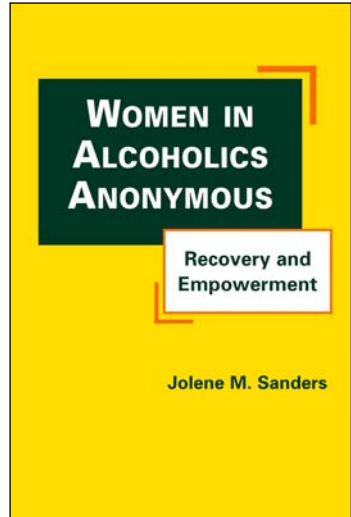


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Women in
Alcoholics Anonymous:
Recovery and Empowerment

Jolene M. Sanders



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1

Why Alcoholism Is a Feminist Issue

This book examines a group of women in recovery from alcoholism in order to further understand the nature of recovery from such a devastating disease. Initially thought to be solely a man's disease, alcoholism and problem drinking now afflict at least 4 million American women aged 18 years or older, according to recent studies (Grant et al. 1994). Although it has devastating effects on men and women, alcoholism tends to cause more harm to women because of the physiological, psychological, and sociological differences between women and men. While some progress has been made, treatment of alcoholism continues to be informed by the male perspective, which has acted as a barrier for some women who have sought treatment for alcoholism (Walitzer and Sher 1996). Even a voluntary organization like Alcoholics Anonymous (AA) that exists to help individuals recover from alcoholism continues to be perceived as a "male-only" club although one third of its membership is now made up of women. Finally, there remains a lack of research specifically about women and alcoholism by experts in the field of addiction treatment (Beckman 1994; Copeland and Hall 1992; Worth 1991). If no longer completely inaudible, the voice of the woman alcoholic remains muted. For all of these reasons and my concern about how feminism has viewed the subject, I have conducted the following research in order to highlight from a feminist perspective what is working and to encourage more women so that they too can recover from alcoholism.

It is ironic that alcoholism has been conceived of as an exclusively male problem, because the physiological effects of alcoholism are actually far more severe for women than for men. Due to physiological differences, 30 percent more women than men develop cirrhosis within two years after the onset of heavy drinking (Wilsnack, Wilsnack, and Miller-Strumhofel 1994). Moreover, because women have more body fat and less water in their bodies than men, alcohol enters a female's system in a less diluted state and causes more immediate harm. For example, women tend to get intoxicated faster than men and are quicker to develop alcohol-related diseases (McCaul and Furst 1994). The

progression of alcohol dependency develops faster in women. Hence, although women begin drinking alcohol at a later age than men, they seek treatment for alcoholism at approximately the same age as men (Lex 1991). More alarming is the fact that the death rate for alcoholic women is 50 to 100 times greater than that of alcoholic men (Van Den Bergh 1991). In fact, alcoholism is now the third leading cause of death in women between the ages 35 and 55. Additionally, it is estimated that alcoholic women lose as much as 25.9 years of life and their average age at the time of death is 51 (Pape 1986). There is no doubt that the innate physiological differences between women and men and the different way that the female body metabolizes alcohol leave women with more health risks and a greater probability of death due to alcoholism than men.

Another issue of great importance is how alcoholism affects the pregnant woman. Fetal alcohol syndrome and effects (FAS/E) is a very serious consequence of alcoholism among pregnant women. Research shows that thousands of newborns continue to be at risk of incurable birth defects because of the alcohol consumption of their mothers (Jacobson and Jacobson 1999). Links to other problems, such as dyslexia, learning disabilities, and minimal brain damage, are now being made to alcohol consumption on the part of pregnant women, as well (Royce and Scratchley 1996).

In addition to more severe physiological issues, women also suffer from more severe psychological problems related to alcoholism than do male alcoholics. For example, alcoholism in women has frequently been associated with such psychological problems as depression related to life histories of victimization. Up to 25 percent of women seeking treatment for alcoholism are diagnosed as suffering primarily from depression and only secondarily with alcoholism (Beckman 1994). In such cases, women use alcohol as a response to their depression. Furthermore, depression, which has been estimated to affect one in six women, has been significantly associated with women who have histories of physical, emotional, and sexual abuse. Several clinical studies conclude that women with addictive diseases are over-represented in the population of women reporting abuse histories and that sexual abuse is more common than not among alcoholic women (Langeland and Hangers 1998; Miller and Downs 1995; Wilsnack et al. 1994). Such data link past sexual abuse to depression, alcoholism, and in some instances, to both. It is clear that women alcoholics experience multiple forms of victimization. As a result, they suffer from severe psychological problems, in addition to their alcohol addiction.

