

**Women's discourses about secretive alcohol dependence
and experiences of accessing treatment**

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DECLARATION

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ABSTRACT

There is a paucity of research documenting women's undisclosed drinking. This study explored the discursive accounts of women's alcohol dependence, treatment history and barriers in accessing alcohol dependence treatment. The goals of this dissertation were to explore women's alcohol dependence history; explore women's treatment history (or lack thereof); identify barriers and nature of barriers that limit women's access to alcohol dependence treatment; identify the reasons for women not accessing treatment, and to interpret women's experiences of treatment per se. A Human Scientific Approach was adopted to examine and interpret how women's drinking is socially constructed. A social constructionist approach was utilised to access and construct meaning from the discourses emanating from the women's narratives of their experience with alcohol and their attempts at rehabilitation. Ten women were interviewed using the life story (narrative) interview method. The findings illustrate two major discourses namely, secret drinking and inaccessibility of appropriate treatment facilities for women alcohol dependents. This means that participants feel forced to conceal their drinking and to drink secretly because of the stigma associated with women drinking heavily. The stigma they experience translates into barriers (mostly internal barriers) to seeking institutionalised treatment. This makes it easier for them to seek alternative treatment such as an anonymous fellowship, like Alcoholics Anonymous. Other discourses signify the importance of problem identification and treatment readiness. This means that if the alcohol dependent woman realises what the real problem is causing her to use alcohol as an escape or as a coping strategy, she will be more willing to address the underlying problem. Recommendations are made focusing on micro and macro-level intervention strategies such as access to treatment, public health campaigns and policies to improve the quality of life of women recovering from alcohol dependence.

OPSOMMING

Daar is min inligting beskikbaar oor die dokumentering van vroue wat in-die-geheim alkohol gebruik. Hierdie studie het die diskursiewe weergawe van vroue se alkohol-gebruik, behandelingsgeskiedenis en hindernisse tot die behandeling van alkohol-misbruik verken. Die doelstellings van hierdie verhandeling is om die volgende te verken: Vroue se afhanklikheidsgeskiedenis; vroue se rehabiliteringsgeskiedenis (of die gebrek daaraan); die identifisering van hindernisse en die aard van die probleme wat vroue se toegang tot die behandeling van alkohol-misbruik beperk; die identifisering van redes waarom vroue rehabilitering weier; en die interpretasie van vroue se belewings van behandeling per se. 'n Humanisties-wetenskaplike benadering is gebruik om die sosiale konstruksie van vroue se drinkgewoontes te ondersoek en te interpreteer. Die verstaan van en die skep van betekenis van die diskoerse van die vroue, en die temas wat na vore gekom het vanuit hul vertellings/narratiewe van hul alkohol-ervarings en hul pogings tot rehabilitering, is binne die raamwerk van die sosiaal-konstruksionistiese uitgangspunt aangepak. Onderhoude is met tien vroue gevoer en die narratiewe metode is gebruik. Die bevindings toon twee hoof-diskoerse naamlik, drinkery in-die-geheim en die ontoeganklikheid van gepaste behandelingsfasiliteite vir vroue met afhanklikheidsprobleme. Dit beteken dat vroue ondervind dat hulle gedwing word om in-die-geheim te drink, as gevolg van die stigmatisering van vroue en oormatige alkohol-gebruik. Hierdie stigmatisering kan herlei word tot hindernisse (meestal interne hindernisse) te make met ge-institutionaliseerde behandeling. Om die rede is dit makliker vir vroue om alternatiewe behandeling soos anonieme gemeenskappe, byvoorbeeld Alkoholiste Anoniem te oorweeg. Ander diskoerse beklemtoon die identifisering van probleme en die instemming tot rehabilitering. Dit beteken dat wanneer die alkoholis die werklike probleem vir alkohol-gebruik verstaan as 'n ontsnapping of as 'n hanteringsstrategie, sy meer gewillig sal wees om die onderliggende probleem aan te spreek. Aanbevelings is gemaak met die fokus op mikro- en makro-intervensiestrategieë, soos die toegang tot rehabilitering, openbare gesondheidsveldtogte en beleide ten einde die leef-kwaliteit van vroue in die herstelproses van alkohol-afhanklikheid te verbeter.

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DEDICATION

This thesis is dedicated to Dean.

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CHAPTER 1

INTRODUCTION

Addictive behaviour occurs within a particular social context, which can serve as a risk or protective factor. Social contexts and individuals influence one another (Gifford & Humphreys, 2006, p. 353).

Social environments function equally as risk and protective factors for substance use, playing a significant part in the onset of alcohol dependence, increase and continuation of dependence as well as setbacks to recovery. Against this backdrop, this study focuses on women's alcohol dependence experiences, treatment history and their barriers to seeking treatment. With this in mind, chapter one describes the unique ways in which studying women's alcohol dependence becomes salient, especially from a psychological viewpoint. Women's own accounts with alcohol dependence have been less published compared to men (Rolfe, Orford, & Dalton, 2009). The limitation of such discourses also informs the paucity of resources or access to treatment which are accessible to women to approach, vary or refuse to engage in a discourse about their own drinking (Rolfe et al., 2009).

This introductory chapter will concentrate on defining the main terms used in this thesis. This chapter will also discuss why women drink; provide a rationale for why psychological researchers should study women who drink; review psychology's response to substance dependence; establish the problem statement; illustrate the theoretical points of departure; inform the methodology and goals of the study, and provide an overview of the thesis.

1.1 Basic Concepts

Issues about women and alcohol are multifaceted and not readily discernible and even if this thesis might attempt, it is not possible to present an all-inclusive account here. It is important to define the main concepts of this study: alcohol dependence, barriers to treatment and secretive drinking ('kitchen cupboard drinking'), which essentially envelop the literature of the dissertation.

In general terms the definition of alcohol dependence creates a dilemma for contemporary observers, who wish to define it as a disease state, rather than its physiological effects that the dependent faces (Jessup, 1997). If addiction is a disease, (and if so what kind of disease?), it cannot be determined purely from a medical and behavioural angle (Gori, 1996). Kaskutas (1989) defines alcohol dependence as a

“physical, psychological, social, emotional and spiritual disease” (p. 177). It is characterised by uninterrupted or sporadic loss of control of drinking.

The individual is preoccupied with alcohol despite adverse consequences, distortions in thinking, particularly denial. The developmental model of addiction defines alcohol dependence as drinking that is maintained by false belief in one’s ability to control the drinking (Angrove, 2003). According to Peele (1989), addiction is generally defined as unmanageable, not curable and an inherited disease.

Alcoholics Anonymous (AA) is one of the models used to explain the participants drinking behaviour in this study and defines alcohol dependence as a progressive disease. AA defines problem drinking as a craving that is out of control. AA defines an alcoholic as someone who is allergic to alcohol, which cannot stop drinking.

Substance dependence is defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) as:

When an individual does not persist in use of alcohol or other drugs despite problems related to use of the substance, substance dependence may be diagnosed. Compulsive and repetitive use may result in tolerance to the effect of the drug and withdrawal symptoms when use is reduced or stopped (American Psychiatric Association, 1994).

In this thesis, the term barriers refers to the reasons people have for not utilising specialised alcohol dependent “treatment services or not modifying the target problem behaviour” (Schober & Annis, 1996, p. 81). This description is coherent with “previous uses of the barriers construct in literature on addictions and health behaviour change” (Cunningham, Sobell, Agrawal, & Toneatto, 1993, p. 347; Janz & Becker, 1984, p. 1).

The phrase kitchen cupboard drinking has been used to describe the phenomenon of women drinking secretly. It was used initially by Gumede (1995) to describe the sample of married women he studied at the Kwasimama clinic in KwaZulu Natal, who drank without the knowledge of their husbands. He termed this behaviour “kitchen cupboard drinking” (p. 36) to explain how easy it was for them to carry out their alcohol dependence simply because traditionally the kitchen was (or still is) the women’s territory and this made it easy to conceal alcohol in the kitchen cupboard without their husbands finding out. For the purpose of this study, it is interesting to note the possible gender bias of the phrase coined by Gumede to describe women who have a drinking problem and conceal it, because it assumes that men do not hide their drinking problems. This thesis seeks to

illustrate the experience of alcohol dependence in the words of the women who are affected by the dependence.

1.2 Why Do Women Drink?

The fact that women drink for different reasons in comparison to men becomes salient in the South African context. Although alcohol dependence has been increasing among women in South Africa over the years, not many publications exist which focus on women and alcohol dependence (Parry, 2000). Schneider, Norman, Parry, Bradshaw, and Plüddemann (2007), estimated the burden of disease attributable to alcohol use in South Africa to be 7.1% of all deaths in the country. Alcohol-related homicide and violence accounted for the 42% of injury from interpersonal violence. Morojele, London, Olorunju, Matjila, Davids and Rendall-Mkosi (2010) conducted a study on the predictors of risk of alcohol-exposed pregnancies among women in an urban and rural area of South Africa. They found that there is a high burden of alcohol-exposed pregnancies (AEP) in South Africa. Their study, much like the study conducted by Kalichman, Simbayi, Vermaak, Cain, Smith, Mthebu and Jooste (2008) concurred that there is a high correlation between alcohol consumption and HIV risk contraction strengthening the argument that alcohol consumption adds to a high burden of disease. Hence more studies should examine why and how women drink in order to establish prevention strategies and programmes such as the national AEP strategy proposed by Morojele et al. (2010).

In the past all-male samples were generally used because they were more easily available and the results were generalised to women (Angrove, 2003). Women drink for a range of reasons. Research conducted by American researchers in South Africa indicates that women who experience Intimate Partner Violence (IPV) were more likely to suffer from depression and problem drinking (Wong, Huang, DiGangi, Thompson, & Smith, 2008). In a study concerning the gender correlates of alcohol use among college students (Harrell & Karim, 2008), alcohol-related problems were accounted for by males' frequency of alcohol use and drinking to feel high, whereas females' problems were accounted for by frequency of alcohol use and depressive symptoms (p. 359). Harrell and Karim's findings also point out that depressive symptomatology is a more prominent indication of alcohol-related problems among females. Strug, Priyadarsini and Hyman (1986) argue that alcohol problems amongst women carry severe stigma. This may contribute significantly to why women are reluctant to reveal their alcohol dependence.

There is a dearth of studies investigating the incidence of women's secret drinking. This results not only in the underestimation of the severity of their problem but also in the problem often being misconstrued (Angrove, 2003; Beckman, 1994; Gomberg, 1993). Campbell (2000) argues that women tend to seek therapy for relationship or medical problems and many counsellors and doctors do not make a connection to alcohol. Hence, by the time a woman enters an alcohol treatment programme, she usually has severe health problems. Women do report using alcohol as a coping response to a particular calamity or to challenging social conditions (Harrison, 1989).

Even though women are drinking problematically, they are not seeking treatment (Parry, 2005). The women that do seek treatment are forced into mixed treatment centres that have a male bias and do not cater for women's unique treatment needs, such as childcare facilities (Wilsnack, 1991).

1.3 Why Study Women And Alcohol Dependence?

Studying women and alcohol today seems unwarranted considering that it has been studied for many decades, all over the world. However, the severity of the problem persists in greater magnitude each year. In the USA, it is noteworthy that since the National Institute on Alcohol Abuse and Alcoholism published its first Research Monograph in 1978, entitled 'Alcoholism and Alcohol Abuse Among Women: Research Issues' (Millstein, 1998), it was twenty years later that the Deputy Director of the National Institute of Drug Abuse (NIDA) stated that investigations into female and substance dependence had "only recently begun to come into its own" (Millstein, 1998, p. 44).

According to Plant et al. (2000) talks of and apprehension about women's drinking have frequently been characterised by "distortion, myth, prejudice and stereotyping" (p. 265). According to Al-Otaiba, Worden, McCrady and Epstein (2008), the reason for this misrepresentation of women's drinking can be found in the disproportion of female participants included in research. Despite the emphasis on the male experience of alcohol dependence, it has been suggested that the problems of females who are dependent on alcohol are gender specific (Lex, 1994; Wilke, 1994). Until relatively recently, several investigations alcohol-related, were based on men and excluded females (Fossey, 1994; Plant, 1997). Earlier research included both men and women but frequently were unsuccessful in studying probable gender dissimilarities in alcohol use, alcohol-related behaviours and incidences (Gefou-Madianou, 1992; Plant, Miller, Thornton, Plant, & Bloomfield, 2000; Wilsnack & Wilsnack, 1997). Now a remarkable amount of data related

to alcohol use by females exists (Abel, 1998; Knibbe & Bloomfield, 2001). In spite of this, some issues remain less explored such as the phenomenon about why women drink (secretly) and women's barriers to accessing treatment. This begs the question, what is psychology doing to avoid repeating missteps of the treatment fraternity and break into new directions which encourage women to seek help? The following section offers psychology's response to substance dependence.

1.4 Psychology's Response to Substance Dependence

Psychology is defined as a science of the person in perspective, which is essential to the clinical and scientific objectives of the substance dependence discipline (Gifford & Humphreys, 2006). Significant social context or environment refers to "family, provider-patient relationships, treatment environment, peer groups and friendship networks, work settings, self-help organisations, neighbourhoods and cultural groups, including religious/spiritual communities" (Moos, 2003, p. 2). Substance dependent behaviour occurs within a social context as social environments and people influence each other. Psychological research on substance dependence has shown the following, according to Gifford and Humphreys (2006, p. 353):

Association with substance-using peers is a major risk factor for initiation, escalation and relapse. Quality of provider-patient relationships contributes to patient retention in substance dependence treatment; Participation in a 12-Step community after treatment facilitates ongoing recovery; Dynamic interface between the social group and the individual has a powerful influence on substance dependence.

These multifunctional psychosocial dynamics mentioned are all interrelated and give psychology the opportunity to lead the substance dependent field by identifying the processes responsible for treatment effects (Kazdin, 2005). Clarity about how these multifunctional psychosocial dynamics impact on women's treatment will permit systematic treatment improvement and decrease stigma associated with alcohol dependence and women (Tucker, 2003). One way of conducting this ambitious task is by concentrating on the importance that substance dependent research should be concerned with interactions between individuals and their social contexts and that maintaining clarity about participants' life-worlds, we will help promote a focused, adaptable and progressive substance dependence science (Humphreys & Tucker, 2002).

Given the context wherein this research is located, the following section attempts to further clarify the problem which this thesis aims to address.

