

Women Who Drink

Alcoholic Experience and Psychotherapy

Edited by

Vasanti Burtle, Ph.D.

with forewords by

Phyllis K. Snyder

*Executive Director
Chicago's Alcoholic
Treatment Center*

Jan DuPlain

*Former Program Director,
Office on Women
National Council
on Alcoholism*

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Alcohol Abuse
and Alcoholism*

The contributors, from a wide range of multidisciplinary fields, herein present a variety of provocative ideas and experiences about women alcoholics and those issues involved in the gender-specific alcoholism treatment process. Demonstrating that the female alcoholic's experience differs decisively from that of the male, this book



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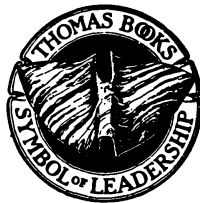
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CHARLES C THOMAS • PUBLISHER
Springfield • Illinois • U.S.A.

Published and Distributed Throughout the World by
CHARLES C THOMAS • PUBLISHER
BANNERSTONE HOUSE
301-327 East Lawrence Avenue, Springfield, Illinois, U.S.A.

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© 1979, by **CHARLES C THOMAS • PUBLISHER**
ISBN 0-398-03854-6
Library of Congress Catalog Card Number: 78-10401

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Printed in the United States of America
N-11

Library of Congress Cataloging in Publication Data

Main entry under title:

Burtle

Women who drink.

Bibliography: p.

Includes index.

1. Alcohol and women. 2. Alcoholism—Treatment.

3. Alcoholics—Rehabilitation. I. Burtle, Vasanti.

HV5137.W66 362.2'92 78-10401

ISBN 0-398-03854-6

To my father
DAVID S. ERULKAR
(1891 - 1970)
for his lifelong perception
of women and men as peers in excellence

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FOREWORD

WOMEN, WOMEN, WOMEN: some say bless us; some view us with a roving eye; some feel we are competition, and others do not want to think of us at all. Particularly when a woman becomes an excessive drinker, the gravity of her situation is not appreciated.

Women drink for the same reasons everyone else does. They drink water, coffee, tea, and alcohol. They drink when they are thirsty, with or without meals, when they are happy, sad, or lonely. For many years women were thought not to be socially acceptable if they showed their feelings and the consequences thereof.

Among our sisters are those who took axes to bars, demonstrated during the thirties and those who are no longer with us because no one took their compulsive drinking seriously. Was it unintentional neglect? They had been told how lucky they were to have a family or man to love them — all the usual clichés — and yet everyone wondered why they continued to drink. It was believed that the needs of the woman could be dealt with in the home and that proved to be erroneous as they still continued to drink. Someone did not take the time or did not love them enough to be aware that they had a serious health problem.

Recently alcoholism, as related to women, has begun to be discussed, acknowledged and studied openly. This new phase of enlightenment has helped to remove much of the stigma that once surrounded the woman alcoholic, and as a result these women are now better able to find help. Women's potential is so vital to our nation we cannot afford to lose any of them to an illness that can be treated. Many women of public prominence, and many others whose accomplishments are known only to their loved ones have shown great courage in seeking treatment. Our admiration for them includes our concern and wholehearted support.

We know there are many reasons why women drink compulsively, and it is my hope that the following pages will open doors for new

understanding or perhaps exploration of the old ones. This, indeed, is a unique social issue.

PHYLLIS K. SNYDER

Executive Director

Chicago's Alcoholic Treatment Center

FOREWORD

INTERNATIONAL WOMEN'S YEAR, 1975, focused on equal opportunity for women. Throughout the United States, as in many other countries, organizations sponsored special projects and conferences to mark its observance, and the United Nations General Assembly adopted a resolution designating 1976-1985 as *The Decade for Women: Equality, Development, Peace*. In the United States, concern for women and women's problems ignited not only our organized women's community into action but the alcoholism community as well.

Historically, alcoholism has been regarded as a man's disease. Consequently, treatment, prevention, education, and research projects have been geared primarily to the male alcoholic. Women alcoholics have been hidden or invisible drinkers. A surprisingly large and growing number of such women, found in every ethnicity, creed, class, lifestyle, age, and having any sexual preference and social, cultural or educational background, still constitutes an essentially overlooked, denied, and unserved population.

