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Social Worker's Experiences in a Case of Client's Death in the Context of Wellbeing

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Abstract. *The article analyzes the reactions of social workers after losing contact with the client, the psychological and spiritual experiences of the meaning of life and death, and the impact of the loss on the social worker's life and wellbeing. The results of the research on the emotional distress of social workers after experiencing the client's death are presented. The obtained results show that social workers confronted with the death experience similar reactions and emotional distress: shock, anxiety, guilt, self-loathing, concern, pity, sadness, helplessness, yearning, peace. Analyzing the data, the amplitude of the emotions experienced by social workers is compared with the ones most frequently presented in scientific sources, while the metaphors used in the informants' stories are associated with intense emotional experiences and significance of the feelings experienced by social workers during the first reaction to the client loss. The social workers' ability to act in difficult situations is presented. It includes planning, organization, cooperation and managerial skills in organizing funerals, knowledge in providing psychological support. The study has revealed that, according to the meaning reconstruction concept, the consistency of the person's system of meanings is disrupted by the loss, and in trying to find meaning in the loss, the grieving person discovers other experiences.*

Key words: *social worker, wellbeing, client, death, experiences.*

Introduction

Relevance of the topic. Death is a law of nature and an inevitable stage that everyone will have to overcome; therefore, due to the natural human phenomenon, the topic of death is important for every person (Butkutė, 2022). Most often, end-of-life research, policy

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and practice prioritize the dying person and leave those experiencing bereavement in the background (Borgstrom et al., 2019).

The conducted studies show that 85.1 percent of persons from other European countries have lost a family member and 19.6 percent of individuals experienced the death of the loved one in the last few years. Therefore, it is natural that bereaved persons experience mourning, which, although differs in its expression and strength, distinguishes itself by psychological reactions among many bereaved persons (Stroebe et al., 2016; Gegieckaitė, 2021).

The complexity of the professional activity of social work leads to the highest risk of occupational stress; therefore, it also affects the quality of life and wellbeing. The experienced emotions and feelings, the real perception of death and the discovery of meaning make up the whole of responses to human death (Dirgėlienė, 2010; Lemme, 2003). In social work, constantly changing situations and little control over their end, duration and consequences, including the death process, too, affect not only the dying person and his or her loved ones but also social workers. Social workers and other service providers go through various experiences when dealing with a dying client (Alifanovienė et al., 2012). The spiritual pain experienced along with the loss and feelings that have not been properly experienced cause physical and mental illnesses, loss of identity and psychological trauma (Kučinskienė and Oželis, 2020).

Grief and bereavement issues and their recognition are identified as one of the core skills in social work practice. Research and applications of the grief and loss theory, the topics of bereavement and death have received insufficient scientific attention. The concepts of grief and bereavement are discussed in relation to losses other than death and dying. Therefore, when analyzing historical and contemporary theories of grief and bereavement, there is a need for a theoretically broader approach to the loss and grief, which is relevant to social work practice and its framework (Goldsworthy, 2005).

A psychosocial approach to bereaved individuals increases awareness of this problem, and the humane assistance provided during mourning influences the quality of provided services and care as well as has a high preventive value for the health and social wellbeing of many people (Šeškevičius, 2013; Özel and Özkan, 2020).

In Lithuania, the experience of nurses and loved ones who have faced death is widely investigated, but there are no articles presenting exhaustive scientific analysis on the experiences lived by social workers in the event of the client's death, whereas such suffering is comprehensively discussed by foreign authors (Reith and Payne, 2009; Ellis and Patel, 2012; Quinn-Lee et al., 2014; DiBello, 2015; Clark, 2018; etc.).

There are not many such research in Lithuanian. Petružytė and Skubiejūtė (2016) studied suffering of social workers working with children ill with oncological diseases and their families. Klimaitė (2014) examined the system of meanings in the case of loss.

The actualization of the social worker's experiences after the client's death reveals that the social worker is not only a professional but also a person with feelings that cannot be controlled, including those associated with the loss of clients. In such situations,

social workers do everything possible to help others but do not always receive help for themselves. The client's death is to be related to the social worker's clinical skills, the ability not only to provide assistance to others but also to identify and respond to personal needs.

Research problem. Often, in the case of the client's death, the social worker focuses on how to help loved ones cope with negative emotions, but neglects his or her own mental state after negative feelings. All of it influence social workers' social wellbeing and mental health, the development of occupational burnout, which can affect the quality of the provided service.

The research object is experiences in the case of death.

The purpose of the research is to reveal the social worker's experiences in the case of the client's death in the context of social wellbeing.

Social work with dying clients and their bereavement

Health care and social services providers in hospitals frequently encounter dying people and their bereaved relatives (Boven et al., 2022).

According to Raudeliūnaitė and Buškevičiūtė (2014), social work in the medical institution is a new phenomenon in Lithuania. Social workers encounter a wide range of problems and unresolved issues. As stated by Kiaunytė and Žadeikytė (2017), due to the recency of the social work practice with terminally ill patients in Lithuania, there are not many studies, but the authors (2017) note that the global social work practice in the health care system is a common professional activity.

