

'You Took me Back to the sea:' Using Narrative to Explore and Inform the Practice of Social Work with Dying People

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Abstract

This article centres on a qualitative interview extract, the 'Story of the Pebble', in which a West African Hospital Social Worker Ado, working in a UK context, and identifying as a Shaman, describes successfully trusting his instincts to create a symbol for a dying patient. Despite criticisms from colleagues, Ado's capacity to understand his patients needs are justified both before and after her death.

The article discusses significant themes from the interview extract, including the meaning of professionalism, practice wisdom and cultural influences in a UK social work context, as well as through Ado's heritage and identification as a Shaman. The article considers holistic patient care in a medical context and suggests this has some useful lessons for social workers, particularly those involved with dying people. Although the extract, and wider research study from which it is drawn, pre-date the Covid 19 pandemic, this is referenced throughout, linking the interview extract to ways of helping practitioners and educators to consider people holistically at end of life.

Keywords

loss, bereavement, grief, bereavement, hospital care, care, dying, death, helping professions, social work, helping professions, spirituality, religion

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Introduction

This article focusses on a narrative account, 'The Story of the Pebble,' drawn from a wider UK research study exploring social work students' experiences of bereavement and highlighting the need for further training and support within UK social work education (Turner and Price, 2021).

The article locates the extract within the wider narrative tradition (Polkinghorne, 1998) where interview extracts can be utilised to create "meaningful ... learning experiences" for 'members of a particular group' (Devine & Quinn, 2014, p. 273) thereby offering analytical depth rather than breadth.

Specific themes arising from the interview extract, are analysed within the paper, and linked to the original research study (Turner and Price, 2021) as a means of assisting those involved with social work practice and education to enhance their understanding of work with dying people and their families. Since the original research study from which the extract is drawn was completed, the Covid 19 pandemic has resulted in 4.2 million deaths worldwide (BBC, 2021) of which 130,000 have occurred in the UK, (Gov.UK, 2021), thereby locating death and bereavement firmly at the forefront of national consciousness and further emphasising the significance of findings from both the interview extract and the original research from which it is drawn.

Methodology

The research from which the interview extract is drawn, was a pilot collaboration between two English Higher Education Institutions, completed prior to the Covid 19 pandemic, between October 2018 and June 2019. The study, which was one of the first of its kind to specifically explore the bereavement experiences of social work students, focussed on how social work educators and practice supervisors could provide effective support to bereaved students, in order to enhance their own work with service users.

The study drew from previous research, which identified bereavement as one of the most common experiences to potentially challenge the well-being of social work students (Van Breda, 2017), indicating a need for further qualitative research in this area (McClatchey & King, 2015; Van Breda, 2017). The initial study, from which the interview extract is drawn, responded to these findings by utilising a psychosocial narrative methodology which allows for engagement with individual research participants as a "whole" person (Van Breda, 2017, p. 246). The methodology for the study followed the principles of the Biographic Narrative Interpretive method (Wengraf, 2011) and consisted of personal interviews, using a free association narrative method, invoked by a single opening question (Turner, 2014a, 2017; Hollway and Jefferson, 2000; Wengraf, 2011).

Narrative methodologies have received widespread criticism, most notably from Atkinson (1997) who questions their use in research, alongside their proliferation in social science. However, this article subscribes to Polkinghorne's definition of

narrative as “the primary form by which human experience is made meaningful” (1998, p. 1) and links this to contemporary grief theory where “meaning making” is identified as a primary task in mourning (Neimeyer, 1999). A narrative methodology is therefore very effective for a study involving personal experiences of bereavement, and it is within this wider context that the ‘Story of the Pebble’ was recounted. The extract itself can be constituted as a form of Matryoshka Doll, nesting within the wider research study (Turner and Price, 2021) and providing a further rich source of meaning making (Neimeyer, 1999; Winchester Nadeau, 2006).

The original research study was given ethical consent by the review boards at both participating institutions (Turner and Price, 2021) and participants were recruited either through the Social Work programmes, or via a snowballing technique. Names and locations have been altered within the paper, to comply with the ethical consent.

Within the original research study (Turner and Price, 2021), themes were identified using thematic analysis techniques (Braun & Clarke, 2006). Four main themes were classified and then analysed. The extract which forms the focus of this article was analysed using the same technique and four further themes were distinguished. Within this paper, these themes are discussed and linked to those within the original research study (Turner and Price, 2021), as well as to insights gained through experiences of the Covid 19 pandemic.

