EVALUATING A GROUP FOR MOTHERS UNDER STRESS

JEREMY PRITLOVE

Groupwork is a highly appropriate form of help for mothers under stress. This article describes one such group, which was evaluated in terms of its objectives, including support, problem exploration, and confidence-boosting. Group members had many attributes of chronically depressed women. A variety of techniques were used in the group. The evaluation shows that the group had a long term supportive function rather than that of quick ‘therapeutic change’. This is wholly understandable in terms of the depth and persistence of the members’ problems. Practice implications for membership and the running of such a group are discussed.

THE EXTENT of mental health problems encountered amongst the majority of Social Services clients is now well recognised (Cohen and Fisher, 1987). Often these difficulties are found in cases labelled as ‘child care’ or ‘family problems’. Many social workers deal daily with these issues, but may not devote special effort to intervening in them.

Area-based social workers are, however, ideally placed to make such interventions, for two important reasons. The first is that provision of extra help for these problems as they emerge in the primary care setting of the community may help to prevent the client's needing to take up specialist help and so enter on a ‘psychiatric career’, possibly resulting in admission to hospital. A number of groups in the community can be identified whose situation places them at special risk of mental ill health. These include the bereaved, the unemployed, and mothers of young children in urban areas (Newton, 1988). Early intervention with such clients may help prevent the development of chronic problems.

The second reason is related to this. Help which is provided in the community, outside the specialist psychiatric framework, avoids the stigma of association with mental hospitals. It may also be able to make more use of possibilities for self-help both within the client and the community than can services based upon the medical model.

Area-based social work teams are particularly familiar with one group whose needs meet the above criteria. This is mothers of young children who are experiencing depression, anxiety, loneliness and related stress. Such mothers feature prominently in caseloads, whether classified as statutory child care or ‘family problems ’ cases. Recent research shows that 57 per cent of mothers in child care cases in one area had significant mental health problems (Isaacs et al., 1986).

The vulnerability of this group to severe mental ill health has been described in detail by Brown and Harris (1978). In particular, vulnerability to depression was found by Brown and Harris to relate to four factors: the lack of an intimate confiding relationship with a partner; three or more children under 14; lack of paid employment; and loss of mother before the age of 11.

These aspects of stress and depression for this group are amplified by other evidence which reinforces the higher risk of mental ill health for women with lack of social support, especially when separated or divorced (Corney, 1985).
There is therefore a strong case for an area-based social mothers under stress work team to decide to focus on the needs of mothers under stress. Groupwork is a particularly appropriate approach to use. This can best be explained by relating these needs to the advantages of groupwork listed by Brown (1979). In particular, these are that people with similar needs can find mutual support in groups, and no longer feel that they are the only person with the problem; that attitudes, feelings and behaviour, such as loss of confidence, can be changed in group settings; that in a group, every member is a potential helper, which works against the helplessness of depression; and that groupwork is economical of social work time and effort, a factor especially important when potential group members are or may be existing social work cases.

The importance of mutual support in a group is of obvious significance given the findings discussed above about the dangers of lack of a confiding relationship and of social support.

Consideration of these issues led in 1981 to discussions in group the West Leeds Social Services Division about the setting up of a group for mothers under stress. The area concerned covers a population of 120,000 and runs from high density Victorian terraced housing near the city centre, through extensive pre-war and post-war council estates to a small industrial town and further estates bordering Bradford. A large proportion of the area thus consists of the kind of urban setting described by Brown and Harris in their study of depressed women (1978). Five social work teams cover the area.

A recent survey of social work cases in part of the area showed that half those cases with a mental health element were classified as 'child care or family problems', and that 39 per cent of such mental health cases involved a client caring for children under 13. In over half the cases, the parent's mental health problem was felt to have a marked effect upon the family's functioning. These results showed clearly the extent to which social workers in the area were already working with mothers under stress.

