

Special Edition
"Women in the Work Place"

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Chemical Dependence Among Women

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Rapidity of change has characterized the EAP movement since its inception, a characteristic which makes our work stimulating, yet difficult. Our work is stimulating because advances in research and the characteristics of successful industrial programs and treatment modalities generate a sense of challenge and renewed commitment to our endeavor. It is difficult because these very changes constantly cause us to reevaluate our past decisions, and require that we improve on them.

Nowhere has the pace of change been more rapid than in our understanding of women afflicted by alcohol and other drug dependence. For instance, as recently as

10 years ago personnel *in the field* were having their consciousness raised about the prevalence and characteristics of women suffering from alcoholism. Many of us may remember the popularity of Marian Sandmaier's well-documented research regarding the characteristics of affected women, and her popular book, *The Invisible Alcoholics*. In contrast, today it is widely appreciated among us that women suffer in great numbers from dependence on drugs, including alcohol. And, although our programs still rarely address fully the need for services to women, EAPs and treatment facilities alike are adapting their programs to better reach this population.

Insofar as examination of women's problems reveals multiple drug dependence, those of us involved in women's chemical abuse issues may have been the first to witness on a frequent basis a phenomenon which, increasingly, characterizes most people in treatment, men and women alike.

What can be learned from our understanding of the special characteristics of women affected by chemical dependence? What contributions to our field as a whole can these insights make? These are the questions I would like briefly to address.

(See CHEMICAL, p. 10)

"Women For Sobriety" Helps Working Women

By

Dr. Jean Kirkpatrick
Founder of
Women for Sobriety

and

Dr. Robin J. Milstead
Director of Occupational
Programming

Working women alcoholics can be empowered to recover through enlightened action and a life-long program of self-help and continued personal growth away from their alcoholism. The most logical locus for intervention in a working woman's progression of alcoholism is the work place. The catalytic agents for initiating her recovery include supervisory, medical, or personnel staff of management; her union counselor, local official, or co-worker; and the working woman herself.

The most available, economical, and responsive resource for structuring her recovery is a self-help program of group activities and individual actions. There is only one self-help program designed exclusively for women alcoholics, and it is Women for Sobriety. The generic philosophical premise of Women for Sobriety is empowerment of the woman alcoholic to realize a positive self-image and continued sobriety, and to facilitate this status in other women.

Women for Sobriety is an organization whose purpose is to help all women recover from problem drinking through the discovery of self, gained by sharing ex-

periences, hopes, and encouragement with other women in similar circumstances.

Women for Sobriety is unique in that it is an organization of women for women. It recognizes woman's emerging role and her necessity for self-esteem and self-discovery to meet today's conflicts.

Women for Sobriety is not affiliated with Alcoholics Anonymous, although its philosophy is congruent with AA. Members of Women for Sobriety often belong to AA. Each organization, however, has its individual purpose and should be kept separated.

Women for Sobriety believes that drinking begins as an effort to overcome stress, loneliness, frustration, emotional deprivation, or any number of other kinds of harassment. Dependence and addiction result. This physiological addiction can only be overcome by abstinence. Mental and emotional addiction are overcome with the knowledge of self gained through Women for Sobriety.

Women for Sobriety may be used on an individual or group basis. Group meetings

(See WFS, p. 9)

The Challenge of Meeting Treatment Needs In a Predominantly Female Population

By Barbara Feuer
Program Director-EAP
Association of Flight Attendants

The Association of Flight Attendants (AFA) has a membership of over 21,000 flight attendants who are employed by 14 airlines and based in 27 cities in the U.S. Our members are a unique work force

because (1) they are predominantly female—87 percent; (2) they work with minimal supervision—daily job supervision is often nonexistent; and (3) their work

(See AFA, p. 11)

Women, Work, and Drinking Patterns

By Dana E. Pack
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By mid-1978, one out of every two women 16 years old and over was working or looking for work. Many of the nearly 43 million women in the work force by the end of 1978 could be expected to have undergone other changes as well. The U.S. Department of Labor found that women were working for the same reasons men have always worked; they were interested in earning a wage in order to support themselves or others.

Whether the incidence of drinking among women is approaching that of men and, more importantly, whether it can be viewed as a permanent shift related to their changing employment status requires much empirical exploration. Sandmaier has noted that compared to the housewife who drinks heavily, the employed woman with a drinking problem has been ironically bypassed in both popular and scientific literature on female alcoholism (Sandmaier, 1980). As Sandmaier points out, this is an unusual oversight since half of all adult women in the United States now work outside of the home. Further, she notes that the 1975 NORC survey of American drinking patterns established that both working and unemployed women had substantially higher rates of alcohol problems than women who had always been housewives. In fact, both of these groups were more than twice as likely to develop drinking problems as housewives.

