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WOMEN FOR SOBRIETY:

Thirty-five Years of Challenges, Changes, and Continuity

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Until the late 1970s, little research had been done specifically on women alcoholics and their treatment; consequently, all referrals were generally made to an Alcoholics Anonymous group using the 12-step program. This program was designed by male alcoholics for other men and treated all alcoholics, men and women, the same. There were no alternatives (Kaskutas, 1994, p. 185).¹ Shortly thereafter, with the rise of the women's movement, and consistent with the thinking of sociologist Dr. Jean Kirkpatrick, women's needs in recovery and their treatment began to be viewed differently. Dr. Kirkpatrick's position was that a woman's experience as an alcoholic is a distinct phenomenon – as is her recovery from her drinking – and she requires a separate approach as well as separate meetings (Kaskutas, 1994, p. 186). Likewise, as researcher Dr. Lee Kaskutas surmised, "The AA philosophy and its approach to sobriety are not for everyone, irrespective of gender" (Kaskutas, 1992b, p. 632). Fortunately, in 2012 there is greater acknowledgment that women pursuing recovery need to be treated separately and differently from men; therefore, different but equally effective treatment approaches are needed as alternatives. Women for Sobriety (WFS) is considered one of these unique solutions.

This article examines Women for Sobriety, an abstinence-based, secular recovery organization for women, founded in 1975. WFS and its program were created as an alternative recovery strategy in contrast to the well-known 12-step approach.² As a non-professional, self- and mutual-help organization, WFS has no physical treatment facilities; it offers the WFS "New Life" Program, group meetings, and other support materials to help women pursue a positive recovery. Also considered in this article is how the WFS organization has fared over the past 20 years and where the organization is today, based on the results of two surveys of the WFS organization conducted 20 years apart, in 1991 and 2011. The comparisons indicate that the organization has evolved through the years by facing challenges and embracing change, yet preserving necessary continuities.

WFS HISTORY

In 1973, Jean Kirkpatrick was 50 years old with a Ph.D. in sociology and dwindling job prospects; she was also an alcoholic with a 29-year history of problem drinking and only a collective three years' sober, until she was able to achieve lasting sobriety on her own, using her own methods. In her search for a new profession and meaningful work, she realized that, in addition to her education and experience in teaching and research, she had considerable expertise as an alcoholic, more specifically a *woman* alcoholic, who overcame alcoholism using a means other than the traditional AA 12-step program in widespread use at that time. Also, she had worked with and sponsored women alcoholics in her previous years in AA, and she was planning work with Marty Mann, the founder of the National Council on Alcoholism. Above all, though, she viewed herself as an expert on female alcoholics, based on her extensive first-hand experience with her own addiction.

She had found a cause and, at last, what became her life's work. A prolific writer, she began to collect and organize her thoughts, notes and perspectives on alcoholism and recovery based on her personal experience, until her original trial and error methods gelled into a new program designed by a woman alcoholic specifically for women alcoholics. Her approach to sobriety was influenced by the writings of American Transcendental author and thinker Ralph Waldo Emerson and the Unity Movement of New Thought, another product of the late nineteenth century; her exploration and practice of meditation; the emerging women's movement; her experience with AA and her own battle with alcohol; and, her studies of sociology. These intellectual, introspective, and experiential pursuits combined to result in a cognitive-based program that would address what she believed to be the fundamental problem of women alcoholics: low self-esteem.

Further, Dr. Kirkpatrick concluded that the concept of “one size fits all” should no longer apply to recovery efforts and that women’s needs not only vary by individual but also differ greatly from men’s recovery needs. Therefore, she reasoned, there are many women for whom a 12-step approach was simply not the right fit, for various reasons, and these women may be more successful using a different, women-only strategy for their personal recovery.

By 1974, she was ready to introduce her new program. The Women for Sobriety (WFS) organization, with its “New Life” Program and “13 Statements of Affirmation,” was incorporated as a non-profit charitable organization in 1975. Following a United Press International feature about the new program which appeared in 50 newspapers nationwide, the response was immediately heartening; within the first week WFS received letters from over 500 women alcoholics seeking information and requests about starting groups in 50 major cities. Reflecting both interest and need, WFS was on its way to steady growth into an organization with national and eventually international scope.

The first WFS face to face group met on a Tuesday in January 1975 at the Bethlehem, Pennsylvania, home of one of the organization’s first members; only three women attended, including Jean. A short time later, a second group was started in Dobbs Ferry, New York, with Jean personally attending the first few meetings until a qualified meeting leader was selected.

As an additional resource and support for WFS members, Dr. Kirkpatrick began a monthly newsletter, *Sobering Thoughts*, which she envisioned as a way to provide expanded information about the program, its affirmations, and other issues affecting women alcoholics. She also suggested using the newsletter’s topics as subjects for discussion at group meetings, as a way “to lead each [group] member to some kind of self-understanding.” In the inaugural issue in March 1976, she included her thoughts about “The Power of Meditation,” “I Have a Drinking Problem,” “Should-Be-Itis: Did You Have It?” and “Anger and Displacement,” as well as news updates and program notes.

In the late 1970s, Jean began holding periodic meetings at her home in Quakertown, Pennsylvania, about 30 miles northeast of Philadelphia. These events eventually grew into annual gatherings at local hotels and then evolved into 3-day annual conferences held at a local college each summer. The annual conference continues today, offering women nationally and worldwide the opportunity to meet, learn, and bond; also, the event remains a major source of fund raising for WFS.

Very early on, Dr. Kirkpatrick developed a Pen Pal service as a way to connect new WFS members with other women who had more experience with the program and sobriety and who shared the common bond of dealing with their drinking and wanting a new life. The more experienced members were matched with the newcomers to the WFS program (who were often newcomers to sobriety as well) for written exchanges of information and support. The Pen Pal service continued into the beginning of the twenty-first century, when pen, paper and snail mail succumbed to the explosion of internet technology.

Originally, Women for Sobriety concentrated specifically on women struggling with alcohol. To her surprise, Dr. Kirkpatrick discovered interest among some men in recovery who responded well to the “New Life” Program’s positive approach. As a result, in 1983 she created and introduced a companion version of the program to meet that need, which she called Men for Sobriety (MFS). Nevertheless, she was careful to preserve the integrity of the “New Life” Program for women by clarifying that MFS is an offshoot *program* based on the same positive principles and affirmation statements as the original program. Dr. Kirkpatrick also emphasized that MFS is not an independent organization; nevertheless, if they choose, men have a customized way to successfully use the WFS approach to recovery.

Shortly thereafter, recognizing the applicability of the WFS approach to other addictions, in 1986 Dr. Kirkpatrick expanded the scope of the “New Life” Program to include women dealing not only with alcohol but also with other chemical substance abuse issues, including street drugs and prescription drugs. Eventually, Dr. Kirkpatrick customized another version of her program for a completely different aspect of addiction – women struggling with food addictions. Available only in program and workbook format, she introduced this version, the “New You” Program, in 1988.

The organization’s greatest accomplishment during the ‘90s was its recognition early on of the internet as the future of communication and, more importantly, of the internet’s potential role in the future of WFS. Through development of internal systems and recognition of ongoing technological opportunities, WFS became well positioned to meet the needs of members and of its own future survival. Through the generosity and talent of a member, WFS created its first web site and went online in December 1995. The site provided information about

the organization and a basic overview of the “New Life” Program, which women were able to access and use free of charge. A bookstore function was also part of the site so that women could purchase recovery materials.

Recognizing the opportunity to deliver communications in an immediate and more effective way, WFS began development of an online forum in 1997, which went live in early spring 1998. The first WFS online chat meeting kicked off on America Online (AOL), at which 25 women participated. The immediate, outstanding success of the online forum meant the eventual demise of the Pen Pal service, although the WFS Board of Directors did not discontinue the service until 2006, given the realities of declining participation and the need to focus on less dated and more productive support activities.

Throughout her life, Dr. Kirkpatrick remained adamant about preserving the purpose of her original program and the makeup of her meetings, so that the “New Life” Program focused exclusively on recovery from alcohol and drug addiction.