Discussion of the role of a group for mothers under stress in the area led to the agreeing of five objectives:

i. mutual support for members - the importance of this has already been stressed;

ii. exploration of problems - these could include child care, housing, benefits, relationships, medication;

iii. confidence-boosting - this would tackle the 'learned helplessness' of depression (Seligman, 1975);

iv. prevention of breakdown - the group would help prevent growth in mental ill health;

v. help with child care - since child care problems are linked with parental stress, and because they can lead to statutory involvement, this was an important aspect on which to focus.

Social workers should routinely evaluate their work as part of their commitment to providing the best service possible. It is especially important to do this when a new, and to some extent experimental, resource is being created. Hence it was felt important to evaluate
the group for mothers under stress from its inception.

The initial framework for evaluation was fairly simple: to see to what extent the objectives of the group were met. This, however, raised certain problems. The first of these was that the original objectives for the group were formulated by staff and hence could not be said to have been agreed upon by group members. Yet, with a changing group membership, it was not possible to ensure consistent group objectives which could be evaluated over a period of time. Fortunately, the evaluation process itself revealed that members’ objectives were similar to those originally chosen for the group.

The second problem was how to measure the achievement of the objectives. Three main methods were used: following the progress of each member through the group; keeping a record of each meeting; and asking group members to evaluate the group, using a simple rating scale of 11 variables, one year and two years after the group had started.

The third problem concerned the fact that the evaluation was based on work done by the group leaders themselves. In practice, it is usually not practicable for practitioner research of this kind to call in outside help. Any lack of objectivity is hopefully compensated for by the insights provided by close involvement with the work. Practitioner research, where the structure of research helps the social work process, and the insights of social work enlighten the research process, should be a very good model to use for the evaluation of a group for mothers under stress (Pritlove, 1985; Reid and Hanrahan, 1981). The evaluation covered the first two years of the group's existence, from January 1983 to December 1984.

Throughout the period the group was led by two social group workers, one of whom was the community-based mental health specialist (the present author). The aim in leadership was to provide what Brown (1979) calls medium negotiability: where the leader ‘...decides initially some broad outline goals and means .... but members have the power to negotiate.... about these and to modify and change them’. There was always one male and one female leader as such co-leadership between male and female ‘ensures that the opposite sex is actually present in the group, and so can be worked with directly’.

The group met for six separate school term sessions. Meetings were not held in holidays because of problems of child care. The membership for each session was closed. Brown points out that a closed group is usually best for short term work, as this enables consistency and a rapid build up of trust and experience. Members were able to carry over from one session to another. In each session, meetings took place weekly, for two hours on Tuesday morning.

The maximum group size was fixed at eight. Experience indicates that five or six members are best, and that some dropping out of potential members is to be expected.

The group met in the staff room at a family nursery centre. This was chosen in the first place because members with pre-school children could have them cared for in the nursery while the meeting took place. In addition, the centre had a warm and friendly atmosphere, was conveniently situated for bus routes and provided facilities for making refreshments.
Referral was from social workers in the area-based teams, and also from the team at the local psychiatric hospital. Team members were sent a description of the group, and made referrals on a standard form. The group leaders discussed the referral with the social worker concerned, and, if agreed, then arranged to meet the prospective member at home, to talk about the group and assess their suitability.

Group leaders provided transport to two members who suffered from agoraphobia, and to four members who lived over four miles away from the nursery centre.

Each meeting was reviewed in the following week by the leaders.

Over the two years, 28 referrals were made to the group. Of Members of the group these, eight never attended a meeting: three decided not to come after talking to group leaders, two were withdrawn by the referring social worker, and three arranged to come but did not do so.

Twenty members therefore attended the group for at least one session over the period.

<table>
<thead>
<tr>
<th>No of sessions attended</th>
<th>Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>12</td>
</tr>
<tr>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total: 20</strong></td>
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</tbody>
</table>

The average size of the group was five members (not including the leaders). Out of a possible maximum of 372 attendances, 282 took place, which is a 76 per cent attendance rate.