The move to change all that has begun. In the Spring of 1976, the National Council on Alcoholism, the largest voluntary health organization committed to combat the disease of alcoholism, established the first national Office on Women and Alcoholism. In the Fall of that year, Congress held the first hearings in this country on women and alcoholism. The testimony offered in Congress inspired national alcoholism organizations and other national groups to look more closely into the problem of the woman alcoholic. The Woman and Alcoholism movement mushroomed, and over forty-five States created State Task Forces on Woman and Alcoholism designed to examine the needs of women alcoholics within their States.

Concurrent with raising the conscience of the alcoholism community, the Woman and Alcoholism movement has sought national attention and support from the organized women's community to bring the alcoholism issue into the mainstream of the women's community and ultimately of society as a whole. Women, alcoholics and nonalcoholics

alike, have joined in their endeavor to draw attention to the help needed by women alcoholics, and to encourage women alcoholics to seek help.

It took a statement by Ruth Abram, Executive Director of the Women's Action Alliance and a beloved friend of the Woman and Alcoholism movement, to capture the critical moment that I, like many of my sister alcoholics before me and those still to come, must confront: "the catalytic factor for the woman alcoholic is found in some moment when she realizes deep in her soul that she has reached rock bottom. For all she has, she is nothing. Up to the point of declaration, she has been her own worst enemy. Her fear and denial have served as building blocks for a personal prison. While other factors are surely involved and blame can be laid at additional doors, the bottom line requires acceptance of personal responsibility for self. *To admit to being an alcoholic is to claim political power on one's behalf and to become a force for change*" (emphasis added).

In establishing a Woman and Alcoholism movement, we have made a deep personal and social statement. There is no turning back. For myself, and for thousands of my sister alcoholics with whom I have joined, we have no intention of turning back.

Dr. Susan B. Anthony, grandniece and namesake of the famous suffragette and recovered alcoholic, states "The woman and alcoholism movement is a great venture in social pioneering which is forming a new instrument for social action. This movement seeks a two pronged approach to the personal and social liberation of the woman alcoholic. This movement unites for the first time in history agents for radical personal change (alcoholic), and agents for radical social change (women)."

When Liz Carpenter, Chair of ERAmerica Coalition, addressed the National Women's Conference in Texas, 1977, she captured the very essence of the Woman and Alcoholism movement. "It took a movement — a woman's movement — to make things happen. But all movements of people become movements of self and that is where we are today, having established a belief in ourselves, so we can have the courage to walk in the sunshine of our souls. That is the final greatness a nation derives from the movements of its times: the gift of individual courage in people to be their own selves and speak their own thoughts. America, look at us! Listen to us. Have faith in us. Help us. Love us as we have loved you!"

Women Who Drink: Alcoholic Experience and Psychotherapy

makes a significant contribution to our understanding of the woman alcoholic and her needs during the process of recovery.

Experts in the field of alcoholism have combined their skills and knowledge about the woman alcoholic and the therapies needed to reach and support her, and have provided information, insight, and understanding for practitioners, as well as for you, the general reader, who will be able to learn about your mother, sister, aunt, grandmother, or daughter who may be having a problem with alcoholism, or who may learn to admit your own alcoholism.

My congratulations to all who have made this book a long-awaited reality!

JAN DUPLAIN

*Former Program Director, Office on Women
National Council on Alcoholism*

FOREWORD

IN RECENT YEARS more and more emphasis has been placed on special target groups for the treatment of their alcohol problems. Gays, ethnic minorities, Native Americans, youth, the aged, public inebriates, drunk drivers, families, and women. Many people complain about this trend, feeling that all persons with alcohol problems are the same and that one course of recovery will work for everyone. The contributors to this book emphatically disagree.

The history of alcoholism treatment — a short story, starting only forty-three years ago — dramatically demonstrates that the special target groups mentioned above do not respond to traditional approaches and have been underserved in proportion to their population or have been rejected by white, middle class, heterosexual, male-oriented services. Many large bureaucracies do not keep statistics on these target groups and the degree of underserving or rejection is difficult to verify. The State of California, for example, does not keep records to indicate what percentage of their caseload is women!

