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Sandi Abilock Levine  
*University of Central Florida*

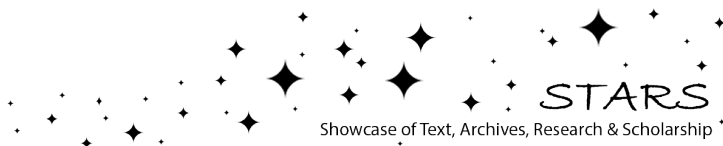
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ALCOHOLISM IN WOMEN

by

Sandi Abilock Levine  
B.A., Hofstra University, 1975

Master's Specialty Paper

Submitted in partial fulfillment of the requirements  
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## Abstract

Alcoholism is a serious public health problem. There is strong evidence that the rate of alcoholism, especially among women is increasing. Until recently, there has been very little research on alcoholic women. The recent increase in the number of known female alcoholics may be related to the new liberation and freedoms women have gained. ~~While the research literature does not support the notion of a typical female alcoholic personality type, certain recurrent characteristics have been noted. This paper attempts to document the problems which appear to be related to women who become alcoholics and to look at the variety of treatment programs currently available for the female alcoholic.~~

thesis - There are a variety of treatment programs to help with the problems related to women who become alcoholics.

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~~There are a variety of things women should look at~~

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## Introduction

The understanding of alcoholism is important for numerous reasons. First, one's attitude toward an alcoholic person is affected by his or her understanding of that condition. It is not possible to find a single definition of alcoholism that is completely acceptable to all of the professionals who deal with it. Alcoholism is usually seen as a progressive disease. A professional who sees a person with alcoholism often sees only one particular stage of development of the condition. For example, a person may experience a blackout early in her drinking career, in which alcoholism may not even be recognized. Another person may have progressed through several stages of alcoholism yet never experience a blackout. Are one or both of these people actually alcoholic (Someone close drinks too much, 1976)?

Until recently, it was common to think of alcoholics as people to be ~~shunned or~~ ridiculed. They were considered by many to be immoral, weak willed or obstinate. Nevertheless, it has been found that a specific life crisis sometimes triggers the start of heavy drinking. In a comparison study of male and female alcohol outpatients, Lisansky (1957) found that the women studied attributed their compulsion ~~or onset~~ of heavy drinking

to a specific life crisis, such as a parent's death, divorce or post partum depression. |

Yet, these women continued to drink heavily even though they realized they were harming their health, ruining their lives and hurting the people closest to them, their family and friends. Recovery from any serious illness may involve considerable time, and on occasion, there may be relapses. Alcoholism is no different from other illnesses in this respect. Drinking is frequently maintained by the withdrawal of negative reinforcement which acts as positive reinforcement (Lisansky, 1957).

Trapped by society's mythical image of the alcoholic female as a "fallen woman", many women cannot see that their alcohol abuse is simply an unhealthy way of responding to problems common to many women such as lack of self-esteem, family problems, the housewife's restricted and often isolated world, or the working woman's pressure to compete in a man's world. Most women experience some of these problems. When they become overwhelming, some women will go to psychiatrists, some turn to pills while some women turn to alcohol (Sandmaier, 1975). To understand the cause and maintenance of alcoholism, Martin's (1972) model of self-defeating behavior appears to be a good one. What appears to be self-punitive behavior is

established and maintained by the powerfully reinforcing effects of anxiety reduction. For some people, the excessive drinking response may be repeatedly reinforced by fear or anxiety reduction even though it is no longer adaptive. Anxiety reduction acts as a reinforcer. The development of self-defeating behavior does not represent finding pleasure in pain as much as it represents behaving in a painful way to avoid a more painful alternative.

This self defeating behavior, or alcoholism in this case, is increasing at an alarming rate. This appears to be a good theoretical framework for understanding alcoholism.

Conservative estimates put the number of women alcoholics in the United States at about 900,000 or 20 percent of the total number of alcoholics. They are often ignored or lumped together with male alcoholics in both research and treatment efforts (Beckman, 1975). Dr. Marvin Block, former chairman of the American Medical Association's Committee on Alcoholism, on the other hand, estimates that fully 50 percent of alcoholic people in the United States are women. This means that four and a half million or more women may be having some kind of alcohol problem (Sandmaier, 1975).

In a 1974 survey, Alcoholics Anonymous found that one out of every three new members in the last three years

was a woman and that women account for 28 percent of Alcoholics Anonymous' total membership (Sandmaier, 1975).

According to the National Institute on Alcohol Abuse and Alcoholism, 1.3 million Americans between 12 and 17 years of age have serious drinking problems. About one-third of our high school students get drunk at least once a month and about one-third of this number are girls. Sixty percent of the people killed in drunk driving accidents now are in their teens. One reason that parents today are more tolerant of letting their teenagers drink may be because they are relieved that their children are not on hard drugs (Collier, 1975).

There are approximately nine million American problem drinkers and alcoholics and possibly as many as half of this number are women (Gomberg, Note 1). She suggested that since women tend to be more secretive than men in their drinking patterns, it is conceivable that the actual number of alcoholic women comes close to if not actually surpassing their male counterparts. Kinsey (1966) states that the number of women who drink at home alone or the "well to do" protected female seldom comes to the attention of treatment agencies. Lindbeck (1972) also feels that more women than men are concealed drinkers, therefore, the actual number of confirmed alcoholic women is unknown.



Marty Mann, (1958) a recovered woman alcoholic and founder of the National Council on Alcoholism claims that there is a tendency for her family to "protect" the alcoholic woman from public attention. She notes that when a man drinks excessively, he often gets into trouble on the job or with the law but when a woman drinks excessively, she is protected rather than encouraged to seek help because of the stigma attached to a woman's drinking problem. It has been considered "unladylike" for a woman to be drunk in public.

The women's liberation movement has brought women out of their traditional protected role and into the limelight. Kent (1967) states that drinking, no matter how bad it is for a man is always worse for a woman because society still maintains the double standard.

Social drinking has increased in the last 25 years and the number of women who drink socially in America has been increasing at a more rapid rate than men (Beckman, 1975). This seems to be related to many changes in recent years in our society. There are more women working outside the home, more women in occupations which have been traditionally masculine, and more women as heads of families.

Until a few years ago the drinking problems of women were neglected, denied, or lumped together with

those of men. Few professionals were willing to face the extent of alcohol abuse and alcoholism among women or the special problems faced by the woman with a drinking problem. In recent years, the seriousness and complexity of the problem is finally being recognized. As a result of this increased awareness, community groups around the country are beginning to look at the alcoholism treatment and prevention needs of women.