Over the period 15 members left the group: 10 dropped out, or did not 'fit' in the group, and five left having made good use of the group. Five stayed on. These assessments were based on the judgement of the group leaders, derived from observation of group members and discussion with them.

Most members were aged in their late 20s or early 30s: the average age was 29.5 years. The average number of children under 14 was 2.7. So far as the four Brown and Harris 'vulnerability factors' could be measured, the group scored highly.

<table>
<thead>
<tr>
<th>Factor</th>
<th>No of members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of confiding relationship</td>
<td>least 13</td>
</tr>
<tr>
<td>Three or more children under 14</td>
<td>10</td>
</tr>
<tr>
<td>No paid employment</td>
<td>16</td>
</tr>
<tr>
<td><strong>Total : 20</strong></td>
<td></td>
</tr>
</tbody>
</table>

Three quarters of members were receiving medical help for depression or anxiety, and eight of these were under the care of a psychiatrist. This indicates a very high level of mental health problems.

Half the members had had social work help over child care problems.

Members brought many problems to the group. Sometimes the group this was done by use of a method organised by the leaders, such as
brainstorming, or problem checklists. More often, problems were talked about in the open discussion which was part of each meeting.

The problem checklist which members completed from time to time gave an indication of the comparative importance of problems. Forty problems were listed, and members ticked each one that applied to them. Analysis of two completed lists, done midway through and at the end of the two year period, shows that lack of confidence affected the most people, followed by depression and loneliness. The eight most often chosen problems were:

<table>
<thead>
<tr>
<th>Problem No</th>
<th>who answered</th>
<th>No who answered</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>I don't feel very confident in myself</td>
<td>14</td>
</tr>
<tr>
<td>2</td>
<td>I give in to people too easily</td>
<td>13</td>
</tr>
<tr>
<td>3</td>
<td>Feelings of depression</td>
<td>12</td>
</tr>
<tr>
<td>4</td>
<td>I give in to the children too easily</td>
<td>12</td>
</tr>
<tr>
<td>5</td>
<td>Feelings of loneliness</td>
<td>9</td>
</tr>
<tr>
<td>6</td>
<td>Feeling bored</td>
<td>9</td>
</tr>
<tr>
<td>7</td>
<td>I miss my parents</td>
<td>9</td>
</tr>
<tr>
<td>8</td>
<td>I can't manage money</td>
<td>9</td>
</tr>
</tbody>
</table>

The importance of lack of confidence as a problem ties in with one of the objectives chosen for the group, that of boosting members' confidence. Problems about confidence ranged from being unable to leave the house alone to not knowing how to talk to new acquaintances, and from not being able to approach the head teacher at school to being unable to tell a cohabitee to be just with the children. Other examples were difficulty in saying 'no' to a neighbour on the scrounge, and in getting what was wanted from the doctor. On one occasion members brainstormed 'What we want', and courage and confidence were top of the list.

Most members experienced moods of deep despair. Some times these were brought on by external factors such as trouble with ex-husbands, and sometimes it was just a feeling that life was worthless and there was no point in carrying on. These experiences were shared in the group.

Many had few friends, were on poor terms with neighbours, got no support from husband/cohabitee, and deeply missed parents who had died or were far away. One member talked of ‘going mad at home’. For this reason the group was seen as a real break in the week, even a lifesaver on occasions.

These feelings connected closely with grief over lost parents. This was a delicate subject and difficult to discuss in the group, but it was clear that many members had deeply unhappy childhood, feeling rejected by their parents or losing them at an early age. This again links with the findings of Brown and Harris, that loss of mother at an early age is a major factor in depression.

Many members had difficulty with their children's behaviour. Some children had committed offences, others were hyperactive, difficult, or involved in solvent abuse. Some members understood very well that it was difficult for them to show love and sensible discipline to their children when they themselves had been deprived of them in their own childhood.

