Short-Term Group Social Service Project for Pregnant, Indigent, Unwed Teenagers

JUDITH A. LAU

WHILE a graduate social work student assigned to the city of Richmond (Va.) Department of Public Health, I designed a demonstration effort to ascertain the potential value, in a public health setting, of short-term group services for indigent black women who are pregnant and unwed.

In October 1966 the health department submitted a special proposal for a maternity and infant care (MIC) project to the U.S. Children's Bureau, which was approved and financed by the Bureau. Basically, the purpose of the project was to improve and expand services to high-risk pregnant women in the city of Richmond, with the broad goals of reducing the incidence of prematurity, infant mortality, mental retardation, and birth defects. More specifically, the project listed among its purposes (*a*) improving the quality of care provided to expectant mothers and infants and (*b*) making currently available care more comprehensive.

The typical or modal client in Richmond resides in the east section of the city; she is poor, black, teenaged, and unmarried. Discussions with public health physicians, nurses, medical social workers, and the patients showed that many of the girls have deep feelings about pregnancy but are reluctant to "open up" about certain aspects concerning it. The department staff has been concerned about these fears and feelings during this critical period.

Informal discussions were held with residents, interns, and nurses at the hospital where these girls had delivered their babies. Many of the girls had been terrified of the delivery experience and full of misconceptions about what was going to happen to them. Their fears often were so exaggerated that they created for themselves a more difficult and painful labor, a more complicated delivery, and possibly more cesarean sections. Whether or not to release the child for adoption often had not even been considered before delivery. Many of the girls had missed the full opportunity of expressing their fears and feelings about the highly emotional and possibly traumatic events that they were experiencing.

The principal social services that had been offered to the girls focused on financial assistance and adoptive services. Would it be possible in a demonstration effort to intensify the quality of service by providing group services, focused on social and emotional needs, that might not be covered by the clinic experience? And might such services on a regular basis be a justifiable expansion of the basic services for all the girls attending the maternity clinic? Emphasis in this demonstration then was to show that time-limited service rather than an open-

Mrs. Lau is a graduate student of the School of Social Work, Virginia Commonwealth University, Richmond. *She was the recipient of child welfare grant No. CWT 69–6 from the U.S. Children's Bureau.* *Tearsheet requests to Mrs. Judith A. Lau, 5230 Castlewood Road, Richmond, Va. 23234*

ended approach would provide the benefit of group service but be more in keeping with the staff limitations of the agency.

Group Services in 1967

In 1967 a medical social worker in the MIC project and the public health educator initiated open-ended group services to a number of unwed mothers. Eleven 1½-hour meetings, held between October 24, 1967, and January 9, 1968, were attended by a total of 30 girls. Attendance at each meeting ranged from three to nine girls with an average attendance of six girls per meeting. The girls attended from one to seven meetings each, with an average attendance of more than two sessions per girl.

The biggest gain, according to the medical social worker, was what the girls were able to do for each other. As group members they were able to say things to each other that the group leaders could not say as effectively. Most significantly, the nursing staff at the hospital reported that they could tell which girls had attended the sessions by their more positive attitudes and behavior.

The leaders made excellent use of resources, especially within the client group itself. Girls pregnant for the second time were included in the group because of their experience and peer status, and they were able to reduce fears for many other group members. Young nurses were brought in who could relate to the girls. In addition, trips and films were an integral part of the sessions. Although the services were considered worthwhile, they had to be discontinued because of a shortage of available staff time.

Literature Implications

In a report discussing the values of group service to unwed mothers, S. R. Slavson (*1*) pointed to the following possible results of the group experience:

1. Enhancement of self-acceptance and correction of defective self-images
2. Reduction of guilt and anxiety through universalization of problems
3. Assimilation of essential knowledge and information
4. Potential identification with a "wholesome parental figure" in the person of the leader

Slavson (*1a*) described the unmarried mother as a person with low self-esteem and one who does not find it easy to release negative feelings. Since she is also "predominantly compliant and submissive, the leader must be ever alert to underlying currents, help bring out what the girls really want but are afraid to say, and at the same time remain neutral."

Other experiments with group services to unmarried mothers have also yielded useful information (*2*). One study of the Florence Crittendon Inner City Services in Chicago revealed that the girls could communicate verbally in efforts directed toward mutual problem solving, that common problems existed among girls of all ages during pregnancy, that all were experiencing physical changes due both to pregnancy and adolescence which concerned them, and that some plans needed to be made by all pregnant girls.

In summarizing this study, the investigators stated that the "relieving factor of knowing that all the other girls are experiencing these feelings too is one of the most important factors in the helping process of the group" (*2a*). Certainly this factor has applicability to the goals of the Richmond MIC project.