#### Definition of Alcoholism

Alcoholism is often defined in terms of deviance from accepted social customs related to drinking. It is considered a sin, a disease or a symptom of either, depending upon one's orientation. Some alcoholics drink too much, some drink too often, some do both; Others do neither; ~~they simply drink at inappropriate times.~~ Ignorance, misinformation and stigma have all contributed to the confusion surrounding alcoholism. Obviously, the problem of defining alcoholism is not a simple one. Although drinking is not the same as alcoholism, drinking patterns and practices are a definite part of the problem. (

Jellinek (1960), who promoted the concept of alcoholism as a disease, separates alcoholism into four main classifications:

Alpha Alcoholism - a psychological continued dependence

upon alcohol. There is no loss of control or inability to abstain from drinking.

Beta Alcoholism - no physical or psychological dependence on alcohol but physical complaints such as polyneuropathy, gastritis and cirrhosis of the liver may occur.

Gamma Alcoholism - characterized by 1) acquired increased tissue tolerance to alcohol, 2) adaptive cell metabolism, 3) withdrawal symptoms and "craving" and 4) loss of control over the use of alcohol.

Delta Alcoholism - shows the same characteristics as Gamma Alcoholism except instead of a loss of ability to control the use of alcohol, there is inability to abstain from drinking. If this type of alcoholic stops drinking for even a day or two, he experiences a rapid onset of withdrawal symptoms such as tremors.

There are probably as many different definitions of alcoholism as there are writers who have attempted to define it. Alcoholics Anonymous (1955) considers alcoholism a progressive illness which can never be cured but can be arrested. Strachan (1968) simply states that alcoholism is a disorder of behavior that interferes with the

drinker's health or interpersonal relations and is a treatable illness.

Goldstein (1975) presents a description of a range of explanatory models of alcoholism as follows:

1) The Alcoholics Anonymous model - emotionally impaired people who drink to compensate for their inadequacies and then, because of their body chemistry, become addicted to alcohol.

2) The impaired model - a drunk, souse, tippler or lush.

3) The dry moral model - alcoholism is a moral failing, not an illness.

4) The wet moral model - alcoholics are drinkers who do not obey the rules of the drinking society; they behave badly when drunk and cannot hold their liquor.

5) The psychoanalytic model - alcoholism is the symptom of a deep underlying neurosis. Alcoholics are addictive personalities.

6) The family-interaction model - alcoholism is best seen as a form of family interaction in which one person is assigned the role of the alcoholic while others play the role such as the martyred husband.

7) The old medical model - alcoholism is a serious progressive and eventually fatal disease which is incurred by the immoral behavior of the patient.

8) The new medical model - alcoholism is a progressive,

often fatal disease possibly hereditary. Alcoholics are ill people whose body chemistry is such that they can become addicted to alcohol.

Obviously, the word "alcoholism" is not easily defined, but we know for sure alcohol is an addictive drug which is readily available and may be legally consumed. As more is consumed it acts progressively as a depressant. All of the factors involved in a person's developing alcoholism are not yet known, but the major factors which have been suggested are reviewed in the next section.

### Etiology of Alcoholism

Among the numerous types of theories on the etiology of alcoholism are the following:

- 1) biologic in which the tendency to develop alcoholism is inherited.
- 2) the properties of alcohol itself, as they affect the central nervous system.
- 3) physiological differences in which some genetic or biochemical defect within an individual provokes a craving for alcohol.
- 4) psychological, where an emotional crisis leads to alcoholism.
- 5) sex-role conflicts.

6) gynecological problems.

The onset of alcoholism for women often follows the onset of depression or other emotional problems in their lives as the following studies show. Lisansky (1957) studied 46 alcoholic women and 55 alcoholic men who came to an alcoholic outpatient clinic. She found twice as many women as men citing specific life experiences leading to alcoholism such as a parent's death, a divorce, an unhappy love affair or a post-partum depression.

Curlee (1970) also observed that a life crisis is an important factor in precipitating heavy drinking in women. Curlee states that female drinking is often precipitated by a middle age identity crisis such as the death of a husband, divorce or menopause. These crises tend to cause anxiety and depression.

Schuckit (1972), in describing the characteristics of women alcoholics from a review of the English language literature (29 items), found anxiety and depression significantly contribute to alcoholism in women. He found disruption of early home life, inability to relate to authority figures, poor impulse control and increased social acceptance of drinking by women were also contributing factors. Schuckit claims that, typically, a woman becomes an alcoholic around 30 years of age, an

average of eight years later than a male alcoholic, though both are first hospitalized at about age 40. About half of all women alcoholics experience a broken marriage, one-third have an alcoholic husband and many complain of sexual dissatisfaction. Although a number of experts believe that women begin to drink heavily later in life than men and take less time to become alcoholic, there is great disagreement on this question.

Hart (1974) administered a 40 item questionnaire on attitudes toward alcoholism to a small group of female residents of an alcoholic rehabilitation center. The responses were compiled into a group of nine factors which were then compared with those of a general population control group. He found that emotional difficulties plus the highly addictive nature of alcohol contributed to these women's drinking problems. Since this study consisted of only ten women, it is too small a sample to make an adequate judgement of the facts presented. Yet, the results of this study are in agreement with other recent studies that emotional and/or physiological factors contribute to the development of alcoholism in women.

✓ Physiological differences in women as noted by Gomberg (Note 1) have been said to play some role in leading to alcoholism. She cites evidence that the same

amount of alcohol, given to college student volunteers affected the blood alcohol level of men and women differently. She states that women appear to get higher blood alcohol peaks than men. Gomberg further states that there is some evidence that the same amount of alcohol affects a woman's blood alcohol level differently at different stages of the menstrual cycle. With this finding, there may be some evidence of a relationship between alcohol and hormonal or metabolic functioning. It appears that the discomforts and stress of the premenstrual period may trigger alcoholic bouts. More studies are needed to confirm this.

