have aided in the creation of my narrative and subsequent analysis. During the post-interview stage, Richardson (1994) notes that the writing should be a process of discovery, where one can learn about themselves and their respective topics. During my post interview process, I felt as though the notes I took helped me not only remember key elements of each interview, but it gave me context and helped through the transcription process. As I re-listened to the interview on my computer, it took me back to the setting. My post interview journals complemented the transcripts perfectly; the two coming together in one narrative.

Memoing was a technique used throughout the interview to jot down non-verbal cues (body language, mannerisms, gesturing). Janesick (1991) expands on the idea of memoing, noting that the researcher is also responsible for making note of outside distractions as well as non-verbal cues. There were many times that these techniques were employed during my interviews. Each subject had very different mannerisms. Some were very animated, and proud of their volunteer work. For example, Bruce gestured a lot with his hands when explaining how happy ACCM made him feel every time he would volunteer there. This was contrasted to other volunteers whose body language was more subdued, though not disinterested, as one particular subject, Jen leaned forward eagerly to answer questions, but rarely lifted her hands off the table.

Memoing was also incredibly helpful when transcribing the interviews. Poland (2002) prescribes using paralinguistic cues, meaning tone of voice, pitch, and volume as cues. These qualities were not the same at all in my five subjects. Fontana and Frey (2002) emphasize the importance of noting the pace of speech on memos, as well as length of pauses. Pauses have been noted as (...) in my verbatim transcripts. A list of notations and abbreviations are included as an appendix (Appendix E). These notations allow for the research to be accurate. Often times within the interviews there were many pauses as the subjects were formulating their response. There were times when a sentence would start, then the subject would pause for a lengthy period, and continue, at times jumping thoughts. Without proper notation and memos, returning to the transcript, meaning and context could be lost or skewed.

My interviews were set up in a way that left the door open for follow-up questions for the subjects. Memoing allowed me to generate some follow-up questions, as I

memoed next to the transcripts once each participant checked them. The memos allowed me to clear up any ambiguities that arose when I finished transcribing and as I began to analyze the data.

I found that my journals allowed for a more descriptive account of what was going on throughout the entire process, whereas my memos were more of a checklist that I chose to follow to make note of the specific details of what had happened and what needed to be completed. Corbin (1986) describes memoing best, saying that it captures ideas, recurring themes, and shows the gradual development of theories (look at p. 108).

Simply put, I felt as though memoing allowed me to connect the data, to act as a conduit, to make sense of my pages of journal entries, which were at times more of a story than a list of facts. It also allowed me to objectively look at the data and avoid placing my assumptions that in fact the volunteers had gone through a transformation on what was actually said and done.

Once I completed this step, I was left with pages of notes that I had to synthesize. I then began my data analysis, where by triangulating my information, I was able to come up with a narrative to describe, flush out, and honour the volunteer experience at ACCM.

Because of the anonymity promise made to ACCM, I decided not to present the five participants through their bios. Such an approach would have revealed unwittingly some clues as to their identities. It was interesting that while ACCM gave me permission and made it a condition of my work to identify the organization, at the same time they made sure that the anonymity promise they make to their volunteers would be respected. The five participants were given pseudonyms camouflaging their gender identities as

well: Florence, Fitzgerald, Elaine, Bruce and Gabriel. So the data analysis will be presented on a thematic basis rather than providing full description of each participant and their interview results in special narratives that could be traced to them. The next chapter will be devoted to this task.

Chapter IV: Data Analysis, Conclusions and Recommendations

“Hate cannot stop until someone stops hating - I am that someone”.

Richard O’Harris (2013).

I. Data Analysis

To become a volunteer, to choose to volunteer means that as a person one has already begun a transformative process, and has attained a certain level of knowing and understanding. This is particularly true of the five participants included in this study. By using Mezirow’s steps of transformative learning, this study will delve into the volunteer experience, and chronicle its transformative experience for five volunteers.

The role of the learner is important, as they are expected to internalize their thoughts, and experiences. Transformation is intangible, and while the five participants had varied experiences, the common thread was the very personal experience they went through and reflected upon. This chapter will look at the stories of the five volunteers, as they reflect upon their time at ACCM. It is possible that these volunteers may have worked together, crossed paths with one another or they may not know one another at all. Their common bond is their willingness to give of themselves in a role, which is often ignored by society.

The analysis is divided into six sections, the first five sections representing the steps of Mezirow’s ten-step model. Each section documents the five participants’ journeys throughout their transformational process. The sixth section discusses the volunteers’ perceptions on their ability to make a difference.

i. Disorienting Dilemma and Self-Examination

Florence came to Canada only a few short years ago. She arrived looking for a way to engage in society, and turned to volunteering, as she was not permitted to work in Canada yet. Her interest in volunteering within the HIV/AIDS community was sparked by a friend who had begun educating her with regards to HIV in France. She also had done research on her own, looking at the scientific side of HIV/AIDS. Her knowledge was gained through magazines, newspaper articles and clippings as well as Internet searches. One would say that her arrival in Canada was her disorienting dilemma. She was looking for a way to integrate within Canadian society, where she found there was a greater level of volunteerism to her native country. It made her first step along her transformative journey an obvious one.

Language was another disorienting dilemma, forcing Florence to look at organizations, which were predominately English. Communication has proven difficult at times, and has made some of her experiences within ACCM painful. This has not deterred her from volunteering but has pushed her to continue her integration within Canadian society through volunteering, school and other social interactions.

