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Women, Addiction, and Recovery: A Historical Review

By William L. White, MA

In the spring of 1978, First Lady Betty Ford publicly announced that she had begun her recovery from addiction to alcohol and other drugs. It was a stunning moment for those who had long worked to destigmatize addiction and convey hope for addiction recovery among women. Betty Ford's courage and candor boosted the women-focused research and treatment agendas of NIDA and NIAAA and sparked many local communities to examine the special needs of addicted women. Since then, research and treatment advances have forced a dramatic re-evaluation of the sources and solutions to alcohol- and other drug-related problems among women. This brief article sets these advances in the larger context of the history of addiction, treatment and recovery among American women.

The birth of gender-specific treatment

Addiction among women arose within two larger trends of the 18th and 19th centuries: a near tripling of annual per capita alcohol consumption between 1780 and 1820, and an increase in other psychoactive drug use in the decades that followed. The latter was influenced by the lack of medicinal alternatives to narcotics, and by a patent medicine industry that aggressively promoted alcohol-, opiate-, cocaine-, and chloral-laced products for women's "troubles."

Newly formed temperance organizations decried the rise of inebriety among men and women. On May 12, 1841, the first chapter of the Martha Washington Society was founded in New York to provide support for inebriates, especially the female inebriate. Accounts of the Martha Washington Societies noted the successful reform of many female inebriates (Johnson, 1843). Other groups involved in female "rescue work" included the Daughters of Rechab, the Sisters of Samaria, as well as the Ladies Dashaway Association.

When the first medically oriented inebriate asylum opened in 1864, 400 of the first 4,000 applications for admission were from women. The recognition of the special needs of the female inebriate quickly led to the opening of the first gender-specific treatment program, the Martha Washington Home in Chicago (1869). Other specialized women's programs followed, including the Temple Home (1876), the New England Home for Intemperate Women (1879), and St. Savior's Sanitarium (early 1890s) (White, 1998).

By dramatizing her moral degradation, the same temperance movement that reached out to the inebriate woman also increased the stigma attached to female addiction. It was this stigma that drove female addiction and its treatment underground. A woman seeking discrete treatment at the Keeley Institute in Dwight, Illinois, in the 1890s was often admitted under a false name with even her physicians unaware of her true identity. While the "Keeley Men" strolled the city streets and proudly posed for pictures of their triumph over "King Alcohol," women were sequestered in the "Ladies Home," isolated from male patients and exposure to local citizens, where they never appeared in Keeley photographs.

Nineteenth century addiction texts and the *Journal of Inebriety* sustained lively debates about the sources and solutions to female inebriety. Particularly striking in this literature, by their omission, are the voices of addicted and recovering women. In fact, the only biographical work of an addicted woman in the 19th century, *Confessions of a Female Inebriate* (1842), was penned by a man - Issac Shepherd.

The lone voices of women in the addictions literature of the 19th century were those working as professional helpers, two of whom deserve special mention. In 1888, Dr. Lucy Hall, Physician in Charge of the Reformatory Prison in Sherburne, Massachusetts, profiled 204 addicted, incarcerated women. Most began drinking as teenagers, usually drank with other young women, and progressed from alcohol-laced tonics to beer and spirits. More than one-third of the women had been battered by their husbands. A decade later, Dr. Agnes Sparks (1897, 1898) published a series of articles on the treatment of addicted women. She suggested that women had less genetic risk of inebriety, greater risk alcohol-related physical pathology, but a better prognosis for long-term recovery than did men when their special needs were addressed.

The collapse and rebirth of women's treatment (1900-1970)

Specialized treatment for women disappeared alongside the larger collapse of recovery support groups and treatment programs in the early 20th century. Ironically, the event that contributed most to the collapse of treatment resources, the advent of Prohibition, also changed women's drinking patterns. Women, who would never have entered the saloon, began entering the new nightclubs, cabarets, and speakeasies in great numbers and with great frequency. During this same period, opiate addiction among women declined under the influence of new drug control laws and improved physician training.

While the first voices of addicted women appeared in American literature between 1930 and 1940 (O.W., 1930; Wilson, 1940), most addicted women in the early 20th century lived and died in a shroud of silence. This began to change as the first women entered Alcoholics Anonymous in the 1930s and 1940s. The struggles of these first women in the "fellowship" of A.A. were poignantly detailed in Grapevine articles (Women, 1945, 1946). Women's groups began in A.A. in the early 1940s, and surveys of A.A. membership reflected a steady increase in female members from 15 percent in 1951, 22 percent in 1966, and on toward its current level of 34 percent.

