

3-20-1990

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Recommended Citation

Brink, Marion (1990) "Alcoholism: A Barrier to Empowerment for Women," *New England Journal of Public Policy*: Vol. 6: Iss. 1, Article 24.

Available at: <http://scholarworks.umb.edu/nejpp/vol6/iss1/24>

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Alcoholism

A Barrier to Empowerment For Women

Marion Brink

Women's increasing economic power has encouraged the promotion of their drinking as fashionable. However, women are more vulnerable to the impact of alcohol, and the stigma attached to alcoholism is greater for them than it is for men. As a consequence, a woman — and those around her — will deny her alcoholism until she has lost much more than her male counterparts. When, or if, she seeks help for this devastating disease, she finds a lack of woman-specific programs and facilities. This article notes the barriers to recovery for women and offers some suggestions for breaking them down. Two case studies demonstrate how alcoholic women, recovering in support groups, are empowered to go forward into new and successful lives and become role models for others.

Our society is awash in alcohol, which is used to mark important and not-so-important occasions. It is used to celebrate pivotal events such as births, graduations, engagements, marriages, deaths, and job promotions and to add importance to holidays, athletic events, card games, going out to dinner, staying in for dinner, openings, fraternity and sorority initiations, drinking contests, and Fridays.

In 1975 the cost of alcoholism to the United States was \$42.75 billion.

	Billions of Dollars
Lost production	\$19.64
Health and medical	12.74
Motor vehicle accidents	5.15
Violent crime	2.86
Social responses	1.94
Fire losses	0.43 ¹

In a late summer 1989 television interview, U.S. drug czar William Bennett cited \$66 billion as the cost of alcoholism, an increase of over 50 percent in fourteen years.

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As the corporate world and other arenas embrace their women superstars, so does alcoholism claim its famous women. But just because a Betty Ford, Liz Taylor, or Margaux Hemingway speaks openly about her illness and her efforts toward recovery does not mean that courage and assistance have trickled down to the increasing numbers of female alcoholics. For many of them, personal empowerment and economic advancement are unattainable goals.

Increase in Drinking Women

“Sixty percent of adult women 18 and over drink, while 40 percent are abstainers. Fifty-five percent of adult women who drink do so moderately (defined as less than 60 drinks per month), while 5 percent are heavy drinkers (more than 60 drinks per month).”² More women are earning more money than ever before and have more control over its expenditure, and alcohol has become more available to them. Women can now purchase alcohol in supermarkets in many states, and more drinking establishments than ever before cater to female customers. The advantage women gained through being admitted to formerly exclusive male bars and clubs is not without its downside.

As women have assumed more importance as consumers, the alcohol industry has increasingly targeted its advertising toward them, portraying drinking as fashionable and hinting that everything from glamour and romance to positions of wealth and power are possible for those who drink the “right stuff.” Here are some examples:

Would you like to be known for throwing a legendary party? Serve Drambuie.

This Fourth of July have something really impressive to display. Tanqueray. A singular experience.

Dewar’s Profile: Aristocratic, confident, and a self-described monarchist.

When things fall into place. Cook’s (champagne).³

Distillers are also designing their products to appeal to women and young people, offering sweet, fruity drinks such as wine coolers and “light” beers with less caloric content.

“Women are now heavily targeted for marketing of alcoholic beverages. According to *Impact*, a liquor industry newsletter, women will spend \$30 billion on alcoholic beverages in 1994, compared with \$20 billion in 1984.”⁴

Problem Drinking: Are Women More Vulnerable?

As the number of women drinkers has risen in this country so has their problem drinking. In 1984 the General Services Branch of Alcoholics Anonymous reported that 40 percent of its membership was female. “Research shows that 1/3 of those who have a drinking problem are women. Today, many think that this percentage is increasing, as drinking patterns of some women more closely resemble those of men.”⁵ Others, such as Professor Edith Lisansky Gomberg of the School of Social Work at the University of Michigan, suggest that the number hasn’t changed but, because of increased awareness of alcoholism, more women are willing to seek help.⁶ Whichever opinion is correct, all decry the

dearth of research on women alcoholics caused by the type of thinking that assumed it was acceptable to study men and extrapolate the findings to women.