In Los Angeles County special attention has been given to women since 1973. Yet only 11 percent of the 35,000 persons in alcohol treatment in that county are women. Alcoholics Anonymous reports that 25 percent of their membership are women as are one out of three new members. Given these figures the reader might deduce that women have less problems with alcohol than men. However, there is no reason to think — or imagine — that women are any more immune to alcoholism than men. Surely 50 percent of the population of persons drinking to problem drinking proportions are women.

If this statement is true, then why are there so few women seeking and receiving services for their alcohol problems?

There are probably at least two determining factors: women are protected by spouses, family, and society; and women are reluctant to seek care for a condition so unwomanly as drunkenness.

Jacqueline Wiseman in her book on skid row, *Stations of the Lost*, does not mention the number of women on the row. In Los Angeles

County only 6 percent of the persons arrested for public intoxication are women. Even on skid row, the bottom rung of the alcohol problems ladder, women are protected, given shelter, and allowed to continue their drinking with a minimum of outside interference.

Leona Kent, director of the Women's Rehabilitation Association in San Mateo, California, states, "The most difficult part of treating a woman's alcohol problem is getting her to come for treatment." Even when agencies are designed to try to meet the needs of women, women often reject the services offered.

Much of this resistance to be diagnosed and treated results from the stigma attached to women who drink and get drunk. A groom may get a little drunk at his wedding, and be acceptable — never the bride. A father may get tipsy celebrating the birth of his new child — unacceptable behavior for a mother. If a woman cannot get drunk and be accepted, then she must resist admitting to drinking to problem proportions and resist seeking services for those problems.

In this book women and men share with their readers their knowledge, experience, and ideas about women and their alcohol experiences, and the issues involved in their seeking and accepting treatment. Hopefully the book will also make it easier for women to be brought into the alcohol treatment network and be better served.

GEORGE E. STAUB

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INTRODUCTION

WE ARE INCREASINGLY aware today that treatment for alcoholism demands a multidisciplinary approach, a bringing together of different kinds and levels of expertise. More and more, treatment represents a common endeavor in which many different people, including researchers, administrators, physicians, psychologists, psychiatrists, social workers, para-professionals, Alcoholics Anonymous, and the alcoholic's family members, are partners. They act together in the service of the alcoholic's success in achieving sobriety and in maintaining that sobriety in the supportive context of a new life-style.

The concept of a multidisciplinary approach is, however, beginning to show a need for yet another expertise — that is, knowledge of and sensitivity to the gender-specific factors that are associated with alcoholism in women. Those factors create special problems for women during the course of their drinking, and, if not attended to in treatment, may undermine their chance for long-term sobriety. Far too many women attain sobriety, only to return again and again to treatment with the very same problems that precipitated and maintained their drinking.

The present volume attempts to explore some aspects of that newly developing expertise. It examines the treatment needs of the woman alcoholic, not in her all-too-common aspect as Jane Doe shamefacedly seeking admission into the male environment of the old-time alcoholism program, but rather as a unique individual whose alcohol abuse is inextricably woven into her life-experiences, an individual whose needs are sometimes very different from those of men in treatment.

Of course, men too have life-experiences that must be taken into account in therapy, but their experiences are in many basic ways quite different from the typical life experiences of women. The present book deals with women, and constitutionally, through socialization, and as a result of being perceived as a socially deviant outgroup, women's life experiences, when they are alcoholics, differ significantly from those of men.

The quality of life-experience differs even among women alcoholics themselves, particularly when socioeconomic and cultural influences are taken into account: the life-experience and alcoholic style of a white middle-class woman is obviously far removed from the life-experience and alcoholic style of an economically disadvantaged black woman or Chicana.

Being aware of a woman alcoholic's life-experience allows us to help her formulate a new life-style for the maintenance of sobriety. We must, however, also consider that that very life-experience may serve to keep her from entering treatment. Many women alcoholics hide their drinking. It is our public condemnation of women who have broken the age-old taboo against uncontrolled drinking, or our own denial of their problem, that has created the phenomenon of the invisible woman alcoholic. We have turned our backs too long on the presence in our midst of the housewife sipping alcohol in an empty house, the low-income woman worker compensating alcoholically for a life empty of rewards but all too full of domestic responsibility, the high-earner handling professional stress with a double double-martini, the skid-row woman selling herself for a fifty-cent bottle of wine.