1.5 An Overview of the Problem Statement

This study explores women's alcohol dependence, treatment history, and barriers in accessing alcohol dependent treatment in Cape Town. To offer effective healing for females with alcohol dependence, in particular, danger causes for and the result of females drinking should be acknowledged and focussed on in treatment programmes. Women-sensitive treatment mechanisms could be put into practice in mixed-gender as well as in women-only locations. This research was interested in exploring women's secretive drinking behaviour and whether they experience barriers in accessing treatment. Hence, the project employed a human scientific and social constructionist approach in order to grasp, contextualise and interpret women's alcohol dependence and the factors that influence their access to alcohol dependence treatment. There are various theoretical models in which to locate research focusing on women's alcohol dependence. This is discussed next.

1.6 Theoretical Points of Departure

It is important to shed light on what a model means in this thesis. Fundamentally, in science models are separated into two categories, the homeomorph and the paramorph (Hodgson, 1980). The homoeomorph refers to "a straightforward illustration such as a diagram or a flow chart, which makes it easier to think about a problem" (p. 337). The visual representation of the alcohol dependent's plunge to rock bottom and the treatment after pledging absolute self-restraint is a model of this sort. A paramorphic model necessitates the submission to a specific setback of a set of doctrine, ideas or instances from an additional domain. Newton's link between "falling apples and heavenly bodies, and Darwin's use of domestic breeding as a model for the origin of species are both examples of paramorphs" (Hodgson, 1980, p. 337). In order to generate novel opinions in the substance dependence discipline, this type of model is needed. Hodgson believes that "we need lots of substance dependence models so that the good ones will survive and the useless ones will fade away" (p. 337). Considering Hodgson's philosophy, below, the dissertation focuses on the most popular models namely Alcoholics Anonymous (AA), and the Transtheoretical Model.

1.6.1 Alcoholics Anonymous (AA)

One of the most victorious of “all contemporary self-help models and movements is the network of 12-step or anonymous fellowships” (Rapping, 1997, p.78). AA was the first twelve-step programme and has been the model for similar recovery groups like Narcotics Anonymous. AA is “an informal meeting society for recovering alcohol dependent persons” (Sanders, 2006, p. 221). Its constituents declare as their principal intention, to be tee-total and assist others who are dependent on alcohol to attain sobriety. AA proposes that alcohol dependents pursue its curriculum and withdraw from alcohol to pull through from its dependency and contribute to their experience, fortitude, and optimism with each other that they may solve their common difficulty or cravings.

The 12-step programme (See Table 1) of AA was initially created entirely by males and used sexist speech. The programme advocated “powerlessness, dependency, and self-sacrifice as a means to achieving long-term sobriety” (Clemons, 1991, p. 97). Beckman (1993) wrote that the programme may be mostly engaging for those who have an external locus of control, lesser sense of worth and exposure to social pressure. A study on the lived experience of female alcohol dependence found that women who are loners and have an “external locus of control”, together with no healthy coping strategy were vulnerable to alcohol dependence (Rabie & Grieve, 2010, p. 34).

Literature suggest that while the social support purpose of AA may perhaps be ready to lend a hand in reaching and sustaining abstinence from alcohol, the 12 steps strengthen fixed gender-role stereotypes for females (Orlofsky & O'Heron, 1987; Parry, 1987; Rendely, Holstrom, & Karp, 1984). This literature also suggests that having a traditional gender-role orientation has been connected to elevated rates of despair, lesser self-worth, and lower self-confidence for females. According to Sapiro (1990), through the process of socialisation while males are taught to be authoritative and governing and may require an experience of modesty to improve successful healing, females are socialised to be submissive and needy and have to be authorized to grow and uphold a optimistic opinion of self (Weitz, 1982). Other opportunities have been created such as all-women AA meetings and Women for Sobriety as well as online and email Women's AA meetings (Sanders, 2006).

The inclusion of the AA model is also relevant to illustrate the setting in which this research locates itself. While there have been various critiques of the AA model, this project highlights the feminist critique. Though many women have benefitted from AA,

there have been various feminist or lesbian critiques against the AA model, notwithstanding its success. A further exploration of the AA's relevance to this study as well as a feminist critique of AA will be discussed in the subsequent chapter.

There are various other health and substance dependence models which are applicable and relate to the thesis topic. The Transtheoretical model is especially of relevance and will be discussed in the subsequent section.

Table 1. *AA 12-step Programme (Alcoholics Anonymous, 1998).*

THE TWELVE STEPS OF ALCOHOLICS ANONYMOUS

1. We admitted we were powerless over alcohol — that our lives had become unmanageable.
 2. Came to believe that a Power greater than ourselves could restore us to sanity.
 3. Made a decision to turn our will and our lives over to the care of God as we understood Him.
 4. Made a searching and fearless moral inventory of ourselves.
 5. Admitted to God, to ourselves and to another human being the exact nature of our wrongs.
 6. Were entirely ready to have God remove all these defects of character.
 7. Humbly asked Him to remove our shortcomings.
 8. Made a list of all persons we had harmed, and became willing to make amends to them all.
 9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
 10. Continued to take personal inventory and when we were wrong promptly admitted it.
 11. Sought through prayer and meditation to improve our conscious contact with God, as we understood Him, praying only for knowledge of His will for us and the power to carry that out.
 12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.
-

1.6.2 Transtheoretical Model (TTM)

The Transtheoretical model (TTM) is the most prevalent step model in health psychology and has verified successful results when trying to recover from various health disparities, “including smoking cessation, weight control, sunscreen use, reduction of dietary fat, exercise acquisition, quitting cocaine, mammography screening, condom use and alcohol dependence” (Horwath, 1999, p. 281; Prochaska, Redding, Harlow, Rossi, & Velicer, 1994). Prochaska et al. (1994) stated that TTM investigations conducted for more than 15 years, has found that people “progress between a succession of five stages (precontemplation, contemplation, preparation, action, maintenance) in the adoption of healthy behaviours or termination of unhealthy ones” (p. 471). TTM studies indicate a sequence during the phases of transformation from one stage to the next on a selection of trouble behaviours, as well as “decisional balance; self-efficacy; and the processes of change” (DiClemente, Prochaska, & Gibertini, 1985; Prochaska & DiClemente, 1983; Prochaska, 1994, p.47).

The implication of the Transtheoretical model to this dissertation is its likeness to the Alcoholic Anonymous’ (AA) 12 step programme. According to Sanders (2006), the initial three steps of AA are said to be the “letting go” steps and these steps are the foundation for further work on the Twelve Steps. Steps Four through Nine require the woman, in this case, to clear the wreckage of her past or clean house (Sanders, 2003). Lastly, the final three steps culminate in women having a divine intervention due to having worked the prior steps and pass on what they have learned to other women in the programme (Alcoholic Anonymous, 1998). This is similar to the Transtheoretical model in that it requires women to go through a rigorous step programme in which they have to focus on an end result of non-alcohol dependence. Further elaboration and relevance will be covered in Chapter 2.

1.7 Methodology

This thesis is embedded in a qualitative theoretical framework which is focused on viewing the research from a human science perspective as opposed to natural science. This project utilises the Human Scientific approach to the psychological subject embedded in a context/world of meaning, with an aim to magnify human experience and interpret it, rather than reduce it to a statistical relationship (Giorgi, 1970). Under the umbrella of the Human Scientific approach, social constructionism was used to access data on women’s problem drinking simply because social constructionism contends that behaviour is embedded in

and articulates persons' meanings. Narrative interviews were conducted with 10 females recruited by purposive sampling method, snowballing, via collaboration with the Alcoholic Anonymous organisation. The interview data was transcribed, coded and analysed using a discourse analytic method.

1.8 Goals of the Study

The primary goals of this study were to:

- Explore women's alcohol dependence history;
- Explore women's treatment history (or lack there of);
- Identify barriers and nature of barriers that limit women's access to alcohol dependence treatment;
- Identify the reasons for women not accessing treatment;
- Interpret women's experiences of treatment per se.

The secondary goals of this study were to:

- Propose supportive intervention strategies that will address the need of women who conceal their alcohol dependence, and
- Propose mechanisms that may be helpful in opening up access for women to alcohol dependent treatment programmes.

1.9 Outline of the Thesis

The next chapter will give an extensive discussion of literature on women and alcohol dependence. Chapter 3 will discuss the methodological framework in which this dissertation is enveloped. In this chapter, a view on the philosophical approach of human scientific research, social constructionist research and discourse analysis will further explain the value in studying women and alcohol dependence issues using a qualitative framework. A focus on explicating Social Constructionist theory will advance the understanding of the nature of exploring women's secretive alcohol dependence, treatment history, and barriers in accessing alcohol dependent treatment. This chapter will also discuss the methodological design including information on the research process, the sample, the participants and the narrative interviews and how the interview data were analysed and interpreted.

In Chapter 4 the findings and implications of the findings will be presented. Chapter 5 will delineate the reflections on the research process by means of discussing the limitations and present recommendations for future research.

CHAPTER TWO

A REVIEW OF WOMEN'S ALCOHOL DEPENDENCE

Introduction

This chapter explores the phenomenon of alcohol dependence and its history in South Africa followed by a brief demographical discussion on age, race, geographical location and urbanisation as it relates to alcohol dependence. Thereafter, a review on women's alcohol dependence is presented, an exploration of women's treatment history; theoretical dispositions of alcohol dependent behaviour and treatment outcomes pertaining to women, interpretation of women's experiences of treatment, as well as an exploration of women's alcohol dependent history is discussed. The chapter will conclude with discussions on shame and alcohol.

Truan (1993) suggests that there should rather be a focus on society's role as a precursor to substance dependence and its consequent problems than to concentrate on the effects of substance dependence on society. What Truan implies is that the individual's substance dependence to alcohol is her/his reaction or adjustment to conflict within her/his social structure. Truan explicates by citing Van den Berg's (1961) notion that "no one is neurotic unless made neurotic by society" (p.188). It should be taken into account that social construction loosely defined means that human being's thoughts, feelings and experiences are the products of a system of meanings that exist at a social rather than an individual level (Ricoeur, 1984). In other words, depending on where a person grew up, the manner in which someone was socialised culturally and historically would explain their beliefs, attitudes and perceptions of alcohol dependence (Gergen & Davis, 1985). This implies that human beings cannot be interpreted out of their lived context and this should be kept in mind when seeking to understand the phenomenon of women's drinking.

2.1 In context: Alcohol Dependence in South Africa

The history of alcohol dependence in South Africa stands record to the country's segregation. In African culture alcohol consumption was communally coherent (Parry, 2000). Traditionally, drinking did not take place daily. Those who did drink, drank communally and not without a purpose. However, drinking functioned as a collective intention and a traditional role (Parry & Bennets, 1998).

The “British unsuccessfully prohibited the use of alcohol by Africans in an attempt to prevent what they saw as social decay and disorder, encouraged by its use, after colonisation” (London, 1999, p.1407). In 1962 buying alcohol from White liquor outlets was officially permitted for Black people (Parry & Bennets, 1998). Alcohol was used to establish and uphold fiscal and social control, mostly on the farms, mines and in urban industry (London, 1999). Owners on wine and other farms in the Cape, and in the budding diamond and gold mines to the north, used alcohol to attract and retain workers from rural areas (Kritzinger & Vorster, 1995). While not lawfully authorized, the ‘dop’ system is still procedure these days on different wine farms in the Western and Northern Cape Provinces (Parry, 2000). The supply of alcohol to make up for income both throughout the week and over weekends is common, as it comes in the form of partial compensation of money.

In the “townships municipal beer halls were established by local authorities to help finance township development and control” (Scully, 1992, p. 56). The reactions to these regulations were abuse and dysfunction in the community, as well as non-cooperation and opposition. Several persons resorted to unlawful conduct linked to alcohol, both distilled “sorghum beer and setting up illegal shebeens where alcohol was sold for on-or off-premise consumption” (Scully, 1992, p. 56). According to London (1999), having a shebeen was seen as progress against the apartheid regime, whereas for others it was a way to make an inadequate livelihood. The formation of shebeens was also an expected reaction to circumstances in which there were 15 times as many lawful liquor stores per unit population in White suburbs compared to Black suburbs (Parry & Bennets, 1998).

London (1999) argued that from 1970 to 1997, the record market escalation was in malt beer and this is expected to continue to intensify. Malt or sorghum beer is approximately two-thirds of the total alcohol consumption in South Africa and about 87% of liquor consumed is malt and sorghum beer (Parry & Bennets, 1999). Given this significant increase in consumption it appears as if South Africa will probably experience and rise in absolute alcohol intake in African communities due to shifts from “sorghum beer to either malt beer or dry home brew, both of which have higher alcohol content” (Scully, 1992, p. 57). South Africa is now considered to be the world’s highest rising alcohol fruit beverage market and in 1998 it increased with 10% (Parry & Bennets, 1999).

In the next section, alcohol dependence, age, race, geographic location and urbanisation will be discussed in order to understand how demographics may play a role in

women's secretive alcohol dependence, treatment history, and barriers in accessing alcohol dependent treatment.

2.1.1 Alcohol Dependence and Age, Race, Geographic Location, Urbanisation

According to the South African Community Epidemiology Network on Drug Use (SACENDU), alcohol is still the most common primary substance dependent on among patients seen at specialist treatment centres, accounting for 62% to 78% of admissions in Cape Town, Durban and Port Elizabeth (SA Health Info, 2003). Qualitative research in Cape Town suggests changes are taking place in the profile of users, with increasing use among females, Afrikaans speakers and lower income populations on the Cape Flats (SA Health Info, 2003). Quantitative research such as the first South African Youth Risk Behaviour Survey (YRBS), conducted in 2002 by the Medical Research Council (MRC), found that nationwide approximately 1 in 8 pupils (12.0% [10.4 - 13.6%]) had their initial taste of alcohol before turning 13 years (Reddy et al., 2003). This research also indicated that before the age of 13 years a significant percentage of male (15.8% [13.5 - 18.0]) rather than female learners (9.0% [7.6 - 10.4]) consumed alcohol. Reddy et al., (2003) discovered that particularly more "White"¹ (25.7% [20.8 - 30.6]) and "Coloured" pupils (19.4% [15.7 - 23.0]) consumed alcohol before the age of 13 years when in relation to "Black" learners. Again, the study reported that "White" (25.7% [20.8 - 30.6]) learners rather than "Indian" learners (14.5% [9.6 - 19.4]) consumed alcohol by 13 years of age.