In examining a national survey, Sheila Blume, M.D., concluded that, for women, “the highest rates of alcohol-related problems (such as driving under the influence, belligerence, or interpersonal conflict) as well as the highest rates of alcohol-dependence symptoms (such as memory lapses or morning drinking) were found in the youngest age group included in the study, those aged 21 to 34 years.”⁷ Sharon Wilsnack et al. note that “divorced or separated and never-married respondents reported higher rates of drinking problems, symptoms, heavy drinking episodes, and intoxication than did married respondents.”⁸

The “closet drinker,” the stereotypical alcoholic housewife, is not the only sufferer from this illness. While drinking during the day is not a general practice in low-paying, traditionally “female” jobs, it is more common in jobs in which there is no close supervision, and it is sometimes even expected of those in management positions. Margaret Heckler, former secretary of Health and Human Services, states that “as more and more women enter the work force it is likely that alcohol problems will increase, particularly as women seek and gain entrance to ‘traditionally male’ jobs in which alcohol is often an accepted part of the work environment.”⁹

What does the typical woman sufferer from alcohol problems look like? She looks like you or me, like the woman in the next office, the homemaker next door, my child’s teacher, or the nurse who cared for me in the hospital. There is no “typical” alcoholic woman.

“Women start drinking and begin their pattern of alcohol abuse at a later age than male alcoholics, but present for treatment at about the same age, a finding that suggests a more rapid development or telescoping of the course of the illness in women,” according to Sheila Blume.¹⁰ They are also “more likely to develop liver disease with a lower level of alcohol consumption than men, and women have a higher risk of dying once the liver has been injured.”¹¹

Barriers to Treatment

Stigma

Even in this era of the women’s movement, women must struggle for the “right” to suffer from the disease of alcoholism. “Baby” may have come a long way, but the stigma that has always surrounded an alcoholic woman has come right along with her. Drinking no longer carries a death sentence for women as it did in biblical times, but the myth of the “angel of the hearth” still influences public opinion. Women alcoholics are the fundamental outsiders. Society’s enlightened attitude toward alcoholism still smacks of dualism. “The poor man, he’s sick. He can’t help it.” But, “She’s disgusting. She should know better.” Women who drink to excess are never, like men, considered funny. No one loves a drunken mother.

Denial

Denial by families, coworkers, and health care providers contributes significantly to the more serious consequences of the disease in women. Alcoholism is a primary, progressive, chronic, and ultimately fatal illness which, when left untreated, can only get worse. “Most practitioners in the field believe that arrests for drinking and driving serve as a

major opportunity for treatment intervention for the problem drinker, but female drinking drivers are far less likely than their male counterparts to be arrested. In a recent study, 7 percent of women classified as lighter drinkers and 45 percent of women as heavier drinkers reported driving while high or drunk during the preceding 12 months.”¹²

Through ignorance or shame, families and close friends, who are usually the first to notice the signs of problem drinking in a woman, blame her unhappy relationships or difficulties at work on her heavy drinking rather than on her misuse of alcohol. While women alcoholics in the workplace are more visible than those at home, that does not necessarily mean that they have greater access to treatment. Many supervisors either don't recognize obvious symptoms of the disease, such as frequent tardiness or absence, long lunch hours, inconsistent work habits, mood swings, poor grooming, irritability, isolation, lying, blaming others, chronic headaches, or other medical complaints. They explain away poor work performance as emotional upset — “She'll be all right as soon as this problem in her life is straightened out.” In the mistaken belief that they are being kind (or to avoid their feelings of embarrassment or discomfort), they avoid labeling a woman “alcoholic.” This lack of intervention in the workplace is, in itself, a roadblock to future advancement for many woman.

