THE HANDBOOK OF ADDICTION TREATMENT FOR WOMEN

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and
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THE HANDBOOK
OF ADDICTION TREATMENT
FOR WOMEN
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To all women struggling to overcome their addictions and to those helping them in their struggles
This is a book about women and addiction—all kinds of women and all kinds of addiction. We look at women who are in the throes of active addiction and women who are in recovery, women who are young and women who are old, women who are Black and women who are White, women who use drugs and women who spend. Often the same woman will fit many of these categories and the many others that we address. This is a book about all women and, especially, this particular woman—this one woman in our office, treatment center, homeless shelter, or prison. This book is about the individual woman needing help, seeking help, or being forced to seek help, and how we help her.

This is a book for therapists of all disciplines, from experienced addiction specialists to those with minimal or no knowledge about this population. The book is both general and specific. We start with the general in Part One, reviewing what is known about women and addiction both historically and in the present. We next explore the paradoxes and challenges that a women’s point of view raises and, finally, outline the theoretical and clinical perspectives that we believe offer the greatest strengths for diagnosing addictions and treating women addicts today.

This is not a one-size-fits-all book. Quite the contrary. We emphasize the great diversity and complexity of all women and the importance of including multiple perspectives in assessment and treatment. We have organized this book to emphasize different points of view—that is, the multiple meanings and organizing principles that must inform treatment for women with addictions. Our authors
do not have a party line, nor do they necessarily see addiction, or addiction treatment, in the same way. They are here to tell us what we need to think about, including modifications to our own individualized theories and practice, when we work with women who have a special concern—and in our view, every woman has a special concern. So there is no typical woman and no typical best treatment. There are no “right” answers. Instead, you will find a cultural-social-psychological map with widely varied terrain. The therapist’s job is to know the whole and its parts, to be able to listen carefully to the client and consider all factors as relevant to her treatment.

Following our general introduction, we move to the specific. Part Two tackles different kinds of addictions, with chapters focused on the women abusing alcohol and other drugs, smoking, or exhibiting other out-of-control behaviors, such as eating disorders or addictions to gambling, spending, relationships, or sex. The authors explore the organizing role of the substance or behavior in the woman’s inner and outer world, and guide us in how to think about working with a woman with a particular addiction.

In Part Three we shift the organizing lens to age; the authors consider addiction in relation to the adolescent, middle-aged, and older woman. What are the major biopsychosocial issues for the young or older woman? What are the major addictions? What are the roles and meanings of addiction at different stages of the life cycle? How does the therapist think about assessment and treatment in relation to the age of the female client?

The authors in Part Four show us how to think about women from the perspective of race or ethnic heritage and culture. What is the impact on our view of the woman addict when we consider her racial and cultural background? How much do these factors influence her choice of drug or particular addiction, and how do race and culture affect our thinking about treatment? What should we know about a Latina adolescent? About an elderly immigrant from China? Or about a Black, lesbian, middle-aged woman who has come from Jamaica?

And so our point of view grows in breadth and complexity. Next we explore other issues that will have an organizing role for the woman and her addiction and for us, as clinicians, in our efforts to help her. Part Five explores additional groups or contexts that have an important impact on women addicts, such as lesbians, homeless women, the workplace, women in the criminal justice system, and women with dual diagnoses. Again, how does the therapist think about the influence of each of these factors on this particular woman now seeking help?

Finally, what and how do we think about treatment? Although all the authors have addressed treatment issues in their chapters, in Part Six we look at two specific treatment approaches: group psychotherapy and the self-help, or mutual-help, groups. Why and how do these modalities serve addicted women?
Is this a book about gender? Yes and no. It is a book about women. But it is not a book about women compared to men. It is much more about women in relation to other women: What are general guiding principles in thinking about women as a group, and what are the differences between women? This book is about variability, diversity, and complexity; it is a theoretical and practical map to guide the therapist in determining the most therapeutic next step for a particular woman. We hope this book offers some of the essential guideposts that will help clinicians provide better help to the many addicted women who are struggling to cope in this increasingly complex world.