One problem that was not mentioned on the checklist but was talked about a great deal was that of unsatisfactory relationships with husbands or cohabitees. Several members felt trapped in a
relationship where their partner contributed very little and was perhaps unreliable, a heavy drinker, violent, or unwilling to care for the children. During the two years two members' at great cost, ended unsatisfactory relationships and made new ones. Both felt that the group helped to give them confidence to do this.

Meetings followed a fairly fixed pattern, established early on. One member would make coffee and, while this was being drunk, there would be general talk. Members then talked, in a more structured period, about the past week's events. The leaders would then introduce a game or exercise on one of the problem areas agreed on at the beginning of the session of meetings. Half way through the meeting there was another coffee break and then, towards the end, ten minutes of simple relaxation, led by one of the leaders.

The methods used in the group were geared both to the stages of the group's life and to tackling the problems identified by members. They were derived from the literature on groupwork with depressed people (Bowman and Ware, 1976; Fyfe and Howard, 1982) and from that on general groupwork techniques (Lindenfield and Adams, 1985; Priestley et al., 1978; Brandes and Phillips, 1978).

These methods fall into nine types:

Introduction/getting to know each other

This is a crucial process. Early meetings in each session were structured in a very detailed way to help members get to know and trust each other. Introductory games included splitting into twos and introducing selves, listing 'first impressions' of others, talking about surnames, and brainstorming 'why I came here', and 'what this group should do'.

Exploring problems

Early in the session the group brainstormed problems; in later sessions, these were further explored with, for example, the problem checklists, diaries of 'how I felt! through the week, and comments on others' problems, written anonymously on slips passed round.

Confidence-boosting

The importance of this was clear, and much time was spent in it. Techniques included listing 'five things I can teach someone else', doing 'advertisements for myself, talking about 'something I am looking forward to next week, and role playing dealing with difficult child behaviour, or getting to know people in a pub.

Self-awareness and mutual feedback

This is obviously closely related to confidence building. One of the features of depression is that it distorts the sufferer's view of the world. Members were able to realise that they were not the only person who was terrified of going into shops, and that others saw them as more confident than they felt. Techniques used included a game in which members described another member's identity as an animal, flower, car etc.; listing each other's good attributes; painting a picture of 'my Christmas'; and talking about a fantasy self.
Early life

It has already been shown how significant this could be. Members spent some meetings drawing ‘a map of my life’, and discussing it. This brought out a lot of pain and sadness.

Relaxation

Group leaders led a simple form of deep muscle relaxation, followed by five minutes of taped music. Members were encouraged to use this technique at home.

Having fun

There was a great deal of humour and friendship in the group.

Speakers

Members asked for two speakers: a solicitor from the law centre, and a clinical psychologist.

Evaluation

Group members were asked their feelings about the group, both informally and on rating terms completed anonymously. This process was seen as basic to the working of the group.

Information on which to base the evaluation of the group came from two main sources: members’ own evaluation, mainly from the rating forms used; and an analysis of members’ progress in the group.

The members’ evaluation related to each of the original objectives for the group:

Mutual support

There were four relevant variables on the rating form, and most members felt that on each, the group was very satisfactory:

<table>
<thead>
<tr>
<th>Variable</th>
<th>Members agreeing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group is very warm</td>
<td>77</td>
</tr>
<tr>
<td>Group is very welcoming</td>
<td>70</td>
</tr>
<tr>
<td>Group is very tolerant</td>
<td>62</td>
</tr>
<tr>
<td>Group is very understanding</td>
<td>59</td>
</tr>
</tbody>
</table>

In general, members felt that the group provided them with an invaluable break in the week. It got them out of the house, away from sources of stress, relieved their isolation and loneliness, and provided support from others in the same situation. Several members became good friends and visited each other at home. Others brought clothes for each other.

However, group leaders felt that there were several occasions when the group seemed unable to help the distress of a particular member, or ignored the quieter ones. Members often talked across each other, and seemed unable to talk about problems other than their own.

