Research Article

Social support within a mother and child group: An ethnographic study situated in the UK

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Abstract

Social support has been associated with positive outcomes regarding the mothering experience, and professional interventions have therefore been developed in formal settings to promote this. An ethnographic approach was used to consider the subjective experiences of mothers attending a professionally-facilitated group for parents and children aged 0–4 years, focusing on relationships within the group and their importance within existing social networks. Qualitative data were collected from seven participants using interviews and participant observation. These were analyzed by the constant comparison method into codes, categories, and themes. Three themes emerged: past history, being a mother, and function of the group. To ensure mothers and children benefit from such groups, nurses who participate in developing and leading community interventions for mothers and their children need to be aware of the importance of maternal identity and the factors that can impact the relationships between mothers within group settings.

Key words

child, community nursing, ethnographic approach, group, mother, social support.

INTRODUCTION

Social support is a term that is frequently used in the context of personal well-being, and has been associated with a positive outcome with respect to the mothering experience (Leahy Warren et al., 2011). The concept of social support has been defined in several ways (Hogan et al., 2002), but the term originated from literature relating to mental health (House et al., 1988). In this study, we used the term to denote “practical help, emotional sustenance or provision of information” (House et al., 1988 p. 543). The level of social support is contingent upon the size of the individual’s social network and the availability of emotional support in times of need. “Formal” social support is defined as being provided by professional sources, while “natural” social support originates from family and friends (Hogan et al., 2002: 382).

In the UK, a government initiative resulted in the establishment of Sure Start children’s centers (Department of Health, Department for Children, Schools and Families, 2009). The goal of the initiative was to enhance formal and natural social support for parents. The purpose of the centers is to improve outcomes for young children, focusing on those who are most disadvantaged (Department of Education, 2012). This is partly achieved through the Healthy Child Programme, which includes parent and toddler groups, where parents can enhance their skills in caring for their children, learning from professionals and each other (Department of Health, Department for Children, Schools and Families, 2009). These groups provide opportunity for both formal social support from professionals, and natural social support from other families, both of which are considered important for the development of healthy communities and the subsequent development of healthy children (National Scientific Council on the Developing Child, 2007). Stay-and-play groups are the most commonly offered service by children’s centers, providing opportunity for parents to play with their children and socialize with other parents (Tanner et al., 2012). The majority of parents who attend groups within children’s centers are mothers (Lloyd et al., 2003).

Motherhood is a biological reality, but can be viewed as a construct influenced by social and cultural factors that affect the social identity of the mother (Miller, 2005). While some literature has documented the nature of mothers’ friendships (Tardy, 2000; Bryne, 2006; Ryan, 2007), these have not been described in the context of formalized settings, such as children’s centers. Seminal work by Letherby (1994) indicates that society tends to recognize women in terms of the roles that they perform, and motherhood is still considered to be of the highest importance. While previous studies mainly focused on the role of children in the lives of women (Letherby, 1994), researchers have recently become more interested in the nature of relationships between mothers. Friendships between mothers tend to depend upon locality (Bell & Ribbens, 1994; Bell, 1995; Ryan, 2007), class (Bryne,
2006), reciprocal emotional and practical support (Ryan, 2007), and benefit for children. Ryan (2007) identified emotional support as a consequence of friendships between mothers; however, those findings were based on a retrospective study of immigrant women who were asked to recall experiences of 40 years prior to the study. Their memories might have been affected by the intervening years, and in the absence of other support, their migrant status might have resulted in stronger bonds being perceived by participants. Tardy (2000) studied mothers using a peer-led mother and toddler group, and found that women used dialogue to construct identities of good motherhood. The author found that support from peers was dependent on mothers complying with good health behaviors.

In this study, we sought to understand the subjective experiences of mothers attending a professionally-facilitated group for parents and children aged 0–4 years, focusing on the relationships within the group and the importance of those within existing social networks.

