

The use and misuse of emotion. Section 4: emotions and donors.

4.4.

Shifting hope: why a journey through emotions to hope is key for hospice fundraising.

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The elephant in the room

When I started in fundraising and found myself approaching the doors of Helen & Douglas House, a children's and young adults' hospice in Oxford, for a job interview, I felt trepidation. I felt unsure that my nerves would be able to survive the onslaught from my emotions at what I might find inside, and the interview was as much me gauging my own reaction as the people at the hospice deciding whether I was right for them.

Every time that I meet a donor at one of our open days I see the same concern on their faces – a concern that they are about to be bombarded with emotion. It's the elephant in the room at every presentation I give, and in every face when I talk about us. It's why some people love discovering the bright, positive environment of the hospice and others look panic-struck at the very idea. It's a fear that as fundraisers we will use emotion as a weapon. And it's a look we as fundraisers should fear too – that our attempts to affect someone might destroy any hope that they can help, leaving them overwhelmed with the enormity and emotional scale of the task.

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Since I walked through those doors I have learned so much about emotion, families, donors – and also about how much I don't yet know and how much is unpredictable in donor behaviour. Today, we are bombarded with images of dying children

washed up on beaches, with requests for our help from worldwide causes, with great promises about what a global society can do. How do we compete with this in a responsible way? How can we motivate rather than distress? How can we be fair to our donors, our recipients and our organisations? And in the emotionally-charged environment of a hospice setting, how do we ask for money for seriously ill children and young adults when we cannot offer the positive ending of a cure? How can we give donors hope that they can make a difference?

This is not an easy task, or one with a single answer, but these are questions we should constantly be asking ourselves. It was Rainer Maria Rilke who said, 'That something is difficult should be one more reason to do it'.

Life or death

Within the hospice sector, children's hospices are perhaps yet more emotive to many donors. But this emotion bears a heavy weight of duty and responsibility and our ability as fundraisers to help our services continue depends to a large extent on how we manage that emotion and the journey that we take donors on through that emotion.

Within the charity I work for, there are a variety of views about using the emotional stories that happen every day. We swap words such as hard-hitting, overkill, bribery, fluffy, cuddly, positive, depressing - and we often disagree. This is not surprising, given that each fundraising area has a different audience and a different means of communication in mind - an audience whose decisions will be based on a reaction to the emotion in the message we give them.

Often, the use and misuse of emotion comes down to two oppositions - do we showcase the positive, heart-warming, humorous moments in our two hospice buildings, or do we use the stories that tug at the heartstrings, that leave people looking a little shell-shocked, that provoke tears and make people rethink their priorities?

Good examples of this are two stories that I often find myself sharing with donors. The first is an affirming story about Fleur, a patient who is the first to become one of our trustees and one of a relatively small number of our patients to study for a university degree. It's tempting to use this story, if I'm honest, because it is so positive - as a fairly unusual hospice which cares for young adults up to the age of 35, we have recently been looking at how we can help enable these young people to achieve their aims and live their lives to the full. This is a different use of emotion to tragic stories about end-of-life care, containing a positive element which can feel harder to describe in hospice fundraising - containing hope, without which it can feel difficult to fundraise.

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The second example is at the other end of the emotional scale. It concerns a young boy called Ollie Young, who died of an inoperable brain tumour within a very short time of returning home from school one day complaining of headaches. This is an incredibly emotive story, one which provokes tears, and, if I am honest, provokes something like pride in our organisation, because we were there to try to help at the worst of times, but also because it is a story that needs no emotional embellishment. As Sarah Young, Ollie's mum, puts it herself in the video (<https://goo.gl/i4mS5E>), 'Before, I didn't give to charity unless it was from the heart'. It's hard to imagine a person whose heartstrings aren't pulled by this one. And in a world of social media, the use of short stories told through images or films will increasingly affect how charities represent themselves. But is it too much? Too raw? Can there be a positive message, a message of hope, here?