Exploration of problems
Members said that it was helpful to share and explore problems, but that the group did not greatly help them to solve problems. They felt that their problems were chronic and that all that the group could do was to offer a break from them and a chance to share them.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Members agreeing (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The group helps with my problems a lot</td>
<td>43</td>
</tr>
<tr>
<td>The group helps with my problems to some extent</td>
<td>14</td>
</tr>
<tr>
<td>The group makes no difference</td>
<td>33</td>
</tr>
<tr>
<td>Other responses</td>
<td>10</td>
</tr>
</tbody>
</table>

Members did make good use of all the methods for problem exploration.

Confidence-boosting

Members identified this as a key area, and two felt that the group gave them the confidence to go through with very difficult decisions. Others reported small but significant increases in confidence, such as saying 'no' to a neighbour on the scrounge, tackling a head teacher about a child, or asking about a job. Members' overall rating was not however so positive.

<table>
<thead>
<tr>
<th>Members agreeing (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The group makes me feel more confident:</td>
</tr>
<tr>
<td>very much so</td>
</tr>
<tr>
<td>to some extent</td>
</tr>
<tr>
<td>no effect</td>
</tr>
</tbody>
</table>

Prevention of breakdown

This was a very ambitious objective, and hard to measure. One point to notice is that no members were admitted to psychiatric hospital over the period, despite the fact that some went through periods of intense stress and depression. It is of course difficult to evaluate what role the group played in this.

Help with child care

Members' evaluation of this was similar to that of the exploration of problems, of which child care was a significant one. It also related to confidence, in that confidence in dealing with children's difficult behaviour was a major issue.

The other element in the evaluation was to look at the progress of members. For this purpose, members could be divided into three groups: those who left in unsatisfactory circumstances (dropped out, were found unsuitable, or found the group unsuitable); those who left by agreement, having in the leaders' judgement made good use of the group; and those who stayed on.

An analysis of the characteristics of these three groups shows some differences.

<table>
<thead>
<tr>
<th>Ave.no of sessions</th>
<th>% with 3+</th>
<th>Average age</th>
<th>aged &lt;14</th>
</tr>
</thead>
<tbody>
<tr>
<td>'Unsatisfactory' leavers</td>
<td>1.2</td>
<td>27.8</td>
<td>60</td>
</tr>
</tbody>
</table>
The 'unsatisfactory' leavers attended fewer sessions. Of course, this was partly due for some to a decision to 'drop out' early; but it may also suggest that, for the group to have a useful effect, more than one 12-week session is necessary. In other respects this group was like the 'stayers on'. At least six out of the 10 unsatisfactory leavers were judged by group leaders to be too disturbed, or too withdrawn for the group, or to be unable to give anything to the group. The other four were felt to have been able to benefit, but clearly they thought otherwise.

The 'satisfactory' leavers tended to stay for more than two sessions, and were an older group with fewer children under 14. More of them proportionately were in employment. They therefore seemed to score less highly on two of the Brown and Harris vulnerability factors.

The 'stayers on' group was similar to the 'unsatisfactory' leavers in terms of age and number of children under 14, and fewer of the group were in employment than in the 'satisfactory' leavers group. The 'stayers on' therefore seem to be a more vulnerable group.

The members of the group for mothers under stress were very vulnerable in terms of earlier research on the problems of depression in mothers in urban areas (Brown an Harris, 1978). They were all referred by area-based generic social workers, and this fact indicates again clearly the extent of mental ill health in clients whose cases are designated as child care 'or family problems'. Half the members, had had social work help (often statutory) over child care, which demonstrates the close relationship between mental health problems and child care work.

The case for providing extra help to such an at risk' group is clearly overwhelming. The indications for this to take the form of groupwork are also strong. Groups provide mutual support, which should help deal with the lack of a confiding relationship; they provide opportunities to change attitudes, and for self-help, thereby counteracting aspects of depression; and they should be economical of social work effort, an argument which is particularly strong when all the members are already on social workers' caseloads (Brown, 1979).

