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Women alcoholics and addicts : an examination of the role of gender-specific treatment programs in substance abuse counseling

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Abstract
Traditionally, substance abuse treatment programs have been developed based on data collected on male substance abusers. Women entering into these traditional treatment programs often are not successful at recovery. Male-based treatment programs are not designed to meet the complex set of needs of women substance abusers and addicts. The purpose of this research is two-fold. First, to identify the specific needs of women substance abusers and addicts. And secondly, determine how to address these identified needs in a substance abuse treatment program in order to provide a holistic approach to substance abusing and addicted women.

WOMEN ALCOHOLICS AND ADDICTS:

AN EXAMINATION OF THE ROLE OF GENDER-SPECIFIC TREATMENT PROGRAMS IN SUBSTANCE ABUSE COUNSELING

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ABSTRACT: Traditionally, substance abuse treatment programs have been developed based on data collected on male substance abusers. Women entering into these traditional treatment programs often are not successful at recovery. Male-based treatment programs are not designed to meet the complex set of needs of women substance abusers and addicts. The purpose of this research is two-fold. First, to identify the specific needs of women substance abusers and addicts. And secondly, determine how to address these identified needs in a substance abuse treatment program in order to provide a holistic approach to substance abusing and addicted women.

Introduction

According to Straussner & Brown (2002), women alcoholics and addicts have been a part of society for many centuries. However, women who struggled with alcoholism or addiction struggled in secret. In the past there was a great amount of stigma attached to women who were considered alcoholics or addicts. Women were stigmatized as morally corrupt, sexually promiscuous, and failures as wives, mothers and individuals.

For centuries and even somewhat still today, public drinking/intoxication is looked upon differently for men and women. Straussner & Brown (2002) found that it seems more acceptable for men to indulge in alcohol and drugs than for women. Women are looked down upon and at times taken advantage of when they become intoxicated or high. Also, there seems to be a greater amount of shame encompassing women's alcoholism and addiction than there is for men. The shame and stigma society places on women who struggle with alcoholism and addiction serves as a barrier for some women to seek much needed treatment.

Strausnner & Brown (2002), McCrady & Epstein (1999), Goldberg (1995), and Uzeil-Miller & Lyons (2000) found that many treatment programs are developed based on research that has been conducted on male alcoholics and addicts. Furthermore, the implementation of male-based substance abuse treatment programs is done so without consideration for the gender-specific needs of women alcoholics and addicts. Therefore, some women do not seek substance abuse treatment because certain barriers cannot be overcome. Some women do not successfully complete substance abuse treatment

because of unmet needs. And, there seems to be a potentially higher rate of relapse for these women because key issues are not addressed during treatment.

The purpose of this research paper is to gather data about substance abusing women and their specific needs in a treatment program. The remainder of this paper will be a summarization of the gathered data.

History

Women have been and somewhat still are viewed idealistically as "supporters, containers, and nurturers" (Straussner and Brown, 2002, p 34). Due to this idealized view of women, acknowledgement and acceptance of women as alcoholics and addicts was either nonexistent or explained in such a way as to sustain the idealized role of women for centuries. Woman alcoholics and addicts were stigmatized as moral failures and sexually promiscuous causing many of these women to suffer in the secrecy and isolation of their own homes.

According to Straussner & Brown (2002), the public acknowledgment and acceptance of women as alcoholics and addicts did not occur until the women's movement in the 1960's and 1970's. This movement helped secure for women a place in substance abuse treatment programs. Furthermore, this movement brought about the beginning of gender-specific research based on the needs of women alcoholics and addicts.

Although the women's movement publicized the acknowledgment and acceptance of women struggling with alcoholism and addiction these women still tend to hide or keep their struggle with alcohol and drugs a secret. Straussner & Brown (2002), and McCrady &

Epstein (1999), found that the negative stigma that was present in earlier days still seems to be present today. Presently, many women continue to feel as though they are moral failures as they struggle with alcoholism or addiction. Unfortunately, this compels many of these women to struggle with their sickness in isolation and secrecy still today.

Etiology of Women's Alcoholism and Addiction

The research cited above clearly suggests that women have struggled with alcoholism and addiction in every century and every society. One wonders how the addiction and alcoholism begins. There are certain factors that play a role in the etiology of women's alcoholism and addiction. These factors are biological, sociocultural, psychological, including trauma and shame, and spiritual in nature.

