
Family therapy, gender and alcohol abuse

How does society's view on alcohol problems, parenthood and gender affect the way therapists meet mothers?

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How it started...

- Outpatient clinic, Respons alkoholrådgivning, run by municipality of Gothenburg
- Patients aged 20 and over
- Individuals, couples, families
- Mostly (besides the alcohol problem) well-functioning; i.e with families, relationships, occupation, own home etc.
- Some 500 patients/year; 3 800 sessions/year
- 65% with own drinking problem, 35% relatives and/or partners
- Out of the patients with own drinking problem: 62% men, 37% women and 1% of other gender identity (2018)
- 300 children affected (2020)

What I heard from my patients identifying themselves as women and being parents:

"I, as a mother shouldn't have a drinking problem. It's so shameful..."

"It's disgusting. I am disgusting for doing this as a mother"

"A man wouldn't have to deal with this from society"

"It's considered so much worse being a mother and drinking too much. Fathers get away with it"

The questions

- How do women who are parents and have alcohol problems experience therapy?
- What was important in the therapy?
- How was parenting discussed?
- How did the respondents perceive society's view of mothers with alcohol problems?

The respondents

- Four persons, biological sex and gender (self-identified) women.
- Mothers of 1-3 children
- Both single and in relationships
- Had been in therapy for alcohol problems in different out-patient clinics
- Had met different therapists

The respondents

- **Anna:** living with partner and children. Working. Has had alcohol problems for quite some years and sought help at the same out-patient clinic twice. Has had two different therapists.
- **Karin:** Single, living with children. Working, Alcohol abuse for the last twelve years. Has sought help at some different out-patient clinics and have also been admitted to an Addiction Treatment Center for severe alcohol abuse.
- **Veronica:** living with partner and children. Working. Alcohol problems since a few years. Has been in therapy twice at the same out-patient clinic, with same therapist.
- **Malin:** Single, living with a small child. Working. Alcohol problems since youth. Has seen the same therapist at the same out-patient clinic twice – once before parenthood and now again, as a parent.



Why is the possible gender bias important to reflect on for therapists?

"Therapy is a cultural activity of modern European-related society, a social practice that has unwittingly reproduced the oppressive practices of society. [...] Moreover, all therapy is political, either supporting the status quo or challenging the status quo. Therapists may claim neutrality, but neutrality always supports the status quo. Claiming neutrality regarding gender is an insidious form of sexism that covers up differences in power and privilege."

Hare-Mustin in Silverstein-Goodrich, *Feminist Family Therapy* (2003)

