Epistemological ruptures: Digital presence and groupwork

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***Abstract**: The Covid-19 pandemic has created an epistemological rupture for social work. Research is beginning to examine and articulate the practice knowledge that has arisen as a result of the pandemic. This article is based on a social work student placement at a community-based, rural hospice, which occurred during the Covid-19 pandemic. This article focuses on virtual social work and groupwork, and discusses ethics, the digital divide, and social presence.*

Keywords: technology; Covid-19; groupwork; hospice; group work

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Introduction and background

Social work is seen as a 'late adopter' of technology in practice (Goldkind et al., 2016), with researchers recommending that social workers move cautiously, weighing the benefits of technology against potential risks (Bryant et al., 2018; Cwikel & Friedmann, 2020; Reamer, 2015; Taylor, 2017). Communication technologies have been seen as a problem and an interruption to practice, with practitioners being reactive rather than proactive when it comes to advancing technology (Bowman, 1988).

The French philosopher Gaston Bachelard was critical of the notion that knowledge develops in a progressive or continuous manner. He theorized that the history of knowledge is 'discontinuous' (Tiles, 1984, p. 12), and introduced the concept of 'epistemological rupture' (1938/1986) to explain how unplanned or unknown obstacles can break or rupture established ways of thinking. An epistemological rupture 'typically involves a rejection of the general ideas or received wisdom of the time' (Kingston University, n.d., Para 3). Epistemological ruptures can be 'world-historical, or local and specific', and they can be something that, "happens 'once and for all' or that must be maintained with tenacity" (Kingston University, n.d., para 6.). Bachelard posited that it is the very encounter with the obstacle(s), which produces the rupture to begin with (1934/1985).

Bachelard argued that in response to an epistemological rupture, barriers posed by prior knowledge must be confronted and addressed in order to develop new knowledge (Tiles, 1984). For applied disciplines like social work, an epistemological rupture can create new and ongoing possibilities for practice.

Covid-19 has created an epistemological rupture for social work; the epistemological rupture being the fall out of the shift to virtual mediums for the delivery of care. Social work is a relational practice, and so, as a result of everyday social work practices being mediated by virtual synchronous mediums such as Go2Meeting, Zoom, Webex, and Google Meet, social work knowledge on relationship-building must be revisited. Virtual social work is here to stay in some form, and 'hybrid digital social work should be a future-ready element of practice' (Pink et al., 2021, p.1).

Over time, social workers have adapted to using telephone, faxes,

office automatic services, email and mobile devices. Clinicians have relied on technologies and social media to surveil service users (Cooner et al., 2019), support service users (Reamer, 2015), provide distance clinical practice (Kozlowski & Holmes, 2014), standardise care (Phillips, 2019), and facilitate group participation (Banbury et al., 2018; Bowman, 1998). Nonetheless, live, virtual and visually synchronous approaches have raised concerns that range from practice competencies (for example, how to do risk assessment), to social justice (for example, access to the internet) (Banbury et al., 2018; Banks et al., 2020; Dominelli, 2021). A global survey of social workers who applied communication technologies in practice, found that privacy and confidentiality were the key areas of concern (Banks et al., 2020). Clinicians have raised concern about maintaining clear boundaries because sessions are not limited to set clinical hours or defined workspaces (Mishna et al., 2012; Reamer, 2015). Matters of privacy and confidentiality are noted as more complicated when the clinician is not sitting face to face in a private room with the client/service user (Cwikel & Friedmann, 2020; Misnha et al., 2012; Reamer, 2015).

During the Covid-19 outbreak, social workers are offering counselling in spaces often considered private, for example the bedrooms and cars of both service users and their own. Specific to social work, in which relationship building is the spine of practice, it has been noted that there is a need for more significant guidance and support in 'creating and maintaining, trusting, honest and empathetic relationships' (Banks, 2020, p. 578). In this article, we explore this and draw on the experience of running two groups during the Covid-19 pandemic. We focus on rural social work practice discussing ethics, the digital divide and social presence. We begin by describing grief during the pandemic and the Hospice groups.

