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WOMEN UNDER THE INFLUENCE: STRESSORS WHICH
INCREASE ALCOHOL CONSUMPTION

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of
Social Work

by
Barbara Elaine Miller

June 1994

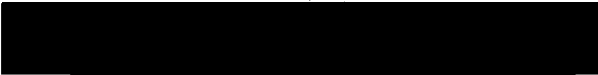
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Approved by:


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Research Project Advisor

June 14, 1994
Date


Dr. Teresa Morris, Chair
Research Sequence

ABSTRACT

A study was done to explore the reasons why women may become alcoholic, their perception of the causes of their alcoholism, and reveal current and required services needed by this population to better assist them with their fight against alcoholism. Responses were provided by 50 women participants who are members of Alcoholics Anonymous (AA) within Riverside and San Bernardino County. My first research question was what services did the women alcoholics need to assist them with their fight against alcoholism; second, did the women rely on AA; third, what stress factors in these women's lives contributed to increased alcohol intake? Responses to two of the research questions revealed responses which coincided with current studies and literature. Many of the women alcoholics utilized existing community services; but, felt that in home education, childcare, affordable counseling services, workshops, and a community service directory would be extremely helpful during their recovery. The study provided supporting evidence that many of the women alcoholics did attend AA on a regular basis. Women may begin to drink excessively and become alcoholic, if they are unable to cope with stressful or traumatic events in their lives.

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INTRODUCTION

Problem Statement:

Is a woman at risk of becoming alcoholic due to excessive consumption, compulsiveness, inability to exercise control, severity of withdrawal symptoms, and/or disruption of her social functioning? It is believed that one or more of these elements is usually present even in the early stages of alcoholism, but not always (Hornik 1977). A woman is said to have a drinking problem when her use of alcohol causes trouble for herself or others in some aspect of her life, job, marriage, intimate relationships, and/or parenting. Although she still has the insight to recognize and curb her actions, she may be on the verge of alcoholism, and early help can assist her in avoiding alcoholism. Is the woman alcoholic the one who goes back and does it again and again, even though she has suffered loss of job, health and family?

What stressors cause a woman to become alcoholic? What can be done to treat the woman alcoholic? The purpose of this research study was to answer and to gain further insight into the problems women encounter which lead to alcoholism.

Women must be involved in treatment programs which will provide them with counseling, child care facilities, and job training (Calobrisi 1976). Sandmaier (1980) states that the some alcohol treatment programs should be strictly for

women, since women alcoholics must deal with problems which tend to differ significantly from those of men.

Women who abuse alcohol can create a multitude of problems for social work practice. They tend to end up on the welfare rolls due to their inability to take care of themselves and their children (Beckman 1976). The welfare system will provide them with the financial assistance they need for the necessities of life, this causes lowered self esteem and the possibility of child abuse which could result in other departments of the social welfare system's involvement (i.e Child Protective Services). The alcoholic mother is then faced with contending with law enforcement, the courts, and medical personnel in her life which can cause additional mental anguish resulting in her seeking mental health services (Sandmaier 1980). The alcoholic woman will stay on welfare longer than a woman who doesn't abuse alcohol (Beckman 1976).

Beckman (1976) stated that women will tend to show an increase in alcohol use if their lives are tumultuous. Beckman (1976) also found that decreased social interaction increases alcohol use and divorced women tend to have higher incidents of alcoholism than married women.

This study reflects results with serious implications which relate to women and alcoholism. Women are more susceptible to increased alcohol use when their lives are adversely affected by life's course of events.

Schilit & Gomberg (1991) stated that women report a precipitating stressful or traumatic event lead to their alcoholism. They are more likely to report their spouse as a heavy drinker. Younger women tend to drink publicly, while older women tend to drink alone or with a significant other. Additionally, women report that marital conflicts occur as a result of alcoholism, and that women have less desirable prognosis in treatment facilities.

Additionally, a treatment program must be able to assist the woman when children are involved. Often she lives in fear that if she enters treatment, she will lose her children, either because she will be considered unfit or because there is no one to care for them in her absence. The majority of the recipients of AFDC are women and children (Schilit & Gomberg 1991), and if we could better assess the intervention required to alleviate alcoholism with this group, the social welfare system and the social worker's responsibilities would be less problematic.