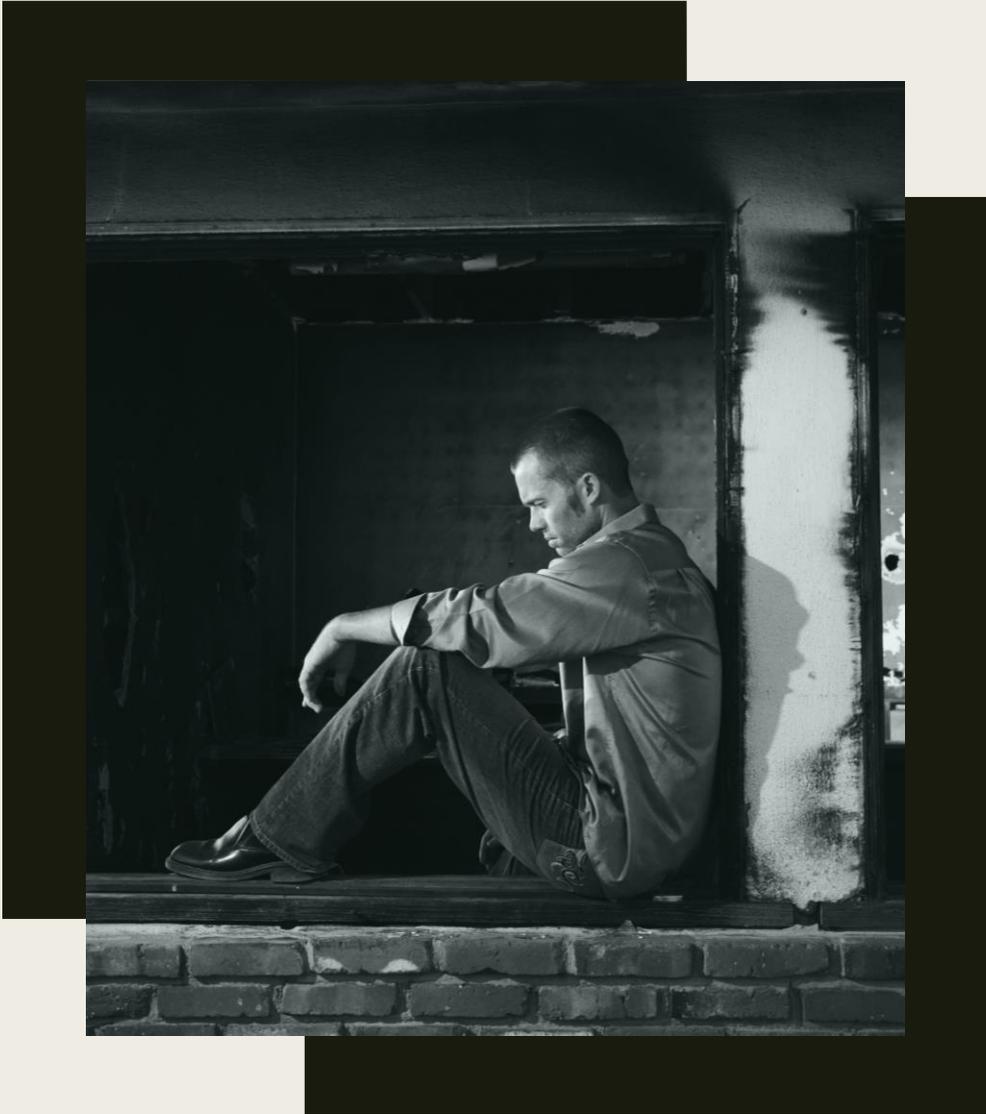


If we limit the parents because of gender bias, we stop the children from getting help



- What colour is the picture?
- Who painted it?
- What is it?
- Is it done by hand or digitally?
- How many layers is it?
- How long time did it take to make it?
- Who has the right answers to the questions above?

We always have ideas on how things are. Based on society, prejudice, stereotypes, experiences, statistics and values. But if we don't ask in every specific matter, we really don't know anything.



ONLY MOTHERS?
FATHERS WITH
ALCOHOL ABUSE
SUFFER TOO. ISN'T
THIS EXCLUDING?

I did an experiment in other presentations:

"That has been so shameful; like, why did I start drinking too much after I the kids came into my life? That is really terrible. And so much shame." (Muhammed)

"The shame is about being a man. Women get drunk and constantly drink too much; well, it doesn't have high status in society but it is acceptable. But being a man, and father and sort of (...) responsible and all....it really makes it shameful." (Robert)

"Even if you are aware of equality between men and women there is an ideal you as a man are part of. It's that mental responsibility that men often carry with thoughts on kid's school, presents for teachers and so on; I would say that there is a historical legacy on that, measuring what a good mother or father is: compared to my wife's mother she is always ten times better a mother, compared to my father I am always ten times a worse father." (Pelle)

"I've felt that the combination of being a father and an alcoholic, no one expects that. In a way one can get away with a lot because people don't think you as a father could....but if anyone finds out, you [as a father] are totally unforgivable and there is no mercy whatsoever in that." (Armin)

What very few said:

- Yes, that is how it is being a parent with addiction.

What more people said:

- That is not a man who said that
- That's not how men think
- That's not how fathers talk
- Come on, you changed the quotes from mothers and wrote that they were by fathers!

...and what do those thoughts tell us about the structural normatives of society we reproduce, our own gender biases?