Although not all women who become alcoholics have a history of victimization, women alcoholics have more pronounced problems with self-image and self-esteem than do male alcoholics. Many women in recovery report feelings of low self-esteem and worthlessness, which contributed to their substance use. These women used alcohol to mask feelings of inferiority and continued to use alcohol in attempts to feel whole or complete. In fact, one recovering female alcoholic, Jean Kirkpatrick, believed so strongly in the underlying lack of self-esteem in female alcoholics that she initiated her own program of recovery in 1975 called Women for Sobriety.¹ Kirkpatrick attributed low self-esteem in alcoholic women to the social stigma attached to alcoholic women, to shame experienced by alcoholic women, and to the guilt alcoholic women often feel about their addiction (Kirkpatrick 1977). Studies of Women for Sobriety and AA suggest that negative feelings generated from stigma, shame, and guilt deter women from seeking treatment and make it harder for women to recover, once in treatment. Perhaps as a result of these compound factors, the recovery rate is still low relative to the number of women who are active alcoholics (Plant 1997). Hence, I believe it is necessary to understand both the properties in recovery that block and discourage women from seeking treatment, and those elements in recovery that are conducive to sobriety among women alcoholics. The following is a beginning toward this end as I look specifically at AA from a feminist perspective.

Second-Wave Feminism and Its Perspective on AA

According to second-wave liberal feminists—those who identify with the American and European feminist movement of the 1960s and 1970s—feminist empowerment is a combination of feminist consciousness and feminist activity. During the second wave, the more radical strain of feminists brought women together in small groups, so that they could educate women about the fact that they have been treated as second-class citizens who have been oppressed based solely on their gender. These groups called consciousness-raising groups were short lived but effective. The mainstream liberal feminist movement still remembers and values the role that consciousness-raising groups played in the advancement of second-wave feminism. This more radical activity helped to springboard the second-wave feminists into collective action that was and still is associated with liberal feminist thought and praxis.

The liberal feminists worked within the democratic structure to effect social change for women. Their primary goal was to create equal opportunities for women through political and economic reforms.

Activists in this tradition used the law to promote equity among men and women based on the principles of self-interest, equality, and individualism. Also, because liberal feminists viewed gender differences as socially constructed, they advocated changes in gender socialization to promote equality among men and women. In general, liberal feminists believed that changes could be made in the existing social order to facilitate feminist liberation.

Women who identify with liberal feminism and especially the more radically oriented are likely to harbor criticisms of AA. For example, liberal feminists with radical leanings do not accept the idea that an organization can be apolitical, because from their point of view, if the organization is not actively fighting for women's rights, then it is simply upholding the status quo of discriminatory practices against women. This orientation leads some feminists to view AA skeptically, because AA explicitly states that it is not aligned with any "sect or denomination, nor do we oppose anyone." (Alcoholics Anonymous 1976, xiv).

In addition to concern over the lack of active political involvement by AA as an organization, liberal feminist critics of the twelve-step movement argue that the emphasis on spiritual development as described and practiced in the twelve-step model is not compatible with feminist consciousness. As previously discussed, this feminist critique of the twelve-step movement considers women in recovery to be subjugated by patriarchal influences (Berenson 1991; Kirkpatrick 1986; Rapping 1996; Tallen 1995; and Walters 1995). These feminists view the traditional, Christian-based principles practiced in the twelve-step movement as complicit in the promotion and reinforcement of traditional gender roles for women and the general submission of women to men. Also of concern to liberal feminist critics is the twelve-step movement's practice of encouraging personal change and spiritual enlightenment through self-reflection and a belief in God or a "higher power." Feminist critics view this method of personal development as backward and harmful to women as compared to the second-wave feminist methods of self-reflection tied to political activism. Overall, this particular feminist critique believes that the recovery movement represents a backlash against their own agenda, which emphasizes that the personal is political, that women are oppressed under traditional religious practices, and that structural changes are necessary to liberate women. These feminists hold strong second-wave feminist beliefs that empowerment comes from a feminist consciousness developed through collective political action. Thus, these critics view women who participate in the twelve-step programs as stuck in a "myopia of self-

absorption” (Rapping 1996, 13) and as unconsciously contributing to the backlash against the feminist movement.

The feminist critique of the twelve-step movement described above is a predictable reaction given that the feminist impulse to empower women has traditionally been associated with the political. Beginning with the first wave of the feminist movement in the United States, women fought for and gained the right to vote through collective organization. As a result of their collective action, women empowered themselves through the impact of the individual vote now enjoyed by all women. Similarly, second-wave feminists empowered themselves through political organization, winning civil rights legislation for women and other significant legislation, such as Title IX giving women equal access to education. Liberal feminists also came very close to securing ratification of the Equal Rights Amendment (ERA) to the United States Constitution. In general, the American feminist movement is most noted for its political action and unprecedented success in advancing women’s social positions.