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New York, New York

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This book is all about women and addiction. The creation and writing of this
book is also all about women: the thirty-six authors who are themselves all kinds
of women—women of different ages, from different ethnic cultures and different
professional backgrounds, and with a wide range of experiences. We say an enor-
mous thank you to all of them for their generosity of time and tremendous effort
in crafting their chapters to fit the overall broad and comprehensive design of this
book, while also offering their unique and sophisticated perspectives. We asked a
great deal of them, and we are grateful for their willingness and commitment to this
huge project. We believe that the whole far surpasses our original hopes for this book.

We thought we had a fertile project from day one. Apparently, so did some
of the authors. Three gave birth to babies as well as their chapters. All the other
authors juggled the demands of writing with their accomplished and busy pro-
fessional and personal lives. We end the construction of this book with a won-
derful spirit of teamwork, dedication, goodwill, and gratitude.

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and prodded us throughout. Amy Scott has also been extremely helpful with pro-
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We also thank the women who are represented in all the chapters: women strug-
gling with addiction—their own or someone else’s—in clinics, shelters, prisons,
treatment centers, outpatient therapies, AA, and all other meeting grounds where help is offered. Their voices and experiences are invaluable in teaching us what we need to know.

Most of all, we want to thank each other. This project came together through odd circumstances, so it very well might not have happened. We are so grateful that it did.

The Editors

Working on a book is a very intimate endeavor. It requires trust, mutual respect, cooperation, support, and constant encouragement. I feel lucky to have found this in my coeditor, a woman whose books I’ve read over the years, but whose world, both professional and physical, seemed far away from mine. To have worked with Stephanie, whom I met only once for a few minutes prior to beginning this project, has been an incredibly gratifying experience. Thank you, Stephanie, for being there and for being you.

I’m grateful to have had the pleasure of “meeting” the many authors around the country whose willingness to edit and re-edit their work has made this enormous task seem almost painless. Thank you all. I look forward to really meeting you one of these days. Special thanks are due to my friends and colleagues who may not have known what they were getting into when they agreed to be talked into contributing a chapter: Trish, Linda, Liz, Jeannine, Carol, Katherine, Diana, and Muriel.

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S.L.A.S.

I did not start out to be part of this book, yet that is where I ended up, and it couldn’t have been better. Joining this project offered me an opportunity to propose a
challenging point of view in thinking about women, which I wanted to do. And it offered me the opportunity to work as a coeditor with Lala Straussner, also an appealing idea. How lucky I have been. Working with Lala has been a highlight of my writing and professional life. I am grateful for her point of view, her organizing and management skills, her creativity, boundless energy, and support. I have reaped the benefits of this partnership and of working with all the extraordinary authors on this team. Their commitment, professionalism, and endurance have been wonderful. Many feel like friends after so much hard work together and such goodwill. Special thanks to my colleagues and friends who agreed so readily to write chapters: Lynn, Susan, Renee, and Joyce.

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I have loved this project. Thank you to Lala, and to all.

S.B.
THE HANDBOOK
OF ADDICTION TREATMENT
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PART ONE

UNDERSTANDING ADDICTED WOMEN
Women’s addictions span a wide scope—from alcohol and other drug dependence to smoking, gambling, sex, eating disorders, and shopping. Nonetheless, it is the use of alcohol and other drugs that has been, and remains, the most pervasive and most stigmatizing of all addictions for women. According to the National Center on Addiction and Substance Abuse, 4.5 million women in the United States are alcohol abusers or alcoholics, 3.5 million misuse prescription drugs, and 3.1 million regularly use illicit drugs.

It is instructive to look at the history of women’s use of alcohol and other drugs in the United States, because such a historical perspective helps us understand women’s substance abuse problems in the context of their role in society. It also helps us understand society’s responses to women’s problems with these substances, and consequently the treatment offered them.