The relationship between alcohol and a chemical defect was investigated by a team of Purdue University scientists. They injected a chemical called tetrahydropapaveroline (THP) into the cerebral ventricles of rats. This chemical caused alcoholic addiction to these animals that normally shun alcohol. The scientists believe this may be a breakthrough in understanding alcoholism in humans. Their findings support the theory that alcoholism is a disease caused by a chemical error in the brain. THP may be an addiction-triggering molecule because it is closely related to morphine in structure. The rats were offered both alcohol and water. Those rats that only drank traces of alcohol before,



increased their consumption 20-fold after an injection of THP. These scientists claim that although THP normally does not exist in the brain, alcoholics may suffer some type of chemical defect that allows the addicting compound to trigger brain cells into a preference for alcohol rather than water (Melchior & Myers, 1976).

✓ A number of studies have focused on womanliness, sex-role identity, or premenstrual changes as leading to the development of alcoholism in women. ~~Wilsnaek (1973)~~ *Itu* found that drinking enhances a woman's feeling of "womanliness". | ~~This was concluded by administering the Thematic Apperception Test (TAT) to women between the~~ *between* ~~ages of 21 and 32 who attended small, informal parties,~~ *the* each consisting of 13-14 persons. Twenty-six subjects attended experimental (Wet) parties at which alcoholic beverages were served and 23 subjects attended control (Dry) parties at which soft drinks were served. Subjects wrote a set of imaginative stories at the beginning of the parties and another set at the end. Using the "deprivation-enhancement" code developed by Robert May and the "being-orientation" code developed by Sara Winter, the stories were analyzed and scored for "womanliness". The effects of drinking on fantasy were assessed by comparing the Wet group's change scores on

major thematic variables with the Dry group's change scores. It was found that female alcoholics tested showed a higher than usual masculinity and they had more obstretrical-gynecological problems as well. ~~Wilsnack~~ also found that these women have strong desires of being more womanly and unconsciously doubt their own adequacy as women. It was reported that women felt warm, loving, considerate, expressive, open, pretty, affectionate and sexy after having two drinks. A large number of the women studied grew up in homes where the mother was domineering and emotionally distant and the fathers were weak, possibly causing these women to feel insecure about their own sex-role.

*To conclude,*  
~~In this study, Wilsnack indicated that~~ drinking appears to increase the female drinker's sense of "being-orientation", the sense of spontaneous enjoyment of the present, ~~which also characterizes the fantasy of mothers during breast feeding.~~ These effects are interpreted as reflecting enhanced womanly feelings, although "womanliness" obviously includes other qualities on which the effect of drinking should be investigated in future research.

Womanliness and sex-roles were also studied by Parker (1972). Of 56 white women alcoholics and 56 white moderate women drinkers matched in age and educational

level, it was found that the alcoholic women had definite sex-role conflicts. These latter women preferred occupations, interests and activities generally considered masculine. Response on specific items of the Alcadd Test provided the criteria for differentiating subclasses of alcoholics. Alcoholics were identified as women who responded affirmatively to at least one of the following statements: "I go on a binge at least once a month", "I go on a weekend drunk now and then", "I go on a spree every few months and stay drunk", "Almost from the very first drink I took, I had a strong craving for alcohol which nearly always led to my getting drunk".

Parker found that women alcoholics showed a significantly higher level of emotionality but a lower preference for feminine role-relevant items than the women moderate drinkers. As drinking increased, the sex-role preferences became less feminine. It was also found that many of these alcoholic women had alcoholic fathers. In this writer's opinion, this factor may have some bearing upon sex-role preferences of these women. In other words, they may take on the role of the father figure.

Belfer, Shader, Carroll and Harmatz (1971) observed 34 alcoholic women and ten non-alcoholic women who accompanied their alcoholic husbands to clinics. They were evaluated relative to their premenstrual

function, depression, and anxiety as well as femininity. Sixty seven percent of menstruating women and 46 percent of non-menstruating women in the alcoholic sample related their drinking to their menstrual cycles. All 20 women who related their drinking to the menstrual cycle indicated that drinking began or increased in the premenstrum. Alcoholic women were significantly more anxious and depressed than the nonalcoholic wives of alcoholic husbands. The alcoholic women were defined as acknowledging alcoholism as a marked problem that interfered with their functioning at work, handicapped their relationships with people or caused psychic discomfort. All of the women attended or had attended Alcoholics Anonymous at one time and had been unsuccessful in remaining abstinent in that program alone. All of the women had sufficient alcoholism either to have been in repeated legal trouble or to have required hospitalization, or both, for the purpose of "drying out". Belfer, et al (1971) feel that acceptance or nonacceptance of female role behavior, heightened by the perception of premenstrual physiologic changes, may serve as a significant stress for alcoholic women. This study must be interpreted with caution since this clinic attracted severe women alcoholics. Therefore,

it seems likely that they would be more depressed and anxious in comparison with non-alcoholic wives.

Beckman (1975), in reviewing other studies on women's abuse of alcohol, found a large percentage of women alcoholics who reported cold, severe mothers and warmer, gentle but often alcoholic fathers. Women alcoholics tended to reject their parents, especially their mothers. Although both men and women alcoholics have experienced a high incidence of disruptive emotional behavior and deprivation as children, Beckman found that women have experienced more deprivation such as loss of a parent through divorce, desertion or death and have suffered more emotional trauma than men. Estimates of the prevalence of alcoholism in fathers of women alcoholics generally ranged from 28 percent to about 50 percent. Comparisons of men and women alcoholics from the same treatment facilities showed that alcoholism or problem drinking occurred more often in a parent (particularly the father), sibling or spouse of women alcoholics. Beckman states that "such data regarding familial alcoholism may indicate the importance of cross-sex modeling as a factor in the etiology of alcoholism in women or it may suggest that alcoholism is causally related to some genetically inherited biochemical or metabolic imbalance".

Kinsey (1968), in studying the social and psychological causes of alcoholism in women, compared the findings of a state hospital study of alcoholic women of low socioeconomic status with results of several other studies of alcoholic women from different socioeconomic and cultural backgrounds. In general, psychological conditions existed in all the subjects similar to these in other studies.

His study was based upon a series of interviews with and questionnaire from 46 alcoholic women at Willmar State Hospital in Willmar, Minnesota. Most of the respondents in this sample, 57 percent, began to drink during adolescence (14 to 18 years). Fifteen percent took their first drink between the ages of 19 and 21; 13 percent were 22 or older.

Alcohol was primarily valued for its ability to modify undesirable attributes of self and relieve anxiety created by discrepancies between the patients' image of herself as she actually was and as she "ought to be". Approximately half the subjects (53 percent) drank in bars or cocktail lounges while 47 percent drank alone usually in her home. The younger women under 40 were more apt to drink in public places while the number of "lone" drinkers increased with age.