General Feminist Concerns about AA

For those second-wave feminists who still believe strongly that the feminist project should influence public policy, implications of treating alcoholism among women from a feminist perspective are numerous and significant, because a thorough feminist analysis will look at the effect alcoholism has not only on the individual woman, but also on the family and the larger social system in which the alcoholic woman lives.² Alcoholism in women is not an isolated problem. Women who have been raised in dysfunctional families—in this case, a family harmed emotionally, psychologically, and spiritually by addictions—often repeat patterns of dysfunctional behaviors within their own families, perpetuating the cycle of addiction, chaos, and despair. It has been well documented that women who experience abuse as children often marry abusive men (Fagan 1993; Miller and Downs 1995; Pan 1994). Furthermore, women who have been raised in alcoholic families have a greater likelihood of marrying an alcoholic or of becoming an alcoholic (Miller, Downs, and Gondoli 1989). Additionally, several studies have documented the positive correlation between parental abuse of alcohol and subsequent use by teenage and adult children (Ulman and Orenstein 1994; Weinberg et al. 1994; Windle 1994). Moreover, because there exists a social stigma regarding alcohol and drug abuse, families with addiction problems tend to deny or hide their problems. In such families the rule of thumb is to not communicate, to not share intimate emotions,

and to not challenge the status quo. Often children reared in such environments, in addition to participating in recovery programs, seek psychological counseling, because they do not have the emotional or social skills with which to effectively express themselves. Family-systems therapy has recognized that one member's addiction can have a profound effect on the whole family. Enhanced understanding of women's experiences with alcoholism and recovery will further promote the movement toward framing addiction and treatment in a more holistic picture that is also consistent with a feminist perspective.

Although alcoholism and addiction can be traumatic to members of an alcoholic family and to the family unit as a whole, recovery can be equally empowering. As a result of the pivotal role that women have traditionally played in families and that they continue to perform to this day, an enhanced understanding of women alcoholics and their recovery experiences will have enormous implications and applications in areas of public policy dealing with families. In the same way that practicing alcoholics influence other family members to abuse alcohol, once one member in the family seeks recovery from an addiction, other family members become more likely to seek treatment as well (Schaefer 1986; Davis 1997). Moreover, families in recovery are able to develop a language through which they can identify their dysfunctional behaviors and work toward healing. Women, in particular, are given the opportunity to restore relationships with their spouses and children. Similarly, children of families in recovery have a far better chance of not repeating the cycle of problem or alcoholic drinking that their parents experienced. Because women are so often the center of families and the ones responsible for the moral and emotional well-being of families, it is imperative that the feminist analysis of women in recovery seek to understand the family system and its contribution to the recovery process.

In addition to understanding the relationship between women, their families, and the recovery process, feminist researchers have begun and need to continue to focus on the relationship specifically between public policy, on the one hand, and the opportunity for and availability of treatment for women, on the other hand. For example, because the current federal alcohol and drug initiatives favor policies in line with the "war on drugs," a disproportionate amount of attention and funding goes toward crime and punishment rather than toward treatment and recovery. Of those few dollars from the federal alcohol and drug programs spent specifically on women and their families, much is applied to cover the costs of mandatory treatment of pregnant substance-abusing women. In this context, treatment serves as a form of social

control, and the therapeutic process is compromised by the conditions set forth by the state. Furthermore, public policy initiatives need to address the obstacles women face in seeking treatment voluntarily. For example, in addition to needing help with substance abuse, women seeking treatment in federally funded treatment facilities often tend to be single parents who lack job skills and who need help with transportation, child care, and housing (Blume 1997). In such instances, case management and other social services are necessary to facilitate the therapeutic process. Given the conditions which hinder women's entry into the recovery process, it is essential that feminist researchers assist in educating policy makers about the recovery process and how it is affected by the conditions and circumstances under which women seek treatment.

AA as a Feminist Locus

One of the primary places for women to get help for their alcoholism is AA. Current estimates of AA membership put the size of the organization at "more than 105,000 groups and over 2,000,000 members in 150 countries."³ The 2004 membership survey found that 35 percent of AA members are women (Alcoholics Anonymous 2004). That means that there are almost 700,000 women in AA around the world. By any measurement, this is a substantial and significant form of organization and action by women attempting to recover from alcoholism.

It is my contention in writing this book that feminist scholars, students, and the general public need to understand AA and the experience of women in it, precisely because of its significance for women alcoholics. Yet AA as an organization and as a culture of recovery is widely misunderstood. Alcoholics Anonymous defines itself as a voluntary organization that offers a program of recovery from alcoholism based on its Twelve Steps. According to AA, the Twelve Steps are suggested practices that enable an alcoholic to resist the compulsion to drink and to build a better way of life, based on a spiritual awakening that results from working the Twelve Steps. This spiritual awakening is little understood by outsiders and in fact AA offers only a very general description of what a spiritual awakening is.⁴ Although membership figures indicate that women have carved out their own niche within AA, feminist observers of AA still have concern over the role of the Twelve Steps in women's recovery. Given that they are the central ingredient of AA's recovery philosophy, feminists need to ask "What exactly is the role of the Twelve Steps in women's recovery from

alcoholism and how do women reconcile the Twelve Step program with their own feminist beliefs and behaviors?"