METHODS

As the study was set in a specific community (children’s center), an ethnographic approach was selected as the most appropriate theoretical framework for the study. This method involves studying and recording the life of a group, and requires participation and observation within their social world (Charmaz, 2006). Participant observation and in-depth interviews were used to collect data, drawing upon the theories of symbolic interactionism and constructivism (Charmaz, 2006). The method is based on the belief that reality is co-constructed by participants and researchers (Guba & Lincoln, 2008). Two methods of data collection were used. Interviews provide rich data regarding the views and feelings of participants, while further information regarding intentions and actions can be obtained through observation in the field (Charmaz, 2006).

Sample and setting

Participants were mothers who attended a group based in a children’s center in the UK. Access to the group was negotiated via the manager of the children’s center. The group met weekly during term time, and was aimed at parents with children aged four years and under. It was one of a number of resources promoted to parents by Health Visitors and Community Nursing staff. The premise was that parents would attend the group with their child/children and engage in play under the direction of a children’s center family support worker and nursery nurse. Counseling was also available for those who required it. The family support worker was the lead professional within the group, and had previously worked as a nursery nurse, gaining extensive management and social services experience during her career. The group was open to both parents and carers, with the majority of children attending accompanied by their mother. Ten-to-12 mothers attended the group regularly. During the data collection period, there were no fathers or other care providers attending.

Data collection

All parents attending the group were invited to participate in interviews. The nature of the study was explained to participants in both letter and by a visit to the children’s center by researcher 1 (JP). The researcher then contacted those participants who consented to be involved, and arranged an interview with seven mothers who agreed to further contact. Information about the study was provided to staff and attendees, and consent was obtained to observe group sessions at the center.

Data were collected from September to November 2008. Seven interviews were conducted with mothers who regularly attended the group. Regular attendance was defined as attendance at least monthly over a period of at least six months, although five participants attended weekly. The interviews were open and in depth, as is characteristic of ethnographic research (Fontana & Frey, 2008). The audio-taped interviews took place within mothers’ homes, and varied in length from 1 to 2.5 h. Interviews were transcribed verbatim.

Participant observation was undertaken during three group sessions, attended by mothers and their children. Discourse between mothers was closely observed during these periods, as it was felt that the types of information disclosed to other group members might indicate levels of trust and support experienced within the group. The data collected from the field represent a co-construction by researcher and participants. An important aspect of this is the “presentation of self” by the researcher (Agar, 2008, p. 105), as this will influence the nature of the data collected. The first author was to complete the observation sessions, and was known to both the group leader and some of the participants as a health professional. This was a concern, as potentially the process of data collection could have been unduly influenced by participant misconceptions of the researcher’s agenda and intentions. Field work requires trust and reciprocity to be gained through positive social interaction (Coffey, 1999), and this can be achieved by the researcher losing aspects of his or her professional identity that could discourage participants (Goffman, 1989). Identification of the researcher as a health professional might have been unfavorable in developing positive social interaction, and could have inhibited views from being freely expressed within the group by participants. To develop trust and reciprocity within the group, meaningful interaction had to be developed; we therefore decided that the observer should consciously separate herself from the role of health professional. This was achieved by declining to be involved in debates regarding child health, development, and behavior, while finding a role within the group that was both helpful yet discreet. It was observed that mothers with a toddler and baby very often struggled to entertain both, with the baby tending to be left in the baby corner while the toddler and baby very often struggled to entertain both, with both helpful yet discreet. Observational field notes were made immediately following a participant observation session, and transcribed in more detail on return to the office.
Ethical considerations

Ethical approval for the study was obtained from the first author’s academic institution, the Open University, UK. Written leaflets were provided regarding the study, and further verbal explanation was provided to interviewees and participants within the group. Written consent was obtained prior to interviews, and participants were aware that they could withdraw at any time. Participant confidentiality was maintained in the analysis through the use of pseudonyms and alteration of material (i.e. specific age) that could have enabled identification of participants.

Data analysis

Interview transcripts and participant observation records analyzed using the methods described by Corbin and Strauss (2008) involved constantly comparing data, codes, and categories. The first author completed the initial analysis, and the second author read and coded a subset of interview transcripts. Both authors discussed the codes and agreed on the final analysis of themes. There were only seven participants available for interview, and although there were no major new themes occurring during the final two interviews, ideally we would have conducted several more interviews before being confident that saturation of the data was reached. Observational sessions continued until no new material was emerging.