The Death of Women for Sobriety’s Founder

On June 19, 2000, Dr. Jean Kirkpatrick passed away at the age of 77. To thousands of women, Jean Kirkpatrick was a symbol. She represented hope and the possibility of recovery from devastating addictions; she was the voice of Women for Sobriety, the organization she founded; the writer whose books electrified and educated; the wise counsel whose essays in *Sobering Thoughts* were read and reread, discussed and savored. She was above all a very human individual, with all the frailties and virtues that humans possess. She was modest about her accomplishments and generous with her praise of others, with a wealth of compassion for women still struggling with addictions. On the other hand, she was demanding and a perfectionist, setting sometimes impossibly high standards of accomplishment for herself and others, both infuriating and endearing at the same time. She was a harsh critic of herself, and yet she taught self-love and self-acceptance and helped other women discover these traits within themselves.

She was a paradox, as are we all. But, above all else, she was dedicated in every fiber of her being to her cause. “No woman need die from the disease of alcoholism” was her battle cry, and she fought that battle with every weapon she could think of, with very little money and, at times, very little help, demonstrating her personal philosophy, along with her mighty determination, in effecting positive change. Her life experiences and recovery journey, expressed so well in her books and the Women for Sobriety program, have had significant personal and positive impact on many women alcoholics. If one’s life dream is to make a difference while here on earth, Jean rose from the darkest depths of alcoholism and made a difference while making her dream a reality. Her courage, commitment, and willingness to share her dream have created a lifeline for many women struggling with their addictions.

Her heart’s desire was to see that WFS continued after her passing so that no woman would have to take the journey to recovery alone. Through the efforts of the WFS Board of Directors, headquarters staff, and the women who have benefited from her program, her wish is being accomplished. And that is the greatest tribute Jean Kirkpatrick could receive.

Women for Sobriety continues its mission, its tradition and its program for women seeking help with addiction, alive and well in the twenty-first century.

THE WFS “NEW LIFE” PROGRAM

Any woman with a sincere desire to achieve lasting recovery and who is willing to try using the WFS program is welcome. There is no membership fee to join.

The program is designed especially for women who are addicted to or who abuse alcohol and/or drugs. It is cognitive behaviorally based, emphasizing that women can draw on their inner strength to change their thinking and use the power of their minds to likewise change their habits and their lives. The vehicle Dr. Jean Kirkpatrick uses for accomplishing change is the power of positive thinking. This approach teaches women how to put into practice a positive, active, growth process of self-discovery; during this process women acquire coping skills and tools to deal with life and its underlying issues, past and present, without resorting to the mind crutch of addiction.

The WFS program emphasizes empowerment: assuming responsibility for one’s choices, one’s actions and one’s life. Another fundamental component of the program is that negative thoughts are at the root of women’s drinking and drugging. WFS holds that women start drinking in reaction to “faulty thinking,” which underlies destructive behavior. WFS teaches that women have the power to change their way of thinking – that their own mental images, either negative or positive, shape their actions accordingly. Thus recovery is predicated on a change in outlook at the most basic level, the inner self.

Central to the WFS program are 13 affirmations, called the Statements of Acceptance. These statements emphasize positive thinking, personal responsibility, and personal growth; they are the tools with which women can learn to establish a secure, self-confident base from which to move forward in their recovery.

WFS STATEMENTS OF ACCEPTANCE

1. I have a life-threatening problem that once had me.
I now take charge of my life and my disease. I accept the responsibility.
2. Negative thoughts destroy only myself.
My first conscious sober act must be to remove negativity from my life.
3. Happiness is a habit I will develop.
Happiness is created, not waited for.
4. Problems bother me only to the degree I permit them to.
I now better understand my problems and do not permit problems to overwhelm me.
5. I am what I think.
I am a capable, competent, caring, compassionate woman.
6. Life can be ordinary or it can be great.
Greatness is mine by a conscious effort.
7. Love can change the course of my world.
Caring becomes all important.
8. The fundamental object of life is emotional and spiritual growth.
Daily I put my life into a proper order, knowing which are the priorities.
9. The past is gone forever.
No longer will I be victimized by the past. I am a new person.
10. All love given returns.
I will learn to know that others love me.
11. Enthusiasm is my daily exercise.
I treasure all moments of my new life.
12. I am a competent woman and have much to give life.
This is what I am and I shall know it always.
13. I am responsible for myself and for my actions.
I am in charge of my mind, my thoughts, and my life.

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The statements are not steps. Therefore, after the starting point of the program, acceptance of statement #1, the affirmations can be used in any order or combination that a woman chooses. This flexibility permits each woman to customize these program components to meet her specific needs in pursuit of her recovery. In addition, Dr. Kirkpatrick developed a sample arrangement of the affirmations for women who might prefer a ready-made recovery plan that is proven effective. Based on her personal recovery efforts, Dr. Kirkpatrick grouped the statements into a blueprint for recovery which she describes as a “stepwise progression toward liberation and happiness.” She suggests arranging the affirmations into the following six levels:

- (1) *Acceptance.* Accepting that alcoholism and drug addiction are a physical disorder. Statement #1;
- (2) *Cleaning House.* Getting rid of negative thoughts, putting guilt behind us, and practicing a new way of viewing problems. Statements #2, 4, 9;
- (3) *New Thinking.* Creating and practicing a new view of self. Statements #5, 12;

- (4) *New Attitudes.* Using new attitudes to enforce new behavior patterns. Statements #3, 6, 11;
- (5) *Relationships.* Working on relationships as a result of our new feelings about self. Statements #7, 10; and,
- (6) *A New Self.* Recognizing life's priorities: emotional and spiritual growth, plus self-responsibility. Statements #8, 13.

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As part of their ongoing recovery efforts, women are directed to practice the affirmation statements daily, preferably just after awakening, in a period of personal meditation and introspection and to actively apply the statements to the situations they encounter in the course of everyday living. Then, through diligence, determination, repetition, and practical application of the program's affirmations, and by using the power of her own mind, a woman can break the hold of her addiction, herself.

Although both organizations have the same objectives, i.e., abstinence and the achievement of lasting recovery, WFS clarifies that it is not affiliated with 12-step programs because of the significant difference in the two approaches to accomplish those objectives. However, WFS does not discourage participation in AA. In keeping with its belief that each woman's personal preference should decide her choice of recovery alternatives, WFS encourages women to choose and pursue whatever recovery approach (or combination of approaches) best suits their needs.

WFS MEETINGS

Consistent with the WFS program and its affirmations, group meetings reflect the concepts of cognitive behavior modification, as group members literally learn to change their thoughts from negative to positive. Further, participants discover how to eliminate their negative habits associated with drinking and to introduce new habits through which they think, behave and respond to life in new, healthier, more positive ways.

WFS face to face meetings are held weekly; they are closed meetings, not open to the public, and only women pursuing recovery may attend. The meeting process begins with brief introductions, during which participants identify themselves by saying, "My name is Mary and I am a competent woman." Then the affirmation statements are read, either by individual members or the group. Thereafter, each woman may share a positive action (how they have handled a situation differently) or a feeling (how they were able to identify and respond differently) and relate their experience to one of the affirmation statements. All participants are offered this opportunity to speak, but no one is compelled to do so.

Next, the discussion topic for the meeting is introduced. Moderators prepare a topic for each week, but if the need arises, a different, more immediate topic can be substituted. Again, women speak out as they feel inclined. As a result, the meeting format is rather like a focused conversation; questions, feedback and discussion are encouraged without the artifice of taking turns. At some point during the meeting, a voluntary donation earmarked for the WFS organization is requested; however, this contribution is entirely free will, and no one is turned away from meetings because she cannot afford a donation.

There are no slogans or sponsors in WFS. Introspection, insight and problem solving are encouraged, and honest, non-judgmental conversation is the atmosphere this format creates. Compassionate give and take affords opportunities for individualized mutual support. Members do not repeatedly share their drinking history; rather, they reflect on it and use it to learn different approaches to handling specific situations, challenges and people. This approach is consistent with WFS philosophy, which views the recapitulation of drinking histories as a negative, an action which emphasizes guilt and shame and hinders emotional and spiritual growth. At the end of each meeting the group repeats the program motto together: "We are capable and competent, caring and compassionate, always willing to help another, bonded together in overcoming our addictions."

