Profile of the alcoholic woman

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Abstract
Although there are gender differences in alcoholism, the definition of alcoholism is the same for women as it is for men. The American Psychiatric Association (Packard, 1986), the National Council on Alcoholism (Estes, 1982), and the World Health Organization (Kinney and Leaton, 1978) all define alcoholism as a chronic disease manifested by excessive drinking which causes a continuing problem in any area of a person’s life including physical and mental health, interpersonal relations, and social and economic functioning.
PROFILE OF THE ALCOHOLIC WOMAN

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Although there are gender differences in alcoholism, the definition of alcoholism is the same for women as it is for men. The American Psychiatric Association (Packard, 1986), the National Council on Alcoholism (Estes, 1982), and the World Health Organization (Kinney and Leaton, 1978) all define alcoholism as a chronic disease manifested by excessive drinking which causes a continuing problem in any area of a person's life including physical and mental health, interpersonal relations, and social and economic functioning.

In 1956 the American Medical Association officially recognized alcoholism as a disease, with specific and well defined physical, emotional, and psychological problems as a chronic, progressive, incurable, biochemical process (Guydish, 1982; Jamieson and Schabot, 1983). It is generally accepted that between eight and ten million persons in the United States are alcoholic (Sapp, 1985). Estimating the number of alcoholic women continues to be a controversial issue and researchers have estimated that at least twenty percent (Vourakis, 1983), but probably closer to forty or fifty percent (Kinney and Leaton, 1978; Volpe and Hamilton, 1983) of alcoholics in this country are women. Most women alcoholics are in the age range of thirty to fifty-five, the key family years; they are also found in all socioeconomic levels (Sapp, 1985).
Alcoholism has been generally depicted as a "man's disease," which may account for the paucity of research regarding women's drinking. Between 1928 and 1970 there were only twenty-eight studies of women alcoholics published in the English language and what was earlier thought to be known is now being questioned and re-examined (Kinney and Leaton, 1978). Kinney and Leaton also state that there is a great deal of work currently under way to describe fully the characteristic manifestations of the disease in women, to study alcohol's psychological effects on women, and to study societal factors that influence the course of the disease and its treatment in women.

Vourakis (1983) claims that recognition of the problem of alcoholism in women, along with widespread public awareness, has probably created an inflated view of the number of women drinkers in the United States. This inflated view may serve to speed up the evolving process of accumulating knowledge relevant to the characteristics of alcoholism concerning women. Vourakis further claims that future studies on the number of alcoholic women would emerge as research directions. These directions would help caretakers to plan programs that would enhance alcoholic women's attainment of optimum levels of functioning.

The purpose of this paper is to examine the characteristics of alcoholic women in the United States. A review of relevant literature will be the vehicle for accomplishing this.
Characteristics of Alcoholic Women

Stigmatization

Fewer women than men seek treatment for alcoholism. Among the reasons for this are the greater social stigma associated with female drinking (Kinney and Leaton, 1978). These writers point out that for centuries women have carried the burden of idealization and have been treated as objects to be loved and to be set on pedestals. There was, and to some extent still is, a virgin-prostitute dichotomy and women fell clearly on one side or the other. Either a woman was a "lady" who didn't drink, smoke, or swear or she was a "tramp" who did all of these things. The picture has changed somewhat but vestiges of the pedestal still remain.

Societal stigma defines alcoholic women as bad mothers, a stigma which is often internalized by alcoholic women. Finkelstein, Brown, and Laham (1981) claim that these women fear that they might fit society's stereotype and that their children have been inadequately cared for during their drinking. This internalized stigmatization is especially likely among women who have unrealistic expectations of themselves as parents.

In the past, recognition of a major alcohol problem among women, who were generally seen as maintainers of the social-moral fabric of society, would have created a tear in the image of a stable society because alcoholism in women was considered much
more deviant than in males (Vourakis, 1983). Even today, according to Kinney and Leaton (1978), the view that it is "worse" for a woman to drink to excess is widely held by both men and women.

The double standard applied to the drinking of men and women has acted as a constraint to treatment (Gomberg, 1986). One source of constraint is that the majority of alcoholism programs are designed for men and have male program directors and counselors, whereas female alcoholics may have serious difficulties relating to men and therefore hesitate to enter counseling with them (DiMatteo and Cesarini, 1986). Also, Beckman and Mays (1985) stated that attitudes of professionals and non-professionals toward women alcoholics and their treatability have generally remained ambivalent, moralistic, and pessimistic. In agreement with that is Gomberg's (1986) claim that a higher dropout rate among women than that of men can be anticipated during their first treatment attempt.

