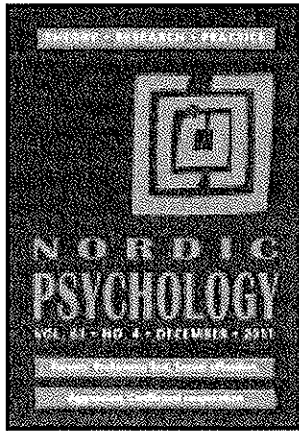


This article was downloaded by: [195.215.232.186]

On: 20 September 2012, At: 00:24

Publisher: Routledge

Informa Ltd Registered in England and Wales Registered Number: 1072954 Registered office: Mortimer House, 37-41 Mortimer Street, London W1T 3JH, UK



Nordic Psychology

Publication details, including instructions for authors and subscription information:

<http://www.tandfonline.com/loi/rnpy20>

Young people who have lost a parent because of alcoholism need special attention

Marianne Bache^a & Anitta Guldborg^a

^a Counseling and Research Centre for Grieving Children, Teens and Young Adults, (Børn, Unge & Sorg), Copenhagen, Denmark

Version of record first published: 31 Aug 2012.

To cite this article: Marianne Bache & Anitta Guldborg (2012): Young people who have lost a parent because of alcoholism need special attention, *Nordic Psychology*, 64:1, 58-71

To link to this article: <http://dx.doi.org/10.1080/19012276.2012.693718>

PLEASE SCROLL DOWN FOR ARTICLE

Full terms and conditions of use: <http://www.tandfonline.com/page/terms-and-conditions>

This article may be used for research, teaching, and private study purposes. Any substantial or systematic reproduction, redistribution, reselling, loan, sub-licensing, systematic supply, or distribution in any form to anyone is expressly forbidden.

The publisher does not give any warranty express or implied or make any representation that the contents will be complete or accurate or up to date. The accuracy of any instructions, formulae, and drug doses should be independently verified with primary sources. The publisher shall not be liable for any loss, actions, claims, proceedings, demand, or costs or damages whatsoever or howsoever caused arising directly or indirectly in connection with or arising out of the use of this material.

Young people who have lost a parent because of alcoholism need special attention

MARIANNE BACHE¹, ANITTA GULDBERG¹

Corresponding address: Marianne Bache, Danish Counseling and Research Centre for Grieving Children, Teens and Young Adults (Børn, Unge & Sorg), Kejsersgade 2, 1., 1155 Copenhagen K, Denmark. info@bornungesorg.dk

Abstract

This article describes a unique psychotherapeutic group for young people who have lost a parent with an alcohol problem. The group was initiated in February 2008 and is a continuous activity at the Danish Counseling and Research Centre for Grieving Children, Teens and Young Adults. The participants in the group are at risk of developing complicated grief, and therefore benefit from an intervention that focuses on the particular experience of losing a parent whom they miss and love while also feeling unsure and let down by that parent. The article sheds light on several conditions that impede the grief process of these young people, for example: contradictory emotions and pronounced feelings of guilt in relation to the deceased parent; difficulties recognizing their own feelings and needs, and difficulties utilizing social networks in handling their grief; doubting their ability to assess reality correctly. In the latter part of the article the authors discuss the therapeutic factors thought to be particularly effective in a group of this nature. These factors revolve around the recognizability and de-privatization that arise in the encounter with peers, but also the realization that they were not to blame for their parents' drinking problem and consequently not to blame for their death. Finally, a therapeutic factor of great importance for this group is the discovery that they can talk out loud about something that has been shameful and kept secret for many years.

Keywords: group therapy, alcoholic parents, young adults, complicated grief, parental loss.

¹ Counseling and Research Centre for Grieving Children, Teens and Young Adults, (Børn, Unge & Sorg), Copenhagen, Denmark

In February 2008, the Danish Counseling and Research Centre for Grieving Children, Teens and Young Adults¹ initiated a new and unique treatment opportunity: a psychotherapeutic group for young people who have lost a parent, who had an alcohol problem.² We were motivated by a noticeable increase in the number of young people contacting the centre specifically with this issue. They did not feel that they belonged in groups available in other humanitarian organizations in Denmark. At TUBA (Therapy and Counselling for Children of Alcoholics) they would be placed in groups with other young people, whose alcoholic parents were still alive. At Children's Welfare (*Børns Vilkår*) and in other groups in our centre the participants will have lost a parent but probably not a parent who suffered from an alcohol abuse. Consequently, in both types of groups that are available for this particular group of young people there are important limitations in respect to acquiring the feeling of belonging and recognition that are vital for the effect of this type of intervention. A letter from a young woman written to us reflects this:

For as long as I can remember my father drank. Finally, when I was beginning to gain control over my own life after having arrived at a boarding school in the last years of school, my father became ill from his abuse. He was hospitalized and placed in an intensive care unit. In December 2004 all hope had run out. My mother called me and said they were ready to turn off the machines that kept him alive and that it would not be long before he died. Since then I have participated in group therapy at Children's Welfare and in group therapy at TUBA, but I have had a hard time fitting in, since I often feel that it's very different having lost a parent who was alcoholic. My family has moved on and we rarely talk about my father whom I both love and hate. But something should be done so that young people who have experienced a loss because of alcoholism can talk to one another.