RESULTS

The participants were all mothers with at least one child living with them. Four of the participants were separated from the child’s/children’s father and were living as a single parent. The other three participants were either residing with or married to the child’s/children’s father. The age range of the participants was 19–35; the ages of their children ranged from three months to four years. Only one participant had attended university, and only one was employed outside the home.

Three main themes emerged that had an influence on the experience of relationships between mothers within the group: participants’ past history, being a mother, and the function of the group.

Past history

The interactions that had occurred during the lives of the women in this study and their current situations appeared to have an impact on their ability to form relationships with each other and their understandings of friendship. The majority of participants had experienced traumatic life events in both child and early adulthood, including abusive relationships, abandonment, and the early and unexpected death of a parent. A number of participants expressed their mistrust of others, as Fran described:

I don’t like people. I’d being lying if I said I did. I actually don’t like people. I don’t trust anyone really. I always want to know what their motives are first. It’s kinda... destructive. I tend to kinda wreck everything myself first, cut the ties before they even happen really.

Only two of the participants reported friendships of a deeper nature. These existed outside of the group, and were described as relationships that had developed over a period of time and consisted of a shared history and experiences. These women did not identify the group as providing a source of friendship, as Deb explains regarding the relationships within the group:

I just keep people at arm’s length. Mistrust or whatever, I don’t know what it is, but then I’ve got my close friends... I always have people coming round the house, there’s always people here, but they’ll come in for a coffee and a chat and the kids will play.

For Deb, these social gatherings did not represent genuine friendship, and talk would be closely guarded regarding personal affairs. This situation was observed by the researcher in the group setting, where discussions tended to center on local gossip and child-care matters. For the majority of the women, the relationships within the group extended only to their commonality in having children, as Laura explains:

There are people with children that I would chat to, but I won’t, you know, I won’t become friends with and there are people that I would... but I have only been here for 20 months, you know, I have only recently made friends... you don’t talk about all sorts of things straight away do you?

Being a mother

Maintaining control and demonstrating expertise in the lives of their children were important aspects of mothering for all participants. Mothers generally felt that they were observed by each other within the group, and that judgements were made regarding them as individuals by the behavior and appearance of their children, as Fran explained:

I think that they judge your kids first actually, cos that’s the first thing I notice. If you’d come in here today with a kid I would have looked at your kid first and seen what he was wearing, that sort of thing, how he looked, and judged you as a parent on that. Naughty, init?

The first author observed this type of reaction during participant observation sessions. Jodie was a participant who had numerous social difficulties that she candidly admitted within the group; her toddler appeared to find it hard to play alongside other children. It was observed that the mothers within the group would avoid this pair, which appeared to be noted by the mother concerned. She reflected in the interview that although some members of the group “would give me the time of the day” (she specifically named one mother), she also found that “people” could be “judgmental”.

When asked about support networks available to them, the women in this study described relationships with older women or relatives from whom they sought support. Generally, it was felt that “other mothers” were “too busy” with
their own lives to be troubled by the lives and problems of their peers, as Deb describes who she would turn to in a crisis:

My next-door neighbor . . . she’s ah, she’s a grandmother now, she’s got three boys, she’s great, she calls me her little sister. . . . I can go ‘round there and say: “Oh, I’m really knackered. Can you look after (child’s name) for the day?” And she would say “Oh, yes”.

When conducting observations within the group, it was recorded that professional expertise was either ignored or rejected by mothers. Professionals viewed group time as an opportunity to provide information, particularly with regard to weaning and infant nutrition. On occasions when discourse between mothers centered on their child’s diet, professionals would step uninvited into the conversation with the result that mothers would disengage (e.g. by refusing to make eye contact or discontinuing the conversation) from the discussion. This was also reflected in their relationships with family members at home, as Deb describes her ongoing conflict with her own mother regarding potty training her daughter:

Like potty training, I would say “Oh . . . we’ll do it when she’s ready”. Um that is what I want to do, but there have been major rows about it, and I have said: “Look, it’s my choice. I’m her mother. I’ll do it when I’m ready”.