‘The Story of the Pebble’

The story of the pebble was told by Ado, who was working in a UK adult hospital setting at the time of the interview. The hospital is located in an area where the Black and Minority Ethnic (BAME) population is less than a quarter of the overall populace. This is significant within the interview extract, as Ado is West African, has a keen cultural interest in bereavement and also identifies as a Shaman. Ado became aware of the study through the Information sheets and asked to participate as he felt he had a valuable contribution to make. The entire interview lasted for almost two hours, during which Ado particularly wanted to include the story of the pebble:

‘I would like to share this...this lady, she was 84 years old and that was when I was doing my Assisted and Supported Year in Employment (ASYE), and she had the prognosis to die in three months. She had cancer but she was happy. I felt, I felt special about her, different from what I’ve seen from other people. And we sat there talking, she says she’s from S, but it’s been a very long time since she’s been to the sea, to the beach. I said ‘Oh, I go to the beach every day because I love the beach’ and she said that she’s going to her daughters to live, to die there and so I was arranging the care package, making it, organising the next of kin. Then the afternoon, I went to the beach, and I got up to look around and I saw this stone with a hole and then I thought about her. I found some dried seaweed, orange, purple, green, gold and then I put them together like a sculpture, an installation and I took a picture of it...and then I took to the ward, took it to her, and I gave it to her, she said ‘Thank you, you took me back to the sea,

thank you.’ Then I left. Then I told one of my colleagues and they said ‘No, this is unprofessional of you, ‘You shouldn’t do this’... So, when my manager came to me, he said ‘No we don’t allow this, you shouldn’t do this. No, no, no this is the first and last time you do this.’ I said ‘Okay, no problem, no problem. I’m happy with what I did. But thank you for your advice.’

Then, about six weeks later, they send me an email, saying that before their Mum died, she said she wants to be buried with the pebble, with the things I gave her. ‘And thank you so much’ that really helped their Mum. And it’s an email, so I send it to my manager, and then kind of start to think...because I can feel people, she cannot tell me to go and get a pebble, but this person is dying ...and she must have believed in the afterlife to be able to carry that, or for her to see that. And I feel that when the email came to me, it made me cry, made me feel like I trust my intuitions which sometimes doesn’t fit well with other people...because it’s what they cannot do. They cannot come to that point...’

Ado’s ‘story of the pebble’ reproduced here, forms a distinctive and discrete part of his wider research interview. With its parable-like quality the account resonates with Devine and Quinn’s (2014) definition of a micro narrative in offering lessons that are ‘uniquely relevant to members of a particular group.’ In the ‘story of the pebble,’ this group is primarily practitioners working with dying people and their families, although there are also lessons for social work practitioners in other settings and contexts. Using thematic analysis, the interview extract was distilled into four separate themes, each of which is relevant to social work with dying people and to the experience of Covid 19, and these four themes are also linked to the wider research study (Turner and Price, 2021).

Place

Perhaps the most significant theme of the interview extract is that of place. Ado specifically describes that the elderly patient is *‘from S, but it’s been a very long time since she’s been to the sea, to the beach.’* She knows that she is unlikely ever to see the beach again, since, as she tells Ado she is *‘going to her daughter’s to live, to die there.’* It is significant to the account that Ado describes her as going ‘to live, to die’ since his action in giving her the pebble is both a celebration of a place she has loved and a way of helping her to re-unite with this place at the end of her life.

Jack (2010) argues that the importance of place has been largely abandoned in the social work literature in favour of an emphasis on attachments to people. However, as Jack explores, many other professions and indeed artists, locate place attachment amongst one of the most meaningful of human experiences. Literature holds manifold examples of this, through powerful locations such as Manderley in Du Maurier’s *Rebecca* (2019), or Virginia Wolf’s *‘A room of one’s own’* (2014), which illustrate intensely the links between personal identity, ontological security and belonging. As

a further example of this, one of the first things we may ask a new acquaintance, in either our personal or professional lives, is ‘where are you from?’

In previous work (Turner, 2014a, 2014b) the link between place and death is also explored through the creation of memorial sites, for example the establishing of a bench, plaque, or the planting of a tree in a favourite location, where those who wish to remember the deceased person can visit and reflect. In *Brideshead Revisited*, a novel infused with place, the connection between memory and location is reaffirmed by the hero, Sebastian Flyte, who declares:

I should like to bury something precious, in every place I've been happy. And then when I was old, and ugly and miserable, I could come back, and dig it up, and remember (Waugh, 1981, p. 33).

Echoing this sense of place as providing both pilgrimage and transcendence, Jonsson and Walter (2017) discuss the spiritual and religious links between location and death. Heaven and Hell, for example, provide two distinct examples of settings that the dead may inhabit, if they are not condemned to purgatory, a third possible place after death. The frequently used phrase ‘final resting place’ also highlights the links between place and bereavement. However, notwithstanding the significance of place in literature and in memorialisation, for example ‘Ground Zero’ in the US, and Anne Frank’s house in the Netherlands, Jonsson and Walter (2017) argue that bereavement scholarship, like Jack’s description of social work, has remained largely free of place.

