

# [Impressions of an al-anon meeting](https://assignbuster.com/impressions-of-an-al-anon-meeting/)

On Sunday April 19th, 2009, I visited Park Slope Serenity at St Francis Xavier School. Since this was my first time attending any meeting outside of a treatment setting I was first struck by the nature of this meeting. This was an Al-Anon Meeting which focused on the impacts of Alcohol Addiction on the family. The members of this group were family members of alcoholics. Thus the focus of Al-Anon is much less on the alcoholic and more on the people who are impacted their alcoholic loved one’s drinking and resulting behavior. As I referenced the brochure for this group along with their mission statement, it seems that Al-Anon is aimed at one central goal which is to help families and friends of alcoholics. They do this by studying and practicing the Twelve Steps. The meetings for Al-Anon are open all families and friends of alcoholics. Their objective seems to be to offer understanding and encouragement to the alcoholic.

As I entered the basement of the school for the meeting, I was greeted by welcoming smiles and surprisingly, I was embraced by a few individuals that I knew from the neighborhood who also happened to be members of the group as well. This made me feel immediately relaxed. But then I was troubled, I was worried and concern about privacy issues since I have never counseled or been in a clinical setting with someone that I knew personally; I was worried about my effectiveness in the group setting and whether or not I would be hurting the participants, my friend, since they may feel uncomfortable sharing in front of me since we have personal relationships. As I bit into a nice warm cookie, provided by one of the attendees, I shared my concern with my friend. She relieved me of my concerns by stating that she was happy that this was my career path that I was seeking and she would feel very comfortable sharing her experiences with me. Additionally, since my role in the group was that of an observer not a clinician I would not be responsible for administering any therapy to her, therefore I would not be violating any of the boundary relationships with a client.

As the meeting started I was struck by the relaxed atmosphere of the room. The members who all seemed to know each other were very engaging to each other as they greeted each others with hugs and an enquiring “ how are you doing?”  or “ how has \_\_\_ been since the \_\_\_\_?”  The group officially began when a member began by calling to order the meeting. The member then started to introduce me to the group, to let them know that I was here to observe and that I was student who was training to be a counselor in the field of substance abuse. I was then encouraged to say a few things about myself. I began by thanking them for the opportunity to join and then shared why I was interested in this field. I then fielded a few questions about things that I have learned and seen in the field. I shared some of my experiences with them such as running a group where my clients discussed the issues of how their addictions affected their families. They were very impressed that that is something that was being discussed on a clinical level and were happy to hear that the alcoholics that I counsel were taking their feelings into consideration as they worked on their own sobriety.

The meeting then opened up to new members introducing themselves to everyone and sharing a little about themselves. The members would introduce themselves by stating their first names and then saying “ I am the \_\_\_\_\_\_of an alcoholic and I have been hurt by their addiction in \_\_\_\_\_\_way” . This style of introduction was powerful for me to see because it was placed the blame and focus of the problem/discussion on the addiction and then appropriates those feelings of hurt and blame on the “ other”  versus their family member or their loved one. While the meeting started with the members attributing blame of their individual struggles to the addiction that their loved one felt, as the sharing progressed I noticed their seemed to be deep seated issues of guilt, anger, isolation and resentment that were the common emotions felt and shared by the members. One woman shared that she was consumed by guilt because she blamed herself in some way for her son’s addiction because she had divorced his father. She also stated that she is guilty of enabling him because she makes endless excuses for him and would stop him from being accountable for his own actions. She feels that if she was better mom or a different wife her son would not have been addicted and then the drinking would stop.

She seems so consumed by guilt, hurt and helplessness that I was brought to tears by her story. She also stated that this group was her salvation! She has been a member for quite some time and it has been very helpful in allowing her to be able to appropriately deal with her issues and have a productive life. She also stated that since joining because of her peers’ suggestions she has been able to be a better mom and help her son get the help he need and stop enabling him addiction.

Another gentleman shared that was guilty of role takeover which was the act of taking over the user’s, his wife’s, roles and responsibilities, this including parenting, financial obligations and household chores. This lack of burden sharing caused him to feel instances of resentment towards his wife. He also states that he is ashamed, hurt and angry about what has happened in their lives. He feels consumed by the negative thoughts, feelings and blaming for years. His wife is now in recovery but he still holds onto these feelings and he feels that this is impacting his personal growth and also damaging to their marriage.

As his peers offered him direct feedback, some reflecting on their own experiences, while others just offered advice or words of encouragement, I was impacted on the level of care, compassion and awareness that the group seemed to have for each other, while also respecting the love bounds of the relationships that each member had with an addicted loved one. I was further struck by the fact that the focus of the group was much less on the alcoholic and more on the people who are impacted by a loved one’s drinking and resulting behavior. The group’s main goal was aimed at empowering these people and making them see that there is no reason to feel guilty and to take their negative emotions and use them for the good of themselves and the one they care about. This struck me as eye opening because in my counseling session I always stress self efficacy as a main goal with my clients, so it was interesting for me to see that self efficacy also needs to be addressed in their family members as well.

The meeting closed with the group members reciting the serenity prayer that I often head patients reciting at the end of their group meeting and then dispersing. A few individual left immediately after the session was over, others stuck around and socialized with each other. A few members came up to me a spoke to me about what I felt and wanted to enquire more about the program that I was in and just my general knowledge about substance dependence.

As I left the meeting I had overall a positive feeling about the group and its purpose. I felt that it was a positive thing that that these individuals had a place to go that was accepting of their feelings and emotions concerning their love one’s addiction. However, I was troubled. I was troubled because most of the individuals that I spoke to viewed this group as their only source of release. They sought no other forms of therapy to address their issues. While this group is a good place to vent and that itself offered a therapeutic purpose, it doesn’t provide any form of treatment or clinical work to be done by the individual. What I then see happening is individual being asked to discuss some of the most painful wounds that they may have with being given an opportunity to treat it and that troubles me from a mental health perspective.