

Elements and Outcomes of a Postpartum Support Group Program

Linda R. Cronenwett

Questionnaires were sent to 90 women who had participated in a lay postpartum support group program to determine (a) the characteristics of the women who used this form of support, (b) the needs met by the group, (c) the types of discussions most meaningful to group members, and (d) the factors that influenced the group's effectiveness in providing support. Sixty-six questionnaires were returned. The respondents were older, better educated, and more affluent than a random sample of childbearing women. They joined the group primarily to meet other women going through the same experience with whom they could share ideas and feelings. The most meaningful discussions for these women focused on personal issues rather than infant-related issues. The presence of babies at group meetings adversely affected the regularity of attendance. Women who worked outside the home were significantly more likely to continue meeting with the group for over a year. Only 7 women thought the group would have been better for them if their husbands had been present.

Beginning with the "Parenthood as Crisis" study by LeMasters in 1957, many sociologists have investigated the various crisis and gratification components of early parenthood (Dyer, 1963; Hobbs, 1965, 1968; Meyerowitz & Feldman, 1966; Russell, 1974). The results of their studies demonstrate that the transition to parenthood involves some degree of crisis. Higher crisis scores were found in studies with exclusively middle-class respondents than in those with a more representative sample, and higher crisis scores were found through interviewing methods than through questionnaires (Russell, 1974, p. 301). However, in all the studies, at least a slight to moderate degree of crisis was found among couples who became parents for the first time.

Until recently, health care professionals had devoted almost no attention to normal postpartum families via research or service. As with the preparation-for-childbirth movement, lay people were the ones to start finding pathways to a higher level of wellness during the transition to parenthood. The Mother's Center in Hicksville, New York (Zimmerman, Turrini, Weiss, & Slepian,

1977), and the postpartum support group program of the LaMaze Childbirth Preparation Association of Ann Arbor, Michigan (Cronenwett, 1976), were the first postpartum programs described in the professional literature. Both opened in 1975, and both attempt to provide social support for postpartum women and families for as long as it is needed.

There is good reason to believe that social support could lessen the impact of the crisis component of adjusting to a new baby. Cobb (1976) made an excellent case for the importance of social support as a moderator of life stress throughout the life cycle. In his review of previous research, Cobb cited studies that had examined the effects of social support on hospitalization of children, bereavement, asthma conditions, complications of pregnancy, and so forth, all of which showed similar results, i.e., there is some protective effect exerted by a high level of social support during times of high stress.

In Bishop's guide (1976) to assessing parenting capabilities, two areas (positive support systems and positive maternal health) were seen as top priorities for a new mother.

This research was supported by Division of Nursing, DHEW, Grant No. NU00572-03, and Division of Research Resources, DHEW, Grant No. RR05796-01, both awarded to the University of Michigan School of Nursing.

Because the demands of parenting are day-to-day realities, Bishop claimed that "it is critical to help mothers find positive support systems that are not professional" (p. 1787). In an area with few extended families and a high rate of mobility, postpartum support groups offer one such system.

Social support gained via group process offers a different experience from the support obtained from an individual such as one's neighbor or close friend. According to Yalom (1970, p. 5), there are 10 factors that facilitate progress of patients in group treatment: (a) imparting information, (b) instilling hope, (c) recognizing the universality of feelings, (d) altruism, (e) corrective recapitulation of the primary family group, (f) development of socializing techniques, (g) imitative behavior, (h) interpersonal learning, (i) development of group cohesiveness, and (j) catharsis. Although the postpartum support groups in this study were not designed as treatment groups, it was hoped that many of the benefits of group treatment would be obtained.

The goal of the postpartum program sponsored by the LaMaze Childbirth Preparation Association of Ann Arbor, the setting for this research, is to provide support for postpartum women on a long-term basis via a program that can perpetuate itself without cost to the parent organization or participants. Membership in a postpartum group is offered to all families who take the LaMaze childbirth preparation classes. Support groups are started with the guidance of volunteer leaders who withdraw from the group when it is sufficiently established to continue on its own. The group continues to meet at regular intervals for as long as the members desire. This study was undertaken to answer 4 questions: (a) What were the characteristics of the women who used this form of support? (b) What needs were met by the group? (c) What types of discussions were most meaningful to group members? (d) What factors influenced the group's effectiveness in providing support?