Ado’s story of the pebble however, effectively and movingly illustrates how places may have profoundly symbolic meanings for individuals, groups and cultures, with accompanying repercussions for their emotional welfare. The elderly patient described in the story thanks Ado for the pebble, saying, ‘*Thank you, you took me back to the sea, thank you*’ and it is this which helps her to die peacefully, thereby illustrating how identification with her environment, even through symbolic representation has profound implications for identity and wellbeing (Cuba & Hummon, 1993; Hay, 1998). Jonsson and Walter (2017) describe this symbolic link to place as an ‘embodied psychological space’ which connects the experience of location to an inner representation of meaning; a major task of mourning and acceptance (Neimeyer, 1999; Winchester Nadeau, 2006). The elderly patient in Ado’s story does not need to physically return to the sea to feel ‘taken back’. The pebble is enough.

In the wider research study from which this story is drawn, place was constituted much more materially through one of the main themes of ‘practicalities’ (Turner and Price, 2021). Students from different continents described the process of returning to their homelands for ritual grieving processes, which might last as long as 40 days, thereby creating financial and practical difficulties, as well as placing a potential strain on emotional wellbeing (Turner and Price, 2021).

Since the original study was completed, the Covid 19 pandemic has continued to transform many people’s relationship with place, as freedom of movement has been restricted by repeated lockdowns and social isolation. Devine -Wright et al. (2020)

argue accordingly that we have all been ‘re-placed’ through our mutual experiences of Covid 19 which has created a ‘fundamental shift in our relationships with place.’

Scott (2020) argues that this ‘re-placing’ has forced many of us to rethink our relationships with work and domestic spaces, as the boundaries between these were erased by repeated lockdowns. Perhaps one of the most significant consequences of this has been the rapid move to online and virtual places. In social work education, students and Lecturers alike found themselves rapidly propelled onto previously unknown and unexplored platforms (Turner, 2022) whilst in practice too, social workers were restricted to peering through windows and using platforms like WhatsApp to connect with users of services (Labuschagne et al., 2021). Likewise as Ersek et al. (2021) discuss, in hospital and care settings, successive UK lockdowns, rendered online platforms one of the only means of communicating with loved ones, whereas excessive demands on the National Health Service (NHS) in the UK, also severely impaired the capacity for practitioners to have ‘meaningful conversations’ with people facing the end of their lives (Pattison, 2020). In these circumstances, symbols similar to the pebble, described by Ado in the interview have been important resources in helping to connect dying people to both places and to significant others (Pattison, 2020).

Importantly, the story is also told to Ado within a place – a hospital setting which is part of the UK National Health Service (NHS), an institution culturally dominated by historical influences and hierarchical structures (Preston et al., 1996). Due to its symbolic place in the British consciousness (Preston et al., 1996), the NHS experiences very high expectations, together with practical demands, with the 2020 annual survey reporting higher than average levels of sickness absence amongst employees, compared to all other sectors in the UK (NHS Employers, 2022). Loss of control over work is recognised as a significant factor in stress reactions and therefore it seems possible that the place in which the story unfolds is an important factor in the initial reactions of Ado’s colleagues. Where work context is endemically stressful, Ado’s unwarranted actions may have been perceived as ‘too much’, by his colleagues, a common symptom of burnout (NHS Employers, 2022) which thereby may help to explain their defensive reactions.

Home

Nested within the broader theme of place within the story, is the meaning and concept of ‘home’ at end of life. In the wider research study (Turner and Price, 2021), the link between death, bereavement and home was highlighted materially, with students reporting practicalities such as ‘Having to sell the house, which has triggered having to rehome the animals.’ Other students described having to place bodies in storage until they could afford a burial in their home country (Turner and Price, 2021).

Attig (2011) suggests that death and bereavement require a fundamental reorientation within “lived space and lived time,”(p.117) with objects such as the pebble helping to highlight the significance of particular places within our life histories.

For the elderly patient in the story, who knows she is dying, the pebble 'takes her back to the sea' uniting past and present and helping her to face the future, exactly as Attig suggests. This is perhaps particularly significant as she does not die at home which is most people's wish (Collier et al., 2015) but is discharged from hospital to her daughter's home, rather than her own. The pebble connects her to an inner sense of home which Walsh (2006) describes as being both material and immaterial but typified by a sense of belonging.

Walsh's description is echoed by Collier et al. (2015) in their discussion of the meaning of home at end of life:

Home is a dynamic concept for people nearing the end of life and is concerned with expression of social and cultural identity including symbolic and affective connections, as opposed to being merely a physical dwelling place or street address (p. 700).

Williams (2013) describes the meaning of home at end of life as acting in a protective capacity, a characteristic which is clearly endorsed within the narrative. When the patient dies, the family email Ado, telling him *'thank you so much' and that he 'really helped their Mum.'* The email seems to suggest that she was able to die in peace because somehow the pebble, which she took with her into death, helped return her to an inner sense of home (Attig, 2011, p. 118).