Chaskell (*3*) reported a study, undertaken at Yale-New Haven Medical Center, of group techniques for prevention of illegitimacy in which it was found that the provision of contraceptive devices was only one of the contributing factors in the success of the experiment. In a discussion of study results, it was pointed out that ". . . the group's respect for the dignity and individual worth of the unmarried mothers . . . and the group's successful efforts to integrate them into the mainstream of community living . . ." were significant factors in the success of the project.

Methods for short-term groups, according to Shoemaker (*4*), must include ". . . communication and use of feelings, the use of time as a reality factor, and helping the group make decisions." That the leader needs to utilize these and other basic social work methods and philosophies is fairly clear, but also essential is an extensive knowledge of the processes of pregnancy and birth in order to provide effective service to such a complex group.

It was reasoned that those girls who are shy and reluctant to speak have the feelings and questions of every pregnant woman and that they could receive much benefit from a group situation. Slavson's experience with groups (*1b*) supports this contention. He reported that "those . . . who benefited the most from the discussion groups were the timid and withdrawn who had not been able to talk up for themselves."

A survey of public health journals revealed that little is being done within the public health setting in the direction of short-term group services to unwed mothers through specific social work orientation. The Richmond department's question to be answered then was this: Could the services to unwed teenage mothers in the MIC project be improved through a time-limited social work-oriented group

service? Literature, previous experience, and contacts with staff and patients of the MIC clinic then led to the following generalizations:

1. Unwed mothers as a group tend to be shy and withdrawn, and many are reticent in a one-to-one relationship to express the feelings and fears that are common to pregnant teenagers.

2. Much misinformation is present not only in the teenage culture but in the socioeconomic class of which these girls are a part.

3. The group provides an outlet for feelings, fears, and questions.

4. Expression of feelings through directed interaction reduces anxieties around labor, delivery, child care and the girls' future; opens doors to more successful functioning in society; and suggests ways to improve MIC service from the viewpoint of those served.

Two conclusions became evident: (*a*) that group service could benefit and was needed by all participants in the MIC project, with or without a specific identifiable problem; and (*b*) that short-term group service could meet the needs of the clients as well as intensify the service provided through the MIC project, in keeping with the capacities and limitations of the agency.

Staff members involved in the short-term group service included the social work supervisor, Mrs. Eve Lodge; the head MIC nurse, Mrs. Ida Chambers; a social work graduate student as well as home economists, a nutritionist, and the director of the health department, Dr. F. C. Hays.

Criteria for Membership

After determining the need for short-term group social service, four criteria were established for membership in the groups. The first criterion allowed admission only to those involved in the MIC project of the Richmond health department. Since limits had to be set, it was agreed that girls between the ages of 14 and 19 would be tentatively selected simply because maturational levels and subsequent concerns would be more similar than if those at either age extreme were included.

The three trimesters of pregnancy were then evaluated. For the first group the third trimester, or seventh through ninth month, was selected as the third criterion for group membership. For the second group, the members were in their second trimester, or fourth through sixth month. By limiting the group to girls imminently anticipating delivery or in the middle of a pregnancy, the areas of concern were within limits that could be handled.

Girls for whom there was no room available in the special public school classes for expectant unwed mothers seemed in greatest need of social services. The fourth criterion therefore limited group membership to those on the waiting list for school. It was agreed that these standards would constitute the initial criteria only and could be re-evaluated at any time.

When the group membership was defined, the question then was how those deemed eligible could be motivated to join. Alternatives were discussed. Success of the program would be highly questionable if membership were mandatory, so membership was offered by invitation. Although a group of six or seven girls was considered ideal, 27 carefully worded letters were sent at one time with the expectation of a limited initial response. The letter included a return postcard to indicate interest. A followup letter and bus tickets were sent to those responding positively.

Group Meetings

Two groups of pregnant teenagers were organized, composed of six and nine members. Each group of girls attended three 1½-hour demonstration meetings. The record of attendance for the three meetings was 6, 4, and 5 members for the first group and 7, 6, and 7 for the second. The first meeting, held in the public health department was focused on social work; needs, group goals, and areas of concern were identified. The second meeting was led by the nurse and social worker together, while the final meeting was a tour of the labor and delivery rooms with the social worker, followed by discussions in the regular meeting room. The specific content of both the second and third meetings was subject to the decisions of each group.

First meeting. Because of the shortage of time and the large amount of subject matter, a trusting relationship had to be established quickly in the first meeting with both groups. To achieve this, the meeting began with an effort to help the members see the purpose of the group as related to their specific concerns. The leader's role was identified, and the differences between the members and the leader were directly acknowledged, while at the same time similarities were emphasized. Directness was also used in discussing the girls' hesitancy in attending the meeting and their fears around delivery and becoming a mother. Directness produced a good deal of reaction and interaction among the girls. Both individual and group needs and goals were identified in this meeting, and topics for the next meeting were outlined. Expression of feelings among the group members was encouraged.