Because they are women we have spared them and ourselves the pain and contumely of exposure. But because they are women trained to be acutely aware of society's high standards for womanhood, they are constantly reminded of their failures, and forever conscious of their deeply ingrained sense of worthlessness, despite all our efforts to shield them or deny their problems.

The literature on alcoholism in women is rich in paradoxes and contradictions. The present volume may, indeed, add to them. Nevertheless, because the contributions to this book come from a broad spectrum of multidisciplinary fields, from authors whose backgrounds have very different emphases on research and clinical practice, it is my hope that some of the uncertainties surrounding alcoholism in women may be dispelled, and that some of the more harmful myths may be destroyed. The authors of the chapters that follow present individual views and opinions. Without exception or equivocation, however, one signal message comes through: treat the patient, not just the alcoholism; and when the patient is a woman, treat her holistically in the context of her womanhood.

The present book is, first and foremost, designed for practitioners in the field of alcoholism. Its emphasis and content, however, are also relevant to all those who are interested in and involved with women's

issues. Finally, and perhaps most importantly, it is written for those women who, recognizing their own problems reflected in the book, may find courage to seek help without shame or concealment.

Many people have helped in the creation of this book. But for George Staub's encouragement two years ago, the book would have remained permanently in the never-never land of fantasy. Violet and Cyril Franks were continually available for consultation; and Miriam Siegler, Ben Jones, Marty Cottery, Michael Kline, and Edward Conolley have provided invaluable feedback and editorial comment on many of the chapters.

I especially wish to thank the women who believed in the potential of *Women Who Drink*. Indeed, this small but growing network of effective-affective women — women who combine high levels of competence with high levels of caring — is probably my most exciting discovery in the preparation of this book. In every area of manuscript preparation, women gave generously of their support and help, women such as Beverly Sadoff, Jan DuPlain, Ruth Stafford, Yoko Oshita, Kathryn Spear, and friends in Beverly Glen. And to Penny Clemmons, particularly, I give thanks for friendship, continuing good counsel, editorial help, and many excellent ideas. Comradeship and professional solidarity between women today is neither a myth nor wishful thinking.

V. B.

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WOMEN WHO DRINK

PART ONE

**WOMEN AND THE ALCOHOLIC
EXPERIENCE**

Chapter 1

WOMEN AND ALCOHOL: AN OVERVIEW

MARCELLINE BURNS

“**W**omen Who Drink” is an apt and timely title for a book which is being written in the late 1970s, but it is unlikely that a decade ago such a title would have elicited much interest, even among women. The lack of concern with women’s use and abuse of alcohol is reflected in the lack of literature. A scant total of twenty-nine relevant studies was published in the English language during the entire period of 1929-1970 (Schuckit, 1972). Only recently, and at least partly in response to the escalation of the women’s movement and the associated societal changes, have studies begun to focus on what women do and why they do it.

Clearly, change is the keyword for women. In status and roles, behaviors and attitudes, change is pervasive. In increasing numbers we are rejecting tradition, particularly where it dictates dependency and second-class status. Predictably and perhaps inevitably in a time of change, conflict and confusion frequently are the partners of enthusiasm and optimism as women define and reach for equal status. It follows, unfortunately, that the climate of change may be fertile ground for substance abuse, including alcohol. In the face of that risk, the simplistic assumption that women who drink are mirror images of men who drink will no longer suffice. It is essential, even urgent, to examine drinking practices within the fabric of womanhood, to understand what our behaviors have been and what they are likely to become.

The research bias, favoring studies of men, was derived at least in part from actual drinking practices. Historically, men *did* drink more than women, but for more than a quarter of a century now there

has been evidence that alcohol use by women is on the increase. Although there appears to be widespread agreement that the increase is substantial, there actually are insufficient available data to accurately determine incidence and prevalence statistics. We believe that women are drinking more, but we do not know precisely how much more.

As recently as 1975, the California Office of Alcoholism reporting on studies of women and alcohol use, observed that "Many do not include empirical data or are based on clinical rather than population studies. Generalizations are made about increased drinking, but data are lacking."