This chapter examines the history of women’s use and abuse of alcohol and other drugs and points out how women’s substance abuse and treatment in the United States has been affected by gender and racial bias, economic factors, and ignorance by treatment providers. The emphasis is on the history of alcohol and other drug problems among White, heterosexual women. Although there are some current data regarding substance abuse and treatment of African American and other women of color and of lesbians, their historical relationship to these issues has yet to be fully explored.
Women have used alcohol from ancient times and frequently have been condemned for its use. The Old Testament talks about Hannah, the mother of the prophet Samuel, as being falsely accused of being “drunken” (1 Sam. 1:13–15), and during the early Roman era a woman who was caught drinking, or even suspected of it, was treated the same way as one who was adulterous—with a prompt execution by her husband or another man in the family (Sandmaier, 1980). The availability of cheap gin in eighteenth-century England led to its widespread use by poverty-stricken women in London and to widespread disgust toward those who became addicted to it. This so-called gin epidemic also led to a growing concern about the impact of women’s drinking on their offspring (Fielding, 1751, cited in Hornik, 1977), a dynamic first noted by ancient Greeks.

The history of women’s use and abuse of alcohol in the United States is intertwined with the political movements of temperance, prohibition, and suffrage and with the ever-changing role of women in political and family life.

Alcohol has been part of White America since the arrival of the Pilgrims and was a constant presence in colonial life. As indicated by White (1998), “what is striking about early colonial history is the utter pervasiveness of alcohol. It was consumed throughout the day by men, women and children and integrated into nearly every ritual of social and political discourse” (p. 1). Despite its widespread acceptance, as early as 1780 Dr. Benjamin Rush, a signer of the Declaration of Independence and the “father” of American psychiatry, voiced concern about abusive drinking habits of both men and women. He was the first person in the new republic to view chronic drunkenness as a “disease of the will” (O’Dwyer, 1993). Moreover, according to White (1998), Rush anticipated the self-medication theory of women’s substance abuse when he pointed out that women “were sometimes drawn into drunkenness in the use of ardent spirits to seek relief from what was then called ‘breeding sickness’ (menstrual distress)” (p. 3).

In the 1830s, Harriet Martineau, the author of Society in America (1837), toured the United States and wrote critically of women’s excessive drinking habits. She determined that there were four reasons why privileged women in a country of peace and prosperity would turn to inebriety: cultural oppression, “vacuity of mind,” desire to stop using prescription medication, and physicians’ prescription of cordials (pp. 159–160). Physicians prescribed alcohol for a variety of medical ills specific to women: “to alleviate discomfort during pregnancy and delivery, as well as a relaxant in premenstrual tension, and for preventing infection after childbirth. Beer was thought to fortify a woman for breast feeding” (Hornik, 1977, p. 20). Women, of course, followed the advice of their male doctors. By the end of the
1800s, there was another reason for women’s increasing reliance on alcohol: the liquor industry’s advertising campaigns. “As narcotics became increasingly stigmatized, liquor sellers stepped into the breach, socializing women to the benefits of drinking” (Murdock, 1998, p. 49).

The Victorian values of the nineteenth century led to the formulation of the “ideal” American family, and public inebriety, violence, and family disruption related to excessive drinking were increasingly frowned on. Thus, unlike the generally tolerant attitude at that time toward women’s use of opium, which, as we will discuss shortly, was viewed as more “genteel” and “feminine” (Murdock, 1998, p. 49), alcohol use was associated with male inebriety, especially with the drinking of poor Irish and German immigrants. Consequently, women’s drinking was strongly condemned. As pointed out by Sandmaier (1980, p. 41),

...dunkenness among both sexes was often punished by imprisonment; however, Victorian morality may have imposed an even harsher fate on some chronically drunk or alcoholic women. In an address before the Medico-Legal Society in 1897, a Brooklyn physician recommended that the alcoholic woman “be desexualized...whether maid or matron” if she failed to respond to routine treatment. As “desexualization”—removal of a woman’s uterus and ovaries—was a fairly common procedure performed on sexually active or otherwise unruly women in the late 1800s, it is likely that this operation was carried out on at least some alcoholic women during this period.