LITERATURE REVIEW

Research has shown that out of the nation's 10 million alcoholics and problem drinkers, women are said to comprise approximately 20% (Sandmaier 1980). Increasingly, it appears as though the young woman in her 20s or 30s is drinking to excess (Hornik 1977). And if these women are married and have children, the tragedy is usually more than a single one. The consequences of their alcoholism affect their children, born and unborn, threatens and sometimes destroys the emotional stability of the family (Mumey 1984).

According to a 1981 report issued by the National Institute on Alcohol Abuse and Alcoholism (NIAAA), 8 out of every 10 working women age 21 to 34 drink, and female membership in Alcoholics Anonymous is its highest ever. The male to female ratio is 3:1. At least 1/3 of the nation's estimated problem drinkers are women (NIAAA 1981).

Langone (1980) suggests that some women, because of circumstances or background, are more at-risk than others. The risk factors include: (1) an alcoholic parent or close blood relative; (2) husband is a heavy drinker. (3) recent divorce; (4) working outside of the home; (5) being a victim of incest; and (6) being a lesbian.

Being single can create situations which may lead a woman toward becoming alcoholic (Mumey 1984). He states that single women may drink to combat loneliness,

insecurity, fear of rejection, and "the enormous sexual pressures of the past."

Schuckit and Morrissey (1976) found in their study that most women rarely go to bars to indulge in drinking; that the average woman drinks at home alone, and women have a tendency to hide their drinking. They state that most women alcoholics in the lower-classes are single, separated, or divorced. Schuckit and Morrissey (1976) go on to state that women who are employed are more likely to seek treatment than those who are unemployed, unemployed women are more likely to hide their alcoholism with the assistance of family members.

Research on alcoholic women has found that impairments or conflicts regarding feminine role performance and feminine identification can be a contributing factor for alcoholism (Wilsnack 1976). Reports relay that some alcoholic women refer to role confusion, inadequate adjustment to female roles, and masculine identification as factors which contributes to their need to drink. Wilsnack (1976) goes on to state that these women have a conscious desire to be feminine, but their unconscious "masculinity" makes them feel inadequate or deficient as women. Drinking influences the feelings of womanliness and this enhances the desire to drink. In the Wilsnack (1976) report, the author concluded that the alcoholic woman appeared to have feminine qualities on measures of attitudes and interests, but

displayed masculine tendencies when sex roles styles were measured.

Saulnier (1991) reported that how well AA meets the needs of women is uncertain. She goes on to report that AA "downplays political issues" and "focuses on individual solutions". She stated that feminist women were instrumental in providing the focus on the problems of the woman alcoholic. "The American link between alcohol and power, the increasing concern over women's drinking, and the "pathologizing" of both women and alcohol are not related" (Saulnier 1991).

Some women may use alcohol as a way of managing their discomfort and conflict regarding their sexual orientation (Paul, et al 1991). Paul, et al (1991) reported that alienation, low self-esteem and depression were other contributing factors for certain women alcoholics.

Beckman (1976) found that there exists a large number of alcoholic women whose problem began in a family where alcoholism exists. She relays that alcoholic women who had fathers that drink ranged from 28 - 50%. Studies have shown that many alcoholic women viewed their mothers as cold, severe, and domineering, where as, they described their fathers as warm, caring, and alcoholic.

Beckman (1976) suggests that women become drinkers at a later age than men. She notes that women display a shorter time between early problem drinking and late-stage symptoms,

and a shorter duration of drinking or excessive drinking prior to their referral for treatment (Beckman 1976).

Alcoholism can create and cause abuse in the family of the woman alcoholic. Reportedly, there are about 20 million children living with alcoholics, 60% of child abuse cases involve alcohol use, alcohol is involved in 41% of assaults and 39% of reported rapes, and the average health care costs for families with an alcoholic member as twice that of nonalcoholic families (Shuker 1990).

Schilit & Gomberg (1991) stated that prior abuse has been reported more often by alcoholic women than non drinking women. However, it also reflected that the alcoholic parent was usually not the perpetrator and the abuse reported was most often neglect.