Twenty years ago Lisansky (1957) recognized and pointed out the neglect of research in the area of sex differences.

. . . there is implicit assumption in much of the literature of psychopathology that any particular psychological disorder is much the same among women as among men, that etiology, psychodynamics and symptom patterns are probably alike for both sexes. This may be a valid assumption but we do not know.

Ten years later Curlee (1967) reached a similar conclusion specific to alcohol studies, noting that "studies on alcoholism tend either to ignore women entirely or simply assume that alcoholism is the same, regardless of the sex of the sufferer."

A second decade now has elapsed since the study by Lisansky, but the needed definitive studies have not appeared during the intervening years. We still have little understanding, except from the clinical or anecdotal perspective, of the particular pathology of alcohol abuse by women.

A BRIEF REVIEW OF A LIMITED LITERATURE

As a preface, it is an instructive exercise to examine a recent bibliography, *Women and Drug Use* (1974). Under the heading "Women and Alcohol" there are fifty-eight citations. Though this listing is not represented as being comprehensive, it can be taken as an indicator that the literature has at least doubled since 1970. Ten of the articles show authors' initials rather than given names, but of the balance, 58 percent were authored by men.

It is gratifying that women are receiving some attention by investigators of alcohol problems. It is hoped that women themselves will undertake more studies, bringing into the investigations their insight and understanding of other women.

Alcohol-use data for women appear principally in the context of larger population studies. For example, from a nationwide survey of drinking practices it was reported in 1969 that 40 percent of women up to age fifty were abstainers or infrequent drinkers, 45 percent were light or moderate drinkers, and 15 percent were heavy drinkers (Cahalan, Cisin, and Crossley, 1969). After age fifty there was a marked decline in drinking among this sample of 1,569 women. It is important to keep in mind that these statistics are based on a survey performed more than ten years ago.

Knupfer (1964) reported data from a study in California that not only showed fewer women than men to be heavy drinkers, but found strong disapproval by both sexes of drunkenness among women. The attitude at the time seems to have been that heavy drinking simply is not appropriate behavior for women. One wonders whether such unequivocal disapproval continues to exist in the changing mores of today's society.

In a report of data collected in San Francisco, Knupfer and Room (1964) characterized those who are least likely to drink as the underprivileged nonparticipants in American society and identified them as the old, the poor, and women. Today, women will no longer acquiesce to nonparticipant status: the feminist movement, the influence of which is impacting society far beyond organized groups, is visible and vocal evidence of that change. The question then arises whether they still can be categorized among the *least* likely to drink, or whether that, too, has changed.

In general, society has been reluctant to acknowledge and treat the woman for whom alcohol use has become alcohol abuse. Published studies for the most part have reported clinical data and have compared female to male alcoholics. A single major point of consensus in these studies is that the woman is alcoholic secondary to other problems whereas the male alcoholic is suffering from a primary disorder.

Keller (1973) claims that women, in contrast to men, are solitary drinkers for whom alcoholism is linked to an affective disorder. Rathod and Thomson (1971) found women to be more emotionally traumatized and depressed, and Winokur and Clayton (1968) also cited the depression of women. Similarly, Schuckit, (1972) in a review of studies comparing male and female alcohol abusers, concluded that women have more depressive symptoms and that their alcoholism more often occurs in connection with affective disorders. This observed relationship between alcohol abuse and depression

raises critical questions concerning etiology, cause and effect, and the interacting psychodynamics of emotional distress and alcohol consumption. Carefully designed and controlled population and laboratory studies of women are badly needed to address these issues.

A woman's problem with alcohol, we are told, is a secondary problem; her basic difficulty is perceived to be illness. In contrast, male alcoholism is considered to be a primary disorder. Note the paradox that has been delivered to us. Historically, women alcoholics have been considered to be the same as men who are alcoholics, but alcoholism among women is different than alcoholism among men! If it is assumed that alcoholism is alcoholism regardless of the sex of the individual, there is no need to specifically address the needs of women. Can that assumption, however, be reconciled with the claim that women become alcoholic secondarily in response to a primary affective disorder? If the latter is correct and alcoholism in women actually is a different entity, then prevention and treatment efforts based on a model of alcohol use by men are likely to be not only inappropriate but ineffective as well.