Reminder: What questions do we ask parents, and in what way are those questions products of our own and society's view on biological sex and gender?



WE'LL START HERE.

THERE IS, AND WAS, ALWAYS A CONNECTION IN SOCIETY'S VIEW: DRUNK WOMEN AND THEIR SEXUALITY AS INTERRELATED ITEMS

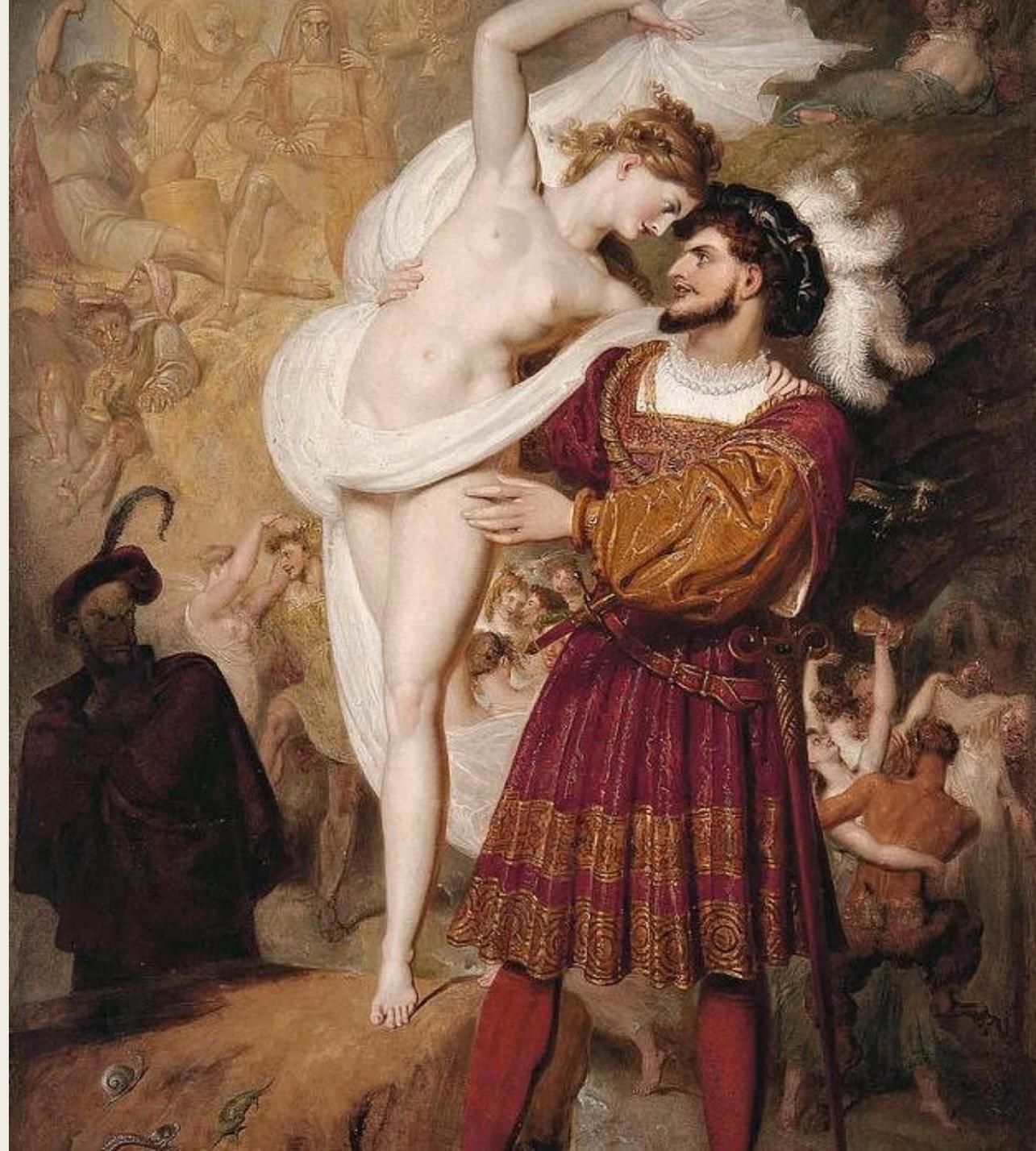
The Drunken Woman, Jan Steen (1626-1679)

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ANOTHER
EXAMPLE. IF YOU
LOOK CAREFULLY,
YOU'LL SEE THE
WINEGLASS IN THE
BACKGROUND.