Continuing Bonds

Klass (2018, p. xiii) describe maintaining bonds with deceased people as playing "a positive part in the 'ongoing lives' of survivors". In the story, this can be seen in the family's email to Ado, which moves the story from the immediacy of the pebble and the hospital Ward, into a new symbolic role of helping to support the patient's family in their grief. Although the physical artefact of the pebble is placed in the casket with their mother, its symbolic role in taking her 'back to the sea' has also created a specific place for them to visit, where, as Jonsson and Walter (2017) describe, they can feel her presence, rendering this a place of memorial.

Attig (2011) highlights the importance of memorial sites in countering the feelings of being 'dislodged, uprooted [and] estranged' by grief. Having a physical location to visit, as Attig suggests can help mourners to remember the deceased and recover feelings of safety and security.

For many mourners this physical location is provided by decisions about where to scatter ashes. In previous work (Turner, 2014a, 2014b) Laurie, describes in detail the family's discussion about where to scatter the ashes of her young son, which is guided by his surviving brother:

"So, the scattering of the ashes was very important, and we still have some and we haven't chosen the last place yet. We've picked 3 places individually and 3 very different places" (p.94)

The 'three very different places' all of which were significant for the young boy who died, provide the family with a continuing bond with somewhere he loved, and which will continue to be significant for them as they learn to come to terms with his death.

Winchester Nadeau (2006, p. 216) discusses the use of metaphor as a means of facilitating continuing bonds after death, linking this to the creation of meaning for both dying people and those that are bereaved by their deaths:

A major task, if not the central task, for people who have lost significant others to death is to make sense of what has occurred and, in the process, to construct a new reality. People commonly use metaphors to help them describe their experience of loss and to imagine themselves into the future.

Ado's construction of the pebble sculpture and the story he tells about this, reflect both Winchester Nadeau's discussion, as well as Laurie's description of scattering the ashes. Both accounts help to create enduring metaphors which assist bereaved people to articulate their experience of loss and perhaps most importantly, as Winchester Nadeau suggests, to 'imagine themselves into the future' (2006, p. 216).

Spirituality

Holloway and Taplin (2013) locates spirituality as part of the core business of social work, although she describes both 'inhibition and resistance' to this within UK social work, thereby offering another potential explanation for the reactions of Ado's colleagues.

The concept of holistic care, which includes a consideration of spirituality, is generally more embedded within UK health services, than within UK Social Work practice. Holistic care has been associated with improved outcomes (Jasemi et al., 2017), causing Filej & Kaucic (2013) to describe it as the 'heart of the science of nursing.' Defining holistic care, Jasemi et al. (2017) suggest that during difficult life events such as illness there is a complex interplay of spiritual, social and cultural needs which should be fully addressed in order to avoid adverse impacts on wellbeing and prognosis. This blend of spiritual, social and cultural needs can be clearly seen within Ado's 'story of the pebble.' The object is created in response to both a cultural and spiritual need – in this case the patient's dying wish to be somehow returned to the sea. Ado also draws from his own cultural background and his identification as a Shaman to create the object and invest it with meaning, thereby as Jasemi et al. (2017) describe, restoring a balance to the patient's life which consequently helps her to die peacefully. Significantly although Ado is a hospital social worker at the time the events take place, there is still little apparent regard for the holistic care of this patient which highlights debates in the literature. For example, McEvoy and Duffy (2008), suggests that the concept of holistic care is unspecialised and wastes staff time in un-evidenced interventions. This may also explain some of Ado's colleagues' reactions, given the hospital setting. However, rather than dismiss the

concept, Jasemi et al. (2017) argue for a clearer definition and study of holistic care in order that the evidence base can be strengthened, particularly with regard to the efficacy of spirituality which may difficult to define scientifically.

Spiritual factors were a strong theme within the original research study, from which the 'story of the pebble' extract is drawn, with many students describing drawing their support from their faith (Turner and Price, 2021). The story of the pebble is infused with a strong sense of spirituality, not least because Ado himself identifies as a Shaman and specifically mentions the concept of an 'after-life.'

Shamanism as a practice within social work is still poorly researched and understood. Over thirty years ago, Canda (1983) argued for shamanism's relevance to trans cultural social work practices despite the 'intolerance' of Western trained professionals to models that could not be readily measured within their own paradigm, thereby echoing contemporary debates on holistic practices.

Shamanism is one of the oldest and most widespread therapeutic approaches in the world (Canda, 1983). It is not a single religion or belief system but rather the intervention of a mystical and sacred person, the shaman who uses their sacred powers to promote healing (Canda, 1983). Whilst definitions of shamanism vary, they all share in common the implementation of specific rituals to educe transcendental states capable of promoting increased self-awareness and healing (Winkelman, 2009).

Meuche (2015) suggests that shamanism is able to play an essential role in end of life social work, as it collapses the traditional boundaries between practitioner and patient, enabling both to surrender to a 'power that does not belong to them but 'which simply allows 'everything to be.' By honouring this shamanic way, Meuche argues that social work practitioners are enabled to 'open the door for the patient thereby creating a path which allows for the creation of a much deeper and more profound relationship.