Countrywide 23.0% [20.9 - 25.0] pupils overindulged once or more frequently in the past month and drank five or more alcohol beverages (binge drinking in the past month), according to Reddy, et al., (2003). Considerably more males (29.3% [26.7 - 31.9]) than females (17.9% [15.6 - 20.3]) had engaged in binge drinking in the past month, although this significant gender difference was only found within the race groups when comparing "Black" male (27.1% [24.1 - 30.0]) and "Black" female learners (15.7% [13.3 - 18.1]). In the past month considerably more "White" (35.9% [29.7 - 42.1]) and "Coloured" learners (32.3% [25.8 - 38.8]) binged drank when compared to "Black" learners (20.7% [18.5 - 22.8]). Notably more grade 11 pupils (29.0% [24.7 - 33.3]) than grade 8 learners (19.6%

¹ During the Apartheid years (1948-1993) all South Africans were classified in accordance with the Population Registration Act of 1950 into "racial groups" viz. "Black/African" (people mainly of African descent), "Coloured" (people of mixed descent), "White" (people mainly of European descent) or "Indian" (people mainly of Indian descent). The provision of services occurred along these "racially" segregated lines. The disproportionate provision of services to different "race groups" led to inequities. Information is still collected along these "racial" divisions in order to redress these inequities. In no way does the authors subscribe to this classification (Reddy et al., 2003, p.12).

[16.7 - 22.5]) had binge drank in the past month. Learners in the 13 years and under age category (16.1% [13.9 - 18.2]) had notably lesser incidence of past month alcohol consumption than the 15-year-olds (21.9% [18.9 - 24.9]), 16-year-olds (23.0% [19.9 - 26.1]), 17-year-olds (23.9% [20.1 - 27.6]), 18-year-olds (27.7% [22.2 - 33.3]) and those pupils aged 19 and older (28.0% [24.4 - 31.5]). Significantly more learners in the Western Cape (33.9% [27.7 - 40.2]) had engaged in binge drinking in the past month when compared to the national average of 23.0% [20.9 - 25.0]. Limpopo Province (17.5% [12.6 - 22.5]) had the lowest percentage of learners who had engaged in binge drinking in the past month. Given the history of colonialism and apartheid, this survey is significant to this thesis because it emphasises the relationship between drinking patterns and race and gender in South Africa, which provides context to the study.

The history of women's drinking in South Africa is similar to the history of men's alcohol dependence though with some clear distinctions. The following section discusses women's alcohol dependence in further detail.

2.2 Women and Alcohol Dependence

Much of our knowledge of alcohol dependence has been gathered from studies conducted with a predominance of male participants (Wilsnack, 1991). Women and men use alcohol for different reasons. Goodwin (1981) found that women are diagnosed as alcohol dependent at an older age; women dependent on alcohol are more likely to have a depressive illness preceding or coinciding with heavy drinking, and women are harder to treat and stay sober for briefer intervals. Slone, Norris, and Gutierrez (2006) examined consumption patterns and dependence of alcohol in adults sampled from 3 cities in Mexico (N = 1933). They found that for women, low socio-economic resources, not being married and female gender were related to whether Mexicans abstained from alcohol rather than drank without dependence (Slone et al., 2006). They also found that for women, younger age and not being married were also related to dependence.

Wilsnack and Wilsnack (1997) discovered that women at high risk for alcohol related problems and for continued drinking have some of the following traits: cohabitation with men when not married, part-time employment, frequent sexual dysfunction and living with others (usually male) who drink heavily. Also, other studies found that alcohol dependence is frequently found among young women (ages 21 to 34) who are the daughters of alcohol dependents (either mother or father), and who report regular drinking early in life (Wilsnack & Beckman, 1984; Wilsnack, Klassen, Schur, & Wilsnack, 1991). Their social context is

characterised by many alcohol use or drug use situations that are socially condoned, sanctioned and or at least not disapproved of by significant others (Warner, Canino, & Colon, 2001). In addition, women who are dependent on alcohol report multiple social and psychological risk factors, particularly low self-efficacy, and low purpose in life, depression and feelings of powerlessness (Wilsnack et al., 1991). Whereas the above variables may imply relative helplessness in certain contexts, some authors have identified protective factors (e.g., cultural support and unique personality traits) that assist particular individuals in avoiding alcohol dependence (Blume, 1990).

A discussion about women and alcohol dependence is incomplete without mention of Fetal Alcohol Syndrome (FAS). Research conducted in the Western Cape (Wellington), South Africa, on the prevalence of fetal alcohol spectrum disorders (FASD), fetal alcohol syndrome (FAS) and Partial FAS (PFAS) was found to be the highest in the world (May et al., 2008). Protective factors have been recognised by May et al. such as “low gravidity and parity, larger body size, higher educational attainment and income, religiosity, nondrinking male partner, and adequate nutrition” (p.8).

Given the high FAS rates in the Western Cape, Parry (2000) asserts that women’s consumption exists in great magnitude amidst the stigma related to women’s roles as child bearers and mothers in society. It is important to reflect on women’s drinking while pregnant because it feeds into the dynamic of women’s unique discourses on alcohol dependence and the associated social sanctions.

2.3 Understanding the Stigma of Alcohol Dependency through a Gender Lens

Stigma is the phenomenon whereby an individual with a certain attribute like an alcohol dependent, is deeply discredited by his/her society and is rejected as a result of the attribute or substance dependence (Blume, 1990). According to Hartwell (2004, p.84), stigmatisation has four components:

1. Labelling someone with a condition;
2. Stereotyping people with that condition;
3. Creating a division—a superior “us” group and a devalued “them” group, resulting in loss of status in the community; and
4. Discriminating against someone on the basis of the applied label.

Stigma is a sign of humiliation, scandal, or condemnation resulting in an individual being rejected or cast off by significant others. Women with substance dependence experience the associated stigma differently than men. The example of alcohol

dependence among pregnant women and mothers offers an illustration of protective stigma (Hartwell, 2004). Public discourses and policies with regards to pregnant women who are dependent on alcohol are condemnatory, blaming, and unsympathetic. According to Maddux and Winstead (2005), society tolerates some behaviour exhibited by intoxicated men but if women display the same behaviour they are viewed as indecent. Blume (1990) asserts that women who are intoxicated are often prone to sexual promiscuity. Similarly, in a study on rape, respondents viewed women responsible for the rape if they were raped while intoxicated (Maddux & Windstead, 2005).

A significant consequence of stigma related to alcohol dependence among women is denial by the person, the family and society (Van Olphen, Eliason, Freudenberg, & Barnes, 2009). These assorted forms of denial, sequentially, are barriers that may hinder women from seeking treatment. Women often deny the claim of being an alcohol dependent due to intense fear of being stigmatised. Besides the effects of enacted stigma, a person who is dependent on alcohol may be depressingly impacted through the effects of self-stigma (Hartwell, 2004). Van Olphen et al. define self-stigma as “shameful, evaluative thoughts and fright of enacted stigma that result from individuals’ identification with a stigmatised group that serves as a barrier to the pursuit of valued life goals” (p.4). For example, a person in recovery might avoid treatment, not apply for jobs, or avoid intimate social relationships due to a belief that they are not to be trusted based on their substance dependent history. Self-stigma is associated with delays in treatment seeking (Hartwell). The next section will discuss women’s treatment experience.

2.4 Exploring and Interpreting Women’s Treatment History

This section is concerned with exploring how women's circumstances, roles, and experiences influence their access to and experiences with treatment of alcohol dependence. Women's use of alcohol has been increasing over the last few decades (Angrove, 2003) and women remain a minority group in treatment agencies. The women-to-men ratio has been estimated to vary from 10:1 to 2:1 (Reed, 1999). Given this ratio, it comes as no surprise that the alcohol treatment industry has been geared predominantly to the treatment of male clients (Vannicelli, 1998). Research also reflects this domination (Annis, 1996; Baily, 1995; Hall, 1998). "Women tend to slip through the cracks," according to Laurel (2000, p. 124). Historically women have experienced challenges with regards to accessing alcohol treatment. Several researchers have identified common barriers to treatment services for substance dependent women (Beckman, 1994; Ransom, Waishwell,

& Griffin, 1988). Internal, external and structural barriers exist that impede women from entering substance dependent treatment. The most frequent reasons given by women for seeking treatment were depression; medical problems related to alcohol use; problems with partner, spouse or children; and especially among middle-aged women, empty-nest situations related to children leaving home, according to the internal barriers described by Gomberg (1993). Women are less likely than men to seek help initially in alcohol or other substance dependency services. Instead, women prefer consulting physicians or mental health clinics staff settings in which their primary problem is less likely to be diagnosed as alcohol dependency (Harrison, 1989). On the other hand, there is still a greater stigma associated with alcohol dependency for women than for men (Reed, 1987). The resulting reluctance to be labeled as 'alcoholic' may cause women to deny or minimise their drinking problems and to delay seeking treatment (Wilsnack & Wilsnack, 1997).

Women may avoid treatment because they do not want to leave their children or do not have the resources to arrange for independent childcare (Beckman, 1994). They may also face the risk of having their children taken away from them because of their alcohol dependence and often may delay treatment because of feeling of shame and guilt (Beckman & Amaro, 1986). Among pregnant women and parenting women, intrinsic motivation and degree of treatment readiness has been correlated with retention and relapse (Ingersoll, Lu, & Haller, 1995; Strantz & Welch, 1995). These constitute some of the internal barriers impeding women from accessing treatment.

External factors that play a role in women avoiding alcohol dependent treatment include the following: Interpersonal barriers such as opposition by family and friends, social stigma, economic concerns. The opposition of family members to treatment and, consequently, the disruption of family relationships are part of the 'social costs' associated by many women with alcohol dependency treatment (Harrison, 1989). Because of the phenomenon of women furtively using alcohol, men want to be able to protect women and fix any problem that women may have. When a man can't fix a woman's drinking problem, he tends "to help her hide her drinking or remain quiet to protect her and himself from the shame" (Laurel, 2000, p.125).

Previous examinations of barriers to substance dependency treatment have focused largely on intrinsic factors in terms of their negative restraining effect on treatment entry, in particular, through measures of motivational status and treatment readiness (DeLeon & Jainchill, 1986; Miller & Rollnich, 1991).

Jessup, Humphreys, Brindis and Lee (2003) examined extrinsic barriers to alcohol dependency treatment among pregnant and parenting women enrolled in residential prenatal substance dependency treatment programmes in Northern California. Life history interviews were conducted with 36 women to examine help-seeking behaviours before treatment enrolment. Results indicated that the majority (n = 34) of participants sought prenatal care but identified fear of punitive actions from helping institutions and individuals as a major barrier. Other extrinsic barriers included substance dependency treatment programme barriers, partners, the status of alcohol dependency, and the status of pregnancy.

For alcohol dependent people, extrinsic barriers also include societal attitudes and myths about alcohol dependency, transportation, and programme characteristics (Beckman & Kocel, 1982; Grant, 1997). A study of health seeking behaviour described gender-specific hierarchy of readiness among alcohol dependent women seeking help for a variety of complex problems, (Brown, Melchoir, Pantèr, Slaughter, & Huba, 2001). In this study, women participants (n=451) were shown to seek help based on the immediacy of their needs. Findings from this study support the perspective as participants prioritised seeking prenatal care and safety from intimate partner violence. This study explicates that extrinsic barriers that influence individual help-seeking behaviour include time, distance, cost, availability, organisation of services, discrimination and provider-consumer relationships (Melnyk, 1990).

In the past, women have had more difficulty than men in accessing alcohol treatment and completing it without relapse, according to Loneck, Garrett and Banks (1997). Globally, most alcohol treatment programmes are developed by men, with men, and for men (Jarvis, 1992). It is rare that alcohol treatment takes into account the special needs of women (Thundal & Allebeck, 1998). The most frequent reasons given by females for discontinuing alcohol dependency therapy sessions were the lack of child care and transportation (Loneck et al., 1997). Significant others and family members may resist a woman staying in residential treatment or transporting her to outpatient sessions because this disrupts the family system (Thundal & Allebeck). Moreover, if a woman is pregnant, most agencies will not treat her because of liability concerns (Jarvis, 1992).

Structural barriers that contribute to women's access to treatment are as follows: women's entry to treatment can be hindered by their referral patterns, which differ from those of men (Duckert, 1987); women are less likely to be referred through conventional routes, such as physicians, the legal system, and employers; more often, they are referred

by family or friends and learn about specific programmes through advertisement or word of mouth (Beckman, 1994). In addition, women may be inhibited from seeking treatment by the lack of women-sensitive treatment programmes that exist. Some women may also experience economic barriers to treatment. These barriers include low income (which may not allow them to seek assistance for independent childcare) and inadequate health insurance coverage for alcohol dependent treatment services.

Other factors that can keep both sexes from receiving alcohol treatment include cost and availability. According to Weisner and Schmidt (2001), women often find few places where they can seek treatment, and the agencies that are accessible to them usually have long waiting lists. Safety is another factor in getting to treatment centres. Alcohol programmes rarely are found in the women's own neighbourhoods (Weisner & Schmidt, 2001).

Barriers to treatment faced by women, such as the need for childcare, cost of treatment, familial opposition, denial of alcohol dependency and inadequate diagnostic training of physicians must be overcome to create successful treatment approaches for the female alcohol dependent (Van Der Walde, 2002). The internal, external and structural barriers as well as other supporting literature cited are significant to this study in that they provide a foundation from which to interpret the barriers of women's access to alcohol dependent treatment in Cape Town.

According to Dolan, Kolthoff, Schreck, Smilanich and Todd (2003), more must be known about the profiles of alcohol dependency and their service-use patterns. Myers (2007) conducted an audit of substance dependent treatment centres in Gauteng and KwaZulu-Natal (KZN) and reported that 50% of facilities in this geographical location train staff in gender-related treatment concerns. She also contended that the quality of service women received at treatment facilities need improvement. This need for advancement can be acquired through sensitised women-only treatment programmes and the provision of counselling services in-tune with the diverse needs of female alcohol dependents. This treatment practise should also include interventions in relation to sexual abuse histories, domestic violence and Post Traumatic Stress Disorder (Myers, 2007). In South Africa, very few public health campaigns target women who are alcohol dependent. A more focused targeted public health strategy needs to be in place to assist women in South Africa to improve their health status.

Concerning services, it must be asked to what degree existing models adequately address the broad range of service needs of women alcohol dependents. While the barrier

of providing services in multiple service settings is overcome with all treatment providers working out of the same office setting, this process often becomes complicated by service providers' reluctance to share information from their clinical records, most often because of reasonable clinically based concerns about the appropriate use of records (Dolan et al., 2003).

The next section will discuss the role that models of alcohol dependence, especially Alcoholics Anonymous, play in the treatment of alcohol dependency because this self-help group is a common choice, especially for women drinking secretly.