This brought Florence to a level of self-examination. Her determination despite her feelings of discomfort with her ability to bond and communicate with other volunteers forced herself further out of her comfort zone than ever before. Feelings of guilt or shame are often said to follow the disorienting dilemma.

Fitzgerald had a different path to ACCM. While very well versed on what was happening with HIV throughout Africa, and even naturally, he admitted that he lacked a significant amount of knowledge when it came to his own backyard. His interest in the

Montreal perspective coincided with his coming out process as a homosexual male. He felt that it was his duty to find out what affected a community in which he belonged. He turned to ACCM at a time where there were a lot of changes in his life, and he was looking for ways to become involved. Much of his previous experience working with HIV/AIDS had been at more institutional levels and he was looking for a grassroots approach, somewhere he could get his hands figuratively dirty.

Elaine was the only participant that was no longer in school by the time that she began volunteering at ACCM, and her journey is also the most unique among participants of this study. She came from a family where volunteering was not an option, but a requirement. Her mother instilled in her a passion for volunteering. ACCM was not her first volunteer experience – however it was not a coincidence that she ended up volunteering there. She had been interested in Gay rights since the 1990s, and had heard really positive things about ACCM. She wanted to be involved in an organization which looked at the social aspects of the disease, and took initiative on her own, contacting the organization, finding the right fit once she did.

Bruce was an undergrad when he began volunteering at ACCM. For the first two years of his four year program, Bruce did not really volunteer much. As he leaned casually back in his chair, staring out the window, he began to explain how that all changed. It was his third year, and he needed a change. Finding him self newly single after a long term relationship, he felt as though he needed to fill the void somehow, and wanted to do that outside of the McGill bubble. Being the younger of two children, he often learned about things through his older sibling, turning to his sibling, he discovered ACCM.

Gabriel, the final participant was also looking to become integrated within the Montreal community, as he was not native to the city, and wanted to expand his horizons past the Roddick gates at McGill, and to find somewhere where he would feel a part of a community. Through research of his own, Gabriel found ACCM online and took initiative to contact them. He had an interest in health related causes, and had spent time volunteering at hospitals in the past, but it had lacked fulfillment. He hoped that ACCM would give him the fulfillment he was searching for. He wanted to push himself, and see the way he will manage when dealing with people living with chronic illnesses, something that he had never done before but was ready for the experience. He also wanted to surround himself with people who were aware of the topic, and he wanted to expose himself to that knowledge.

Throughout the process of self-examination, there is much critical reflection which is done, where amongst a few categorical items, an examination of socio-cultural standing is taken into account. "I think that still in our society there are a lot of biases to HIV people and first I wanted to know for myself to learn what it does mean, and second to see what is the life of these people, because it seems to me it is probably very ... different from our life, and also I want to help," said Florence. During the data collection process, Florence was incredibly forthcoming with her knowledge about HIV before and after volunteering at ACCM. Admittedly, she knew very little about the social conditions that surrounded the disease, a phenomena which eluded many of the participants.

Self-examination takes the volunteer through a gamut of emotions; this was not different for Florence. There were times where she saw only differences between herself and the fellow volunteers, largely due to her vastly different upbringing. Additionally,

Florence had never been exposed to a rich tradition of volunteerism, which she equates to being part of Canadian culture. This notion of importance was not prevalent in her home country. Fitzgerald's self-examination was not only tied to his coming out process, but to community involvement in general. "There is a huge value in understanding what your community is doing." He said, leaning in closely.

Fitzgerald never second-guessed his decision to begin volunteering at ACCM, in fact he embraced the fact that there could finally be synergy between his scientific knowledge and international knowledge and his interest in the local, in the tangible. He never once was uncomfortable at ACCM, even at the beginning. "A new experience is always daunting," he said, taking a sip of coffee, "in the sense that I wasn't sure what to expect and I was testing the waters. Excitement overcame any fears."

Bruce went through two phases of self-examination. The first was tied to his disorienting dilemma, having suffered a life altering break up, which made him want to do more with his time, but the real self-examination came once he began volunteering at ACCM. For the first time in his life, one that he admits to as being fairly fortunate, he felt as though he was a minority as a heterosexual male. However, the environment at ACCM assuaged any doubt. Background, gender, ethnicity or sexual orientations were of no importance at ACCM -- everyone became one family.

Emotional ups and downs made Florence realize that she could be part of a solution. She emphasized of course that she was only a small part of this solution, but by volunteering she felt that she was already breaking down barriers, which were socially ingrained within her. Barriers that led her to only see the negative stereotypes of HIV; that it was a death sentence, that it only infected and affected a specific demographic.

Her biggest learning experience was coming to the realization that people living with HIV and AIDS were able to live full lives. A realization, which until volunteering at ACCM, Florence did not know existed.

Elaine's self-examination came a little later than most of the participants. She continually reexamines her role as a volunteer, as she happens to sit on the board of two other organizations. She wants to feel as though she is contributing to ACCM. She admits to feeling wary on the subject, as though perhaps her time may be coming to an end shortly, though not with discontent, but because she wants to give back as much as she can and where she is needed the most.

