

Childhood narratives about the experience of growing up with alcoholic parents

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The invisible children of alcoholics as a “risk group” in need of support

As a social work researcher, I am currently analysing longitudinal interview material consisting of 63 children’s narrated experiences of growing up with alcoholic parents from the tentative concept “stigma-related trauma”. It refers to these children’s exposure to traumatising events in their everyday lives, such as experiences of parental neglect, violence or sexual abuse, which at the same time induce shame and stigmatisation. These childhood conditions are not usually talked about or revealed to individuals outside the family circle. The silence connected to alcohol abuse in the family is known to create a “hidden harm effect” (Laslett et al., 2015), which is ultimately manifest in psychological and social problems for children of alcoholics in adolescence and young

adulthood, and their too often untimely death linked to violent or preventable causes such as suicide, violence, accidents or addiction (Hjern et al., 2017; Nygaard Christoffersen & Soothill, 2003). Although most children of alcoholics demonstrate resilience in coping with adverse childhood experiences, this “risk research” highlights the need to identify the “invisible children” of alcoholics in order to offer them timely and appropriate support.

In my reading of two important articles in this special issue (Tamutienė & Jogaitė, 2019; Tedgård, Råstam, & Wirtberg, 2019) I find great correspondence between the childhood narratives analysed in these two contexts, those in my own research and previous studies in the field. This accentuates a number of critical questions for research and clinical practice. I briefly outline and discuss below a shared thematic in these childhood narratives which has implications for research and practice.

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Lessons for research and practice

The articles demonstrate – once again with brutal clarity – that the children of alcoholics suffer repeated trauma and stigmatisation, and are thus put in a particularly vulnerable position. Moreover, they are invisible due to their reluctance to disclose a dysfunctional family situation to outsiders, from a sense of loyalty to the conspiracy of silence in the family. In practice, however, they are usually *not* invisible: the parents' alcohol abuse is often described as having been exposed within the social network, and children occasionally choose to disclose the “family secret” to individuals they perceive as reliable from a help-seeking position (Tamutienė & Jogaitė, 2019; Tinnfält, Eriksson, & Brunnberg, 2011). Another side of this invisibility is the lack of acknowledgment of the children of alcoholics. This becomes particularly clear in the article by Tamutienė and Jogaitė (2019). Not even after these children were identified as living in “at risk” families with one or two alcoholic parents – and were being supervised by social services and the police – were they asked about their situations. In contrast to the assumption of children's silence, the rich and detailed narratives told by children of alcoholics in the research support their articulated needs. They have a strong desire to be listened to and supported in their lonely attempts to cope, and they long for a change in their situations.

This represents a call for research to shift its focus from maintaining the assumption of the invisible problematic of alcoholism, to investigating further what happens when children of alcoholics break their silence in connection with abuse in the family. This would also entail a change in these children's position in research from being viewed mainly as vulnerable victims, to being recognised as competent agents with their own strategies for coping with their situations and seeking support (see Eriksson & Näsman, 2008; Holmila, Itäpuisto, & Ilva, 2011). I would encourage an interest in the processes of disclosure; that is, how individuals in

the daily social contexts of the children of alcoholics, such as relatives, school teachers, healthcare personnel and social workers, respond to such disclosures, and the outcomes for these children. This would mean examining, for example, whether the children are just listened to but left in a visible and unprotected position, or whether the indirect or direct disclosure is acted on; and whether the children are included in the decision-making process on ensuring their own safety and wellbeing.

Viewing children's disclosures in terms of their active help-seeking also has implications for researchers in the field. Hence, from a research ethics perspective, it is vital that researchers reflect on their own responsibility when listening to the children of alcoholics telling of their exposure to harm, and deciding *whether* or *when* a social services investigation should be initiated.

With regard to professional practice, I strongly agree with Tamutienė and Jogaitė that professionals must construct trusting relationships and contexts where children feel safe to talk about traumatic and stigmatising childhood experiences, based on our current knowledge about the barriers to disclosure. Both articles show how the school environment is usually perceived as a safe haven in the face of adversity, but that teachers mainly focus on their pedagogical tasks and are reluctant to offer support to children to change their situations, for example, by actively asking about their family situations or filing a social services report. This was also evident in the interview material I analysed. Younger children often told how they sought help from their pre-school teachers, who prevented a drunk parent from picking up a child or followed a child home when a drunk parent had passed out through alcohol. None of these incidents of help- and support-seeking, however, led to a change in the child's situation. In fact, viewed over time it could be argued that the support offered, contrary to its purpose, functioned as a facilitator for continued alcohol abuse.

Tedgård, Råstam, and Wirtberg (2019) highlight the need for the children of alcoholics to receive early support to acquire a language that enables them cognitively and emotionally to comprehend and process their childhood situations, and to identify their own feelings and needs. If not, as is shown in their research, childhood traumas are encapsulated in wordless experiences, which can negatively affect their parental abilities. In the interviews that I analysed, the children had all participated in a psycho-educational programme, *Children are people too* (see Lindstein, 1996). This early support clearly helped them to find a voice, reflect on their situations and identify their feelings and needs, which supports the arguments put forward. Moreover, Tedgård et al. highlight how becoming a parent is known to be a particularly vulnerable time in life for the adult children of alcoholics; one that is linked to experiences of elevated distress and failure, when special support should be offered. Judging from how their study participants engaged in life storytelling, this format should be perceived as meaningful. It gives the adult children of alcoholics an opportunity to retrospectively talk about and reflect on traumatic childhood experiences from a position of new parenthood. Such narrative support would be likely to counteract “risk” being transferred between generations.

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