Biological Factors

Research by Straussner & Brown (2002), McCrady & Epstein (1999), and Simmons, Sack and Miller (1998) suggested that the genetic component of alcoholism and addiction is a strong determining factor in the next generation developing the same disease. Women who are genetically predisposed to alcoholism or addiction may more rapidly develop alcoholism or an addiction when compared to women who are not genetically predisposed to this.

"It is well-known that substance abuse is associated with a family history of addiction and environmental adversity" (Hill, Boyd, and Kortage, 1999, p. 339). Millar & Stermac (2000), Uziel-Miller & Lyons (2000), and Green, Polen, Dickenson, Lynch, and Bennett (2002), found that family of origin issues play almost as important of a role in the

development of substance abuse as the genetic link. The most significant family of origin issue in the development of substance abuse seems to be connected to sexual abuse by a parent, parental figure, sibling(s), relatives and outsiders. Some other family of origin issues are single parenting, parental substance use and abuse, and violence in the home. Furthermore, neglect of parental figures to meet basic needs for safety, security, and emotional well-being seem to be associated with the unhealthy atmosphere in the family of origin home. Consequently, unhealthy parental figures, especially those who are alcoholics and/or addicts many times fail to address and encourage the development of healthy coping skills in their children. These parents or parental figures also fail to meet the child's need for acceptance, and nurturance. Sadly enough, Greene, Ball, Belcher, and McAlpine (2003) found that "many of [these] women started using drugs at the urging or modeling of parents, older siblings or older relatives (p. 49).

Sociocultural Factors

Goldberg (1995), Straussner & Brown (2002), and McCrady & Epstein (1999), suggested that alcoholism and addiction affects women from all socio-economic classes and all races. Furthermore, women who are born into the drug culture, or women who perceive they do not have a voice or perceive they do not have any control in society, may seek out men who are perceived by them as having power. Unfortunately in the drug culture, many of these men end up being drug dealers or pimps whose power and control is through manipulation, force, or violence. When women perceive racism, sexism, poverty, and other factors as limiting their opportunities to be successful in society they

may be more vulnerable to the attraction of the alcohol and drug culture to find relief and a sense of identity. Paradoxically, "addicted women are regarded as failures as partners, mothers, and workers even when the addiction is iatrogenic or part of the culture" (Straussner and Brown, 2002, p. 80). The negative stigma associated with women alcoholics and addicts is still strong even in a culture that promotes or accepts alcohol and drug use as a normal part of every day existence. These women find themselves in a double-bind situation of damned-if-I-do-damned-if-I-don't. This dilemma intensifies feelings of shame, powerlessness, guilt, anger, resentment, and emptiness.

Furthermore, a majority of women who struggle with alcoholism and/or drug addiction are among the "most oppressed individuals" (Goldberg, 1995, p. 790). Bush & Kraft (2001) and Uziel-Miller & Lyons (2000) found that many women addicts and alcoholics are single parents with children on welfare or some sort of government assistance. Ironically, the culture of addiction has a propensity to intensify the oppressed state of these women.

Psychological Factors

Callaghan & Cunnigham (2002), found that "women enter substance abuse programs with greater psychological distress, more medical problems, more family/social difficulties and greater addiction severity than men" (p. 399). The use of substances is an adaptive behavior to solve a conscious or unconscious problem in the woman's life. Simmons, Sack, and Miller, (1998) found that the use of substances is a way to control themselves and the world that they live in. The root of psychological factors to substance

abuse and addiction lie mainly in the developmental stages of childhood. According to Carroll (1995), Greene et al. (2003), and McCrady & Epstein (1999) many substance-abusing women have grown up in families who used substances to cope with life. Subsequently, growing up in a substance abusing home fosters the development of irrational beliefs, and maladaptive coping skills that are carried into adulthood. During the critical formative years of childhood psychological development these women were either never taught essential basic life skills or these life skills were never fully developed. So it is during childhood that women form adaptive or maladaptive beliefs and coping skills that they carry with them into adulthood placing them at higher risk for developing a substance abuse disorder.