Sponsors, as provided in 12-step programs, are not a part of the WFS program or its meetings. WFS believes that utilizing sponsors is inconsistent with its philosophy of self-respect and empowerment and can promote dependency instead of responsibility for one's own choices and behaviors. Most groups offer a list of group members who can be contacted between meetings for help, but these women do not act as sponsors. Rather, encouragement and support are engendered through the sisterhood of the groups and self-help is effected through organization membership. Further, additional support is readily accessible at any time between face to face meetings through the online forum.

To ensure the WFS program and its meetings are presented according to the organization's guidelines, the volunteers who facilitate WFS groups must be certified to do so by the WFS organization. The process of certification is competency based. Each volunteer moderator is a woman in recovery with consistent, sound sobriety, in-depth understanding of the WFS organization and its philosophy, and considerable experience in applying the program. Moderators are expected not only to follow the guidelines and facilitate the group, but also to take care of administrative details associated with running the group, such as handling meeting materials, collecting and forwarding donations to the main office, maintaining support/contact lists, planning discussion topics for meetings, and providing local publicity about meetings and the WFS organization.

CHALLENGES, CHANGES, AND CONTINUITIES

Society, technology and humanity have come a long way in the 37 years since the founding of Women for Sobriety. Nevertheless, the organization and its philosophy have demonstrated enduring vitality despite mind-boggling changes in how we communicate, work, live, and view addiction and its treatment. This ability to evolve and adapt as conditions and circumstances change is the essence of survival, not only for individuals but also for organizations, and recovery organizations are no different. Fortunately, WFS has been able to recognize, plan for and embrace new opportunities provided by profound changes and to remain viable into the twenty-first century.

How is success measured? Can success be measured? In self-help organizations, measures of success are hard to determine, since evaluation depends not only on the quality of a given program but also on the determination of individuals using it. Consequently, few research studies have been conducted on self-help recovery programs because of the difficulty in developing scientifically valid testing instruments (Kaskutas, 1996a, p. 78). Nevertheless, WFS points to a number of statistics that help support its claims of continuing relevance, based on comparative information, much of which is compiled from two surveys, fortuitously conducted 20 years apart, in 1991 and 2011. The results reveal a mix of challenges and changes that WFS has weathered while simultaneously preserving continuity in its essential identity and its message.³

With the explosion of communication alternatives made available by the internet, getting in touch and keeping in touch have never been easier or more instantaneous. The WFS organization is now able to offer its philosophy and program in many different delivery forms, increasing access to its program and providing more choices for women hoping to avail themselves of the help that WFS offers. Depending upon their circumstances, women can choose to contact WFS by internet, phone or postal mail; learn about WFS from its web site; utilize print, audio and digital materials obtained through an online catalog/bookstore; attend face to face or online meetings for support; use the program 'on their own' as independent self-help; or, utilize any combination of these resources that works for them.

Methods of Contact

Any woman contacting WFS – by email, phone, or postal mail – receives information free of charge. If no face to face groups are available in her area, WFS offers phone support provided by volunteers, women who are experienced using the WFS program and who have consistent, strong sobriety. Phone support volunteers talk with women in need about the WFS program, answer questions, offer encouragement and support, and provide practical tips to help newcomers learn to use the program. As it does for its group moderators, WFS approves phone support volunteers through an official application process.

As has been the case since the organization's inception, responsiveness to inquiries from women seeking help is the organization's first priority. Originally, Dr. Kirkpatrick answered every letter personally, until the volume became such that office assistance was necessary. And, her tradition of individual attention to each woman seeking help has continued, expedited by internet communications. The organization's current data base is over 100,000 strong and growing, with the overwhelming majority of contacts made via email. In 1997, WFS averaged 25 to 30 new email inquiries per week. By comparison, in 2012 WFS receives between 100-150 new email inquiries per week and responds almost exclusively by email now, roughly ninety percent of the time. Direct contact by phone accounts for most of the remaining ten percent of inquiries.

WFS Web Site

At the end of 1995, WFS created its first web site, and by 1997 the site averaged 1,000 page views per month. Consistent with the internet explosion over the next 20 years, the newly revised and updated web site has become the organization's electronic trump card for future success, currently averaging over 30,000 views per month. The site, www.womenforsobriety.org, contains a great deal of information about the WFS organization and its program.

Available and accessible, the web site represents a worldwide resource for women seeking to overcome their alcohol and drug addictions and also serves as a source of information for families and friends struggling to help their addicted loved ones. Likewise, professionals and facilities in the addiction counseling and treatment fields can gain knowledge about WFS and its program for the benefit of their women clients, as well as for themselves. In addition, the site provides the tools for women to get started using the “New Life” Program immediately. A complete description of the program and suggestions for using it, as well as a list of informative pamphlets, brochures and articles, can be downloaded and printed out from the site at no cost. Additional support materials are available for purchase through the linked online bookstore/catalog.

Online Bookstore/Catalog

For over 25 years the only way to distribute the WFS catalog was via postal mail. With postal rates continuing to rise and more demand for credit card orders, WFS created its first catalog web site in 2001. Now, ten years later, linked on the WFS home page, the catalog site has been revamped and updated, with color photography and more detailed descriptions for the items shown. As a further enhancement, the redesigned shopping cart feature now allows more shipping options and easily accommodates foreign orders. Ninety-nine percent of orders requesting WFS materials come through the online bookstore.

The WFS Online Forum

The WFS online forum puts women in touch with many other caring and compassionate women who share a common bond, use the WFS program in their recovery, and are willing to help one another. Currently, the forum is the most popular of all WFS support resources, one which is used by thousands of members on a daily basis. Especially helpful in areas where no face to face groups are available, forum participation is likewise very effective between regular group meetings. Rapid access and contact are readily at hand when help is needed fast, and the forum is available 24/7 for mutual support. So, for example, when cravings strike, women can choose to reach for their keyboard instead of a drink and talk to someone online who understands. It’s a private site, so women must register before permission is given to log on for the first time. However, there are no membership fees involved; voluntary donations are used to support the online forum site.

Since its inception in 1998, when it had only one chat meeting and 25 participants, the online forum has expanded to offer multiple message boards as well as 14 formal chat meetings per week across many time zones, led by chat leaders who are certified based on the same competencies that WFS requires for face to face group moderators. The WFS online community continues to grow, showing in 2011 a thirty-one percent increase in forum membership and participation over the previous year. Additional statistics for 2011 reveal a total of 291,529 posts on the message boards and 49,000 private messages among the members.

Face to Face Groups

WFS requests that women in need contact the headquarters office directly for meeting information, a policy which emphasizes the need for women seeking help to assume responsibility for pursuing their recovery and make contact personally. WFS offers face to face groups so that women can meet together in person for mutual encouragement while using the program. However, Dr. Kirkpatrick emphasized that the program is self-help; i.e., she designed the program with that specific flexibility in mind, so that women can be successful using its positive approach without attending a group. As a result, while face to face groups are a valuable additional resource, attending them does not preclude a woman’s ability to use the WFS program successfully on her own.

WFS has roughly 100 active face to face groups nationwide and is fairly well represented in Canada, with groups in the provinces of Ontario, Alberta, British Columbia, and Nova Scotia. There are also a number of groups across Australia, Finland, and Iceland, with a few groups scattered in other foreign countries. Group size is routinely small, ranging from three to four women in some groups and up to 11 or 12 in others. Occasionally groups may reach as many as 24 members, but this overcrowding is addressed immediately by splitting the group into smaller units.