Koenig (1973) identified dependence, isolation, physical and spiritual pain and the fear of being left with problems that are sometimes more threatening and larger than the impending death as the main concerns of the dying person. Understanding the importance of these factors, according to Koenig, can improve the dying patient's interaction with the doctor, nurse, family, social worker and others and his or her wellbeing. Therefore, according to the author: "... the question that should concern us is not how long a patient shall live, but: What level of well-being is compatible with continued life?" (Koenig, 1973).

A holistic approach to health recognizes close interconnectedness of the individual's physical, mental and social condition, accompanied by physical, psychological and social problems, which are tackled in a complex manner by mobilizing a team (Raudeliūnaitė & Buškevičiūtė, 2014). The emergence and the need for social workers in medical institutions has already been assessed by both patients and medical staff, but the peculiar attitude of patients and medical staff towards the activities of social workers and the complexity of their work still remain a relevant issue (Vaicekauskienė and Jankūnienė, 2009; Quinn-Lee and et al., 2014). According to Poss (1981), social services in the health care institution, like many other services, include a whole of knowledge, attitudes and skills, which is developed by providing care, counselling, attending professional

development programs, seminars, case conferences, improving one's skills. Discussing the social worker's direct or clinical work, the author (1981) named the social worker's functions: maintaining open communication with the patient at the end of his / her life, ensuring the patient's separation from human relationships, providing support to the family in helping to come to terms with the impending loss as well as teamwork and cooperation with medical staff. Poss (1981) assumes that the patient will only come to terms with death when the family accepts the impending separation.

Reith and Payne (2009) focus on practice interventions while promoting open communication and qualified interpersonal practice that help the dying individuals, their families and carers (Reith and Payne, 2009). Raudeliūnaitė and Buškevičiūtė (2014) present that encouragement of loved ones to cooperate and participate in the treatment process is aimed at reducing grief, confusion and anxiety. Such cooperation improves interrelationships, family members feel that they are able to overcome the disease or to come to terms with it. After reviewing sociological and psychological ideas of death and bereavement, Reith and Payne (2009) include spiritual care, practice of various professions and ethical dilemmas that social workers may face when working in palliative care. According to the authors, reactions to death and bereavements help develop practice skills. The following important peculiarities are distinguished: the importance of the role of social work in palliative care, firm knowledge of social work practice with the dying as well as of social, psychological and emotional processes (Reith and Payne, 2009).

In addition to the listed peculiarities of activities such as excessive workload, limited dissemination of information about the services provided by social workers, insufficient appreciation of social work in health care institutions, Raudeliūnaitė and Buškevičiūtė (2014) named relevant problems, namely, the risk of the burnout syndrome due to multiple stress in daily activities, difficult to solve issues, oncological diseases. An analogous problem was also identified by Quinn-Lee et al. (2014). According to researchers (2014), work with dying patients and with their families affects social workers' psychological health, anxiety and job burnout, which in turn can have a negative impact on their quality of life and the quality of care provided. As factors contributing to the burnout syndrome, Quinn-Lee et al. (2014) accentuate high workload characterized by hard cases, the number of admissions and deaths, and insufficient assistance.

According to the authors (Raudeliūnaitė and Buškevičiūtė, 2014), professional and personal shocks require emotional preparation and certain work strategies. Meanwhile, Quinn-Lee et al. (2014) also state that the development of strategies to reduce the impact of death-related anxiety and burnout on hospice professionals could help retain competent, experienced hospice social workers, which would benefit both patients and their families. At the same time, the authors emphasize the importance of provided qualified care throughout the whole process (Quinn-Lee et al., 2014).

The discussed aspects of social work with dying clients allow us to state that social workers' experience of losing the client affects both the psychological state and wellbeing.

Research sample and participants

The research was conducted employing purposive sampling, which can provide valuable information about the peculiarities, criteria, cases, and professional experience of a specific group (Hennink, Hutter, Bailey, 2020; Patton, 2002; Belotto, 2018).

The research involved 6 social workers who met *the main sampling criterion* – experienced the client's death case in their professional activities (1 social worker, working with families experiencing difficulties in the eldership, survived the death of a child in the family; 1 social worker, volunteering in the oncology department of a children's hospital, survived children's losses; 1 social worker of a children's care home, who experienced the death of a 16-year-old learner; 1 social worker, providing daily social care at a person's home, experienced the death of an elderly client; 1 social worker, providing social day care in a person's home, experienced the client's death; 1 social worker, who works with families experiencing difficulties, whose children have been placed in temporary care, experienced the client's suicide).

The research topic aims to reveal the social worker's reactions and negative emotions after experiencing death cases of various client groups; therefore, there are no special requirements for informants regarding their age, work experience, client group, and the form of death. All social workers who took part in the research had acquired higher education: 2 – university higher education, 3 – college higher education, 1 – upper secondary education (34–53 years old, average age is 46.5 years).