Neisen and Sandall (1990) noted that 70% of the women in their study reported a history of sexual abuse, and in most cases their subjects stated that they felt that once their homosexuality was realized that would become the focus instead of their alcohol abuse. Thus, this may be a relating factor for the underreporting represented with this population.

There has been focus placed on alcoholic women who are pregnant. Alcohol dependence can lead to physical, mental, and developmental problems in women and children. Weber (1992) notes that alcoholic women must be encouraged to enter treatment early and that effective treatment services

must be expanded to care for the woman who seeks rehabilitation. Thus, treatment services for the alcoholic woman continues to be inadequate and should be improved upon to meet the needs of this population.

Schilit and Gomberg (1991) note that women have long been underrepresented in studies on alcoholism. Among nonwhites there is a greater proportion of abstinence than among whites. In contrast, white women tend to consume alcohol at an earlier age, are unmarried, and have a higher education than the non-whites. Drinking has increased at a higher rate for females over the years. Schilit and Gomberg (1991) reported that women increase their drinking as "pleasure seekers, and their need for excitement and sensation."

They also report that the average age of a woman seeking treatment in 1978 was reportedly the mid-40s, but current reports show that the age has lowered to the 30s. Women are more likely to seek services from middle to upper class facilities, and are not likely to seek services from federal, county, or state facilities (Schilit & Gomberg 1991).

USA Today (1992), suggested that teenage girls who drink are usually alcohol abusers and not alcoholics. Alcoholics cannot do without the alcohol; where as, an alcohol abuser may be able to go for days or weeks without drinking. Adolescence is known to be an extremely stressful

time and the inability to cope may lead to increased alcohol use for girls (USA Today 1992).

Health (1990) reported that in the State of California 31.8% (4,286) of the estimated alcohol related deaths were among females, and three leading causes of death were alcoholic cirrhosis of the liver, cerebrovascular disease, and motor vehicle accidents.

RESEARCH DESIGN AND METHODS

Purpose of the Study:

In general, this study was conducted to explore the reasons why women may become alcoholic, their perception of the causes of their alcoholism, the current services provided to this population, and to find out what services they feel would better assist them with their fight against alcoholism.

Research Questions:

This research was conducted using an exploratory paradigm. The research questions were as follows:

1. What services did the women alcoholics in this sample need to assist them with their fight against alcoholism?
2. Did these women rely on Alcoholics Anonymous?
3. What stress factors in these women's lives contributed to increased alcohol intake?

It was expected that this study would show that women are more susceptible to increased alcohol use when their lives are adversely affected by life's course of events.

Sample:

A convenience sample was derived from females who were members of Alcoholics Anonymous from a number of different sites. The sample size was made up of 50 individuals who agreed to participate in the study.

Subjects were contacted at open AA meetings and their participation was solicited at the meeting. The subjects were female adults who appeared to be generally in good mental and physical health.

The study maintained the participants' anonymity by using only a numbering system to keep track of the number of participants. No names were used and questionnaires were destroyed as soon as it was feasible.

There was the possibility of the participants experiencing some psychological risks by participating in the study because of the questions asked, so they were informed that they could stop at any time during the study. They were also given a name and number of someone to contact if problems should arise.

The subjects were given an opportunity to express some of their reasons for excessive alcohol use. The subjects were required to answer two questions by writing out their

responses regarding the services available/unavailable in their community.

Since Alcoholics Anonymous (AA) is based on anonymity, the study was conducted with the verbal approval of each of the self help group's officers and attendees. When a group of AA members were approached for solicitation as participants and they chose not to participate, another AA group's verbal approval was sought. Letters of approval from the organization's officers or attendees were not obtained because of the individuality of each meeting.

DATA COLLECTION AND INSTRUMENT

The questionnaire contained questions about experience/behavior, opinions/values, and background/demographics (see Appendix A). Additionally, each subject received an opening and debriefing statement.

RESULTS

Analysis:

All 50 participants were 21 years of age and older, with 24% (12) being under 30, 58% (29) were 31-45 years old, and the remaining 18% (9) were 46 years of age and older. Of the subjects surveyed, 58% (29) were under the age of 14 when they took their first drink.