Straussner & Brown (2002) and McCrady & Epstein (1999) discussed issues of loyalty to the family as an element in the family cycle of substance abuse and addiction. There may be a sense of loyalty that is developed in childhood to the alcoholic or addicted parents. This sense of loyalty often times develops into a belief that the child must also use alcohol and drugs in order to identify with or be accepted and loved by their alcoholic or addicted parent's. This belief may then cause the child to inhibit her dreams and ambitions to avoid hurting her parents. The child who develops this belief system may be more vulnerable to experiencing depression and alcoholism or addiction at a later time in her life.

Studies by Ehrmin (2001), Gorsuch (1995), and Millar & Stermac (2000) found that women often use alcohol and drugs to numb, relieve, or regulate feelings of pain, shame,

guilt, failure, anxiety, and depression. However, overtime the use of alcohol and/or drugs to alleviate these feelings begin to cause the feelings to worsen or become more pronounced. Furthermore, many women may use alcohol and drugs to fill a void left by unfulfilled needs in relationships. The use of alcohol and drugs to fill this void creates an illusion of relationship, which in turn helps these women tolerate the lack of intimacy in the relationship. The use of alcohol and drugs help women to negate their true feelings in favor of adapting to an unfulfilling relationship.

From a clinical standpoint, some women seek out medical services for somatic complaints rather than seeking out substance abuse treatment. Straussner & Brown (2002) and McCrady & Epstein (1999) stated that these women may present with complaints of insomnia, gastritis, and/or depression. Furthermore, Straussner & Brown (2002), McCrady & Epstein (1999), and Simmons, Sack, and Miller (1996) found that some women seek out mental health services. In the mental health setting these women may present with problems of depression, low self-esteem, anger and resentment, and ambivalent attitudes. Interestingly, women seeking treatment for any of these symptoms many times will clue the doctor or counselor that she may have a problem with alcohol or drugs. The clues that a substance-abusing woman may use take the form of talking about a friend with the problem or some other indication of drinking or using with friends, or use of prescription drugs. On the other hand, some women make no mention of alcohol or drug use but if asked direct questions about their use of alcohol and drugs they will answer

the questions honestly. At the risk of being perceived as insensitive, it is imperative to ask questions about alcohol and drug use to ensure appropriate care.

Trauma and Shame

Hiebert-Murphy & Woytkiw (2000) and Bush & Kraft (2001) indicated that the trauma of childhood physical and sexual abuse plays a significant role in women's development of alcoholism and addiction. Straussner & Brown (2002), McCrady & Epstein (1999), Goldberg, (1995), and Uziel-Miller & Lyons, (2000) found that compared to non-alcoholics and non-addicts, women alcoholics and addicts have been sexually, emotionally, and physically abused more frequently, over longer periods of time, and by more perpetrators. Also, addicted women reported more incidents of incest and rape. This emotional, physical, and sexual abuse was found to occur more frequently early in the life of these women. Furthermore, women can experience trauma by merely witnessing the abuse happening to another person. Consequently, Ehrmin (2001) and Thompson & Kingree (1998) agreed that this type of trauma places these women at a higher risk for developing PTSD.

Studies cited above, indicated that the implication of experiencing childhood abuse to later development of alcoholism and drug addiction is equally as important as parental modeling and genetic predisposition. Straussner & Brown (2002), McCrady & Epstein (1999), and Simmons, Sack, and Miller (1996) found that the utilization of alcohol and drugs by women who have experienced sexual, emotional, or physical abuse serves the purpose of providing relief from negative affective states of fear, anxiety, guilt, shame,

anger, worthlessness, and hopelessness. The feelings of shame and guilt are increased as each woman gives herself judgmental, condemning, and critical messages about her inability to control her drinking and drug use. When these condemning messages come from external sources they serve only to validate her inner condemning messages, thus intensifying these adverse feelings.

The implications of having this knowledge is of great importance to counselors working with women who abuse alcohol and drugs. If abuse is at the root of her drinking and drug use then psychotherapy and/or substance abuse counseling needs to address the underlying issues. The use of substances is many times a cover up for a deeper problem. A counselor may assist women in stopping their drinking and drug use but if the issues of past emotional, physical, and/or sexual abuse are not addressed and somehow resolved than a great disservice has been done to these women. Unless women learn more adaptive coping skills to deal appropriately with their pain and shame they will return to the maladaptive coping skills of using alcohol and/or drugs to numb these overwhelming feelings.