Prior to starting the group, we searched for relevant literature on the topic. The search for literature confirmed our assumption that group therapy to young people who have lost a parent *and* that parent suffered from an alcohol abuse is a unique type of intervention. Neither nationally nor internationally have we found any research or therapy addressing the specific challenges that these young people face.

Previous research has focused on what it means for children to grow up with an alcoholic parent, but the results are far from unanimous. Some researchers argue that adult children of alcoholics have an increased risk of developing a number of problems such as depression, anxiety, low self-esteem, tendency to substance abuse and anti-social behaviour, general maladjustment and psychological distress (e.g. Bush, Ballard & Fremouw, 1995; Lindgaard, 2002; Fewell, 2006; Peiponen et al., 2006). Others oppose these results (e.g. Seefeldt & Lyon, 1992; Velleman & Orford, 1999) or argue that these problems are not unique to children of alcoholics but more widely relates to other types of family malfunctioning or parental pathology (e.g. Harter, 2000).

A few articles/books deals with therapeutic interventions for these children/young people (see e.g. Cermak & Brown, 1982; Vannicelli, 1989; Cooper & McCormack, 1992; Mackrill, 2011). However, it is outside the scope of this article to elaborate further on this, because these interventions solely focus on individuals whose parents are living, which is very different from having lost a parent. The lack of research in this field meant that contributing with new knowledge became another goal for us in offering this new type of therapy.

Participants in the group

The group consists of eight young people, aged 20–28, who have lost a parent with an alcohol problem. The parent may have died of something other than alcohol-related diseases, such as cancer, suicide or an accident. As a general rule the participants will at the earliest be accepted into the group six months after losing a parent. Only after this period of time the young person will start to realize emotionally that the parent is dead and will not come back. At the same time the loss cannot date back more than eight years. This is partly because, when dealing with a loss that happened more than eight years ago, it is sometimes difficult to assess if the difficulties that the young person is facing are due to the loss of a parent or other aspects of their lives. Also, it is important that the relationship between the child and the parent has reached a certain level of maturity before the loss. This usually happens when the child is about 12 years old. Finally, it is crucial that the participants and their situations are as much alike as possible. The experience of losing a parent as a child or as a teenager/young person can be a very different one.

In total, 54 young people have started in these groups since 2008. Sixteen are currently in the two ongoing groups, 22 individuals have completed the group programme, and 16 have left early in the process for various reasons.

The shape and framework of the group

The group operates with a “slow-open” principle, which means that new members are admitted when others leave the group. The group meets every week for two and a half hours. The first two hours are spent with the two psychologists who run the group. The final half hour is spent without the psychologists where the members of the group are left together to talk.

The duration of the therapy depends on the needs of the participant. Experiences from other “slow-open” therapeutic groups in our centre show that young people with a complicated grieving process due to i.e. the loss of both parents, suicide or having lived for a prolonged period of time with an ill parent, generally spent one year in therapy.

The method can be described as individual group psychotherapy where the participants do homework - primarily letter writing. When relevant, the whole group is asked to respond to other group members’ grieving process or shared issues. The theoretical background draws heavily on recent theories on grieving (Stroebe & Schut, 1999; Stroebe, Stroebe & Hansson, 1993; Stroebe et al., 2001, 2008; Bache & Engelbrekt, 2009).

The impact of this intervention is studied through systematic evaluation undertaken prospectively through four questionnaires: ahead of group start (baseline), one–two weeks after terminating in the group, and then six- and 12-month follow-up questionnaires. The participants answer questions about self-esteem, depressive symptoms, their social network, their feelings about their parents’ abuse (including feelings of shame and guilt), their trust in others and their confidence about the future.

The grieving process of these young people

There is a risk of developing complicated grief because of a number of specific factors (we will elaborate on each of these factors below and illustrate with the experiences of our group participants):

- a type of “chronic” (meaning prolonged, but nevertheless susceptible to the right type of treatment) grief beginning in childhood;
- a tangled net of contradictory emotions in relation to the deceased parent;
- pronounced feelings of guilt;
- a tendency to idealize the deceased parent;
- insecurity in one’s own ability to evaluate reality correctly;
- difficulties in sensing one’s own emotions and needs;
- difficulties in using others in the grieving process because of problems with relations.