Forty-eight percent of the subjects came from homes

where alcohol usage was forbidden and was defined as a sin or social evil. Thirty-one percent came from homes where moderate drinking was tolerated. Only 13 percent grew up in a permissive atmosphere.

A particular pattern was found in the life histories of subjects who had remained unmarried. Most were career women who continued to be dominated by pathological relationships with parents where security and dependency needs were gratified at the expense of more mature interpersonal relationships. This type of female comprised 12 percent of the total subjects and they tended to start drinking at a later age than the other subjects but developed symptoms of alcoholism within two years after taking their first drink. In each case, the precipitating factor appeared to be the death of a parent.

The following conditions were found in the life histories of most of these subjects:

- 1) they were exposed to rigid, perfectionistic, domineering mothers who were emotionally distant and incapable of giving the subject necessary emotional support.
- 2) a significantly high percentage of subjects had alcoholic fathers who they identified with.
- 3) a sense of rejection of parents who favor another

sibling.

- 4) a powerful need for love but inability to accept it. They therefore marry men who like their mothers, control them without emotional communication.
- 5) a dependence by never married females on their parents, which after the parent's death causes these women to become alcoholic.
- 6) disturbed sexual adjustments and
- 7) personal inadequacy and lack of preparation for adult roles (Kinsey, 1968).

#### Symptoms

~~Now that the etiology of alcoholism has been discussed,~~ ~~it~~ is important to recognize the symptoms or danger signals that lead to alcoholism. These <sup>are</sup> include feeling guilty about drinking, gulping drinks, drinking <sup>because of personal problems</sup> after a disappointment, ~~or because of~~ being depressed, making promises about <sup>stop</sup> cutting down on drinking but not <sup>keeping</sup> being able to fulfill these promises, having blackouts and losing concern for one's family <sup>and</sup> or friends. These are some important symptoms that lead to alcoholism. /  
(Four steps to recovery, Note 2).

Certain symptoms are more common in women than in men. ~~Studies indicate that~~ <sup>more</sup> women than men display symptoms of emotional upset and these women fre-



quently use tranquilizers, sedatives or similar drugs to cope with emotional disturbances. One such study by Wanberg and Horn (1970) investigated the difference between the symptom patterns reported by 1657 men and 365 women admitted to the Alcoholism Division of the Fort Logan Mental Health Center. The Drinking History Questionnaire (DHQ) was given routinely to all persons admitted to the Alcoholism Division. The DHQ consists of 68 questions selected for appropriateness in providing information about drinking symptoms and related behavior.

Based on a factor analysis, the variables "frequently sought help" and "marital problems associated with drink" have substantially larger loadings in the women than in the men. In the men, marital difficulties associated with drinking are linked rather closely to manifest anxiety-guilt symptoms, whereas these symptoms are largely absent in the women's comparable pattern and instead, marital difficulties are most frequently associated with a sustained and somewhat controlled pattern of drinking. Also the loading for "delirium tremens" was substantially larger for the woman. In the woman, the convivial pattern of drinking tends to be confined to weekends - ie., is part of a "let down" from the cares of the week and is not

defined primarily by beer drinking.

Wanberg and Horn (1970) found that more men than women are likely to get into trouble with police and other public agencies when drinking. The women, more than the men drinkers, are likely to drink excessively in response to situational factors such as an immediate crisis, or to ease arthritic or menopausal discomfort or depression. In the men, symptoms indicating anxiety and guilt appear most prominently in company with expressions indicating marital difficulty. However, in the women anxiety and guilt symptoms stand apart from, and thus are independent of expressions of marital difficulty. Apparently, in the women, anxieties and guilt feelings represent a unitary expression that cuts more or less evenly across several patterns of drinking. One main problem with this study is that its complexity makes it difficult for the reader to understand. There are 68 items which constitute the variables of this study.

Based on a study by Jellinek (1946) and James (1975), it has been found that the symptoms for men and women differ during various stages of alcoholism as the following table shows.

TABLE 1

## Drinking Behavior and Stage of Occurrence by Sex 48

Behavior	Male	Female
Increased tolerance for alcohol	1	1
Unwilling to discuss drinking	1	1
"Pre-drinking" drinking	1	3
Guilt about drinking	1	3
Memory blackout	1	2
Sneaks drinks	1	4
Gulps drinks	1	4
Feels women who drink worse than men	c	1
Personality change when drinking	c	1
Drinks more before menses	c	1
Feels more intelligent when drinking	c	1
Supersensitive	c	1
Periods of abstinence	2	2
Others disapprove of drinking	2	2
Rationalization of drinking	2	2
Flashes of aggressiveness	2	c
Grandiose behavior	2	c
Persistent remorse	2	4
Unexplained bruises	c	2
Drinking before new situation	c	2

TABLE 1 - Continued

Behavior	Male	Female
Neglects eating	3	3
Protects liquor supply	3	3
Self-pity	3	3
Unreasonable resentment	3	3
Devalues personal relationships	3	4
Considers geographic escape	3	c
Decrease in sexual drive	3	c
Quits or loses job	3	c
Alcoholic jealousy	3	c
Permissive with children(guilt)	c	3
Drinks to feel happy but depressed	c	3
Told by others couldn't be alcoholic	c	3
Binges	4	3
Starts day with drink	4	4
Tremors	4	4
Loses tolerance for alcohol	4	4
Carries liquor in purse	c	4

Note.- 1 - Warning stage

2 - Early stage

3 - Middle stage

4 - Late stage

c - Data not available for sex category

Men's symptoms from Jellinek (1946)

Women's symptoms from James (1975)

Numerous symptoms reported by women appear at different stages of the men's symptoms. For example, "pre-drinking" occurs in the warning stage for men but occurs in the middle stage for women. "Sneaks drinks" occurs in the warning stage for men but in the late stage for women. On the other hand, "binges" occur in the middle stage for women but in the late stage for men.

It is apparent that alcoholism is not a simple disease. It is multiphasic in etiology, symptoms and characteristics. In another facet of the alcoholism problem, a majority of researchers believe there is an alcoholic personality which lends itself to alcohol abuse.