Walter (2017) suggests that shamans also play an important role in preventing the dead from harming the living. Drawing from Chinese cultural rituals, Walter describes how each individual death may produce a harmful spirit who must therefore be tamed. Shamans facilitate exchanges of rituals and gifts which pacify the dead and help to keep their restless spirits at bay (Walter, 2017).

These elements of a shamanistic approach are all evident in Ado's interview where he states, *'I can feel people, she cannot tell me to go and get a pebble, but this person is dying ... when the email came to me, it made me cry, made me feel like I trust my intuitions which sometimes doesn't fit well with other people...because it's what they cannot do. They cannot come to that point...'*

Ado is able to 'come to that point' because his identification with Shamanistic practices allows him to step outside of his own role and enter fully into the world of his patient. In doing so he creates a gift which the patient takes with her to death, thereby calming her spirit. Echoing this through a different lens, Beyers et al. (2017) recommend a 'Soul perspective' when working with dying people. This is constituted as the capacity to walk alongside bereaved people and those at the end of life so that the relationship is built not by 'knowledge and expertise' but through a dialogical

engagement with loss, death, and illness, thereby creating the conditions to ‘begin a conversation with soul.’

This ‘soul perspective’ is clearly demonstrated by Ado in the story as he says himself *‘she cannot tell me to go and get a pebble, but this person is dying ... I trust my intuitions’*

Professionalism

Despite his ability to utilise shamanistic practices and to trust his intuition, Ado’s successful capacity to ‘walk alongside his patient’ creates conflict with his manager who tells him *‘No we don’t allow this, you shouldn’t do this. No, no, no this is the first and last time you do this.’*

Preston et al. (1996, p. 344) suggest that NHS culture is built on a set of ‘symbolic relationships’ based on professional roles and tasks, central to which is the role of management. Since Ado is expected to focus on care planning and the timely discharge of patients, his unwarranted actions could be interpreted as breaching these ‘symbolic relationships’ and most notably the hierarchy of management. However, in addition to his manager, another colleague describes Ado’s actions as *‘unprofessional,’* creating even further implications for the meaning of professionalism within this context.

The international definition of Social work describes it as a ‘practice-based profession,’ and both ‘professionalism’ and ‘professional leadership’ constitute key domains’ of the Professional Capabilities Framework (BASW, 2021). Additionally, as a ‘protected title’, social worker implies high levels of professionalism.

However, Selman (2021) argues that working with death and bereavement breaks down professional barriers since it is a universal experience and therefore one which shares a common vulnerability. Echoing Ado’s actions in the interview, Selman suggests that practitioners involved with dying people should be ‘meeting the patient as a person, but also crucially bringing our own person with us.’ However, this can be confusing, or even frightening for health and social work practitioners trained in maintaining rigid professional boundaries or burdened by bureaucracy and excessive managerialist outputs.

Discussing the concept of professional boundaries, Liljegen (2012) suggests that these can be created to claim territory and to exclude others, which may also help to explain the reactions of Ado’s colleagues :

“the processes in which professions and professionals are involved can be understood in terms of boundaries and boundary work...in this framework, professions create, maintain and breakdown boundaries in order to separate ‘us’ from them, and to keep others out of areas of claimed professional turf” (p.297).

This splitting of the ‘us’ from the ‘them’ can also be seen in Menzies Lyth’s seminal work on defences within a hospital setting (1959) where the establishment of rigid hierarchies, together with fixed tasks and routines acted as a similar means of splitting,

thereby guarding against the anxieties of working alongside dying patients. What is lost within these defensive actions is the opportunity for individual growth and creativity (Menzies Lyth, 1959) illustrated by Ado whose action in creating and offering the pebble to the patient is immediately deemed 'unprofessional' by his colleague, with his manager telling him never to repeat this. Echoing Preston et al.'s concept of 'symbolic relationships' within the NHS (1996) and Menzies Lyth's classic study on hospitals, Weiss -gal (p. 282) also suggests that occupations establish and maintain these dominant norms as a way of defending against the other. In this case it seems possible that Ado's identification as a Shaman and his African heritage had permitted him to step outside of more traditional professional boundaries in order to 'walk alongside' (Beyers et al., 2017) his patient, an act which both transgresses and de-stabilises the defensive working practices of the team and creates a dramatic reaction from his manager. When Ado receives the email from the patient's family, one of his first actions is to 'send it to my manager' and within the interview he emphasises 'I'm happy with what I did', despite the critical reactions to his actions.

Discussion

The wider research study from which 'the story of the pebble' is drawn, made some specific recommendations for social work education and practice. Firstly, the study found that social work staff would benefit from specific training in understanding the possible effects and impacts of death and bereavement, a recommendation that has been endorsed by experiences during the Covid 19 pandemic. Secondly, the study recommended that training on cultural differences inherent within death and mourning practices, be integrated as part of the social work curriculum. The story discussed within this paper further supports both of these key findings, highlighting the importance of culture, understanding, and appropriate support in social work with dying people.