Chronic grief beginning in childhood

“Loss is a fundamental condition for children and young people who grow up with alcoholic parents”, according to Alex Kastrup Nielsen (2009), one of the founders of TUBA. He talks primarily about the loss of the parents’ love, but also the loss of security and innocence.

One might say that these young people live with a chronic grief because of these losses in their childhood. From very early on life has been serious. It has been risky for them to look forward to anything. Annette (this and other names, as well as quotes from participants are anonymized) described how she would look forward to Christmas, family gatherings and birthdays, but time after time would see these occasions destroyed by the fact that her mother was drunk. Marie said that she had suddenly become aware that she only had very few good and carefree memories from her childhood. Usually trips from one destination to another – driving in the car. It was the ride itself that seemed like a carefree and safe moment because when her parents drove they were not drinking. She was given a few good hours in the backseat of the car while the rest of the time was spent in constant vigilance. She would be looking for signs that her parents were drunk and/or embarrassing, trying to figure out whether she could take friends home with her, or whether she needed to come up with stories to disguise how things really were at home.

A number of parallel grieving processes thus take place when young people start having group sessions with us. They carry with them a chronic and very often unprocessed grief from the past, which collides with the grief concerning the death of either mum or dad; a loss that stirs up and accentuates this chronic grief.

A tangled net of emotions

The group participants struggle with contradictory and conflicting emotions in relation to the deceased parent: a sense of overwhelming longing, loss and great sadness, disappointment, anger, guilt and shame. Very often these emotions are so tangled up in one another that it is confusing and almost impossible for the young person to describe how she feels.

In the beginning it is often the feeling of loss that takes centre stage. Primarily the loss of all the positive things that the young person experienced in relation to the parent in spite of the abuse, or the things that s/he continued to hope for. Lisa had lost her mother who had been drinking heavily throughout Lisa’s childhood. She described how she throughout her entire life had been in need of a mother, and yet after the death of her mother, she felt an overwhelming sense of longing for her, or rather a longing for the mother who had never succeeded in being a proper mother to her.

At the same time we see that participants struggle with recognizing and allowing themselves to express the anger that emerges due to the neglect caused by the parents' abuse. Or in acknowledging the shame and embarrassment they have felt because of their drunk father/mother. When they were children and adolescents it was necessary to cover up and make excuses for the parent to themselves and others in order to maintain a positive image of their parent and their own background. At the death of this parent it becomes even more crucial. When these young people are encouraged to express negative feelings, they are usually accompanied by declarations of how lovely dad or mum was and how much they miss and love him or her.

It is the second time Sofie meets up for a group session. She stares into the floor while she says: "I know you must find me weird, but I have to say that I felt kind of relieved when my father died". As many other young people, Sofie had been worrying daily about her alcoholic father – about whether he was drinking too much, would fall over or find himself in a situation that he could not handle (see for instance Kroll, 2004). But it was hard for her to express as well as shameful to admit because this was a relation that was supposed to be all about love.

If only I had been more understanding

Feelings of guilt constitute a large part of the complex set of emotions that accompany young adult children of alcoholics: "Could I have done something to make my mother stop drinking? Would she still be alive then?" "Could I have done more to make other people take action?" "Should I have been more caring and understanding while my father was still alive?" If the abuse led to periods with limited or no contact, the young person often feels guilty about this and may even feel that it has caused the parent to drink more, fall ill or commit suicide.

In most grieving processes, pronounced feelings of guilt are associated with avoiding grief. You focus on a time when that person was still alive, so that you avoid any real recognition of death. This aspect of guilt is also prevalent with these young people. But here the guilt primarily seems to draw on emotions from a childhood spent with an alcoholic parent, in which the child often experienced feelings of guilt in relation to her own behaviour ("Is mum drinking because I've been so difficult?"). Or feelings of contempt and embarrassment in relation to the parents' behaviour; something they now feel guilty about. The sense of guilt may also originate from feelings of inadequacy that have been brought on by having had to take on too many responsibilities at too young an age. Several studies describe how adult children of alcoholics early on in life are given parenting and care responsibilities (Kroll, 2004; Kelley et al., 2007). They will take on the responsibilities that the alcoholic parent is unable to administer. Often a sense of guilt will accompany the child or young person when they are not able to change the situation.

Finally, the guilt reflects a need to preserve a positive image of the parent which will become possible when the child or young person sees themselves as the one to blame for their parents' alcohol abuse (Lindgaard, 2002): "But he was a good dad", "It was hard on him", "Maybe it wasn't as bad as I thought then", "I'm probably exaggerating".