In any event, the Twelve Steps are part of a larger program of recovery that has been described as a mutual aid society and a fellowship (Alcoholics Anonymous 1952). The central organizational unit of AA is its small group meeting, where individuals with a desire to stop drinking learn about the Twelve Steps and build a sense of fellowship with and draw support from other AA members. The program is a collective effort, as one alcoholic helps another with their common disease. It is often heard in AA that, "we do together what we cannot do alone." While AA as an organization has had great success in its collective approach to arresting alcoholism and while AA is the premier model of how to promote recovery from alcoholism, it has been little studied, and the experience of recovering alcoholics in it—especially, it must be added, female alcoholics—remains improperly understood.

Obviously, if almost 700,000 women constituting more than one-third of AA's total membership have voluntarily joined AA, it must have something attractive and helpful to the alcoholic woman. At the same time, the environment of AA has posed problems for many women alcoholics. Although the only requirement for membership in AA is a desire to stop drinking, women have not always felt welcome in the rooms of AA. Negative stereotypes about alcoholic women prevailed at the time of AA's early development and continue to persist, even today. The social stigma, shame, and taboo of being a female alcoholic was so great that many women felt too inhibited to admit their alcoholism. It was thought that "nice" women didn't become drunks (Berenson 1991), and the cultural image of the "moral woman" (Hallberg 1988) was not easily extinguished by men or women inside AA, even though most AA members believed alcoholism was a physiological disease and not a problem of character. Moreover, as women began to share their stories inside AA, they perceived a double standard applied to them as alcoholic women. Also, some of the men and some of the wives of the alcoholics felt it was dangerous to include women in AA groups, where indiscrete relationships might develop. Although AA as an organization did not discriminate against women, the differing cultural expectations related to gender manifested themselves among some of the members of AA and among many women who might have needed the help that AA could offer. Consequently, it took several years for women's membership in AA to increase, and still today many American women feel that a double standard exists concerning women and alcoholism.

Despite initial cultural barriers to women's participation in AA, women's membership in AA has grown significantly. The first rise in women's membership occurred in the mid-1940s, owing to the advocacy efforts of Marty Mann, the first woman to join and maintain membership in AA. She joined AA in 1937, and by 1944 she was traveling around the United States on speaking tours encouraging women to seek help for alcoholism. The second upsurge in women's membership occurred in the late 1960s and early 1970s. At this time, the public awareness of alcoholism had grown, and many more people accepted the medical explanation that alcoholism was a disease that needed to be treated. Moreover, famous women had begun to speak out about alcoholism, which helped to educate the public about the disease of addiction.⁵ Since 1968, the General Services Office (GSO) of AA has followed female membership trends, and records from the mid-1980s on consistently show that over a third of all AA members are women.

Women's participation in AA has increased not only due to the factors discussed above, but also due to the creation and growth of women-only groups. Women in AA noted that the Twelve Steps are written in a masculine voice and that the meeting milieu of AA reflects aspects of a patriarchal society. As a response to this, women in AA have created their own collective spaces by introducing the women-only AA meeting. Women-only meetings exclude men, but otherwise operate just like the other 'mixed' gender meetings of AA. The first "Women's Meeting for Alcoholics Only" was established in Cleveland, Ohio in 1941 (Vourakis 1989). The next group emerged in Minneapolis in 1942, and between 1945 and 1947 fourteen women-only groups started in fourteen different cities across the U.S. (Hallberg 1988). Today, women's groups can be found across the U.S. and world-wide.

Women-only meetings developed as a response to the uneasiness women felt in male-dominated AA meetings. The culture of the women's meetings differed from the regular meetings, because women brought with them styles and forms of expression not common among men. For example, in women-only meetings women tend to express their emotions, including crying, more freely. Moreover, because women tend to feel "safer" in women-only meetings, they disclose more intimate detail of their lives (Vourakis 1989). Women also feel more comfortable speaking about issues not directly related to their immediate concern of alcoholism. For example, women may talk about childhood abuse, sexual abuse or harassment, and other forms of assault. Similarly, women speak more candidly than men about their relationships with significant others and tend to focus on emotions more than men. Finally, women tend to discuss mental health issues, such as depression, more

than men and focus more on building self-esteem, rather than deflating pride or ego, which are primary concerns for men in AA (Kaskutus 1992).