Gabriel's period of self-examination came when he realized how little he knew about the disease. His previous knowledge included limited high school information, where HIV was treated like a "gay disease" -- he did not know how common unprotected sex was, the social aspects of living with HIV and the criminalization to this day of the disease. While realizing his own shortcomings, Gabriel realized gigantic shortcomings in the education system at large in Quebec. He finds it very frustrating that the Quebec government would get rid of specifically targeted sex-education sessions from the official curriculum and instead gave some directives for integrating this type of instructions throughout the curriculum. Because sex-education is so limited, he feels as though it makes sex a taboo topic when it does not have to be.

ii. Self-Assessment and Recognition of Discontent

Bruce recognized his need to commit to more, to do more, and to push further. He felt as though it were important to broaden his scope and social realities. Coming into contact with so many vastly different people at ACCM has been an eye-opening experience. His time at ACCM has also made him realize how closed off he was from HIV before, and how closed his friends were, some of whom still are. Admittedly, he did not learn much when it came to sex and sexually transmitted diseases in high school, a problem which he feels still exists. His learning at ACCM was shockingly comprehensive, and continually ongoing. Orientation further highlighted how much he had been in the dark when it came to HIV, particularly the social aspects of the disease, like so many other participants.

Florence too went through a period of self-assessment and recognition. While not only having to adapt to immigrant lifestyle, Florence soon realized that she had many more misconceptions about HIV because of the culture in which she lived for the majority of her life. She was nervous about working in such a sensitive milieu, but was motivated by it as well. She did not realize that these social misconceptions were not just indicative of her social milieu, but that stigmatization was incredibly prevalent within the HIV/AIDS culture in Montreal. She earnestly described feeling as though she finally had her eyes opened to the oppression, which she had never consciously realized before. It was an experience that made her reach within and rationalize her thoughts and feelings. She also soon discovered that she might need more guidance from the staff at ACCM then maybe some of the other volunteers. She was petrified of giving workshops because

of the language barrier- and felt a definite lack of qualification. This made her beginning few months at ACCM rather painful.

Gabriel's period of self examination and realization of shortcomings were largely concurrent. It was through this realization that he became energized, and got deeper involved with ACCM. His frustration at the lack of sex education turned into excitement because ACCM assumes a greater role in the dissemination of knowledge and education. He also realized the meaning of safe spaces and confidentiality. Two main tenets at ACCM are that they aim to respect the rights and privacy of clients, volunteers and staff. Accidentally, Gabriel disclosed someone's HIV status without malice or intent. He thought that the person, who had been so open with him, would be open with others as well. This experience redirected his focus, and made him aware of the power that his voice and actions truly have.

Fitzgerald realized his shortcomings early on, and did not go through a large period of self-assessment, or discontent. It was a time in his life that he was ready to make a change, and ACCM was the best decision for that change. His shortcomings were directly linked to the social impacts of the disease, not truly knowing what people went through. His experiences at ACCM made him realize the importance of accepting a plurality of people's opinions, values and ideas. He also began to open himself more and more to people's reactions to the disease, and to many other sensitive matters. He is more empathetic as well; he acknowledged that volunteering has been a direct influence in this transformation. The openness at ACCM has also made him more open with himself and his sexuality, something that he was unable to do before.

Elaine lived in a very small community in the 1990s. Much of the younger population who were homosexual would leave to go to more metropolitan areas like Toronto or Vancouver. At the time, many were becoming infected with HIV. Without the advancement of antiretroviral medications, a majority was dying, and only wanted to die at home, near family. Elaine shook her head as she said many families would refuse, obituaries would cite a car accident or other unrelated causes as the reason for the death. This made her realize that social justice is taken for granted and perhaps she could do more.

iii. Exploration and Planning a New Course

Fitzgerald has always had an inherent need to explore. His open nature and warm personality lent itself well to exploration. During his undergraduate degree, he traveled to Africa for a course he was taking as part of an exchange program. This program dealt with HIV/AIDS education, the program was based on “abstinence, being faithful and condom use,” otherwise known as the ABC method. Being able to see which educational approaches worked and which did not sparked Fitzgerald’s interest in HIV education, propelling Fitzgerald to give back more to the community.

As an openly gay man, he felt HIV was an important issue. Upon returning to Canada, Fitzgerald decided it was time to help closer to home. After joining an HIV advocacy group through school, Fitzgerald heard a speaker from ACCM, and realized that the organization seemed to be the right fit for him, realizing that he could give the very workshops he attended.

His work has lead Fitzgerald into medical school. He hopes that his growing understanding of the social elements of HIV will make him a better doctor. "I just feel like the whole community approach is something I take to heart because I find many physicians are disconnected from what goes on in the community and they need to have a better sense of what social networks, what social organizations are really there to help individuals. Especially in the context of HIV where it's a social shunned illness, I feel as though physicians have this duty to understand what's happening in the community and use those tools to really help patients."

Gabriel began to integrate himself further and further at ACCM, becoming what he described as being part of the family. The diversity amongst its members made Gabriel feel, all the more, comfortable. However, in light of the bigger picture, it also made Gabriel feel small, because HIV is such an enormous issue. He made harm reduction one of his missions, as it is an issue that is often overlooked, but one that can be promoted easily. This coincided with the acquisition of knowledge through volunteering. As with the other participants, Gabriel had little knowledge about the social realities of the disease, through his understandings of harm reduction, and safe space, he began to develop an awareness of the disease on a more humanistic level. He hopes to further promote the capabilities of sero-positive individuals rather than their incapacities.

Florence, on the other hand, realized that her new course was directly linked to her beginning few months at ACCM. Her limited comfort level giving workshops in English guided her in working at ACCM's drop in center, where she was able to cook

for clients who would come in, play games with them, and even paint the center. Her role extended beyond the walls of ACCM into her social circle, in which she promoted the notion that being infected with HIV could happen to anyone and that there were ways to live full lives with HIV positive status.