Idealizing the dead parent

The need to maintain an image of a caring mum or dad can also be seen in the declarations of love to the deceased parent. Very often these declarations are part of an idealization of the parent that does not match the stories that they tell about disappointments and neglect. This could be seen as a form of reaction formation – a transformation of the unbearable and negative feelings of anger, contempt and embarrassment into overwhelmingly positive feelings. Criticizing the deceased parent is associated with great discomfort and as mentioned, pronounced feelings of guilt. It may feel as if they “expose” their parents. Marie from the group, for instance, talked about how much her father had always been there for her and she baulked at the assignment of having to talk about how embarrassing it had been for her when her father was drinking.

Is it me who is wrong?

The idealization of the parent also reflects a general insecurity in their abilities to correctly assess reality. Many of the parents would deny or downplay their own abuse when confronted by their children: “Can I trust what I see and feel when I was the only one who reacted in our family?” or “Am I a bad daughter when I criticized my father and he denied it?” A feeling of constantly being wrong and feelings of insecurity in themselves and their own assessment capabilities take over and lay the groundwork for a general doubt in their ability to read a situation correctly (see also Cermak & Brown, 1982; Kroll, 2004).

This feeling of self-doubt stays with them when they are processing the loss of the parent. A number of questions emerge that seems to complicate the process: “Who was my father really?” “Were my mother’s mood swings brought about by her drinking or by the fact that she was ill?” “Was I a difficult teenager as my mother used to say, or was my mother being malicious because she was drinking?”

According to recent research it is natural and crucial for those left behind to maintain a bond to the deceased (Klass, Silverman & Nickman, 1996). The grieving process should thus not be about breaking these bonds as it was once believed. The relation to the deceased should be altered from taking place at both a real *and* an imaginary level, to *only* taking place at an inner, imaginary level. For the young people in our group, the main issue is how to take the deceased parent with them in a way that corresponds with reality and does not damage the way they perceive themselves.

Difficulties sensing one’s own needs and emotions

Getting in touch with one’s own needs and emotions is an essential part of the grieving process. But to our young people this task is particularly complicated, since they are used to focusing on the needs and state of others (see also Cermak & Brown, 1982; Mackrill, 2011). In order to create a feeling of control in a chaotic and unpredictable environment, they have had to learn how to spot their parents’ mood, their level of intoxication, the atmosphere at home, so they were able to adapt and stay out of the way. They have had to turn their attention outwards and have to some extent become objects in their own life. Their own emotions, wishes and needs have been

suppressed. The result is that it is hard for them to get in touch with themselves and some of them do not know how to.

They tend to avoid sensing their grief. They highlight some of the feelings relating to their grief (typically the loss) at the expense of other essential reactions (e.g. anger), or they are completely overwhelmed by grief. Since they are used to hiding and concealing the abuse of their parents and lack experience in receiving help from others, it is often very hard for them to ask for help. When they seek professional help it is thus typically with problems that does not relate directly to their grief.

The other parents' neglect

Several of the young people in our group have a strained relationship with the remaining parent, which means that they feel unable to turn to him or her for help and support in the grieving process.

If the parents have been living together up to the time of death, it is often hard to talk about the abuse. The young person may have been trying to get through to the other sober, parent but have been met by a wall of denial, which sometimes carries on after the death of the other parent. Or maybe the remaining parent also drinks.

When the parents have been divorced for longer or shorter periods of time, we often see that a number of young people feel neglected by the parent still alive. This parent has been able to pull him- or herself out of the role as a co-alcoholic or co-dependent but has not managed to maintain a close relation to the children or have not struggled to take them with him or her. Or the child has been staying with the parent who is not drinking and who has a hard time understanding the loss and grief of the child, since s/he distanced themselves from their former spouse long time ago perhaps due to their abuse.

Whatever the situation, the relation often holds a lot of anger and regret, which means that the young person may feel unable to turn to their living parent for support. She may even be afraid to damage the relation if she begins to address certain issues. Sometimes some of the anger could be described as a displaced anger caused by the death and neglect of the alcoholic parent: it is easier to be angry at a person still alive than at a dead person where so many ambivalent feelings are at play.

Hard to reach out to the social network

In a grieving process support from a social network is crucial (Dyregrov & Dyregrov, 2008). But for the young people whose deceased parents' were alcoholics, major obstacles must be overcome for them to make use of their network. They consider themselves to be different than others and have spent their childhood concealing their parents' alcoholism, trying to maintain a façade and signal to the world that they were doing just fine. Taboos and secrecy have been major components in the relation to others (see for instance Lindgaard, 2002): "How can I talk about my father's death without mentioning his drinking?"

As earlier mentioned, these young people tend to have difficulties in sensing their own needs. They are used to taking responsibility and handling things on their own without asking for help:

"How can I talk about my feelings with my friends, when I'm so confused and don't know what I need?"