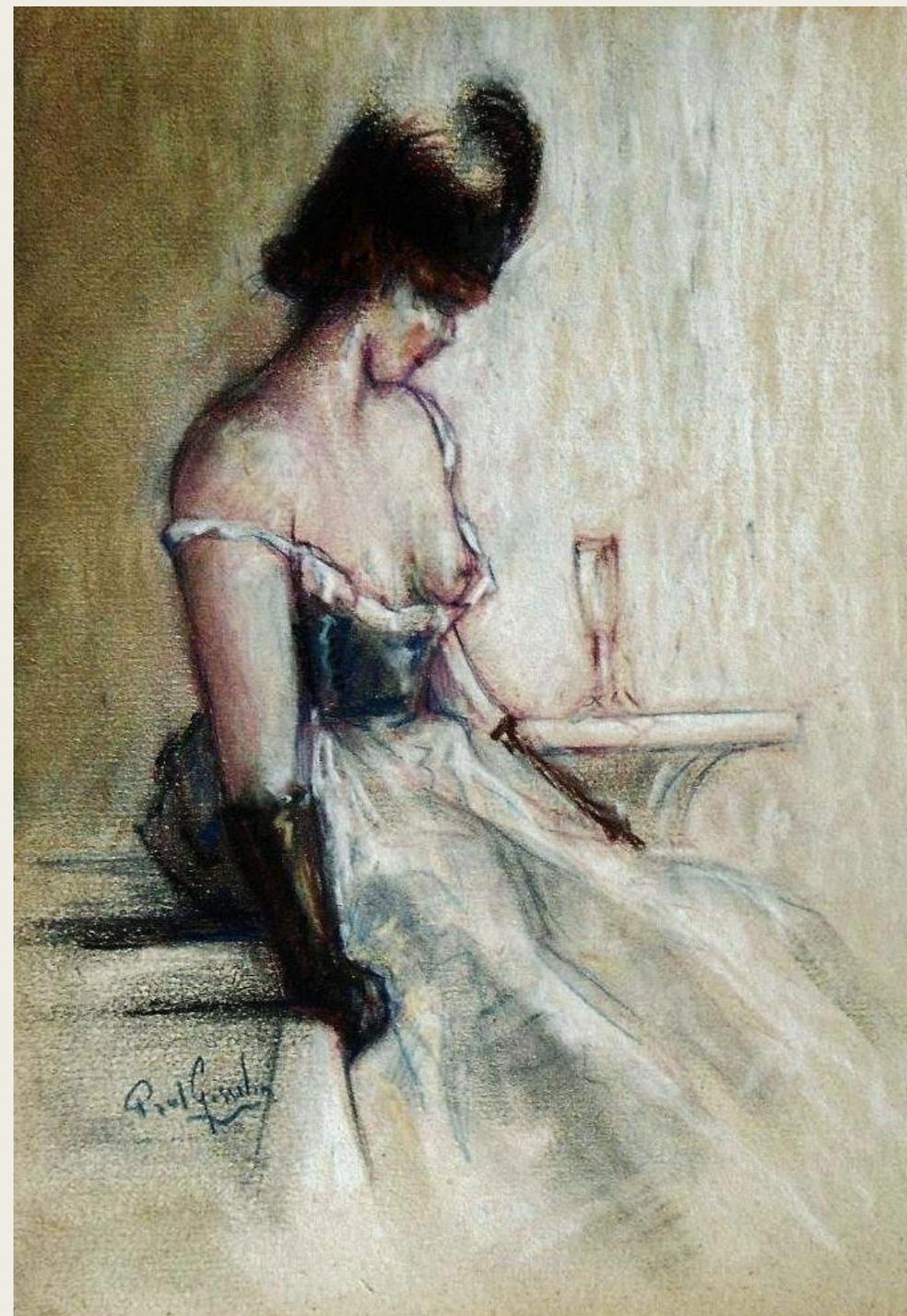
Faust and Lilith, Richard Westall 1831



AND, AT LAST: WOMEN
WHO DRINK APPARENTLY
NOT ONLY LOSE THEIR
JUDGEMENT, BUT ALSO
THEIR CLOTHES. ALWAYS
THAT CONNECTION.

Paul Gosselin, 1961-

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Normative historical views on inebriation that affect our view on motherhood:

- Constant interrelation between inebriation and negative heteronormative female sexuality
- Origins from control of the female sexuality (mentioned in ancient Roman and Greek times; the women's role as caretakers of drunk men)
- Around 1900 in western context: a woman abstaining alcohol is clean, honorable and feminine. Men have a stronger sexual desire, women almost don't have one. That means that women can lead men on by acting out sexually if they are drunk. It's the women's fault.
- 1917 (-1955): The "Bratt system" in Sweden. Individual amounts of alcohol allowed for grown-ups to buy due to sex and class. No individual amounts for married women. Warnings that alcohol could make young women lose their judgement (i.e. have sex. No such warnings for young men).
- Until 1960 in Sweden: the role of the family was to be a part of society's collective; the men were providers, the women were caretakers.
- 1960's, Nordic countries: interrelations between females being drunk and lack of sexual morality. A woman in a bar is viewed as looking for sex.
- 1970's , Sweden: Changed view on sexuality and alcohol . More access for everyone but still the same views on differences between men and women. Foreign media wrote about reckless sexual lifestyle (women's liberation) connected to alcohol and motherhood in Sweden, especially concerning unmarried mothers.

Sources: Wiklund & Damberg in *Som hon drack* (2015), *SR on Svenska synden chockade världen* (2014), Näsholm in *Rus – ett manligt privilegium?* (1997), and more

Facts and views on inebriation that affect our opinions on parenthood:

The consumption of alcohol is increasing faster among women than men.