#### Characteristics

In a large percentage of alcoholic women, certain recurrent characteristics have been observed. Rathod and Thomson (1971) found that women who abused alcohol experienced more deprivation in children (such as loss of a parent) than males who abused alcohol. The subjects of his study were the first 30 women accepted for admission to a new Alcoholic Unit. These women had been married at least once and were alcoholics, defined as drinking associated with repeated psychosocial dysfunctioning for at least five years. The 30 included three who were accepted for admission but did not

arrive. The three showed characteristics not essentially different from the 27 who attended. These 30 women were compared with a group of 30 men alcoholics treated at the same time. They were matched in age and duration of marriage, educational attainment and social class. The social class of the women was determined by their husband's occupation. All subjects in the study came from the nonindustrial south coast of England.

Four different areas of the subject's history which were examined included:

- 1) family history.
- 2) adverse experiences in early life.
- 3) adult interpersonal relationships of the parents and spouse.
- 4) previous psychiatric illness in subject such as attempted suicide, mental illness or drug abuse.

Data were collected from the subjects and when available, from their spouses, other informants (such as children) and from previous medical records. Further information was gained from daily group psychotherapy sessions in the unit and from the subject's life story which each had to write and discuss with the group.

Rathod and Thomson found that 18 of the women and 12 of the men had alcoholic parents. They stated that the difference is probably significant ( $p < .05$ ) but they did not state what test of significance was used. When

this writer did a chi square test, this result was found to be non-significant. Of the women, one had lost a parent before age 16 while only two of the men had ( $p < .001$ ). In nine of the women but only four of the men, the parents had broken up before the respondents were 16 years of age. The difference is not significant.

Women had adult relationships that often included a broken engagement, repeated infidelity, broken marriage, illegitimate pregnancy or criminal behavior than did men. Also, these women had high frequencies of attempted suicide, previous psychiatric treatment and drug abuse. The study found that 30 percent of the women and none of the men suffered from depressive disorders needing treatment before the onset of problem drinking and 36 percent of the women compared to only six percent of the men had a history of suicidal attempts. Women experienced more emotional deprivation than men and although only 30 women and 30 men were studied, the results seem to be in agreement with other researcher's findings.

In a study by Jones (1971), members of a longitudinal group were classified on the basis of their drinking behavior. The youthful and adult personality characteristics of the women were assessed by the California Q-set and by behavior ratings. Records for more than 100 individuals were included in the study.

Jones found that women who drink excessively are more unlike the normal drinkers of their sex than are male problem-drinkers unlike other men who drink. Another sex difference in the Oakland Growth data is that in general, men in each drinking classification rather than displaying unique attributes were frequently judged merely to have more or less of a given characteristic than those in adjoining categories. On the other hand for women, some distinctive personality syndromes were observed for each category of drinker in early adolescence and continuing into adulthood.

However, P problem drinkers of both sexes have certain characteristics in common. These include instability, unpredictability, and impulsivity. The characteristics Jones attributed only to women problem drinkers include depression, self-negating, and distrustful tendencies. F Female abstainers were judged to be responsible, consistent, ethical and emotionally controlled while excessive drinkers lacked these traits.

P Problem drinkers were defined as those who had created problems for themselves, their families or their employers by drinking excessively. Heavy drinkers described themselves as drinking every day or nearly every day. They usually had two or more drinks on these occasions. L Light drinkers describe themselves as



drinking seldom and in small amounts. Moderate drinkers, the largest subsample, fell between the heavy and light drinkers.

The Q-sort descriptions of heavy drinkers are very different from those of problem drinkers or of moderate drinkers. She tends to be one who is upwardly mobile and states that she drinks more now than formerly because she can afford it. As an adolescent, this group had the highest ratings on such items as social skills, charm and poise. These women heavy drinkers tend to use alcohol more for social than for compensatory purposes.

Moderate drinkers appear to be less glamorous and less socially oriented than heavy drinkers, but more likeable. They are judged to be sympathetic, straightforward, stable, appealing, relaxed, and modestly self satisfied.

Light drinkers among women are described as most responsible, predictable, and overcontrolled. They are least expressive, irritable, and self-indulgent. They have some characteristics which suggest greater adaptability than have the abstainers. For example, they were rated as more self-defeating than moderate drinkers but as less vulnerable and less sensitive to criticism than abstainers. They were judged to have less prestige than the average girl among peers in junior high school.

One unexpected finding is that women problem drinkers and women abstainers (defined as those who never drink) are more similar than other groups such as light or moderate drinkers on a number of the 100 standard Q-sort items (Block's California Q set personality and psychiatric assessment). Jones found both women problem drinkers and women abstainers had certain traits in common that suggest inadequate coping devices. Both groups were seen as self-defeating, vulnerable, pessimistic, withdrawn and sensitive to criticism. Such qualities as these which are noted in the junior and senior high school years are more numerous and differentiating at the adult level.

This study seems to support the contention that adult alcohol-related behavior is to some extent an expression of personality characteristics which are exhibited before starting to drink. It offers the hope that positive mental health approaches started in the youthful, formative years may reduce the need for irresponsible drinking. One problem with this study is that the personality characteristics associated with the drinking in this sample of women may not be representative of a universal population of drinkers. However, the behavior associated with the various drinking categories seem to show some common sense and psychological valid-

ity.

Curlee (1970) in an attempt to test observations made by other authors of sex-differences in alcoholism, made a comparison of 100 male and female patients at Hazelden, an alcoholic treatment center in Center City, Minnesota. Each sample consisted of 100 consecutive admissions to one of Hazelden's living units, one for men and one for women. No matching or other selection was used on the assumption that whatever differences occurred between the groups would constitute part of the data for the comparison. Although a wide range of socio-economic levels were represented, most of the subjects were from the middle or upper middle class. The age range for the men was from 19 to 68, with a mean of 47.72. For the women the range was from 17 to 71 with a mean of 46.75. Only 17 of the men and 14 of the women had less than a high school education while 62 of the men and 63 of the women had some education beyond high school level. The groups were compared on the basis of social history, the Minnesota Multiphasic Personality Inventory (MMPI), the Shipley Institute of Living Scale and a Sentence Completion test. The women in this group showed a different pattern of illness than the men. The relationship of alcoholism to some particular life situation was much more marked for the women. It was possible to identify some definite precipitating

stress in 26 of the women's cases while only eight of the men associated their alcoholism with some specific circumstance. In most cases, the woman had been drinking prior to the trauma, but the particular event seems to have tipped the scale toward uncontrolled alcoholic drinking. For 21 of these women, the problem was related to some type of middle age identity crisis such as death of a husband, divorce, menopause, marriage of children or other disruption of the role of wife and mother. Three of the women traced the beginning of drinking problems to depression following childbirth.