Friendships and particularly relationships can be experienced as overwhelming. Their experience about giving and receiving love is based on insecurity and doubt as well as feelings of disappointment, neglect and fear of revealing oneself to others and giving in to something: "How will I know whether she really wants to be friends with me? Will she reject me if I tell her how my mother died? What will the others think of me if they know I had a mum/dad who was drinking?"

How the group therapy help

The therapeutic work in the group deals with issues that tend to complicate the grieving process for these young people. The therapy also focuses on their strengths, their thoughts on the good life and hopes for the future. In the following we will deal only with the former. Each therapeutic issue is illustrated with quotes from post-group questionnaires or from qualitative interviews that were carried out with a few participants as part of the evaluation of the group. Both questionnaires and interviews were handled by researchers who were not involved in the therapeutic process of the group.

The therapists create a framework for the group. To a certain degree they take on the role of the parent that many of the youths have never had. Someone who can tell them what is normal, correct erroneous assumptions, acknowledge and care for them. The therapists ensure the predictability, stability and the peace and quiet that forms the basis of the therapeutic work. At the same time the therapist secures a focused approach by – together with each young person – deciding which letters to write as part of the therapy during the different stages of the therapeutic work. The process of writing letters is here commented on by a former participant:

I actually kind of like that we have the letters to guide us through. It has been part of a process attending the group Thursday after Thursday and always knowing which letter I had ahead of me to write. So in one way or another I have had the letter in mind and spent some time thinking about it and then finally get it out on paper. So if I didn't have to write a letter I don't know if I had gained as much.

After approximately four years of working with this group, we see the following therapeutic factors as being especially effective.

Recognition and de-privatization

When the youths themselves talk about the value of participating in the group, the main thing is "to be with peers who have been through the same thing" and "to have a place where you can talk about the things that you are unable to talk about otherwise". Or as Susan puts it:

"I needed the recognition in others. I needed to hear other people's stories. That I was not the only one who could feel these things."

When you have been living with secrets, lies and an insecure sense of reality, as these young people have, it is often liberating finally to be able to talk freely and not having to hide anything. The group offers normalization and somewhere to belong as an answer to their loneliness and notion of being different. It is an opportunity to deal with the secrecy that has been surrounding

them and it offers them a place where they can talk about issues that have often been very private and off-limits – even to them. Literature on group therapy shows that recognition, opening up and de-privatization are central therapeutic factors (see e.g. Poulsen, 1999, 2004; Maar & Sloth, 2008). “The group provides social validation of pain and anger of the adult children of alcoholics in ways not possible in individual treatment” (Cooper & McCormack, 1992, p. 351).

Processing the many aspects of grief

In an ordinary grieving process, there are two types of “tasks”: 1) A loss-orientated task where the bereaved is concerned with feelings and thoughts that are directly linked to the loss; 2) A restoration-orientated task that focuses on how to deal with the consequences of the fact that the deceased is no longer a part of one’s existence (Stroebe & Schut, 1999; Bache & Engelbrekt, 2009).

The group relates to both tasks. But it also offers a way for the young people to deal with their chronic grief from an upbringing with an alcoholic parent and the grief that comes from the final and irrevocable loss of hope that one day they would have a good and sober parent. It is our experience that they need to deal with a past full of disappointments and neglect, which the participants confirm:

“Well, I feel that it’s been really good to talk about childhood and things like that. I think that when you have grown up with an alcoholic parent there are a lot of things that you need to work through if you first start opening up and thinking about the past. And some of these things happened many years ago.”

“For me that was essential. To be able to work through the whole thing because it’s part of the explanation why I have ended up the way I have.”

The purpose is to avoid that the grief relating to the death of the parent evolves into a pathological grief, that the participants achieve a validation of their own experience of their upbringing and finally that they can bring the parent with them in a realistic shape and form. In the beginning of therapy it is sometimes hard for these youths to recall the painful memories of childhood, since they have had to block out these experiences. These memories gradually seep into their conscience as pearls on a string, which also helps them getting in touch with themselves.

It is not your fault!

Naturally, it is impossible to entirely remove the feelings of guilt only by pointing out that it is never the fault of the children when parents drink. But this fact is still necessary to point out in therapeutic work with these young people, who are very insecure and confused about their role and responsibilities in the family. A former participant describes it in the following:

“That part about being told that it wasn’t my fault and that it was just down to simple unfairness. That part had to be told quite a few times before I understood what was being said. But when I finally understood it, it really stuck. That was probably one of the most important things for me. To be told that nothing was wrong with me. I also think that part of that had to do with the realization, that I could not have done anything about it.”