Grief work, Covid-19 and social work practice

It has been a common story during the Covid-19 pandemic, whether in a hospital or a care facility, of people being unable to visit those they love during extended phases of lockdown. This occurred widely during the initial months of the pandemic when personal protective equipment was scarce and the virulence of the virus, unknown. In

response to these new and acute experiences, social workers have had to not only listen and be empathetic, but advocate for visitation access, introduce technologies and hardware for visits with loved ones, and use visual synchronous platforms for final goodbyes. The epistemological rupture has been sudden and dramatic.

People have lost months of contact with someone they love and are not only angry with the amount of time they lost with someone they loved, but also the way it was lost, the kind of loss. The phrase 'complicated grief' is reaching new levels of complication. Furthermore, due to restrictions, people are unable to ritualize deaths in customary ways (for example, sitting shiva) and face barriers to personal contacts for support (for example, curfews). Many people are in grief purgatory; grief services have never been so needed and so essential.

For social work gp30twophillips ers in hospice care delivery, in addition to volume, Covid-19 has had two direct effects on practice—one, a shift in the mode of delivery and two, the service user experience. On the former effect, Covid-19 has forced many social workers into virtual and digital practice (Chang, 2020; Marhefka et al., 2020; Stavridou, 2020; Ramnath et al., 2020; Sansom-Daly & Bradford, 2020; Taylor, 2020). Social workers are providing counselling and support, and communicating with service users through smart phones and tablets, using virtual platforms and online chat services. These practices break away from traditional forms of communication with service users and constitute an epistemological rupture. The groups we will discuss used Zoom, which is a cloud-based peer-to-peer software platform.

The second effect for community hospice care, is the service user experience. While living in a rural community has the benefits of community, Covid-19 has left in its wake, the closure of community resources—such as community centres, religious places of worship, wellness programs, and agencies. As a result, social workers are being confronted with the effects of isolation and the discontinuity of care. The Hospice, in which the social work student placement was based, has a long and active involvement in the local—primarily rural—community, and like all community resources, is a critical avenue for establishing belonging or social capital. The importance of continuing to offer services during a pandemic is essential to health and well-being.

Hospice groups

Like many organisations, this was the first time this rural Hospice offered grief and educational support through a video conferencing platform. Both groups were offered to anyone in the community who was interested. One group was a therapeutic grief group and the other, an art-based psychoeducational group. The psychoeducational group provided education, skills and strategies to cope with loss and anxiety intensified by Covid-19. A different topic was explored each week (such as exploring anxiety, staying present and power of the mind), and the activities included collaging, journaling, drawing and painting. Topics were chosen based on an informal assessment of the needs of community members. This assessment identified a need for psychosocial support and education in regards to isolation and anxiety.

Participants had access to a facilitator's expertise, a moderator for technological support, and a social worker for support during and in-between sessions. Participants could connect through a Facebook page to engage with each other outside of the formal sessions; the social worker set up and monitored the page.

Participants' reasons for joining the psychoeducational group were articulated as isolation, loss of freedom, mental health decline, and a need for self-care. Participants also indicated they wanted to learn more about Covid-19, about anxiety and mental health struggles due to Covid-19, and about loss and grief. As an educational series, it was set up for information delivery as a 'seminar'. On the Zoom platform, this meant that the moderator, social worker and facilitator could be seen in real-time, but neither the moderator, social worker or facilitator could see the participants, and the participants could not see other participants. Participants could engage 'live' by typing messages in the 'chat' section, or could ask a question verbally if the moderator 'let them in', and then they could be heard, but not seen.

The grief group consisted of weekly grief sessions leading up to a major holiday. Each participant had experienced a loss due to the death of someone within the period of six months to a year. The sessions consisted of sharing stories about the person they were grieving, discussing coping strategies during the holidays, and doing reflective exercises. This group was set up as a 'meeting', so

everyone could see each other, and communicate freely through the chat section or verbally.

