

Week 9 - **Relational Interventions and Gender**

Gender and Substance Abuse (Discussion)

The Responsibility Trap

Watch the film: [Girl Interrupted](#)

WOMEN AND THE USE OF DRUGS

Extracted from Patricia Stevens and Robert Smith (2001) Substance abuse counseling: Theory and practice. Upper Saddle River, NJ: Merrill Prentice-Hall.

Studies have shown major differences between men and women who are treated for alcohol and drug abuse (George, 1990). George (1990) states that male alcoholics possess the following characteristics when compared to women:

- Are younger at the time of first drink
- Participate in more morning drinking
- Have more extensive histories of delirium tremens
- Experience more black outs
- More frequently lose jobs and friends because of drinking
- Have more histories of school problems
- Have more alcohol-related arrests
- Make fewer suicide attempts

George (1990) further cites work by Horn and Wanberg (1973) stating differences between men and women who abuse alcohol:

- Women began drinking later in life
- Women drink more often at home alone
- Women had shorter drinking binges
- Women often use alcohol in an attempt to improve job performance
- Women are less gregarious drinkers
- Women are more solitary drinkers
- Women more often their alcoholism as becoming worse

Despite these findings, treatment differences according to gender are seldom discussed and often not implemented. Research conducted on alcohol and drug abuse treatment has excluded large samples of women. Traditional stereotypes of men and women alcoholics persist even today, with the male drunk as one who is

accepted and often seen as humorous, and the female alcoholic or drug abuser is seen in disdain, exhibiting behavior that is unacceptable and disdainful.

Gender in terms of the therapist-client relationship is a related issue. Some findings show that same-gender therapists and clients work best. Issues also have been raised about gender bias. Sensitivity to the client's gender and research on the role of gender in therapy around substance abuse is long overdue.

Researchers have found that women usually obtain their drug of choice in different ways than men do (Doweiko, 1999). There are also some indications that sedatives and diet pills have become more closely associated to addictions of women. These drugs are initially obtained from the physician. There also appears to be differences in how males and females use drug of choice, as well as how they react to the drug. Observation and investigation need to continue on this topic. Findings in this area may lead to addictions prevention and treatment strategies that may differ for men and women.

I didn't know: Discoveries and identity transformation of women addicts in treatment

[Journal of Drug Issues, Fall 2000](#)

The purpose of this research was to study the efficacy of gender-sensitive substance abuse treatment programs with a focus on the perceptions of women addicts. Based on semi-structured in-depth interviews and observation of treatment groups, an analysis of the women's stories about their lives revealed transformations in their identities. These identity transformations were based on self-discoveries made during treatment that included realizations about their addiction, emotional well-being, and parenting. An analysis of their discoveries shows compliance and resistance to institutional socialization. Just as surely as the women addicts accepted the institutional socialization, they also resisted, pushed, and pulled at it, reminding us that they are not automatons of social and institutional forces.

The "War on Drugs" policies of the 1980's helped to create an environment that denounced, criminalized, and stigmatized persons who used and abused alcohol and illegal substances. Huge increases in funding for research and a large literature on drug addiction, drug subcultures, and drug criminality grew out of this renewed sense of urgency to crack down on illegal drug use and users. However, the focus of most of that research and literature has been mainly men, in part because men are the most "...socially visible participants within our drug culture" and because women in the drug subcultures are assumed to be "...socially subordinate and passive participants" (Ettore, 1992, p. 17). Recently, authors have tried to overcome the gender discrepancy in drug research and have focused substantively and theoretically on women using a feminist perspective

(Hawk, 1994; Rosenbaum, 1981; Taylor, 1993). This research reveals that women differ from men in their substance abuse patterns, with different antecedents and consequences of abuse (Grella, 1996; Nelson-Zlupko, Kauffman, & Dove, 1996) and therefore require gender-sensitive substance abuse treatment. As women's addiction became more visible, advocates for women started pushing for gender-sensitive treatment programs designed to meet the unique and complex needs of substance-abusing women.

The purpose of the research reported here is to study women's addiction and recovery through a focus on the identity transformation of women addicts residing in gender-sensitive treatment programs. An analysis of their stories about their lives, as told during residency in a treatment program, uncovers similar shifts in the women's identities. Based on a set of self-discoveries, the women interviewed underwent identity transformations. These discoveries included realizations about their addictions, emotional well-being, and parenting. Transformation of their identities was often the basis for recovery from addiction and, therefore, freedom from the institution, reunion with children, and exemption from incarceration. [Continue reading](#)

Exploring Our Own Sources of Codependency as a Therapist with People Consulting about Substance Abuse

1. Can I accept the fact that I can't control the "substance abuser" or any other adult person?
2. Do I avoid judging the substance abuser's motives, intentions, and behavior?
3. Can I accept and feel comfortable with people whose social, racial, and/or ability background is different from mine?
4. Have I been able to take the focus of my attention off the person who abuses substances and place it on myself?
5. Can I express myself openly despite the risk involved in the substance abuse person's reaction?
6. Do I have realistic expectations of the sober client?
7. Do I realize that many of my problems are common to almost everyone who has lived/worked with a person who abuses substances?



8. Have I been realistic in my assessment of how children have been affected by substance abuse in the family?
9. Do I allow adult children of substance abuse parents to make their own decisions?
10. Do I allow the substance abuse person to face the consequences of his own actions?
11. Can I sit quietly in the middle of an "outburst" and remember that the accusations made against me may not be the facts?
12. Do I know the difference between detachment and indifference?
13. Do I avoid manipulating people by telling them what they want to hear instead of what I really think or feel?
14. Do I avoid feeling responsible for others' lives but see myself as having responsibilities to others?