Parallel to this, the participants are asked to describe their feelings of guilt and expand on the situations that have induced guilt. With this in mind, we help them to discriminate between the

responsibilities of a child and that of a parent. To see how much they actually did for the parent, to put into words their reasons for distancing themselves from their alcoholic parent and to evaluate realistically what was possible and what was impossible in relation to the parents' alcohol abuse. The group thus collaborates in a correction of reality and emphasizes the fact that it is not the responsibility of the child when parents drink – nor when parents die from their abuse. Opening up for talking about the guilt helps the young person realize that no one judges her, but rather understands her reasons for doing the things she did.

Getting in touch with oneself

In the therapy we emphasize that the participants sense their own feelings, needs and limitations and take them seriously – both in relation to the grief but also in relation to their general development. Time and time again they are faced with the question: "What do you feel?" or "How was it for you?" Their tendency to talk about the parents' feelings and make up excuses for the parents' behaviour is noticed, and they will be told that they are – once again – talking from their parents' perspective. When they are trying to sense and describe the feelings they have, they receive feedback from us, where we describe what we see. Participants have commented on this:

"I have become better at sensing and really feel why I'm angry, why I'm happy or why I'm upset."

"I was given this space where all emotions and thoughts were allowed. People to share it with. People who understood me. A place where I did not feel abnormal. Through other people's stories I learned that I wasn't alone. And through their stories I learned to accept myself and my past and to value myself."

Writing letters supports this theme because the letters should be about how the young person felt in a particular situation or in relation to a given topic that she is writing about. The focus is on her thoughts, emotions and reactions then and/or now. Observing the others deal with verbalizing their emotions and needs also help them sense, recognize and accept their own reactions.

A realistic image of the parent

As Anna in the group said: "You're being helped to understand and accept that dad was an alcoholic and that it's okay that I feel this way." A process is initiated that begins with "I'm wrong" and ends with "Mum/dad was wrong". You can say bad things about the parent without being misunderstood, because all the others know that there is more to it than that. A former participant expressed this very precisely:

"I really felt the need to be angry with her at one stage when I was in the group. Before I started in the group, I may have put her on a pedestal. At that point I felt that I couldn't speak badly of her because she was dead. Now I think I have gained a much more nuanced view of my mother in relation to the fact that she had both good and bad sides."

There is time and space to relate to both the good and the bad aspects of mum/dad. Thus it becomes possible for the young people to bring her deceased, but not idealized, mum or dad with her in life. If she carries on in life with an unrealistic image of dad/mum, there is great risk

that it will interfere with her relations to others, since other people will be experienced and judged on an erroneous background.

Establishing relations to others

The group offers an opportunity to work with relations to other people. Specifically in relation to the remaining parent, siblings, girlfriends/boyfriends and friends. Here the young person is encouraged to practice the act of expressing themselves, their own needs and emotions. After this type of homework, they evaluate their experiences in the group. Janet was given this kind of assignment and offers this insight after finishing in the group:

"I have become much better at opening up, not to be so introverted and use my friends more. As a result you don't feel so alone anymore."

The contact to others is discussed on a regular basis: How do you meet new friends? How to be a good friend? How do you know if others want to be friends? The group in itself becomes a place where young people experience a sense of belonging and are able to be themselves around other people. In the group they also receive feedback on how others see them. As mentioned in the introduction, the participants in the group have half an hour to themselves in the end. Here they find a safe community with peers, and this is obviously of great importance to them, since they make use of this to a wider degree than our other groups. For instance, they often stay longer than the half an hour which is part of our concept.

Discussion

The effectual therapeutic factors which we have described in this article are in many aspects similar to what other group therapists adhere to. For example, Yalom (2005) mentions cohesiveness, universality, installation of hope, catharsis and interpersonal learning amongst his 11 therapeutic factors. Maar & Sloth (2008) points towards the importance of cohesiveness, mirroring, resonance, self-disclosure, de-privatization, hope and social learning. In our opinion these factors have an even more curative effect in our group where the young people share two special conditions: a parent with an alcohol abuse and the death of that parent.

An important effect of these therapeutic factors is that the young person gains a greater self-insight and changes perspectives on themselves and others. The existentialist orientated psychology and psychotherapy is a major source of inspiration in our work with grieving young people (e.g. Yalom, 1980; van Deurzen-Smith, 1988; Spinelli, 2007). With a term borrowed from Spinelli (2007) one could say that the group participation contributes to a "de-sedimentation" in the person's self-, other- and world construct: some of the young person's fixed patterns of rigid beliefs, assumptions, thoughts and values are challenged, gradually loosened and altered. That covers, for example, beliefs such as: "I should have made my mother stop drinking", "I must have been a terrible daughter since my father chose alcohol over me", "It's my fault that my father died because I broke off contact with him and therefore wasn't there to look after him". That problematic and destructive sedimentations in their self and world view actually are affected and changed during group therapy, is confirmed by the participants when they answer the questionnaire right after they finish therapy:

"It's hard to say what the most important thing is because I have taken so many different and important things with me from the group. But if I have to choose one it's probably a profoundly changed self-image. I have been very critical of myself, especially in relation to the way I handled my mother's abuse. Now I have become more tolerant in the sense that I don't see the things I did as a results of me being a bad person but as a consequence of the situation I found myself in and the influences I was under. And that my actions were OK. This means that I also accept and trust my own emotions more – I no longer worry if they are "right" or "justifiable" but rather accept that this is the way I feel and that's alright."