Ethics

Innovations in technology have created new and emerging challenges (Barsky, 2017). For social work, these challenges are of an ethical nature. Boundaries, dual relationships and conflicts of interest are critical ethical areas for social workers to pay attention to while using technologies (Mishna et al., 2012; Reamer, 2015). There are certain circumstances when using cyber communication when there might be a felt sense of casualness that is different from in-person sessions. For example, language clients use on email may introduce a non-professional dimension of relating, as if with a friend (Mishna et al., 2012). There may also be a felt extension of sessions if service users email the social worker to follow up after a session. This way of coming to know service users, is part of the epistemological rupture, as established forms of communication are altered and disrupted.

Privacy is something that social workers who deliver virtual groups must take extra care with, explaining why confidentiality has some distinctive elements to consider (Banbury et al., 2018; Blaschke, 2009; Reamer, 2015). Using Health Information Privacy (HIPAA)-compliant web-conferencing tools that are secure and encrypted are recommended (Bowman, 1998; Chang, et al., 2016; Gibson et al., 2020). In addition, given the individual control each participant possesses in relation to their own device, virtual groupwork requires particular attention to confidentiality and privacy. In particular, informed consent must be fully explained to service users in terms of the risks related to data and video transmission (Chang et al., 2016). In addition to consent that is mindful of virtual platforms, rules for group, such as eating, recording and taking screenshots are needed. In the experience of the two virtual hospice groups, it was important to provide detailed information about the technology being used to potential group members, discuss confidentiality and privacy parameters.

With these changes in mind, group members were given a Zoom etiquette sheet before the group's first session. On this sheet, were

things such as the appropriateness of recording a meeting, avoiding distractions, and alerting the group if you need to leave the virtual space. The epistemological rupture creates such opportunities to develop the nature and the scope of practice.

Age and rurality: The digital divide

In rural and remote areas where fewer social services are available and transportation and Canadian weather can be barriers to group attendance, virtual therapeutic groups have considerable potential in terms of accessibility and cost-effectiveness. However, often rurality and poor internet services are related. During this pandemic, the lack of access to digital technology has been noted as a social justice issue (Anka et al., 2020; Woodward et al., 2013), for example affecting the ability to access information about viral spread, restrictions and regulations, healthcare, or book a vaccine appointment. Between urban and rural areas, there is a digital divide that has been highlighted during this pandemic.

The 'digital divide' refers to the fact that people, for differing reasons, may not be able to participate in the use of technology fully (Bryant et al., 2018; Gibson et al., 2020). Reasons could be their limited understanding of technology's potential benefits, not having access to a computer, having minimal literacy skills, and/or having limited access to the internet due to affordability or broadband issues. For the arts-based psychoeducational group, a local funding agency called, Simcoe Muskoka United Way provided funding. With the funding, the Hospice purchased ten iPads with prepaid data, providing access to technology for individuals who had potential barriers to participation in the virtual groups. The prepaid access to this technology allowed people who would not be able to participate due to financial barriers or lack of digital proficiency, to attend.

Despite the financial and technological support, some individuals needing support through the Hospice did not feel prepared to participate in the virtual psychosocial programs offered. They felt they did not have the necessary network of support to gain comfort using the available iPads. As described earlier, the digital divide goes beyond internet reliability, hardware or access, and involves

'the degree and ability to use technologies efficiently and effectively' (Beaunoyer et al., 2020, p.2). The use of digital services requires skills training. For example, the facilitator had to become comfortable with the Zoom platform and able to use multiple cameras to demonstrate the art activities to participants. In addition, it was important for one of the moderators of the group to be knowledgeable and prepared to trouble shoot technological problems. Epistemological ruptures can affect the scope of practice, creating opportunities to acquire new knowledge that is driven by service user need.

A particular socio-demographic factor that can influence engagement with virtual hospice services, is age. It is felt that an inherent risk in using technology is that older adults can be at a disadvantage, thereby increasing the inequities that already exist for older adults. Older adults are often considered 'digital immigrants' (Wang et al., 2013; Woodward et al., 2013). Digital immigrants are people who learned to use computers at some point in their adult lives. While it is assumed that older adults are not interested in technology or are incapable of learning it, studies evidence that it is more to do with lack of support around gaining digital skills, and unnecessarily complicated software interfaces (Beaunoyer, 2020; Delelo & McWhorter, 2017).