Admittedly, Bruce was ignorant when it came to HIV/AIDS information, but through this ignorance and his ongoing learning he decided to disseminate knowledge to his friends. He not only began making sure to engage in safer practices sexually, but also encouraged his friends to do the same. "My own social sphere was particularly misguided, most feel that they are invincible," he stated as he spoke about his friends. According to Bruce, even in the most educated of settings there are still so many biases and an incredible amount of ignorance. He realized that this new information and outlook would allow him to become a spokesperson.

"You need to contribute to society in some way, it is more than just dropping off money," said Elaine about half way through her interview. She noted that many people do not make their living through their passions, but volunteering is hers, and while there is no economic incentive to volunteer, she felt that the path she needed to be on, to be fulfilled was strongly focused on volunteering. Today's schedules may not be conducive to giving up a lot of spare time, but she urges people to try, and especially try to get their children involved in volunteering. Her work consisting of screening volunteers at ACCM in the volunteer department directly reflected her passion and love for volunteering.

iv. Acquiring New Skills and New Roles

The five participants acquired various skills, information and knowledge throughout their time at ACCM. The major inhibitor to many of the participants and in much of what is written about HIV is the stigma, which remains attached to the disease. This stigma has long been embedded in societal opinions no matter how much time has passed, and while none of the participants arrived at ACCM with such stigma, many had a definite gap within their knowledge. This gap focused along the social aspects and ramifications of the disease.

Gabriel realizes that his experiences at ACCM have drastically changed his practices outside of the organization. He is increasingly active with his words, not allowing hurtful and harmful things slide. He is able to speak out and say, "It's not ok." As the time passes at ACCM, he tries to extend his volunteer reach further, by helping new volunteers, conducting workshops, and by taking pride in his action. He feels as though he can speak about the issues with greater ease, which needed to be done in order to dissect the problems and have them be less taboo.

Florence openly admitted that her social experience was limited when it came to not only HIV, but homosexual individuals as well. Growing up outside of North America, her contact was limited, as well as her volunteering opportunities. She now has a much better grasp on the social realities of the illness, and she has also embraced her role as an HIV educator, who can not only offer support at ACCM, but also help limit and hopefully reduce the stigma attached to the disease with those around her.

Fitzgerald, too, felt that not only did he have a better grasp of social realities, but also that it allowed him to improve his presentation and workshop skills as well as his soft skills. He has been able to transfer his scientific skills into more communicable ones. He found a compliment between volunteering at ACCM and his education, which he feels can compliment anyone's education. It is a question of taking the theoretical and turning it to the practical. Many of the new roles he has taken on at ACCM have begun because of other volunteers, as he has learned from them and consequently been inspired.

Elaine had acquired her knowledge of HIV/AIDS informally; essentially, she knew people who knew about it. It worries her that stigma still exists around the disease but also at a time where sex is treated casually. Just because antiretroviral drugs have proven effective at prolonging life, she feels as though many of today's youth normalize the disease, forgetting there are life-threatening consequences. They are brutally unaware about the side effects, which can be painstakingly terrible. She hoped that she could take the knowledge she gained at ACCM and try to set the record straight and noted that while HIV/AIDS has become more of a chronic illness, it still needs to be taken just as seriously as it was 20 years ago. Elaine also felt that she honed pre-existing skills for volunteer screening and management, which complimented the knowledge she was gaining. She believes that ACCM needs to choose volunteers who will become good educators, and will be able to speak frankly about sex and sexual health. Without the organization she may not have had this opportunity to work on these skills.

As a spokesperson, Bruce enjoys his newfound confidence. The most enjoyable part is being able to educate his friends. His presentation skills have improved tremendously and he now walks into and through his presentations with much greater ease. He is also

far less shy when it comes to speaking about sexual health, and passes out condoms regularly at parties and bars. He is also more cognizant of how he phrases things, particularly when it comes to working with a sensitive population or sensitive subject matter. ACCM has given him the tools to speak about the subject, promote sexual health and be aware of his responsibilities in a way he had not known before.

v. Self-Confidence and Reintegration

After rereading pages of notes, articles, book chapters and transcripts and analyzing the interview data through the lens of Mezirow's steps of the transformative process, it can be concluded in plain terms: the volunteer experience at ACCM has in fact had a transformational effect for all five participants, just as it has had on me. Florence mentioned on numerous occasions that she was almost taken aback by the information she gained on a social and societal level; without her experiences at ACCM she would have never been open to those experiences. Volunteering at ACCM became a powerful and positive experience in her life. "Afterwards, I felt happy that I had given something and done something, somehow peaceful. It gave me a lot – really a lot. It's selfish maybe to feel this way," she said quietly, looking down, as if not wanting to boast about volunteering, but showing gratitude for the experience which ACCM had provided her.

Elaine was very confident in her role as a volunteer. She was probably the most self-assured of the participants, largely due to her extensive volunteer involvement. She feels a sense of validation and pride from volunteering. Yet despite her confidence, she also exhibited the most uncertainty about her future at ACCM. There is a definite correlation between Elaine's desire to be useful and her desire to continue at ACCM. There is a

shadow lingering in her transformation when the possibility arises of not being needed. However, volunteering remains a passion for her, and she loves the work she has done at ACCM. “You can feel a passion for something, and you know, see all of your work come to fruition.”

Fitzgerald has made a significant time commitment to ACCM, where he has become involved at many different levels. As his studies progress, he knows that despite his attachment to the organization, he will have to reduce his involvement. He will always remain committed to ACCM, be it through conducting workshops from time to time or giving the volunteer training. He is committed to the cause of HIV education, particularly since it is not part of the curriculum in Quebec. He feels that its removal from the school curriculum has had very negative consequences.