Physiological Effects

Straussner & Brown (2002), and McCrady & Epstein (1999) indicated that women are more prone to suffer adverse physiological consequences of moderate to heavy alcohol use and drug use than men who consume similar amounts of alcohol at similar rates and frequency. Women suffer from alcohol related diseases such as cirrhosis of the liver, hemorrhagic stroke, brain damage, hepatic disorders, cardiomyopathy and myopathy

at faster rates than men. Women also experience gynecological and reproductive disorders such as ovarian pathology, menstrual difficulties, and a higher rate of miscarriage and hysterectomies. Women can consume less alcohol over a lesser amount of time than men but experience the adverse effects more rapidly.

Treatment Issues

Straussner & Brown (2002) and McCrady & Epstein (1999) found that women alcoholics and addicts may accomplish more in substance abuse treatment if the treatment program is sensitive to their needs as females. Baker (2000) and Straussner & Brown (2002) stated the needs of women are different than those of men. Women tend to be more relational than men. Men tend to be more autonomous. As stated earlier, many treatment programs have been created based on research conducted on males, thus the gender-specific needs of women alcoholics and addicts for relational connection is not met. Because of the complexity of needs of women in substance abuse treatment many barriers arise that influence whether women enter into substance abuse treatment or complete treatment successfully.

Barriers to Treatment

Research by Bush and Kraft (2001) Conners, Bradley, Whiteside-Mansell, and Crone (2001) Straussner & Brown (2002), McCrady & Epstein (1999); Ehrmin (2001), and Baker (2000) found that women experience more frequent barriers to treatment than men do. These barriers fall into two categories: external and internal.

The external barriers may consist of the following: stereotypes about women substance abusers; the stigma that is attached to substance abusing women; perceived pressure to fulfill traditional caretaker roles of motherhood and wife; and opposition from family members and friends who rely on these women to care for them. Other external barriers may include possible loss of job, loss of housing or inadequate housing, the fear of losing custody of children and other disrupted family relationships, lack of financial resources to pay for treatment, and lack of reliable transportation.

The internal barriers include struggling with unresolved feelings of fear, depression, shame, failure, and guilt. These unresolved feelings center around past emotional, physical, and/or sexual abuse experiences as well as personal behaviors associated with the addiction. The internal battle of knowing that abusing substances is not healthy but not being able to stop abusing them may bring about feelings of hopelessness, powerlessness, inadequacy, ambivalence, apathy, and a sense of loss of control.

On the one hand, it seems as though successfully completing substance abuse treatment is a fairly simple task. On the other hand, Straussner & Brown (2002) suggested that if underlying issues are not addressed in the various stages of treatment, women alcoholics and addicts are less likely to complete treatment successfully and are at a higher risk for relapse. There are many components to the treatment process. The beginning is the most important to uncovering the underlying issues. The assessment

process is the first stage that can be utilized to begin to uncover some of the underlying issues of substance abuse.

Assessment

The assessment process is ongoing throughout the treatment program. The initial assessment process may seem impersonal, invasive, dry, and insensitive. The counselor who is in tune to this and who is in tune with the complexities of women substance abusers and addicts, can make the assessment process less intrusive and more personal in order to begin setting the stage for developing trust and rapport. Baker (2000) suggested it is important for women to feel as though they are being heard and are not just another person passing through, or considered just a number. Consequently, throughout the assessment process it is important to get to know the client as an individual. This plays a very important role in establishing a relationship with substance abusing women. This can be accomplished by taking time to uncover past history and the development of the addiction. Assessing for PTSD is very important. Brown, Stout, and Cannon-Rowley (1998) stated "without careful assessment of PTSD,...treatment may fail to address the very problems underlying the substance abuse problems" (p. 448). Furthermore, a study by Thompson & Kingree (1998) confirms the importance of screening for PTSD in substance abuse clients.

