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Title - "WE LOOK LIKE GIANTS!"

Without overviewing the range or the context of my practice or the culture of my agency, the following can introduce a clinical story that spanned 3 years. For the prior 5 years I had worked intensely with dozens of "survivor" moms with pre-school children, living on meagre incomes and often traumatized by experiences of loss, abuse and insufficiently supported parenting. After discharge, they remained quietly with me as ghosts of women and children past, forever lurking when macro actions were possible regarding child poverty in Canada and wife assault in Toronto.

Then, the plot thickened and here's a story, that Pat Benner might call a paradigm case, that Peggy Chinn might describe as affirming. The story focuses on a small population in Toronto.

One day 3 years ago I was asked to join 2 other nurses to start a mothers' group in a small, local parent-child drop-in centre. The request came from the centre's staff, who wished to reach out to various moms, but were consumed with the demands of keeping the centre afloat and basically functioning. Initially, I was skeptical. It was well known that in our part of Toronto parenting groups (ie. classes) historically did not survive, in fact such an effort at the drop-in had prior occurred. My own experiences as a single parent and those of women past intuitively told me many why's.

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After soul-searching and values clarification, we 3 nurses embarked on what can be called a conscious discovery process. When the centre's staff gave their request, they described a core of 4 moms, whom they were able to incite with the idea of an unspecified moms' group. To help out, the centre's staff would look after the children in the play area. During preliminary discussion, we nurses were able to agree upon some visions ...of rapping and support, mutual sharing, informality and flexibility, mother-chosen topics, and serendipitous use of art media for doodling and discovery.

The 3 of us were a mixed bag: the mature, poised, serene mental health nurse specialist, a non-parent, "touched but not clutched" by sharing with moms, a nurse who at one time had worked in Pakistan. There was the young mom, acculturated early to Canada, recently separated, observing, thoughtful, and enthusiastic about women's issues, a generalist. And there was the old mom, who immigrated to Canada as an adult, long single parent of a exceptional child, warm, empathic, oriented to detail and interested in the centre as a community system. On we went to a place called Creating Together.

Creating Together is a low budget, drop-in and resource centre for stay-at-home parents and babysitters of preschool children living in Parkdale, a Toronto West End neighborhood. Its resources included a committed staff of 3 (now 2), a play area, a kid's clothing exchange and a toy lending library. The neighborhood, like the city of Toronto, is distinctly multicultural and multilingual.

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Proportionately, more poor people live in Parkdale than in most other parts of the city. At the drop-in free snacks are provided for the kids and, when it became clear that alot of users needed more food, a small food bank was started. No funding exists for relief babysitting, but cooperative arrangements among the adults at the centre often do take place. Staff organize activities for the children, act as referral agents for the adults, arrange workshops, and seem to "wring themselves out" for the centre's survival. The annual budget is just over \$100,000 from various sources, but as an indication of its shoestring existence, you should know that the centre has had 4 locations in the past 10 years, very much like many families it serves. Historically, local public health nurses have been in contact with Creating Together by sporadically accompanying isolated moms there to introduce them to the resource.

'D' Day arrived. The 3 of us appeared as promised and slowly a core of 4 moms dribbled in with kids in tow and babes in arms. Over the next hour and a half in round-table discussion with the children at our feet, we all introduced ourselves a bit: our origins, where and with whom we lived and what had brought us. As a result, the moms confirmed some common themes of interest for rapping... anger, insufficient money, male-female role disparity, and reproductive health. We captured these themes with markers on paper plates and doodled spontaneous images on them, placing them on a wall, inviting other moms to join the next rap and support meeting.

The nurses, as conveners, promised to be present weekly for 1 1/2 hours for 10 weeks, welcoming women who could attend regularly, as

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well as those who could attend sporadically. From the onset we agreed to value each and every meeting and not to evaluate the experience from traditional "groupy" perspectives. After most meetings, some poignant quotes or artful expressions were taped on the same wall to stimulate thought and discussion among drop-in users who didn't attend the meeting.

We assumed that informality and mutual listening with caring actions would enable moms to discuss their unique, complex challenges as women and mothers. We hoped that the experience would lead the women to identify each other as important sources of support and information. We also anticipated that a supportive experience might facilitate outreach for information or for other resources. Discussion topics were chosen by the moms and rapping was enriched by brainstorming, serendipity, meandering, and group expression through art media. This "experiential" or "process" type of meeting was seen as conducive to personal movement forward.