Although women's meetings offer an environment made for and by the women in AA, there is no strong evidence to suggest that women prefer women's meetings as compared to mixed meetings of AA. Rather, women attend different meetings where there are other women who appear to be concerned about the same recovery issues as themselves (Vourakis 1989). For example, in early recovery women are worried about staying sober, while in later recovery women are more concerned about other areas of personal growth in their lives. Seeking groups with women like themselves has sometimes meant women-only meetings, but this is not the central criterion on which women have based their choice of meeting attendance. Moreover, while some women prefer mixed groups, others who have not had previous exposure to positive female role models resist attending women-only groups. Additionally, for those women who have attended women-only groups, there has been no significant social or psychological characteristic common to these women (Vourakis 1989).

Related research also reflects inconclusive findings about how women feel about AA as an organization. It has been suggested that AA promotes a feminine ethic similar to that of the consciousness-raising groups of the second-wave feminist movement (Trevino 1990). Each may be characterized by few governing rules, lack of hierarchy, sharing of tasks among members, informal networking between groups, and rapid growth based on autonomous groups. Other attributes of the feminine ethic include emphases on self-disclosure, social-emotional behavior, conformity to group norms, cooperation, trust, equity, agreement, empathy, and anti-elitism (Trevino 1990). However, it has also been noted that not all feminists of the second-wave value this apparent feminine ethic. Rather, they seek to emulate masculine organizational traits such as instrumentality, competition, formal rules, hierarchy, and bureaucratization. These women view the feminine ethic of organizations like AA as:

a distraction from the sexism entrenched in the culture of society. Their objective is the abolition of sexism through a restructuring of patriarchal culture. For the structural feminist, finding social satisfaction in the feminine ethic is simply a temporal crutch detrimental to their objective (Trevino 1990, 216).

It is this difference in feminist interpretation that helps to explain why organizations are not necessarily valued by all women uniformly and what is feminine may, or may not, be understood as feminist.

Whatever the precise nature of the experience in AA and in other twelve-step movements, one fact is undeniable—women's participation in and influence on the recovery movement has continued to grow. As mentioned above, in the early 1940s women initially met with resistance to joining the original twelve-step program of Alcoholics Anonymous, and their numbers were few. Today, women make up at least one-third of all AA membership throughout the world, and in some areas they constitute one half of AA membership (Mäkelä et al. 1996). Similarly, women's attendance at other chemical dependency programs has increased at a faster rate than that of men. Moreover, women have been more instrumental than men in creating new twelve-step programs that address non-chemical addictions such as love, sex, and relationship addictions. In fact, the expansion of the twelve-step model into other areas of living has been termed the "feminization" of recovery (Rapping 1996).

Feminist Interpretations of AA and the Study's Methodology

In broad outline, the feminist literature on women in AA reflects two diverging research interpretations. According to one feminist interpretation, women have been passive receptors of the AA philosophy and corresponding twelve-step culture (Faludi 1991; Bebko and Krestan 1991; Rapping 1996; Tallen 1995; Walters 1995). This view suggests that women are not aware of the patriarchal influences prevailing in AA or how these influences affect them. Feminists critical of AA point to the Twelve Steps as potentially dangerous to women, since they are perceived to be similar to traditional religious practices that are thought to be a part of the larger male ideological superstructure that is oppressive to women. Moreover, these feminists are anxious about the culture of the twelve-step movement and its spreading effects on the whole of society. For example, Elaine Rapping in *The Culture of Recovery* (1996) argues that the twelve-step model of AA has been adopted by the popular culture and generalized to many other social and psychological problems. As a consequence, it has been generalized to other so-called addictions, which has created, in her opinion, a generation of women who have become self-absorbed and interested only in personal development rather than in political achievements for women. Hence, feminist critics argue, the twelve-step movement and its culture are not just neutral and distracting, but rather are actively

negative and detrimental, since they encourage women to view themselves as the problem rather than organizing to change the general socio-political environment. This contributes, in this reading of the situation, to a self-defeating orientation that sets the problem as personal, psychological, and internal rather than viewing the problem as political, sociological, and external.⁶

In contrast, the other feminist interpretation views women as active participants in developing a feminist culture within AA and the twelve-step movement (Davis 1997; Levi 1996; Van Den Bergh 1991; Schaeff 1987). Feminist analysts of this school view AA and the twelve-step movement primarily as a therapeutic exercise, which has been very successful in helping women psychologically in terms of emotional and behavioral health. These therapists, psychologists, and educators integrate feminist principles into their work with women who attend twelve-step recovery programs and recommend that women modify the Twelve Steps to fit their own feminist interpretations. For example, Melody Beattie in *The Codependents Guide to the Twelve Steps* (1990) suggests that women completing the Fourth Step not only take an inventory of their character defects as instructed by the step, but also include a list of character assets at the same time.⁷ Beattie recommends this, because women coming into AA or other twelve-step programs often have low self-esteem and do not need to emphasize excessively their negative characteristics. Similarly, for the Eighth Step, Beattie recommends that women not only make a list of those people they may have harmed by their addiction, but also make a list of those who have harmed them.⁸ Again, Beattie suggests this, because she feels that women suffer from a lot of guilt, shame and remorse when they come into recovery. Beattie and others do not promote changing the Twelve Steps but merely recommend putting a gender lens on the interpretation and practice of the step.