With the hospice groups, the Zoom platform was unfamiliar for some of the participants, but with some instruction, the older adults were able to participate. Quite a few participants were already using iPads and stated that they found them easier to use than other technology. Indeed, studies show that the iPad is one technology that bridges the divide for older adults (Delelo & McWhorter, 2017). The iPad is appealing hardware due to its user-friendliness, large buttons, portability, and relative affordability. Studies using a peer and professional tutoring model evidence that older adults are able to gain the technical skill necessary to improve their digital literacy (Delelo & McWhorter, 2017; Woodward et al., 2013). Hospices have an advantage in this regard, as hospices are built on a volunteer model and volunteers could be trained to assist with digital literacy and skill development via telephone.

In parts of Canada, an exodus from cities to rural areas as a result of the Covid-19 pandemic will stretch rural services over time. Baby boomers have a different relationship to technology than current older adults and make up a high percentage of the population relying on

health services (Blaschke et al., 2009). Research indicates that digital health services are an economically feasible option (Blaschke et al., 2009). As baby boomers become part of the older adult population, they will be digital immigrants but with greater ICT exposure, and so may prefer, virtual psychosocial support services.

Therapeutic alliances and social presence

Several studies on the use of technologies evidence positive outcomes for service users, including high participant satisfaction with receiving psychoeducational and therapeutic support via video conferencing (Banbury et al., 2018; Blaschke, 2009; Reamer, 2015). One of telehealth's valued features is that it allows for anonymity, thus reducing any perceived stigma in the accessing of services (Chang et al., 2016). Furthermore, research on groupwork has also demonstrated the success of virtual formats with rural communities, in regard to chronic health conditions (Hamatani et al., 2019; Collie et al., 2006) and grief work (Chang et al., 2016, p.156).

Nonetheless, in the examination of virtual communication technologies and social work practice, the question has been raised about whether the alliance between the professional and client is dehumanized (Bowan, 1998; Bryant et al., 2018; Cwikel & Friedmann, 2020; Fiolet et al., 2020; Misha et al., 2012; Reamer, 2015; Woo et al.. 2020). Clinicians feel that in order to develop an authentic therapeutic alliance with services users, social work must occur face to face and in the same room (Lubas & DeLeo, 2014; Sansom-Daly & Bradford, 2020; Steyaert & Gould, 2009). Personal presence is seen as a key to a therapeutic relationship.

In the psychoeducational group, because the participants could see the facilitators, there was a personal presence. However, the fact that the facilitators could not see the participants made it difficult to know if or how they were engaged. In the grief group, members of this group had a visual of each other, which allowed for immediate engagement when a member wanted to respond to what another member said. At the end of the grief group, the participants indicated they wanted to stay in touch and asked permission to share each other's email addresses. This did not happen between participants

who participated in the psychoeducational group.

While 'engagement' is a concept that is a marker for groupwork, active listening skills and an ability to hold space for questions, take on a different meaning within technology. Again, the epistemological rupture triggered by the Covid-19 pandemic, provides an opportunity to re-envision and develop the nature and the scope of knowledge and skills. Visual cues and sensory data take on a different significance in virtual social work practice; communication skills that are used in face-to-face practice are insufficient as a foundation for virtual practice.

Social presence theory argues that each type of media and technological platform differs in the ability to convey the presence of participants, due to varying capacities to transmit visual and verbal cues. The concept of social presence originated during the telecommunication era of the late 1960s (Short, William, & Christie, 1976). The concept refers to the extent to which one perceives the presence of other participants in communication experiences—'the degree of salience of the other person in the interaction and the consequent salience of the interpersonal relationship' (Short et al., 1976, p. 372). Social presence is what gives a 'social or personable feeling' to the interaction (Molyneaux et al., 2007, p.11), and is the 'authentic' sense of connection (Banbury et al., 2018). Importantly, Short and his colleagues write,

> we regard social presence as being a quality of the communications medium. Although we would expect it to affect the way individuals perceive their discussions, and their relationships to the persons with whom they are communicating, it is important to emphasize that we are defining social presence as a quality of the medium itself (1976, p. 372).