There appeared to be stigma attached to conditions that might be perceived as affecting ability to mother. Laura discusses her own mother’s reaction to her admission to a mental health unit after the birth of her child:

She didn’t come and see me very much...she didn’t approve. She thought I should have been at home...she was a bit like “pull yourself together” sort of thing...Some (in the group) obviously know what happened, but I haven’t talked about it.

Laura reported that she felt ashamed regarding the depression, and to talk about it within the group would not be acceptable. However, during our conversation, she broke down, and on debriefing at a later date, she reported that she was “glad of the opportunity to talk”, and that she didn’t talk about it (depression) enough.

It was generally perceived by the women that those attending the group came for respite from their own situations, and that the activities at the children’s center represented a “break from normality” (Maddie).

**Function of the group**

Initially, attendance at the group was suggested to all of the mothers by health or social care professional staff involved in the care of themselves or their children. However, the group appeared to reflect the aspiration of participants for their children. The mothers were very much consumers of the group, and several critiqued the quality of the service offered, making comparisons with other preschool organizations in the area. There appeared to be a conflict between the purpose of the group as a forum in which mothers could play constructively with their children, and their wish for (albeit superficial) social contact. Mothers viewed the group as a place for potential relaxation through the occupation and care of their children by someone else, as Laura explained:

Well, it’s nice for the children, cos you get things out and do activities that you normally wouldn’t at home, but it’s also nice for the parents just to go out and see somebody...I mean it’s nice to play with the children and talk to the children, but it’s also gotta be nice for the adults.

Tina said:

We went to that one (group) last week, but to be honest, I’m not overly keen on it. I just don’t think that there is enough being done for the kids there, you know. I just don’t think that (they are) doing much activities...I just don’t think that it’s enough. I go to different places where it’s...there are a lot more activities, and the girls (meaning staff) get more involved with the kids, don’t they?

The majority of the participants who were interviewed did not appear to support the underlying purpose of the group, as perceived by professionals that parents should be engaging in structured play with their child. The behavior of participants tended to reflect this. During observations, it was noted that although mothers would initially play with their children, as soon as the children were engaged with an activity, the mothers would move away to discuss local affairs. This was seen as an opportunity to discover information regarding other aspects of child care and planning for the future, as education and opinions regarding local schools were the key topics of conversation, as Maddie described:

A few of them have older children....I’ve asked all other mothers whose got children that have gone to school.

Aspirations for their children were key to many attending the group. Several of the participants reported having difficulties socializing, but attended the groups, as they did not want their children growing up with the same difficulties, as Fran stated:

It’s just for the kids. I stick to it more for the kids, the social aspect. I’m not social and I don’t want them growing up not being social, cos I find it hard.

The function of the group did create difficulties for some mothers, and through observation, it was apparent that a hierarchy existed between those who had managed to adhere to “good” mothering practices and those who did not. Those who were considered less capable mothers were afforded less status by the other group members, who were reluctant to engage with their concerns. For example, on one occasion, Deb desperately sought reassurance from a member of the group who was successfully breastfeeding her baby. Deb had found this a difficult experience and had ceased to breastfeed. Deb attempted to discuss her feelings with the mother, who responded by saying how “easy” and “convenient” it was to do without appearing to demonstrate any regard for how Deb might feel. Deb had clearly expected a more empathetic response, and moved away from the newcomer. The conversation ceased abruptly.
DISCUSSION

Motherhood is both a public and private matter. The findings from participants in this study suggested that behavior within a group setting (viewed as public) was controlled, with motherhood in the private context being supported by trusted networks. When revisiting the definition of social support, as used in this study as “practical help, emotional sustenance or provision of information”, (House et al., 1988, p. 543), participants appeared to use networks outside the group for “practical help” and “emotional sustenance”. The group was used as a source of information related to subjects that were not personally intrusive, such as child-care products, schooling, and preschool opportunities.