The groupwork that was provided for the members provided a structured framework of exercises, games, and relaxation to tackle problems which members themselves raised. It was designed to promote mutual support, was based in a 'non-Psychiatric' setting (the nursery centre) and hence was aimed at dealing with the members' identified needs outside the mainstream of psychiatric services. That these women were prime candidates for preventive mental health work is obvious. The problems that they brought to the group were serious and deep-rooted. They relate to Brown and Harris' vulnerability factors the more children under 14; lack of a confiding relationship and of paid employment; and loss of parent when young. Lack of confidence, loneliness, and difficulty with child care are all clearly connected with these.

The group's effectiveness in tackling these problems was mixed. Mutual support clearly existed, but there was less certainty about direct results with problems, and there was a high proportion of 'unsatisfactory' leavers. These findings suggest several comments.
Firstly, there is the question of the extent to which the group was taking on members whose problems could be worked with at all. Ten members left in unsatisfactory circumstances, and for at least six of these, it was because their problems could not be adequately dealt with in the group. This indicates that the selection process was not working properly, despite the discussion with referring social workers and the introductory home visit. There is a case for designing a different kind of selection process, for example one in which the prospective member joins an assessment group, thereby allowing her and the leaders to test out suitability (Brown, 1979).

A second comment is about the kind of leadership provided. As explained above, the leaders in this group aimed to provide a structured framework but one which allowed for members to choose the problem areas to be worked on. It may have resulted in a style not sufficiently focused and task-centred.

The third comment relates to members’ length of time in the group. The results of the evaluation indicate that at least two 12-week sessions were needed to achieve a ‘satisfactory’ leaving of the group. This may of course be a result of the relaxed, less task-centred style of the group referred to above, but it is perhaps more likely to be the result of the sheer deep-seated nature of members’ problems.

Connected with this may be the fact that the ‘satisfactory’ leavers were an older group, with a much lower proportion affected by at least one of the Brown and Harris vulnerability factors, three or more children aged under 14. Their ability to move on successfully from the group may be associated therefore with less vulnerability to stress and depression in general. In contrast, the ‘unsatisfactory’ leavers, and those who stayed on, seem to have been less protected in terms of the danger of mental ill health.

The groupwork offered could thus have made more of an impact in terms of ‘moving on’ for older, less vulnerable members, while for those more at risk, the effect was hopefully one of maintenance. The concept of maintenance in mental health work is now becoming more accepted as the deep chronically of mental health problems in the community becomes more evident (Oliver et al., 1989).

This is the last, and most important, point to be made. The Brown and Harris vulnerability factors are all, by their nature, chronic. Even the one most apparently amenable to change, lack of paid employment, is, in the economic climate of the 1980s, a very difficult problem. Indeed a brief consideration of the socio-economic status of group members suggests that, quite apart from their psychological and emotional problems, difficulties in this area were intractable. To these, of course, must be added the traumas of an unhappy or unloved childhood, casting its blight over current relationships and child care. All members found relationships - whether with parents, partners, children or friends - chronically difficult.

It was therefore entirely reasonable for members to say that, while the group provided invaluable mutual support, it did not greatly help to solve their problems, for these were long-standing and they knew they would have to live with them. In many ways, the mental health difficulties which this group of clients faces are as chronic as those suffered by clients who have psychotic illnesses, and the
experience of the group drives home this conclusion.

In summary, therefore, this study indicates the usefulness of groupwork with mothers under stress, noting the high level of mental health problems which they suffer, and suggests that the best way to tackle the issue is to recognise the inherently chronic nature of the difficulties which these mothers experience. The need for this kind of provision must be considerable!

Acknowledgements

This study could not have been done without the hard work and co-operation of Maria Pratt, Margaret Nichells, Jane Foreman and, of course, the group members themselves.

References


Fyfe, E, and Howard, X (1982) Working it out together', Community Care, 7 October.