Feminist researchers with a sympathetic orientation toward women's involvement in the twelve-step movement cite other aspects of women's experience as evidence that women can benefit from the variety of programs. As has been noted, many women who come into recovery have been the victims of physical, emotional, or sexual abuse or assault. Additionally, women still perceive that society has a harsher and more negative view of the woman alcoholic or addict than it does of her male counterpart. These feminists (i.e., Beattie and Shaef) assert that they are not promoting a victim mentality among women. Rather, they argue, women experience their addictions differently than men, and often this includes coming into recovery with many negative feelings and perceptions about one's self. They urge women to create a culture of

recovery that they are more comfortable with, and they believe that, once in recovery, women have the opportunity to heal and empower themselves through the Twelve Steps.

The feminist interpretations just described have been categorized in a somewhat dichotomous fashion in order to allow for clarity in assessing the feminist literature about women in AA and the larger twelve-step movement. Not all feminists fall into either camp exclusively; however, the literature does tend to cluster around one of these two polar positions. This may be a consequence of leftover ideological differences between feminists of the second wave. The feminists that view the twelve-step culture as detrimental to feminism continue to view feminism as primarily a political movement. This is obvious in the criticisms Elaine Rapping levels against the culture of recovery. More subtle voices exist. For example, some literature criticizes AA as a movement that remains a largely white, middle-class self-help movement that does not accommodate women or diversity well. This critique has not been well studied, and little information is available on the experience of women of color in AA or of women not of the middle class. On the other hand, the feminists more favorable to the twelve-step movement concentrate more on the therapeutic aspects of the twelve-step movement and defend women's use of the support found in the movement. Less prominent are those voices, such as Denzin's in *The Recovering Alcoholic* (1987), that interpret alcoholism and the recovery process in AA as a unique experience. Denzin provides an interpretive framework from which to understand the state of being an alcoholic, but he has focused most of his work on the male alcoholic experience in AA rather than the female experience. He has, however, acknowledged the feminist debate, and he suggests that some women may indeed get stuck in the twelve-step recovery ideology, ever trying to change themselves to no avail, while other women more efficiently utilize the Twelve Steps to empower themselves (Denzin 1993).

Whatever the critics' interpretation, one generalized question underlies the literature about women in AA, and that is "What is the nature of empowerment among women in the twelve-step movement?" For those who prefer the political construct of feminist empowerment associated with second-wave feminism, empowerment is a collective outcome of women working together to better their social position. For those who are concerned about women's social-psychological development, empowerment is more of a personal construct. No matter how empowerment is framed and defined, both approaches assume a dialectical interaction between the sociological and psychological processes that ultimately end in a form of empowerment.

This research will address both types of empowerment—collective and individual—throughout the course of this study. The central argument throughout this work is that women empower themselves as members of AA and the larger twelve-step movement and they do so in a dynamic and interactive manner that is both sociological and psychological. This study will treat empowerment—as reflected in the lives and experiences of women in AA—as both a process and an outcome.

In order to understand women's struggle with their alcoholism and their victory in recovering from alcoholism, this research draws primarily on two schools of feminist thought—liberal feminism and phenomenological feminism. Together, these two perspectives provide an integrated analysis of women's experience of alcohol addiction and recovery. This approach demonstrates how women resist their addiction to alcohol and how they simultaneously empower themselves as a result of recovery from alcoholism. The first theoretical perspective, liberal feminism, supplies a collective framework for understanding empowerment. The second theoretical perspective, phenomenological feminism, provides an interpretive lens through which to view the experience of individual women as they resist alcoholism and recover from it. Hence, liberal feminism allows me to understand their collective experience as both women and alcoholics, while phenomenological feminism elucidates their subjective consciousness of both of those realities. The application of both theoretical approaches allows this study to augment measurable indicators of feminist empowerment with the subjective accounts of the alcoholic woman's experience.

The liberal-feminist critique of the twelve-step movement appears to be motivated by a real concern about how women are interpreting their private emotional problems. These feminists fear that, if women revert back to framing their personal problems in private terms only and do not critically look at their social environment, then a backlash in emotional terms will occur and soon after a political backlash will arise. Therefore, it is reasonable to question the relationship between the feminist movement and the twelve-step movement by asking women in AA about their gender-role attitudes, their views toward the feminist movement, their level of involvement in feminist activities, and whether or not they consider themselves feminist. That is, are the concerns of liberal feminists well placed and has there been a regression in feminist consciousness among women who have adopted the twelve-step program as a means to escape alcohol addiction? Or, alternatively, have these women been able to incorporate the elements of the twelve-step program without sacrificing liberal feminist political views? Or, even

further, has the experience of personal recovery through the twelve-step program enhanced, extended, or intensified the liberal feminist convictions of these women?