Larger percentage of women consuming alcohol today compared to the 1990's and early 2000's. Older women are drinking more.

Women with higher education are consuming more alcohol than women that are less educated, men with less education are drinking more than men with higher education.

The “gender codes”; differences in drinking patterns: How one handles alcohol is interrelated to notions of masculinity and femininity.

Men's drinking is normative: Men's drinking is connected to free time, recreation, hanging out. Women's drinking is seen as more problematic and more connected to negative views on female sexuality and parenthood.

Women are compared to men in studies on alcohol, not to other women. No studies are conducted the other way around, with men compared to women.

Sources: Hensing, Alkoholvanor och missbruk av alkohol bland kvinnor och män – översikt av könsskillnader och introduktion av ett genusperspektiv. In Fahlke, Claudia (red.). Handbok i missbrukspsykologi – teori och tillämpning (2012), Laanemets, Leili in Skapande av femininitet - Om kvinnor i missbrukarbehandling (2002), WAG, Women and Alcohol in Gothenburg. Om kvinnors alkoholvanor under de senaste 30 åren. Göteborgs universitet (2012), and more.



“You know that people
easily become invisible if
you scare them often
enough”

Jansson, *Det osynliga barnet* (1962)

Increased alcohol consumption among women as a feministic statement

- Come on, isn't it a good thing that women aren't viewed as, and reduced to, housewives or mothers?
- Why shouldn't women be allowed to do what men always have?
- It's not about sex or gender. Gender is only a social construction.
- It's about time. This is part of our fight for equality. It's our turn.
- I'm really doing nothing apart from what men always have. No one questions them. But when it comes to me, people keep asking "shouldn't you be at home with your kids? Is the dad babysitting them?"



Increased alcohol consumption among women as a feministic statement...?