2.5 Alcohol Dependency Treatment

DeAngelis (1991) argues that psychology persists to sustain ineffective models in the treatment of substance dependence. He also states that ineffective methodologies indicate how genetic researchers' manipulated data to suggest that substance dependency is inherited (Searles, 1988). Still, people believe non-scientific and unsupported claims that: "drinkers cannot control their drinking; alcoholism is inherited; alcoholism grows worse without treatment and that alcoholism is a disease that can strike anyone" (Peele, 1989, pp.55-56). Mednick (1989) illustrated that people construct uncomplicated representational models of their reality in order to direct their behaviour. Widely held beliefs form the basis of these representational models because of their intuitive lure and effortless link to personal experience (Truan, 1993). Furthermore, Gergen (1991) believes that traditional models of substance dependency treatment are committed to individual defects and exclude human values and societal antecedents.

While Truan (1993) contends there is no one model better than the other to treat any substance dependence, DeAngelis (1991) believes that there are four philosophical approaches which demonstrate the psychology profession's insight about substance dependence (p.10). The philosophical models are the:

1. Moral Model in which people are held responsible for both the development of a substance dependency problem and its solution.
2. Disease Model is the most commonly used model and holds that substance dependency is caused by an underlying disease condition and that substance dependents cannot recover without medical intervention.

3. Spiritual or Enlightenment Model represented by Alcoholics Anonymous and other 12 step programmes indicate that people are personally powerless over their condition and must consequently rely on a higher power for healing.
4. Biopsychosocial Model concentrates on prevention and relapse prevention work. This model does not blame people for the development of the problem but people are helped to take active steps to produce change. Substance dependency is viewed by this model as a bad habit that must be broken slowly and systematically.

Given this overview of the substance dependency models, this thesis will utilise the following models in which to interpret the research participants' experience of treatment.

2.5.1 Alcoholics Anonymous

In the early days of Alcoholics Anonymous (AA), women's way into the meetings were fraught with resistance from male members, as well as with a higher degree of social stigma that surrounds women's drinking today (Mäkelä et al., 1996). One rather early review concluded that affiliates of AA were more likely than non-affiliates to be male, and it has also been suggested that AA is less likely to be of benefit to women (Ogborne & Glaser, 1981). More recent population studies indicate similar rates of AA attendance for men and women (Ogborne & DeWit, 1999), and that AA is increasingly important, and important to women, when it comes to a choice among treatment alternatives (Weisner, Greenfield, & Room, 1995). This state of affairs is reflected also in the results from the International Collaborative Study of Alcoholics Anonymous (ICSAA), where women in AA seem overrepresented relative to the proportion of female problem drinkers in professional alcohol dependency treatment, as well as in the general population, in each of the eight study countries (Mäkelä et al., 1996). Thus, in spite of AA being a male-oriented organisation, women actually may affiliate more easily than men, as well as benefit as much (Kelly, 2003). Regarding participation in self-help groups, women and men lifetime drinkers appear to be equally likely to attend AA and to continue to participate in it (Ogborne & DeWit, 1999). After an initial episode of treatment, women were more likely than men to participate in self-help groups and obtain additional treatment (Grella, Scott, & Foss, 2005).

AA may be an attractive form of help for women because it does not cost a cent (eliminating financial barriers); it is also readily accessible in most urban and suburban communities and anonymous, such that family members and friends need not know about

attendance (Covington, 2002). Anonymity may be particularly important for women, due to the stronger social stigma of alcohol dependency for women than for men, although such stigma has been reduced in recent years (Beckham, 1993). Self-help groups, especially all-women groups, may be particularly helpful because they allow identification with other women who have overcome their difficulties, which may allay guilt and shame associated with the alcohol dependency (Wu & Ringwalt, 2004). In addition, because self-help groups are non-hierarchical and non-authoritarian, they foster recovery in a relational, mutually-enhancing and safe context (Covington, 2002).

The findings of a narrative study conducted by Jolene Sanders (2006) demonstrated that women in AA do not experience it as a hegemonic culture that requires submission to a male-dominated environment. Women constitute a third of AA, and that percentage is growing. Moreover, by the creation of their own, women-only meeting environments, they have carved out a comfortable space for themselves within AA. Most women in this study also attend mixed AA meetings, which indicates a certain acceptance and comfort level with the general culture of AA.

Tallen (1992) has a problem with this sense of contentment women have with AA. She argues whether women's lives actually improved through the 12 Step Programme.

Taking two aspirin may stop a headache from continuing to bother us but this action does not fundamentally address the cause of the headache (p. 391).

It appears that Tallen's feminist critique of AA is essentially on the self-help group's history. AA was founded by two men on June 10, 1935 by Bob Smith and Bill Wilson. These two men resisted that women enter AA because "nice" women do not drink (Seajay, 1989). The lives of these men and what they believed in goes beyond the scope of this dissertation, however, often overlooked is the religious movement called the Oxford Group where these two men met. This group was established by a Lutheran minister from Philadelphia. This movement was based on First Century Christianity. The AA and the Oxford Group separated in 1937 because Frank Buchman, the founder of the Oxford Group made a speech in 1936 saying "Thank heaven for Adolph Hitler". The AA's silent break away from the Oxford Group highlights the compelling exclusionary principles in which AA is founded on, according to Tallen (1992). The strong Christian focus underscored in the formulation of the 12 steps such as the Third step: "Made a decision to turn our will and lives over to the care of God, as we understood Him". This step has been questioned by feminists who wonder what it means to work on a step that requires members to give their lives over to a higher power (Seajay, 1989). This step requires

feminists to go through antithetical changes to the critical feminist principle of individual self-empowerment in order to remain an AA member. The Fourth step: "Made a searching and fearless moral inventory of ourselves" has proven challenging for feminist lesbians, especially. It is hard enough to deal with society's social and political forces which have possibly created the context which female (even lesbian) alcohol dependents find them in.

Given the exclusionary history of AA that is the racist, sexist and religious contexts described above, perhaps there is a need to examine the ways in which alcohol affects women (Tallen, 1992). There have been attempts to rewrite AA from a feminist perspective and one example is the Kirkpatrick's Women for Sobriety which is explored next.

2.5.2 Kirkpatrick's Women for Sobriety

Jean Kirkpatrick (1977), a Ph.D. in Sociology with a 29-year history of problem drinking, developed an alternative self-help medium where alcohol dependent women can articulate freely and privately, without men present, called Women for Sobriety (WFS). She was able to maintain sobriety for only three years using AA. She eventually gave up drinking using a trial and error method of her own that emerged as WFS's "New Life" programme (Kirkpatrick, 1981). Her experience with AA, her own battle with alcohol dependence, her study of Sociology combined with the literature of Ralph Waldo Emerson and the Unity Movement of New Thought, influenced Dr Kirkpatrick's approach to sobriety (Kirkpatrick 1981). These intellectual, introspective, and experiential paths combined to result in a programme that would address what she believed to be the deep-seated crisis of female alcohol dependents: low self-esteem. Drawing on sociological elucidation, Dr. Kirkpatrick contends that women alcohol dependents thoughts of guilt and failure are reinforced by our society and our culture, making their guilt qualitatively different from what men alcohol dependents experience (Kirkpatrick, 1977). In addition, she refers to Durkheim's dialogue of moral responsibility, as one that is first felt as a social constraint and later internalised (Kirkpatrick, 1981). In counterpoint to AA, hallmarks of the WFS philosophy include responsibility versus powerlessness, a focus on improving self-esteem rather than on achieving humility, and on thinking rather than surrendering. Although sobriety is not dependent upon a higher power in WFS, WFS shares the AA foci on meditation and spirituality.

This self-help group was developed in reaction to AA, which had been founded by male alcohol dependents and incorporated women over the years. WFS is the only self-help organisation that was designed for women alcohol dependents in particular, and it

offers more than simply an all-female setting: its basic philosophical premise is intended to address women alcohol dependents situation in life and their needs in recovery, and thus is in contrast to AA which treats all alcohol dependents alike (Kaskutas, 1989). WFS emphasises the importance for women of a strengthened self-image, responsibility, and independence (Kirkpatrick, 1977) and recognises the societal dimensions of alcohol dependency for women (Kirkpatrick, 1981). Although WFS explicitly addresses women's issues, its programme is not fundamentally feminist and it does not present a polemic against men (or against AA).

The main concern of WFS is the power of positive thinking. There are 13 programmatic affirmations in WFS, which centre on bringing the mind into harmony with the good in life (see Table 2). First, the alcohol dependent woman accepts her alcohol dependency as a disease and affirms that because she has this disease, she must learn to live her life without alcohol (this is level I, affirmation 1). Thereafter, as women endeavour to lessen their pessimistic thoughts, as well as guilt, the alcohol dependent female grasps that just as she is the only one destroyed by negative emotions, she is the only one who can decide whether or not to let problems bother her all the time. Women also come to the realisation that "the past is gone forever", and while it can never be forgotten, it also need not be dwelled upon (level II, affirmations 2, 4, and 9). Subsequently the woman discovers that her thoughts can change (including her own self-perception), and she is faced with the idea that she is a capable woman with much to give life (level III, affirmations 5 and 12). These new attitudes are put to action by practicing the habits of happiness and enthusiasm while recognising that "life can be ordinary or it can be great". This is usually reiterated through conscious cognitive messages to herself (level IV, affirmations 3, 6, and 11). Next, the women focus on their relationships which are readdressed with an emphasis on caring and giving, which includes learning to believe that they are loved by others (level V, affirmations 7 and 10). At last, longer term goals for emotional and spiritual growth, and for taking responsibility for one's own life are affirmed (level VI, affirmations 8 and 13).

A fundamental programmatic belief of WFS is that negative emotions are at the root of women's drinking, reflecting Emerson's writings but also Unity's teaching that one's thoughts can be changed by directing attention to them which in turn can provoke changes in prevailing conditions (Turner, 1991).

If I had learned anything from Emerson, it was that thought ... our thoughts ... make or break us. And that had become my key to sobriety (Kirkpatrick, 1981, p. 15).

Kirkpatrick's Women for Sobriety programme and Alcoholics Anonymous provide the necessary information on what kind of help is available for women who desire treatment anonymously. These two models are not the only addiction models that affect the research questions in this thesis. However, they are illustrative and suggestive of the fundamental issues to why women drink. The next couple of paragraphs will discuss the models' relation to two fundamental issues: (1) women's secretive drinking and (2) women's barriers to seeking alcohol treatment.

Table 2.

Kirkpatrick's 13 Steps to Sobriety

-
1. I have a drinking problem that once had me.
 2. Negative emotions destroy only myself.
 3. Happiness is a habit I will develop.
 4. Problems bother me only to the degree I permit them to.
 5. I am what I think.
 6. Life can be ordinary or it can be great.
 7. Love can change the course of my world.
 8. The fundamental object of life is emotional and spiritual growth.
 9. The past is gone forever.
 10. All love given returns twofold.
 11. Enthusiasm is my daily exercise.
 12. I am a competent woman and have much to give life.
 13. I am responsible for myself and my actions.
-

2.5.3 Transtheoretical Model (TTM)

The Transtheoretical Model (TTM; Prochaska & DiClemente, 1983; Prochaska, DiClemente, & Norcross, 1992) is an integrative, biopsychosocial model used to conceptualise the process of intentional behavioural change. Whereas other models of behavioural change focus exclusively on certain dimensions of change (e.g. theories focusing mainly on social or biological influences), the TTM seeks to include and integrate key constructs from other theories into a comprehensive theory of change that can be applied to a variety of behaviours, populations, and settings (e.g. treatment settings,

prevention and policy-making settings, etc.). This model is used in this thesis in order to better understand how the women alcohol dependents developed their dependent behaviours as well as how they try to reduce or stop engaging in those behaviours.

The processes of change, one of the three components of the transtheoretical model² is made up of 10 different processes: consciousness raising, self-re-evaluation, helping relationships, self-liberation, environmental re-evaluation, emotional arousal/dramatic relief, stimulus control, reinforcement management, counterconditioning, and social liberation (see Table 3 for definitions).

TTM presumes that at any given time, a person is in one of 5 stages of change. In the first stage which is Precontemplation, the woman has no intention of making a change. For example, she might be thinking: "Alcohol dependency is in my family - it is genetic; it's just what we do". To move past this stage women must realise that alcohol is impacting negatively on their lives, their relationships and their jobs. If an alcohol dependent person is considering giving up drinking in say, the next 6 months, then this person would be in the Contemplation stage. In this stage the alcohol dependent person acknowledges that there is a problem but is still not taking any action to change the behaviour. In the Preparation stage, the alcohol dependent person knows she must change, believes she can, and is making plans to change soon, like next month. Here the alcohol dependent woman starts practicing alternatives to drinking. The next stage is called Action because at this stage, the alcohol dependent individual changed, stopped drinking. According to Prochaska et al. (1992), cutting down would not be "action" but preparation for action. The final stage in the TTM stages of change is that of Maintenance. After practicing new behaviour change for at least six months, the alcohol dependent person is in the maintenance stage. Now she's working to prevent relapse and integrate the change into her life.

In short, the AA model supports the notion that alcohol dependency is not the fault of the individual, it is not controllable and there is no cure. Kirkpatrick's Women for Sobriety model is based on three of the philosophical models of substance dependency: the Moral Model, the Enlightenment/Spiritual Model and the Disease Model.

² The other two components of the transtheoretical model are the stages and levels of change. A full analysis of this model using all three components of the model is a task beyond this project. There is nevertheless a strong interrelationship between the stages of change and the processes of change, such that processes are more likely to develop and effectively help the individual if they occur in certain stages. Due to these considerations, hypothesising about the role of the stages and processes will briefly be discussed in the dissertation.

The Transtheoretical Model focuses more on the biopsychosocial aspects of alcohol dependency. The significance of these models to this project is that it highlights the different views to treating alcohol dependency (there is no cure) in the light of women's treatment needs. Bearing this in mind, the following section will explore women's alcohol dependency history.

Table 3.