During the assessment process important elements may arise causing the counselor to consider possible underlying factors to the substance use. Millar & Stermac (2000), suggested factors of concern could include the history of relationships that

were/are not healthy and the experience of past and/or present trauma related to physical, sexual, or emotional abuse are important to the development of substance abuse in women. Another important component in the assessment process is collecting information from each woman as to her own view of her substance use. This will help in strengthening the relationship, creating an atmosphere of empathy, and gaining a better understanding of each woman as an individual. It is imperative to ask about a significant other's use, past treatment attempts, and other self-destructive behaviors she has engaged in. Finally, another important factor in the assessment process is asking about the women's faith to help in gaining a more holistic view of the substance abuse problem. With this information the counselor can make treatment recommendations addressing the substance use first and foremost, and concurrently address the underlying issues. One component of a holistic treatment program is the use of groups. Next to the individual sessions, the importance of group therapy must not be underestimated.

Group Work

A study by Heibert-Murphy & Woytkiw (2000) suggested that utilizing group therapy for women substance abusers and addict's results in a greater rate of successful completion of the substance abuse treatment program. In a group setting women alcoholics and addicts are encouraged to form connections with other women struggling with the same types of issues, thus reducing the feelings of isolation that accompanies addiction. Groups provide an environment of support for these women to discover their true-selves. Groups also provide a safe place for women to practice new skills, and make

changes in thinking and behaving. The group members give each other feedback that may help in the development of awareness and insight for each member. Groups provide an especially important function in giving addicted women the opportunity for vicarious learning as they watch others resolve issues with the help of the group members. The group also provides women the opportunity to discuss and practice changes in how they react to others and respond to feedback.

Addiction is equivalent to a love affair. This love affair is with a substance rather than with another person. Alcoholism and addiction robs women of their connections with others. Instead of developing meaningful relationships with others, women with addictions focus on maintaining a relationship with the substance thus isolating themselves from meaningful human connections. In the setting of group therapy, women are able to regain their sense of self-worth through establishing meaningful connections with other women. In the group setting women learn skills to develop healthy relationships, rediscover and be true to who they are as individuals, get in touch with their feelings and learn to express them appropriately, and heal from past and present abuse. This is possible to happen because in the group setting women find identification, "validation, empowerment, self-empathy, and mutuality" (Straussner and Brown, 2002, p. 520) that was robbed from them by their relationship with the substance.

In a study by Straussner and Brown (2002) six key principles to providing gender-sensitive treatment for women substance abusers were identified to be important to successful completion of treatment. These six principles include the following: 1. Develop

and use women's groups, 2. Recognize the multiple issues involved, and establish a comprehensive, integrated, and collaborative system of care, 3. Create an environment that fosters safety, respect, and dignity, 4. Develop and use a variety of therapeutic approaches, 5. Focus on women's competence and strength, and 6. Individualize treatment plans, and match treatment to identified strengths and issues. The process of substance abuse treatment hopefully will result is successful recovery from using substances to deal with life's problems, and hiding from one's emotions.

Recovery and Relapse

In substance abuse and addiction, Simmons, Sack, and Millar (1998) suggested that the concept of taking ownership or accepting responsibility for one's addiction is imperative to the process of successful recovery. In the process of recovery, women are rediscovering, and/or "reshaping the concept of self" (Millar & Stermac, 2000 p. 177). The internal conflict that is evident in women substance abusers is a conflict of power and control. The substance has the power and the control in women who are addicted. The struggle seems to be one of trying to win the battle with the substance. Simmons, Sack, and Miller (1998) suggest that this battle cannot be won by asserting more power and control over the substance but by acknowledging powerlessness over the substance. Only then will a victory be experienced over the power of the substance. Once powerlessness is acknowledged then women can begin to rebuild or reshape their lives and their concept of self, by utilizing the ability to finally be honest with one's self. This acknowledgement of powerlessness over the substance or the addiction is different than perceived

powerlessness in society and relationships and may need to be explained to women struggling with accepting this notion.

A study by Millar and Stermac (2000) suggested three stages of reshaping the concept of the self: 1. Managing emotions, 2. Developing a new sense of identity, and 3. Forging adaptive attachment styles. Throughout these three stages, women are engaging in the process of tearing off the masks and false fronts they have been wearing to cope with their trauma and substance abuse. During this process women learn nonchemical ways to deal with painful and confusing affective states, they gain a sense of empowerment, make a re-connection with their true-selves, confront past abuse, mourn their losses, break the silence around the abuse, connect with others, and learn new ways of relating to others.

