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A parenting group in general practice

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SUMMARY. We describe the organization and experience of a discussion-support group for young mothers. The group, of seven women, met on 21 occasions over a period of six months. We found that certain themes and anxieties to do with parenting recurred and that discussing topics within the group was of help to the participants.

Introduction

THE general practitioner and the health visitor in a medium-sized urban general practice felt the need to help young mothers explore their parenting role.

We thought that these needs might well be met within a group setting and we proposed to start a group within the practice. We also provided a crèche. The Cambridge Department of Child and Family Psychiatry, in which A. R. works as a Clinical Assistant, gave support to the project and G. A., the Principal Psychiatric Social Worker, agreed to help conduct the group.

We decided that the group was to be task-oriented with an open agenda in which parenting problems could be explored. We hoped to provide opportunities for parental growth in a setting of mutual support and understanding.

Aims

Our aims were:

1. To facilitate the young child's emotional development, and
2. To help the mothers feel more competent and confident in their role, and thus derive greater enjoyment from it.

Method

Group structure

A. R. and the health visitor began by compiling a list of 14 mothers who had presented with comparatively

minor parenting problems and in whom modification was thought to be possible. The health visitor contacted each young woman and invited her to come to a preliminary meeting. At the meeting G. A. explained the aims of the group and asked for two commitments: that the mothers would attend regularly or send an apology and that they would keep confidentiality. We did not feel that any other group rules, for example that members should not meet outside the group, were appropriate.

The group built up seven members within the first few weeks, after which it was closed and no new members joined. Each new member was asked to agree to the two commitments. The group met for 21 sessions with a three-week break. Attendance was good, with 95 out of 114 possible attendances (83 per cent). Ten apologies were sent out of a possible 19. If a member was absent for two consecutive sessions, A. R. wrote saying that the group had missed her and hoped to see her next week.

The crèche was held in an adjacent room with an adult supervisor. In addition, two girls from a local secondary school came as part of their community service programme. The practice doctors agreed that the group might take place, but were not involved with it.

Results

Themes

After each group we met and made written notes of the topics raised. It soon became evident that certain themes occurred regularly for discussion and these were listed. The themes were:

1. Guilt and feelings of failure as a mother—16 instances

This subject revealed the deep-seated unhappiness and anxiety of many group members. They wanted to be 'the perfect mother' but were overwhelmed by feelings of failure. Motherhood had not proved to be as satisfying or as much fun as they had hoped. They regretted their loss of freedom and were guilt-ridden when they felt anger and rejection towards their children. Some saw themselves as the 'bad mother'. One mother had

suffered a severe post-natal depression after her child's birth and realized that she had been unable to show him love and had rejected him during her illness. She saw her current difficulties as his way of paying her back, and longed for another baby to prove she could do better.

2. Anger at children—14 instances

Certain group members were very relieved to confess and share their angry feelings. Susan and Rita admitted losing control and hitting their children too long and too hard. After these episodes they had been frightened of their own aggression and too ashamed to tell family or friends what they had done. Shouting at children also occurred; it was seen as immature behaviour but also as a way of finding relief for pent-up feelings. It was felt that the continual demands of young children left no time for peace and quiet, restricted freedom and made for loss of personal identity; this was bitterly resented by certain mothers.

3. Child development and management—13 instances

Many questions were raised about the normal physical, emotional and intellectual development of children, and the mothers sought reassurance about their own children's needs and demands. The importance of play for children, of providing appropriate toys and physical activities which give outlet for children's aggression, provoked lively discussion. The more mature and experienced mothers readily shared their knowledge with members who lacked this understanding. Tantrums, limit setting and the handling of children's anger were a source of worry to many mothers, who found themselves responding to provocation with aggression. Meal times and messing with food aroused anger and some members admitted that they set too high a standard of table manners for very young children.

Rita's daughter suffers from a milk allergy which had created feeding problems from birth. Frustration and anger had built up, together with a fear that poor diet could lead to illness. Talking about these mixed feelings gave this mother enormous relief: she talked compulsively and tended to dominate the group because of the high level of her own anxiety.