The current total represents a decline from the 125 face to face groups active at the time of the Kaskutas survey in 1991. WFS believes that going forward the trend may be to have a fairly static number of face to face groups in the future, but not because of a decline in popularity of the WFS program. Rather, WFS attributes the major reason for the decline in face to face group numbers to changes in communication preferences, as demonstrated by the growing popularity of internet communications. Today’s women are much more skilled and comfortable with utilizing the internet for their conversations, work, recreation, purchasing, and research; further,

using the internet for help with one's recovery is, for many, more private, more convenient, more immediate, less stressful, and less risky (in the sense of being seen at a group) than is attending a face to face group. A lesser reason for the decline in face to face groups is the ongoing challenge WFS faces in attracting women volunteers who are willing to pursue moderator certification in order to start and maintain a group. Many women seek to attend a WFS group, but few of them are willing to assume the responsibility for facilitating a weekly meeting, and even fewer of those who express interest in starting a group actually complete the required certification process to do so. Consequently, WFS meetings can be challenging to start and maintain because the facilitators are expected to be both certified and committed to the task. If no one steps up to accept the responsibility for a given area, a new group cannot be formed.

Email Updates Service

Another twenty-first-century resource, the Email Updates Service came online for WFS early in 2011 as another way to communicate and to keep women connected with WFS. Even more important, by converting to another internet-based communication the organization was able to rectify three financial-related concerns: declining subscriptions for the still paper-based newsletter, escalating subscription costs, plus increasing costs in production and distribution of printed materials.

The electronic-mail-only communication service informs members and friends of WFS about news, projects, new groups forming, and the new e-newsletter. Another feature includes opportunities to read "Reflections for Growth" topics, created by Dr. Kirkpatrick, and submit comments for possible publication in the newsletter. Subscribers can choose to receive only the information that interests them by requesting special interest selections. Designed by WFS headquarters staff, the Email Updates Service is private, secure, and free.

Reaching out to an even greater audience, WFS created a Facebook page in 2011 so that women have another way to keep in touch with the organization. In addition, a member of the WFS Board of Directors posts a weekly recovery statement about which women may make comments.

Sobering Thoughts Newsletter

The 35 years during which the WFS newsletter, *Sobering Thoughts*, was published monthly represent thousands of pages providing positive messages, practical tips and insights into the recovery process, written by WFS women for other women in recovery. At first, Dr. Kirkpatrick authored and edited newsletter contents and continued this practice until her passing; however, early on she expanded the newsletter so that each issue also offers opportunities for readers to submit personal comments and articles on various recovery topics.

In 2011, subscriptions reached women using the WFS program in not only the United States and Canada, but also in Australia, Bermuda, China, England, Finland, France, Germany, Iceland, Ireland, Israel, New Zealand, Northern Ireland, Scotland, South Africa, Sweden, and Switzerland. Unfortunately costs for the newsletter's printing and mailing continued to increase, resulting in increasing subscription costs; further, feedback from members indicated an increasing preference for email communications. Recognizing the signs that the traditional newsletter publication method was becoming outdated, WFS transformed *Sobering Thoughts* into an e-newsletter format, so that it is currently available electronically, free of charge. Although it has been less than a year since the change, e-subscriptions have already reached three times the former paper subscription rate.

Finances and Sources of Funds

A concern of Women for Sobriety that has not changed since its origination is its need for funds. Fortunately, the ability to provide most WFS resources and services free of charge is made possible in large part because of the generosity of members. For example, the costs of the WFS web site and software, the online bookstore and shopping cart, and the online forum and its ongoing management were all created and continue to be supported by donations from several creative and generous individual members. Despite its growth into a national and international organization, WFS remains unfunded by any outside agencies or grants; consequently, fundraising remains a consistent challenge and opportunity. In many cases the old, tried and true methods from Dr. Kirkpatrick's time still work well, especially when combined with some twenty-first-century enhancements. For example, WFS continues to derive its operating income from three main sources: donations from individuals and WFS groups; sales of program materials and other recovery support materials; and, profits from the three-day annual conference each June.

Individual donations come primarily from women who are using (or have used) the WFS program, as well as from relatives and friends who are grateful for the help WFS has provided their loved ones. Group donations come

from WFS face to face groups, forwarded to headquarters by the group moderators. The fundraising auction conducted as part of the annual conference weekend gives WFS members the opportunity to provide the organization with an influx of much-needed funds while bidding on unique, often one-of-a-kind items provided for the auction by WFS members. The auction process has expanded over the years; a silent auction is competitive and fun, yet designed to insure that there are items for everyone to bid on, at opening bids they can afford. A traditional, ‘live’ auction showcases a limited number of more expensive or highly desirable articles, where spirited bidding face to face is the norm. Also included in the fundraising are raffles, used book sales, and several low-cost sales tables of handcrafts created and donated in multiple quantities for direct sale, as well as extended hours for an onsite bookstore.

In addition, Women for Sobriety has joined eBay’s growing list of nonprofit organizations conducting online fundraising auctions through eBay’s Giving Works program, which allows members of the eBay community to donate to their favorite cause. Any eBay seller can give a portion of the proceeds from their sales; buyers can add a donation to their purchase during checkout; and, anyone with a PayPal account can donate to nonprofits directly, without buying or selling. The program is administered by MissionFish, the nonprofit organization selected by eBay to manage the eBay Giving Works program.

Since 1998, the supporters of WFS have had the ability to sign up on iGive.com and designate Women for Sobriety as their favorite non-profit charity. iGive.com donates \$5 for each new person that signs up at the site and designates WFS to receive the donations. Subsequently, iGive.com donates a percentage of the sales it registers (up to 15%) to WFS, when people purchase items through its virtual shopping mall.

And finally, a more recent and increasingly popular way for members and friends of WFS to provide an ongoing source of funds is through monthly pledge donations, accomplished through an automatic deduction feature accepting both checks and credit cards.

DEMOGRAPHICS: WHO USES WFS?

Comparison of the demographic information from the 1991 and 2011 surveys provides some insight on the typical 4C women⁴ who use the WFS program and also shows how aspects of their profiles, motivations, preferences and recovery resources have both changed and also in some important ways remained consistent over time.⁵

Age

In Dr. Kaskutas’ survey, 53% of respondents were age 45 and older (Kaskutas, 1996a, p. 86). In 2011, only 13% of respondents are under age 40; the largest single age group is 51-60 years, representing 41% of the survey replies. Consequently, with 75% of respondents over age 40, it appears that the WFS program continues to find its greatest appeal among women of early middle age. In addition, both surveys show that the majority of WFS members are Caucasian.

Marital Status

Half of the members surveyed in the 1991 survey were married (53%) and many had children, while 29% were divorced, separated, or single (Kaskutas, 1996b, p. 87). A greater percentage of WFS women are married today, a total of 61%, and 63% indicated that they have children. Showing only a slight increase, 32% of those in last year’s survey are single, separated or divorced. While marital status remains fairly consistent in both surveys and across 20 years, there is a slight increase in the most recent survey in both married and divorced/single numbers.

Work Status

In 1991, 47% of the survey participants were employed full-time; 19% were part-time employees; and, 9% were self-employed. In total, then, 75% of the women surveyed were employed in a formal job situation (Kaskutas, 1996b, p. 87). Dr. Kirkpatrick commented at the time that this percentage of employed women indicated definite progress regarding women’s changing roles and their access to employment outside the home. In the 2011 WFS survey, full-time employment showed a decline from 1991, with only 42% of participants working full-time. Part-time employment accounted for 12%; and, self-employed represented another 14%.

In total then, at 68% of participants, employment in 2011 showed a 7% decline after 20 years. One immediate explanation that comes to mind as a cause is the recent economic downturn and concomitant loss of jobs, which resulted in 6% of survey respondents indicating that they are currently unemployed. Less visible were

some of the unpaid positions given by the participants, including students (2%), retired (12%), homemaker (10%), and on disability (3%).

Family Alcoholism

Not surprisingly, the incidence of alcohol in survey participants' families was high in the Kaskutas survey (Kirkpatrick, 1992, p. 4) and similarly high 20 years later in the WFS survey. However, over the span of two decades, there were concerning increases – roughly 10% – in the number of participants with alcoholic mothers and fathers. A majority (48% in 1991 and 58% in 2011) had alcoholic fathers; fewer reported alcoholic mothers (22% in 1991, 30% in 2011); and the number with alcoholic siblings remained almost the same (50% in 1991, 48% in 2011). In two additional family categories which Dr. Kaskutas did not include in her survey, the 2011 survey indicated that 67% of participants also had alcoholic extended families and 53% reported alcoholic grandparents.