During traumatic times women learn to dissociate from their true-selves. The process of recovery allows these women to rediscover or reconnect with their true-selves and become more authentic persons. During this time of dissociation many women cope by developing a "provisional personality" (Straussner and Brown, 2002, p. 257). The recovery process breaks down the provisional personality and these women begin to rediscover, rebuild, and/or redefine their sense of self and self-worth.

The Role of Faith and Spirituality in Recovery

Studies by Arnold, Avants, Margolin, and Marotte (2000), White, Wampler, and Fischer (2001), Carroll (1997), Dull & Skokan (1995), and Gorsuch (1995) found that the inclusion of spirituality in substance abuse treatment is a viable option and can be a major

contributor to treatment success and prevention of relapse. However, the definition of spirituality continues to cause a barrier to its consistent inclusion in treatment programs. According to Carroll (1997), White, Wampler, and Fischer (2001), and Okundaye, Smith, and Lawerance (2001) spirituality can be defined in the following way: Spirituality is a relationship with God, the Infinite, or a Higher Power. That is, something that is greater than or beyond one's human self. Spirituality is that part of our being that searches for purpose and meaning in one's existence/life, and provides explanation for and gives meaning to life's events. Spirituality includes such characteristics as unconditional/agape love, compassion, forgiveness, gratitude, optimism, hope, courage, contentment, and wholeness/completeness. Green, Fullilove, and Fullilove (1998), Galanter (1997), Ellison (1991), Pardini, Plane, Sherman, and Stump (2000) and Greene et al., found that spirituality provides one with a new lease on life, a different perspective of self, others and life, altruism, a source of inner strength, and self-discipline. Spirituality also provides a defense against condemning messages, protection against relapse and the strength to maintain abstinence. Furthermore, spirituality provides a positive support system, a sense of accountability, inner healing of life's traumatic events, empowerment, a sense of belonging, and the capacity and courage to change. In a study by Greene et al. (2003), women indicated that their previous failed treatment episodes were partially due to the lack of inclusion of spirituality in the treatment program.

Religion, religiousness, or religiosity, is different than spirituality. Religion or religiousness is a set of doctrinal beliefs, style of worship, and rituals such as fellowship,

church attendance, and spiritual disciplines. White, Wampler, and Fischer (2001) indicated that religious practices are important in sustaining early recovery. Gorsuch (1995) stated that religion offers alternatives for coping with life by providing opportunities for social interaction outside of the drug culture. The social interaction may result in the alcoholic or addict building a healthy support system. Also the teaching of spiritual disciplines may encourage and enhance the growth of inner peace and strength. White, Wampler, and Fischer (2001), found that there is a "distinction between internal spirituality (e.g., a personal relationships with God/Higher Power, the use of meditation or imagery) and external spirituality or religiosity (e.g., attending church weekly)" (p. 32). Religion is void the spiritual aspect of a relationship. The relationship with God, Jesus, or a Higher Power brings meaning to the doctrine and rituals of the religion.

Kaskutas, Turk, Bond, and Weisner (2003) and Okundaye, Smith, Lawerance, and Webb, (2001) suggested that alcoholism and drug addiction is by nature a "spiritual disease." Alcoholism and addiction have a negative impact on one's spirituality by intensifying feelings of separation and alienation from God. The negative effects of alcoholism and addiction serve to intensify feelings of emptiness and meaninglessness, and lack of purpose to one's life. In attempts to feed the addiction one often engages in behaviors that compromise personal moral standards. Overtime one's conscience and ability to feel conviction that would normally motivate one in a positive manner, is weakened. This results in more confusion and uncertainty, fear and shame, and utter hopelessness. In a sense, addiction seems to de-humanize, de-moralize, and de-

spiritualize one's existence. Furthermore, addiction and alcoholism actively reprograms one's cognitions, and reprograms personal beliefs about one's self, others, the world, and God. Addiction and alcoholism also reprograms one's aspirations and life's goals. Consequently, addiction actively robs one of motivation to live a socially and spiritually productive and fulfilling life.