It appears, too, that the employed single female may be more prone to develop a drinking problem. Gomberg (1977) reviewed data gathered from one employee alcohol rehabilitation program (Illinois Bell Telephone) and noted that separated or divorced women used the rehabilitation program three times more often than did men in the program. One explanation for the nonuse of the program by married women has been offered by Greenblatt and Schuckit (1976). Devoting a section to women and alcohol, they concluded that women with drinking problems are frequently protected by their husbands from facing the consequences of their drinking.

There are a variety of premises from which to post explicit relations between employment and drinking incidence among women, especially if one takes into account research on their problem drinking and alcoholism. Curlee (1960:1970), for example, has examined life events with regard to the onset of problem drinking in both men and women. She found that 30 percent of women in contrast to 8 percent of men reported that the onset of heavy drinking was associated with a specific life event. Research has shown that working

women have the stress of role identity problems as well as other work-oriented stressors: (1) inadequate, inconvenient, and expensive child care arrangements often produce tension and frustration for the working mother and may also cause difficulties on the job (Focus on Women, 1980); (2) not only do women remain concentrated in dead-end, nonsatisfying jobs, but "fully employed women continue to earn less than fully employed men" (U. S. Department of Labor, 1978); (3) "about 1 out of 10 women workers was head of the family (1975) (U.S. Department of Labor, 1976); and (4) in addition to her job, the working wife very frequently has entire responsibility for the care of the home and family (Focus on Women, 1980).

Blau has opined that the structure of the sex-segregated labor market makes it clear that the work world operates to the disadvantage of women. In 1975, she noted that well over 40 percent of women are either employed or looking for work, but even women who work full-time earn only 60 percent of the amount earned by full-time working men (Blau, 1975). Even more troublesome than the current statistics is the fact that the situation has not improved during this century. Gross (1968) has noted that occupational sex segregation was as serious a problem in 1960 as it had been in the early 1900s. He warns that we do not have the luxury of telling ourselves, despite public pronouncements to the contrary, that the situation facing women in the work world is not too bad or that it is getting better. Although some gains have been made by females in the labor force, the evidence indicates that much remains to be done if the institutional practices that operate against the female worker are to be overcome. Unfortunately, these premises, although suggestive, have not been fashioned into an articulate theoretical position on the relation between employment and drinking incidence.

Given the lack of theoretical focus in the literature, the tentativeness with which findings about the drinking practices of women must be approached, and the lack of systematic research attention to the question raised in this study, a descriptive study of an exploratory nature seemed most plausible. To aid in that exploration potential relations between several other factors and drinking incidence needed to be examined. These included age, marital status, education, children, religious preference, religious attendance, and social participation. Of these, only age and education were found to potentially affect (See PATTERNS, p. 8)

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Women, A Multidimensional Experience

By Mary Ellen Kane
Manager, Personal Assistance Program
Kemper Group

During my seven years working as a Personal Assistance Counselor I've come to the conclusion that women who are alcoholics or spouses of alcoholics have different problems than the male alcoholic, simply because they are women. The changing role of women in modern society has created conflicts for most women. For example, women will say they want to be independent, but they also want to be cared for and dependent as in the myth of the traditional sense. Women seem to be plagued by self-doubt and fears of responsibility, while at the same time, they feel they are responsible for any problems in their family or interpersonal relationships. Whether I am counseling a woman alcoholic, a woman whose spouse is an alcoholic, or a woman who has other living problems, I see the same role conflicts and search for self. Women's search for identity and self-worth, I believe, must be discussed and furthered in any kind of counseling.

Women, as Alcoholics

The women alcoholics I counsel feel helpless, betrayed, uncertain of how to ask for help, and rejected by loved ones. They suffer from extreme guilt and low self-esteem. Much of this underlying guilt and low self-esteem were present before the advent of alcoholism. Alcoholism merely exacerbated the problem.

A prevalent theory of why women drink is that they have sex-role conflicts. They behave in a manner that is culturally acceptable for women on the surface, such as being submissive and dependent, less adventurous and competitive, and more easily hurt and emotional than men. But underneath, they have masculine strivings, and drinking alcohol helps them to quell the masculine strivings and acquiesce to the feminine role. This, along with a continuous conflict as to their adequacy as women, which is so rigidly defined in our culture, helps to put these women in a downward spiral of alcohol and drug abuse.

It has been fairly well documented that a period of depression/crisis often occurs prior to the onset of problem drinking in a female. Very often she seeks professional help and many doctors/psychiatrists overlook the symptoms out of ignorance of the disease and make a stereotypical diagnosis of female complaints. They prescribe tranquilizers or other forms of depressants, which only add to the alcohol-dependent woman's problems.