This video also raises another interesting question about the need to make an emotion relevant to a donor's life. Ollie's story is hard-hitting because it could happen to anyone. It's all too easy to dismiss a tragic tale if it bears no relevance to your life, and is unlikely to. It's easier, if perhaps with a slight sense of guilt, for us to talk about seriously ill children than to provoke the same emotional reaction when talking about young adults. Donors' reactions to us are also undoubtedly different to those evoked by an adult hospice, which is a spectre that may be in any of our futures.

It's impossible to share these stories without asking what is a responsible use of emotion, and what is blackmail; what is motivating, and what is distressing and emotional overload; what is honest and what is the shaping of a story as an overly violent weapon? As Clair Bedford, relationships manager at Claire House in Liverpool, puts it, 'The misuse of emotion is not necessarily the central issue for hospices. Many hospices produce messaging that is so bland that I get more upset with them for not telling me the truth than I would if they told me a sad story. The much bigger problem is hospices being so scared of misusing emotion that they shy away from telling the truth in the first place.'

A similar question is whether a bad donor experience in terms of emotion equates to a low donation rate. Some hard-hitting campaigns receive a high level of complaints, but also succeed in getting a positive response. Ryan Brombley at Good Innovation in London points out that, 'people sometimes say they don't want to see hard hitting, emotional things from charities – but these tend to be what works best.

That presents a tricky question - you want to keep the donor experience front of mind, but you also want to hit your fundraising targets. If those two things compete instead of complement, which one wins?

Add to this our own responsibility as hospice fundraisers to protect our patients from misguided sympathy, from hearing tales about their own life and death, to treat their families responsibly and sensitively and the message that we want to get out to donors becomes increasingly complicated. At Helen & Douglas House, our motto is 'Every life a full life; Every death a dignified death'. But which side of this semi-colon should we focus on?

Hope for families

When it comes to being able to use emotion well in a hospice setting, one word I keep coming back to is 'honest'. The successful campaigns that I have seen, the most sincere and productive emotional reactions from donors, have been around images or stories that are honest. But honesty is a hard thing to reproduce - which is why using stories that have come from our patients and their families to tell the truth about what happens behind our walls is so important.

The most effective stories that we have at Helen & Douglas House, that donors have responded to positively, have been those told by families in their own words.

One of the most important things I have learnt came from one of our care team at the Hospice. When talking about how families cope she explained it in two simple words: hope shifts. What a family hopes for from one month, one week, to the next, changes. They hope for something, even if they have to change their idea of what that hope looks like. Taking this hope and passing it on to donors is vital in gaining their understanding, taking them on a journey with us, and giving them hope, too.

Articulating the difference a supporter can make is as crucial as the emotional story itself. We owe this to those who use the hospice, too. Families don't need our pity, and they don't want it.

Using glimpses of a recipient's experience can avoid overly managed emotional bribery and show where a donor can allow hope to thrive. Some examples from my own experience are:

- A young adult patient who enjoys coming to stay with us so that he can go to bed and get up when he wants to, rather than relying on a carer's schedule - rather than lying in bed, awake, unable to pick up a book and read.

- A donation from someone who wanted to mark what would have been the birthday of her son, who died as a baby. She explained that she had had to leave her baby alone in hospital every night and wanted to show her gratitude that organisations such as ours exist.
- The parents of Toby, who cannot share a glass of wine in case they need to drive to hospital (<https://goo.gl/WFFCa7>) because he suffers severe seizures from which he needs resuscitating 50 per cent of the time, and who can't invite friends around in order to avoid too much stimulation for Toby – but who were able to go out with friends for dinner on dad's birthday because they trusted us to look after Toby.
- The intricacies of running a young adults' hospice with patients who have the same concerns about dating and growing up as any other young person. Shamefully it had never occurred to me that some of the care we offer here would be working around these 'normal' teenage concerns and questions.
- A parent's blog post about the first birthday of their seriously ill daughter, Melina, needs no words of embellishment. This blog is an honest account of one family's experience of our services and, due to the extreme emotions involved, can throw up unpredictable results. But perhaps we lose more by not sharing these honest accounts: <https://goo.gl/aGKpHY>