He is also very involved with the volunteer training program; he wants to make it a fulfilling one for the incoming volunteers. The goal of ACCM, he said, was not the number of volunteers, but the quality. The success of the organization is largely dependent on that quality. The more involved a volunteer, he feels, the more engaged they become. This involves creating more and more volunteer initiatives. “A volunteer experience should be positive” Fitzgerald said, as he ran his hands through his hair. His experience has been nothing short of positive.

Gabriel did not come to ACCM with personal gain in mind. He did not have the impetus of a good resume as motivation; he genuinely hoped to help in some way. “Volunteering is extremely fulfilling, empowering and helpful. Without capital exchange, you can really see why you’re doing it.” Why is Gabriel doing it then? He is

doing it to pick away at stigmatization and barriers. He is doing it to make sex-education have a larger scope, and he feels that ACCM is doing that. He is not looking for remuneration, or praise, he is looking to continue the dialogue in a constructive and positive manner.

Bruce has not only admitted to being more confident on the matter but insists that ACCM in fact transformed his entire outlook. He sees a huge value in volunteering at ACCM. For the first time he can acknowledge that HIV is not a death sentence. The organization is a place of optimism. "I could be having a bad day, and I am just clearly transformed by the time I leave," he said, smiling. The reality of the fact is, HIV is still an illness, but for Bruce ACCM highlights the life that can be lived as opposed to death. It is his new outlook, one of hope that has transformed Bruce the most.

vi. Difference making – One volunteer at a time

When asked the question "Do you feel like you are making a difference," each participant was humbled, all pausing before answering, as though saying "Yes, I am a difference maker," would be a wrong answer.

Fitzgerald laughed when asked. "I hope so, as a volunteer at ACCM, you get to do the dirty work in the trenches." Being party of this community of learning has been the most positive part of his experience. On some level he feels as though he is making an impact, he just cannot pinpoint which level it may be on. The voice of the volunteer holds a lot of clout, and it is time that these voices get louder.

Elaine does admit that in a certain way she is making a difference, but that she needs to continually be useful. She has definitely made a difference in the past, but since she is not being utilized as much, she really needs to figure out if there continues to be a place for her at ACCM. She feels as though she can continue to raise awareness and continue to be effective, but only time will truly tell if she will continue to make a difference.

Gabriel does think that he is making the small steps towards making a difference, but that in fact it is ACCM who is the difference maker. All the volunteers are part of the holistic footprint, and everyone's role serves a purpose. He would not take credit for what he has done, but always put the focus on the team as a whole. It is that family approach which made him join ACCM, and become so involved.

Florence could barely look up from her cup of tea as she quietly stated that "Yes she was making a difference," but only because of the country where she now lived was built on a tradition of volunteering and because ACCM allowed her a place to make a difference. She feels as though she is a mere cog in their wheel. She believes that all volunteers can find who they truly are through volunteering, as it gives one confidence and purpose.

Bruce put it quite simply. "ACCM is a lot about breaking down irrationalities and ignorance, and I've felt the same way, but never really done anything about it and ACCM has been an outlet for me to do it." He also noted that many of his friends question why he would volunteer there, and are largely misguided. He accredits this to the ongoing stigma, which is attached to HIV/AIDS and that still, in the 21st

century, people do not fully grasp what is going on. This can be changed. He feels as though by pushing yourself into something new that is how you make a change. Despite being only a small part, he does feel as though he is making a difference, even just a slight difference. An experience where he finally saw his small contribution make a difference was at an event co-sponsored by ACCM, which showcased a client's artwork. A month after volunteering for the event, Bruce saw a funeral notice at ACCM. The client had passed away. The night of the event, Bruce noted that the client did not even appear to be sick. The client was overjoyed by what ACCM did to help and had tears in his eyes when thanking them. Bruce is still touched by that night, and that one experience made him realize that truly the little things count.

Differences, experiences, and thoughts- they are all relative, personal and case based. Feelings and thoughts are intangible, by writing them down, and chronicling these 5 participants' journeys, one can see that all had undergone some "disorienting dilemma" prior to beginning at ACCM, but that their journey did change them in positive ways. All five acknowledged that the experience of volunteering at ACCM has indeed been a transformative one in their lives.

II. Conclusions and Recommendations

After a year of researching, interviewing, analyzing and writing my thesis, my project has come to an end. I like to think of this stage as a first building block for sustained future research in the area.

My good fortune in finding ACCM has turned out to be one of the most serendipitous moments of my life. It has brought to my attention the importance of volunteering as a learning experience, something that I had never thought of before despite the fact that I have been volunteering since I was 13.

My main research questions were aimed at taking the idea of learning and transformation, and applying it to volunteerism. The role of the volunteer has become even more important because there is little to no HIV/AIDS education in schools. Does the volunteer experience at ACCM lead to transformative learning? What else was learned by the volunteers, and have they transformed enough to make lasting cognitive changes in their lives?

Given the important role volunteers have when it comes to HIV/AIDS education, one must understand what the volunteer goes through, to not only make the volunteer experience a positive one but to make it an experience which will contribute to educating others, to reducing stigma and to highlighting the tangible need for more education.

My research was gained from triangulating literature focused on HIV/AIDS, Transformative Learning and Volunteerism, my own experiences going through the volunteer orientation as well as the experiences of five participants who were generous enough to contribute their thoughts. These elements together began to create a picture of the volunteer experience as one that is transformative.

The discoveries, which were made, were straightforward. Volunteers who remain engaged in the work that they are doing not only have a more positive experience, but they also have a long-lasting experience. Without the ability to

recognize that they are making a contribution, volunteers would begin to doubt their actions. The ability to invest of their time was another major factor which affected the volunteer experience.