Research ethics

The research was conducted following the ethical principles of justice, confidentiality, informativeness, beneficence. The participants were introduced to the topic of the study, informed that personal information would be published in the study in summary form; the participants' names were coded with a letter and number; after transcribing, the recordings of the interviews of the study participants were deleted for data protection reasons. The principle of beneficence was grounded on mutual respect between the researcher and the subjects and on the benevolent nature of communication and cooperation.

Research methods

The data were collected employing a qualitative research method, the constructs of which focus on the natural environment and the attitudes of research participants, examine meanings and interpretations (Belotto, 2018).

The research data were analyzed based on the thematic analysis. The nature of the thematic analysis allows us to understand participants' perception and experience, their feelings and emotions, perception of the meaning and finality of life in the event of the client's death (Belotto, 2018).

The research data were collected applying a semistructured individual interview and a written survey, using six main questions in a predetermined sequence in order to obtain answers to the same questions. The questions included the stages of reactions to the loss, their intensity, thoughts, feelings, coping methods, opportunities for personal growth. Conclusions appropriate to the topic of the paper are presented.

Analysis of research results

The analysis of the data involved identification and discussion of themes that shed light on the experiences lived through in the event of the client's death. The aim was to find out the social worker's response after losing the bond with the client, psychological and spiritual experiences related to the meaning of life and death, and the impact of loss on the social worker's wellbeing.

The first theme reveals the social worker's experiences and feelings related to the initial reaction during the client's loss, the emotions experienced by the social worker and his / her actions are distinguished and analyzed.

Emotional reactions. The abundance of emotions experienced by the social worker is compared with the emotions most frequently presented in scientific sources. The reactions to grief most commonly described by many authors (Pop-Jordanova, 2021; Šeškevičius, 2013; Polukordienė, 2008) are: shock, disbelief or denial, high level of anxiety, fear, anger, sadness, helplessness, emptiness.

The informants of the study describe the initial reaction of shock in their own way: "*But at first it was such, such a shock." (M4), "You realize that it was not cancer that has gnawed but these chemicals that are poured, poured, poured ... that shock, of course, is present, then you walk being emotionally distressed" (M2)*. The informant (M2) named the reason for the emotional shock that the medicines given to the client were, in the informant's opinion, more harmful to the child than cancer.

The story of the informant (M5): "*For example, I found one, I came ... and I, we talked with her in the evening, we talked about everything, everything was okay <...> and I just found her in the morning, and I already found her stiff, so it was first of all a shock for me, and then I was thinking: "I didn't do something, I missed something somewhere, I didn't see something, what has happened?"* suggests that she was so used to taking care of her client that due to her death, the social worker experienced not only a shock, for which she was unprepared, but also emotional anxiety.

Talking about the first reaction, informants identified a major scare, which is understood as concern associated with anxiety, manifesting itself by crying, which also helps to survive the loss: *"Then emotions and the question: What will happen to the child?*

Another child, already an adult, was serving a prison sentence at that time, I don't even know whether anyone informed him."(M6), "Horror gripped; how and who will take care of that child's funeral" (M1), "It was really so terrible, it made my hair stand on end, tears, of course, I cried" (M2), "You sit the child on your lap, sympathize, say I'm very sorry, you hug, but again you have to work with children. After a few minutes: "My mother died", I know, it hurts me too. She loves you <...> tears are piling up" (M6).

Behavioral, physiological and cognitive expression is a natural emotional response to the loss, manifesting itself by sadness, guilt, yearning and other reactions (Gegieckaitė, 2021). The process of sorrow is a necessary condition for reconciliation and letting go: *"After the loss, it remains for a long, long time, and after the funeral, there are still memories, it's like such trail <...> it's the same as, well, ... sadness, it is such ... sadness with acceptance and reconciliation. It is psychologically difficult to endure that sorrow; it seems that I've already let her go, for example. You could already see, it was hard for her to be, and really, and ... both emotionally and physically, you can see that it's so hard, it seems that I'm letting go: "Go, that's all, you won't change anything," it's just this kind of reconciliation, a state of acceptance" (M2).* The subject's statement: *"There is no such thing as catastrophic, hysterical reaction, no, just sadness"* suggests that self-control is one of the informant's abilities.

The survivor's feeling of guilt is a complicating factor in coping (Gailienė, 2015). *"Theoretically, I know that the client made the decision herself, she did it herself, but that doesn't make it any easier... And when the researcher asks you how often you visited, if you noticed anything, it seems like you are being blamed, but you are blaming yourself just as much. I myself have attended various trainings, completed them, and I haven't noticed" (M6).*

A high risk of death is characteristic of persons ill with oncological diseases. Kubler-Ross (2008) refers to circumstances of bereavement, related to children, as special circumstances. The informant (M2) who had experienced many losses of children said that she had experienced panic, and during the interview she called the children special: *"You know, there was a girl, and she was so special, so special; I don't know... those children are special, special. You know, they understand even what is happening to them, they worry because the mother worries, I panic <...>."*