METHOD

Sample

In September, 1977, the LaMaze Childbirth Preparation Association identified 102 women who had been or were currently in support groups. Follow-up records on

women whose groups had terminated had not been retained. By pursuing every available lead, the addresses of 90 women from 15 groups were obtained. No data are available to determine how the 12 unlocated women differed from the 90 who formed the sample for this study.

Instrument

A questionnaire was developed to elicit the information that would answer the questions posed. When the information asked for was not objective, both forced-choice and open-ended responses were requested. In this way it was possible to determine, for instance, not only whether a woman considered it an advantage or a disadvantage to have babies present at group meetings but also the reasons for her choice. Two women who had been in postpartum support groups but were on the LaMaze Association board at the time of this study, and therefore were not included in the study, completed the questionnaire in a pilot study. Minor vocabulary changes were made to one question as a result. All other questions elicited responses that reflected the expected understanding of the question. No formal tests for reliability and validity were performed.

Procedure

Questionnaires were mailed in January, 1978, to the 90 women in the sample. A cover letter explaining the purpose of the study and assuring the anonymity of the individual responses accompanied each mailed questionnaire. A follow-up letter was sent to the women who had not returned questionnaires by March 15. Sixty-six completed questionnaires were returned by June 1, 1978, for a 73% response rate. Content analysis of open-ended responses was carried out. All other data were analyzed using the Michigan Interactive Data Analysis System (MIDAS).

RESULTS

Characteristics of Individual Respondents

Table 1 shows age and educational and economic levels for the respondents. The mean age was 27 years, the median education level was college graduate, and the median economic level was an income of \$15,000 per year. Additional characteristics of the sup-

Table 1. Characteristics of 66 Women in 15 Postpartum Support Groups

Characteristic	Percentage
Age	
20-24	13
25-29	60
30-34	23
35-39	2
40-45	2
Educational level	
Some high school	2
High school graduate	7
Some post-high-school study	2
Technical/vocational	3
Some college	27
College graduate	23
Some graduate school	7
Master's degree	24
Graduate professional degree	5
Economic level	
Under \$5,000	5
\$5,000-10,000	17
\$10,000-15,000	29
\$15,000-20,000	21
Over \$20,000	28

port group members were as follows: (a) all were married, (b) all were white, (c) 30% returned to work while in the group, (d) 73% were primiparas, (e) 85% had vaginal births, and (f) 39% had participated in a group experience before.

Characteristics of the Groups

When a leader calls a group together for the first time, various ways to structure the group are offered, and the members decide how their particular group will function. Two initial decisions are made about the inclusion of babies and fathers in the groups. The 15 groups in the study were almost evenly split on the decision to include babies; 48% of the respondents were in groups where babies were rarely present, and 52% were in groups where babies were frequently present.

None of the groups elected to become couples groups. In response to the questionnaire item that asked if the women wished that their coparents had attended the group meetings with them, 33 responded "No," 14 answered "Yes," and the rest said it did not matter. Representative statements giving the reasons for their responses are shown in Table 2. Among those who responded affirmatively, only 7 women mentioned some

benefit to themselves, such as the last two responses in the right-hand column in Table 2. The others thought that it would have been good for the men. Among those who responded negatively, 4 women made statements similar to this comment: "He'd think it was silly." However, the other 29 women restated the same themes: (a) they were more comfortable sharing feelings with women, (b) they feared that men would dominate the discussion, (c) they desired a place to talk about marital relationship issues, and, most often, (d) they just wanted to be with and receive support from other women at that time.

Sixty percent of the mothers had joined groups when their babies were 2 or 3 months old. Two-thirds of the groups had met every 2 weeks, with the rest meeting once a week. When asked about their regularity of attendance at group meetings, 77% of the women said that they had rarely missed a meeting. Forty-one percent of the women were still in groups at the time of this study. Of those who had terminated their group experience, 31% had stayed in their groups 5 months or less, 33% had met for 6-11 months, and 36% had continued meeting for a year or more.

Individual Needs Met by the Group

Respondents were asked to list their two most important reasons for joining the postpartum support groups initially. Table 3 lists the most common reasons given. Over 80% of the members believed that all their initial expectations and needs had been met by the groups. Those who mentioned an unmet need most frequently stated the desire for more personal discussion and fewer "social" discussions. At the end of the questionnaire, the women were asked if the groups had met any needs they had not anticipated. Of 38 women responding to this question, 17 said that they had not expected to form the lasting friendships they then enjoyed with members of their groups. When asked how they would recommend the postpartum group experience to a pregnant friend, 72% of the women said that they would recommend the experience highly (5 on a scale of 1 to 5).