Other Addictions

Some women alcoholics in the 1991 survey reported that they were also dealing with other addictions (Kirkpatrick, 1992, p. 7). Twenty-six percent were also addicted to drugs, and 47% smoked cigarettes. In comparison, the WFS survey respondents 20 years later indicated that 20% are addicted to street and/or prescription drugs, and 33% smoke cigarettes. Perhaps the noticeable decrease in smoking would indicate that smoking cessation efforts and ongoing media attention to the health risks have had an impact on smokers.

Education Level

In the Kaskutas study, 22% of participants attended or finished high school (Kaskutas, 1996a, p. 87). Although 20 years later the high school level shows a drop in WFS survey participants (11%), the number of women attending or finishing college in the WFS group (54%) remains very close to the number in the original survey (52%). Also, interestingly, the percentage of women who chose to continue their education by attending or completing graduate school is greater in 2011, at 35%, compared to 26% in the original study.

Overall

Summarizing the demographic makeup of her survey respondents, Dr. Kaskutas observes that the WFS approach to recovery is especially attractive to mostly middle-aged, well-educated, white women (Kaskutas, 1996a, p. 87). Interestingly, her description applies equally well to the women participating in last year's survey, a result indicative of the consistent, ongoing appeal of the program's philosophy and message to women in that particular demographic profile over a 20-year time span. Some have labeled the WFS program as a 'thinking woman's program'; and, to an extent, this description fits when one considers that it is a woman's thoughts, focused intently on making positive changes, that are responsible for her willingness to follow through and attain her goal. Similarly, willingness to think in new ways is necessary considering the program's emphasis on introspection, analysis and problem resolution. WFS believes any woman can apply the power of her mind to effect positive change, provided that she is determined and actually wants to change.

MOTIVATIONS, TURNING POINTS, AND PREFERENCES

Why Women Drink: Reasons They Turn To Alcohol/Drugs

A fundamental part of the WFS philosophy is that women have different needs in recovery from their male counterparts, because they drink for different reasons, gender-based reasons, and therefore require different treatment strategies. Dr. Kaskutas did not include a specific question on her 1991 survey regarding why participants drank. However, in an article during the same time period based on other research Dr. Kaskutas assembled a number of reasons why women drink, which, like Dr. Kirkpatrick, she felt were "associated with sexuality and gender roles" (Kaskutas, 1994, p. 186). The WFS 2011 survey did include the "why" question, so some meaningful comparison across the two decades is possible.

The role of alcohol as a social lubricant has not changed; Dr. Kaskutas mentioned reasons in this vein which included: to get along socially, on dates, to feel more womanly. Comparably, in the 2011 survey, roughly 60% of respondents said they drank to get high or have fun, or to be sociable. Also continuing large on the list is drinking to fill emotional needs, which 59% mentioned on the 2011 survey. Feelings of inadequacy and worthlessness, both as an individual and as a woman, were also a key reason for drinking in Dr. Kaskutas' investigations; similarly,

women in the 2011 survey, 50% of them, said they drank to counter feelings of worthlessness, guilt, shame, and to booster their self-confidence.

Dr. Kaskutas also included response to family problems/relationships as a reason women drank, a reason which still ranks high with the 2011 WFS members, at 50%. Another reason for drinking mentioned in Dr. Kaskutas' list is in response to sexual or physical abuse; unfortunately, the same reason exists in 2011, although it was mentioned by only 20% of the survey respondents. Interestingly, although it would certainly be a corollary lurking behind all her previous reasons, Dr. Kaskutas did not specifically mention that women drink because of stress. However, 60% of respondents in the 2011 survey mentioned that they began drinking in order to reduce stress, help them relax and help them sleep (Kaskutas, 1994, p. 185ff).

Notice that all of the above reasons, and their similarity past and present, suggest an underlying feeling of inadequacy; that is, the lack of self-esteem that Dr Kirkpatrick posited was at the heart of women's relationship with alcohol. Because of low self-esteem women start drinking and the result becomes a downward spiral of alcoholism, even more negative feelings, and consequences.

Why/When Did They Seek Help?

Participants in both surveys were asked what prompted them to seek help with their addictions. A number of reasons were indicated, but in both cases the outstanding reason mentioned by survey participants was loss of control over their drinking/drugging, as well as the feeling that they and their lives were likewise out of control (Kaskutas, 1996b, p. 266ff). This situation as primary reason was mentioned by just 20% of WFS members in 1991, but it has risen to a whopping 80% among women in the 2011 survey. Physical signs and health issues were also important motivators in both surveys, with women listing several specifics (blackouts, cirrhosis, withdrawal, and feeling sick) in the 1991 survey (which collectively amount to about 30% cumulative response). The later survey showed a similar concern (40%) with health issues (which were not itemized). Emotional issues (53%) were more significant reasons for seeking help in the 2011 survey, compared to only 29% who mentioned this category as causative in 1991.

Less significant motivational factors appeared to be fairly constant in both surveys. For example, 20% in both survey groups felt that family/life problems caused them to seek help; further, legal issues, such as DUI citations, remained as a change agent, but at only 8% in both survey groups. Similarly, exposure to others with the same problem moved about 6% of women in both surveys.

Two other reasons for seeking help showed mirror-opposite changes among survey participants, possibly because of societal changes over the two intervening decades. Work issues as a catalyst for change moved only 6% of survey respondents in 1991, but today's women expressed greater concern about their jobs, with 15% of respondents mentioning this factor as a reason for change. With the opposite result, only 6% of women in the 2011 survey cited intervention as a motivating tactic for them to seek help, while intervention seemed to be more frequently attempted in 1991, based on mention by 15% of the respondents.

Early in her work with women using the WFS program, Dr. Kirkpatrick mentions the average age for this 'awakening' to the need for help as 55 years old (Kirkpatrick, 1984, p. 2). The survey results in 1991 showed a slightly earlier average age, at 46 years old (Kaskutas, 1996b, p. 265). And the WFS survey in 2011 showed the change occurred in a similar but somewhat younger age group, among the 41-50 year olds.

How Did They Find WFS?

In addition to questioning survey participants about what caused them to recognize their need to change, women in both surveys were also asked about their main resource in choosing WFS, among several potential communications pathways. Although two decades apart, the majority of the women tested said that they found WFS and decided to try it based on self-referral, a personal decision; they found WFS on their own. Before the growth of the internet, women in the 1991 survey relied on what they had found through media sources (24%), such as newspaper, magazine, books, television, radio – possibly because of Dr. Kirkpatrick's frequent exposure in these media, as well as the growing interest at that time in women's alcoholism as a topic for debate (Kaskutas, 1996b, p. 271). Compare results in 2011, when the overwhelming majority of women still find WFS on their own, now primarily through an internet search (52%), with the other media currently representing only 16% of their information resources.

In addition, 23% of the women in the Kaskutas survey cited WFS literature as their main resource; however, reflecting profound changes in communication preferences, now only 5% located WFS through its literature. Information gained through concerned family members and friends was the source for over one-quarter of the

women in the first survey, compared with apparently much smaller direct communication efforts by family and friends in 2011, a path which represented only 6% of those surveyed as a route for finding WFS (Kaskutas, *Ibid.*).

In the Kaskutas study, 34% found WFS through professional resources, such as counselors, treatment facilities, and personal physicians. Significantly, however, professional referrals are the least frequently cited source for finding WFS in 2011, representing only 17% of participants. Among professional referrals overall, women's personal physicians finished last in both surveys, at 5% of physicians in 1991 and only 2% in 2011. What appears to be a decline in professional referrals in the more recent survey may be a function of the rise of the internet as a 'first response' when women are seeking help on their own; today's women most frequently investigate resources to meet their needs by going online, quite possibly even before they seek professional help (Kaskutas, 1996b, pp. 272-273).

Length of Sober Time vs. Length of Time in WFS

The following chart compares the length of sober time for each survey's participants 20 years apart, in order to compare it with their respective length of time as WFS members (Kaskutas, 1992a, p. 4). Notice the percentages for both sobriety time and time as a member, especially when the length of time measured is less than a year. The similarity seems to indicate that the majority of newcomers to the WFS program are also newcomers to sobriety; in addition, these very similar percentages seems to confirm that for these newcomers their most recent continuous sobriety time came as a result of their time in the WFS program.