Fear

Fear, too, contributes to the difficulty of identifying alcoholic women, who work particularly hard to cover up a drinking problem and have good reasons for doing so. Those at home fear abandonment and, in the workplace, those in low-paying jobs know that they will be quickly replaced when their performance level goes down. Those who are lucky enough to be in management positions might be sent for treatment, because a majority of companies do not believe it is economically sound to spend time and money replacing key employees. Most upper-level women alcoholics, however, fear that the stigma of their illness will hinder any chance for further promotion, so they hide their problem as long as possible.

Many alcoholic women are single parents who desperately need their paychecks just to put food on the table. Some have no medical insurance to cover the cost, and even those who do would have difficulty finding or paying for the necessary child care if they were to seek treatment for themselves. And underlying all other reasons is the ominous dread that, if they were to admit their alcoholism, they would be branded unfit mothers and lose their children.

Dual Addiction

Advertising has pushed on us the idea that we should never have to endure discomfort or suffer from too much stress. There's a pill for every ache and pain, physical or emotional, some by prescription only and others sold over the counter: benzodiazepines such as Valium and Librium to relieve anxiety; diet pills to perk us up and control weight gain; pain relievers such as Percodan, Tylenol, Advil, and aspirin (regular and extra strength); and, of course, good old alcohol, the folk remedy. We can rely upon them to help us relax, pick us up, or cushion the blows (large or small) that life hands to each of us — the loss of a loved one, a bad day at the office, or a Saturday night with nothing to do. Most people know how to self-medicate, but some have never learned how to cope with problems.

Doctors, too, have fallen prey to the idea of a pain- and stress-free existence, a concept that is particularly detrimental to women, particularly if their doctors are unaware of, and

don't ask about, the extent of their drinking before prescribing mood-altering chemicals for "nervousness" or "female problems." "The clinically unskilled or busy physician will probably react to her symptoms by prescribing tranquilizers or antidepressant pills, which will only compound her problems. That is why up to 70 percent of women alcoholics are dependent on tranquilizers or sleeping pills."¹³ In an Alcoholics Anonymous survey, 40 percent of female AA members reported addiction to another drug. The number increased to 64 percent for women thirty years and under.¹⁴

When, or if, a woman finally does get help, her disease is more advanced and she is sicker than her male counterpart. "Women's drinking problems are often viewed as less serious than men's and their condition may be more frequently misdiagnosed. Stigmatization and the unwillingness of many physicians, mental health professionals, police, and the courts to label women as 'alcoholic' are detrimental to early intervention and treatment."¹⁵

Barriers to Recovery

"Women continue to be under-represented in most alcoholism treatment programs. On a national level, they constitute less than 20 percent of all clients in alcohol treatment, although estimates indicate that women represent a much higher percentage of the total alcoholic population."¹⁶

The alcoholic woman suffers from the emotional impact of low self-esteem resulting from society's mistaken belief that alcoholism is a moral issue; from the physical impact of a disease that was allowed to progress too far before intervention; and from the staggering economic impact of being alone — usually with young children — and needing to support herself.

Fewer Facilities

There are fewer treatment centers exclusively for women, although it has been shown that women recover more quickly in all-female settings. When I once asked why the new treatment center starting in a certain town was coeducational when there were already two for men and none for women, I was told that it was easier to get funding that way. Recent promotional material I received for a comprehensive guide listed nearly 18,000 treatment centers and prevention programs nationwide. A companion volume listed 1,200 facilities for women.

Coeducational treatment centers are not particularly relevant to women's needs. Few have any provision for child care, a large expense for a woman who must spend twenty-eight days in an inpatient facility. Women in treatment need to focus on such issues as low self-esteem, sexual abuse, battering, and child abuse, questions discussed most comfortably in all-female settings. Women in coeducational groups tend to take a back seat and allow the men more time to talk and express their feelings.

Women who are lucky enough to be admitted to a halfway house — and such places are also in short supply — must find one with child-care facilities, since they usually have to spend at least six months there. Women need programs that continue work on self-esteem as well as job training and interviewing skills. Welfare programs or minimum-wage employment exacerbate their lack of self-worth. These women, particularly, need access to meaningful employment that will provide not only the opportunity to make a living, but the opportunity to make a life as well.