Precipitating Events

Many women can point to a specific trigger for the onset of their drinking such as divorce, an operation, the death of a spouse, infidelity, children leaving home, desertion, a depression, or some other significant event (Jamieson and Schabot, 1983; Hetherington, 1985; Kinney and Leaton, 1978; Volpe and Hamilton, 1983). On the other hand, Gomberg (1986) suggested
that the association of problem drinking and a stressful event or situation may be a consequence of women's needs to justify drinking in order to reduce the stigma attached to female alcoholism. Gomberg reported on studies which show that for most women abusive drinking predated the specific event identified.

**Cross-Addiction**

Women are often misdiagnosed and given tranquilizers for "nerves" by the family physician. The drinking problem then becomes compounded by the misuse of drugs. The result is cross-addiction, a frequent characteristic seen in alcoholic women (Caghan, 1981).

Kinney and Leaton (1978) claimed that women often used a "spice rack" approach to their problems; a little of this and a little of that and that they came up with a real witch's brew. One study of women's alcoholism found that eighty percent of alcoholic women in the sample used other drugs as often as they used alcohol (Caghan, 1981).

Psychotropic (mood altering) drugs are prescribed twice as often to women as to men (Kinney and Leaton, 1978; Jamieson and Schabot, 1983). Hetherington (1985) and most other researchers agreed that even when an alcohol problem is recognized, practitioners have been known to treat the addiction with tranquilizers. This is a step which increases the risk
of cross-addiction and serious health problems which ultimately create more difficulties during treatment.

**Alcoholism Undiagnosed**

Volpe and Hamilton (1983) stated that caught up in a spiral of guilt, stigma, hiding, and protectiveness, women hesitate to seek help for alcoholic problems. In the event that treatment is sought, many counselors not specifically trained in alcoholism may neglect to question a woman's drinking habits (Vourakis, 1983). One mistake professionals often make at the beginning of the assessment interview is that of expecting the client to admit having a problem with alcohol. The alcoholic's state of denial is at its highest level at this time. Researchers generally agree that care-givers are not untouched by society's views (Kinney and Leaton, 1978) and that they often share society's judgmental perception of the alcoholic woman (Vourakis, 1983). Because of their judgmental perception of women alcoholics, they may be blinded and not recognize or make the diagnosis of alcoholism when indicated (Finkelstein, Brown, and Laham, 1981).

Gomberg (1986), Vourakis (1983), and Volpe and Hamilton (1983), stress that it is important to remember that alcoholism is a progressive disorder and that over time, because of the emphasis on isolation and the denial problem by the entire family unit, alcoholic women are not seen in treatment for alcoholism
until late in the disease. By the time they are diagnosed, they may have serious medical consequences. Unfortunately, women alcoholics may have faced rejection in earlier attempts to gain help (Kinney and Leaton, 1978). For example, some alcoholic women may have sought treatment and received a diagnosis of mental illness instead of alcoholism (Jamieson and Schabot, 1983). Others may have perceived rejection when a clinician confronted their alcoholism. Such a confrontation is frequently interpreted as a negative self-referent by alcoholics (Packard, 1986). These rejections, or perceptions of rejection, delay treatment of alcoholism and may be a contributing factor to findings such as those of Volpe and Hamilton (1983) which found that the average age of women seeking treatment is between forty and fifty.

Spousal Resistance

Caghan (1981) claimed that upper middle income women are one of the largest population groups to use alcohol and mood altering drugs and are afraid to seek help because of their husbands' positions or their social standing in the community. Spousal resistance to treatment contributes to what was in the past inappropriately attributed to depression, "women's problems", or nerves (Vourakis, 1983). A man may consider his wife's alcoholism a blow to his pride, and if he too is a drinker, her abstinence may be threatening. Increasing self-confidence and independence that is likely to accompany the wife's lengthening
sobriety may pose an additional threat to the husband. He may fear rejection by his wife as a result of treatment that promises her increased empowerment by way of her improved self-image (Caghan, 1981).

Denial

Jamieson and Schabot (1983) claim that for whatever reasons women become alcoholic, they feel compelled to hide their drinking. In order to hide their drinking, women alcoholics often resort to elaborate denial systems. Their denial systems form a complex web of alibis and rationalizations that appear in numerous ways. Denial wears many faces such as hiding, collaborating, cooperating, suppressing and resisting.