Length of Sobriety Time:

	<u>Less than 1 Yr</u>	<u>1 yr - 1 yr 11 mths</u>	<u>2 yrs - 4 yrs</u>	<u>5 yrs or more</u>
In 1991	35%	14%	25%	26%
In 2011	48%	20%	13%	24%

Length of Time as WFS member:

	<u>Less than 1 Yr</u>	<u>1 yr - 1 yr 11 mths</u>	<u>2 yrs - 4 yrs</u>	<u>5 yrs or more</u>
In 1991	45%	15%	24%	17%
In 2011	47%	20%	11%	20%

Although similar percentages continue through the years, the five-year mark in both sobriety and membership is apparently some form of watershed point for these women, since thereafter, although both sober time and membership percentages remain similar in both surveys, the numbers do indicate a decrease after five years. Looking at the percentages another way, with 74% of respondents in 1991 and 91% in 2011 having less than five years sobriety time, the discrepancy after the five-year point becomes more apparent. Similarly, if one looks at the combined amount of WFS membership under five years, 84% in 1991 and 78% in 2011, a similar discrepancy also occurs.

Notice also that even though surveyed two decades apart, many women come to WFS having already achieved some sobriety, a result which indicates that they have probably tried other avenues of recovery beforehand; in addition, the result may also suggest that women are drawn to the WFS tenets with their emphasis on the need for positive thinking, the importance of self-esteem, and the notion of taking responsibility for their addictions – whether they are looking for a different recovery approach, something for additional 'sobriety insurance,' or simply seeking something different that will help them continue to move forward in their journey. Some WFS members who have previously used a 12-step program express this phenomenon when they say that AA got them sober, but WFS keeps them sober (Kaskutas, 1992a, p. 13).

Relapses

Reflecting the WFS belief that views recovery as a process which takes time, determination and practice, the organization's reaction to relapses encourages women to see such backsliding incidents as unfortunate, but primarily as a learning opportunity; that is, relapse can help them uncover situations or triggers that result in their automatic drinking response. Further, these discoveries also provide an opportunity to make plans for handling the situation or trigger when it reoccurs and to be prepared to implement a planned defense. Likewise, rather than

chastising themselves or feeling organizational or fellow member disapproval, women are advised to mentally pick themselves up, start over, move forward, until sobriety eventually sticks. In other words, relapse is not failure; failure is when one ceases to try. Also, the WFS approach to relapse may reflect Dr. Kirkpatrick's own personal trial and error experience before creating her program. Furthermore, the WFS position allows for more tolerance of relapse because of its cognitive behavioral basis, which views addiction as a habit, an automatic situational response; therefore, replacing this coping mechanism with new habits of sobriety is expected to require considerable repetition and practice, as well as focus and determination, before a new, more desirable behavior becomes equally habitual.

Statistically, in the Kaskutas study (Kaskutas, 1996b, pp. 275-76), about 33% of participants experienced a relapse after joining WFS; in comparison, a surprising 50% of women in the 2011 survey have experienced a relapse after becoming a WFS member. To offset that concerning comparative statistic, however, notice that a much larger number of the 2011 respondents (80%) had experienced relapse(s) before they found WFS, a fact which indicates that 30% did not have any relapses after joining. As anticipated in both surveys, relapse occurred more frequently among the 'pure' newcomers; that is, those women who are both newcomers to sobriety and newcomers to the WFS approach. In addition, about equal numbers in both surveys reported that they either had taken or were still currently taking medication, including antabuse, to assist them in their recovery, e.g., for cravings or withdrawal symptoms. These numbers, however, represented only a small percentage in each survey, 10% in 1991 and 7% in 2011 (Kaskutas, 1996b, p. 274).

Treatment Resources Found Most Beneficial in Getting Sober

WFS remains highly desirable as a resource for getting sober in both surveys; further, the preference percentage has almost doubled over the 20-year time span, a result that indicates ongoing appeal. Based on their personal experience in pursuing recovery, 45% of women surveyed in 1991 felt that WFS was most beneficial in helping them achieve sobriety (Kirkpatrick, 1992, p. 1); in 2011, almost double that number, 89%, came to the same conclusion.

Other methods attempted were felt to be less beneficial in achieving sobriety. Women in the original survey placed AA considerably further behind, at 11%; this ranking fell below their preference for inpatient treatment (17%), but above their preference for outpatient treatment (8%) as helpful resources. Based on their pursuit of recovery, women in the 2011 survey moved 12-step programs ahead a bit to 14% preference, still much below the WFS mark, but were much less satisfied with inpatient treatment (at 7%) and slightly more satisfied with outpatient treatment (10%).

Another question which both surveys asked involves what the survey participants found most beneficial from attending WFS; or asked another way: *What do women get out of attending WFS?* Dr. Kaskutas asked this as an open-ended question, which generated many different individual responses; she grouped the five most-frequently mentioned reasons as follows (Kaskutas, 1994, p. 191). At the top of the list (54%), most women felt that WFS gave them support and nurturance. Another 42% appreciated the ability to share women's issues with other women; further, 39% found the focus on self-esteem and self-reliance most beneficial, and 38% appreciated the program's positive emphasis. A bit further behind, 26% of participants found it beneficial to be in a safe environment where they could speak freely.

Looking at what women in the 2011 survey found most beneficial about WFS, the percentages indicating the ongoing appeal of WFS are even greater in the more recent survey. Note, however, that in this more recent survey the topic was not open ended, so a limited number of selections were offered, although participants could select as many as applied. This approach tends to concentrate the choices rather than diffusing the possible answers as in the 1991 survey. Nevertheless, survey participants were still consistent about the WFS appeal, with an overwhelming 88% who stated its benefit is because the program encourages positive thinking and letting go of the past; an additional 87% said it was the program's emphasis on self-empowerment; 77% cited its women-only approach; and 75% pointed to its promotion of emotional and spiritual growth. Reason five on the 2011 survey, interestingly, did not make the top five in the Kaskutas survey; in 2011 74% of respondents said that they found WFS most beneficial because the program can be applied to life in general, not just to recovery.

As a counterpoint to get at the previous question in a different way, i.e., what women get out of attending WFS, Dr. Kaskutas also asked a related question in her survey, phrased as *Why did the participants choose not to attend AA?* This was another open-ended question which prompted at least 25 different reasons. Some of the most frequently cited reasons were: Not comfortable, didn't fit in at AA (20%); AA was too negative (18%); didn't like the religious/god part (15%); AA was too male-oriented, geared to men's needs (15%); and a final 15% said that

WFS offers more support, understanding, and growth opportunities. Although all of these answers are posed in the negative, i.e., what they did *not* get or did *not* find beneficial from AA, by surmising the opposite of each of these responses, one comes back to most of the same positive reasons why women chose WFS, an interesting approach to a double check (Kaskutas, 1994, p. 191-92). However, the 2011 survey did not ask a comparable question of its participants.

The 2011 survey did ask a further refinement of the question, *What did you find most beneficial about WFS*, by asking respondents which of the resources WFS offers have proved most beneficial to them on a daily/weekly basis. As anticipated, by far the most useful resource cited is the online forum, at 86%, because logging into the online forum offers opportunities to read, post, reach out for support, and encourage other members, and/or to participate in an online chat. Another useful practice mentioned, at 59%, is actively applying the acceptance statements throughout the day; and, not too far behind is the 37% who find morning meditations and journaling with the acceptance statements useful. Other beneficial aspects of the WFS program are daily reading of the WFS Program Booklet or other WFS literature; and, although the actual number of face to face groups nationwide is comparatively small, attending face to face meetings is mentioned by 30% as beneficial on a weekly basis. No similar question refining specific WFS resources was asked in the Kaskutas survey.