Several heroic women helped shape the history of alcoholism treatment during the 1940s and 1950s. Marty Mann, the first woman to achieve prolonged sobriety within A.A., founded the National Committee for Education on Alcoholism in 1944. The repeated public testimony of her recovery from alcoholism brought innumerable women into recovery. Another such courageous disclosure was that of actress Lillian Roth, who announced her treatment for alcoholism in 1946 and detailed her recovery in *I'll Cry Tomorrow* (1954).

There were the women who began working in the front lines of alcoholism treatment during the 1940s and 1950s, physicians like Dr. Ruth Fox and Dr. Vernelle Fox, who pioneered new approaches to the treatment of alcoholism and helped organize what would later become the American Society of Addiction Medicine. There were nurses like Theresa ("Teddy") Rowan whose own recovery inspired her to work as a nurse on the alcoholism ward at Knickerbocker Hospital in New York City. There were

local recovery advocates like Katherine Pike, Mary Ross, and Elizabeth Whitney, who organized local alcoholism councils. And there were administrators like Phyllis Snyder of the Chicago Alcoholism Treatment Center and Geraldine Delaney of Alina Lodge in New Jersey (Pioneers, 1979). All used their leadership positions to advocate for the special needs of addicted women.

Such advocacy was important as the addicted woman was being publicly portrayed in lurid images and language. Literature from the 1940s and 1950s featured lurid titles (Tormented Women: A Frank Revealing Study of Women Degraded by Alcohol) and subtitles like "Drink turned her into a sex-crazed animal!" Even magazine coverage of A.A. reflected such titles as, "A.A.: No Booze but Plenty of Babes." Similar caricatures were created out of women addicted to narcotics and other drugs in the literature of the late 1950s and 1960s (e.g., Dope Dolls, I Made My Bed).

Such was the cultural climate in which new specialized resources for women were developed in the 1950s and 1960s, programs like Friendly House in Los Angeles (early 1950s), Hazelden's Dia Linn in Minnesota (1956), the House of Hope Women's Residence in Utah (1956), and the Women's Center in Oregon (c.1958). Momentum was building for the rebirth of community-based treatment, and a rebirth of gender-specific treatment.

In 1969, Senator Harold Hughes led hearings before his Subcommittee on Alcohol and Narcotics. Two recovering women played prominent roles in the hearings, Marty Mann of the National Council on Alcoholism, and the Academy Award winning actress, Mercedes McCambridge, who publicly disclosed her recovery from alcoholism at the hearings. The legislation that grew out of these hearings marked the culmination of nearly two centuries of efforts to forge a community-based system of addiction treatment. Concerns about the special needs of women rose once again, and have sparked a new era of gender-based research and treatment.

Enduring themes

Although we have explored only a few snippets of the history of addiction and recovery among American women, enduring themes abound. First, there is the targeting of women by the promotional machinery of licit

and illicit drug industries. Second, there is the long history of stigma, and the resulting invisibility and voicelessness of addicted and recovering women. Third, there is the amazingly resilient assumption that women's lives can be changed within programs created by and for men. Finally, and most importantly, there are the women who have used their lives as instruments of service to other women, who have forged new metaphors and rituals of transformation, and who have served as the stateswomen in the larger arena of addiction treatment and recovery advocacy.

Everything we have studied in the addictions arena - etiologies, patterns, obstacles, engagement strategies, treatment techniques, and styles and structures of recovery reveal significant gender differences. We owe much to our modern pioneers, Jean Kirkpatrick, Marian Sandmaier, Edith Gomberg, Sharon Wilsnack, LeClaire Bissell, Sheila Blume, Linda Beckman, Charlotte Davis Kasl, and Stephanie Covington, to name just a few, who have tried to push these findings from the laboratory to the community. They have widened the doorways of recovery by helping create intervention and recovery models designed for women.

It is not enough that a few premier, gender-specific programs existed for brief periods in American history, or that a few such model programs exist today. It is time that all we have learned about the treatment of addicted women is mainstreamed in treatment programs throughout the country. The day that a woman could enter an addiction treatment program anywhere in the country and find treatment designed for her has been a vision for more than 150 years. It is time that vision was fulfilled.

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William L. White, MA, (bwhite@chestnut.org) is a Senior Research Consultant at Chestnut Health Systems and author of *Slaying the Dragon: The History of Addiction Treatment and Recovery in America*.