"The denial of grief" is a social phenomenon that endangers the bereaved themselves, and theoretical and empirical studies on parental bereavement after the child's death develop theoretical arguments for moving away from excessive "denial of death" and instead, for focusing on those who are left behind after death, those who are grieving (Macdonald, 2019). The informant (M2) shared her memories about the state of denial of loved ones who have lost children: *"As I step back more, I can hear the doctor's diagnosis, what nurses are talking. So, nobody tells the mother that that's it, that's it – your child will die. After all, I used to come not only when the mother was there: I used to come, let her go out to do the shopping or wash clothes, so you go to the nurses, say hello, ask if some child needs something, then you find out. But the mother would always say: "Oh, no, no, no, we're fine". Time goes by, and the mother: "No, no, no, no, we're fine". Like that; she didn't really believe all the time that the child was going to die: "She will definitely not die, everything*

will be all right for her, we'll get well." And she was getting worse before your very eyes, you could see it, they couldn't give her any more treatment, well, it was stage 4, it was all spread, and the mother, like being stuck, keeps repeating in denial all the time: "It won't be like this, it won't be like this." And a few weeks later, I came to the funeral, and the situation was like this: well, I enter that funeral hall, and the mother turned around and started shouting at the top of her voice: "M2! She has died! Can you imagine?" Like that, really, she didn't believe all the time that the child would die. And for about 7 months, she repeated the same, as if stuck. As if ... you took over the mother's stress. She did not allow that thought, and she was so shocked; after so many years of treatment and repetition, even the doctors were already saying that it was no go. You know the diagnoses and those forecasts to a greater or lesser degree in advance, just that you try to support all the time, not to lose hope, and there is hope really." And the informant summarizes: *"Actually, that denial is wrong"* (M2). These statements of the informant (M2) are contrary to the assertion of the authors (Kubler-Ross, 2005; Lemme, 2003) that shock and denial act as defence and even as a grace that helps to survive. According to Polukordienė (2008), the reactions manifesting themselves as a result of natural psychological defence prevent the acceptance of the real fact of death, which is why it is often said: *"At first I couldn't believe it, I said it was a bad joke" (M6).*

Informants also named other feelings related to the reactions to the loss: helplessness (M6), longing (nostalgia) (M2), the feeling of heaviness (M5), the fear of the end, which is described as an incomprehensible feeling, strong survival (M3), anger directed at doctors, and peace (relief) (M4).

According to many authors (Sučylaitė and Platakytė, 2016; Šeškevičius, 2013; Polukordienė, 2008), the news of the loss causes various reactions, the survival of which change the perception of the real situation. What is immediately comprehensible to the mind reaches the senses later, stressors appear, memories are idealized, the causes of death are analyzed, and conflicting feelings such as self-loathing and self-blame only increase the complexity of suffering because of the unspoken, missed time with the deceased.

For social workers, any interaction with the client's suicidal behavior, attempted suicide and suicide itself is a particularly stressful experience (Ting, Jacobson, Sanders, 2011). Therefore, the haunting sense of guilt, the lack of self-confidence about what could have been done to prevent the suicide cause severe anxiety. People who have survived the suicide of the loved one are prone to more complex grief (Cerel et al., 2008; Dyregrov et al., 2012). The most recent research by Levi-Belz and Gill (2020) suggests that forgiving oneself after the suicide of the loved one is an important component in the transition from excessive self-blame to healthier feelings.

All informants faced with death experienced similar reactions and emotional distresses: shock, anxiety, guilt, self-loathing, concern, pity, sadness, helplessness, yearning, peace. Some cases were particularly difficult to survive.

Cognitive reactions. In addition to emotional reactions, cognitive reactions to the client's death are also distinguished. According to Zubrickienė and Adomaitienė (2016),

coping with problem-solving is facilitated by general personal cognitive competencies, which are characterized by the individual's ability to perceive, understand, think, analyze, adapt and assess the situation.

Death is also more difficult to survive because of the close interrelation. The informant (M1) was overwhelmed by a sense of unreality when she learned of the death of her client's son, as evidenced by her statement: *"When I found out that a 19-year-old son of my client's family had died, I rushed to check if this had been really the case. It was hard to believe, to accept, and I burst into tears. I drove to the family, still hoping that maybe it wasn't their child."*

Self-loathing and self-blame due to the unfinished emotional relationships with the deceased is illustrated by the following statement of the informant (M1): *"Maybe you were angry unnecessarily, maybe you paid too little attention, maybe you wanted too much, maybe you didn't have time to say good words, maybe you didn't keep your promises, maybe you didn't do everything, didn't notice when things went wrong: guilt, self-loathing, and rethinking also appear."*

Four out of six informants stated that the relationships with clients before their death were brought back by memories of the deceased: *"And that sadness... it continues, and it continues for half a year, somehow with such nostalgia. And the memories of that time: what was said, how, because some of the children realized that, well, that was the end to them, and, say, one girl said: "Mummy, I'll come back to your family, give me another name," and she even said the name." (M2).*