WFS and Religion

Another topic Dr. Kaskutas chose to explore among WFS members was their spiritual beliefs and practices as they related to WFS and sources of sobriety. Her preliminary expectation was twofold; since many survey participants said they joined WFS because they disliked AA's emphasis on god in the recovery equation, then the lack of emphasis on god must be part of the WFS program's appeal. Therefore, women attracted to WFS should be a more agnostic or atheistic, less spiritually-oriented group than were women in recovery who pursued other approaches to sobriety, especially those women who had participated in AA (Kaskutas, 1992a, p. 11ff).

However, Dr. Kaskutas' initial assumption proved *not* to be the case. Her survey participants represent many religious affiliations, including 63% Christian, 16% Other (Jewish, Eastern, other), with only 20% indicating no religion/agnostic. Further, of those who worshipped, 63% said they did so at least annually; and 37% said they worshipped as often as weekly or several times per month (Kirkpatrick, 1992, p. 7). Twenty years later, the 2011 results still show that the majority of WFS members are religious or believe in god. Christian members still represent the largest number of survey participants, at 47%. The 'Other' category shows an increase, at 35%, perhaps reflecting a trend for women seeking spiritual growth to explore other than traditional religious approaches. And finally, those women who identified themselves as atheist/agnostic declined to 17%.

Dr. Kirkpatrick has explained why WFS members' religious dimensions prove the exception to what might be reasonably expected. She said:

It's not that the women in WFS are any less believers in god – they are not. You aren't going to find that fewer of our members believe in god, or that fewer of our members have religious or spiritual commitment. What is important is that unlike AA, WFS members do not base their sobriety on god or on religious beliefs. Spirituality does not equate to sobriety in WFS. Belief in god does not equate to sobriety in WFS. But our members do care about spirituality, and they do believe in god. At least, many of them do. The difference is that their sobriety is not based upon that belief and that belief alone. (Kaskutas, 1992a, p. 11)

Professionals and Referrals

A number of women in both surveys turned to professionals for help, both before and after trying other avenues of recovery on their own. Exclusive of mutual help, these professional services include one-on-one therapy, group therapy led by a professional, inpatient treatment, and outpatient treatment. Further, it is often through professional treatment providers that clients are given referrals to mutual-help programs as part of their ongoing recovery plans. In the 1991 survey, only 13% of the participants were referred to WFS by a treatment facility, possibly because of less recognition of and little experience with the newer program (Kaskutas, 1996a, p. 86). Proportionately, more than twice that percentage of respondents (27%) in a 1992 triennial AA survey (Kaskutas, 1996b, p. 266) indicated that they were referred to AA by a treatment facility. Similarly, in the WFS survey, 40% of the women who had gone to a counselor were referred to WFS, again compared to twice that percentage (80%) referred by individual counselors to AA.

In the 1991 survey (Kaskutas, 1996b, p. 271), the four most frequently cited sources for finding WFS were self-referral (40%); media, at that time newspaper, radio or television (31%); family, friends or neighbors (25%);

counselor or treatment facility (29%). However, in this 1991 survey, participants were limited to only two choices among the referral sources provided. Comparing again AA's 1992 survey, the major ways individuals found AA were through treatment or counseling (36%), another AA member (34%), self-referral (29%), and family (21%). Results show that professional referrals (36%) were most frequently responsible for individuals coming to AA, compared to professional referrals as the impetus in the Kaskutas survey (29%). Interesting also is that in the AA survey, self-referral (29%) occurred less frequently than did professional referrals; however, in the Kaskutas survey, the rate of self-referral was much higher (40%) (Kaskutas, 1996b, p. 272-73).

In 2011, however, the overwhelming way to locate self- and mutual-help resources, according to the WFS women in the survey, is through their own efforts, primarily directed at the internet (52%) and to a lesser extent through other media (16%). As a result then, 68% of the survey respondents reflect the preference for using information technology personally to find referrals, rather than depending on other sources. Counselors and treatment facilities fell far behind with only 15% of survey participants citing them as a referral source, about the same frequency as referrals from friends and family.

Currently, the WFS organization's contact with professionals or facilities seeking information is almost exclusively via email, with a small number who still call for direct conversation. These professionals are given general instructions about obtaining group meeting and other information for themselves and their women clients. WFS does not give specific meeting information on the internet because of confidentiality concerns, both for group participants and for the group moderators. Instead, WFS prefers that women in need contact the organization directly for information, rather than through an intermediary source, given the importance for women seeking help to assume responsibility for pursuing their recovery. Further, the contact procedure helps ensure that women will receive the most current local meeting information; for example, once a woman has gathered the courage to try attending a group, how unfortunate if she should go to a location and finds an empty room because the meeting has been temporarily relocated or rescheduled.

Similarly, since lists can become quickly outdated, professionals are discouraged from compiling such resources for local WFS information unless they have specific permission to do so from the women involved. Rather, professionals are advised to direct their women clients to the WFS web site, where clients can complete and submit an email "request for information" form to receive local group and other information. For immediate information, a phone call remains the fastest way, either from the client's home or from the professional's office. Also emphasized with professionals is that women can be successful using the WFS positive self-help approach without attending formal group meetings, given that Dr. Kirkpatrick designed the program with that specific flexibility in mind. Professionals are also referred to the WFS web site for more detailed and free downloadable information.

WFS communications with professionals also ask if there is any interest in starting a WFS group for the benefit of their women clients. Many counseling professionals believe – erroneously – that they must be in recovery themselves to start a WFS group. That requirement is true for individual women in recovery seeking certification, but not so for addictions counseling professionals. Obviously, WFS expects professionals to conduct WFS meetings according to its guidelines; however, the requirements and process for starting groups are more streamlined for professionals and treatment facilities. The intention is to allow faster startup for these groups. Professionals who lead a WFS group do not need to be in recovery themselves, nor are they required to use the WFS program personally. Very important, however, they do need to be *women* to lead a WFS group. To have other than same-sex facilitators is contrary to the WFS philosophy that the needs and issues of women and men vary greatly in recovery. Most important, before professionals start a group, WFS requires that they read Dr. Kirkpatrick's book *Turnabout*, which describes her personal struggle with alcohol and how she came to create Women for Sobriety, as well as her philosophy and objectives regarding the "New Life" Program and its use.

For groups in treatment facilities, WFS applies a "blanket" approach, in which the facility purchases a professional group starter kit for staff professionals to use, and the facility retains the certification to conduct WFS meetings. This blanket accommodation provides the flexibility for any counselor in the facility who understands the WFS program to facilitate the WFS meetings. In some cases, professionals eventually turn leadership of a group over to one of the women in the group, provided she meets the WFS minimum certification requirements for individuals in recovery and is recommended by the counselor. This approach works well for professionals who have neither the time nor the desire to make a long-term commitment to leading a WFS meeting but are willing to help get one started in areas where face to face resources are lacking. Once necessary materials are purchased and a group is ready to start, WFS is willing to send an experienced group moderator to visit the facility and demonstrate how WFS groups are conducted, provided a moderator is available within a reasonable traveling distance.

WFS offers a group starter kit designed for use by professionals in treatment facilities. Included are samples of basic program materials in print and compact disc format, a comprehensive moderator's manual, and a 'quick start' guide that focuses on meeting process and expectations for conducting WFS meetings. The Moderator's Manual is noteworthy because it also provides Dr. Kirkpatrick's sample curriculum design, the "Levels of Recovery," which organizes the affirmation statements into six compatible categories representing her suggested plan for pursuing successful recovery. The manual also provides ideas for over 52 weeks of discussion topics based on the program, plus multi-week study guides on self-confidence, self-esteem, and other specific issues. Starter packets are likewise available which provide basic materials to help clients learn to use the "New Life" Program while attending a WFS group.

The WFS philosophy, with its cognitive basis, remains quite different from that of the 12-step approach. Fortunately, in the new century – and coincidentally as more women have chosen to enter addictions treatment and counseling professions – WFS has experienced a steady increase in professionals and facilities seeking to refer clients to WFS groups and exploring the WFS approach as a potential treatment solution for women clients who don't like or don't respond well to the 12-step method. The number of treatment facilities choosing to offer the "New Life" Program as a treatment alternative continues to grow steadily. Also, in the increasing number of states which require court-mandated attendance in treatment and/or support groups, the WFS program is recognized as a secular treatment alternative to religious-based programs. WFS views these promising trends as reflecting recognition of the need for and value of multiple treatment solutions and choices.