The question of whether alcoholism progresses more quickly in women, moving more rapidly into severe stages, was not clearly answered. For one group, however, the rapid progression was observable. Thus, all of the women who began drinking as a reaction to a middle age identity crisis (such as a child leaving home) moved from early alcoholism to late stage symptoms in short periods of time, sometimes only a year or two.

Another difference in the pattern of alcoholism between the sexes was in the women's use of medications. The abuse of tranquilizing medications and sedatives was an important factor with many alcoholics tending to develop dual or substitute dependencies. In this study, more women than men had used tranquilizers and sedatives

and more had problems with them. Forty-three of the women and 20 of the men reported some use of these drugs. Twenty-five of the women and ten of the men were considered by themselves, their physicians, their families or Hazelden staff to have problems in the use of these medications usually in the form of exceeding recommended dosages, being unable to decrease the dosage or feeling dependent upon the medication. One of the women had only a medication problem, three others had previously been dependent upon alcohol, but switched entirely to "pills" by the time of this admission. But most frequent for men and women was the use of both alcohol and medication with the attendant grave risks of accidental overdose and more suicide attempts. Curlee's study seems to support the contention that there are definite differences in the characteristics between men and women judged to be alcoholic.

Most researchers seem to agree that the age of onset of alcoholism in women generally is later than it is in men. Jacob and Lavoire (Note 3) found that the average age of women taking their first drink was 21.3 years. They did a study on a group of 50 hospitalized women alcoholics in the Quebec Treatment Center for Alcoholics. The age of drinking pattern is presented in Table 2. It was found that the average patient

TABLE 2  
Women's Age of Drinking

Age	1 <sup>st</sup> Drink	1 <sup>st</sup> Drunkenness	Loss of control	Recognition of problem	1 <sup>st</sup> Hospitalization
12-15	11	5	1	--	--
16-19	18	18	3	2	--
20-23	8	8	5	5	3
24-27	7	6	9	4	6
28-31	1	4	8	8	7
32-35	1	2	7	8	7
36-39	--	--	5	7	9
40-43	1	3	5	6	5
44-47	1	1	2	3	5
48-51	1	2	1	2	4
52-55	1	--	1	2	1
56-59	--	1	1	1	2
60-63	--	--	1	1	1
Total	50	50	50	50	50
Average age	21.3	24.3	31.6	34	37.1

see- Jacob and Lavoire, Note 3.

experienced drunkenness three years after the first drink. Treatment was begun about 5.5 years after losing self-control and hospitalization took place three years after that period. Eighty-six percent of these women drank at home alone. In another study by Busch, Kormendy and Feurelein (1973), they found the average age of onset of alcoholism in women to be around 40 although Schuckit (1972) found that a woman becomes an alcoholic around 30, an average of eight years later than a male alcoholic, though both are first hospitalized at about 40 years of age.

Garrett and Bahr (1973) compared the drinking patterns and practices of homeless women in New York's Bowery district with homeless men at a rehabilitation camp. Although numerous studies have been done on homeless men, this is one of the few on women. Fifty-two women were randomly selected and interviewed at a temporary shelter for transient homeless women. From a men's shelter, 199 homeless men were randomly selected and compared with the women. The results showed that women were younger (mean age 47.1) than the men (mean age 54). The test of significance was not available. Although all respondents at the time of data collection were unattached, 77 percent of the women and 47 percent of the men had been married at least once.

Current drinkers were first separated from abstainers. Drinkers were then asked to classify the extent of their drinking into "quite a lot", "moderate", or "light". They then reported the amount of their drinking in terms of glasses, bottles or fifths which were then converted into ounce equivalents. Fifty percent of the women and 36 percent of the men said they were solitary drinkers. The test of significance was not available. Conversely 40 percent of the women and 54 percent of the men said they drank primarily in the company of others and ten percent of both samples said they drank both alone and with others. These results are significant at the .05 level. Since solitary drinking has been linked to patterns of excessive drinking, a separate analysis of heavy drinkers was undertaken. Significantly more women than men (65 % vs. 26%) were found to be solitary heavy drinkers. This is significant at the .05 level. Most of the women took their first drink between the age of 19 and 20. The average among heavy drinkers is slightly older, 21.9 years. Forty-one percent of the men but only 18 percent of the women began heavy drinking before age 25.

~~These~~ Researchers came to the following conclusions:

- 1) homeless women are no more likely to be abstainers (defined as those who never drink)



than homeless men. 2) women were not as likely as men to perceive themselves as heavy drinkers. 3) significantly more men than women were classified as heavy drinkers and more women were classified as light drinkers. 4) men displayed a tendency to underreport their drinking status in relation to their statements about the extent and frequency of their drinking and 5) homeless women drinkers take their first drink somewhat later than men drinkers and their age at onset of heavy drinking occurs significantly later.

Another characteristic of alcoholic women that has been studied is gynecological problems. Both Kinsey (1966) and Wilsnack (1973) found that miscarriages, conception problems and a history of hysterectomies occur more frequently among alcoholic women. In Table 3, Wilsnack illustrates the various obstetrical and gynecological problems of alcoholic women versus a control group. Alcoholics are defined as subjects whose alcohol intake is great enough to damage their physical health, or their personal or social functioning. As shown in Table 3, 77 percent of the alcoholics who had ever been married reported some type of problem related to childbearing, as contrasted with 34 percent of the married controls. The differences are significant. The alcoholics' problems in-

TABLE 3

Percentages of Alcoholic and Control Groups  
Reporting various Obstetrical and  
Gynecological Problems

Problem	% Alcoholics (N = 23)	% Controls (N = 23)
None	22	65
Difficulty in conceiving	13	0
Miscarriages	17	13
Hysterectomy	4	4
Difficult labor	9	0
Caesarean section	4	9
Inability to conceive	26	4
Other	4	4

Note.-Only women who had ever been married are included. Two married alcoholics are excluded because of incomplete information about their reproductive histories. Each subject appears only once in the table, although several alcoholic subjects experienced more than one problem (e.g., difficulty in conceiving, repeated miscarriages, and eventual hysterectomy).  
\*For alcoholics and controls,  $\chi^2=14.05$ ,  $df=7$ ,  $p<.05$ .

cluded difficulties in conceiving a child, repeated miscarriages and infertility. Twenty six percent of alcoholic wives were unable to have any children as contrasted to four percent of the control group. Since psychological factors are thought to play a role in many types of obstetrical and gynecological disorders, the alcoholic woman's child-bearing problems may be one reflection of her disturbed sex-role identity. In their interviews, all but one of the alcoholics who were unable to have children or to have as many children as they had wanted expressed disappointment and regret. While their childbearing problems may be symptomatic of unconscious "masculinity" or sex-role confusion in subjective terms the problems appeared to be experiences which aroused, or contributed to the alcoholics' anxieties and doubts about their own adequacy as women. The question must now be raised whether these problems developed because of alcoholism or because of psychological factors. This subject needs further study.