From the onset a minimum of 2 conveners was seen as necessary to attend to many details of process, content, crises and children playing at the feet or in the laps. None-the-less, the climate was relaxed in a way with the nurses "being more themselves", not under pressure to perform as professional authorities. Subsequent meetings took place in a quiet adjoining room, but several of the children had not yet become comfortable with separating from their moms. We all sat around a large table, much as quilting women of the past, but instead doodled with markers or fiddled with clay, as we talked. Photocopies of provocative figures for doodling also helped to

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stimulate

more intimate discussion. Also, we saw it as important to serve each other a small refreshment and to spell off the moms with babes.

As the meetings proceeded, the nurses helped to follow through with the themes initially identified by bringing specific discussion stimulators, information, pamphlets, books, film loops, equipment, etc. Self-disclosure was modeled and touching of the moms and children was important. Over 3 weeks we focused on anger: how we express it, experience it, and handle it. As moms spoke about their current and up-coming challenges, the meetings included more and more support and troubleshooting about parenting and partnering, safety and mutual aid, griefs of unemployment and "damaged" children, and hopes for the future. Discussions on sexuality, gynie exams, family planning and AIDS were animated.

Despite occasional run-away use of group attention by a participant in crisis, the processes could be seen as doula-like, described by Dana Raphael, the anthropologist. The "doula" is one who mothers the mother or, perhaps in this case, sisters the mother. I'm reminded that in many parts of the world, nurses are perceived as sisters, as wiser, older sisters. Most of the women had distant families of origin and as intimate discussion increased, we all learned how vulnerable we were. The core group of 5 continued with 5-8 women attending regularly, when they could. In between phone contact was encouraged among the moms, who bridged gaps of cultural origin, age, religious persuasion, race, marital status, and pains with losses of the past.

## THEN, THE SILHOUETTES TRANSFORMED US!

Initially, the nurses suggested the idea of outlining our bodies on brown wrapping paper, as a way of introducing body image. During one meeting we each laid down on the paper on the floor and everyone timidly marked a portion of the outer edges. After everyone's outline was crudely done, we serendipitously hung-up each one separately on some stark, unfinished walls, as a simple way to protect them until the next meeting. As we hung up the stark, empty body outlines, one of the moms said: "we look like giants!" And we did! From the moment they all hung, they projected unanticipated POWER.

The final meetings centred on a strange, but wonderful identity and validation process. As we sat around a large table with a silhouette laid out, we discussed the mom in focus and what we appreciated about her. She described any preferences (such as clothing) and then we all brainstormed, putting down any affirmative visual images, decorations, valued words, symbolisms, etc. The woman, described with a heart of gold, had a heart of gold drawn. Dreams of another boy child were literally captured on paper. Each woman approached the opportunity differently, and the image affirmed her and showed her as large as life. It occurred to us afterwards that perhaps the sharing of what we valued in each other, could counter the idea that one is little or nothing, a message that many low income mothers describe as getting from their dominant societal experiences.

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Evaluation of the experience was built into the process from the beginning, but it too reflected a discovery approach. After every meeting, the conveners debriefed over lunch and jotted down comments on a loosely drawn-up tool: who attended? what topics were discussed? what worked well and what didn't work? what feelings were stimulated in the conveners? and any other comments. At the end of the 10 weeks, as requested by the moms, we facilitated a pot-luck picnic in a lovely park. During a wrap-up meeting, participants and staff members were asked to fill-in open-ended questionnaires: what did they like, didn't like? what effects were noted with the moms, with the children, with the conveners? were any effects noted with non-meeting moms or with staff or with the centre, as a whole? what improvements could be suggested? The questionnaire was taken quite seriously by participants. I can still see one mom helping another to capture her thoughts on paper.

Several hundred pieces of feedback were received and these were transcribed onto index cards. Categories for classifying the feedback from the participating moms were drawn from Kinney, et al.'s chapter on support groups. Most prominent were comments about reassurance of worth, opportunities for nurturance and guidance, installation of hope, and social integration. Among feedback, the women described having more of a sense of themselves, more pride and confidence and directionality about themselves. Regarding the children, many comments were made about their progress in separating from their moms, often the first real experience for this. Individual women and children accessed services for autism, wife assault,

developmental handicap, trial university entrance, entry into the Canadian job market, and other more subtle steps forward.