For most women, though, a halfway house is not a viable option. Aftercare groups can

fill the gap for a while to continue discussion of what was learned in treatment, but for ongoing support on a regular basis for all alcoholics, Alcoholics Anonymous is both cheapest and most vital to long-term sobriety. It is also the best answer for women who don't need detoxification or are unable to find either in- or outpatient treatment. The number of special groups for women and minorities within the AA program is growing and those groups encourage continuing work on pertinent issues.

Minority women are, as usual, among the most disadvantaged. Language barriers, cultural irrelevance, and financial hardship exacerbate for them the problems that all alcoholic women face. They must place greater reliance on public treatment facilities, which have long waiting lists and give men first consideration, according to Sharon Wilsnack, speaking at a conference hosted by the Community Association Serving Alcoholics in Boston. The rationale behind this discrimination seems to be an assumption that men, as heads of households, have to get back into the job market so they can support their families.

Lack of Support

In the majority of cases, men are just not there at all for recovering women. Many more women than men come out of treatment facing divorce. "The husbands of 9 out of 10 of these women will leave them. (Only one out of every ten women married to alcoholic men leave their husbands.)"¹⁷

More women than men arrive at the doors of AA alone, without the support of a spouse. In her early days of recovery a woman has difficulty attending meetings if she has children at home. Her alcohol problem is compounded by insufficient income, poor self-esteem, inadequate employment, and little (or no) health care insurance.

Women in AA seldom have the basic support that nine out of ten men take for granted in early sobriety — clean clothes, a warm supper, and children cared for while they attend meetings. Washing, cooking, and household chores must be done after women return from working all day, and they must pay a sitter out of their meager wages.

Single female parents are being referred to as "the new poor." They have problems of less, if any, money than men, and most, or all, responsibility for children, job, and home (if they still have one). Many recovering women have been out of the job market for some time, have poor work records, and often no real job skills. The load under which most working women struggle in today's world is compounded for the woman alcoholic who, in addition, must stretch her schedule to allow for regular attendance at the Alcoholics Anonymous meetings that are essential for maintaining her sobriety.

Family Influence

The people close to women alcoholics seem to exert a strong influence on them, both prior to and after the onset of the disease. Wilsnack et al. have reported that "women's drinking and its adverse consequences were strongly associated with the drinking behavior of their spouses, partners, family, and friends, [and that] this pattern is consistent with recent research suggesting that women's drug use is particularly dependent on initiation, assistance, and encouragement by other people (Robins and Smith 1980; Rosenbaum 1981; Wister and Avison 1982)."¹⁸ Beckman and Amaro note that "other studies also have shown that female alcoholics are more likely to seek treatment because of familial and interpersonal problems than male alcoholics . . . and that they tend to be more sensitive about others' comments about their drinking."¹⁹

My own observations lead me to conclude that these “significant others” strongly influence a woman’s recovery as well. If given assistance and encouragement by those around them, most women will come to accept their alcoholism and participate enthusiastically in recovery programs. Alcoholism is called the “family disease” because it affects not only the alcoholic but also those around her, who often become as emotionally sick as she.

Families uneducated about the effects of alcoholism hinder meeting attendance and foster continuing dependence by the alcoholic. Small children can make a recovering woman’s life more difficult by ignoring her or by constant reminders of her past actions. Just consider the guilt generated by such statements as “Are you going out again? You’re never home anymore,” or “Why do you have to go to those meetings all the time?” Partners of recovering alcoholic women sometimes believe (mistakenly) that any stress will cause a recurrence of active drinking; others have strong needs to control — a trait generated or intensified by alcoholism. In either case, a spouse might refuse to share such decisions as allocation of family finances or discipline of children. “I’ve been doing these things for years. Don’t trouble yourself over them,” or “Why change things? You’re not home much anyway. I might as well keep it up.”

Women themselves conspire against their own recovery until they can accept the need to put sobriety first on their list of priorities — a lesson contrary to what they have been told all their lives: women are, first and foremost, nurturers and caretakers of others.

