

A joint mission: Peer groups in offering insights into family care

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Background and objectives

Goal-oriented peer groups for elderly spousal family carers were arranged as a part of the intervention study Family Care as Collaboration. The intervention study was a part of the Research and Development Project on Geriatric Rehabilitation. The starting point for group activities was the understanding produced by earlier research and practical work that in challenging situations people often find it rewarding to talk about their experiences with others in a similar position. This is because in peer interaction emotional and social support can take place and useful information can be exchanged. The objectives of the peer groups in the intervention were to facilitate peer support and encourage spousal carers to explore and manage their life situation. Active agency and empowerment of spousal carers as well as autonomy of families were hoped to be promoted by offering them the possibility to share experiences and reflect on their situation with others in ways which emphasized resources and solutions.

Group activities in practise

After recruitment and randomization of 63 spousal carers to an intervention group, seven peer groups were formed each involving eight to ten carers and two instructors. The groups met five times during the first year of intervention. The meetings took place in a service home where the carers' demented spouses simultaneously participated in their own rehabilitative groups. The five-hour program of carers' meetings consisted of conversations and recreation. The conversations involved issues that have been recognised as relevant in spousal care: the family situation and its history, challenging situations in home care and their solutions, social support and networks, changes in spousal relationship and roles, and future prospects. Recreation included exercise and relaxation. Every meeting also involved a joint lunch. The couples had the opportunity to use taxis for travelling to and from the meetings.

The nine group instructors worked in pairs and at least one of them had knowledge of dementia and experience of group instruction. They participated in two training days before the group meetings started and had regular work guidance throughout the group activities. In line with the group objectives, the instructors emphasized resource and solution-oriented ways to act and think. The means of doing this included reminding the participants of group objectives, improving efficiency of the groups, clarifying communication and focusing on resources.

Results

The contents, functioning and effectiveness of group activities were studied by analysing conversations of the participants (saved on audio disks), their observed interaction in the meetings, and their and the group instructors' qualitative and quantitative feedback from the groups. The carers' responses (n = 52) to the quantitative feedback survey measuring the realisation and successfulness of group activities indicated that groups were considered to have been mainly interesting by contents and successfully organised. Participating in the groups had meant a chance to meet other spousal carers and talk about one's own situation. The carers considered topics of conversations adequate and interaction in the groups mostly smooth. Many had also learned something new about caring for their spouse at home. For most of the respondents, meeting others

in a similar situation had produced a feeling that they were not alone. They had been able to share their experiences and thoughts with others which had created a feeling of togetherness and helped seeing positive aspects and chances of change in their own situation. They thus felt that group meetings had been helpful in offering emotional and social support as well as practical advice and an opportunity to find new perspectives to their own situation.

The qualitative analysis of group conversations focused on the moral considerations of carers concerning their own actions and relationships to their spouse, the surrounding society and culture, their resources and management strategies, and on the different dimensions of peer experience in the groups. In talking about caring for their spouse, the group participants simultaneously dealt with their feelings and resources as well as constructed and evaluated their own moral identity. The moral identity of elderly carers was based on a deep commitment to caring for their spouse and on the secondary importance of their own needs. This kind of moral identity can be both a resource and a burden, since it can function in a twofold way: it can be a conviction supporting the caring and a taxing responsibility forcing the carer to the limits of coping. The carers' talk about their feelings involved assessing feelings as appropriate or inappropriate from different points of view.

Besides moral identity, the carers' resources included, for example, having time on their own, social contacts, taking care of their psychophysical well-being, and remembrance. Their everyday management strategies involved active problem solving, seeing things from a new perspective and reducing stress. In the group talk, the peerness of spousal carers emerged from comparing similar and diverse experiences and interpreting the differences. On one hand, peerness meant a helpful experience of sharing which created a connection to others and expanded one's own understanding of caring for one's spouse. On the other hand, peerness involved differences constructed in comparing experiences which made space, sometimes very forcefully, for the uniqueness of one's own experiences. Due to having similar experiences, different aspects of social interaction may emerge in peer groups in particularly intensive ways. Problematic issues of peer support may involve competition over the relevance of different experiences, contradictory efforts to both share experiences and treasure the uniqueness of one's own experiences, social dominance or withdrawal of some participants, endlessly mulling over certain things, pressure of conformity, and coerciveness of certain kinds of moral identity.

Conclusions

The goal-oriented model of peer support groups developed in the intervention is a combination of customary peer activity and professionally led group activity. The participants were mainly content with the groups. Dealing with relevant issues with people in a similar situation appeared to be an important and versatile form of support for spousal carers. Goal-oriented peer groups can help many people understand better their experiences and find new insights into them simultaneously with creating a feeling of togetherness amongst the participants. However, some people, for example those who are socially very shy, anxious or dominating, may benefit from more individual interventions. On the basis of the group activities in this project, peer support should not be simplified so that it should be offered always and to everyone as a solution to psychological challenges and practical problems caused by a difficult situation. Instead, attention should be paid to who can really benefit from group activities and how they could be carried out so that both hearing participants' own stories and sharing them together would be possible without great struggles for time and space. Since social interaction can involve both aspects that support and hinder empowerment, good planning and instruction of activities in peer groups are particularly important.

Recommendations

In goal-oriented, professionally instructed peer groups for spousal carers the following principles and practical aspects should be taken into consideration:

- Actions of group instructors may greatly support spousal carers' empowerment, personal resources and management strategies.
- Group instructors should be aware of the meaningfulness of moral identity as potentially a resource and a burdensome aspect in spousal care.
- Group instructors need adequate training to facilitate acting towards the group goals.
- Group instructors should have the opportunity to reflect on their work and interaction with families, for example, in work guidance.
- In groups of carers of demented spouses, at least one group instructor should have sufficient knowledge of dementia.
- Groups should be homogenous enough, for example, in terms of participants' age and life situation to enhance a good peer experience. However, sufficient diversity is also necessary to generate new perspectives.
- Groups should be small enough to allow for everybody's participation (six to eight carers and two instructors).
- Long enough periods for meetings that take place often enough motivate group participants and instructors, help people get to know each other and engender the peer feeling. However, in families with dementia too frequent meetings can be also burdensome if it is, for example, difficult to arrange for substitute care.
- Sufficient structuring of group activities helps in attaining the goals. However, there should also be enough room for spontaneity and participants' requests.
- Groups should be closed to enhance confidentiality and continuation.
- Group instructors' working in pairs is fruitful for both groups and instructors' own professional development.
- Participants should be capable of joining in the group activities in terms of their sensory and cognitive functions.