During the five months of the group, Rita's daughter showed normal self-assertion and defiance. At first her mother could not tolerate this. At one session she showed great distress, having lost control and smacked her young daughter "too hard". After sharing this episode, Rita told us she had made a conscious decision to set lower limits for her child and to try to be more tolerant. She later told us that as soon as she did this her relationship with her daughter improved.

4. Depression and loneliness—13 instances

Group members described vividly their intense feelings of isolation, lack of intellectual and social stimulation and the constricting effect of being left with only a child's company all day.

Post-natal depression had not been fully recognized or effectively treated in Susan's case; her suffering had

been severe and had almost overwhelmed her marriage. She described her inability to make the effort to get out of the home and to develop interests and friendships which could bring relief. Loneliness and depression set up a vicious circle from which Susan and other mothers felt unable to break without help.

5. Husband's role—12 instances

There were many expressions of negative feelings towards husbands. Some husbands were described as rigid and autocratic in the home and, having been spoiled by their own mothers, were now being demanding as a result of this early cossetting. There was general agreement that husbands seemed not to understand the needs of wives who had been looking after children all day. Many of the group members were angry that they were given no relief and support when they felt emotionally drained and physically exhausted.

Sex was a 'non-theme' and any casual mention was not taken up. However, Susan eventually told us that, because of the marital stress caused by her post-natal depression, her husband was now refusing to allow her to have another baby. During the life of the group her husband applied for a new job as a prison officer which would have meant living in a socially isolated place with little stimulation. Susan felt unable to cope with such a life and she regressed briefly into the despair and anger of her earlier depression. This so alarmed her husband that he quickly changed his plans and refused the post. The caring behaviour strengthened their marriage and Susan is now pregnant. The group showed sensitivity to Susan and gave her support during this stressful period.

6. Separation from children—11 instances

There was general agreement that over-protecting children was not a good thing, but many group members spoke of their own difficulties in 'letting go'. They felt guilty about leaving their children when they first started school. One mother said that she would watch her child at a distance when she went out to play in order to reassure herself that all was well. Sylvia remembered her own mother looking at her over the playground fence and wishing she would go away. Feelings of loss when children started school were shared, as was confusion when children returned home both rejecting and demanding of their mothers. There was some resentment that the children seemed to want to shut them out of their new world and not to share the day's events.

Renée told the group that it helped her to gain in self-confidence and self-esteem when she took her young daughter out, as she was then seen as having a role, i.e. that of mother.

Sylvia's daughter started school while the group was in progress and this coincided with her husband's absence on a four-week course. These two separations raised Sylvia's anxiety to such a pitch that her daughter became disturbed. She showed phobic symptoms and imagined she was covered in bees which she would only

allow her father to brush off at weekends. Talking about her fears helped Sylvia; the group again gave sympathetic support. The daughter's symptoms subsided and she settled happily at school.

It was recognized by the group that it was important to let children grow up and gain enough confidence to make their own lives outside the home, even if this was hard for their mothers. Towards the end of the group session there was a growing insight into the fact that over-protection is a way of trying to meet a need in the parents rather than of helping the child.

7. Roles of women—eight instances

The changing roles of women in society produced a number of comparisons between group members' own lives and those of their mothers. Expectations were now higher and sometimes frustration increased as a result. There was resentment at loss of independence, especially loss of an enjoyable and stimulating job. When one mother started to work part-time as a nurse in a local old peoples' hospital, other group members were envious that this had proved both possible and successful. Rita openly voiced her wish to return to her former job. There was also envy of husbands' freedom to continue to work as well as be a parent. Women's subordination to men in this matter brought out resentment and anger in discussion.

8. Relationship with own parent—eight instances

This subject was a painful one for several members of the group and there was considerable ambivalence about past and present relationships with parents.

Susan felt her father was a cold and rejecting man who gave money to her instead of love. She was unable to come to terms with this rejection and still wanted his affection. He had remarried after the death of her mother and her step-mother had also shown coldness towards her. Her guilt about rejecting her baby during her post-natal depression was intensified because of these early experiences. She had always longed to be the perfect mother.