An example of one way in which drinking may be hidden is shown by how the alcoholic woman obtains medication. They know exactly what symptoms and signs to bring to their doctor's attention and he compounds the problem by prescribing pills (psychotropics or tranquilizers). The alcoholic woman tells her family that the doctor suggested she's overworked, needs more rest, or has a case of "nerves."

A similar scenario of denial is frequently enacted with the alcoholic woman's clergyman, who counsels her and her husband concerning their "communication" problems. Lawyers also feel sorry for women, and judges give lenient sentences for alcohol-related offenses (Jamieson and Schabot, 1983).
There follows a merry-go-round of self-denial, family denial, societal denial and perhaps that of professionals to whom the alcoholic woman goes for help. This, in turn, causes the family to experience inconsistencies, double-bind messages, hidden feelings, incomplete information, shame, uncertainty, mistrust, and roles that stifle development and identity (Black, 1981; Goodman, 1987). The ease with which women can hide their drinking and the reluctance of the male spouse to seek help for his wife enables families to keep alcoholic women's behavior hidden from view (Caghan, 1981). According to Kinney and Leaton (1978), women alcoholics are ignored by all and they die early and often.

Another form of denial is that of suppression of emotions. This occurs because women are socialized to be other-directed, whereas men are not socialized to the same degree to depend on their relationships to attain feelings of self-worth (Kinney and Leaton, 1978; Underhill, 1986).

The direct expression of anger by women is strongly discouraged through the process of social conditioning (Underhill, 1986). Suppression of strong emotions may have far reaching effects. Ackerman (1987) went so far as to postulate that this factor may help to explain why husbands of nine out of ten alcoholic women leave them, whereas, only one out of every ten women married to an alcoholic man leaves her husband.
According to Jamieson and Schabot (1983), alcoholic women have shared society's opinion of themselves and have had more shame than have alcoholic men. Another example is that of single alcoholic professional women who have been able to easily hide themselves at home in the evenings and on weekends because they don't fit into the couple configuration of society (Jamieson and Schabot, 1983).

**Sex Role Conflict**

Gomberg (1986) stated that women in their forties, called "baby boomers" or the "Big Chill Generation" bore the brunt of rapid social change. During their thirties, the definition of these women's roles changed and they seem to manifest maximal difficulty over societal expectations. Most of these women were socialized to traditional feminine sex-role behavior and are described as "overidentified with the traditional female sex-role." Learned helplessness, passivity, and dependence upon others are characteristic of the traditional female sex-role and of alcoholic women seen in treatment (Gomberg, 1986).

Women's roles, which are influenced by society, are less clearly defined than they once were. A little under fifty percent of American women comprise the now denigrated role of housewife. Housewives' common thread is that their schedules are built primarily around those of their families. Common complaints of wives who are primarily housewives are those of boredom, too
much to do, and too little reward. Increased mobility has reduced the support of the extended family which was able to take over for a brief period and thus acted as a safety-valve and was beneficial in times of stress. It is unknown how many tranquilizers and drinks are used to ward off what was previously taken care of by a day or two in bed (Kinney and Leaton, 1978). Volpe and Hamilton (1983) state that self-questioning that most housewives are subject to implies that their role is unrewarding, unnecessary, and behind the times.

Focus on women who work, have skills, and like their jobs has glamorized working women and distorted the picture. Actually, many women are in low-paying, highly unsatisfactory jobs. Still stuck with the traditional view of a woman's role, working women carry the burden at home and in essence hold two full-time jobs (Kinney and Leaton, 1978). It is still harder for a woman to advance, professionally or financially, equal to that of her male counterpart; and dissatisfaction and alcohol have long been companions (Gomberg, 1986; Jamieson and Schabot, 1983).

Psychological Factors

Underhill (1986) stated that alcoholic women tend to internalize their culture's harsh judgement of them and so view themselves with hopelessness and hatred and have lower self-esteem than do male alcoholics. Repeatedly exposed to stressful conditions that they cannot reduce or control, learned
helplessness results (Underhill, 1986). It appears that dysfunctional coping styles begin in early life before the onset of alcoholism (Gomberg, 1986).