After much reflection, it became apparent to me that the group experience impacted very largely on the participants' self-concepts of esteem and identity, which were presumably diminished from their potential. This retrospective conclusion emerged and it "felt right". As an aggregate, the women presumably felt a lessened sense and appraisal of themselves and of their capabilities.

Working backwards, my reflection began with the outcomes just mentioned. We had also learned that the women had few opportunities for naturally occurring exploration or validation of their complex selves. Their heavy parenting responsibilities and meagre finances often created barriers to social interaction. When combined with other stigmatizing factors, these barriers at times could be socially isolating. Our group experience contradicted social isolation and nurtured a genuine validation process. In general the women were also dissatisfied with their opportunities to move toward their personal goals or expectations. One of your handouts summarizes an attempt to trace a bit of the experience.

So, the story might have ended there, but it didn't. The staff of the drop-in centre went on to note some effects on other moms and on themselves. We were told that the experience helped to create a group within a loosely knit drop-in, where it's hard to develop cohesiveness. Other moms showed a definite interest and asked questions about the posted materials. In addition, the support group



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moms helped to decrease the superficial small talk in the centre. They extended strong support and caring to non-group moms and volunteered quite a bit for tasks. Perhaps this input to the centre was timely noted, as the little agency had to cope with yet another move and renovation efforts. Staff felt less overwhelmed with users, who no longer craved more time, attention, and listening than they had available. Ostensibly, our work was in some way a contributor to the development of the larger Creating Together network. It would seem that some energies were released and focused to areas of need.

Once again, retrospective analysis became a mode of thought. I was drawn to Effie Hanchett's conceptual tool kit book for community health appraisal. It presents a humanized version of systems theory and is illustrated with doodles about the various concepts. I was led back to one figure, a tilted dumbbell with movement similar to sand in an hour glass, that depicted the channelling of energies, so essential in community networks. An "ah-ha" followed. The drop-in centre, as a community network, had precariously little free-floating energies and nurse-input bolstered that up a bit, so that resources could be channelled to areas of exceptional user need, where a bit of a stricture had developed. How gratifying it was to become aware of a larger ripple effect, as the women released some of their own unused energies back into the network.

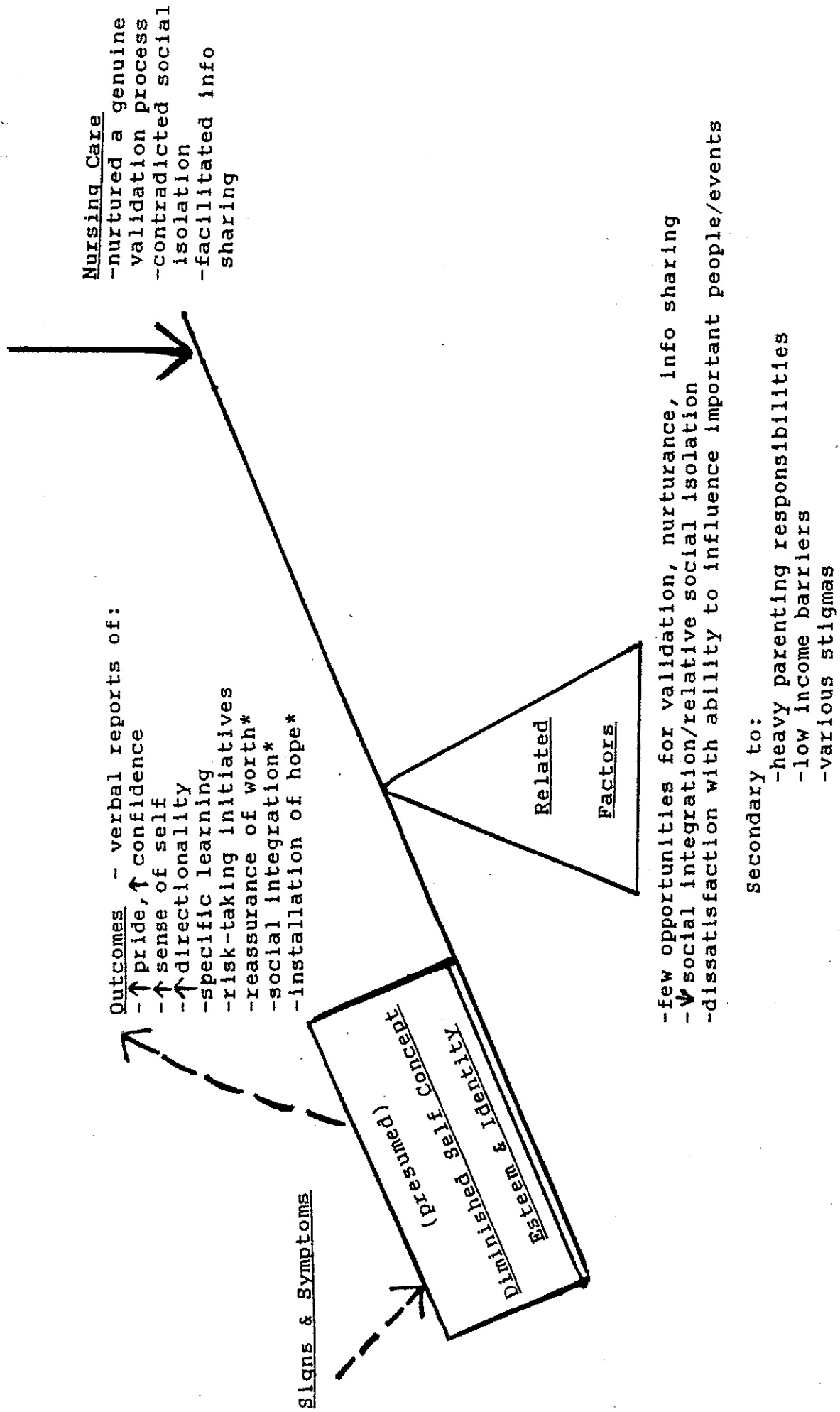
And so the story continued on. Two more series of moms' support meetings took place in the new storefront facility, each with its own character and topics and 2 nurse-conveners. The facilitation continued for a year in total, just up until the storefront moved to