The informant (M6) also shared chaotic feelings with regard to unfinished works when the client was still alive: *"I still remember today: on Wednesday, the woman brought her child to the group, on Thursday, I was doing the paperwork for the payment of CDT (liver enzymes indicated consumption of alcohol), on Friday, I talked on the phone regarding going to the addiction treatment centre, and on Monday, I already had to look for a chapel of rest."*

Unexpected death always leaves a lot of questions, makes one doubt one's innocence; therefore, those who survive it often analyze the causes of death and look for answers: *"As I said at the beginning, <...> of course, I was rethinking the situation for a long time, analyzed what I didn't notice" (M6).* The informant (M5) stated that when analyzing the experience of the loss, the aim is to apply it in further work: *<...> I don't know, you anyway analyze and remember; and those interactions, maybe you apply something to another client, you look for some similarities, and that reaction, I don't know, well, it's difficult."* Kuzmickas' (2013) statement that the clear cause of sadness in bereavement is not the bereavement itself but the attachment is supported by the painful suffering experience of the informant (M5): *"Well, I don't know how to say, the deceased of mine, we were like friends, she used to tell me things she didn't tell her mother <...>" (M5).*

According to Polukordienė (2008), lived memories and related feelings, reflections and self-awareness help to cope with the loss; therefore, in the long run, the memories of the event are no longer hurting and disturbing, they come back and trouble less often.

Reactions of surviving bereavement or grief metaphors. The state of shock is described as

the loss of consciousness and emotional upheaval, while the wave of emotions, horror, the news, or rather the strength of these, are compared to legs cut out from under the person: *"With those special children, when you lose them, you lose your consciousness for a moment; as if you know that cancer is healing, but died," "When I heard the news, there was a big wave of emotions, well, a shock, doesn't matter whether I know, whether I'm expecting or not, it's still so upsetting and shocking", "It was so scary really, all my hair stood on end" (M2). "I just had time to ask who was taking care of the funeral, and I left as if my legs were cut out from under me" (M6). "I'm still in pain," "It's very painful"* can be understood as a strong spiritual pain after hearing the news, which *"passed through you so much," "laid you low", "legs, hands started shaking" (M3; M6).* Distorted perception is characterized by the experience of (M5): *"I don't know; it seemed to me that, you know, I went on vacation somewhere, right, and I just don't come to that person anymore because of that. For example, for me it was terribly difficult, it's been two years already and I still feel that presence of hers."*

According to Valiulienė (2015), the metaphor is a strategy of thinking, through which abstract things that cannot be felt by senses are perceived as more concrete, more familiar things perceived by senses. Papaurelytė (2003), Smetonienė and Narbutaitė (2014) define the conceptual metaphor as an adornment of traditional linguistics, which is a way of describing vivid emotions and language, transferring the name of one object or phenomenon to describe the common feature or function of another object or phenomenon in order to achieve more vivid information rendering, giving a peculiar emotional impression and making the listener to prick up his ears, pay attention and experience an emotional impact. From the authors' standpoint, the metaphor is not only a phenomenon of thinking and language, since it performs particularly significant communicative functions in discourse (Papaurelytė, 2003; Smetonienė and Narbutaitė, 2014).

After analyzing the general interview of social workers, the metaphors used in the stories are associated with strong emotional distress and the significance of the feelings experienced by the informants during the first reaction to the client's loss.

Social worker actions as a component of practice. The close bond between the social worker and the client is confirmed by the statements of the informant (M3): "*The relation had been established, I used to finish work at 8 o'clock and I kept going to the hospice." "I work and I rush to her." "She had a dream – to ride in a white limousine, and we arrived. She was afraid to go. They drove us all over Vilnius – her dream has come true."*

Several informants confirmed that the social worker's activities included not only informing, planning but also organizing funerals. "*Well what, and then, I started organizing the funeral, the community's people helped, the common misfortune brings us closer together, there is no more wish to "educate" (M1). "I told to the brother: "Come to your sister to say farewell, I am organizing the meeting" (M3).* Another informant named not only help for parents who have lost children but also psychological support: *"<...> and after that, slowly, well, you already imagine that we are coming back to reality, maybe parents need help organizing funerals or something else, and ... then, I start thinking about that psychological*

support for parents", "<...> and then, you switch off how to help parents." (M2), "<...> then, I started searching for information, where, who and how will bury, the farewell, and the like," "<...> on Friday, I talked on the phone regarding going to the addiction treatment centre, and on Monday, I already had to look for a chapel of rest." (M6). These statements confirm that very often in the case of the client's death, the social worker focuses on his / her own feelings and helps the loved ones.