- Our biological sex matters when it comes to metabolization of alcohol. There is an actual difference between the sexes, whether we want it or not. Female bodies are more vulnerable in this matter. Socially constructed identity, gender, is something else.
- Drinking the way men always have, is definitely an entrance ticket to a former all-male arena. But is that a feministic statement per se, or is it more a way of still following the patriarchal path?
- Is it the consumption of alcohol or the ideas surrounding it, in terms of masculinity and femininity, that need to change in order to achieve true gender equality?

What can we as professionals do?

In order for parents to feel safe talking about their children we have to meet them as persons and parents, not out of ideas on parenting related to society's view on gender. This is also what the women I interviewed said was helpful for them: a contextual language that mitigates the feeling of cultural shame and stigma.

"It is hard being a parent with alcohol problems...and society's view on mothers often makes it even harder...there is more of a cultural stigma in motherhood and addiction...Women have always been regarded as having the main responsibility for the children..."

"It is hard being a mother with alcohol problems, its much harder than being a father. Mothers always have the main responsibility for the children..."

"In a relationship it's often one of the parties/one of the parents that...and the other that..."

"In a relationship it's often the man/father that...and the woman/mother that..."

"You as a parent need to..."

"You as a mother/father need to..."

"It's important that the children have good grown-up role-models"

"It's important that the children have a good male role-model"



The way we treat people will have effects. What effects do we want?

“When the therapist told me that I needed to get a grip because I wasn’t only an alcoholic but also a mother, I felt....completely torn to pieces. I wonder if he [the therapist] would’ve said the same to my husband, that he needed to get a grip because he was a father. I came to the therapist willingly, I thought I did good but when all I was, was reduced to being a mother, there was no room for the rest of me. I was only a bad mother [out of the stereotypes for motherhood as primary caretaker etc].”

“If I met [a therapist] that didn’t have a perspective of equality that showed....I would have stepped back....I think I would have left [therapy] ”

“It has been very comforting not meeting that judgemental perspective: ‘you as a mother can’t drink too much’ (...) It [therapy] has been about me as a person becoming dysfunctional when drinking and [dysfunctional] parenthood is a part of that”

“[The therapist was] no one that gazed with fear or moralised....I felt I could talk about it all. Both about the alcohol abuse and parenthood and everything. (...) Not having to defend myself, only tell it how it is...(...) And I have never ever heard someone [the therapist] say ‘this isn’t so bad’, they have been very clear with me from the start, that this isn’t good [regarding the children].

Conclusions

- Women with alcohol problems and/or alcohol abuse carry a lot of shame and guilt. They themselves also perceive it as stemming from a societal stigma. They all talked a lot about society's view.
- The guilt and shame is clearly related to both historical and contemporary gender contexts.
- The respondents are clear on that they want to be therapeutically treated in a holistic way, not only regarding alcohol problems, their gender or being mothers. They are persons.
- The respondents were also very clear on that they perceived therapists with a non-judgemental approach who did not reproduce gender stereotypes based on language, addiction or parenting as more helpful. **The therapist's approach in those matters might even be the reason for staying in, or quitting, therapy,**

How do my findings correlate with my workplace?

One unit – Enheten för alkohol- spel- och drogproblem, run by municipality of Gothenburg, with three out-patient clinics:

Respons alkoholrådgivning

- Patients aged 20 and over with alcohol problems.
- Individuals, couples, families, groups.
- Mostly (besides the alcohol problem) well-functioning; i.e with families, relationships, occupation, own home etc.
- Some 500 patients/year; 3 800 sessions/year
- 300 children affected (2020)

Spelberoendeteamet

- Patients aged 18 and over with gambling problems concerning money.
- Individuals, couples, families, groups.
- Also provides advice for professionals about treatment for gambling problems.
- Some 200 patients/year; 650 sessions a year.
- 52 children affected (2020)

Behandlingsgruppen för drogproblem

- Patients aged 20 and over with drug or alcohol abuse.
- Individuals, couples, families groups.
- Sporadic/recreational druguse as well as heavy abuse of drugs and alcohol.
- Some 850 patients/year, 6 500 sessions/year.
- 267 children affected (2020)