Discussion Topics Important to Group Members

During sessions with leaders of the support groups there were frequent debates about what topics should be covered. Should there be an attempt to educate the group members

Table 2. Do (Did) You Wish Your Coparent Would Attend the Group Meetings with You? Why or Why Not?^a

No (33 responses)	Yes (14 responses)
At the time I needed the support of other women.	Don't know if fathers would enjoy it but think it might be beneficial for them to get out of house and discuss problems.
I felt a need to be primarily with women at these meetings.	Fathers need to share and compare feelings also.
Sometimes we discussed problems concerning the spouse.	They might benefit from feelings of other fathers.
This time was mine not so much to keep him ill-informed or isolated, but a time to share with other women. In groups I've seen where men participate actively, they tend to dominate.	Occasionally would have been fun to find out what his response would have been to personal feeling-type questions.
It was just nice to share womanly, motherly things with other women.	The fathers' point of view plus interaction would have been invaluable.
He'd think it was silly.	

^aSixty-six questioned; 19 did not respond.

about childrearing issues? Should the discussions focus on infant-related issues, or should the leaders take the initiative and pursue a more personal, feeling-oriented discussion if it did not happen spontaneously? In the questionnaire, 32 topics that had been discussed in earlier postpartum groups were listed, ranging from informational topics like first aid and child care books to very personal topics, e.g., feelings about the effect of the baby, or postpartum body changes, on one's sexuality. Each woman was asked to select the five topics that had been most meaningful to her at three different times: (a) when her baby was 0–6 months of age, (b) when her baby was over 6 months of age, and (c) in follow-up talks with her spouse. Table 4 lists the most common responses. Discussions

relating to negative feelings about parenting were most important when the baby was under 6 months of age and in follow-up talks with spouses. Talking about working or not working outside the home was most important when the baby was over 6 months of age. Discussing the labor/delivery experience in the support groups was important to the women regardless of babies' ages, but this did not appear as important in talks with their spouses.

When asked to describe why and how the chosen discussion topics (Table 4) were meaningful to them, 73% of the respondents mentioned that recognition of the universal nature of their feelings and their resultant feelings of reassurance about the normality of their own experiences were valuable. Similarly, when asked about the most important things they learned in the groups regarding their roles as parents, 41% said they learned not to doubt themselves, they learned to have more self-confidence as parents, and they learned that their concerns and worries were the same as those of others.

Factors Influencing Group Effectiveness

In determining which factors influenced group effectiveness, the following variables were examined: (a) the overall evaluations of the postpartum group experiences, (b) the desire of the member to participate in a similar group experience in the future, (c) the

Table 3. Reasons for Which 66 Women Initially Joined 15 Postpartum Support Groups

Reason	Responses <i>f</i>
Desire to talk to other persons in my situation	24
Desire to meet new people with children my child's age	18
Desire to meet new people	8
Desire to talk with people about child-rearing and parenting issues	17
Desire to get out of the house regularly	17

Note. Subjects could give more than one response.

Table 4. Percentage of Respondents Selecting Discussion Topics Important to Them at Various Postpartum Stages

Topics	Baby 0-6 Months (n = 66)	Baby over 6 Months (n = 46)	Follow-up Talks with Spouse (n = 66)
Negative feelings since baby, e.g., boredom, isolation, feeling trapped, frustration, depression, fatigue	39	33	35
Feelings about working/not working outside the home	24	41	29
Feelings about the labor/delivery experience	32	37	17
Changes in husband-wife relationship since the baby	27	35	26
Sleep-related problems of infant	26	28	15
Changes in husband-wife roles	24	30	23
Breast/bottlefeeding problems for parents	24	35	17

Note. Respondents could specify more than one topic.

length of time the member continued in the group, and (d) the regularity of attendance. The overall evaluations, as mentioned earlier, were so consistently positive that no significant differences attributable to certain variables were found.

When asked how the postpartum support group experience affected their desire to participate in other group experiences in the future, 3% of the women said that they would never want to do it again, 35% said that they might consider group experiences more favorably, and 62% said that they intended to seek out similar experiences in the future. Again, the responses were consistently favorable, and no significant differences among groups were found.

The length of time a member continued in a support group was significantly associated ($\chi^2 = 14.3, df = 1, p = .0002$) with whether or not the member was working outside the home. Seventy-seven percent of the mothers who returned to work stayed in their groups a year or more, whereas 85% of the mothers who did not return to work were in their groups for less than a year. Going back to work was not significantly associated with income level, but it was significantly associated ($\chi^2 = 4.3, df = 1, p = .04$) with parity. Thirty-seven percent of the respondents with only one child returned to work, whereas 11% who had more than one child did so. No other variable significantly affected the length of time a woman continued in her support group.