Definitions of Process of Change (Prochaska & DiClemente, 1983)

| <i>Processes of Change</i> | <i>Process of change Definition</i> |
|--------------------------------------|--|
| 1. Consciousness rising | Cognitively acknowledging that the problem is a problem and that one possesses the problem. |
| 2. Self-re-evaluation | Assessing identity and emotions and determining how perceptions of identity can hamper recovery |
| 3. Helping relationships | Accepting help and receiving social support from caring others |
| 4. Self-liberation | Acquiring ability to make decisions, committing to decisions, often leading to action on these decisions |
| 5. Environmental re-evaluation | Assessing how problems impact the personal and physical environment |
| 6. Dramatic relief/emotional arousal | Experiencing and expressing feelings about the problem |
| 7. Stimulus control | Avoiding or learning to counteract stimuli and high-risk cues likely to trigger problem behaviours |
| 8. Counter- conditioning | Finding events that counteract the anxiety that often accompany various disorders |
| 9. Social liberation | Realising the existence of the problem in society, and trying to help and work against the social ills |

2.6 An Exploration of Women's Alcohol Dependency History

According to Jessup (1997), the notion of alcohol dependency as biopsychosocial disease highlights risk factors associated with the increase of dependency in women. While the reason why some people become dependent and others do not is unknown, much is known about factors that prompt women to becoming alcohol dependent. Reviewing the biologic, psychological, and social factors of who among women, become an alcohol dependent, advises our understanding (Jessup, 1997).

Gomberg (1993) argues that the etiological risk factors for the advancement of alcohol dependence among women are more frequent and harsher than in male counterparts, which he takes to mean that alcohol dependence in women being more complicated to treat. Other researchers contend that although alcohol dependence among women has an altered path in comparison to men, it varies in the types of gender-specific outcomes, like; alcohol dependence among women does not have a poorer diagnosis than among men (Blume, 1990; Garnezy, 1985). Resilience to stressful life experiences may be a protective factor for some people (Garnezy, 1985). In women who drink and use psychoactive drugs, stress and the reaction to stress are believed to be determinants in whether they eventually experience alcohol dependency (Garnezy, 1985). Women's ability to cope is interceded by their self-confidence, identity, level of denial and rationalisation of their disease (Strantz & Welch, 1995). Strantz and Welch (1995) also argue that women become alcohol dependent because of a particular loss or trauma-related experiences in their lives. Studies also identify an explicit relationship between the alcohol dependency and trauma accounts, violence, and simultaneous psychological illness (Shore & Bratt, 1991; Strantz & Welch, 1995). Alcohol dependent women in-patients are known to have high rates of past sexual abuse and physical and mental abuse (Gil-Rivas, Fiorentine, & Anglin, 1996). Women with alcohol or other drug dependencies have significant co-morbidity issues such as depression and posttraumatic stress disorder (Wilsnack & Wilsnack, 1997). The pressure of having too many roles to fulfil (such as working woman, homemaker) has the potential to be causative to alcohol and other drug problems. Shore and Bratt's (1991) study has shown that mothers who have jobs drink less and have fewer problems associated with alcohol. Moreover, surveys note that loss of a spouse through divorce or separation or empty nest experiences were more apt to lead to problem drinking (Wilsnack & Cheloha, 1987).

According to Marsh and Simpson (1986), depressing role changes such as having exclusive responsibility for child-rearing and increased financial stressors, also may

contribute to the development of dependency. It is known that alcohol dependent women have low self-esteem and experience anxiety and guilt about their dependency, but it is difficult to state definitively that these directly contribute to dependence (Shore & Bratt, 1991). Low self-esteem in women with alcohol dependence may be the result of chaotic and abusive relationships as adults and as children (Blume, 1990).

Social support in the lives of women with alcohol dependence has relevance for the discussion on the exploration of women's dependency history because, according to Tucker (1982), the brunt of negative social support in the lives of women with dependency problems is associated with the use of non-social and dysfunctional coping strategies. Black (1981) argues from an observational learning perspective, when she concludes that a parent with a substance dependency teaches substance coping behaviour to children, and as adults, women who grew up in families with alcohol dependence replicate that behaviour in the selection of spouses, a high tolerance for dysfunctional behaviour, and their own use of alcohol and drugs. Chaotic and emotionally unavailable families may not assist in getting women into treatment and may extend the length of time the woman is actively using and drinking. Amaro, Zuckerman and Cabral (1989) argue that women alcohol dependents often are involved with men who are dependent on alcohol.

A study on the characteristics of women with alcohol problems conducted by Swift, Copeland and Hall (1996) suggested that even though alcohol dependence is intrinsically stigmatising, the added stigma perceived by women was often noted to have detrimentally affected their keenness to seek treatment from expert alcohol services. For example, one of Swift et al.'s participants, a 35 year old woman with a former alcohol dependency commented that:

there is the whole societal thing that women shouldn't show themselves to be so out of control – maybe we were poaching on men's territory getting into alcohol – I don't know. That stigma thing was part of the reason for not seeking treatment. (p. 1141-1142)

This awareness of shame is not only an individual but a family issue for several women. Another participant stated:

My family wanted me to go into a place to dry out and I rang up a friend and said I don't want to do it. What about my children? I knew about private hospitals but the shame for my family was too much. (p. 1443-1444)

Social stigmas make it difficult for women alcohol dependents to seek help and it is therefore no surprise most women hide their drinking. Warner (1997) conducted a study

on older women's drinking and found that it was discouraged or concealed because the intoxicating effects of alcohol were considered incompatible with women's traditional domestic roles, and might signal a dangerous failure of social control over women's family relationships and public behaviour.

2.7 Shame and Alcohol Dependency

The classic theory of shame and its early development presented by Erik Erikson (1950) declares that shame develops at two years of age when a child struggles with independence. To develop a sense of shame the child must first be caught at an act the parent has forbidden. According to Potter-Efron (2004), the developmental appearance of self-conscious emotions like shame is bedrocked in the family system. In other words, disadvantaged, degraded parents are ill-equipped to take care of their children's needs, so the child feels shame whenever he or she is needy because the child's need clashes with that of the parent. According to Bradshaw (1988, p.164), when this young person becomes a grown person it has a "hole in the soul" because the disadvantaged child is voracious. Often this "hole" needs to be filled with something. This emptiness is often filled with a habit forming substance like alcohol (Potter-Efron, 2004). In many ways shame advances substance dependence which in turn increases shame. However, is it an overstatement to claim that shame causes dependency or that all substance dependent people are shame bound? Potter-Efron (2004) thinks that the only relationship between alcohol and shame is that alcohol makes individuals feel less shame. Excessive drinking can be a means of dealing with shame and guilt, and it can unavoidably incite and exacerbate these feelings.

Lewis (1971) proposed wide-ranging phenomenological descriptions of the shame and guilt models, and their distinctions. In shame the self is represented as incapable to cope, and as the object of disrespect, hatred, mockery, repugnance, or rejection directed at the person by an onlooker or audience. The "person afflicted with a shame reaction can feel self-conscious, helpless, paralyzed, rageful, tearful, childish, embarrassed, humiliated, and/or be blushing, all the while feeling like the focus of awareness" (p.126). It is not unusual to come across a threat of mental desertion by significant others, who are prepared to disrespect or express amusement at possible defectiveness or failures (Lewis, 1971). As a result, the imagery of the shame prone person is often rampant with themes of concealing from the scrutiny of others, and dwindling from possible embarrassing situations (Mayman, 1974). In other words, instead of drinking in front of someone who openly disapproves, a shameful person would hide the drinking.

Guilt following reparation can be an encouraging sentiment and is well recognised in the eighth and ninth stages of AA. Guilt can be maladaptive and Potter-Efron (2004) recognises the need to help clients separate guilt which is based on reason and that which is excessive or misplaced. Fear of rejection or banishment is eminent in maladaptive guilt (Lewis, 1971). 'Whereas shamed persons fear not being allowed to join the community, guilty individuals dread being thrown out of the group' (Potter-Efron, 2004, p.310). These processes are particularly evident in studying women who drink secretly. While the emphasis in this thesis is on women's alcohol dependent drinking behaviour, however, the literature underscores that women's problem drinking appears to be secretive.

2.8 Summary

Substance dependency has to do with dynamic adaptations which take place at several levels and is influenced by a range of contexts including but not restricted to the treatment contexts. This chapter enunciated that if we want to advance our understanding of substance dependence and recovery, we should examine these processes directly. Psychological science is well suited for this undertaking.

The focus of this chapter was to review women's alcohol dependence. The literature cited envelops the purpose of the study which is to ascertain how women's drinking prevents them from seeking alcohol dependency treatment. It is important to give context to the study and an overview of drinking patterns in South Africa, presented in this chapter, influences how one observes the sample of Cape Town women's lived drinking experience. In order to further understand the women's lived alcohol dependent experiences discussing demographical, geographical, age and racial issues with regards to alcohol dependence became salient because demographical factors impact on how women drink and hence the treatment seeking practices.

Women's alcohol dependence become stigmatised by society. This stigmatisation has led women to hide their drinking. Secretive drinking has in turn been one of the major barriers to treatment. Other internal, external and structural barriers exist and were discussed in this chapter. Various models to alcohol treatment were discussed as well such as AA, Transtheoretical and Kirkpatrick's Women For Sobriety.

The AA and TTM added an understanding on women's treatment experiences and made an attempt to locate the research paradigm. These substance dependency models give perspective to the study in that an understanding about women's drinking behaviour and the process of intentional behavioural change is available for women who desire

treatment anonymously. Women who fear stigmatisation may prefer to seek treatment anonymously because some women alcohol dependents feel intense shame about their dependency. In some cases the shame and feelings of guilt may make women paralysed and unable to seek treatment. The literature highlights that a gap exists in understanding women's experiences of drinking. Hence the rationale of the study was to explore and bring new knowledge to literature regarding women's alcohol dependency, treatment history (or lack thereof) and identify barriers and nature of barriers that limit women's access to alcohol dependency treatment.

The next chapter will focus on the methodological framework used to structure and conduct the study.

CHAPTER 3

METHODOLOGY

Introduction

In the late 1800s, the call for a human scientific method arose due to the recognition that human beings' meanings could not be reduced to descriptive statistics of natural science. Consequently, an interest in the ways in which human beings articulated themselves in the world with others, through language both verbal and preverbal, and in time, became more useful to the human scientific researcher (Giorgi, 1970). The recognition that human beings could not be studied like objects because we are meaning makers, led to a call for a method that did justice to human beings' experience. Hence, for example, phenomena such as emotions, consciousness, and the significance a person attributes to their lived experience, were considered critical for a proper articulation of depth psychology, and yet these aspects of lived experience, cannot be accessed by using a natural scientific approach. Hence a Human Scientific Approach focusing on interpreting the subjective experiences of individuals is warranted. This is perhaps more significant when the behaviour in question is deemed problematic by society, such as in the case of women who abuse alcohol.

This section will focus on the Philosophical Approach, Methodological Approach, Methodological Design, and a detailed description of the participant's demographics, how data was collected, analysed and interpreted. Given the human scientific methodology used in this thesis, validity and reliability is discussed accordingly. This chapter concludes with insight to the researcher-researched dialectic.

3.1 Philosophical Approach

The Human Scientific Approach lies at the heart of postmodern ideology. In *The Postmodern Explained* Lyotard (1992) argues that postmodernism is not the period that supersedes modernism, but an emerging state which is recurrent. The postmodern researcher refuses to be governed by pre-established rules or categories. Furthermore, the postmodern researcher allows the research participant to guide an appropriate approach to the research subject and does not force the subject matter to conform to a pre-existing method. Postmodernist premises influence a dialogical and relational perspective for understanding human behaviour, including the dilemmas of everyday life and a researcher's stance regarding this (Kvale, 1992).

Human Scientific approaches to the psychological subject make the assumption that human beings are always and already embedded in a context/world of meaning. Therefore researchers aim to magnify human experience and interpret it, rather than reduce it to a statistical relationship (Giorgi, 1970). Human beings are always interpreting the significance of their dealings with one another, even if pre-reflectively. Human science is therefore radically empirical in its insistence that the researcher takes up the attitude that the process of interpreting human experience includes all circumstantial and contextual evidence; unlike quantitative methods which leave out circumstances that might influence human behaviour (Giorgi, 1970).

In the *Postmodern Condition*, Lyotard (1979) suggests that there is an objective truth, however on account of the restricted amount of knowledge that people can understand, humans will never know this objective truth. In other words, Lyotard argues that there is no certainty of ideas, but rather there are better or worse ways to interpret the lifeworld. Keeping with Lyotard's postmodern notion of interpretation, the human scientific approach also aims to interpret human behaviour in terms of time and place narratives aiming to understand the human lifeworld. In other words, according to Ricoeur (1984), we are interested in lived experience rather than its factuality. Consistent with Ricoeur (1984), for a human science psychology, the data for any research project must derive from the lifeworld where we all live and have our being. Further, in line with Ricoeur, to revise psychology as a human science, it was necessary to acknowledge that traditional psychology had covered over and concealed the primordial ground of human existence, namely the lifeworld. The concept of the lifeworld is derived from Edmund Husserl (1859 – 1938) who argued that we should reawaken the basic experience of the lifeworld by letting the phenomena speak for themselves. He called for a reawakening of our basic experience of the 'lebenswelt' (lifeworld as opposed to laboratory) by saying we need to go back to the things themselves (Derrida, 1954).

This thesis utilises the Human Scientific Approach in an overarching manner in order to understand ways in which women's drinking behaviour limits their access to treatment. In keeping with the notion that a Human Scientific approach to psychological research develops methods that give justice to its subject matter, namely human beings and their experiences, the subject matter, exploring women's alcohol dependence, guided this project to a social constructionist approach. So, beneath the umbrella of the Human Scientific Approach, this research project utilises a Social Constructionist approach

because social constructionism understands that behaviour is embedded in and articulates persons' meanings.

Social Constructionism, first outlined by Peter L. Berger and Thomas Luckmann (1966), contends that any phenomenon used by participants in a particular culture or society is socially constructed. Social constructionism has relevance for this study because it holds that the meaning and experience of alcoholism can be different for different people. The social constructionist approach is qualitative, interpretive and concerned with meaning. Interpretive approaches (referred to as hermeneutics) treat people as though their thoughts, feelings and experiences make sense in terms of their interpretations of their worlds (Dilthey, 1883). Then again, social constructionist approaches, sometimes referred to as critical hermeneutics, treat people as though their thoughts, feelings and experiences were the products of systems of meaning that exist at a social rather than an individual level (Ricoeur, 1984). The most noticeable difference between the interpretive approach and social constructionism is ontological (Gergen, 1985).

Ontology is traditionally noted as being part of a main area within philosophy known as metaphysics and asks the question: What is 'Being'? At the epistemological level, which is a branch of philosophy that investigates the origin, nature, methods, and limitations of human knowledge, the researcher would ask: How do we know what we know? What is critical in accounting for the ontological and epistemological thrusts of social constructionism and interpretive methodological approaches is that these philosophical approaches and qualitative methods, assume that one can only understand social reality by accounting for contextualised human meaning.