Our view on families

- We believe that every person does the best they can under the circumstances. No one IS their problem or addiction, although they might HAVE one. This goes regardless if they are a parent or not.
- The addiction has been functional. We need to work with the reason why someone uses drugs, alcohol or gamble.
- We must see that it might have been a way for them to manage life, including being a parent, although it is a very dysfunctional way. If we don't see the parent's individual reasons and contexts, we aren't seeing them fully.
- Hazardous use, heavy consumption, addiction and abuse are always individual problems initially but become relational problems that also have to be treated relationally - i.e., within the systemic context.
- Shame and guilt are two of the basic components of the problems (especially concerning mothers). If we don't address those components and make them speakable, we are also part of the silence that surrounds the patient. That affects the children.
- We are obligated to address the children's perspective, that is regulated by the National Board of Health and Welfare.

How do we show parents that we see the family?

- From the start, we are clear with parents that they cannot choose not to talk about parenthood while in treatment.
- We coach parents on how to talk to their children about the parent's problem, and strongly recommend them to do so.
- We investigate what help the children are getting while their parents are getting help by us.
- We motivate the parents into letting the children go to a support-group
- We have sessions parents and children together
- We coach parents who have children placed in foster care because of parental drug- or alcohol abuse.
- We help parents apply for help from social services.
- We report child abuse and child maltreatment to social services.



Helping the parents/caregivers mentalize their children

- The children are present in the treatment room, regardless if they are there in person or not.
- Our initial aim is getting to know the child through the parent: personality traits, what's going on in school/day-care, spare time hobbies, friends, family's and child's network etc. That is also training in mentalization for the parent.
- What does the child know about the problem? Helping the parent see this out of the child's perspective, not from the grown-up's perspective (where most parents will say the children don't notice the problem).
- We use circular questions in order to increase the mentalization
- We ask what explanation to the problem the parents/grown-ups have given the child.
- We ask if there are verbal conflicts around the problem between the grown-ups in the family. We ask how that affects the children, how do they act during or after conflicts? (turning to silence is also a way of acting out)

Most parents say they don't think the children notice anything. We have to gently help them see the children's perspective. It's important that we don't give up, we have to return to those questions again. And over again. In the end it's not only about mentalizing, but trust. A basis for that, is seeing the whole person without gender, and other, biases.

How do we help each other?

When discussing families at our teams, there are a few questions we ask each other:

1. What do the children know about the alcohol, gambling and drug problem/abuse?
2. Do you as a therapist know how the children notice the problem?
3. How do you perceive that the grown-up can mentalize their child?
4. Is something regarding this family hard for you, concerning the child-focus and children's perspective? If so, how can we as your team help you?