The one variable significantly associated with regularity of attendance ($\chi^2 = 5.99, df = 1, p = .01$) was the presence of babies at meetings. Of the women who attended meetings less than three-quarters of the time, 80% were in groups where babies were frequently present. In groups where babies were rarely present, 90% of the women missed meetings very rarely, as compared with 65% who missed meetings very rarely in groups with babies frequently present. Preference for the presence of babies at group meetings was significantly associated with both education and income level (Table 5). In general, women who were better educated and more affluent were more likely to consider it a disadvantage to have babies present at group meetings.

Additional Findings

Of the 49 women who answered the item asking them to describe any concerns or worries they had had since the birth of their children, 17 women mentioned being troubled by particular traits or habits of their children, and 12 women mentioned concern over health issues. Other issues (e.g., spacing of children, philosophical childrearing issues, career decisions, and personal problems with the parenting role) were also cited by more than 10% of the respondents. When asked where they found help with their concerns, the five most commonly cited sources (with number of times mentioned in pa-

Table 5. Differences in Desire for Having Babies Present at Postpartum Support Meetings (66 Women)

	Desire for Babies Present ^a		
	Yes	No	Does Not Matter
Educational level*			
Less than college grad	12	6	
College grad or higher	9	18	
			21 (total)
Economic level**			
Less than \$10,000/year	8	1	
\$10,000–20,000/year	5	15	
Over \$20,000/year	5	10	
			22 (total)

^aNumbers do not total 66 because the "does not matter" responses were not recorded systematically across groups.

* $\chi^2 = 4.8, p < .05$.

** $\chi^2 = 11.0, p < .01$.

rentheses) were friends and neighbors (27), pediatrician and/or nurse practitioner (20), postpartum support group (18), books (16), and husband (11).

Finally, Lieberman, Yalom, and Miles (1973) suggested five areas where personal change might occur as a result of a group experience: interpersonal openness, self-esteem, assumption of responsibility for self, acceptance of others, and the ability to develop coping strategies for self. Respondents' views of these changes within themselves as a result of the group experience are summarized in Table 6. The majority of women thought that their facility in these interpersonal skills had increased as a result of the support group experience.

DISCUSSION

The women who elected to join postpartum support groups in Ann Arbor (representing only 10% of the total number of LaMaze-prepared women) were older and better educated than childbearing women as a total group. Perhaps they joined support groups because the transition to parenthood is more of a crisis in middle-class populations (Dyer, 1963; LeMasters, 1957). Russell (1974) did not find higher crisis scores in her middle-class versus lower-class populations. However, she did find that parents with more education reported fewer gratifications from their roles as parents. She suggested that "it is possible that the rewards seem fewer only

because the comparison level is so much higher for successful, educated people" (p. 300). Adjustment to the parenting role may require more emotional work for women with more education, who presumably have discovered alternative routes to self-fulfillment.

An alternative explanation may be that older and better-educated women have more need for a group in which their mothering role is esteemed and validated. Talking about pregnancy, babies, and childrearing problems is frequently disdained by educated peers and their husbands in social circles and even more so in professional work environments. The fact that in this study the working mothers remained in support groups significantly longer than nonworking mothers may lend support to this argument.

Another possibility, however, is that this is the only population that can benefit from a support group program. In order to function effectively, a group needs members who are able to conceptualize problems and share feelings verbally. It is conceivable that only middle-class educated persons can do this on their own without a professional group leader. Finally, it is possible that other socioeconomic groups may have different ways of meeting the needs met by postpartum groups, and therefore such persons will have no impetus to join such groups.

After having completed the couple-oriented LaMaze class on preparation for childbirth, why did none of the groups

Table 6. Percentage of Respondents Reporting Changes in Personal Attributes as a Result of Support Group Experience ($n = 66$)