The informant (M3) identified talking and interacting with the children in the care home, sharing memories, doing things together and making sense of the memory of the deceased learner as a certain way of coping with mourning. This can be interpreted as an acknowledgement of bereavement: *"We all went to the cemetery, talked a lot, it hurts, we talked that it was an illness, and the psychologist had said you had to go through mourning." "We went to the cemetery when the first year death anniversary was approaching, we invited all guardians, many people had gathered." "We all used to have dinner at the table; we would sit down, cook a lot of food and share memories." "That girl used to volunteer at Nemenčinė Day Centre for the Disabled, and we put up a monument. On the occasion of the anniversary, a film was made together with the volunteer who helped."*

In the postmodern world, the context of circumstances defines the perception of human assistance, practical skills, knowledge, values, thoughts, feelings and actions, which make it difficult to avoid the social worker becoming one of the members of the client's social network, providing both formal and informal social services as well as social support (Kavaliauskienė, 2010; Rimkus, Žemgulienė, 2013). According to Liobikienė (2016), conversations with people who are close to you, giving meaning to your favourite activity, other activities, the ability to use humour and laugh at funny situations are classified as a healthy reaction to stress.

It has been noticed that the news about the client's illness creates a very close relation, efforts are made to improve the stay on this earth as much as possible, personal time is no longer counted, it is sought to satisfy all wishes, to fulfil dreams of the client. Nursing the client in a difficult period or after his / her death, the social worker's ability to act in difficult situations is revealed, which includes planning, organization, cooperation, managerial skills in organizing funeral, knowledge in providing psychological support.

Psychological, spiritual sufferings of the meaning of life and death. The second theme presents the experiences of the informants during the second stage, when the search for the meaning of life and death begins, new experiences emerge.

The meaning is also meaningless. According to Aukštuolytė (2016), every thinking person sooner or later is touched by questions about the meaning of life, which usually change over time and are perceived differently by different people. In the situation of death, the uniqueness of existence makes the person look back on oneself and authentically survive this situation, since it reveals the temporality and fragility of human existence, while the experienced shock forces the person to look at himself / herself from the side and wonder whether his life, goals and efforts are meaningful (Aukštuolytė, 2016).

The analysis of the interview data revealed different aspects of the perception of meaning. Several informants named doubt in meaning and complete denial of meaning. These are their substantiating statements: *"And you understand that everything is fragile, temporary, that everything passes at some point, you are looking for the meaning of your stay on earth, for some justification for death itself" (M1). "We are leaving and how temporary and fragile we are here, and how we can't plan anything" (M2).* The informants (M1; M2) considered the idea that the presence and absence of the person does not change anything on this earth: *"A young person died, and nothing has changed in the world." "Sometimes I think: the sun will rise again, tree leaves will be falling, winter will come again, we will celebrate Christmas, and no matter whether you were present or not, as if nothing changes in the world."*

When people are suffering from the illness, sadness is tempered by a sense of relief that pain and suffering are over. But this is not the case when the young person, including the child, dies suddenly and unexpectedly. A sudden death, especially of the young person, can seem senseless and threaten the person's sense of security (a personal sense of meaninglessness when one's perception of the world is disturbed) (Chapple et al., 2015). This is proven by the following statements: *"Oh, it's difficult to say, at first you are disappointed, why such a young person has to leave, how unfair, and where that point is?" (M3).* The informant (M5), who experienced the client's death extremely painfully, presented her standpoint: *"That life is just meaningless, meaningless. Well, you can't do anything, you're helpless against that life, there's no meaning there, you're helpless, facing that last minute, you're helpless. And that meaning, I don't know, just you live for today: what is the point of living if the ultimate goal is death?"* The above suggests that the informant cannot find peace and reconciliation. The informant (M6) compared the person to a pit: *"The person is like a pit on the road. While it is there, it's inconvenient, but you know it is present. After the pit was levelled and everyone forgot about it, nothing was left. It's the same with people... As long as people are here – everything is important, when they are gone... gone" (M6).* This answer of the informant can be understood as the insignificance or unnecessariness of the person, whose death leaves no trace; the person is forgotten and life continues without him.

According to Frankl (2005, p. 126), attributing the meaning of life to offspring is fundamentally wrong. The author states that the basis of the meaning of life is finality and temporality. It is also an essential feature of life; therefore, life is either meaningful or meaningless, regardless of whether it is extended by offspring (Frankl, 2005, p. 126). Raising the questions of meaning and looking for answers, the informant (M2) also states: "*Why does it happen so that such special people, who seem to bring a lot of light and awareness to this world, why does this happen to them?" "The meaning is to raise a person, children, it seems meaningful to me," "What is our life about? What do we have to do in life, and what is its meaning, what do we have to do here, and why have we come here?" (M2).* The statements of other informants reveal the search for justification of death, and the meaning is found in good things: *"You are looking for the meaning of your presence on*

earth, some kind of justification for death itself" (M1). "Just for life right here and now, and it's better not to look for that meaning, never, but simply live, and live by doing good things" (M4).

Thus, it is obvious that the subjects feel a greater sense of meaninglessness, find it difficult to survive bereavements and ask themselves many questions to which they do not have answers.

According to Aukštuolytė (2016), the perception of the meaning of life usually changes over time and different people do not have to perceive the meaning of their life in the same way. However, this perception always remains of an imperative nature, because, according to the author, only giving meaning to life reveals who the person really is. The author states that making sense of life is a human existential need, while the search for meaning is an existential process. There are no such conditions that would discord with the possibility of finding the meaning of life for the person, and there is no person for whom life would not pose one or another goal or requirement (Aukštuolytė, 2016).