This thesis thus utilises a human scientific approach, and specifically the social construction of women's drinking and treatment seeking behaviour in the Western Cape region, using discourse analysis. Discourse analysis does not provide a tangible answer to problems based on scientific research, but it enables access to the ontological and epistemological assumptions behind a project, a statement, a method of research. In other words, discourse analysis will enable revealing the hidden motivations behind a text or behind the choice of a particular method of research to interpret that text.

3.2 Methodological Approach

All proof is always only a subsequent undertaking on the basis of presuppositions. Anything at all can be proved, depending only on what presuppositions are made (Heidegger, 1962, p. 222).

A certain depiction of human behaviour emerges from a natural-scientific approach to behaviours role in meaning events (Fuller, 1990). A different one altogether emerges from a human scientific approach. With the introduction of postmodern perspectives, qualitative researchers are called to think more critically about how their approach prefigures not only their methods, but also their findings. First, the human scientific approach provides a framework in which the research question can be addressed. Second, a social constructionist approach helps this thesis to understand how women drink with the hope to identify how that would increase their treatment access and limit barriers to seeking treatment. According to social constructionist epistemologies, the process of negotiation of social identities occurs through socially constructed meaning, evolving through shared discourse (Cressy, Harrick, & Fuehrer, 2002). Third, discourse analysis is strengthened by a social constructionist orientation to understanding how humans socially construct their world. Discourse analysis helps the thesis to examine constructions of meaning in relation to women's alcohol dependence. In using a human scientific approach, a huge burden is placed on the researcher to arrive at their findings derived from a radically empirical understanding and interpretation of their subject (Guba & Lincoln, 1981).

Social constructionist orientations provide useful understandings of making meaning about individuals' interactions and experiences (Gergen, 1985). Crossley (2000) conveys that social constructionist approaches have encouraged the deconstruction of personal accounts as a means of explicating the social and cultural processes involved in the constitution of personal experiences. In line with Lyotard's (1979) notion of grand narratives, emerging from a social constructionist orientation, Romero and Stewart (1999) enunciate the empowering benefits of a narrative methodological approach in the social construction of women's individual identity against hegemonic 'master narratives'. Understanding that narratives are stories which are social constructions that are developed in everyday social interaction (Gergen, 1985), stories are also a shared means of making sense of the world.

This project chose narrative interviews in order to access life stories of women alcohol dependents to identify their social constructions shaped by demands of their

specific life worlds. Within the philosophy of mind, the narrative interview approach is one way in which to access a sequence of events that led to women's problem drinking. For this reason, the narrative interview method is used to gather the data in this project.

In the narrative interview, for this project, the researcher invited the participant to tell the full story without being interrupted (Wengraf, 2001). The narrative was also driven by a series of questions which the interviewer set out in advance; such as, when did you take your first drink and why? The story told by the same interviewee to another interviewer on another day will never be the same, in accordance with Ricoeur's (1984) notion of Time and Narrative. This point by Ricoeur is seeking to state that human being's notion of "truth" is perspectival, that is, what we consider "truth" is dependent upon the meaning and quality of our interactions. The term 'story' is usually used to portray what the participant says and the narrative is the researcher's version or interpretation. This thesis draws on Lieblich, Tuval-Mashiach and Zilber's (1998) framework for narratives in order to understand women who are dependent on alcohol's stories with relation to metaphors and abstract meaning embedded in their social interactions. This approach delineates two dimensions holistic versus categorical and content versus form that can be combined as a grid to form four approaches (Table 4). Holistic frames of reference take a story in its entirety, contextualised in a culture and history, and try to understand the general pattern or guiding metaphors, where categorical approaches dissect particular episodes.

Content is what occurs in a story, form is the manner in which something happens. Seeing that people construct meaning in relation to their lives, this approach can add to an understanding of narratives as discourse and how stories may be used abstractly to manage both social constructions/interactions and identity (Bleakley, 2005). Data analysis can benefit from the Lieblich et al. (1998) framework in that dissecting significant occurrences and paying attention to the manner in which events occur could aid in making sense of women's alcohol dependent episodes. The type of data analysis used in this research, discourse analysis, is part of the social constructionist approach having the basic assumptions that we are constructed by individuals living in a historical and cultural context which is produced and reproduced by our speech acts (Foucault, 1965).

Discourse analysis (DA) is the name of a number of different approaches to analysing written, spoken or signed language (White, 2004). According to Harris (1952), who first used the term, one thing common to all the types of discourse analysis is that they all reject the realistic understanding of language as a simple, impartial medium of word description; rather discourse analysis is one of the vital fundamentals in the

construction of social reality. Discourse analysis is a qualitative method which was adopted from linguistics (Harris, 1952) and expanded by social constructionists (Barker, 2003). The difference between a discourse and a theme is that a discourse is the direct utterances made by the participants and a theme is the categorisation of these utterances into a central or subtheme (Boyatzis, 1998).

In the next section the research design will be discussed in more detail.

Table 4.

Four Approaches to Narrative (Bleakley, 2005, p.535)

| | | |
|-----------------|--|--|
| Holistic | | |
| Content | Holistic Content <i>What happens in a story, appreciated as an overall pattern</i> | Holistic Form <i>How the pattern of a story unfolds taken in context</i> |
| | Categorical Content <i>What happens in a particular Episode of a story, analysed for structure</i> | Categorical Form <i>How a particular episode of a story occurs</i> |
| | Categorical | |
| | | Form |

3.3 Methodological Design

The purpose of this study was to gain an understanding of women’s alcohol dependent behaviour and how that prevents them from seeking treatment. The thesis research question is: *What is the structure of women’s drinking experience and how does this affect their seeking treatment?* In keeping with the human scientific research project’s fundamental assumptions, the method for this study has been derived from the subject matter itself. As women’s drinking in the Western Cape has been socially constructed in various ways, the thesis chose to explore these constructions by interviewing participants who sought help from self-help treatment centres. In other words, this research is retrospective in the sense that women have already gained access to community treatment centres; the study also explores what prevented them from seeking this help earlier. The reason for doing this research retrospectively is because it allows the women participants to reflect on their alcohol dependent experience and access to treatment or recovery sober-minded.

Given the unique context of each participant, the research project has been guided by the research questions which have been elaborated on a case by case basis during interviews. In other words, the interview schedule was used as a guide to access personal accounts of alcohol dependence bearing in mind that each participant would have a different discourse and the set of probing questions was impacted thereby. In the next section, each of the ten women participants, including some demographic details to be included in the analysis, is outlined. (See Appendix 1 for Interview schedule/consent form and Appendix 2 for transcripts). These interviews have been analysed across existential dimensions of time, place, embodiment, context and meaning-making.

3.4 Participants

Exploring women's drinking, especially when it has transformed into alcohol dependence, could have presented the research project with a challenge in terms of accessing participants; however, in finding participants who had already sought the support of a self-help group, the researcher was able to access just these sorts of reflections. The most convenient way to get in touch with study participants was by asking existing study participants to recruit future participants from among their acquaintances. In social science research this sampling technique is called snowballing. In this case snowball sampling presented a solution to find appropriate research participants. Snowball sampling is especially useful when one is trying to reach populations that are inaccessible or hard to find (Chaim, 2008).

The participants were heterogeneous in that the sample came from various socio-economic backgrounds between the ages of 30 – 62. Of the ten participants 3 women were identified through AA records (from the Western Cape head office) and the rest of the women who all are members of Alcoholics Anonymous, were recruited through their acquaintances. They resided in various areas across Cape Town metro. The criteria for inclusion in the study were: (a) Women who thought they had concealed their drinking problem from their partners, families, employers: these women drank either by themselves or with friends. (b) Women who were sober for more than six months because sobriety made it easier for them to reflect on their drinking behaviour. The women were single, married, lesbian and recovering from a relationship break up.

The research project adhered to rigorous ethical specifications. Ethical approval was obtained from the Stellenbosch University's Ethics Committee. The following ethical

principles regarding participants rights were maintained, in line with Morse and Richards (2002, p.205). The participants were apprised of the following rights:

- They were informed of the rationale of the research as well as what could be expected during the research process. Also, they were informed about the amount of time and involvement needed.
- They were informed that the research will keep their confidentiality and anonymity undisclosed.
- They were informed that they could ask the researcher questions if clarity is needed.
- They were asked to respond to any questions the researcher may ask, without negative consequences.
- They were told that they could withdraw from the study at any time with no negative ramifications.

A brief profile of the participants is presented to give better insight into the demographics of the interviewees. In Tables 5.1 to 5.10 the Interview Nuance depicts the manner in which the participant conducted themselves in the interview. The Interview Nuance is described because it gives more insight into the demeanor of the participant which can assist when analysing the data.

Table 5.1

Participant One

| Code Name | C |
|---------------------|--|
| Age | 62 |
| Race | Coloured |
| Relationship Status | Widowed |
| Children | 3 |
| Language | English First Language speaker |
| Education level | Grade 10 |
| Other training | - |
| Employment | Administrator |
| Monthly income | R1500 |
| Residential status | Diep River – lives alone |
| Family | Both parents were alcohol dependents |
| Interview Nuance | She was very contained and had a good reflection of what happened 30 years ago. She has been sober for 30 years. |

Table 5.2

Participant Two

| | |
|---------------------|---|
| Code Name | A |
| Age | 45 |
| Race | Coloured |
| Relationship Status | Divorced |
| Children | 2 |
| Language | English First Language speaker |
| Education level | Grade 12 |
| Other training | Secretarial Diploma |
| Employment | Disability |
| Monthly income | R2500 |
| Residential status | Woodlands, Wetton – lives alone, husband has custody of her girls |
| Family | Both parents were alcohol dependents |
| Interview Nuance | Thoughts appeared to be scattered and did not maintain eye contact. |

Table 5.3

Participant Three

| Code Name | L |
|---------------------|---|
| Age | 39 |
| Race | White |
| Relationship Status | Co-habiting |
| Children | 0 – Lesbian |
| Language | Afrikaans First Language speaker – interview was in English because she felt comfortable with the language. |
| Education level | Grade 12 |
| Other training | BA Hons. (Afrikaans & Nederlands) |
| Employment | Manager – Retail store |
| Monthly income | R15 000 |
| Residential status | Durbanville – lives with her partner |
| Family | Both parents were alcohol dependents |
| Interview Nuance | She was very articulate, focussed and maintained eye contact. |

Table 5.4

Participant Four

| Code Name | M |
|---------------------|---|
| Age | 62 |
| Race | White |
| Relationship Status | Married |
| Children | 2 |
| Language | Afrikaans First Language speaker – interview was in Afrikaans |
| Education level | Grade 10 |
| Other training | Bookkeeping Diploma |
| Employment | House wife |
| Monthly income | Pension |
| Residential status | Brakenfell – lives with her husband; children are married |
| Family | Both parents were alcohol dependents |
| Interview Nuance | She was contained and made good eye contact. Participant spoke with calm tone of voice and appeared very eager to share her story. |

Table 5.5

Participant Five

| Code Name | C2 |
|---------------------|---|
| Age | 39 |
| Race | White |
| Relationship Status | Involved in a committed relationship (Lesbian) |
| Children | 0 |
| Language | Afrikaans First Language speaker – interview was in English because she felt comfortable with the language. |
| Education level | Grade 12 |
| Other training | Diploma – Water culture and landscaping |
| Employment | Self Employed |
| Monthly income | R4500 |
| Residential status | Milnerton – lives with her partner |
| Family | Both parents were alcohol dependents |
| Interview Nuance | She appeared very confident and enjoyed telling her story because she said she wants to help other people. |

Table 5.6

Participant Six

| Code Name | F |
|---------------------|---|
| Age | 42 |
| Race | Coloured |
| Relationship Status | Separated |
| Children | 2 |
| Language | English First Language speaker |
| Education level | Grade 11 |
| Other training | - |
| Employment | Administrator |
| Monthly income | R1000 |
| Residential status | Bridgetown |
| Family | Both parents were alcohol dependents |
| Interview Nuance | She had a pleasant disposition and freely shared her story. |

Table 5.7

Participant Seven

| Code Name | N |
|---------------------|---|
| Age | 30 |
| Race | White |
| Relationship Status | Not in a committed relationship |
| Children | 0 |
| Language | English First Language speaker |
| Education level | Grade 12 |
| Other training | - |
| Employment | Administrator |
| Monthly income | R2500 |
| Residential status | Durbanville – lives alone |
| Family | Father was an alcohol dependent |
| Interview Nuance | She was calm and collected. She was eager to share her story. |

Table 5.8

Participant Eight

| Code Name | S |
|---------------------|---|
| Age | 46 |
| Race | White |
| Relationship Status | Not in a committed relationship(Lesbian) |
| Children | 0 |
| Language | English First Language speaker |
| Education level | Grade 12 |
| Other training | - |
| Employment | Self Employed |
| Monthly income | R5000 |
| Residential status | Kuilsriver – lives alone |
| Family | Both parents were alcohol dependents |
| Interview Nuance | She did not make very good eye contact and she appeared self conscious about her drinking habits. |

Table 5.9

Participant Nine

| Code Name | M2 |
|---------------------|---|
| Age | 47 |
| Race | White |
| Relationship Status | Widow |
| Children | 1 |
| Language | Afrikaans First Language speaker – interview was in English because she felt comfortable with the language. |
| Education level | Grade 12 |
| Other training | BA |
| Employment | Administrator |
| Monthly income | R5500 |
| Residential status | Durbanville – lives alone |
| Family | Aunt was an alcohol dependent |
| Interview Nuance | She was crying during the interview as she recalled her alcohol dependent experiences. |

Table 5.10

Participant Ten

| Code Name | P |
|---------------------|---|
| Age | 43 |
| Race | Coloured |
| Relationship Status | Divorced |
| Children | 3 |
| Language | English First Language speaker |
| Education level | Grade 10 |
| Other training | - |
| Employment | Unemployed |
| Monthly income | No income |
| Residential status | Eerste River – lives with boyfriend and her children |
| Family | Both parents were alcohol dependents |
| Interview Nuance | She appeared very nervous throughout the interview but she was very eager to share her story. |

3.5 Data Collection

Since Alcoholics Anonymous' (AA's) core principle is to protect the identities of alcohol dependents, data collection retained anonymity with regards to AA requirements. Three of the participants were accessed through the Western Cape AA office records and were asked to recommend other women who they may know met the criteria. The purpose of the study was discussed and the guarantee of confidentiality was explained before participants signed the consent form (see Appendix 2). The ten participants were interviewed using the narrative interview method and the interviews were electronically captured by an audiotape and transcribed. An in-depth understanding of when women took the first drink to what led them to avoid treatment unfolded while exploring the interviewee's life story (see appendix 3 for interview guide). It is important to note that the interview method used, narrative interviewing, was not presented in a systematic or mechanistic fashion. The interview questions were presented different times for probing

during the life story interview. Audiotapes were made use of in order to study the narrative interviews. The interviews were transcribed taking the following into account:

The interpretation or discourse analyses of the participants' interviews used an approach which included both verbal communication and nonverbal exchanges or gestures. Utterances other than speech (like laughing, coughing, stuttering, etc.) and nonverbal communication (such as hand-waving, smiling, etc.) are common in most conversations. Transcribing these features of speech can add to the context of the conversation/interview, offer clarity or create mistaken assumptions (Gardner, 2001). For the researcher, the decision can be to eliminate nothing, several or all non-verbal aspects of the text from the record. Typically, natural scientific methodologies do this; however, in keeping with the radically empirical trajectory of human scientific approaches, these stops and starts, gestural aspects of the text are the absent presence of a person's meaning making or understandings of themselves. According to Jefferson (1984), the wealth of detail found in qualitative data could be missing if the non-verbal aspects of the text are not considered as part of the data and used to elaborate and magnify the participant's meanings.