Personal Attributes	Decreased Significantly	Decreased Somewhat	No Change	Increased Somewhat	Increased Significantly
Interpersonal openness (Did you feel more like sharing your thoughts/feelings with others?)	2	3	23	52	20
Self-esteem (Did you feel better about yourself?)	0	6	14	59	22
Assumption of responsibility for self (Did you take more responsibility for identifying your needs and seeing that they were met?)	2	0	32	52	14
Acceptance of others (Did you find yourself more/less accepting of others' viewpoints or lifestyles?)	0	3	31	52	14
Ability to develop coping strategies for self (Did you find more ways to solve your problems or lessen your concerns?)	0	0	20	68	12

choose to include the fathers? Again, various explanations are possible. Perhaps women need an extra form of support during the early childrearing period of their lives, whereas men do not. In a study tracing the pattern of marital satisfaction over the family life cycle, Rollins and Feldman (1970) found that the presence of dependent children in the home appeared to be related to a high level of negative feelings in the wife from her interaction with the husband:

These data suggest that experiences of childbearing and childrearing have a rather profound and negative effect on marital satisfaction for wives, even in their basic feelings of self-worth in relation to their marriage. . . . The most devastating period of marriage for males appears to be when they are anticipating retirement. Marital satisfaction might be influenced more by occupational experiences for husbands than the event and developmental level of children in their families (p. 27).

Women, if they are the primary caretakers, undergo far more sweeping changes in their lives as a result of childbirth than do men. The support group may provide a service that men simply do not need.

Another possibility is that men also could grow through sharing postpartum concerns following childbirth, but a postpartum support group may not fit the masculine self-image. The men may be giving verbal or nonverbal cues to their wives indicating that they do not want to be involved in discussing childrearing and parenting concerns. Sweeny and Davis (1979) reported a couples group experience led by two health professionals that began before birth and continued into the postpartum period. They made a point of commenting on the extent to which the men shared feelings related to the childbearing experience, stating "in general, the men's participation throughout the sessions was more abundant, open and frank than expected" (p. 64). Men might respond more positively to a professionally structured situation than to an informal support group.

Many responses from the women in this study indicated that part of the problem may be the group dynamics in a male-female group. Some reasons given for not wanting the men present were the following: "I needed to relate to women. My husband would have inhibited that." "It would inhibit

the freedom of speech.” “In groups I’ve seen where men participate actively, they tend to dominate.” “Because it gave me a chance to express feelings I might not have.” “I think we all would have been reluctant to discuss personal feelings and experiences with other men present.” Also, there was a general feeling of not wanting to become too “social.” Fears that men would dominate, that the group might be superficial, and that they themselves would not speak out freely about their personal concerns with men present seemed to be important issues. In the couples group mentioned earlier, Sweeny and Davis (1979) reported that “wives and husbands alike found frustrating situations, but men were more likely to express dissatisfaction with a change in the couple relationship while women were more likely to express dissatisfaction with the parent-child relationship” (p. 63). This contradicts the findings of Gruis (1977) and Russell (1974) and those of this study. Gruis (1977, p. 185) found that fewer than one-fourth of her postpartum mothers believed that infant care was an area of major concern; rather, the most frequent major concerns were in the areas of physical (fatigue and return of figure to normal) and emotional self (emotional tension and regulating the demands of husband, housework, and children). Russell (1974, p. 296) also found that postpartum women were most bothered by items relating to the physical and emotional self (personal appearance, fatigue, loss of figure, feeling emotionally upset). In this study, only two of the seven discussion topics selected as most meaningful were related to infant care (Table 4). The contradictory findings of the Sweeny and Davis (1979) study may have resulted from the possibility that the women did not express their real concerns because the men were present.

The most common reason given for joining a postpartum group initially (Table 3), as well as the most common theme from women who did not want men present at meetings (Table 2), was an expressed desire to talk with other women at this time. It may be that the women who elected to join postpartum support groups were self-selected because of their ability and desire to give and receive support from other women. On the other hand, all women may have this need after childbirth. A great deal of energy is required to integrate motherhood into one’s identity as a woman. Talking at length with other

women who are working on this task may help a woman clarify her own feelings and values and assist her in making the necessary role change. One mother wrote: “These subjects were very big in my life at the time—being a new mother affected my life greatly, as expected, and being able to openly discuss the things uppermost in my mind, whether a problem or not, was a great help to me and an outlet I still appreciate in retrospect.” Unfortunately, some women may not find this opportunity because of the notion in upper-middle-class society that there is nothing so insipid as “a bunch of girls talking about babies.” On the contrary, there may be nothing so important, particularly to the upper-middle-class woman.