According to Mezirow (1997), transformation happens when one's frames of reference shift from one perspective to another, over an indefinite period of time. The five participants in fact had a shift in not only their views of what it was to have HIV or AIDS but what it meant to volunteer, and in fact the reason they were involved. Many realized that it went so much further than wanting to find an activity, to really making a difference and speaking up and out about the disease and the importance of breaking down the barriers attached to it. As Dirkx (2006) notes, emotional learning is another key aspect of transformation. Emotions, while not always evident can indeed lead the volunteer to transformation. All five participants went through emotional growth at ACCM.

Of course, I am not without my own biases. Through my reading, my volunteer orientation and meetings at ACCM, I began to hypothesize that the experience would be one that is transformational. I did not realize however, the extent of the experiences that each volunteer would go through, and was amazed by some of the stories.

There were definite limitations to my study. As, the five participants in this study are current volunteers, there is no way to tell that the transformation will be lasting, particularly when we see that the transformation is tied to being needed and useful.

Other limitations included the gaps in the literature. The key components, taken individually, HIV/AIDS, volunteerism and transformative learning had abundant research devoted to them independently of each other. However, only a small fraction of the existing literature attempted to establish any linkages between these three components. These gaps made the literature review cover a wide variety of subjects, but it also allowed the data collection to happen naturally as there was no preconceived idea about what outcome to expect.

The greatest limitation came from the guidelines that I had to follow to be allowed to conduct my research at ACCM. ACCM had to not only approve the fact that I was doing a case study on the organization, but they also needed to approve my topic, questions and communication given to the volunteers. I had to respect incredibly stringent guidelines to ensure anonymity, a major tenet of ACCM.

I believe that learning through volunteering is an untapped segment of informal learning and could definitely be explored further. Given the large number of people in this country who volunteer, there is a wealth of knowledge that is not being discovered. Additionally, it is not necessarily just volunteers who work within the HIV/AIDS spectrum who may feel as though they experience transformation. Those they worked with may actually experience transformation in their own lives because of the encounter with volunteers.

HIV/AIDS education can also be developed further by examining and evaluating programs that are offered to educators in informal settings as well as formal settings. By grasping the role of the teacher or educator, and how they learn,

there is a possibility to better understand how education is disseminated, in hopes to reach a broader number of people.

Through education comes understanding, and this could be no truer than in the case of HIV/AIDS. This research is particularly significant for a number of reasons. Despite the first cases of HIV/AIDS being reported in the early 1980s, there is a huge amount of stigma and misinformation when it comes to the disease over thirty years later. Without education, stigma and marginalization will never dissipate. The fact is though, education is not being provided in formal settings, and therefore it is up to these volunteers to provide as much education that is possible. Community based informal learning is the only viable options at the moment. The better we understand this process, the more we can offer improved education programs. This thesis project is merely the first step in a much complex and long-term process of understanding and education related to individual and community transformation.

References

- Allan, B. & Leonard, W. (2005). Asserting a Positive Role: HIV Positive People in Prevention. *New Directions for Adult and Continuing Education*, 105, 55-64.
- Baumgartner, L. (2001). An update on transformational learning. *New Directions for Adult and Continuing Education*, 89, 15-24.
- Baumgartner, L. (2005). HIV-Positive adult's meaning making over time. *New Directions for Adult and Continuing Education*, 105, 11-20.
- Canada Statistics Summary. (2011). *Avert*. Retrieved March 31, 2012 from <http://www.avert.org/canada-hiv.htm>
- Chickering, A. (2008). Strengthening Democracy and Personal Development through Community Engagement. *New Directions for Adult and Continuing Education*, 118, 87-95.
- Corbin, J. (1986). Coding, writing memos, and diagramming. In W. C. Chenitz & J. M. Swanson (Eds.), *From practice to grounded theory* (pp. 102-120). Menlo Park, CA: Addison-Wesley.
- Cervero, R.M. (2005). The struggle for meaning and power in HIV/AIDS education. *New Directions for Adult and Continuing Education*, 105, 5-10.
- Cueva, M. (2010). A Living Spiral of Understanding: Community-Based Adult Education. *New Directions for Adult and Continuing Education*, 125, 79-90.
- Dirkx, J. (2006). Engaging emotions in adult learning: A jungian perspective on emotion and transformative learning. *New Directions for Adult and Continuing Education*, 109, 15-26.

- Egan, J. (2005). Marginalized not marginal: Adult education's unique contribution to the fight against HIV/AIDS. *New Directions for Adult and Continuing Education*, 105, 85-93.
- Egan, J. & Flavell, A. (2006). Towards Celebration Through Education: Queer Canadian Adult Education. In T. Fenwick, T. Nesbit & B. Spencer (Eds.), *Contexts of Adult Education: Canadian Perspectives*. Toronto, Ontario: Thompson Educational Publishing, Inc.
- Engel, J. (2006). The epidemic: the global history of AIDS. New York: Smithsonian Books/Collins.
- Ettling, D. (2006). Ethical demands of transformative learning. *New Directions for Adult and Continuing Education*, 109, 59-67.
- Feldman, C. (2011). Sex at School. *The Dominion: News from the Grassroots*. Retrieved on October 3, 2011. <http://www.dominionpaper.ca/articles/3939>
- Fontana, A., & Frey, J. H. (2000). The interview: From structured questions to negotiated texts. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (2nd ed., pp. 645-672). Thousand Oaks, CA: Sage.
- Glesne, C. (2011) *Becoming Qualitative Researchers: An Introduction* (4th Ed.). Boston: Pearson.
- Grabove, V. (1997). The many faces of transformative learning theory and practice. *New Directions for Adult and Continuing Education*, 74, 89-96.
- Gunzenhauser, M. G. (2006). A moral epistemology of knowing subjects: Theorizing a relational turn for qualitative research. *Qualitative Inquiry*, 12(3), 621-647. doi:10.1177/1077800405282800.