According to Klimaitė (2014), the person's system of meanings is particularly strongly shaken by a traumatic loss, the experience of which is difficult to integrate and come to terms with. According to the author, although the discovered connection of meaning-making with overcoming traumatic loss is unquestionable and at the same time often controversial, the author states that it remains difficult to generalize what that connection is, what actions take place at that time, why and to whom the meaning has so much influence (Klimaitė, 2014).

Based on the concept of meaning restoration, the coherence of the person's system of meanings is disrupted by the loss. In trying to discover the meaning of the loss, the grieving person discovers other experiences (Neimeyer et al., 2006).

Positive experiences in the context of the client's death. In the second phase, according to Lemme (2003), questions of meaning also arise, feelings are dealt with, and there is a move towards the recovery phase. The statements of the informants confirm that every loss brings more awareness and understanding in the inner world: *"Losses change perception; when you lose, you start to see things differently." "You realize that you are here for a reason, that you have some mission, that you have touched pain and that you have been digging around not without reason, that the trials harden you, that it is important what you leave behind." "You realize that all that is real and that is utterly irrelevant is being purified. What matters is family, relationships, closeness, communion, attention" (M1). "In bereavement, you realize how futile it is to chase fashions, to compete for a better imaginary job or beauty. It's all so insignificant" (M6).*

Another informant distinguishes higher "vital" values of life, whose implementation, according to Kuzmickas (2013), lead to the feeling of fullness of life: *"It shakes you up so fundamentally and encourages you to appreciate life, to love and enjoy what you have, to stop more often, and to, I don't know, to savor, to smell, to taste, to experience, to feel physically and emotionally all of it to make your life bright" (M2).*

According to the informant (M3), work in the care home, caring for children, their education and health have influenced her child's attitude towards the surrounding environment. The informant states that her son grew up honest, intelligent and empathetic. This is illustrated by the following statement: *"You see, in that sense too... she was a year older than my son, and my son was involved in that activity."* The informant (M3) used to say to her son: *"You understand that I have to go to her?" He would say: "Go, go." "The child never said not to go. And I think he has finished his studies, he works in the police, and he loves animals, he is respectful towards others. The son offered to take the neighbor to the doctor; the son was influenced."*

Research has proven that the sense of identity and personal power constitute only part of the personality changes determining the individual's worldview, which depends on the prevailing conditions, subjective experiences and the person's psychological peculiarities (Gudaitė, 2009).

Touching pain often changes the person's attitude to life and perception. The loss does not bring joy; therefore, the meaning is perceived differently: what is meaningless to some persons, is valuable to others. The concept of values is changing: the meaninglessness and unnecessariness of many things is perceived; meaning is found in social relations, family or the circle of relatives, life and time begin to be valued more. Informants' answers emphasize that life is the main value.

The impact of bereavement on the social worker's life. The third topic describes the feelings lived by the social worker in the last phase of recovery and behavioral changes.

Real reconciliation with the loss. Every person reacts to the loss differently; therefore, it takes a certain period of time to heal after the loss. Emotional distress is handled differently: the individual understands that this state of sadness is temporary, emotions are directed to activities, work, in the end, one comes to terms with the loss and the deceased is "let go." This is confirmed by the statements*: "You learn not to stay sad for a long time, to let the experiences go; you understand that everything calms down as time goes on; you learn to stop blaming yourself: "what if"; you accept as an experience, as a lesson" (M1). "As I mentioned, there is that sadness, pity, and then, there is such nostalgia, memories – maybe I have such an amplitude, somehow, I turn to others, how to help parents and how to help those who are left to reconcile. Well... this way more" (M2). "It's hard to say, I was working, I was burdened by a heavy workload, you remember <...> I don't know when calm comes; the feeling becomes duller, but somehow calm comes" (M3).*

The analysis of the statements made by the informants reveals more positive aspects discovered by them. For example, the informant (M6) provided some rather unusual ways of coming to terms with the loss: *"With every loss you learn something. Personally, I discovered the book where children are grieving. I made use of letter writing, it makes me feel better." "I allowed myself to worry and cry a little."*

According to Lund (1996; cited Lemme, 2003), findings based on research into grief suggest that, although people experience grief with different thoughts and emotions, they are able to recover their physical and mental strength relatively quickly by learning

to develop new relations, skills and behavioral patterns. Meanwhile, Liobikienė (2016) states that personal maturity and spiritual growth occur when the personality balance is restored and the limits of one's capabilities are evaluated. Opportunities and problems are accepted as challenges stimulating curiosity about life.

There has been little empirical research into the conception of psychological flexibility and bereavement, but studies have shown that psychological flexibility influences the stage of reconciliation. The ability to effectively regulate one's behavior and emotions is one of the personality resilience factors related to the person's better health and adaptation to live without the deceased (Kashdan, Rottenberg, 2010; Bonanno, Burton, 2013).