There is yet another recurring theme concerning women, namely that there are significant numbers who are closet alcoholics, women whose drinking is hidden from public view, protected by their families from discovery and disapproval (Schuckit and Gunderson, 1975; Sensenbrenner, 1966, Lindbeck, 1972). These isolated women who reputedly are engaging in solitary drinking to assuage their emotional pains may be a reality or they may be largely a myth. There is little basis for certainty. At least one investigator believes that the female alcoholics in treatment represent only a fraction of the women in the community who are suffering from alcoholism (Johnson, 1965). As with other aspects of women's use of alcohol, the literature outlines a problem, but it does not supply the dimensions of that problem.

Although data are not available to precisely delimit the alcohol use problems among women, various estimates have appeared in the literature. It is generally conceded that men continue to drink more than women, but also that the ratio is changing. Depending upon the reference group, estimates of the ratio of men to women alcoholics vary from 3:1 (patients of private physicians) to 11:1 (persons in police custody). Whatever the ratio, whether it is larger or smaller need not divert our attention from the more central issue. Quite simply, if women are using alcohol in destructive ways, that use is exacting a heavy toll upon their lives and those of their families and,

as their numbers increase, upon the community at large. In a social and economic sense, and more importantly out of humane concern, we cannot afford to placidly view the problem as being merely an addition of numbers to the male alcoholic population. It is believed that at least a million "women who drink" have moved along the alcohol-use continuum to become problem drinkers, experiencing the morass of associated problems within the roles, responsibilities, and needs of a woman. We suggest that much of the experience is unique to women.

"WOMEN WHO DRINK" – TODAY AND TOMORROW

Given that pertinent data are sparse, is there anything that can be concluded with certainty about women and drinking – the what and why and how of their alcohol use as it exists now? Is it reasonable to attempt to look around corners, so to speak, and make predictions about the years ahead? The answer to both questions is a qualified "no," but the reality is that we must try.

When human services spring up to meet needs that already have attained crisis proportions, efforts tend to be directed to "putting out fires," that is, responding to the most immediate and pressing demands. It is a system which seldom results in maximally effective distribution of resources. We must attempt to predict and plan in order to avert the waste of resources and the waste of the lives of women.

Formerly, the prevailing attitudes in most segments of society stigmatized the woman who suffered from alcoholism. The fact that heavy drinking was considered unladylike and resulted in social ostracism was sufficient to protect many women from the risk of alcoholism. Presently there seems to be a shift of attitudes in the direction of less disapproval and less stigma. It is noteworthy that some months ago a California court ruled that women cannot be excluded from the traditional males-only bars. The more relaxed and permissive attitudes clearly reduce the protection against alcoholism and place many more women at risk.

If it is an accurate assumption that more women are regularly using alcohol, then it must also be assumed that more alcoholism will ensue. Women appear to telescope the time scale of developing alcohol problems. They typically have begun to drink at a later age than men, but both sexes have been about the same age at hospital admission for alcoholism (Schuckit, 1972; Schuckit and Gunderson, 1975). It may now be that as attitudes and roles change, the ages associated with the

onset of drinking and the appearance of problems also will change. Whatever the time course, regular drinking precedes the development of alcoholism, and we must conclude that more women using alcohol today raises the prospect of more women with problems in the future.

It also can be predicted with reason that as the numbers increase, there will be other changes in the at-risk population. For example, in the past women usually did not begin to drink when very young. Consider, however, that today it frequently is the young woman who breaks with tradition and expects equal status in a full range of options, including alcohol use. Again, does that mean that the age scale will shift downward for the various drinking behaviors?

Until very recently women who consciously rejected the traditional sex-role models could expect little support from peers or society. Of necessity they were emotionally self-sustaining individuals, and one can wonder if their personal resources offered some protection against alcohol abuse, when indeed they claimed the right to drink. As a wider segment adopts new behaviors, there may well be many women who lack that protective strength. Sadly then, we can predict that as regular alcohol use extends over a wide range of personalities, it will encompass many more women who will be vulnerable to alcohol-related disorders.