In addition to looking at empowerment through the lens of second-wave feminists this research is informed by the feminist phenomenological theoretical tradition. A sociologist, C. Wright Mills, spoke of the necessity of understanding the inner life of the social actor and of connecting this account of the personal to the larger social structures (Mills 1959). Mills moved the social analysis of human behavior into a more reflexive discourse by looking at the relationship between subjective awareness and social structure. Alfred Schultz's (1972) work advanced Mill's sociological imagination in that he too advocated understanding social phenomena from the inter-subjectivity of the actor, while he simultaneously interprets his lived experience from the standpoint that he occupies—a standpoint that is defined by and limited to the social structure in which the individual lives. Although Alfred Schultz did not conceive of his phenomenological-sociological method as particularly feminist (Leveissue-Lopan 1988), feminist theorists (e.g., Belenky et al. 1986; Lorber and Farrell 1991; Reinharz 1983; and Smith 1978) have borrowed from Schultz's ideas about understanding social reality through the subjective experiences of social actors and have applied them to the study of women. Feminist theorists have readily turned to this phenomenological perspective, because it offers an alternative to positivistic scientific methodology, which studies women as objects rather than as subjects. Similarly, Schultz's focus on the mundane experiences making up the social world of actors has been of particular relevance to feminist scholars, since women have not historically held public positions or occupied social locations thought worthy of scientific understanding. Therefore, the focus on understanding women through their own subjective consciousness and their own lived reality, as it occurs in the everyday, has served the feminist scientific project well. Here, too, the personal tragedy of alcoholism among women can be well illustrated by asking the woman herself what it is like to be a female alcoholic. Subsequently, to allow her personal interpretation to inform the social scientific study of alcoholism among women ties her individual reality to the larger collective social problem of substance abuse in America. The current research project continues in this tradition and utilizes the phenomenological-sociological method to further define and describe twelve-step empowerment.

A unique mode of feminist analysis that is built upon the phenomenological tradition is what Dorothy Smith (1978) describes as

the problematic of the everyday. According to Smith, the study of the ordinary facts of women's lives is where feminist analysis begins and all that women experience is worthy of scientific analysis and interpretation. The individual and her interpretation of reality is the unit of study. The researcher merely prompts the investigation into the everyday consciousness of women and allows them to tell their own stories. The key to this analytical project is to "get" what the woman as subject believes and not what the researcher studying the woman as object believes. In this way, feminist researchers find the "truth" of women's experiences.

In keeping with the feminist theoretical perspective, I employ a feminist methodology in order to examine how women empower themselves in the twelve-step program of Alcoholics Anonymous. Feminist methodology utilizes strict rules of empirical analysis while also allowing the motivations of the researcher to be stated. In some instances, feminist methodology encourages the researcher to be visible and not absent from the data collection process. Research in this context is not only for heuristic and academic purposes but is to inform social change and action. It is in this framework that this research has been conducted. A combination of qualitative and quantitative methodology is utilized in order to best present a holistic picture of women's experiences as active alcoholics and in recovery. A survey was specifically designed to question women who attend women-only meetings of AA about their lives before and during their participation in AA. Volunteers, solicited from the survey, were asked to provide a written story of what their lives have been like as both active and recovering alcoholics. This rich assortment of qualitative data has been used to supplement the survey findings. Review of the AA literature, observation from meeting attendance, and professional familiarity gained from having worked as a substance abuse counselor provides the background through which I interpret the data.

This research is based upon a non probability sample of women who attend women-only Alcoholics Anonymous meetings in a large metropolitan area. The sample frame consists of the women who attend women's AA meetings listed in the "Where & When," the AA directory of meetings in the metropolitan area. Twenty-six women-only meetings provided the data base for this research. One-hundred and sixty-seven women make up the final sample. Full consent was obtained and ethical standards were adhered to during the course of this research.

Chapters 2 through 7 (henceforth, the findings chapters) will describe data in detail and will analyze and discuss associations made between variables. The sample will be described in terms of

demographics, past history, participation in AA, working the Twelve Steps of AA, indicators of spirituality, feminist consciousness, and self-esteem. In addition to quantitative measurements, all of the findings chapters incorporate narrative passages from those women who provided a written account of their experience. Also, I provide information throughout the text that was gathered from the field, as I observed women inside the women-only AA meetings. This information is presented at times to provide a context for analysis and at other times used to clarify the research findings.