Two types of support groups have emerged as part of the Ann Arbor program: one with women only, one with mothers and babies together. Benefits were cited by the mothers who wanted their babies present: (a) meetings do not interrupt breastfeeding; (b) babies need to be with their mothers; (c) it is fun to compare babies’ growth and personality development; (d) it is good experience for babies to be with other babies and mothers; (e) there are no babysitter problems. Advantages have also been cited for a women-only group: (a) babies are too noisy and distracting; (b) mothers need time of their own away from babies. Although social support was obtained through both types of groups, it appears that the women-only groups had a higher rate of meaningful discussions in their sessions. Since 80% of the women who missed meetings were in groups with babies present (groups where babysitter and separation/guilt problems would not exist), one might assume that the content of the group meetings did not have the same compelling quality as in the other groups. Since both types of groups offer positive experiences to their members, women should be able to choose the type that best fits individual needs.

Finally, the group method of providing support for postpartum women seems to offer unique advantages. The discovery of the universality (and therefore the normality) of one’s feelings was cited as the key reason why the group discussions were important to the women in this study, as well as to the parents in the groups run by Sweeny and Davis (1979, p. 63) and Miller and Baird (1978, p. 118). The increases in interpersonal skills (Table 6) are noteworthy as well.

Eighty percent of the women in this study believed that their self-esteem and their ability to find ways to solve their problems increased as a result of the group experience. These are important benefits, and they were achieved without professional consultation.

In summary, the lay postpartum support group program described in this study offers a long-term form of social support to new mothers. Increases in self-esteem and coping ability, belief in one's ability to parent, and recognition of the normality of one's problems and concerns are all reported as being derived from the group experience.

Ideally, the option of a support group experience should be just one of a variety of postpartum services offered by nurses. Support groups can be started by a nurse who can be available to that group as a consultant as frequently as desired. Individual consultation can be offered to individuals and families with greater needs. Services better suited to broader segments of society can be offered as well. Lay people have demonstrated their desire to continue to maintain or improve their state of wellness through the parenting experience. Nurses are the ideal professionals to assist and guide that process. One excellent service to offer may be a postpartum support group program.

REFERENCES

- Bishop, B. A guide to assessing parenting capabilities. *American Journal of Nursing*, 1976, 76, 1784-1787.
- Cobb, S. Social support as a moderator of life stress. *Psychosomatic Medicine*, 1976, 38, 300-314.
- Cronenwett, L. R. Transition to parenthood. In L. McNall & J. Galeener (Eds.), *Current practice in obstetric and gynecologic nursing*. St. Louis: C. V. Mosby, 1976.
- Dyer, E. D. Parenthood as crisis: A re-study. *Marriage and Family Living*, 1963, 25, 196-201.
- Gruis, M. Beyond maternity: Postpartum concerns of mothers. *American Journal of Maternal Child Nursing*, 1977, 2, 182-188.
- Hobbs, D. F. Parenthood as crisis: A third study. *Journal of Marriage and the Family*, 1965, 27, 367-372.
- Hobbs, D. F. Transition to parenthood: A replication and an extension. *Journal of Marriage and the Family*, 1968, 30, 413-417.
- LeMasters, E. E. Parenthood as crisis. *Marriage and Family Living*, 1957, 19, 352-355.
- Lieberman, M. A., Yalom, I. D., & Miles, M. B. *Encounter groups: First facts*. New York: Basic Books, 1973.
- Meyerowitz, J. H., & Feldman, H. Transition to parenthood. *Psychiatric Research Reports*, 1966, 20, 78-84.
- Miller, D. L., & Baird, S. F. Helping parents to be parents—A special center. *American Journal of Maternal Child Nursing*, 1978, 3, 117-120.
- Rollins, B. C., & Feldman, H. Marital satisfaction over the family life cycle. *Journal of Marriage and the Family*, 1970, 32, 20-28.
- Russell, C. S. Transition to parenthood: Problems and gratifications. *Journal of Marriage and the Family*, 1974, 36, 294-301.
- Sweeny, S. L., & Davis, F. B. Transition to parenthood: A group experience. *Maternal Child Nursing Journal*, 1979, 8, 59-64.
- Yalom, I. D. *Theory and practice of group psychotherapy*. New York: Basic Books, 1970.
- Zimmerman, H. S., Turrini, P., Weiss, S., & Slepian, L. The mothers' center: Women work for social change. *Children Today*, 1977, 6, 11-13.

Ms. Linda R. Cronenwett is a doctoral student in clinical nursing research at the University of Michigan, Ann Arbor.

This article was received June 26, 1979, was revised, and on November 6, 1979, was accepted for publication.

Requests for reprints may be addressed to Ms. Linda Cronenwett, 860 Sycamore Place, Ann Arbor, MI 48104.