Even the identification of female alcoholics has been difficult due to the "protectionism" built into our society, which makes it easier for women to drink in secret. An additional factor in the work

place is that, generally, many women work in such routine, low-level jobs that even though they are suffering from an addiction, they are able to perform at acceptable levels. Also, male supervisors may be reluctant to refer female employees if they suspect alcoholism because of the stigma attached; and, possibly, women are better able to "manipulate" their male supervisors. (Due to our systematic disciplinary procedures at Kemper, I feel that this does not hold true any longer, except in rare incidences.)

One problem as I see it, is that most identification and treatment programs are modeled on data collected from male alcoholics and do not take into consideration the needs of women for increased sense of self-worth and individual identity. Unfortunately, the treatment very often reinforces the low self-esteem and female role conflicts. While she may be free of alcoholism, she continues to suffer emotional pain because the role conflicts were never addressed during treatment.

Women, As Spouses of Alcoholics

Most occupational alcoholism programs do not address the needs of family members, especially women who are spouses of alcoholics. While I don't believe that sexism is the primary cause, I do believe that most programs are run by recovered male alcoholics who view the problems associated with alcoholism with a much narrower focus—mainly the alcoholic. Very often these male counselors don't feel comfortable dealing with women who have alcoholic husbands because the situation is too close to their own personal experiences.

Forty-three percent of my caseload has been family members of alcoholics, many of whom exhibited either job or health problems. Most of the job problems centered around absenteeism, tardiness, moodiness, poor interpersonal relationships and poor attitude. Even though these women are competent and indispensable to their families, they still suffer constant assaults on their self-worth by questioning themselves, "Am I a poor wife, homemaker, and mother? Maybe I'm just an all-around failure as a woman." This continual inner assault on self undermines any person's ability to cope.

Many of the women I deal with fall into the category of "enabler." Looking at the characteristics of the enabler, I can't help but identify them as the traditional, learned female traits: super responsible, others first, powerless, compliant, and manipulative.

Even though these women have the

special problem of dealing with an alcoholic spouse, they are still dealing with the socio-cultural aspects of being female that make it more difficult to extract themselves from the enabler role. I see my role as not only educating them about alcoholism and their role in it, but also as helping them overcome many of these detrimental female patterns that inhibit their ability to grow and self-actualize.

Woman—Other Living Problems

Let's look at women's problems, without the added problem of alcohol, in order to identify specific women's issues: independence verses dependence, career verses their desire for marriage and/or children, and craving for intimacy verses a fear of intimacy. In addition, many of the women who talk to me are struggling with the loss of the myth that someone will always be there to take care of them, and they are frightened of the idea of having to reorganize their lives and develop a separate identity.

Married women returning to work in financial need are resentful that their family takes them for granted. Often they find that they now have two full-time jobs—homemaker and employee. Many of these women gave up jobs to marry and raise a family in compliance with the cultural norms. It is very difficult for this mother/wife, now job holder, to develop her own identity as a person.

Divorced women with dependent children are also in a difficult position. Very often the child support that was awarded is not forthcoming. These women grew up and married, never planning that some day they'd be self-supporting, much less the support of one or more children. They are frightened of the situation they find themselves in and, for varying reasons, are unable to see alternatives. Once the male leaves their lives, some even feel they are a nonentity.

Many young college women find themselves pulled apart by contradictory thoughts and emotions. They feel strongly committed to work, yet dream about giving up their careers for marriage and motherhood. As they approach their late twenties, a form of panic sets in about whether to opt for more responsibility in their jobs or back off and take a secondary position. If they are married, this conflict arises around the issue of motherhood. If they are single, the conflict stems from whether or not they'll be married or facing the rest of their lives alone. This panic extends well into their thirties. I have seen intelligent,

(See MULTIDIMENSIONAL, p. 8)

Union Women Conference Focuses on Organized Labor Role

By Anna Padia
Human Rights Coordinator
The Newspaper Guild

"The working woman alcoholic or drug abuser has been hidden, ignored, and neglected for over 200 years in the U.S. and for centuries longer in other countries. Hopefully, it will not take an additional 200 years to address the special needs of working women who are troubled by alcohol and other drugs."

With these words, Joyce D. Miller, president of the Coalition of Labor Union Women (CLUW), officially opened a two-day conference on "Substance Abuse and Working Women" held in Washington, DC, May 5 and 6. The conference was sponsored by CLUW.

Miller, speaking to the audience of 200, pointed out that "this conference represents an important first step in focusing on the problems involved in developing innovative approaches in early identification and referral for women workers with substance abuse problems."