Finally, it must also be considered that some of the differences that existed heretofore between female and male alcohol-use patterns may have reflected a double standard, which in effect mandated different drinking styles. Drinking was not an acceptable behavior for a woman so she drank alone, fostering the collective reputation of "solitary drinkers." Somehow that phrase has the sound of a "sick" behavior, particularly when contrasted to the open, social drinking style which so often is reported as being characteristic of men. As drinking becomes a widely sanctioned behavior, a woman who abuses alcohol may more and more resemble her male counterpart. We may discover that drinking differences are simply a function of the social milieu — hidden vs. open drinking, acceptance vs. disapproval.

Although most of these last comments are conjecture and must remain so until data are forthcoming, to predict both quantitative and qualitative changes in the population of women who drink does not require a departure from reason. Alcohol use among women *today* is not an insignificant problem. There is some basis for fear that *tomorrow* the problem will be a larger one.

There can be no question that women who drink now have and

will continue to have needs associated with the use of alcohol. Some of those needs exist in common with the needs of men, and some are unique to women. In a very clear voice we must insist that a commitment be made to women who drink in the full range of their experience as women.

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Chapter 2

WOMEN AND ALCOHOL: A CLOSE-UP

CARA

Among alcoholics of both sexes, we must distinguish between two kinds of alcoholism. In primary alcoholism, substance abuse and dependency develop in the absence of underlying emotional problems, but create more and more emotional and physical problems as the alcoholism progresses. In secondary alcoholism, an emotional problem predates the addiction to alcohol, and that problem is more and more complicated by the physical and psychological effects of alcohol abuse.

One of the most common emotional disorders found among women is depression and secondary alcoholism among women is frequently predicated on depression, a disorder that has been aptly defined as learned helplessness. Because female socialization has traditionally encouraged learned helplessness by allowing girls and women relatively little experience in decision-making, in the exercise of options, and in acting in flexible and self-determined ways, it would appear that there may be a correlation between such restrictive socialization and the high proportion of women (both alcoholics and nonalcoholics) who suffer from depression.

The following account describes the learned helplessness of depression as a precursor of alcoholism, and shows how acting out “under the influence” or drinking for oblivion can temporarily negate the pain of depression, while creating new problems of mind and body. It suggests that therapeutic intervention requires: 1) systematic inquiry into the depressed patient’s possible self-medication through alcohol and other drugs; 2) attention to the interplay of depression and alcoholism within the context of the patient’s previously learned value system and lifestyle, so that maladaptive learning may be most effectively extinguished; and 3) attention to a woman’s needs for resocialization and new learning in developing an alcohol-free and emotionally reinforcing lifestyle. — ED.

WHEN I AGREED to contribute to this book I did not think it would be difficult. However, I have found it not only difficult, but extremely painful. I thought that since I had explored my life in AA, and through therapy, and shared my experiences with other women alcoholics, that I could in retrospect write dispassionately about Cara.

Do the scars ever totally heal? Today I know I am a sum total of all my life experiences. *Most* of the time I am grateful for the experiences, for they are the reason I am who I am today and I like who and what I am. That has not always been so.

I am forty years old, divorced for almost five years, and I have lost custody of my four children. I have been psychiatrically hospitalized four times after suicide attempts. I am an alcoholic and a legal drug addict. I live alone.

Three and a half years ago, feeling the impact of all those socially stigmatizing labels, on the night of October 27, 1975, I cut both my wrists. My despair was so great, my emotional pain so unbearable, my sense of isolation so overwhelming, I felt I had *no reason* to live. Alcohol and drugs had once enabled me to cope with those terrible feelings and to ease my pain; but as the years passed, the chemicals that I put into my body so as not to feel like a victim of life, totally victimized me.

I do not like being a victim, but somehow even from childhood I have played that role.

I want to go back to those early days . . . and in telling you about my childhood, I know that much of my story will not be true of all women who become alcoholic, that others may have different backgrounds for their alcoholism and more destructive experiences. But many may recognize themselves in me. Many will have felt the same pain. I have always felt alone, I have always felt unlovable. Perhaps at a very early age I already had some of the symptoms of depression, some of the preparation for my role as victim. I was absolutely sure, all through my childhood that my being cared for was contingent on my performance, and that my performance could be never good enough to earn love. Once I overheard my mother tell her sister that she had wanted to drown me at birth. Perhaps that single comment (though forgotten, and revived only in therapy) shaped my self image for years to come. I know that my mother's approval justified my existence. All through my childhood I tried to please. All through the ups and downs of our chaotic family history, I did as I was told.