Covid 19, has underscored the importance of social work educators and practitioners gaining a greater understanding of cultural diversity in mourning rituals (Turner, 2021). For example, as Jonsson and Walter (2017) explore in their discussion of continuing bonds, where western European funerals' and bereavement rites often seek to contain and close down grief, other cultures have recognised the importance of symbol and artefact in helping both the living and the dead to interact beyond the death itself. In the interview Ado, perhaps because of his West African heritage and identification as a Shaman is able to utilise the pebble as a continuing bond between life and death, to bring peace to his dying patient who takes it with her, as well as providing comfort for her surviving family. Significantly however, Ado's actions draw negative reactions from both his manager and a colleague, thereby emphasizing the constraints of 'professionalism' in social work with dying people. Ado's actions are vindicated when the family email to thank him and it is clear that his ability to adopt a 'soul perspective' with his patient has brought peace and resolution.

Covid 19 has also sharply emphasised pre-existing inequalities, particularly for the most vulnerable in society, who are so often the users of social work services (Turner, 2021). As a 'practice-based profession' the international definition of social work, invites all practitioners to further social change and development, social cohesion, and the empowerment and liberation of people, alongside respect for diversities. In his response to his patient, Ado embraces this definition, responding to his patient's needs, bringing his unique knowledge and thereby both empowering and liberating her to die peacefully, as well as helping to support her surviving family.

Scott (2020) argues that Covid 19 has also afforded practitioners further opportunities to rethink attitudes and practices in the wake of the pandemic, so that the 'new normal' does not repeat the mistakes of the past. Drawing from the story of the pebble, a new normal in work with dying people might include a re-thinking of 'professionalism' to include the 'soul perspective' which Ado intuitively brings to his work and which Beyers et al. (2017) argue is now so vital for professional teams 'in a society in which soul work and meaning-making have been and remain marginalised.' However, the losses incurred by Covid 19 have been manifold and stretch beyond death into loss of work, identity and connection. As Marris (1993) argues in his seminal work on loss and change, grief theory can be applied to these wider losses in order to recover and restore meaning to life (Turner, 2021).

Corradi Fiumara (1990) suggests that central to helping grieving people is the concept of '*Dialogical listening*' which requires "that we dwell with, abide by, whatever we try to know; that we aim at coexistence-with, rather than knowledge-of" (p.15). Alongside listening, *dialogical telling*, requires respecting the voices of dying people and believing that they have something meaningful to say. These concepts resonate with social work values which call upon global practitioners to engage 'people and structures to address life challenges and enhance wellbeing.' In the interview Ado can be seen to embody these values and to embrace both dialogical listening and telling as he transcends restrictive notions of professionalism and *trusts his 'intuitions which sometimes doesn't fit well with other people'* thereby helping the dying patient and her family to find peace at the end of her life.

Conclusion

This article has utilised an extract from a qualitative interview which formed part of wider research study focussing on social work students' experience of grief and bereavement (Turner and Price, 2021). The article compares the extract with 'micro narrative' which Devine & Quinn (2014) describe as "stories that are uniquely relevant to members of a particular group,' applicable in creating 'meaningful ... learning experiences'" (p.273). Whilst the story is only a small fragment of a longer research interview, and therefore limited, the article argues that it nevertheless contains meaningful lessons for social work with dying people and their families. Key amongst these is the need for integrating, creative, diverse perspectives and for re-thinking the meaning of 'professionalism' at end of life, particularly against the backdrop of

Covid 19. In the story of the pebble, Ado is able to trust his instincts and create a meaningful symbol for the dying patient, which takes her 'back to the sea' and with which she subsequently asks to be buried. Despite negative reactions from his team Ado trusts his instincts and remains content with his actions, which are later vindicated when he receives an email from the patient's family following her death. The article argues that cultural influences are crucial considerations in the story as it is Ado's heritage and identification as a Shaman that give him the confidence to contravene received notions of professionalism and harness the potential of symbol in his work with this dying patient. Incorporating spirituality into practice is also a crucial element of a holistic model of care, which could usefully be explored in relation to social work practice (Jasemi et al., 2017).

Although the interview extract and wider research study from which it is drawn pre-date Covid 19, the article also suggests that the pandemic has amplified the importance of its message. As Selman (2021) argues, the Covid-19 pandemic has highlighted the importance of good end of life care, particularly where numbers have been limited at funerals and loved ones have been unable to say final farewells in person. The mental health toll of this is now well recognised (Selman, 2021) and the article suggests that to help counter this moving forward, the story of the pebble has much to offer in helping social work practitioners and educators to consider people holistically, as well as countering bureaucratic definitions of professionalism by incorporating symbol, metaphor and diverse conventions into social work education and practice.