Narrative interviewing is sometimes referred to as the life story interview method. This is a special kind of interview process that is needed to co-construct the life of the research participant (Seidman, 1991). At the root of the narrative interview is an interest in understanding the experience of other people and the meaning they make of that experience (Seidman, 1991). In order to gain this understanding meaningfully one needs to speak the language of the participant. Some of the participants spoke Afrikaans so I conducted the interview in their native tongue as I am able to speak the language very well. Dealing with taped interview materials that were in two languages was not a simple matter of converting spoken language to text, (if it ever is a simple straightforward transaction). It involved making decisions at every step of this conversion process to ensure that I did justice in translation to the participant's meanings.

The interview consisted of a series of probing questions regarding the life span of the participant's alcohol dependent behaviour. For example, I asked questions ranging from "When did you have your first drink and why? Explore history of drinking in the family as well;" to "What keeps you sober at this stage in your life". For more details on the interview guide see Appendix 1.

3.6 Analysis & Interpretation of Results

The initial phase of interpretation involves fixing the text (Ricoeur, 1979) by way of transcribing the interviews. Ricoeur (1979) suggests that fixing the data is a fundamental step of interpretation because even though the text preserves the original communication between the narrator and the researcher, the action is dislodged from its original spatial and temporal situatedness. The text is a meaningful record of the actions at the time of the event. According to Ricoeur (1991):

If we can no longer define hermeneutics in terms of the search for the psychological intentions of another person which are concealed behind the text, and if we do not want to reduce interpretation to the dismantling of structures, then what remains to be interpreted? I shall say: to interpret is to explicate the type of being-in-the-world unfolded in front of the text. (p.86)

The way we interpret the text—hermeneutics—in other words, is dependent upon our embedding our participants' meanings in their contexts from their point of view. The lifeworld of the client and their responses to it, are what make sense of a person's being-in-the-world-with-others, this subsumes cognitive and behavioural dimensions of the text, which only include the subject pole. In this study, discourse analysis was used to make sense of the data.

Qualitative data analysis is chiefly an inductive manner of arranging the data into categories and identifying patterns (interrelatedness) among the themes. Unlike quantitative procedures, most categories and patterns emerge from the data, rather than being imposed on the data prior to data collection (Meehan et al., 2000). In order to do a discourse analysis, according to Harris (1952), one needs to identify themes in what people say and across participants. During the course of analysis, the following phases were implemented in order to guide the process of interpreting the results:

Phase 1: I read the ten interviews systematically to refresh my memory and gain a sense of the whole. Next, I highlighted significant terms like shame, out of control, rock bottom and noted key words and phrases in the margin. I also tried to focus on following a pattern or sequence of when drinking behaviour became problematic. I carefully noted direct references to how their drinking was constructed from initial exposure to alcohol dependent behaviour in family life and how the participants lived these narratives pre-reflectively in adult life.

Phase2: Next I grouped uncovered meanings on each interview transcript into themes and subthemes by cutting them up and placing them in thematically labelled envelopes.

Phase 3: I read the interviews again. This time reviewing the individual themes and checking for disconfirming data which led me to new themes or magnifications of themes. Sometimes indistinctness surfaced which did not necessarily fit neatly into the themes and I plainly noted it as that.

Phase 4: In this stage of the analysis I went back to the draft groupings of themes in placed in the envelopes and extracted interpretations out of each theme.

Phase 5: In this final step I reviewed all the similarities and tensions across the themes. This final phase assisted in giving me a basic structure which incorporates all the findings.

3.7 Quality and Rigour

Without rigor research becomes fiction and loses its purpose. For this reason different emphasis is on rigour and quality in human science research as opposed to the positivist notion of reliability and validity. The trustworthiness of a human scientific researcher is often scrutinised by natural scientists (Guba & Lincoln, 1981), even though both methods rely on interpretive methods in order to make sense of their data.

In a positivist approach validity means that a method should measure what it is intended to measure. In natural science, reliability is the consistency of a set of measurements or measuring instrument, often used to describe a dataset (Rudner & Shafer, 2001). Natural science insists that a study is reliable, which means that it shows the same results over time and in different contexts and can be generalised to the population at large. The hidden assumption underlying this research is that the truth may vary over time, as well as a person's interpretation of it. Therefore, we are not seeking to reduce human behaviour to a neat, statistical relationship, but rather we are seeking to understand women's drinking behaviour in the context of the Western Cape generally, and their cultures and families specifically. In human scientific methodology, even if one person experiences something, this is considered worthy of study (see Sigmund Freud's many case studies) and valid because the aim is not to find the truth—a la Grand Narrative—across many cases, but to do justice to even one person's experience. Therefore, while in this study for example, there are interrelated themes across cases, the

fact that some of the participants have meanings that are not included in the others, still means that their meanings are true for them, therefore valid (Fuller, 1990).

Lather (1993) argues from a postmodernist feminist framework, and dismisses validity as some modernist reification that is becoming obsolete in a postmodern era. In critiquing Lather, Kvale refers to “validity as an incitement to discourse, a fertile obsession, and attempts to re-inscribe validity in a way that uses the postmodern problematic to loosen the master code of positivism” (1995, p.20). While rejecting the notion of a universal truth, the postmodern notion of validity acknowledges the possibility of specific local, personal, and community forms of truth, with a spotlight on daily life and narrative (Rosenau, 1992). The postmodern understanding of validity is found in the lived-world and everyday speech, where issues of reliable witnesses, of valid documents and arguments, are part of the social interaction (Lyotard, 1979).

3.8 Researcher-Research Dialectic

In accordance with the social constructionist perspective empirical research is not abandoned; its goals are simply revisioned in such a way that its outcomes are more directly keyed to societal concerns, provoking cultural dialogues, challenging traditional understandings, and furnishing information directly relevant to its investments (Anderson, 1997). At the same time social constructionism invites a range of additional pursuits. Among the more prominent is that of reflexive deliberation. Sensitive to the constructed character of our realities, to processes by which realities are generated and eroded, and the pragmatic implications of language formations, the constructionist social psychologist is optimally positioned to incite reflexive dialogue, both within the discipline of psychology and within the culture more generally (Gergen, 1985). Again, these are not idle speculations. Reflexive deliberation has been, and continues to be, a significant form of scholarship within the constructionist frame (Anderson, 1997).

Qualitative researchers who are concerned with avoiding power and inequality often ask the question of “how do I know if I’m really hearing what my participants are saying or if I’m hearing only what I want to hear?” (Gosling & Zangari, 1996, p.52). Abuse of such power not only has detrimental effects on a participant’s sense of self, it also has implications beyond the methodological concern of validity (Rambo, 1993). A collaborative narrative interview process enhances a person’s view of self so that the person sees herself as competent and capable of affecting change in her life (Adams-Westcott, Dafforn, & Sterne, 1993; Durrant & Kowalski, 1993). Since the narrative interview promotes

partnership and equals the hierarchy in the researcher-participant relationship, it would seem that similar benefits to a research participant are also possible (Shotter, 1993). Inquisitiveness, collaboration, a sincerity to learn more about the participant, a keenness to develop one's past understanding along with increasing knowledge, and a desire to comprehend the participants' experience; all enhance the probability that the researcher will not impose data into a pre-existing framework (Tomm, 1988).

During the narrative interview heed was taken to ensure minimal distortion of participants' narratives. This was done by ensuring the women felt comfortable and establishing a good rapport also allowing them to speak in their first language (English or Afrikaans). Probing questions were asked rather than leading questions. Participants were given an opportunity to discuss their life experiences with alcohol.

According to Goicoechea (2006, p.115), the research "design, method and results of a study" imply the investigator's particular approach to the study. The human scientific approach advocates that we constantly gain access to phenomena from a certain perspective. The meaning of certain phenomena is attributed to our personal existential projects (Goicoechea, 2006). It is important that as a human scientific psychology student I am able to reflect on my assumptions and preconceptions of the researched.

Another aspect of self-reflexivity relates to one's own investments in the research, as Shefer (1999, p.158) articulates it:

Central to my notion of self-reflexivity is that I ask myself the question 'why do you want to do this research? And what are you going to get out of it?' Finding a starting point to answer such questions proved difficult. I found myself writing and rewriting my investments in the research. Eventually it became evident to me that there are multiple self-location stories possible in my self-reflexive moment.

Before I discuss these issues I would like to be clear about who I am. I am a thirty-four year old, divorced mother of two toddlers. I am the daughter of an alcohol dependent father and the sister of a substance dependent brother. I have a few aunts, uncles and cousins who are dependent on substances. I grew up in a working class family marked by emotional and physical abuse. I have never been dependent on a substance. I have attended many open AA meetings, although I have never been a member of any Twelve Step Programmes. I believe that because of my background, my resistance to alcohol and drugs and my will to be different and make a difference, I locate myself ideologically within the realms of a feminist framework. It is this conscious political stance that guided me to areas which were underserved and hence, the study of women and alcohol dependence.

Again, because of my lived-experience with alcohol dependent persons, I have a keen sense of gender and other forms of psychological oppression. I chose this study because I wanted to positively contribute to the empowerment of women who are dependent on alcohol in South Africa and address the lack of women accessing treatment or the lack of women-centred treatment facilities in the country. I am aware of the voyeurism in my interest in women drinking secretly; I also realise that for females to talk about their secret alcohol dependence may seem unheard of. That the women in this study opened up and described their lives, their most vulnerable and intimate secrets to me, may have been because I opened up to them first. I sensed that the participants felt safe and not judged by me, much like they do as members of AA. As I reflect on the passionate, all-embracing, almost protective affiliation the participants have to AA, the feminist voice inside my head felt a sense of discomfort. I think the discomfort stems from interpreting their steadfast faith in the AA programme to be similar to their affinity to alcohol itself. Here I refer back to Tallen (1992)'s feminist critique of AA. For example, AA's reliance on a Higher Power is a contradiction of the feminist reliance on personal empowerment.

When I introduced the study to the participants I first told them about my background and how similar my story was to theirs. I shared most of their experiences; my also having had family members who were dependent on alcohol and other substances. The researched does not owe me anything and so I value the response or 'confessions' of the female participants. The participants identified with my story and this made it easier for them to share theirs with me. They opened up to me and whether the participants did this consciously or unconsciously, they invariably contributed to change. It is precisely this kind of research that I locate myself in.

3.9 Summary

Within the overarching human scientific approach, this thesis employed the social constructionist approach to accessing qualitative data on women's drinking and treatment seeking behaviour in the Western Cape region, using a narrative interview approach as well as discourse analysis to make sense of the data. In the next chapter, a discourse analysis is presented on how women's drinking is structured which provides insight to how this limits their access to seeking treatment.

CHAPTER 4

INTERPRETATION OF THE FINDINGS

Introduction

The goals of this study were to explore women's alcohol dependence history, women's treatment history (or lack thereof), identify barriers and nature of barriers that limit women's access to alcohol dependence treatment, identify the reasons for women not accessing treatment, and to interpret women's experiences of treatment per se. This chapter presents how the women who participated in this research construct meaning of their lived experience with alcohol dependence. The focus of this chapter is not on creating a one-story-fits-all explanation. There were ten women who participated in the study, each with their own unique story. The chapter will therefore focus on the discourses which highlight the participant's individual experience and not present the findings as if they were a homogenous group. The respondents' narratives are important because they describe the problem from their personal lived experience. As the discourse analysis progresses, it becomes clear that there are larger discourses that inform the interpretation of the findings. This chapter will show how the participants make sense of their worlds in general and how such person-and context-specific systems of meaning-making or discourses impacted on their alcohol dependent experience. As the chapter unfolds, the life stories of the ten participants are displayed as they communicated their story to me, with no one discourse regarded as being more important or significant than the other. The discourses should be viewed as if they were pieces of a complex collage carefully situated to place the participants' sense of being-in-the-world-with-others and how that influenced their drinking behaviour. This complex collage is construed of several overlapping discourses that do not necessarily fit neatly into a convenient gestalt, framework or heuristic.

It is salient to delineate here the use of excerpts and citations from the interviews in this chapter. Extended verbatim material was used to keep the human story and the lived experiences of the interviewees in the forefront of the reader's mind. The excerpts are presented to exemplify the discourses of the findings. Citations are kept as concise as possible; in some instances they appear lengthy so as to give context to participants' statements. The following analysis does not aim to reproduce interviews but rather to present the discourses which developed out of the data. It is important to note at this stage that a discourse refers to the text. A theme refers to a categorisation of the text into

meaningful patterns. As delineated in Chapter 3, the first letter of the participant's name is used, to protect the privacy, anonymity and confidentiality of the participant. The use of italics in the text is indicative of the actual words of the participants in the text in addition to the quotes inserted.

This chapter presents a meta-analysis in order to synthesise the results by taking a closer look at identifying the basic problem that played a role in the participant's drinking behaviour. An attempt to create meaning of the women's life stories, with the illustration of how the participants continued to suffer in silence rather than face chastisement is presented. This chapter ends off with an exploration of alternative ways in which the participants decided to be-in-the-world.

4.1 Summary of the Emergent Discourses

The overarching discourses which encapsulate similarities amongst the participants are the socio-political discourse on poverty, the occurrence of alcohol dependence in the family context and undisclosed alcohol dependent drinking which give context to the lived alcohol experience.

