

Prenatal Group for Soviet Immigrants

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Manipulation was significant in the way it reflected attitudes toward authority. Authority couldn't be challenged openly, but could be manipulated. The speakers, and in particular the Russian doctor (who, incidentally, was the only guest speaker who lectured rather than discussed), were never challenged. Questions were asked, but politely.

For some time, our staff at Jewish Family and Community Service in Chicago wanted to start an FLE group with Russian immigrants, but we did not know exactly how to market it or how, in fact, to get Russians to come to one. The concept of group as a therapeutic agent as known in America is unheard of in the Soviet Union. Groups, or rather gatherings or meetings of people that exist in the USSR are usually informational and instructional in which an authoritarian leader lectures to the audience. Groups for political, ideological, propaganda purposes with a lecturer are widespread but scorned. Commonly considered "agitation meetings," they usually take place at one's place of work and participation is obligatory. Discussions by participants at these gatherings are limited to asking direct questions or making commentary related to the lecture and, very often, the questions are asked by sending notes written on a piece of paper to the podium. Another type of group which has been historically popular in Russia, is the so-called *kruzhok*, a "circle" where people gather informally to discuss topics usually of an intellectual nature. (In the 19th century these circles provided ground for political gatherings). But in any of these groups one's feelings are not discussed. In fact, to publicly discuss one's feelings is quite unacceptable; as the Russian saying goes, "You do not wash your dirty underwear in public." For these and perhaps some other reasons, previous attempts at organizing groups with Russian participants by our agency have not been successful.

That is why when several pregnant Russian

clients separately approached their workers asking to be educated on pregnancy and delivery in America, we grabbed the opportunity to organize a group for such a purpose. Not only were the Russian women eager to participate in a common educational experience but the idea of prenatal education is not a novel one in Russia because there are prenatal classes organized by hospitals and the like, where expectant mothers are lectured to and can ask questions directly related to the physical aspects of pregnancy and childbirth.

With this in mind, two members of our staff who had experience in group treatment and teaching and had had four pregnancies between them and were aware of the anxiety the women were experiencing, decided to create such a group. We agreed that the purpose of the group should not only be instructional but the group should also provide a support system and help the women deal with the anxiety connected to pregnancy.

The pregnant women, after being told by their respective workers the purpose of the group, quickly dubbed the group "classes for pregnant women" and agreed to participate, all with varying degrees of skepticism; some enthusiastic, others simply obedient.

It was felt that the women would be most comfortable with a structured set-up—a planned agenda for each meeting. A series of 7 weekly sessions focusing around a presentation followed by group response was planned. Within the structured set-up, however, we

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wanted to create a friendly and relaxed atmosphere in which the women would feel uninhibited and talk. We stressed to the guest speakers their maintaining a casual discussion rather than lecture; we provided a circular seating arrangement around a small table and promptly, probably to ease our own anxiety about the outcome of the group, we laid that table with food and drink.

The first meeting, run by the workers, was set up as a planning session to discuss expectations of the group. The workers gave their reasons for offering the group but did not limit themselves to only describing those areas, such as providing education and support, that they felt the participants would understand. Instead, we were careful to explain how Americans use groups therapeutically in order to help deal with anxiety and that this is done through sharing and discussing each other's feelings. At the second meeting, a child-birth counselor from the Response Center talked about pregnancy, labor and delivery in America; instructions on when and how to get to the hospital; the hospital experience and nursing. The third session was devoted to baby-care. It was led by the two workers and included bathing and diapering demonstrations, discussion about layettes on limited budgets, baby feedings, money management with baby and initial concerns and anxieties that can appear during the first few weeks at home with a baby. At the fourth session, a Soviet pediatrician, now practicing in Chicago, gave a presentation on baby-care in America, common childhood diseases and a comparison of infant-care in America and USSR. At the fifth session, a Rabbi talked about Jewish rituals connected with childbirth, sexual identity in Jewish religion and how to choose Jewish names. The sixth session was devoted to birth control instructions. Birth control devices were demonstrated and explained by the counselor from the Response Center. The last session was to be unstructured—to terminate and pull things together. (No one showed up for this one). Most of the women were due shortly after that date.

The first session actually resembled first

group sessions in USA in that people were very chatty, introducing themselves and telling about where they had come from, who their workers were, when the babies were due, which hospitals were better, where the best place is to buy a crib. Some people ate coffee cake, others talked about their diets and ate coffee cake anyway. When we talked about the purposes of the group and why we had thought about starting it, the initial response was very positive. There are educational groups in Russia, they said, and they felt comfortable with the set-up. They talked at length about the things they wanted to learn. They expressed some interest in the ways Americans use groups but there did not seem to be much understanding. The woman who shared the most and came across as most different, as did one unmarried woman, did not come back to the group. Though the women attempted to establish contacts with each other, the bulk of the conversation was focused through the workers. At later sessions, the women talked more to each other. The conversations lingered around the pregnancy and, specifically, around the concrete issues that surround it. Fears and concerns regarding the pregnancy were sometimes touched upon but not discussed at length and attempts by the workers to focus on or clarify these issues were unusually unsuccessful. When we tried to acknowledge the participants' anxiety and discuss it, they usually managed to turn the conversation over to discussing actual life experiences, their own or friends', or talking about concrete issues such as baby clothes, shopping and cost. On other occasions, when we asked participants how they felt at that specific moment, we were met with blank stares.