Research Question 1: Sixty-four percent (32) of the subjects stated that existing community services were extremely helpful during their period of recovery. The subjects found self-help groups, residential recovery

programs, churches, family support services, and legal services in the community to be valuable during their recovery. The subjects reported that 22% (11) of them wanted additional community services made available to them. Many felt that in home education, childcare, affordable counseling services, workshops, and a community service directory would be extremely helpful during their recovery.

Research Question 2: Sixty-two percent (31) of the subjects attended 1-3 meetings per week and 50% (25) have been in attendance at AA for 4 or more years. Sixty-two percent (31) of the subjects reported that they found out about AA from a friend or relative, and 18% (9) were referred to AA by a doctor or the hospital. Only 8% (4) of the subjects were referred to AA by law enforcement authorities.

Research Question 3: The results of the survey shows that 36% (18) of the subjects were unemployed at the time of their participation, 80% (40) reported that they had held 4 or more jobs in the past, 60% (30) of the subjects stated that they were 15 - 20 years old when they got their first job, and 26% (13) reported being 14 years old or younger when first employed. Twenty-two percent (11) of the subjects were either divorced or separated, 80% (40) of the subjects reported that they were married 1 - 3 times, and 38% (19) of the subjects were between the age of 15 - 20 years old when they first married. Of the 50 subjects

surveyed, 39 of them reported having experienced some type of abuse (mental, physical, and/or sexual) during their lives. Eighty-four percent (42) of the subjects reported that they had children. Severe illness in the family was reported by 48% (24) of the subjects. Death of a close family member was indicated by 84% (42) of the subjects. Forty-six percent (23) of the subjects reported their relationship was okay or sad, and 30% (15) of the subjects chose not to respond to the question.

The subjects reported that 76% (38) had been drinking for 11 years or more, and 90% (45) reported that they consumed six or more drinks in a week. Eighty-eight percent (44) of the subjects have siblings who drink. Eighty-two percent (41) of the subjects stated that one or both of their parents drink.

When asked how they rated their childhood, 80% (40) of the subjects responded sad or okay, and their adult life was rated okay or sad by 66% (33) of the subjects. Forty-seven percent report that they had close friends, and 70% (35) of the subjects report that they attended other social events. Seventy-eight percent (39) of subjects reported isolating from others, 58% (29) reported decreased interaction with others when they started drinking, and 68% (34) reported they were socially active prior to the start of their drinking. When asked if their drinking helped them interact

better with others, 78% (39) of the subjects reported "yes".

DISCUSSION

Many of the women alcoholics in the sample utilized existing community services. The subjects found self-help groups, residential recovery programs, churches, family support services, and legal services in the community to be valuable during their recovery. However, many feel that in-home education, childcare, affordable counseling services, workshops, and a community service directory would be extremely helpful during their recovery.

AA has been regularly attended by over 3/4 of the subjects and 1/2 of them have been involved in the program for over 4 years. Sixty-two percent of the participants stated that through the suggestion or encouragement of a family member or friend they were able to make their first contact with Alcoholics Anonymous. The support and involvement of family and friends could explain the continued effort by the subjects to maintain their sobriety through AA attendance.

The study did not reveal that a large number of the women were referred by law enforcement authorities. Only 8% of the participants indicated that they were forced into AA by someone in authority and continued with the program to stay out of correctional facilities.

Certain stressors which can lead to alcoholism were identified by at least 80% (40) of the participants in this

study. Many of them reported unstable job history, multiple marriages, abuse, having children, severe illness and death in the family as factors which can lead to alcoholism in women.

Many of the individuals in the sample who held at least 4 or more jobs in the past had also stated that they were involved in 1-3 different marriages. These factors combined with the multitude of other identified stressors in the study reflects the instability in their lives which contributed to their alcoholism.

Sexual abuse during childhood is now emerging as a major factor in the developing of alcoholism in women. In one study, 2 out of every 5 alcoholic women as children had experienced sex play with a relative. Many women drink to avoid feeling the shame and pain of these childhood experiences (Sandmaier 1980).