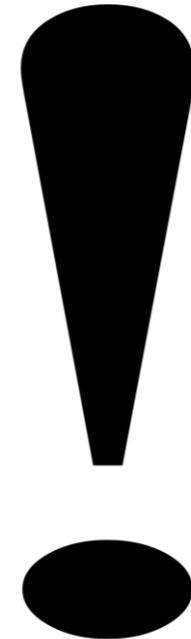


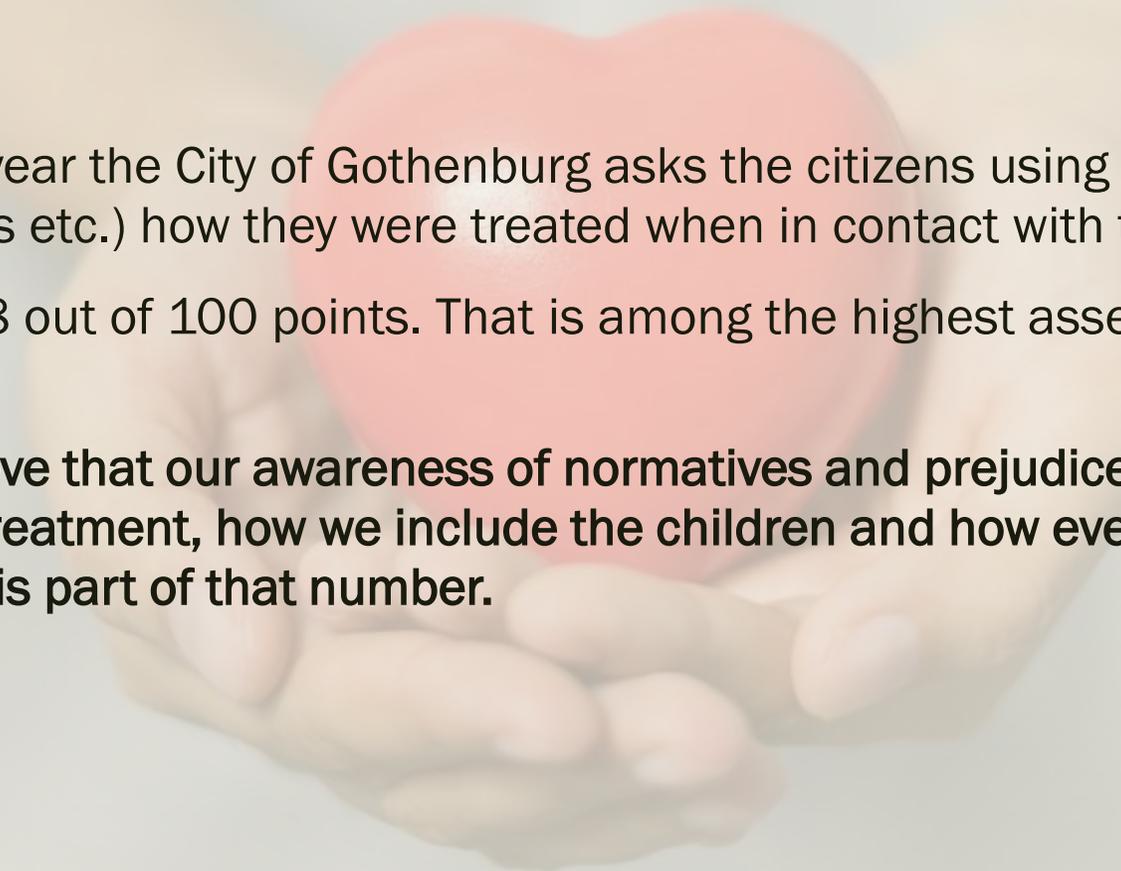
The results

786 persons that completed treatment at the three out-patient clinics were interviewed*. Here is what they told us about our way of conducting treatment:

- 92 % of patients with alcohol problem say their use of alcohol changed to the better. This includes sobriety as well as drinking with control.
- 60 % of patients with drug abuse say they are drug-free. Another 21 % say they use drugs occasionally only.
- 76 % of patients with gambling problems say that they in the last 30 days haven't been worried at all, or only a little, of their gambling habits.

*2014-2018



A pair of hands, one above the other, holding a large, soft, red heart. The background is a light, neutral color. The hands are positioned centrally, with the heart resting in the palms.

Does this have anything to do with us being aware of, and not reproducing, society's prejudices?

Every second year the City of Gothenburg asks the citizens using any kind of service (social services etc.) how they were treated when in contact with the unit.

Our unit got 98 out of 100 points. That is among the highest assessments in the city.

We firmly believe that our awareness of normatives and prejudices, our view on patients and treatment, how we include the children and how every single person's story matters, is part of that number.



We don't know what we don't know - obvious but easy to forget

“To me, you are still nothing more than a little boy who is just like a hundred thousand other little boys. And I have no need of you. And you, on your part, have no need of me. To you, I am nothing more than a fox like hundred thousand other foxes.

(...)

And now here is my secret, a very simple secret: It is only with the heart that one can see rightly; what is essential is invisible to the eye.

de Saint-Exupéry, The Little Prince (1943)

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