Although they were all sharing a common experience, the pregnancy had a different significance for each of the participants. The composition of the group varied greatly. There were eight pregnant women ranging in age from 23 to 36; their education levels ranged from high school graduation to Master's Degree. Some of the women were from small towns in the Ukraine, two were from Kiev, two

were from Moscow. For all, except one, it was to be their first child though several of the women had had previous aborted pregnancies (both miscarriages and abortions). Four of the women were over 28, which is not typical of Russian women who usually have their first child in the early twenties. Seven of the eight women had arrived in America pregnant and were in their first six months of resettlement. Two of the women did not have husbands living with them (one was separated, another one was unmarried) and five of the women did not have their mothers with them, which was very significant to them. In addition to the anxieties related to pregnancy, most of the women were also dealing with the anxieties connected with resettlement. Four of the women's husbands were still unemployed and their financial future unclear. Most of the women were not going to English classes and were not sure what they were going to do after the baby came. One of the women, in particular, was going through a turbulent resettlement process and much of her anxiety was centered upon and acted out around the pregnancy. She came to every session but could not share her anxiety nor be supportive to others. One of the women came to every session accompanied by her mother. Her anxiety focused on her anticipation of her role as a mother and, while the other women were dealing with losses of parents, she anticipated the loss of her role as a child. Another woman was too anxious because of two previous miscarriages and the idea that "something bad" is bound to happen to her that she soon dropped out of the group claiming that the other pregnant women are likely to "cast an evil eye" upon her and damage the baby.

Clearly, the backgrounds, anxiety level and expectations of each woman were different but the dynamics of the group were strongly influenced by collective or individual cultural characteristics. For example, repeated attempts were made to use the group as a forum to manipulate the agency financially. That was especially true during discussions about layettes and the like. The workers attempted to diffuse this by insisting that these issues were

personal and different for each family and needed to be discussed with the family's resettlement worker. The worker's explanations that in some way families have common problems and in some ways problems are different were not understood nor accepted.

Another cultural characteristic was the need for homogeneity. Differences are hardly tolerated and considered ideologically dangerous in the USSR. This is so ingrained in Russian attitudes that it was clearly seen in the women's behavior towards each other. The two women who had had previous miscarriages and were very worried throughout the pregnancy lest they have another one (as was told privately to their respective workers) never mentioned those miscarriages in group. The one unmarried woman told everyone at the first meeting that she had no husband but never returned for another session. There seemed to be no acceptance of differences and this was repeatedly observed by the workers.

Another interesting characteristic, in direct contrast to contemporary American attitudes, is the exclusion of husbands in the pregnancy and birth process. All of the women talked at length about their longing for their mothers and how they shared their pregnancies with their mothers and how supportive their mothers would be to them. One of the women attended every session accompanied by her mother. Husbands were seldom mentioned and almost never connected to the pregnancy or birth experience. The women found it highly entertaining that husbands could be considered supportive and might want to be included in the whole process. The thought of husbands being present during childbirth brought about peals of laughter. Pregnancy is viewed entirely as women's business and responsibility. The same attitude prevails in connection with birth control. During the session on birth control, though the women participated eagerly and were curious about the various birth control methods, and while they handled the devices with awe, they also clearly said that birth control, like pregnancy, is entirely a woman's responsibility.

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reflected attitudes toward authority. Authority couldn't be challenged openly, but could be manipulated. The speakers, and in particular the Russian doctor (who, incidentally, was the only guest speaker who lectured rather than discussed), were never challenged. Questions were asked, but politely. Anxiety, that had been discussed privately with the respective workers, was never mentioned. The role of the worker was unclear too. On the one hand, we were representatives of the agency—bureaucrats and their financial providers—and thus were targets for manipulation. On the other hand we were also their resettlement workers and the reason for which they came to the group. They came to the group because they already had a relationship with their workers and most of them stayed for that reason. We were also mothers with a common experience, sharing and offering help and support. Somehow, that along with the fact that we shared and said it was OK to share, made it possible to talk with us in an unrestrained way and, to a certain degree, these women were able to begin to use social workers in the way they are used in America. Yet, we were also the leaders of the group, the "lecturers" and in certain respects, the women treated us as authority. When two of the women dropped out or when any of the other women missed sessions, for example, they were always prepared with elaborate excuses—sickness, bad weather, etc.—like those a child would present to a teacher.

It is possible to say that this group functioned in what we might call early stages of group process. However, given the ingrained attitudes toward the use of groups only for instructional purposes and taking into

consideration the overall Russian intolerances of differences, group members learned a great deal, both on a content as well as on the process level. While dealing with content issues around pregnancy, childbirth and parenting, members were able to experience both a new trust of peers and authority and see the advantages of working in a small group. It is clear, however, that cultural attitudes toward authority and toward use of small groups slow down the typical group process. The process hovers in a pre-group stage while allowing a certain amount of learning about authority

Although observations derived from running one group are by no means conclusive, we definitely feel that the success of groups designed specifically for recently arrived Russian immigrants will largely depend upon the structure around which these groups are organized. Firstly, there should be an acknowledged commonality of purpose amongst the group members. This purpose should not, by any means, be loosely constructed but should be concrete and well defined. Some examples that come to mind are a group on parenting, a mother-toddler group (which, incidentally, the agency has already begun), a group on money-management for pensioners. Secondly, the group should be "marketed" as an FLE group rather than a therapy group since Russians would feel more comfortable in an educational setting. The overall topic should be concrete and not a very personal one. Thirdly, each member of the group should be approached personally by his or her respective worker. The relationship of the worker is very important and will ensure the participant's attendance.