The study found that the majority of the participants' individual relationships were "suffering" and they had vast periods of "lows" in their lives. Seventy-eight percent of the participants stated that their childhood and adult life were either sad or okay. These feelings could have been part of the precipitating events which lead to alcoholism for these women. Alcoholism, although destructive, is another way to cope with feelings of despair.

Family drinking history revealed that over 3/4 of the subjects were exposed to alcohol abuse in their parents'

household, where parents and siblings were drinkers. This study also indicates that most of the subjects have been drinking for at least a decade.

The literature reports that problem drinking women are more likely than men to have lost one of their parents through divorce, desertion, or death while growing up. Women are more likely to have had an alcoholic father. The mothers of alcoholic women were often unable to effectively counter the negative influence of the fathers because they quite often suffered severe emotional problems themselves. Many alcoholic women usually felt rejected by their mothers and looked toward their fathers for affection and support. The suffering from more childhood trauma may be linked to the heavily stigmatized status of the alcoholic woman (Mumey 1984).

A large number of alcoholic women have grown-up with an alcoholic in their family and because of this tendency there has been speculation about whether a predisposition to alcoholism is inherited. Researchers are still not sure. Studies have found that many alcoholic women share in common an emotionally brutal childhood, more disruptive and traumatic than the childhoods of alcoholic men (Hornik 1977).

This study found that 58% of the participants were within the age range (31-45), which studies and literature indicate are the ages for increased alcoholism in women and

their acceptability of treatment. These women have the tendency to acknowledge their alcoholism and seek assistance with combating their "drinking problem." There is a possibility that by the time a woman reaches this age range, the effects of alcoholism has become "very real" in the destruction of her life.

Alcoholism increased these women's ability to feel more comfortable in the social setting. Seventy-eight percent of the women reported needing a drink to help them interact better with others. In contrast, Seventy-eight percent also stated that they had a tendency to isolate themselves from others. This supports those studies which indicate that women have a tendency to "drink alone" more than men.

Out of loneliness, or the feelings of isolation, a woman may turn to alcohol to avoid the pain of being alone after a divorce. Twenty-two percent of the participants were either divorced or separated in the study. The guilt from a failed marriage and parenthood, the creation of extreme economic hardship can led to depression and suicide attempts in extreme cases of divorce. Alcohol can be seen as a remedy for the devastation experienced. The effects indicate how a woman's social condition are affected by and as a result of their alcoholism.

Neisen and Sandall (1990) stated that lesbians experience alcoholism primarily because of feelings of isolation. The high rate of alcoholism among lesbians is

probably due to an environment that openly hates, fears, and isolates them. Heavy drinking is one way of responding to societal hostility and discrimination. Lesbians suffer the same economic, legal, and psychological oppression as other women, in addition to the stigma often attached to their sexual orientation.

In conclusion, the findings of this study strongly suggest that AA can be an excellent opportunity for women to come together to share their experiences, strengths, and hopes with each other in order to solve their common problems and help others to recover from their alcoholism. These women appeared to have the common desire to remain sober. Findings also support other literature that report that alcoholism in women can be influenced by the individual's family, social, and emotional experiences. The complexity of a woman's life appears to have the tendency to heavily influence whether or not she becomes alcoholic.

The social worker counseling this population must be familiar with alcoholism, the treatment resources available in the community, and the circumstances surrounding each client in order to effectively assist the woman alcoholic.

Questionnaire

Please read each question carefully and circle the response which best answers the question, Do not skip any questions, it is important that all questions are answered by the participants.

1. What is your age?

- (1) 15-20 years old _____
- (2) 21-25 " " _____
- (3) 26-30 " " _____
- (4) 31-35 " " _____
- (5) 36-40 " " _____
- (6) 41-45 " " _____
- (7) 46-50 " " _____
- (8) 51 + " " _____

2. How old were you when you took your first drink?

- (1) 14 or younger _____
- (2) 15-20 years old _____
- (3) 21-25 " " _____
- (4) 26-30 " " _____
- (5) 31-35 " " _____
- (6) 36-40 " " _____
- (7) 41-45 " " _____
- (8) 46-50 " " _____
- (9) 51 + " " _____