Kendler, Gardner, and Prescott (1997), Ellison (1991), and Pardini et al. (2000), found that a deep faith or spirituality is associated with the following: fewer health risks, fewer risk taking behaviors, more positive mental health, higher levels of self-esteem, greater life satisfaction, a greater perceived social support system, an increased ability to cope with life's stresses, more optimistic view of life, lower levels of anxiety, and greater resilience. Spirituality helps foster a "re-ordering of how [one] attributes meaning" (Galanter, 1997, p. 216) to the experiences of life.

Greene, et al., (2003) and Pardini et al., (2000) indicated that spirituality is an important component to substance abuse treatment programs. Spirituality was found to help some women in their ability to abstain from alcohol and drugs while in treatment, remain abstinent for longer periods of time after completion of treatment, and prevent relapse from occurring. Unfortunately, most substance abuse treatment programs do not utilize the spiritual component even though research suggests positive correlations between spirituality and successful completion of substance abuse treatment and spirituality and significantly lowered relapse rates.

Conclusion

Goldberg (1995) suggested that the struggle with addiction has been around for many generations. Women, in particular, have struggled with alcoholism and addiction along with their male counterparts throughout history. However, Ehrmin, (2001), Greene et al., (2003), and Straussner & Brown (2002) found that negative stigma is attached to women alcoholics and addicts. Furthermore, Straussner & Brown (2002) stated that women are idealized as caretakers and nurturers and tend to be labeled as moral failures if they struggle with alcoholism and/or addiction.

According to studies by Goldberg (1995) and Uziel-Miller & Lyons, (2000) substance abuse treatment programs have traditionally been developed using male-based research. Conners and Franklin (2000) found that because of this, women substance abusers entering treatment programs are less likely to have their needs fully met. Studies by Baker (2000), Green et al., (2002), Straussner & Brown (2002), Mc Crady & Epstein (1999) and Daley, Argeriou and McCarty (1998) showed that gender-specific substance abuse treatment programs offering a holistic approach to substance abuse treatment may more fully meet the complex needs of women alcoholics and addicts. Gender-specific programs are designed to reduce the barriers to treatment and reduce resistance to treatment that many women use to refuse to enter substance abuse treatment programs.

Recovery from alcoholism and addiction not only requires cognitive and behavioral changes for women and exploration of spiritual issues, according to Millar & Stermac (2000), it also requires women to reshape their self-concept. This can happen only when

women take the risk to be completely honest with themselves and with their counselors and group members and accept responsibility for their choice to drink and use drugs. The provisional personality is replaced with a more "authentic self" (Millar & Stermac, 2000 p.177). New coping skills replace the old maladaptive patterns of coping. Confidence in their ability to form and maintain relationships develops. New, healthy relationships are formed and women begin to take the risk to make connections with others. Relationship building helps women to build self-esteem and a sense of belonging.

Pardini et al., (2000) stated "it seems that individuals recovering from substance abuse tend to place great importance on prayer, belief in a God, and a strong sense of faith (p. 351). Carroll (1997) found that the exploration of faith and encouragement in developing spirituality seems to be a great asset to recovery from alcoholism and addiction. Deep faith in God or a Higher Power tends to give women hope, courage, and inner strength. A deep faith in God or a Higher Power also provides a positive support system for women through involvement in religious activities. This new support system becomes a safe place to turn to in times of feeling weak, tempted, or stressed. Developing a deep relationship with, or faith in, God or a Higher Power, provides meaning and purpose to women's lives by filling the emptiness and void that a relationship with alcohol and drugs could never fill.

From a Christian perspective, Jesus is the Higher Power. According to the Holy Bible, Jesus is the Son of God. He is also referred to as Savior, Redeemer, and the Great Physician. He is the victor in the battle against Satan who is referred to as the Father of

Lies and is the main source of condemnation and psychological and physical torment. It seems almost mystical or somehow magical, but the healing power that is present in the name of Jesus cannot be dismissed just because it is not easily explained scientifically. The proof is in the changed hearts and lives of those who have personally experienced complete redemption and healing.

The concept of spirituality, especially that of the Christian perspective, is controversial, confusing, and illogical. However, Pardini et al., (2000) suggested that spirituality is an effective component in substance abuse treatment programming in providing a buffer against relapse and strength to maintain abstinence. Therefore, barriers to the inclusion of spirituality in substance abuse treatment programs must be overcome in order to holistically address women's struggle with substance abuse.

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