Second meeting. This session focused on the social-medical aspects of pregnancy and was led by the social worker and a nurse. Many superstitions and hidden feelings about becoming pregnant,

about the pregnancy itself, about labor and delivery, and about child care were brought out and clarified. Following are typical examples of the misconceptions expressed by the girls:

1. That reaching and stretching would cause the umbilical cord to wrap around the baby's neck and strangle it.
2. That the baby's and the mother's hair should be washed in kerosene for a month after delivery or not washed at all.
3. That illegitimately pregnant girls would be mistreated at the hospital or not treated at all.
4. That once a girl had a baby, she would be afflicted with severe pains and other maladies unless she had frequent sexual relations.
5. That "bad" thoughts or words during pregnancy would cause a malformed child.

Third meeting. In the final session, when the members toured the labor and delivery rooms, there was great opportunity to handle the fears and misconceptions that had been stimulated by the tour. One girl displayed a strange agitated behavior during the first and second sessions and never related to the other members. When it was time to go to the labor and delivery rooms, she became extremely upset and almost hysterical even though much time had been spent preparing the girls emotionally for the tour. Her fears were acknowledged as being real and shared by the others; she was not pressured to go but rather encouraged to make her own decision. She decided to follow the group but as she approached the delivery room window she again became extremely upset. Since the others were also a bit apprehensive, it was pointed out that everyone was feeling a little frightened and that it took a lot of courage just to take part. At that point the girl walked boldly up to the window and stared into the room. The delivery table was described to her as similar to one she had been examined on in the clinic, and other items in the room were also pointed out, including the basket for the baby.

During the walk back to the public health building she was quiet but calm, and in the aftersession she was able for the first time to verbalize some of her feelings and deep fears.

Discussion

From the two groups of meetings came several tentative conclusions and ideas. The girls seemed to absorb much important information about pregnancy, labor, delivery, child care, and their own feelings. Many superstitions were explained and facts were substituted. Considerable conflict existed between the factual information provided in the meetings and at the clinic and the superstition-laden advice of the girls' mothers. In the group setting, however, most of the girls seemed to feel relatively free to express these conflicts even when embarrassing to them. The girls claimed that their fears about the experience of bearing a child were reduced by the group, and they seemed able to face the approaching status of motherhood more realistically and more intelligently.

Another significant factor in these meetings was the almost universal expression of feeling guilty and of low self-esteem. Raising their self-esteem was emphasized. The girls were helped to realize that they could have some control over their lives. Through their own verbalizations they could see that others shared their feelings, fears, and hopes.

One other consideration was the matter of race. Although invitations were issued to both black and white girls, only the black girls responded and attended the meetings. Since the social worker was white, this was one of the differences acknowledged at the first meeting. There was not enough time to deal extensively with deeper feelings about this. In retrospect, because racial feelings may be an issue, perhaps more verbalization on the subject should have been encouraged so that concerns which may have impeded the group process could have been dealt with openly.

Visiting the hospital and handling their feelings afterwards were important to the groups. The girls learned that many of their fears were unfounded, that at the hospital they would be treated as "special" people and that others were genuinely concerned about them.

All the girls in these groups, with one exception, had not considered nor would consider the possibility of releasing the child for adoption. And all seemed thrilled at finally having something to call their own. Attitudes toward contraception usually were laced with misinformation, superstition, and fear, and most methods were usually linked in their minds with cancer. However, in checking the postpartum records of these girls, only one refused all the offered forms of contraception. In addition, according to the hospital charts, no unrealistically fearful behavior was noted, and all deliveries were considered "normal."

Ideas for future groups included a concurrent group for the mothers of clinic patients, possible inclusion of boyfriends in one or more meetings, and use of indigenous leaders from within these groups as assistant leaders of subsequent groups. Formal research to determine the value of such a service might make use of carefully designed questionnaires administered to the recipients of group services and to a control group, both before and after the group experience. In addition, with the cooperation of the hospital, the same girls could be "tagged" and a method devised to assess their behavior in labor and delivery. Finally, a followup

study could seek to identify attitudes toward self, skills in child care, and efforts toward prevention of future unwanted pregnancies.

REFERENCES

(*1*) Slavson, S. R.: Fields of group psychotherapy. International University Press, Inc., New York, 1956, p. 192; (*a*) p. 191; (*b*) p. 190.

(*2*) Crittendon Association: A follow-up survey of teenage unwed mothers. Evaluation Report No. I. Crittendon Comprehensive Care Center. Chicago, August 1968, p. 3; (*a*) p. 25.

(*3*) Chaskell, R.: Changing patterns of services for unmarried parents. Social Casework 49: 3–10, January 1968.

(*4*) Shoemaker, L. P.: Social group work in the ADC program. Social Work 8: 30–36, January 1963.