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References

- Atkinson, A. (1997). Narrative turn or blind alley? *Qualitative Health Research*, 7(3), 325–344. <https://doi.org/10.1177/104973239700700302>
- Attig, T. (2011). *How we grieve: Relearning the world*. Oxford University Press.
- BASW (2021). Professional Capabilities Framework. <https://www.basw.co.uk/social-work-training/professional-capabilities-framework-pcf>
- BBC News (2021). Covid map: Coronavirus cases, deaths, vaccinations by country. <https://www.bbc.co.uk/news/world-51235105>

- Beyers, J., Rallison, L., & West, C. (2017). Dialogical space in grief work: Integrating the alterity of loss. *Death Studies, 41*(7), 427–435. <https://doi.org/10.1080/07481187.2017.1288666>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Canda, E. R. (1983). General implications of shamanism for clinical social work. *International Social Work, 26*(4), 14–22. <https://doi.org/10.1177/002087288302600403>
- Collier, A., Phillips, J., & Ledema, R. (2015). The meaning of home at the end of life: A video-reflexive ethnography study. *Palliative Medicine, 29*(8), 695–702. <https://doi.org/10.1177/0269216315575677>
- Cuba, L., & Hummon, D. M. (1993). Constructing a sense of home: Place affiliation and migration across the life cycle. *Sociological Forum, 8*, 547–572. <https://doi.org/10.1007/BF01115211>
- Devine, A., & Quinn, T. A. (2014). Teaching and Transformation through stories: An exploration of Macro-and Micro-Narratives as Teaching Tools, *The Reference Librarian, 273*–288.
- Devine-Wright, P., LaísPinto de Carvalho, A., Di Masso, A., MariaLewicka, L., & Manzo, R. (2020). Re-placed - reconsidering relationships with place and lessons from a pandemic. *Journal of Environmental Psychology, 72*. <https://doi.org/10.1016/j.jenvp.2020.101514>
- Du Maurier, D. (2019). Rebecca, Virago Modern Classics, London, UK.
- Ersek, M., Smith, D., Griffin, H., Carpenter, J. G., Feder, S. L., Shreve, S. T., Nelson, F. X., Kinder, D., Thorpe, J. M., & Kutney-Lee, A. (2021). End-Of-Life care in the time of COVID-19: Communication matters more than ever. *Journal of Pain and Symptom Management, 62*(2), 213–222. <https://doi.org/10.1016/j.jpainsymman.2020.12.024>
- Filej, B., & Kaucic, B. M. (2013). Holistic nursing practice. *South East European Health Science Journal, 3*, 1–7.
- Fiumara, G. C. (1990). *The other side of language: A philosophy of listening*. (C. Lambert, trans.). Taylor & Frances/Routledge.
- Gov.uk (2021). Deaths in the United Kingdom. <https://coronavirus.data.gov.uk/details/deaths>
- Hay, R. B. (1998). Sense of place in developmental context. *Journal of Environmental Psychology, 18*(1), 5–29. <https://doi.org/10.1006/jevp.1997.0060>
- Hollway, M., & Taplin, S. (2013). Editorial. *British Journal of Social Work, 43*(2), 203–2015. <https://doi.org/10.1093/bjsw/bct029>
- Hollway, W., & Jefferson, T. (2000). *Doing qualitative research differently*. Sage.
- Jack, G. (2010). Place matters: The significance of place attachments for children's well-being. *The British Journal of Social Work, 40*(3), 755–771. <https://doi.org/10.1093/bjsw/bcn142>
- Jasemi, M., Valizadeh, L., Zamanzadeh, V., & Keogh, B. (2017). A concept analysis of holistic care by hybrid model. *Indian Journal of Palliative Care, 23*(1), 71–80. <https://doi.org/10.4103/0973-1075.197960>
- Jonsson, A., & Walter, T. (2017). Continuing bonds and place. *Death Studies, 41*(7), 406–415. <https://doi.org/10.1080/07481187.2017.1286412>
- Klass, D. (2018). *Continuing bonds in bereavement: New directions for research and practice*. Routledge.
- Labuschagne, N., Hadridge, G., Vanderbijl, L., Jones, S., & Geater, E. (2021). Protecting children during the pandemic. In Chapter 2 in Turner, D. (Ed.), *Social work and COVID 19: Lessons for education and practice* (pp. 15–23). UK: Critical Publishing.
- Liljegren, A. (2012). Pragmatic professionalism: Micro-level discourse in social work. *European Journal of Social Work, 15*(3), 295–312. <https://doi.org/10.1080/13691457.2010.543888>