- Hall, M., Lasby, D., Ayer, S. & Gibbons, W. (2009). *Caring Canadians, Involved Canadians: Highlights from the 2007 Canada Survey of Giving, Volunteering and Participating*. Ottawa: Statistics Canada.
- History. (2011). *AIDS Community Cares Montreal*. Retrieved November 30, 2011 from <http://accmontreal.org/about-accm/history/>.
- Imel, S. (1998). Transformative learning in adulthood. ERIC Clearinghouse on Adult Career and Vocational Education, 200, 1-5.
- Janesick, V. (1991). Ethnographic inquiry: Understanding culture and experience. In E. Short (Ed.), *Forms of curriculum inquiry* (pp. 101-119). Albany, NY: State University of New York Press.
- Johnson, J. C., & Weller, S. C. (2002). Elicitation techniques for interviewing. In J. F. Gubrium & J. A. Holstein (Eds.), *Handbook of interview research: Context and method* (pp. 491-514). Thousand Oaks, CA: Sage.
- Kelly, J. (1995). Advances in HIV/AIDS Education and Prevention. *Family Relations*, 44(4), 345-352.
- King, M.L. (1959). *Change By Doing*. Retrieved June 4, 2012 from <http://changebydoing.wordpress.com/2010/01/18/martin-luther-king-jr—day-of-service/>
- Kniss, D. & Agaki, C. (2008). Sexuality Education and HIV Knowledge, Attitudes and Behaviors of Young Adults'. *American Journal of Sexuality Education*, 3(4), 355-373.

Leedy, P. & Ormrod, J. (2001). *Practical research: Planning and design* (7th ed.). Upper Saddle River, NJ: Merrill Prentice Hall. Thousand Oaks: SAGE Publications.

Levinson, J. (2012). Think Exist. Retrieved May 30, 2012 from

<http://thinkexist.com/quotation/with-hiv-it-can-t-be-done-quietly-you-have-to-be/1533151.html>

Marienau, C. & Reed, S. (2008). Educator as designer: Balancing multiple teaching perspectives in the design of community based learning for adults. *New Directions for Adult and Continuing Education*, 118, 61-74.

Marsick, V.J. & Watkins, K.E. (2001). Informal and Incidental Learning. *New Directions for Adult and Continuing Education*, 89, 25-34.

McMillan, J. H., & Schumacher, S. (2006). *Research in education: evidence-based inquiry* (6th ed.). Boston: Pearson/Allyn and Bacon.

Mezirow, J. (1991). *Transformative Dimensions of Adult Learning*. San Francisco: Jossey-Bass.

Mezirow, J. (1996) Contemporary Paradigms of Learning. *Adult Education Quarterly*, 46 (3), 158–172.

Mezirow, J. (1997). Transformative learning: theory to practice. *New Directions for Adult and Continuing Education*, 74, 5-12.

Mundel, K. & Schugurensky, D. (2008). Community based learning and civic engagement: Informal learning among volunteers in community organizations. *New Directions for Adult and Continuing Education*, 118, 49-60.

- Musashi, Myamoto (2012). Queens Qualitative Researchers Support Group. Retrieved on July 11, 2012 from <http://qqr.wordpress.com/blog/>
- O'Harris, R. (2013). Good Reads. Retrieved on January 2, 2013 from <http://www.goodreads.com/quotes/tag/hiv-aids>.
- Patton, M. Q. (2002). *Qualitative Research and Evaluation Methods* (3 ed.). Thousand Oaks, Calif.: Sage Publications.
- Poland, D. B. (2002). Transcription quality. In J. F. Gubrium & J. A. Holstein (Eds.), *Handbook of interview research: Context and method* (pp. 629-649). Thousand Oaks, CA: Sage.
- Public Health Agency of Canada Canada. (2010). HIV and AIDS in Canada. Surveillance Report to December 31, 2009. Surveillance and Risk Assessment Division, Centre for Communicable Diseases and Infection Control.
- Richardson, L. (1994). Writing: A method of inquiry. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 516-529). Thousand Oaks, CA: Sage.
- Stake, R. E. (2005). Qualitative case studies. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (3rd ed., pp. 443-466). Thousand Oaks, CA: Sage.
- Taylor, E. (2008) Transformative learning theory. *New Directions for Adult and Continuing Education*, 119, 5-15.
- Trussler, T. & Marchand, R. (2005) HIV/AIDS Community-Based Research. *New Directions for Adult and Continuing Education*, 105, 43-54.
- Wilson, J. (2000). Volunteering. *Annual Review of Sociology*. 26, 215-240.

Wilson, J. & Musick, M. (1999). The effects of volunteering in the volunteer. *Law and Contemporary Problems*, 62(4), 141-168.

Appendix A – Letter of Information

Understanding the Volunteer Experience: A Case Study of the ACCM

I am a student in the Faculty of Arts, in the department of Education at Concordia University, working on a thesis in order to complete the requirements for an M.A. in Educational Studies. I am writing to request your participation in research aimed at furthering the understanding of volunteering within a sensitive community, where there is not a lot of attention given to its targeted community. The ultimate goal of my research is to qualify the experience of the volunteers go through on personal or professional levels.