Rachel remembered her anger at her mother because, as a little girl, she was expected to be submissive and conforming. She had played this role, but resentfully, and believed it had led to her later lack of self-confidence.

Members agreed that they had more insight now about the effect of their own upbringing on their marriages and motherhood. This created anxiety about the possible consequences of their own parental mismanagement on their children's later lives.

9. Role of fathers—seven instances

There was unanimous agreement that fathers were in a better position to discipline children because they generally saw so little of them. It was also felt that fathers tended to opt out too easily and leave the burden of upbringing firmly on their wives' shoulders. This resulted in fathers not understanding how exhausting the continual demands of young children can be.

10. Childbirth experiences—seven instances

Memories of childbirth were still vivid and there were stories of uncaring staff and disapproval of mixing live births and miscarriages in the same wards. There was regret by one mother that she had not been allowed to see her baby immediately after delivery, as she had wished. Recent developments in midwifery practice were discussed and several members spoke appreciatively of their babies being placed onto their stomachs after birth, and their surprise at how heavy their infants felt. The need for more emotional preparation for childbirth was stressed and for more practical teaching in baby care from ward staff. There was anger at neighbours' old wives' tales, which can still raise anxieties. There was also understanding that there may well be a period after birth before warm feelings for the new baby are experienced and that maternal instinct is not automatic on delivery.

11. Death—four instances

While the group was in progress, Margaret's maternal aunt was run over in particularly distressing circumstances. There was a shared grief and shock among members. Margaret not only mourned a loved aunt, but also the untimely death of her mother. She had quarrelled with her mother and had left home with the relationship unresolved. Her mother had then died before she could be reconciled to her and her guilt was now reactivated by her aunt's sudden death.

The group wondered how to deal with children's questions about death. These often followed the death of a loved grandparent or a pet animal. Our general reluctance as a society to face the fear of death was talked about openly. Several members had tried to comfort and help neighbours who had lost babies through miscarriage or stillbirth and there was a full discussion of the process of grieving and mourning.

Group development

By the ninth session the group had coalesced well and the members became more sensitive and understanding of each other and responsive to the needs of individuals. This progress took place without any direction or suggestions from the leaders. We also noticed that the group began to talk naturally about problems and feelings and that there was willingness to get down to work. Members became less defensive and were able to admit more freely any failures of parenting during the past week. They expressed their appreciation of being able to talk openly together in a way that was not possible in certain other groups. Members felt they had been given permission to speak of hidden problems not previously admitted, for example feelings of hate towards children and physical aggression shown to them.

The crèche was welcomed, as it made it possible for the mothers to talk quietly, away from the continual demands of young children. The reunion with babies and young toddlers became more tranquil and anxiety about separation lessened.

Certain group members showed marked individual growth. One mother showed insight into her problem of talking too much in the group and realized that people could be helped in non-verbal ways after she herself had experienced this. As her own anxiety decreased, so did her compulsion to talk. Another member who had been continually used by other people for most of her adult life and needed to allow this to happen, experienced enormous relief in admitting to her own deeper needs.

The last session was fully attended. It started with a feeling of jollity but ended with sadness. One leader felt she would like the group to continue, but we kept to the original agreement of ending after six months. Two group members wrote expressing appreciation and offering to assist with any further group as crèche helpers.

Discussion

Setting up

The importance of personal contact and explanation to potential members in the initial stages of setting up a group must be emphasized; so must the amount of time which is involved in organization, including planning the crèche. The practice doctors were not involved in planning this group, but in starting a similar group we feel that wider discussion of its aims and therapeutic possibilities could make referrals from members of the practice team possible.

Leaders' role

Comments from group members in the final session indicated that we were seen as stable factors and that our presence prevented the talk from becoming trivial. This interested us as we had never needed to give overt direction, although at the outset we thought this might be necessary. Our non-directive, uncritical and releasing role seemed to give group members a sense of security and they were able to speak of deep feelings which they would normally hide. We noted that little apparent aggression was shown in the group.

In conclusion, we feel that the group was worth while and hope to repeat it.

Further reading

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