There has been disturbing evidence lately that many alcoholic women do not give birth to normal babies. A group of Boston researchers studied a total of 52 infants whose mothers fell into three groups: Heavy drinkers (women who had five or more drinks a day), moderate drinkers (more than one drink a day) and

abstainers. Only one of the nine babies born to the heavy drinkers was determined to be normal. The infants were smaller in length and lower in weight and experienced symptoms of alcohol withdrawal. They had head circumferences smaller than those babies whose mothers were abstainers or moderate drinkers (Warner and Rosett, 1975). These disturbing facts on fetal development cannot be overlooked. As the scope of the alcoholism problem becomes more apparent, attention must now be focused on ways in which these women can be helped.

#### Treatment

While a wide variety of treatment methods are available for alcoholics, there are few treatment programs that are specifically for women alcoholics. Most studies of treatment effectiveness do not distinguish between recovery rates in men and women alcoholics. Those that do generally find a poorer prognosis and lower treatment effectiveness rates in women than in men (Beckman, 1975). Gomberg (Note 1) found that women, like men, first seek treatment when a crisis develops.

This paper reviews and suggests ways that programs might be tailored to meet the specific needs of women. A model behavioral treatment program could teach the woman new behaviors that are incompatible with

alcohol abuse. As an example, let us suppose that job pressures make a woman feel that she is not capable of coping in a man's world. Assertiveness training might teach her new techniques to give her more confidence in herself to deal with every day pressures. On the other hand, let us assume that the job pressures cause her undue anxiety. Relaxation training programs might be set up to teach her how to relax and become less tense. Another example could be that of a woman having internal pressures. She experiences the feeling of hitting rock bottom and becomes despaired and disgusted with herself. As she consumes more and more alcohol, her husband and children get neglected. She may need family therapy to salvage her home. Assertiveness training may help her use her anger more constructively. A housewife's boredom may cause her to turn to alcohol. A program might be set up for such women to learn to rearrange her social and vocational environment so she receives reinforcement for activities that do not involve alcohol use.

Aversion therapy is one type of treatment in behavior modification which has been used for both men and women. It repeatedly pairs a noxious stimulus with the sequence of behaviors leading to alcoholic drinking. Varieties of aversion therapy are chemical, electrical and verbal. In chemical aversion, the sight, smell or

taste of alcohol is associated with nausea by using nausea inducing agents. Antabuse is one type of drug used in aversion therapy. This is the trade name of the drug called disulfiram. A woman who drinks alcohol while taking this drug will develop a severe reaction with flushing, headache, nausea and vomiting among other affects. Antabuse reacts within 5 to 15 minutes after alcohol is swallowed. The advantages of this drug are that its effects last for at least five days after the last tablet is taken. This eliminates drinking on impulse and it is not addicting.

Electrical aversion (shock) has been used with varying rates of success with alcoholic men and women. An unpleasant electrical shock is administered to the woman while drinking. This is repeated over an extended period of time until she associates drinking with an unpleasant sensation. In verbal aversion or covert sensitization, drinking is repeatedly associated with unpleasant scenes. For example a woman throwing objects at her husband under the influence of alcohol (Miller, 1976).

Assertiveness training is one method of teaching recovered alcoholic women social behavior incompatible with drinking. There seems to be a trend away from the use of a single treatment technique towards a comprehensive treatment program (Craighead, Kozdin and Mahoney,

1976).

An alcoholic woman's newly acquired assertive behavior could significantly affect the behavior of her husband in interpersonal marital encounters. As she becomes more assertive, marital encounters become more frequent. One method for facilitating new interactions between the alcoholic woman and her husband is through the use of behavioral or contingency contracting. This technique places emphasis on the consequences of behavior. Within the social-learning approach to marital intervention, rearrangement of behavioral consequences becomes a primary focus of treatment. The rationale is that if appropriate behaviors of one marital partner are followed by rewards (increased attention, affection) furnished by the other partner, such behaviors will tend to increase in frequency. On the other hand, inappropriate behaviors that are consequted by social punishment or withdrawal of rewards by the spouse will decrease in frequency.

In the alcoholic woman's marriage, such contingencies either occur in reverse (thus, objectionable behavior is inadvertently rewarded), haphazardly, or are attached to verbal as opposed to motor behaviors. In this latter case, the woman is praised for her promises to quit drinking rather than her positive

actions in this regard. Such patterns also lead to the use of threats to invoke a contingency which are seldom carried through. Her husband might threaten, "I will divorce you if you take one more drink." Again, this leads to changes in her verbal behavior and at times, perhaps, a temporary decrease in her drinking behavior. The use of separation as a consequence of excessive drinking can often be a powerful therapeutic tool when used systematically in a contingent manner. Many alcoholics may suddenly become "motivated" to change and enter into treatment programs soon after their husband has left them.

Behavioral contracting offers a systematic way of scheduling negative consequences for unacceptable behaviors (e.g., excessive drinking) and positive consequences for appropriate behaviors (e.g., moderate drinking or total abstinence). The following example shows how use of contracting might work with an excessive drinker and her husband. According to her reports, her husband's frequent critical comments and disapproving glances in reference to her drinking tended to increase her consumption. Let us say that prior to treatment, she drank seven or eight drinks a day. Under the terms of a behavioral contract the wife agreed to limit her consumption to between one and three drinks a



day in the presence of her husband. Drinking in excess of this or any other situation resulted in a monetary fine of \$20 payable to her husband and withdrawal of attention by her husband. The contract required her husband to pay a similar fine if he engaged in negative or nonverbal responses to his wife's drinking. Also, each spouse agreed to provide increased attention and affection to the other for complying with the stipulations of the contract. Daily records of drinking behavior are recorded. After the contract is signed, the wife's drinking should drop to within acceptable limits. It is the clinician's responsibility to ensure that the new interactional behaviors are initiated. For example, the husband will praise his wife when she remains sober or he will take her out to dinner as a reward for not drinking. He, on the other hand must stop nagging and she will reward him with a good home cooked meal (Miller, 1976).