If you are willing to participate in this research, I will interview you once for approximately 45-60 minutes, at the ACCM, at a time of your choosing (it can coincide with the beginning or end of your shift). I am planning to voice record the interviews and take notes to make up a written record of your interviews. The audio recorded interview will be transcribed and maintained on a pass-word protected computer file and then the audio recordings will be destroyed. None of the data will contain your name, or any information that may reveal your identity. Data will be secured in a locked office; your identity will be kept confidential to the extent possible. The transcripts will be destroyed. The verbatim transcripts of your interview will be emailed to you for a chance to edit the interview. In this stage you will have the opportunity to expand on answers, withdraw answers, or offer new information. The edited transcripts may be returned to me via email. Even if you are satisfied with the interview and wish to change nothing, a return email would be appreciated.

It is important to know that you are bound by a confidentiality agreement reached with the ACCM at the beginning of your volunteer training. All interviews will stick to the parameters to which you are obliged. Absolutely no confidential information in your agreement may be divulged to me. I will begin by e-mailing you the questions prior to our interviews and thus providing you with ample opportunity to read through and ask any questions concerning them. After each interview is completed and transcribed verbatim, I will go over the responses with you, to confirm that you would like this information to be used. Post interview you may always contact me if you need further clarification.

Your participation is entirely voluntary. You are not obliged to answer any questions you find objectionable, and you are assured that no information collected will be reported to anyone. You are free to withdraw from the study without reasons at any point, and you may request removal of all or part of your data by contacting the researcher via e-mail or telephone. Any removed data will be destroyed immediately.

This research will be published as a Masters Thesis. Your name will not be attached to any form of the data that you provide; neither will your name be known to anyone tabulating or analyzing the data, nor will these appear in any publication created as a result of this research. A pseudonym will replace your name on all data that you

provide to protect your identity. If the data are made available to other researchers for secondary analysis, your identity will never be disclosed.

Any questions about study participation may be directed to Victoria Theoret at 514-293-6577, email: victoria.theoret@gmail.com.

Sincerely,
Victoria Theoret

Appendix B – Consent Form

I have read and retained a copy of the letter of information concerning “Understanding the Volunteer Experience: A Case Study of ACCM,” and all questions have been sufficiently answered. I am aware that the purpose of this study is to understand the experiences of volunteers. I understand that I will be interviewed once for between 45 and 60 minutes, on the premises of ACCM at a time of my choosing.

Each interview will be audio recorded and later transcribed verbatim. After the transcription is completed, I will have a chance to revisit it for accuracy, audio recordings will be destroyed. I have been notified that participation is voluntary and that I may withdraw at any point during the study and I may request the removal of all or part of my data without any consequences to myself, I also understand that the interviews are confidential. Only the researcher will know my identity. Pseudonyms will be used to ensure confidentiality.

If I wish to withdraw from this project, I must inform both the researcher and advisor. Any questions about study participation may be directed to Victoria Theoret at 514-293-6577, email: victoria.theoret@gmail.com or to the advisor of the project, Prof. Arpi Hamalian , email: arpiham@alcor.concordia.ca

Participant’s Name (please print): _____

Participant’s Signature: _____

Please write your e-mail or postal address at the bottom of this sheet so I am able to contact you with your interview transcripts and to provide you with study results.

e-mail or postal address: _____

Please sign one copy of this Consent Form and return to Victoria Theoret. Retain the second copy for your records.

Appendix C- Introductory Questions

- 1) Name and a chosen pseudonym: _____
- 2) Age: _____
- 3) How long have you been with the ACCM: _____
- 4) Is this your first volunteer experience: _____
- 4b) If no, where else have you volunteered: _____
- 5) Did you have prior knowledge about HIV/AIDS education: _____

Appendix D – Interview Questions.

- 1) What did you hope to learn while volunteering at ACCM?
- 2) Which experiences have impacted your learning?
- 3) How has your understanding of HIV/AIDS changed since volunteering?
- 4) How have your experiences at ACCM changed your practices outside of the organization?
- 5) What value do you see in volunteering, for ACCM and in general?
- 6) Have you volunteered elsewhere? (If so, where?)
- 7) Why did you decide to volunteer at ACCM?
- 8) Have you been volunteering at ACCM for a long time?
- 9) Do you intend to stay at ACCM?
- 10) What would influence your decision to stay or leave?
- 11) If you are leaving soon, what would you like to see changed that would otherwise enable you to stay?
- 12) Do you have previous knowledge about HIV/AIDS prior to volunteering here?
- 13) How has your outlook on the subject matter, in specific, what is being done in HIV/AIDS outreach and education, changed?
- 14) With regards to volunteering here specifically, do you feel that you have been given enough guidance and support?
- 15) Would you prefer to be more or less autonomous with your work?
- 16) How comfortable do you feel at ACCM?
- 17) What particular experience has made you feel included as part of ACCM's team?
- 18) Have any experiences made you feel excluded?
- 19) What has been the most enjoyable part of volunteering?
- 20) Are there any improvements that could be made for the volunteers?
- 21) What was your volunteer training like?
- 22) Would you make any changes? (If yes...)
- 23) What area of your training were most crucial to your work as a volunteer?
- 24) Do you feel as though there is enough knowledge/ community awareness with regards to HIV/AIDS
- 25) Can you describe your volunteer work?
- 26) How is volunteer appreciation shown?
- 27) Do you wish to remain a volunteer with ACCM?
- 28) Would you recommend others to volunteer here?
- 29) Do you feel you are making a difference?