I never questioned. I never said no, not when I was raped at the age of eleven, nor when I was sexually and incestuously assaulted at the age of nine.

Our life was unpredictable, full of change, losses, and leavetakings. My father, an extremely handsome man in a Clark Gable way, left us many times to live with whatever woman he happened to be pursuing then. So we moved. We moved from place to place; my mother, my four brothers, and I, and sometimes my father.

Growing up, I had very few friends. I vividly remember them: when I was five, my friend's name was Judy; when I was eleven her name was Dolores; when I was sixteen her name was Sally. They were all precious to me, and I was devastated when we moved and they were no longer in my life. My isolation became so painful at times that I eventually created my own friends, friends I could never lose. Their names were Elizabeth Taylor, June Allyson, and Lassie, my dog.

I hated moving. I hated new schools. But even that was better than complete separation. When I was nine and a half, my two younger brothers and I were sent to a Catholic orphanage. We were taken away from our mother who had found herself destitute during one of my father's long absences, and had been arrested for forging checks. I had already lost my father, and now my mother. We had been living, during one of my father's many absences, in a place called the Women's Concourse and that is exactly what it was — a place for women with children and without men. The women worked at a cotton mill and a small orphanage owned by the family who had established the community. Ours was one of twelve small neat cottages set in a heavily wooded area.

My older brother and I would walk to the orphanage about a mile away, and I remember it was rather an adventure. We walked through woods and meadows where horses and cattle grazed. There was a stream that we often waded in. However, if the children from town saw us they would call us names and ridicule us. They knew where we lived and that we were going to pick up leftover food from the orphanage. They also knew we attended Catholic school, and in the southwest at that time Catholics were held in contempt. I never grew used to the ridicule. I felt rejected. I would cry and my oldest brother would hit me for acting like a baby.

One day a man and woman came to our little house and told us that we would be staying in a foster home. I didn't know what that meant. I didn't ask. I never asked. I remember that the woman was

tall and pretty, with black hair. When I started to cry she said coldly “stop whining, girl, and put your clothes in a bag.”

The foster home where my older brothers and I were sent was in the country. Once again there were trees, meadows, streams. I have always had a deep need to be close to nature and, as painful as things have been, I have always been fortunate enough to have had nature in my life.

From the foster home, I was sent to a Catholic orphanage. My stay there was lonely. Again I didn’t understand. I can’t say if I was there a week or forever. In time, my older brothers were sent to my mother’s family who ran a dairy farm in Wisconsin, and I was left quite alone. I couldn’t go because I was a girl.

I was put to work in the orphanage kitchen. I recall that I would cry and stand at the window, which looked out on gently rolling green fields. Twilight became the most painful part of the day. I ached. I felt as if my heart were breaking inside my chest. I often thought I might die from the feelings and that my family, wherever they were, would never know. These feelings were to remain a part of me — feelings of loss, pain, and abandonment.

Two years later, in 1951, I found myself reunited with my family, including my father. I do not remember any explanation. We simply started the cycle all over again. Only a few months later, my father, who was to pick me up at school, never showed up. He was gone again, without a good-bye, and the next time I saw him was in October of 1969 at my younger brother’s funeral.

The following year my mother, brothers, and I moved to northern California. I don’t know why we chose that part of the state. I didn’t ask that kind of question. I simply accepted. In that small town, every one of my peers seemed to have a “normal” family. I tried to fit in, and because I was ashamed of my history, I told people my father had been killed in an oil rig fire in Texas. I went to school and I took a job. My friends thought it was noble of me to give up “fun” to help my mother keep the family together. I wanted their acceptance so I didn’t tell them that I hated working, and that I wanted to be like them and go to school dances and wear cashmere sweaters.

I looked older than my age and somehow got into an older crowd. I didn’t have any trouble being served in bars and house parties. Although I didn’t like the taste of alcohol, I did like the way it made me feel. I did not get drunk and I did not get sick, and I took great