"The realizations that I have gained through working in the group has also led to some pretty major changes in my life situation. – I'm not sure that I would have had the insight and the strength to make these changes if I hadn't been in the group. Being in the group has therefore meant new realizations for me but also that I have been able to use these realizations to make some [positive] changes in my own life situation."

At this time, there is not enough data concerning the quantitative evaluation of the project, which means that the evaluation regarding the effects can only be qualitative. The interviews with a few participants half a year after termination confirm the importance of joining a group not only focusing on the death of a parent, but also specifically focusing on the parent's alcohol abuse. The following quotes illustrate this:

"You find a place that fits your needs completely. Either you can join a group which focuses on the death of a parent or you can join a group where the focus is on alcohol. But here you had the combination. I think that was what made me sign up and call in the first place. Because I thought to myself that here they think about both aspects."

"I think that it's a really good thing that it is separated [read: from groups of young people who have lost a parent but where there was no alcohol abuse], because it takes up a lot of space. Of course it takes up space that your parent is dead. But at the same time the abuse takes up almost just as much space. So both aspects were equally important. I just feel that the experience would be somewhat half if I was in a group where I could not use the other participants to talk about the abuse. Especially because it has been such a taboo and so difficult to talk about, this abuse, that I think for me personally it would have been much harder to be in a group, where I did not know that the others had been in a situation similar to mine."

At the same time it is relevant to note that for many of these young people it is overwhelming and transcendent to start in the group. A participant expresses it like this in her farewell letter to the group: "My first session in the group was like being hit in the stomach. I cried so much I could hardly breathe. Tears and snot ran from my face and my brain was like mash". A relatively high drop-out rate at nearly 30% properly reflects how demanding group therapy is for these young people as well as points towards the importance of an even more thorough screening. As previously explained, being in the group requires that one has to open up for the chronic grief dating back to childhood, confront the painful emotions, the anxiety and the insecurity, break down the taboo that it is forbidden to talk badly about the dead, dismiss the need to idealize the dead and abusing parent as well as confront the denial, the lies and the secrecy. In that process resistance is natural. The young person really has to commit to the group which includes feeling so unhappy that change is a necessity. But the will to stand up to the denials and the taboos can also be seen as a first step towards recovery (Harter, 2000). Subsequently, it is important that the young person quickly sees that there is hope, which is made possible by the "slow-open" format. She sees that other participants have moved forward and discovers her own improvements when new participants are admitted to the group.

Final remarks

As we have described, these young people struggle with difficulties that may have a serious impact on their continuing development and their physical and mental health. Without a specialized treatment there is a great risk that their grief may become pathological. In the health care system their issues may easily be overlooked. They generally find their way to our centre via family, friends or the internet, while health professionals rarely send them. Prior to coming to our centre they have typically been in touch with the family doctor because of sleeplessness, sadness and depression, suicide attempts or vague, somatic pains. Some have seen the doctor about possible causes of death of their parent, since several of them feel insecure about the cause of death. But they are not referred to our centre from the doctor which is unfortunate.

The value of being able to share one's story with like-minded people of the same age, recognizing one's story in the others' and having one's feelings and thoughts confirmed and acknowledged cannot be stressed enough. It means that the loss of the alcoholic parent does not become yet another aspect of the young person's life which cannot be talked about. They realize that their own feelings can be foregrounded, as Mia described it in the questionnaire she received after finishing therapy

"The most important thing is that I've realized that I'm the one who is the most important person in my life. That I can't save others, because in the end it will just hurt me."

NOTES

- 1 The Danish Counseling and Research Centre for Grieving Children, Teens and Young Adults offers support to children and young people between the ages of zero and 28 whose parents or siblings are either seriously ill or dead. With departments in Copenhagen, Aarhus and Odense the centre employs 14 professional counsellors and around 30 volunteers who all deal with counselling. In Copenhagen the Research Centre is committed to obtaining knowledge in the field and developing documentation and guidelines. See www.bornungesorg.dk.
- 2 The treatment project was made possible by a grant from the Health Insurance Foundation in Denmark (Helsefonden).