Such severe treatment of alcoholic women was also reflected in the growing eugenics movement during the early part of the twentieth century, with its emphasis on the sterilization of “the unfit.” Sterilization of alcoholic women continued as late as the 1950s. White (1998) describes interviewing a number of alcoholic women who had been committed to state psychiatric facilities in the 1940s and 1950s and whose medical records confirmed that they were able to obtain discharge only after “voluntarily” agreeing to be sterilized.

An interesting profile of nineteenth-century alcoholic women is provided by Dr. Lucy Hall (1888), who served as the physician in charge of the Reformatory Prison in Sherborn, Massachusetts. In a study of 204 inebriate women under her care, Hall found that the majority of them started drinking excessively before they were twenty-one years old. Their first drink was usually alcohol-laced tonics, and gradually they switched to beer and then distilled spirits. Half of these women had a history of multiple imprisonments for drunkenness-related offenses, and they tended to drink with other women, not alone. Of interest is her observation that more than one-third of the married women had been so beaten by their drunken husbands that they had scars on their heads.
Women and the Temperance Movement

The early nineteenth-century temperance movement, which, as reflected by its name, was initially conceived as a movement that sought to temper excessive drinking with moderate, socially approved levels of drinking, soon attracted the attention of women who suffered significantly from men's drinking: “Barred by law or custom from divorcing inebriate husbands, unable to earn a living wage themselves, isolated in a society with few mechanisms to reform drinkers or their families, drunkards’ wives faced brutality, poverty and abandonment” (Murdock, 1998, p. 16). These women, as exemplified by the well-known saloon-wrecker Carrie Nation, whose first husband was an extremely abusive alcoholic man, knew that religious-led efforts to “convert whisky-drinking drunkards into temperate beer-drinkers” (White, 1998, p. 5) were futile. Consequently, they became staunch advocates of shifting the philosophy from temperance as moderation to temperance as abstinence. As early as 1805, women had formed their own temperance societies, and by 1848, the Daughters of Temperance had thirty thousand members (Murdock, 1998).

The temperance movement gained momentum toward the end of the nineteenth century. The so-called Women’s Crusade of 1873–1874 was a culmination of many years of women’s taking action against saloons and the widespread availability of liquor. Because at this time they had no direct political power, women used petitions, prayer vigils, and demonstrations to persuade saloonkeepers to close their doors. By 1874, local antisaloon crusades were widespread, and they united to form the Women’s Christian Temperance Movement (Murdock, 1998; Sandmaier, 1980; White, 1998).

One of the most politically influential movements of the late 1800s, the Women’s Christian Temperance Movement (WCTU) initially focused on endorsing prohibition, temperance education, and dry government facilities. However, under the leadership of Frances Willard, president from 1879 to 1898, the WCTU expanded its agenda significantly and “soon considered woman’s suffrage the catalyst for prohibition’s victory” (Murdock, 1998, p. 25). Willard, a brilliant strategist, recognized that even though women were not allowed into the political sphere, they were allowed to perform “good works.” Consequently, she was able to build on the virtuous work of women on behalf of the prohibition movement as an entrée to gain voting rights for women. It is thus not surprising that the eighteenth amendment, which established Prohibition, and the nineteenth amendment, which gave women voting rights, were ratified within one year of each other.

Yet the relationship between the suffrage and prohibition movements in the late nineteenth and early twentieth centuries was complicated. Although at times the groups seemed to work toward common goals, each also viewed the other as compromising the goals and values of its cause (Murdock, 1998). While the suf-
fragettes worked toward the establishment of the moral and legal right of women not only to vote but also to be viewed as independent women with their own rights apart from their fathers and husbands, the underlying assumption of the temperance movement was that a woman’s role was to moderate the potential excesses and immorality of her husband’s drinking. This role called for a “virtuous” abstinent woman. The idea that women also could drink alcohol would have threatened the status quo; thus women drinkers were stigmatized and typically depicted as prostitutes (Murdock, 1998).

Women’s Alcohol Use During the Nineteenth Century

In her book *Domesticating Drink*, Catherine Gilbert Murdock (1998) offers exhaustive research regarding women’s use of alcohol during the nineteenth and early twentieth centuries. Murdock documents the growing concern about women’s drinking and what was viewed as “‘masculinization’ and the perceived unwomanly, nonmaternal qualities of women drinkers” (p. 51). She goes on to state that “women alcoholics, barred from treatment or sympathy by their own denial and others’ prejudices, are one of the greatest tragedies of the period” (p. 51).