The research setting is the women-only AA meeting. AA's primary organizational unit is the AA group. Sometimes referred to as the AA meeting, the purpose of all AA groups or meetings, as the AA preamble states, is for members to "share their experience, strength, and hope with each other that they may solve their common problem and help others to recover from alcoholism." (Alcoholics Anonymous 1962) There are various types of AA meetings—open to the public, closed (open only to those with an alcohol problem), general discussion where any topic relevant to alcoholism can be discussed, step meetings that focus specifically on the Twelve Steps, Big Book discussion meetings where literature from the main text of AA is studied, speakers' meetings where one or two individuals fill up the meeting hour with the telling of their story, and beginners meetings which focus only on the first three steps of AA. The general discussion meetings are the most common. This is the usual format of the women-only AA meeting.

The survey instrument was carefully designed to capture data elements that would be meaningful for public policy analysts, as well as for those who directly work with the female substance abuser. To this end, familiar survey questions were utilized and more specific "clinical" questions were asked. The survey instrument was constructed out of items taken from the U.S. Census (2000), the General Social Survey (Davis & Smith 2007), other studies (Kaskutus 1992; Vourakis 1989) and also from questions created specifically for this survey. In addition, there are composite questions derived from the American Society of Addiction Medicine's (2000) Addiction Severity Index, a clinical assessment tool, as well as questions that model those found in epidemiological studies measuring alcohol dependency, abuse, and addiction.

The quantitative and qualitative data collected by the survey instrument are presented in the findings chapters.⁹ In Chapter 2, I describe this sample of women in AA and compare it to a generalized profile of the female alcoholic. Additionally, the past history of this sample of women is presented, as well as the problems these women

have encountered as active alcoholics. Chapter 2 also includes survey findings specific to the incidence of past physical or sexual abuse, women's family histories of alcoholism and addiction, and problems that have resulted as a consequence of alcoholic drinking. Next, Chapter 3 examines the level of involvement this sample of women have in AA and the larger twelve-step movement. This chapter clarifies the extent to which women are active agents in their own recovery and how they have shaped the culture of AA to fit their gendered needs. Focusing more specifically on the Twelve Steps of AA, Chapters 4, 5, and 6 analyze how women empower themselves through the process of working the Twelve Steps. Chapter 4, "Women's Struggle with Surrender," explores their experiences with the first three steps of AA. Chapter 5 examines how women clean up the "wreckage of their past" by working Steps Four through Nine. Chapter 6 illustrates how, by working the last three steps of AA, women develop and pass on the recovery they have experienced. This chapter also includes an analysis of how religion and spirituality are viewed and practiced among women in AA. These three chapters illuminate how women simultaneously practice resistance and acceptance of their alcoholism in light of a program based on spiritual principles.

Linking the Twelve Steps to women's empowerment, the concluding chapter "Empowering Women, Collectively and Individually" provides both an empirical analysis of feminist indices to reflect second-wave feminist conceptions of empowerment and narrative data that highlight more subjective recall of "other good things" or positive consequences women have experienced as a result of their sobriety in AA. Specifically, gender role attitudes, feminist beliefs, and feminist behaviors are measured and compared to another, broader sample of women taken from the General Social Survey (GSS). By combining quantitative measures of feminism and qualitative narrative data, this book concludes with a summary of the significant findings that reflect how women in AA empower themselves through both collective and individual means.

Notes

¹ In terms of membership and groups, Women for Sobriety is minuscule compared to AA. Its website at <http://www.womenforsobriety.org/> contains no estimate of membership figures, but claims to have over 300 groups in seven countries.

² Second-wave feminism is that associated with the American and European feminist movement most active in the 1970's. This movement was characterized as fighting for equality between the sexes and other civil rights pertaining to women as a group.

³ See the Alcoholics Anonymous website at <http://www.alcoholics-anonymous.org/>.

⁴The most explicit and condensed discussion of the spiritual experience is contained in Appendix II of *Alcoholics Anonymous*. There it is stated that an "awareness of a Power greater than ourselves is the essence of spiritual experience."

⁵ The best-known example is that of Betty Ford, wife of President Gerald Ford, who publicized her problem with alcohol and became very involved in educating the nation about alcoholism. Mrs. Ford spoke out about the need to treat alcoholism as a disease, and she created her own treatment facility—the Betty Ford Clinic.

⁶ This same view is expressed in the popularly-oriented account of women and alcoholism by Devon Jersild, *Happy Hours* (2001).

⁷ The fourth step of AA reads "Made a searching and fearless moral inventory of ourselves."

⁸The eighth step of AA reads "Made a list of all persons we had harmed, and became willing to make amends to them all."

⁹ This particular survey of women in AA was conducted and data collected in 2001. Three other data sources were also employed. They are the U.S. Census, The General Social Survey (GSS), and AA's 2004 Membership Survey.