These examples are small glimpses of a huge story that gives me my passion for what I do. Each one speaks for itself and contains a little insight into how a donor can help make someone's life better, can make a difference. Most importantly, each shows the little moments that we can all comprehend even if the over-arching story is too big and too emotional to contemplate. We can't remove the emotion, but we can use it to take a donor on a positive journey to a place where they can feel good about supporting a service that tries to allow human dignity, peace of mind, and being listened to. As David Pastor, chief executive officer at Claire House puts it, 'I want people to feel emotional but I would try not to leave them there, but to take them on a journey and not leave them in a place where they feel lost. They need to take positive action, for themselves as well as the charity'.

This positive action is key to using emotion well. Tragic tales can be powerful rather than overwhelming if the donor feels that they can facilitate a change for the better, or, as Clair Bedford at Claire House puts it, 'people aren't turned off by emotion but by what follows – 'the ask' and what the donor can do to make the situation better. Articulating the difference a supporter can make is as crucial as the emotional story itself'.

We owe this to those who use the hospice, too. Families don't need our pity, and they don't want it. As Keith Wilson at Naomi House & Jacksplace in Winchester puts it, 'We have a duty to tell our families' stories honestly and because of the nature of our work that can be very emotive indeed. But we always try to find a

balance; we always show the positive impact we have made and we always stress that our families find strength the majority of us don't know exists'. We owe it to ourselves as fundraisers to find and tell these stories and to do it well, because these are things to be proud of, these are things to drive our enthusiasm to do a job well. And of course there's hope in there for the donor, too.

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David Pastor, chief executive officer, Claire House.

Just as hope shifts for our families, so we can allow it to shift for donors too. That hope, that positivity, may not be evident at first. It is our job to show it and if that showing is a surprise, all the better. That's how a relationship between donor, beneficiary and fundraiser is built. That's how we can use a variety of emotions – sadness, anger, happiness, hope – to not only make sure that donors are not weighed down with emotion, but to help them gain a deeper understanding of what hospices are about. David Pastor, chief executive officer at Claire House gets it right when he suggests that fundraisers can be 'bringers of joy' – and to do that we need to see emotion as our ally, not our enemy.

Hope for donors

Donors need to know exactly how their support can help. They need to feel that emotion has not been used as a weapon but as a means of explaining something they might not have known before. The value of using stories in this way is that they are everywhere, in the everyday and can be adapted to a wide variety of donors.

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All donors are different, with different values, desires and reasons for donating. But most donors can be made to feel good if they have made a difference, been on an emotional journey and feel valued. If we take the emotion we see at a hospice, if we

are sensitive to donors' reactions, and leave them in a positive place, we need not fear emotion but can welcome it as the foundation of what we do, and of how, but also why, we do it. As Keith Wilson at Naomi House & Jackspace says, 'marketing IS emotion. If you don't succeed in making an emotional touch point, the audience will not act. But emotion is not limited to sadness. Pride is a great emotion to give a supporter'. By showing how we can help to make the patients at hospices feel as if they matter, we can help to make the donor feel like they matter too.

A story that resonates with at Helen & Douglas House is that of a young mother who came to us with cancer, for end-of-life care. She made a CD with our music therapist where she wrote and sang a song for her family. That CD is now in a memory box for each of them. This story is tragic, but within it lies compassion, dignity, something positive, and a way forward. The impact of making a donation to music therapy here doesn't need explaining.

Hope shifts not only for our patients, but for our donors. We need to give donors an honest glimpse into how they can help solve a problem for a seriously ill person, how they can give them a glimpse of hope or a feeling that they matter. We need to give them an emotional journey, simply and honestly told, to help them understand why a hospice contains a million emotions but above all is a place where hope can thrive in the most unexpected places, in its infinite forms. This hope is something that a donor can feel good about, if we keep telling them about it.

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Dr Suzi Attree is a corporate fundraising account manager at Helen & Douglas House, a children's and young adults' hospice in Oxford. She is a firm believer in the power of words and stories well told, the importance of emotions in how we make decisions and in really listening to what donors tell us - and what they don't say.