

Alienation From Self and Others: The Psychosocial Problem of Rural Alcoholic Women

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The purpose of this study was to describe women's perspectives in becoming and being alcohol dependent. Using grounded theory techniques, 14 adult Black and White women receiving treatment for alcohol addiction at rural substance abuse centers participated in an intensive interview. Data analysis focused on the identification of the basic psychosocial problem and the process of becoming alcohol dependent. The results are presented in 2 parts. Part 1, "*Alienation From Self and Others*," focuses on the basic psychosocial problem faced by women in becoming alcohol dependent. Part 2, "*Running Away to Nowhere*," on page 142 of this issue of *Archives*, describes the process used by women to resolve this problem.

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ALCOHOLISM AFFECTS the health of millions of women; however, we know relatively little about factors associated with its occurrence. As recently as 1990, researchers often studied alcoholism exclusively in men (Blume, 1997). Thus, treatment of alcoholism in women tends to be based on studies conducted with men. In addition, the majority of researchers have not explored the development of alcoholism from the perspective of the alcoholic women themselves. Given this lack of understanding of women's experiences of alcohol dependence, a study was designed to explore women's perspectives of becoming and being alcohol dependent. The findings of this study will be presented in 2 parts. This article presents part 1, an analysis of the problems women faced (conceptual-

ized as "*Alienation From Self and Others*"), which led to their becoming alcohol dependent. Part 2, "*Running Away to Nowhere*," on page 142 in this issue of *Archives*, is the process women used to manage "*Alienation From Self and Others*."

BACKGROUND

Researchers have identified a number of risk factors associated with alcoholism in the general population. Family, twin, and adoption studies have shown that a family history of alcoholism is a significant vulnerability factor for developing alcoholism with children of alcoholics having a 4 times greater risk for becoming alcoholic (Goodwin, 1984). The presence of another mental disorder (Helzer, 1987; Helzer & Pryzbeck, 1988), stressful life events (Allan & Cook, 1985), positive beliefs about alcohol's effects (Brown, Christiansen, & Goldman, 1987), and poor coping skills (Cooper, Russell, & George, 1988) also have been identified as risk factors for abuse of alcohol and other drugs.

According to the Epidemiological Catchment Area Study (ECA) study, major depression may be a significant risk factor for alcoholism among women (Helzer & Pryzbeck, 1988). The rate of lifetime diagnosis of major depression in alcoholic women is almost 3 times the general population

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Supported in part by the American Nurses Foundation (ANF) and the University of South Carolina College of Nursing.

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0883-9417/00/1403-0004\$10.00/0
doi:10.1053/py.2000.6383

rate of 7% (compared to 3% in men) (Helzer & Pryzbeck, 1988). Moreover, the ECA study researchers found that depression is the primary diagnosis in 66% of alcoholic women, whereas depression is the secondary diagnosis in 78% of alcoholic men (Helzer & Pryzbeck, 1988). These findings suggest that women may self-medicate depression with alcohol, whereas men may become depressed as a result of alcoholism.

A more recent study has shown that for individuals with a substance use disorder and comorbid depressive disorder, both disorders are worse than for those with only one such disorder (Hanna & Grant, 1997). Moreover, women with a primary depressive disorder and substance use disorder report more suicidal ideation, plans, and attempts, thus, making this a lethal combination (Hanna & Grant, 1997).

The limited research on the backgrounds of alcoholic women has suggested that childhood victimization, particularly childhood sexual abuse, may precede alcohol dependency (Miller, Downs, Gondoli, & Keil, 1987; Miller, Downs, & Testa, 1993; Miller & Downs, 1993; Miller & Downs, 1995; Rohsenow, Corbett, & Devine, 1998; Teets, 1995). Alcoholic women are 2.5 times more likely to report childhood sexual abuse than nonalcoholic women (Miller & Downs, 1995; Miller et al., 1987). The presence of childhood victimization discriminated between alcoholic women and nonalcoholic women even after controlling for demographic variables and the presence of an alcoholic parent (Miller et al., 1987).

Alcoholic women also experience higher levels of nonsexual childhood abuse than nonalcoholic women. Alcoholic women reported more father-to-daughter verbal abuse and 4 times the level of father-to-daughter severe physical abuse than nonalcoholic women (Miller & Downs, 1995). Severe abuse included acts such as kicking, biting, hitting with an object, and threatening with a weapon.

Miller et al. (1993) explored whether childhood victimization contributes specifically to women's alcohol problems or to a variety of mental health problems in general. They compared victimization experiences of women in treatment for alcohol problems with women in treatment for other mental health problems and women receiving services for partner victimization. More than two thirds (70%) of alcoholic women had experienced some form of sexual abuse in comparison to half (52%) of

nonalcoholic women in treatment for other mental health problems. The results of this study suggested that childhood victimization contributed specifically to alcohol-related problems in adult women.

In a prospective study, childhood abuse, particularly neglect, was associated with increased risk for alcohol problems in women but not men. Moreover, this association remained significant after controlling for parental alcohol problems, childhood poverty, race, and age (Widom, Ireland, & Glynn, 1995).

Investigators have speculated on the possible theoretical connections between experiences of childhood victimization and later alcohol problems in women. One hypothesized connection is that victimization results in feelings of low self-esteem and women use alcohol to cope with these negative feelings about the self (Miller & Downs, 1995). A second hypothesized connection is that victimized girls feel that their experiences have made them different from other girls their age, and, as a result, they join peer groups who engage in delinquent behavior including drinking and drug use (Miller & Downs, 1993).

Risk factors for alcoholism have been examined mainly using quantitative designs. A quantitative approach examines the problem from the researcher's perspective and may not capture what is important to women. Only a handful of studies have examined alcoholism or abuse of other drugs holistically within the context of women's lives. Woodhouse (1992) used a life history approach to describe the experiences of inner city women who abuse crack cocaine. Violence, abuse, male dominance, and depression were among the themes that emerged (Woodhouse, 1992). Smith (1998) conducted a hermeneutic-phenomenological study of suffering that described the experience of alcoholic men and women. Symptoms of physical dependence, shame, and guilt emerged as sequelae of drinking (Smith, 1998). Kearney, Murphy, Irwin, and Rosenbaum (1995) developed a grounded theory to describe how pregnant crack cocaine users perceived their problems. Three additional qualitative studies explored recovery from substance abuse (Hartwell, 1998; Kearney, 1998; Marcus, 1998).

In summary, few studies have focused on alcoholism in women. Of those that do, they tend to focus on researcher-identified variables that may not represent the most important aspects of the wom-

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