Qualitative changes in social behaviour. Negative emotions in coping with the loss grow the person spiritually. They change one's understanding of the world, and the person learns to accept situations more calmly.

A study by Stanaitytė and Kočiūnas (2013) has found that the process of change in the worldview and relationships includes the aspects of evaluation of experience, the benefits received and the perception of the fundamental truths of being. The informants revealed the factors of personality growth, which were stimulated by the experience of the loss. The inner power to be yourself, to accept difficult situations more calmly is confirmed by the statements of the informant (M1): *"I accept situations more calmly, I am learning not to panic when I cannot change anything." "I am trying not to judge or condemn anyone. I know that all people are good, only some forget it. It is extremely important, sometimes painful, to get to the "soul." To be yourself and to let others be themselves – this is already a science, religion, policy."* The informant's efforts not to judge or condemn anyone can be understood as the ability to love people, to accept them as they are. Taking better care of one's health, attentiveness to others, the ability to detach oneself from emotions and acceptance of the inevitability of situations are illustrated by the statements of the informant (M2): *"In this specific case, after the oncology department, I became much more attentive to my health and to various disorders. I don't know, if a temperature increases, I can't break a fever, I have all kinds of suspicions right away. If my stomach aches, I would like to get checked immediately, not only for myself, but I don't know.... for the children of my relatives; you just become more attentive to your health, some symptoms." "The further I try to distance myself from these emotions, the easier it is to survive." "And ... and attention to people has become greater, sometimes you nod, as if uh-huh, I'm listening, I'm listening, but you want to stay, to be with that person with all your body and soul. It's like this ... I often catch myself that sometimes I just passingly listen, but sometimes I stop and enjoy it, listening to an end, analyzing it, delving into it."*

One of the most important abilities, which, according to Indrašienė et al. (2018), conditions the wellbeing of the individual and society, is critical thinking, named by the informant (M6): *"I started to see critically: I can't have two things at the same time,"* and other statements of the informant were: *"If I do something, I do it while understanding the motives and of my will – not forced by anyone, of free will and with a cool head. If I want to,*

I allow myself to be weak, vulnerable and ask for help. Keeping a word is important to me. I became extremely open. It hurts sometimes, but I let people choose if they want to hurt me. I am open and talk freely about my experiences and feelings: if they want to make use of this, I won't hinder, but I'll try not to lie, especially to myself. And I'm still learning to express my opinion subtly, if someone asks; if not, no need. I have no wish to compete with others because it is just a hopeless waste of time." All this illustrates the informant's authenticity, openness, honesty, which, according to Gudaitė (2009), describes the real level of relationships and the ability to be who you really are in the relationship to the environment.

The informants also mentioned that they had experienced people's kindness and concern as well as discovered a sense of humour: *"I would say, I tend to turn it into humour, the experience strengthens. You observe people's kindness, you yourself are improving that girl's life, others help. Friendship, benevolence of those around me, I didn't feel alone: the most important thing is not to stay alone."* The informants (M4; M5) experienced more joy and calm: *"Maybe calm. Well, I'm starting to, you know, assess myself slightly differently, without blaming myself anymore." "You know, strange, but I feel joy. It was strange for me myself that joy appeared, but namely, joy <...>."*

The analysis of the informants' behavioral changes after bereavement revealed that the informants experienced people's kindness and support, identified the qualities of authenticity and the emergence of the need for greater attention to their health. This can be understood as overcoming the sense of the loss and returning to normal life. According to Liobikienė (2016), after evaluating the limits of one's possibilities and accepting opportunities and problems as challenges, the person perceives the significance of the loss for the personality's maturity and spiritual growth, feels curiosity and interest in life.

Conclusions

The analysis of social workers' experiences has revealed that the reactions to the loss, described by many, are stress shock, anxiety, guilt, self-loathing, concern, pity, sadness, helplessness, yearning, peace. The stories highlighted self-control abilities, and guilt can be called an aggravating factor. Situations related to children's deaths are called special and difficult to survive. The impression of experiences is reflected in vivid metaphors used in the narratives. The study confirms that any suicidal behavior is particularly stressful for social workers; they are troubled with memories of relationships before death. The study has revealed important aspects of social work practice, demonstrating the social worker's abilities to act in complex situations. These include planning, organization, cooperation, managerial skills in bereavement situations, knowledge in providing psychological support.

After summarizing the impact of the loss on the social worker in his / her recovery phase, it was found that emotional distress was directed to activities and work. This is a gradual way of coming to terms with the loss and "letting the deceased go." Quite

unusual ways of coming to terms with the loss are also presented: reading books, writing letters, allowing oneself to cry. The analysis of changes in the social worker's behavior highlighted the ability to calmly accept situations, inner power – the ability to be yourself, attention to health, greater attentiveness to another person, expansion of conscious awareness, narrower analysis of situations, identification of critical thinking and authenticity. The meaning of life is found in social relationships, the family or the circle of relatives. A greater appreciation of life and time is beginning to emerge.

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