Social presence theory posits that the higher the sense of social presence within the application of the medium, the higher the satisfaction perceived by participants. The idea in groupwork is that social presence will improve the group's experience, engagement and support. Social presence includes visual and verbal cues such as gaze, posture, physical gestures, facial expressions and voice intonation; social presence is inherent in all communication forms. On this basis, virtual platforms (e.g. Zoom), have a higher social presence than a discussion board or e-mail. Attention to social presence is a key element

of critical and reflexive practice—giving purposeful and thoughtful attention—theoretically and practically—to key areas of practice, such as communication skills and space. This idea of presence resonates with social work practice, and might explain why one group was more connected and bonded. Social presence is important because of the way social work operates—social workers use their physical senses to do assessments. This is particularly significant in grief, when often there is no language.

The point that Short et al.. (1976) are underlining is that social workers must use mediums that will create opportunities for social presence, and they must be intentional with this. Just because the groups are being run on a live virtual platform, such as Zoom, does not automatically produce social or digital presence. Based on the experience of the two Hospice groups, it would be strongly recommended that any groups—even psychoeducational (that are being delivered for information)—allow all participants to use the camera controls.

In addition, as Short et al. (1976) describe in their original work on this theory:

> the word 'presence' need not be taken too literally. The effects of audience are also obtainable with the knowledge that others are working on the same problem in another room (1976, p.78).

This is something that was learned running the two groups: just because it was a group did not make it a group. There were many opportunities for social presence such as, reminding each person that everyone was working on the same project, invitations during the sessions to comment or pose questions, the use of chat functions to post links or information based on their questions, and invitations to use platform functions for expression, for example emoticons. This way of approaching digital presence, is particularly significant in rural areas, where cameras often have to be turned off due to bandwidth. Punctuation has always been used as a cue and a form of social presence, and recent research shows that paralinguistics—emoticons and emojis—are a visual indicator of affect and therefore improve social presence (Bai et al., 2019; Cobb, 2009; Dunlap et al., 2015; Vareberg & Westerman, 2020). In a virtual age, emoticons or

emojis serve a social presence purpose and can be used with intention.

What Short et al.. (1976) point out is that there are times when a higher degree of social presence is needed, and therefore some mediums should be avoided—remembering that all mediums have social presence quality. This is where critical thinking is essential—that as we move to hybrid practice, social workers critically think about which medium is the most effective and person centred for the subject of the group. Covid-19 has been an epistemological rupture for social work, such that social workers must demonstrate knowledge of how social work practice can be defined by the medium. This point was made in the psychoeducational group, where participants were perhaps using the technology for connection, while the moderator was using it to impart information, skills and tips.

Conclusion

The concept of epistemological rupture is usefully applied to the development of social work practice because clinical practice is dependent upon the continuous critical evaluation of practice (Fook, 2016). It is imperative that social workers develop knowledge and skills that respond to the contemporary and evolving experiences of service users.

During the Covid-19 pandemic lockdowns, face-to-face communication has been held as the optimal delivery format, with telepresense formats being used as a response to necessity. While face-to-face groupwork is well established, the stance that this form of communication is ideal, can become an 'epistemological obstacle' (Becharlard, 1938/1986). This stance can prevent social workers from creatively finding ways to address the digital divide, attend to social presence and create networks to promote digital literacy and access to technology. Some of the matters that social workers must address include: discussing ethical concerns related to the services being provided, the particular risks, the parameters of confidentiality and how virtual communication differs from face-to-face (Bowan, 1998; Gibson, 2020).

As discussed in this article, a creative approach to social presence is critically important, as virtual mediums become an adapted way of offering social work services. When using any types of communication

technology in a therapeutic encounter, there will be less social presence than meeting in person, however with intention and care, social presence can be improved. While the same authentic clinical bond provided through in-person contact cannot be reproduced through remote services, this paper has argued that an equally authentic clinical bond can be achieved.

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