- Marris, P. (1993). *Loss and change*. Routledge.
- McClatchey, I., & King, S. (2015). The impact of death education on fear of death and death anxiety among human services students. *Omega*, 71(4), 343–361. <https://doi.org/10.1177/0030222815572606>
- McEvoy, L., & Duffy, A. (2008). Holistic practice – A concept analysis. *Nurse Education in Practice*, 8, 412–419. <https://doi.org/10.1016/j.nepr.2008.02.002>
- Menzies-Lyth, I. (1959). The functioning of social systems as a defence against anxiety'. *Human Relations*, 13, 95–121. <https://doi.org/10.1177/001872676001300201>
- Meuche, G. (2015). Embracing the oneness of all things: A personal reflection on the implications of shamanism for social work practice in end-of-life and palliative care. *Journal of Social Work in End-of-Life & Palliative Care*, 11(1), 3–5. <https://doi.org/10.1080/15524256.2015.1021068>
- Neimeyer, R. (1999). Narrative strategies in grief therapy. *Journal of Constructivist Psychology*, 12(1), 66–85. <https://doi.org/10.1080/107205399266226>
- NHS Employers (2022). Supporting our NHS people experiencing stress. Available at: <https://www.nhsemployers.org/articles/supporting-our-nhs-people-experiencing-stress>
- Pattison, N. (2020). End-of-life decisions and care in the midst of a global coronavirus (COVID-19) pandemic. *Intensive & Critical Care Nursing*, 58. <https://doi.org/10.1016/j.iccn.2020.102862>
- Polkinghorne, D. (1998). *Narrative knowing and the human sciences*. SUNY Press.
- Preston, D., Smith, A., Buchanan, D., & Jordan, S. (1996). Symbols of the NHS: Understanding the culture and communication processes of a general hospital. *Management Learning*, 27(3), 343–357. <https://doi.org/10.1177/1350507696273004>
- Scott, M. (2020). COVID-19, place-making and health. *Planning Theory & Practice*, 21(3), 343–348. <https://doi.org/10.1080/14649357.2020.1781445>
- Selman, L. (2021). COVID grief has cracked us open: How clinicians respond could reshape attitudes to bereavement. *BMJ*, 374, n1803. <https://www.bmj.com/content/374/bmj.n1803.short>
- Turner, D. (2014a). *Telling the story: What can be learned from parent's experience of the professional response following the sudden, unexpected death of a child?* (PhD thesis), University of Sussex, UK. Available at: <http://sro.sussex.ac.uk/50402/>
- Turner, D. (2014b) 'Memories are made of this': personal reflections on the creation and maintenance of memorials and mementoes. *Bereavement Care*, 33(3), 92–96.
- Turner, D. (2017). *Perspectives on the experience of sudden, unexpected child death: The very worst thing?* London, UK: Palgrave MacMillan.
- Turner, D. (Ed.) (2021). *Social work and Covid 19: Lessons for education and practice*. Critical Publishing.
- Turner, D. (2022) 'I am not a cat': Digital capabilities and Covid-19, Chapter 5 in D. Turner, & M. Fanner (Eds.), *Digital connection in health and social work: Perspectives from Covid-19*. UK: Critical Publishing.
- Turner, D., & Price, M. (2021). 'Resilient when it comes to death': Exploring the significance of bereavement for the well-being of social work students. *Qualitative Social Work*, 20(5), 1339–1355.
- Van Breda, A. (2017). Students are humans too: Psychosocial vulnerability of first-year students at the university of johannesburg. *South African Journal of Higher Education*, 31(5), 246–262. <https://doi.org/10.20853/31-5-1567>
- Walsh, K. (2006). British Expatriate belongings: Mobile homes and transnational homing. *Home Cultures*, 3(2), 123–144. <https://doi.org/10.2752/174063106778053183>

- Walter, T. (2017). How the dead survive: Ancestor, immortality, memory. In M. H. Jacobsen (Ed.), *Postmortal society* (pp. 19–39). Routledge.
- Waugh, E. (1981). *Brideshead revisited*. Penguin.
- Wengraf, T. (2011). BNIM short guide bound with the BNIM Detailed manual. tom@tomwengraf.com.
- Williams, A. (2013). Shaping the practice of home care: Critical case studies of the significance of the meaning of home. *International Journal of Palliative Nursing*, 10(7), 333–342. <https://doi.org/10.12968/ijpn.2004.10.7.14575>
- Winchester Nadeau, J. (2006). Metaphorically speaking: The use of metaphors in grief therapy. *Illness, Crisis and Loss*, 14(3), 201–221. <https://doi.org/10.1177/105413730601400301>
- Winkelman, M. (2009). Shamanism and the Origins of Spirituality and Ritual Healing” Available via ResearchGate. https://www.researchgate.net/profile/Michael-Winkelman/publication/332109634_Shamanism_and_the_Origins_of_Spirituality_and_Ritual_Healing/links/5ca15e18a6fdccd46047ee90/Shamanism-and-the-Origins-of-Spirituality-and-Ritual-Healing.pdf. Accessed, September 2021
- Woolf, V. (2014). *A Room of One’s Own*, Penguin Modern Classics, London, UK.

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