Two Women

Let me tell you about two young women that I have watched in the process of recovery. I have changed the names to protect their anonymity, but each story is true.

Robin

Robin started drinking in her early teens, before long mixing the alcohol with marijuana and whatever other drugs were at the “party.” This is not atypical in today’s youth. “The National Institute on Alcohol Abuse and Alcoholism (NIAAA) reports that 1.3 million Americans between the ages of twelve and seventeen have serious drinking problems.”²⁰

She quit school at sixteen, already in difficulties because of her drinking. Her mother, unaware of the extent of her involvement with alcohol and other drugs, considered her a recalcitrant child and hoped that she would come to her senses and go back to school in the near future. The “disease of denial,” which infects most people intimately involved with alcoholics, blinded her mother (and the school authorities) to the need for seeking an evaluation of the girl’s substance abuse. These days I routinely suggest evaluations for “problem” students if there’s the slightest hint of alcohol and drug abuse.

After working at odd jobs for a couple of years, Robin became pregnant, a fate not uncommon to women who are heavy drinkers, and she married the baby’s father, a young man who was dealing drugs. A year after the birth of her first son, she gave birth to a second one, still using and abusing alcohol and other drugs.

Not long after the second birth her husband was sent to jail for three years as a result of his drug dealing. Robin was left penniless and alone with her two babies, a thousand miles from her family. It wasn’t long before she was evicted from her home. She called her mother, who came and took the children so that Robin could get her belongings (and her head) together and figure out what to do.

In a blackout after a few days of drinking with friends, Robin went to get her things from the apartment, taking with her a gun that one of the friends loaned her. When she entered the apartment she found it occupied and, in the confusion that ensued, she fired the gun. The bullet just grazed the arm of a small child who was in the room.

The police arrived before long and, after a struggle, took her to the local jail. In desperation, she called her father, from whom she had estranged herself after her parents' divorce. He, a recovering alcoholic who had spent the last fifteen years as an active participant in Alcoholics Anonymous, made the necessary arrangements for an attorney.

The next day the lawyer called, saying that bail had been set at \$100,000, but he thought he could get it reduced. I watched as that father, his voice choked with tears, said, "If you get it reduced to one dollar, I won't pay it." He knew, because the veil of denial had been lifted from his eyes many years earlier, that Robin had to come to grips with the consequences that using alcohol and other drugs had brought into her life.

How many parents would have the courage to say what this man said? Hard? Surely. It was hard for him to say such a thing when discussing his beloved daughter; I found it hard even to hear. But because of his courage a young, beautiful woman is whole and healthy today. Because her dad had that kind of strength, she has found a new life and is capably carrying out a full-time job and mothering her two young sons.

Of course her father helped her, but in ways that were constructive to her recovery. First he called Alcoholics Anonymous in that town and asked that a woman be sent to the jail to talk with his daughter. Then he sent Robin books about addiction to help her understand what had happened to her.

The father spent over \$50,000 in legal fees. He also spent a considerable amount of time preparing an educational package about the disease of addiction to inform both the attorneys involved and the judge who presided over her case. As a result of his efforts, three more members of the bar will treat alcoholics like the sick people they are, instead of as moral lepers. Those in the legal profession often see the consequences of addiction, but most know very little about the disease itself.

Robin was able to break through her own denial and became willing to change her life patterns. During more than a year in jail, she attended weekly AA meetings and earned her high school diploma.

Following the course of treatment her father proposed, the judge sentenced Robin to two years of probation and allowed her to return to Massachusetts with him, conditional upon her attendance at a twenty-eight-day treatment program, followed by a six-month stay in one of the very few halfway houses available for women.

Robin was one of the fortunate ones. Many young women come from homes in which there is active alcoholism, the only lifestyle they know. Their denial is so strong that they don't realize until after many incarcerations that their problem is alcohol and drugs. Some face years in prison — or die — before they have the opportunity to find out. All too often alcoholics emerge from blackouts to find themselves in jail, facing dire consequences for crimes, like murder, that they can't even remember.