Miller, who is also a vice president of the Amalgamated Clothing and Textile Workers Union (ACTWU) and the first woman vice president of the AFL-CIO Executive Council, said that occupational programs in industrial settings have not proven as effective for women as for men in terms of early identification and referral to treatment. The ratio of referrals of women to men generally varies from 1:4 to 1:15, yet statistics show that out of the 49 million women who work outside the home, 4.9 million are alcohol and drug troubled.

"Organized labor," she said, "has always been in the forefront of the fight for its members' health and welfare. Our goal is to help in turning troubled women into the healthy, vibrant women they can be."

Other speakers representing organized labor at the opening session were Ray Andrus, national staff representative in the Community Services Department of the AFL-CIO, and Berkley Watterson, international representative from the United Auto Workers (UAW). Both speakers focused on the need for unions to develop union-based programs or to negotiate joint labor-management programs. Andrus prefers this type over a management-based one, because the employees themselves will have some say in how the program is set up and implemented, and he feels that if jointly managed, it will limit potential management misuse of the program. He also suggested that referrals come from trained shop stewards and that management contact the union representative prior to making any recommendation or referral.

As speakers throughout the conference noted, there are several barriers which make it more difficult to identify and pro-

vide referral to women alcoholics. Stereotyping alcoholism as a "man's" problem; societal attitudes toward women drinkers; the lack of sensitivity to women in some treatment programs; and the all-male staffing in some alcoholic treatment centers—these were just a few of the problems identified in diagnosing and treating the female substance abuser.

Dr. Robin Milstead, CLUW conference co-chairperson, put forth some suggestions for a new approach and individual actions that will, she feels, help in eliminating some of the barriers women substance abusers face.

In her book, "*Empowering Women Alcoholics to Help Themselves and Their Sisters in the Workplace*," she suggests that when developing an assistance program, materials should show an awareness of the male-female differences; more female counselors and directors should be utilized; additional supportive services such as child care should be put into place; and a process of identification and referral should be used rather than the formal referrals. Milstead also feels that confrontational techniques should be constructed so as to be less stressful on women. Other constructive approaches to use when dealing with the woman substance abuser might include self-help groups for women only; proper training for those in the work place who will be doing the referrals, a networking system with services and resources that offer a holistic approach and, finally, a program that includes job protection and confidentiality.

Milstead suggested various actions union members could take, through their unions or as individuals, starting with an examination of their personal attitude toward alcohol and drug abuse and women, and making a site visit into a treatment program or center.

In addition to utilizing the usual union resources, collective bargaining, and legislative and education programs, she suggested establishing a committee in each CLUW chapter to work with working women who have alcohol and drug related problems.

Union-Based Programs

According to Dr. Milstead, "some union-based programs report a high percentage of women clientele. These are unions that have substantial numbers of women and/or employ women staff, supervisors and/or union counselors, and/or exert positive action on the program."

Two such programs highlighted at the conference have been put in place by the

Association of Flight Attendants (AFA) and the Amalgamated Clothing and Textile Workers Union (ACTWU).

ACTWU represents 501,000 members, 66 percent of whom are women, and has developed various "mechanics to deal with the problems unique to women members" in the union. According to Roger Herman, associate director of the Health Assistance Program, the basic model for an employee assistance program is a male model and is not always useful for women. The mechanics used by ACTWU, however, have improved referrals—especially self-help referrals among women. They include the establishment of health centers in two major U.S. cities; the use of an insurance carrier to distribute letters to every member receiving a disability check which promote the union's assistance program; and a family therapy program which, he said, is especially helpful in working with close-knit Hispanic families. "Not only do union-based Employee Assistance Programs (EAPs) have a better chance of reaching women than predominantly management-based EAPs," Herman said, "but because of the union's makeup as reflected in our programs, unions are also able to reach minority-group women, which is a vastly under-served population."

Another union-based program that has had a great deal of success in reaching its female work force was presented and explained by Barbara Feuer, Association of Flight Attendants Employee Assistance Program Director (see accompanying article). Feuer said that during the first two years of the union's program, 18 percent of all referrals came from management, 30 percent were self-referrals, and 47 percent came from peers. The crux of the program, she said, is a peer referral model, which focuses on early identification and prevention and depends almost exclusively on the co-worker relationship.

The program was started in 1980, with a grant from the National Institute on Alcohol Abuse and Alcoholism (NIAAA). The key element in the program is the flight attendants who volunteer to work on the EAP committee to service the union's 21,000 members from 14 different airlines in 27 cities and 20 states. The membership in AFA is 80 percent female.

Each volunteer and each lead volunteer receives basic and advanced training on how to recognize signs of problem behavior; understanding the disease of alcoholism; women and alcoholism treatment; aftercare; and finding practitioners and facilities in their respective areas. Advanced training includes leadership and administrative skills and the related skills