Although most behavioral treatment programs emphasize the utilization and evaluation of one or two major treatment procedures, the ultimate clinical treatment for alcoholism would involve a comprehensive package. On the basis of present knowledge, a satisfactory comprehensive program suggested by Krumboltz and Thoresen (1969) would include procedures to accomplish the following objectives:

- 1) Decrease the positive value of abusive drinking. This could include self-management training, covert conditioning, and Antabuse maintenance.
- 2) Increase alternative behaviors. This involves social skills training, relaxation training, and perhaps recreational retraining.
- 3) Rearrange the environment to increase the likelihood of sobriety. Two major components of this program are marital counseling and social counseling. Marital counseling involves interpersonal skills training, contingency contracting, and training in parenting skills. Social counseling may involve job counseling and altering social consequences of excessive drinking in order to provide a social environment that is conducive to abstinence.
- 4) Individualize therapeutic goals to fit the needs of the individual.
- 5) Maintain and support changes. Often, alcoholism treatment programs that administer various behavior change strategies discharge the client with no ongoing assistance. In this sense, treatment is mistakenly based upon a medical model in which an individual enters a hospital with an "illness" and through appropriate treatment is "cured".
- 6) Build in an ongoing evaluation system. In addition to

continuing treatment, follow-up sessions must include self-reports and reports from relatives. Evaluation of the client's social, emotional, marital and vocational functioning is essential (Krumboltz and Thoresen, 1969).

Comprehensive behavioral programs have shown promise in alcoholism treatment and deserve evaluation. These programs illustrate the ways in which the focus of behavior therapy in the field of alcoholism has changed from emphasizing one rather simple conditioning procedure such as aversion therapy to dealing with the entire repertoire of an individual's behavior (Miller, 1976).

Treatment must be moved into the environment of the client and must involve not only changes in a woman's responses to difficult situations, but also alterations in the way the environment responds to her. Future work in this area should focus on the development of behavioral treatment packages individually tailored to meet the needs of the individual alcoholic woman.

### Conclusion

Alcoholism in women is seen as a complex socio-psychological problem. The abuse of alcohol is a chronic and often recurring disease. The recent increase in the number of female alcoholics in the United States is alarming. It is estimated that there may be

close to five million women who have some type of drinking problem. The number of heavy women drinkers may equal if not actually surpass heavy drinkers among men. Although there is no typical alcoholic woman, certain recurring characteristics have been investigated, along with disturbing effects on fetal development and child-bearing.

Although the alcoholic woman begins to drink later and loses control of her drinking at a later age than male alcoholics (around Middle age), she has a briefer history of alcoholism before seeking help. In other words, the development is faster once drinking starts. Economic background has little to do with alcoholism in women, as they come from all walks of life.

Lack of self esteem is one characteristic possessed by both men and women alcoholics. Family background, however, appears to play a more important part for a woman. ~~A significantly higher percentage of alcoholic women have warm, weak but often alcoholic fathers with whom they identify. On the other hand, their mothers are generally cold, domineering and distant. This tends to cause a sex-role conflict in which these women develop certain sexual inhibitions.~~ For this reason some women never marry but those that do tend to choose maladjusted, domineering and often

~~alcoholic husbands.~~

Researchers have found that the onset of excessive drinking is more closely tied to specific life crises in women. A summary of specific experiences that shortly preceded an onset of excessive drinking and played an important role in precipitating it includes divorce, a husband's death, marital problems such as extra-marital affairs, obstetrical or gynecological problems, death of a parent or children growing older and leaving home. Obviously, many women experience these problems without becoming alcoholic. In terms of psychological characteristics, women who become alcoholic in response to stress seem to fit a specific pattern. The potential female alcoholic experiences chronic doubts about her adequacy as a woman. These doubts arise in part from inadequate female identity and may be enhanced by acute threats to her sense of female adequacy. The potential alcoholic does not consciously reject her identity as a woman. Instead, she values her female role. She may cope for a number of years, then some new threat causes self-doubts and she turns to alcoholic drinking to give her artificial feelings of womanliness.

Caring about herself as a human being and as a woman is vital to her recovery. Motherhood also presents special psychological, social and economic

concerns for women that cannot be compared to men's roles as fathers. It is possible that motherhood is a major career open to women that promises prestige. As a mother, there is some insurance against her feelings of inadequacy.

There are very few treatment centers which treat women exclusively. Increasing concern with female alcoholism may now result in treatment facilities focusing on women's problems. However, effectively dealing with the problem still involves encouraging the female problem drinker to seek help. Treatment of alcoholism is nevertheless difficult because drinking serves to reinforce anxiety reduction. The alcoholic woman is depressed, distrustful, insecure and emotionally unstable. A program with effective educational and preventive measures is needed.

According to A.A., there is no cure for alcoholism but there is recovery. Again according to A. A. philosophy, alcoholism cannot be cured because even after the best treatment, it is believed that the alcoholic should never drink again. There is some controversy about recovered alcoholics who claim they can drink normally again. This writer feels that under favorable conditions, they were able to control their drinking, but under stress, a single drink might start

a drinking spree again. Thus far, no one can predict which individuals may have the capacity to control their drinking.

In this writer's opinion, individual therapy along with joining an A.A. group seems to be one of the best methods for women. However, there appear to be some women who are unable to tolerate the individual relationship with a therapist they feel might be too threatening for them and in this case, group counseling might be advisable.

#### Recommendations

More research is needed to study the problems of women and how these problems relate to alcoholism in women. There should be more attention to the impact of the women's movement on female drinking. Can liberation from the traditional sex-role stereotypes be an antidote for alcoholism? To answer this question, in addition to the attention and concern we devote to male drinking problems, we need to focus on drinking women as well.

The battle against alcoholism seems to cater only to the casualties. There should be some type of treatment for women who drink a great deal before they become full fledged alcoholics. Some way of preventing

new cases of alcoholism must be developed.

Efforts must be made to develop comprehensive alcohol abuse prevention and education programs for women. National women's organizations must begin to recognize alcohol abuse as a valid woman's health issue. Public information programs to aid women and expanding treatment services for alcoholic women in every community are needed. The woman alcoholic must receive more recognition on the national level as well.



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