Poor women are usually unable to afford treatment. If her father had not been able to absorb her legal bills, had not had insurance to cover her bills for treatment, or had been unable to offer the judge an alternative treatment package, Robin would have spent five years in jail, at the very least.

Robin's mother was willing, and able, to care for the children during those two years. Without her mother's help, Robin would have lost the children while she was in jail. She was extremely fortunate, too, that neither of her boys suffered from fetal alcohol syn-

drome, “the third largest cause of mental retardation.”²¹ She would have faced years of caring for two handicapped children and the enormous expense involved, if she had been allowed to keep them at all.

Let us note, too, the expense of alcoholism even to those who do not drink. Robin’s alcoholism cost her father a great deal of money, it cost her mother the expenses associated with raising two children for two years, as well as the best part of two years of her life. There was also an emotional cost to both parents, and for Robin’s three siblings as well.

Mary

Mary did not drink during her teens, but she was an extremely nervous person. When she was eighteen, her doctor prescribed some tranquilizers, which seemed to help her condition. She married at twenty-one, and after the birth of her first child she again received medication to help her sleep. After the birth of their second child, she and her husband began to get out more, often attending parties at a yacht club where there was a lot of drinking. Mary began to drink to fit in with the crowd, and it wasn’t long before she was making cocktails each night before dinner.

When her husband was late getting home from the office, Mary started drinking alone, while the children ate dinner. Soon there was an endless round of drinking and visits to doctors for medication to “calm her nerves.” Marital problems began to surface and, when I met her, she was a young mother in her thirties alone with two children, ten and eight. In her desperation, she was willing to admit her problem with alcohol, but she clung to the pills as necessary for her sanity.

After twenty-eight days in a treatment facility, Mary came out clean and sober and began, as her counselor had suggested, to go to AA meetings regularly. Refusing to admit that she could be “one of those,” her ex-husband made it extremely difficult for her to attend the meetings. He withheld the support check (her only source of funds), so that she couldn’t pay a sitter, because, he said, she was out “running around.” He threatened a custody battle. Mary stayed away from Alcoholics Anonymous meetings and began taking her old prescription for “nerves.” Shortly thereafter she began drinking. Over the course of the next two years she repeated this pattern every few months. One night, after a few drinks, she called her ex-husband and told him to come and get the kids. She was completely beaten. I took her back to the treatment center the next day, where she repeated the twenty-eight-day program.

When she got home this time she was able to attend AA meetings every night and focus on maintaining a chemical-free lifestyle because she didn’t have to worry about child care. She had no source of support, however, so she had to find a job. This was particularly difficult because she had been out of the job market for more than ten years. Her skills as a legal secretary were very rusty, as was her ability to interact with people.

Additionally, the alcohol and drugs had exacted their toll. Mary couldn’t concentrate or stay with any task very long. During the next two years she had eighteen jobs, most at minimum wage. She earned just enough to keep a roof over her head and food in her stomach. She learned how to manage her money. She was devastated over the loss of her children and made every effort to keep in touch. She visited them once a week, often going without a meal so that she could take them small presents. And she stayed sober.

Gradually her life improved. She was able to stay at a job longer and accept more responsibility. She earned more money and was able to get a small apartment where there was room for the children. Her former husband, however, refused to return them to her.

After an endless round of court battles that took every spare cent she had and left her hopelessly in debt, she got her daughter back — her son elected to remain with his father, although he maintains a positive relationship with his mother. In the past eight years Mary has been able to pay off her debts, enter a degree program at a local college, help other women as she herself was helped, and get on with her life.

Mary, like Robin, is one of the fortunate people. First, she's alive. Many women have died from mixing alcohol with other drugs. Then, like Robin, she had insurance to cover her stays in the treatment center, and a bed was available when she needed it. She also had skills which, though rusty, afforded her an opportunity to get back into the job market once she had recovered physically. And her former husband, while not supportive of her, at least took care of the children so they weren't taken away by the state.