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its 4th location. Then, due to burgeoning nurse responsibilities of a mandated type, a gap of one year occurred. This was followed a year ago by exploration of a less intense kind of liaison, built upon the past experiences and insights.

RETROSPECTIVE ANALYSIS : AGGREGATE NURSING DIAGNOSIS

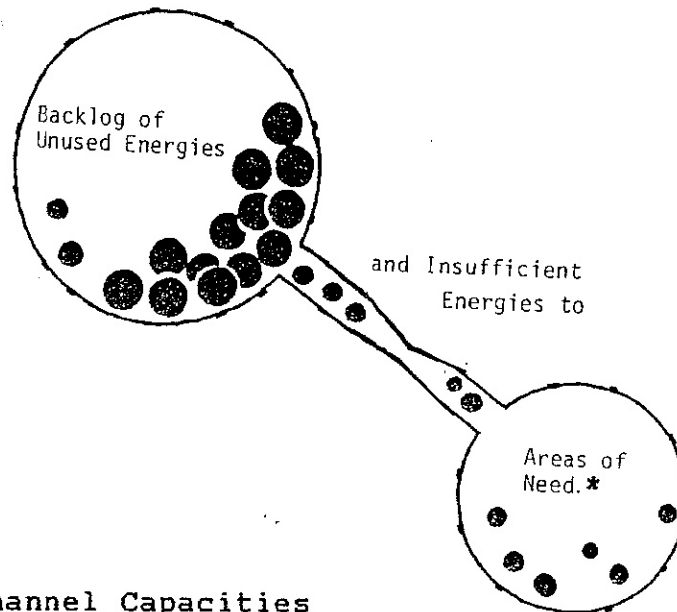
EMERGING FROM A MOMS' SUPPORT GROUP



\*Summary Categories, (Kinney, et al., 1985, pp. 187 - 188).

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RETROSPECTIVE ANALYSIS : SYSTEM NURSING DIAGNOSIS  
EMERGING FROM A PARENT/CHILD DROP-IN CENTRE



Insufficient Channel Capacities

Definition - Elements of the community network are experiencing a backlog of unused energies and an insufficiency of energies going to areas of need. This can result from limitations in the network's pathways or from the exclusion of individuals and groups in the network.\*\*

Related to :

- Low identification among adult users of the centre.
- Diminished self-concept among some moms.
- Staff energy deficits.