CONCLUSIONS

WFS has continued to flourish in the dozen years since the founder's passing, and the program has remained faithful to Dr. Kirkpatrick's original vision and goals. In 2011, the WFS Board of Directors unanimously approved a revision of Dr. Kirkpatrick's "Statement of Purpose," a document which, except for minor adjustments, had remained essentially unchanged since she created it in 1975. The resulting "WFS Mission Statement" repeats the organization's original core purpose and focus, in an updated version for the new century:

WFS MISSION STATEMENT

'A Mission Statement for the New Century'

Women for Sobriety (WFS) is an organization whose purpose is to help all women find their individual path to recovery through discovery of self, gained by sharing experiences, hopes and encouragement with other women in similar circumstances. We are an abstinence-based self-help program for women facing issues of alcohol or drug addiction. Our "New Life" Program acknowledges the very special needs women have in recovery – the need to nurture feelings of self-value and self-worth and the desire to discard feelings of guilt, shame, and humiliation.

WFS is unique in that it is an organization of women for women. We are not affiliated with any other recovery organization and stand on our own principles and philosophies. We recognize each woman's necessity for self-discovery. WFS offers a variety of recovery tools to guide a woman in developing coping skills which focus on emotional growth, spiritual growth, self-esteem, and a healthy lifestyle. Our vision is to encourage all women in developing personal growth and continued abstinence through the "New Life" Program.

WFS believes that addiction began to overcome stress, loneliness, frustration or emotional deprivation in daily life – dependence often resulted. Physical, mental, and emotional addiction are overcome with abstinence and the knowledge of self gained through the principles and philosophies of WFS. Membership in WFS requires a sincere desire for an abstinent "New Life." WFS members live by the philosophy: "Release the past – plan for tomorrow – live for today."

Revised: June 10, 2011 ~ WFS Board of Directors

The success of Women for Sobriety and its "New Life" Program is vetted by the organization's ability to survive and remain meaningful, as indicated by its almost 40 years in existence and by survey data spanning 20 years, as well as success stories and positive feedback from women using the program through the years. Its

longevity has occurred without agency funding or grants, accomplished largely through consistent support from its members, in spite of economic downturns and the incredible speed of change. And yet, a misconception still seems to persist that because the organization is smaller and does not have as much “name recognition” in the public eye, it must be somehow less valuable. The reality is that Women for Sobriety has maintained its relevance and continues to succeed as an *important alternative recovery choice for women*, despite its modest, low-key – but determined – profile.

Consider, for example, that WFS by its stated mission limits its own appeal; since it is an organization and program developed by a woman for other women – and it remains the only self-help organization designed specifically for women – logically it can appeal to only half the total population. Further, of the potential women-only audience, WFS seems to be found most appealing by a specific demographic segment. Similarly, the WFS philosophy also requires what amounts to a complete redesign of these women’s perspectives about themselves and their lives, an effort which may not be appealing or acceptable to all women. However, rather than designing the program as a way to ensure lifelong dependence on the organization, in keeping with its belief in choices, WFS encourages women to find and use an approach that works best for them. Consequently, in terms of sheer bulk, WFS can never realistically match the size of 12-step organizations. However, it is erroneous to conclude based on its size that WFS is a ‘less popular’ alternative.

The continuing stigmatization of addiction, and of women addicts in particular, contributes to the low-key profile of WFS. Although progress has been made over the past 40 years, this stigma still exists in society, and it is felt even more keenly in the guilt- and shame-ridden minds of the women addicts themselves. As a consequence, anonymity often remains a woman’s choice, and the women who choose WFS may be reluctant to reveal their addiction. In other words, women may be more willing to seek help than are men, but they may also be less willing to talk about their efforts publicly and prefer to shun the spotlight. Also, limited resources restrict WFS access to the wide exposure afforded by advertising in major media markets; likewise, free publicity through feature-type media interest is limited, without a professional publicist to pursue these venues. And finally, WFS tends to receive less attention and exposure from the national level recovery organizations, which have been more familiar with and more invested over time in the 12-step approach, since it aims at both men and women and thus offers wider appeal.

In reality, the WFS approach to recovery has increased in popularity because it fills the now-recognized need for customized recovery alternatives. Likewise, WFS is immensely popular through its internet resources, and this popularity will continue as a major way to spread the word about the organization’s approach to women in recovery. Remember, as well, that Dr. Kirkpatrick always viewed WFS – and the organization still views itself – as “offering a self-help choice in the community – in competition neither with AA nor with other treatment options” (Kaskutas, 1994, p. 193). This consistent attitude of co-existence, not competition, has revealed itself as a wise business decision, as well as a key reason for the program’s longevity. In the face of an older, larger organization with a much wider appeal, Dr. Kirkpatrick and WFS management since her time have successfully positioned WFS as a niche organization, providing a valuable service as a treatment alternative for certain women: Those who may be more successful using a different, for-women-only strategy for their recovery; those women who find a 12-step approach is not the right fit; and, those women who are looking for a different way to enrich and enhance their ongoing recovery efforts.

When Jean Kirkpatrick’s writings were first penned in the ‘70s and ‘80s, the feminist movement and concern with women’s issues were just beginning to gain serious attention, and the instant information revolution was just starting to gain momentum. As a result, some of her earliest work may sound a bit dated today, because she describes certain societal perspectives about the roles of men and women that may seem somewhat outdated; after all, societal mores as well as communications technologies have moved forward since that time. Some societal ‘carryover’ issues do remain, though (for example, the continuing stigma attached to women addicts); but women today face additional challenges that are unique to the new century and a new generation, women raised with different values, expectations, and pressures.

With its focus on taking personal responsibility, empowerment, and positive thinking, Women for Sobriety and its message resonate even more consistently and meaningfully with the needs and beliefs of many women who are struggling with addiction today. With their gifts of empowerment, self-respect, and spiritual and emotional growth, the 13 affirmation statements are just as relevant for women today as they were when created in 1975, and they will continue to be relevant for women seeking recovery in the future. Jean Kirkpatrick’s message remains timeless, and the WFS program is evergreen, a guide for life and for living beyond its proven effectiveness for women in recovery.

NOTES

¹ The Women for Sobriety organization is greatly indebted to Lee Ann Kaskutas, Ph.D., of the Alcohol Research Group, Berkeley, California, whose research, analysis, and professional attention over the past two decades has been invaluable, from her initial contact with WFS founder Dr. Jean Kirkpatrick through WFS today. Without her insightful contributions to our understanding of ourselves, especially in her seminal work on the first survey of WFS in 1991, this article would not have been possible. We thank Dr. Kaskutas for her ongoing support as an interested friend of the organization.

² Throughout the article, the descriptions of and discussion of the Women for Sobriety organization, its program, philosophy, and other WFS-specific content reflect the views and writings of WFS founder Dr. Jean Kirkpatrick and the organization today; further, unless it is specifically noted otherwise in the text, information comes in most part from the body of written materials produced and copyrighted by WFS since its inception.

³ In 1991, Dr. Kaskutas worked with Jean Kirkpatrick to develop the first formal survey conducted on the WFS membership. At that time, the entire membership of the organization was surveyed. Participation was anonymous and voluntary. Moderators of the 125 WFS groups in the US and Canada distributed survey questionnaires at their groups' weekly meetings. WFS members were permitted to take their surveys home to complete, and they were also provided a stamped, pre-addressed envelope in which to mail their responses back. This approach generated 600 usable responses. Twenty years later, in spring 2011, the WFS organization conducted its own internal survey of its membership. Again, participation was anonymous and voluntary, and members were invited to complete the survey electronically online. A total of 671 usable responses were obtained by this method. Please note that in some cases percentages given in the survey data may equal more than 100%, because survey participants may have been given the opportunity to select more than one reason or preference for their responses.

⁴ The term "4C" refers to the four qualities emphasized in the WFS motto: capable, competent, caring, compassionate. To be a 4C woman is to be part of the sisterhood of WFS.

⁵ All 2011 statistics mentioned in this article are from this WFS survey and will not be otherwise noted in the text.

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