Vourakis (1983) stated that alcoholic women's self-respect is likely to be very low or non-existent, that they may be guilt ridden, and that they may be physically and emotionally in worse shape than would be expected in men who had been drinking the same amount of time. Gomberg (1986) claimed that, low in self-esteem, alcoholic women doubt their worth and attractiveness as women and may have sexual problems. They usually face intense guilt over their children and in many cases lack a supportive family when they seek treatment (Kinney and Leaton, 1978; Lundy, 1987). Women alcoholics are generally more concerned about their children than are male alcoholics (Gomberg, 1986).

Once women have become problem drinkers they are deviant in a diagnostic sense and have broken through the rule structure with their alcoholism. They experience a spiraling of consequences and increasing difficulties in family and social adjustment so that it is difficult to sort out what preceded and what follows the problem drinking (Gomberg, 1986).

Gomberg (1986) also found in a recent study that alcoholic women, being less visible and more shamed than alcoholic men, are more likely to enter treatment through family, friends, advertisements, or word of mouth rather than through the work
place or the legal system as men do. Women alcoholics, being more relationship oriented than men, are also more likely to go to agencies that offer aftercare services, treatment for children, professionally trained personnel, and a higher percentage of women on the treatment staff. Kirkpatrick (1982) reported that many male clinicians bring traditional masculine values and behaviors to their interactions with women, often assuming that the female client will respond from a complementary feminine perspective. It was also claimed that many alcoholic women carry a feminist philosophy into their rehabilitation and better identify with female clinicians than with male clinicians.

Wright and Watts (1987) pointed out that low-income women and black women are significantly less likely than are middle-income white women to alter their drinking patterns, even with treatment. These groups of women are historically oppressed and exhibit poor self-images and little or no self-regard. According to Gomberg (1986), much of the research reveals enormous difficulties when dealing with lower socioeconomic-status women. One obstacle is that of getting them into treatment. Once there, these alcoholic women are apt to experience intense unexpressed resentments. There is intense anger and a good deal of hostility that are apparent when they enter treatment. They are difficult to maintain in treatment as there is often no support at home or there is an unstable
environment. Gomberg (1986) further claims that it is difficult to provide enough resources and alternatives to ensure the maintenance of an emotionally satisfying alcohol-free lifestyle.

**Physical Factors**

Kinney and Leaton (1978) reported that women's alcoholism physically progresses somewhat differently than does men's. In women, the disease process appears telescoped: it starts later and gets worse faster and the phases are not as clear cut as they are for men (Ketherington, 1983; Kinney and Leaton, 1978). Other things being equal, women develop alcoholic hepatitis and cirrhotic problems and complications more readily than do men (Gomberg, 1986; Vourakis, 1983).

Vourakis (1983) stated that women demonstrate higher blood alcohol levels when controlled for body weight than do men. This differential rate of metabolism of alcohol in women indicates the need to identify problem drinking early in women before the onset and progression of physical debilitation (Vourakis, 1983).

An association between drinking and breast cancer has been shown in almost every study conducted to date (Weinhouse, 1987). Therefore, women alcoholic's physical health is at higher risk than that of women who abstain from using alcohol (Female Trouble, 1987).

Studies show that children born to alcoholic mothers may suffer an array of mental and motor deficits collectively known
as "fetal alcohol effects" (Jamieson and Schabot, 1983). Caution is advised in alcohol usage for all pregnant women although the danger of small amounts of alcohol to the fetus may be exaggerated (Amato, 1986; Gomberg, 1986).

Conclusion

The study of alcoholism in women requires the examination of characteristics that appear frequently in women problem drinkers. On the basis of the review of the literature the following conclusions are drawn.

Female alcoholics usually initially present themselves in therapy as having problems related to internalized stigmatization, cross-addiction, mis-diagnosis, sex-role conflict, denial, spousal resistance, precipitating events and psychological and physical factors. Alcoholic women also have difficulty seeing themselves as separate, autonomous individuals, and instead develop identities based entirely on their relationships with others (Volpe and Hamilton, 1983). Recovery from alcoholism is correlated with developing a healthy balance of independence and dependence, learning skills to become self-reliant, assuming responsibility for self, and developing a comfortable identity as women (Volpe and Hamilton, 1983; Beckman, 1978; Underhill, 1986).

Knowledge of the characteristics of alcoholism that are unique to women should help to bring us, as care-givers, closer to offering appropriate treatment programs to female alcoholics in the future (Caghan, 1981).
References