As Evidenced by :

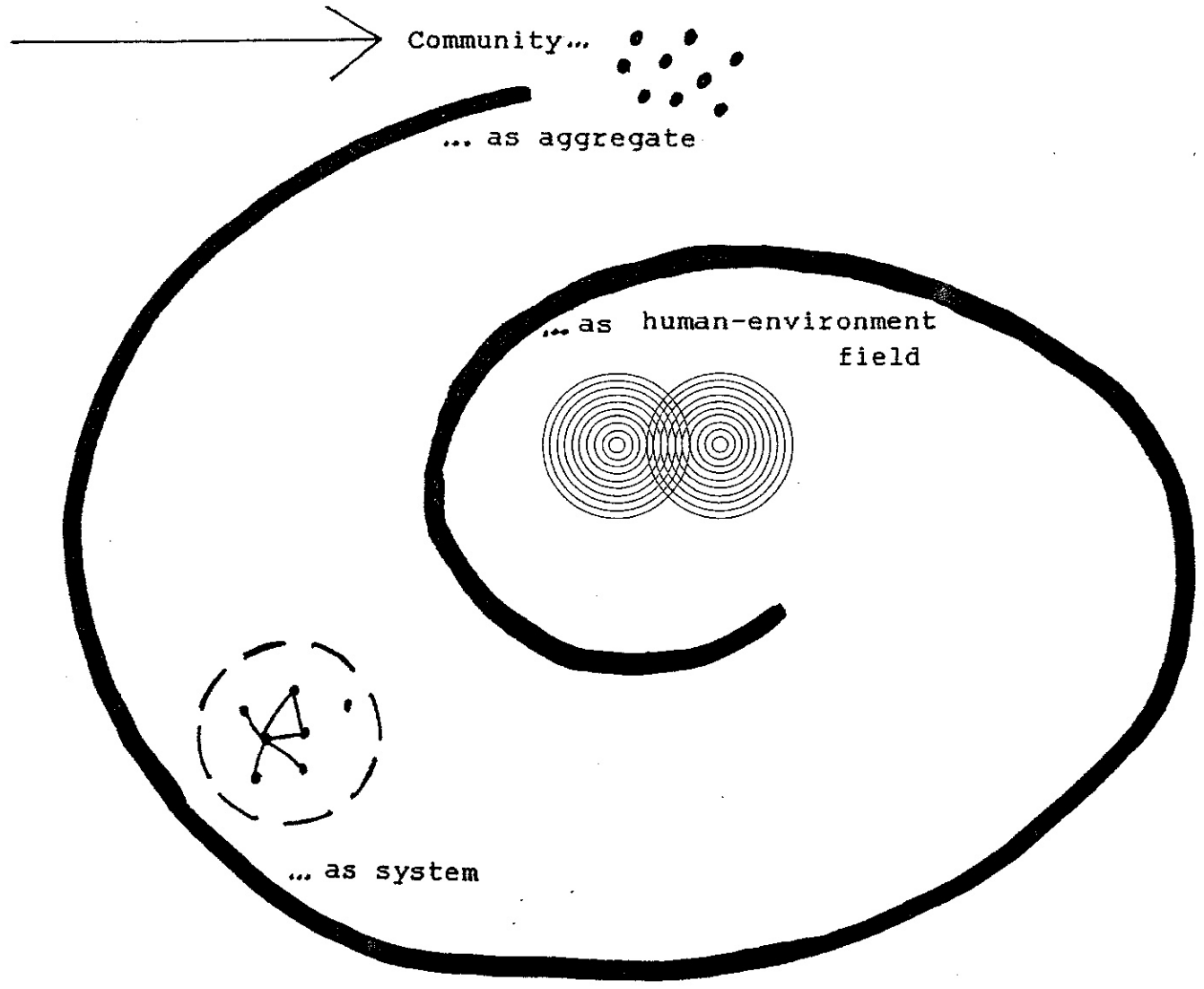
- Insufficient expressions of concern, caring and relatedness over time.
- Superficial communications among many adult users.
- Staff expressions of fatigue and dissatisfactions.

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\*Adapted from Hanchett (1979, p. 77) by D. Fox Jakob, 1990.

\*\*Paraphrased from Hanchett (1979, pp. 72-79).

A CONTINUUM OF CONCEPTS ABOUT "COMMUNITY" \*



\*Hanchett, 1989, pp. 8 - 9.

Figures added by D. Fox Jakob, 1990.

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