Recovery is a never-ending process that begins after treatment is completed. We assist those in early recovery by helping them see their own basic human worth; by encouraging their struggles to succeed — but not struggling for them. Sometimes we must pick them up, dust them off, and encourage them to try again.

Some problems, such as AIDS, teen pregnancy, and automobile accidents are, in most cases, directly attributable to alcohol and drugs. Other problems I have discussed are not unique to women who drink too much; some women bear the burdens of another's alcoholism. They have been affected if they have grown up in alcoholic homes, are married to alcoholics, or have children who suffer from the disease. Their pain is sometimes greater than that of the alcoholic because they remember everything. Such people can find help for themselves in groups like Adult Children of Alcoholics and Al-Anon.

The Future: What's Needed

Early identification of afflicted women, so they can get help before problem drinking becomes full-blown addiction. We can accomplish this through education — more Employee Assistance Program educational services targeted specifically for women in the workplace to erase the stigma surrounding alcohol/drug addiction and more education about alcohol and other drugs for people working in social service agencies, so they can pick up on symptoms and help suffering women into treatment.

More treatment centers exclusively for women, which offer programs tailored to women's unique needs in recovery and provide them with the coping skills to face life's problems without a drink or a drug.

More unisex halfway houses for women who become so deeply addicted before treatment that they require an extended period of recovery, where they can get the job training necessary for meaningful employment.

More outpatient programs for women alcoholics who cannot avail themselves of in-treatment options.

Ongoing support groups, of course. Every alcoholic woman in recovery needs the loving support of her peers.

On-site child care at all facilities to free addicted women from the fear of leaving (and perhaps losing) their children while they work on becoming, and staying, sober.

More research into the unique effects of alcohol on women.

If we really want to change women's lives for the better, we must provide education for prevention, beginning in elementary school. Using alcohol and drug education as a basis for fostering self-esteem, we can encourage children, both girls and boys, to respect not

only their bodies, but also their minds and souls. In teaching decision-making skills, we empower children to make healthy choices for their lives.

Such education affords parents the opportunity to support their children, as well as themselves, by encouraging communication on a difficult subject. Classes in parenting skills, as well as networking, help to overcome the hardships of single parenting and the lack of extended family support, which is so common today.

All educational programs and self-help groups must be culturally relevant to ensure that minority populations served will find understanding groups, in which their language is spoken, to support them in ongoing recovery and growth.

A New Model for Power

Social change takes place through individual consciousness-raising that is subsequently shared with others. Recovering women are at the cutting edge of a new paradigm. They are role models for alcoholic women who come after them and for other women as well. Each time a woman finds another way to improve the quality of her life, she raises her self-esteem and enriches the lives of those around her as well, because, as we rejoice in the accomplishments of other women, we see more opportunities for our own success.

For many recovering alcoholics, self-worth is increased through education, work deemed of value, the encouragement of peers, and dependence upon a Higher Power of one's own choosing. As these women learn a healthy respect for themselves, they acquire a real sense of their own personhood and earn not just a freedom from alcohol and drugs but a freedom to live up fully to their own potential and discover personal power. These women accept the fact that the responsibility for change in their lives rests upon their own shoulders. They enter all relationships as equals, knowing their contributions are worthy.

I believe that power is generated from within, for its roots are buried deep in self-esteem. Attempts to gain power from others are largely unsuccessful because, even if it were conferred, that power cannot be retained without self-esteem. One can feel power, and others will recognize its expression, only if what one is expressing is the true self—the spirit within.

The patriarchal power structure has been visualized as a pyramid in which all try to climb the corporate ladder, struggling over one another to reach the top and the static supply of power. I see an alternative model for a changing world — a horizontal female model of shared power; instead of one-upmanship, networks of people helping people share experience, strength, and hope. The resulting synergism increases the supply for all. We will first see and understand, then cry *No!* “in a different voice” to all attempts to strip dignity from anyone.

Perhaps female alcoholics, recovering and finding personal power, will help bring about this changing world. 🌱

Notes

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