3. Are you currently employed?

- (1) yes _____
- (2) no _____

4. What is your marital status?

- (1) married _____
- (2) divorced _____
- (3) single _____ (never married)
- (4) separated _____
- (5) widowed _____
- (6) not married, but in a
committed relationship (monogamous) _____

5. Does/did your parents drink?

- (1) yes _____
- (2) no _____
- (3) mother _____
- (4) father _____
- (5) both _____

6. Have you ever experienced any type of abuse (physical, sexual, mental) in your household or elsewhere?

- (1) yes _____
- (2) no _____

7. Do you have children?

- (1) yes _____
- (2) no _____

8. How many drinks do/did you consume per week?

- (1) 1-5 _____
- (2) 6-10 _____
- (3) 10 + _____

9. How often do you attend self-help (AA) meetings per week?

- (1) 1-3 _____
- (2) 4-6 _____
- (3) 7 + _____

10. Have you ever experienced severe illness in your household or extended family's household which you were actively involved in?

- (1) yes _____
- (2) no _____

11. Has death of a close family member occurred in your family?

- (1) yes _____
- (2) no _____

12. If you are married or in a committed relationship, how would you rate your relationship?

- (1) happy _____
- (2) sad _____
- (3) great!! _____
- (4) okay _____
- (5) N/A _____

13. How did you find out about this self help (AA) group?

- (1) friend _____
- (2) relative _____
- (3) phone book _____
- (4) hospital _____
- (5) doctor _____
- (6) authorities _____

14. How would you rate your childhood?

- (1) happy _____
- (2) sad _____
- (3) great!! _____
- (4) okay _____

15. How would you rate your adult life, thus far?

- (1) happy _____
- (2) sad _____
- (3) great!! _____
- (4) okay _____

16. How long have you been involved with self help (AA) groups for alcoholism?

- (1) 0-5 mos. _____
- (2) 6-11 mos. _____
- (3) 1-3 yrs. _____
- (4) 4-7 yrs. _____
- (5) 8-10 yrs. _____
- (6) 11 + yrs. _____

17. How long have you been drinking?

- (1) 0-5 mos. _____
- (2) 6-11 mos. _____
- (3) 1-3 yrs. _____
- (4) 4-7 yrs. _____
- (5) 8-10 yrs. _____
- (6) 11 + yrs. _____

18. If you have been married, how old were you when you first got married?

- (1) 14 or younger _____
- (2) 15-20 years old _____
- (3) 21-25 " " _____
- (4) 26-30 " " _____
- (5) 31-35 " " _____
- (6) 36-40 " " _____
- (7) 41-45 " " _____
- (8) 46-50 " " _____
- (9) 51 + " " _____
- (10) N/A _____

19. If you have been married, how many times have you been married?

- (1) 1-3 times _____
- (2) 4-6 times _____
- (3) 7 + _____
- (4) N/A _____

20. If you have been employed, how old were you when you first started to work?

- (1) 14 or younger _____
- (2) 15-20 years old _____
- (3) 21-25 " " _____
- (4) 26-30 " " _____
- (5) 31-35 " " _____
- (6) 36-40 " " _____
- (7) 41-45 " " _____
- (8) 46-50 " " _____
- (9) 51 + " " _____
- (10) N/A _____

21. How many jobs have you held to date?

- (1) 1-3 _____
- (2) 4-6 _____
- (3) 7 + _____
- (4) N/A _____

22. Did /does your sisters/brothers drink?

- (1) yes _____
- (2) no _____

23. Do you have at least one/two close friend(s)?

- (1) yes _____
- (2) no _____

24. Do you attend other social events?

- (1) yes _____
- (2) no _____

25. Do you have the tendency to isolate yourself from others?

- (1) yes _____
- (2) no _____

26. Has your social interaction with others decreased since you started drinking?

- (1) yes _____
- (2) no _____

27. Were you socially active prior to the start of your drinking?

- (1) yes _____
- (2) no _____

28. Did/does your drinking help you interact better with others?

- (1) yes _____
- (2) no _____

29. Please list any community based services that have been helpful to you during this period of time in your life.

30. Please list any community based services which you wish were available to you during this period of time in your life.

other COMMENTS:

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