When in the company of their peers, the safeguarding of a participant’s identity as a mother was of particular importance, and this might have prevented individuals from seeking “emotional sustenance” and “practical help” from within the group. Children’s centers provide an opportunity for parents not only to develop their social networks, but to discuss anxieties and seek advice on a wide range of child-care topics from both formal and informal sources (Blair & Hall, 2006). Although this was potentially available within this group, the findings suggest that participants were mainly interested in using the forum as a way of extending their social networks through the acquisition of local knowledge regarding other child-care groups. These attitudes prevented mothers from seeking support with aspects of mothering that caused distress, such as postnatal depression, as previously identified by Mauthner (1995) and Buultjens and Liamputtong (2007). The majority of participants had experienced traumatic life events in both childhood and early adulthood that stemmed from family relationships. It is known that the experiences children have with caregivers can impact emotional health and relationships (Center on the Developing Child at Harvard University, 2010). It could be suggested that these women might experience difficulties in forming relationships within the group due to a negative inner working model of self (Taylor, 2010).

The behavior of both the mothers and the intention of the group reinforced the identity of motherhood as a moral activity with a standard of acceptable performance, therefore reinforcing cultural expectations of what it means to be a mother (Miller, 2005), and depriving the most vulnerable from support. Motherhood can be seen as a way of boosting self-concept when other areas of life, such as employment and educational achievement, have failed to do so (Thomson et al., 2008), and it could be suggested that this might be a reason why the protection of identity as a mother within a public setting is of importance. There might also have been an issue here regarding the maintenance of privacy, which other authors have identified as being a barrier to relationships forming between mothers (Bell, 1995).

Professionals supporting the group were working towards the existing government agenda, in that it provided an opportunity for parents to engage in learning and mutual support (DH/DCSF, 2009). The limitations were that this agenda was viewed as intrusive, and did not correspond with the needs of the mothers who attended the group. This might be due to misunderstanding between participants and the organization. Parents might not fully appreciate the broader role that the children’s center had to enhance child development and well-being, viewing it as an organization that provides a service for their use (Avis et al., 2007). Certainly, observational data and interviews confirm this view, as mothers compared the group to others offered within the locality in terms of entertainment for children.

By encouraging participation of parents in the shaping of services, and thereby sharing power traditionally allocated to professionals, the course is potentially set for the rejection of professional agendas, as illustrated in this study. This might account for mothers rejecting professional advice in the group, but their behavior might also relate to the setting in which the support was offered. In fact, a number of the participants had gratefully acknowledged the support that professionals had given them as individuals. This suggests that participants viewed their own expertise as an integral part of their maternal image in front of their peers. Being a mother can be viewed as having a status among other mothers (Weaver & Ussher, 1997), and public support from professionals could be viewed as harmful to this status. Motherhood has been viewed as essential for the entry of women into adult life, being linked with the development of adult identity (Oakley, 1986; Woollett & Phoenix, 1991; Weaver & Ussher, 1997). A significant number of women, when embarking upon motherhood, reject the parenting practices of their mothers as a mechanism for maintaining independence and dissatisfaction with their own experiences of being parented. Dismissing the parenting practice of their mothers could lead to feelings of rejection on both sides (Thomson et al., 2008), perhaps reflecting the intensity of meaning that motherhood has to a woman’s identity.

The limitations of this study center on the nature of the setting that was in a small rural seaside location, and therefore not representative of the majority of children’s centers across England. Further work is required to consider how mothers experience support networks within formal settings.

Conclusion

This study has provided some insight into how mothers experience social support within formal settings and the barriers within these settings that inhibit the promotion of natural social support from each other. Although there is some evidence of natural social support in terms of “provision of information”, mothers used other networks outside of the group for “emotional sustenance” and “practical help” (House et al., 1988, p. 543). Groups that are designed to meet the needs of a professional agenda might restrict the development of relationships between participants. When designing groups for mothers and their children, influences, such as cultural expectations related to maternal role and how these can influence behavior within the setting, need to be considered. Parents who are receptive to professional interventions on an individual basis might behave very differently within a group. Professionals need to have respect for the acquired expertise of the mother regarding her child, and consider the process of developing a relationship that acknowledges this.
CONTRIBUTIONS

Study Design: JP, HS.
Data Collection and Analysis: JP, HS.
Manuscript Writing: JP, HS.

REFERENCES