REFERENCES

- Bache, M., & Engelbrekt, P. (2009). Sorgteorier omsat til praksis [Grieving theories in practice]. *Psykolognyt*, 12, 3–9.
- Bush, S. L., Bailard, M. E., & Fremouw, W. (1995). Attributional style, depressive features and self-esteem: Adult children of alcoholic and nonalcoholic parents. *Journal of Youth and Adolescence*, 24, 177–185.
- Cermak, T. L., & Brown, S. (1982). Interactional group therapy with the adult children of alcoholics. *International Journal of Group Psychotherapy*, 32, 375–389.
- Cooper, A., & McCormack, W. A. (1992). Short-term group treatment for adult children of alcoholics. *Journal of Counseling Psychology*, 39, 350–355.
- Deurzen-Smith, E. van (1988). *Existential counseling in practice*. London: Sage Publications.
- Dyregrov, K., & Dyregrov, A. (2008). *Støtte ved dødsfald* [Support at bereavement]. Copenhagen: Dansk Psykologisk Forlag.
- Fewell, C. H. (2006). *Attachment, reflective function, family dysfunction and psychological distress among college students with alcoholic parents*. New York: New York University.
- Harter, S. L. (2000). Psychological adjustment of adult children of alcoholics: A review of the recent empirical literature. *Clinical Psychology Review*, 20, 311–337.
- Kelley, M. L., French, A., Bountress, K., Keefe, H. A., Schroeder, V., Steer, K., Fals-Stewart, W., & Gumienny, L. (2007). Parentification and family responsibility in the family of origin of adult children of alcoholics. *Addictive Behaviors*, 32, 675–685.
- Klass, D., Silverman, P. R., & Nickman, S. L. (Eds.). (1996). *Continuing bonds: New understandings of grief*. Washington, DC: Taylor and Francis.
- Kroll, B. (2004). Living with an elephant: Growing up with parental substance misuse. *Child and Family Social Work*, 9, 129–140.
- Lindgaard, H. (2002). *Voksne børn fra familier med alkoholproblemer – mestring og modstandsdygtighed* [Adult children of alcoholics: Coping and resilience]. Aarhus: Centre for Alcohol and Drug Research, Aarhus University.
- Maar, V., & Sloth, H. R. (2008). Unge voksnes oplevelse og udbytte af gruppeanalytisk psykoterapi – fortalt med de unges egne ord [Young adults experiences and gains from group analytic psychotherapy – As told by the young persons themselves]. *Matrix*, 25, 4–44.
- Mackrill, T. (2011). *Håndbog til unge og voksne fra familier med alkoholproblemer* [Handbook for young persons and adults from families with alcohol problems]. Copenhagen: Dansk Psykologisk Forlag.
- Nielsen, A. K. (2009). TABU – ud af alkoholfamiliens tavshed [Taboo – Escaping the silence of the alcoholic family]. Silkeborg: TUBA (Therapy and Counseling for Children of Alcoholics).
- Peiponen, S., Laukkanen, E., Korhonen, V., Hintikka, U., & Lehtonen, J. (2006). The association of parental alcohol abuse and depression with severe emotional and behavioral problems in adolescents: A clinical study. *International Journal of Social Psychiatry*, 52, 395–407.
- Poulsen, S. (1999). Afprivatisering. Klienters oplevelse af psykodynamisk korttidsgruppeterapi. Doctoral dissertation, University of Copenhagen, Denmark.
- Poulsen, S. (2004). De-privatization: Client experience of short-term dynamic group psychotherapy. *Group*, 28, 31–49.
- Seefeldt, R. W., & Lyon, M. A. (1992). Personality characteristics of adult children of alcoholics. *Journal of Counseling & Development*, 70, 588–593.
- Spinelli, E. (2007). *Practicing existential psychotherapy. The relational world*. London: Sage Publications.
- Stroebe, M., & Schut, H. (1999). The dual process model of coping with bereavement: Rationale and design. *Death Studies*, 23, 197–224.
- Stroebe, M., Stroebe, W., & Hansson, R. O. (1993). *Handbook of bereavement: Theory, research and intervention*. Cambridge: Cambridge University Press.
- Stroebe, M., Hansson, R. O., Schut, H., & Stroebe, W. (2001). *Handbook of bereavement research: Consequences, coping and care*. Washington, DC: American Psychological Association.
- Stroebe, M., Hansson, R. O., Schut, H., & Stroebe, W. (2008). *Handbook of bereavement research and practice: Advances in theory and intervention*. Washington, DC: American Psychological Association.
- Vannicelli, M. (1989). *Group psychotherapy with adult children of alcoholics*. New York: The Guilford Press.
- Velleman, R., & Orford, J. (1999). *Risk and resilience: Adults who were the children of problem drinkers*. Amsterdam: Harwood Academic Publishers.
- Yalom, I. D. (1980). *Existential psychotherapy*. New York: Basic Books.
- Yalom, I. D. (2005). *The theory and practice of group psychotherapy*. New York: Basic Books.