Thus, at the turn of the century, many women are involved in a vigorous campaign against all drinking, while other women are clearly drinking quite liberally. Sandmaier (1980, p. 40) makes reference to an 1899 article in *Catholic World* that estimated that eight thousand women were arrested in New York City for drunkenness the previous year. Murdock (1998) delineates regional differences in women’s drinking: in the rural Midwest—home of the WCTU—women did not drink or even serve wine, but they did do so in many urban communities.

Ironically, the majority of all women used over-the-counter patent medications that promised relief from whatever ailed them. Some of these patent medicines contained 50 percent alcohol or opium. According to Sandmaier (1980, p. 45), “Edward Bok, editor of the *Ladies Home Journal* in the late 1800s and a leading opponent of the patent medicine business, surveyed fifty members of the WCTU and found that three out of four used patent medicines with an alcohol content of one-eighth to one-half spirits.” By the end of the nineteenth century, Americans were spending $100 million on patent medicines per year, and, as will be discussed later, the majority of the users were women (Wood, 1906).

Women’s Alcohol Use During the Twentieth Century

During the early part of the twentieth century, as women’s use of opiates and patent medicines began to decline, it was not uncommon for women in the larger cities to be seen in cabarets and public dining areas drinking with men. And even
when the Volstead Act of 1919 prohibited the sale or use of alcohol, “millions of women began drinking openly, sometimes defiantly, at cocktail parties, in speakeasies, at women’s luncheons and bridge parties, at country club dinners, in cars with their dates” (Sandmaier, 1980, p. 48). This change in drinking patterns reflected the changing role of women in society.

As a result of World War I, women entered the workforce in unprecedented numbers. At the same time, Sigmund Freud’s message about the appropriateness of sexual expression had reached the United States—and alcohol helped with this expression. The 1920s and 1930s also saw a political split: some women remained true to the prohibition movement, while others joined the Women’s Organization for National Prohibition Reform. The debate between the “wets” and the “drys” was vociferous, with the “drys” continuing to portray the “wets” as sexually promiscuous drunkards (Sandmaier, 1980).

During the Great Depression of the 1930s, however, many of the “modern” liberated “wet” women retreated home, and although Prohibition was repealed in 1933, women’s drinking once again became unacceptable. A Ladies Home Journal survey in 1938 found that the majority of women disapproved of women’s drinking: “More than fifty percent of all the respondents thought it was wrong for women to drink at all, while fully two-thirds believed that women should not be seen imbibing in public” (Sandmaier, 1980, p. 55). The unknown number of women who not only drank but also were unfortunate enough to become addicted to alcohol remained well hidden.

World War II shook up things again and provided new opportunities for women. Women’s independence and greater economic freedom also increased their rates of alcohol use. According to the Gallup Poll, from 1939 to 1978 the percentage of women in the United States who drank jumped from 45 to 66 percent (Sandmaier, 1980, p. 56). The multibillion-dollar alcohol industry was quick to recognize a new clientele. “Until 1958, the liquor industry code forbade portrayal of women in its advertising. And even through the 1960s, the only alcohol advertising likely found in most women’s magazines was an occasional ad for sherry, possibly accompanied by a recipe for chicken a la king” (Sandmaier, 1980, p. 66). But by 1978, Cosmopolitan and Better Homes and Gardens became the top magazine targets for the liquor and wine industries, and ads depicting attractive women with a drink in their hands filled the pages of these and other women-oriented magazines.

These changing social mores were paralleled by the growing public and professional recognition of alcohol problems among women. A literature review by Marc Schuckit (1972) found that between 1929 and 1970, only twenty-nine studies on women alcoholics were published in the English language. Such literature grew rapidly during the 1970s and 1980s (for example, Beckman, 1984; Blume, 1978; Corrigan, 1980; Gomberg, 1986; Greenblatt & Schuckit, 1976; Hornik,