The socio-political discourse on poverty and alcohol presents the context in which the women experienced drinking-in-the-world. The complexed state of being-in-the-world with others (like parents) who drank excessively formed a hidden sense of poverty because of the lack of coping strategies and the lack of resources to treat the alcohol dependence. For example, most participants learnt their alcohol dependent behaviour from their parents. This spiralled into learnt coping behaviours and also the learnt secretive nature around the dependence. One participant's mother drank secretly and her own alcohol dependent drinking became secretive as well. Hiding the alcohol dependent experience is also a major overarching discourse because all participants reported to conceal their drinking. The secret nature is perpetuated within the family because family members hide their alcohol dependence as a means of denial and because of the associated shame and guilt. The discourses also present how the alcohol dependents became aware of how the dependence influenced their daily existence. Shame and guilt took control of them when loved ones acted negatively towards their alcohol dependent behaviour. This also encouraged secret drinking behaviour. Only until the women alcoholic dependents lost everything did they reach rock bottom. Reaching rock bottom focused the attention to getting help. Accessing alcohol dependent treatment had several barriers for the women.

Discourse analysis was used to analyse the interviews, which identified interweaving discursive constructions mentioned in the ensuing sections 4.2 to 4.12. When reading these sections the following must be kept in mind: Alcohol is consumed in environments that hone alcohol dependence. This implies that the women interviewed are always and already embedded in a context/world of meaning. Since the women are always interpreting the significance of their dealings with one another, even if pre-reflectively, the findings are interpreted in terms of their time and place narratives aiming to understand their lifeworlds. How do the women know what they know and why do they do what they do? Interpretations of these questions can be found in the narratives by understanding their social reality and accounting for their contextualised human meaning. This thesis uses a social constructionist approach to provide understandings of making meaning about the women's interactions and experiences, in context.

4.2 A Socio-Political Discourse on Poverty and Alcohol

The women in this study presented various reflective accounts in which they are always standing over and against an oppressive and abusive past. The following excerpts illustrates why:

M: My father was a farmer in the Cape Winelands. Those days it was still the dop (tot) system and he used to pay his workers with alcohol. I grew up with it but it never bothered me.

S: I was living on a farm and being treated like a labourer by a white person. I build up a lot of anger.

The participants problem drinking has been constructed against the backdrop of the apartheid regime's policies and laws. Growing up in the wake of apartheid constructed a culture of drinking constituted by the "dop" or "tot" system. In the Western Cape, where this study took place, wine farmers paid their workers with alcohol in lieu of money. This resulted in this participant being exposed to chronic alcohol consumption from an early age and a drinking culture was embedded within the family context as members drank excessively. Alcohol is accessible and very affordable especially in low income areas. For many of the participants, the lived experience with alcohol is embedded in their socio-economic and political context. What stands out in the life stories are discourses on how alcohol dependent behaviour was shaped by a reaction to environmental conflict such as *drinking at one o' clock in the morning because a White person insists that the floors be scrubbed till late and that is when the drinking would start*. The women spoke about intense difficulty in making ends meet because alcohol was bought instead of food.

Unpacking the discourses of personal and collective poverty and marginalisation unveils that the women experienced no way out and alcohol was the only means to escape.

Besides the abovementioned racial and economic politics which exert influence on women's alcohol use, discourses of gender politics which propose the construction of women's alcohol dependence is depicted in the text as follows:

P: ...so many women were abused as little girls. Ja, and then I was in the abusive relationship as well... we fall prey for that too.

F: I remember when I was 16 something of my childhood came back to me. I was actually sexually abused as a child.

In these quotes the participants articulate a significant socio-political discourse relating to poverty and gender discrimination: how male domination influenced their drinking. Male sexual coercion, in the context of perceived poverty appeared to be rendered acceptable. An apparent lack of coping with the consequences of sexual abuse is notable in P's comment about being abused as a little girl and falling prey to the same abuse as an adult woman. The symptoms of poverty suggest that alcohol dependence served as an escape, numbing the pain associated with the abuse.

The perceived poverty which is transparent in the inability to cope with racial, economic and gender politics is not without context. The participants noted familial discourses on poverty associate with alcohol dependence in the following text:

F: My mother was not working anymore so there was not a lot of money. They drank every second weekend.

A: Dad went to the shabeen to buy booze for his friends at the funeral. He didn't want to meet them because he has been drinking. He did eventually meet him because we AA people we don't judge. They were happy to meet him too.

These quotes present discourses of learnt coping behaviour. Earlier in this section discourse of drinking to cope with sexual abuse was highlighted. In the above excerpts the participants express similar insights in terms of how their parents coped with distress: by misusing alcohol as if poverty legitimised resorting to alcohol as a way of coping. The following discourse displays more insight to discourses of alcohol's occurrence in the family.

4.3 Discourses of Alcohol's Occurrence in the Family: Silence, Secrecy and

Shame

The participants' reflective accounts revealed a socially constructed discourse about the subtext of alcohol dependence, whereby the participant was always standing over and against an alcohol dependent past. The following excerpts are indicative of the occurrence of alcohol in the family:

C1: *My father was an alcoholic so I know the behaviour.*

N: *My dad drank so heavily when I was a child so I thought I could never be like him.*

F: *I grew up in a house where alcohol abuse was rife. Both parents were drinking.*

All the participants in this study grew up with or had at least one significant other (parent, aunt, sibling or spouse) who were dependent on alcohol. Clearly this normalised the drinking experience as indicated by C, she *knew the behaviour*. Moreover, the environmental impact of seeing the neighbourhood drunks on the corner on a day-to-day basis constructed normalised imagery of drinking as stated by this participant:

P: *The area I grew up in, Qtown, there the people stood on the corner and drank, so it was normal for me. You know the funny part was that when I was 9 I saw these people. They were drunk and I said I never will become like that. I am not going to become a drunk like that...look they did it in the open. I did it secretly.*

Participants reported growing up in dysfunctional families caused by alcoholism.

N: *We had a total dysfunctional family life and that influenced my drinking.*

C2: *You don't understand I had a horrific childhood...it was verbal abuse, physical abuse, sexual abuse.*

Even though participants' report that they were not allowed to label their parents to be alcohol dependents, this participant remembers how her mother drank out of the closet.

A: *We were not allowed to call our parents alcoholics but yes, in my eyes they were. My mother drank out of the closet when she came home at night. She hid her drink from us but we could smell her breath. She was always tipsy.*

Memories of alcohol on the mother's breath and her having always been *tipsy*, construct discourses of silence, secrecy and shame. In some cases, the alcohol was hidden from the children, in other cases the mother went for treatment often and the children were told that *she is going to visit family*. Fathers in most cases, appear to have been the *functional alcohol dependent* that provided for the family financially as stated by this participant.

C2: *My father was the functional alcoholic so he was bringing the finances in. My mum went to rehab I don't know how many times.*

The male figure was arguably (he may not always have been, as in the case of the naïve husband who couldn't admit that his wife needed to be treated for alcoholism) the abusive parent who humiliated the family and especially the mother. As in this instance:

C2: *I saw a lot of violence. When I was 10 I had to wash the blood off the walls and furniture after my dad had beaten up my mom. My dad got into bar fights, he was stabbed once. I had to dress his wounds because my mother was passed out and I had to put them to bed.*

In essence, an alcohol dependent family system constructed the silence, secrecy and shame of the dysfunctional family. Some of the reported dysfunctions were that the participants lived under the breadline because instead of buying food, money went to alcohol. The following abstracts illustrate:

C2: *We were under the bread line. There were nights when I had to go to bed without food. I was hungry, there was no food. Because of the drinking the money went to alcohol. I remember some nights, instead of being in bed I was laying in the car in front of the bar. My dad goes to the bar, my mom's working night shift.*

M1: *When my father drank he was very abusive. He humiliated my mother, he wanted to burn the house down then we had to sleep outside. He even threatened to kill us with his gun once and my brother had to take it from him.*

Against the backdrop of an abusive alcohol dependent family system, the person searches to fill the void with alcohol, which serves to numb the pain of the past. This discourse presents two significant findings about women's drinking experience. First, from an observational learning perspective, a parent with alcohol dependence vicariously teaches chemical coping behaviour to children. As adults, women who grew up in families with alcohol dependence, replicate that behaviour in the selection of spouses, a high tolerance for dysfunctional behaviour, and their own use of alcohol and drugs (Black, 1981). Second, when it comes to families and alcoholism, there is a concerted silence associated with the dysfunction. Many families, like many of the participants of this study, manage to keep up appearances so that from the outside nothing seems to be amiss. In one house there may perhaps be violent behaviour, while a gloomy, glum silence permeates another.

Family is the primary society for the individual, and having a father and mother who both drink may send a stronger impression of the social context of acceptable drinking behaviour to children than the effect of only one parent drinking (Black, 1981). Alcohol

dependence was introduced to the majority of participants from an early age as most of them were raised by alcohol dependent parents.

Children of alcohol dependents are at greater risk for eating disorders, learning disorders, teen pregnancy, and suicide (Warner, 1997). It appears that when it comes to families experiencing alcoholism, there is a code of silence. Families deny that there's a problem by not discussing the alcohol dependent behaviour, which makes the problem worse (Swift et al., 1996).

Significantly, the women's sense of what dysfunctional, problem drinking is stems from the exposure to family members who were alcohol dependents. The participants appear to locate their initial encounter with alcohol to the role that alcoholism played within their family and environment.

Incidence of problem drinking in the family is where the story of alcohol dependence begins for most of the participants in this study. According to Gifford and Humphreys (2006), habit-forming behaviour does not occur in a vacuum but exists within a particular social context and could serve as a risk or protective factor for the individual. Social environments play a significant part in the onset of alcohol dependence. In the instance of the participants in this study, exposure to alcohol dependent behaviour served as a salient risk factor. Wilsnack's studies found that alcohol dependence is frequently found among young women (ages 21 to 34) who are the daughters of alcohol dependents (either mother or father), and who report regular drinking early in life (Wilsnack & Beckman, 1984; Wilsnack et al., 1991). The familiarity of exposure to alcohol dependence is linked to the participants' problem drinking. A dysfunctional family environment in which conflict and abuse occurs consistently predisposes its members to accommodate the negative actions perceived on a daily basis. At this point, it is important to note what Ricoeur (1984) states regarding an individual who cannot be interpreted out of their lived context. The way in which individuals are socially constructed as human beings thoughts, feelings and experiences, are the products of systems of meaning (Ricoeur, 1984). Depending on where a person grew up, the manner in which someone was socialised culturally and historically would provide an understanding of their beliefs, attitudes and perceptions towards alcohol dependence. Smith (2009) found that children who were sexually abused suffer substance dependence treatment relapse as adults.

Truan (1993) posits that we should focus rather on society's role as a precursor to addiction and its consequent problems than concentrate on the effects of addiction on society. Truan and Van den Berg's (1961) argue for the notion that society is the cause of

conflict which triggers alcohol dependence. All the participants were from the Western Cape area. Most participants confessed that their first drink took place during adolescence. Given the context in the Western Cape (the presence of many wine farms and cheap wines) and accessibility of alcohol to the youth, the South African Youth Risk Behaviour Survey (YRBS), conducted in 2002 by the Medical Research Council (MRC), found that nationally almost 1 in 8 learners had their first drink of alcohol before the age of 13 years (Reddy et al., 2003).

4.3.1 Normalised Drinking

A central discourse that reflects how the participants became accustomed to alcohol consumption at home is the social construction of normalised drinking. The participants are always standing over and against a past which grounded normalised drinking as noted in these excerpts:

M: *Every night my husband and I had a beer before supper. If he comes home I won't give him coffee, we would have a beer or wine. This wasn't to get drunk. After a day's work, it was just to relax.*

S: *I drank with my parents, then. Now my father had a buddy to drink with. He used to support my drinking. They didn't see anything wrong with it.*

The participants experienced drinking as a common past time within their family context as both parents usually drank. Growing up on a wine farm where workers were paid with alcohol in lieu of money for their labour normalised alcohol dependence and reflected the socio-political and economic climate. As a teenager, drinking with your parents was normalised even though the parents not *seeing anything wrong with it* even escalated and later influenced the child in becoming alcohol dependent. Alcohol dependent behaviour showed itself to be relative and reflective of upbringing and context.

A noteworthy variation from the participants who grew up in a home where alcohol dependence was rife is this participant:

M: *None of my parents drank... I left home when I was young and got a job at a restaurant and that's where I met my husband... Our home was always over flowing with alcohol. We were quite well off. So people were coming and going. The lifestyle I had contributed to my drinking.*

Even though she had not experienced alcohol dependence at home, her environment contributed to her normalised drinking experience. Irrespective of the fact that it was a way of life as alcohol was *over flowing* in their home, she experienced pain in her marriage through infidelity and physical abuse so she decided that *alcohol helped to numb the pain*.

4.3.2 How the Participants' Lived Experience of Drinking is Defined

Against the backdrop of their socio-political contexts, the participants have various images of, and memories about what an alcohol dependent is. The following excerpts explain what the participants thought an alcohol dependent was:

- S: *Someone who cannot go without alcohol, who needs alcohol everyday. There are different types of alcoholics. I was a binge drinker. When I start I can't stop but when I do stop I stop for a while.*
- P: *Someone who has an inability to control his/her drinking. It's a three fold disease: emotional, spiritual and physical. It is a person who has a physical allergy to alcohol, when introduced into the system produces a craving for more. There is no stop button. It is also an emotional disease. It has an affect on someone who cannot cope with life on various levels. Someone with a longing for something – the hole is filled with alcohol.*
- N: *I thought it was a hobo – someone who drinks 24/7 – which I couldn't do. My dad drank so heavily when I was a child so I thought I could never be like him. So I resented the term alcoholic. My father was a social alcoholic. Every time he drank at a party and was out of control.*
- C2: *A 'hobo', or like my parents. Fighting, violence, do all sorts of weird stuff, hiding bottles of booze.*
- F: *My husband. A person who has lost so many jobs you can't even count; a person who does not provide for his family; a person who sleeps on a bench and who doesn't come home. That's an alcoholic.*

The participants associate alcoholism with familiar experiences of destructive behaviour like violent acts or hiding liquor exhibited by the hobo on the street or their parents. The participants in this study resented the term alcoholic being used to describe their heavy drinking. The following excerpts illustrate this sentiment:

- M1: *I didn't want to be labelled and alcoholic the stigma just killed me. A female alcoholic is even worse.*
- N: *My dad told me that I was an alcoholic. I was very mad with him because I was so much in denial.*

Not only does this imply that they are in denial but the hidden subtext suggests that the participants lived-experience of drinking has been normalised by environmental exposure to alcohol dependence. The following excerpts illustrate the participants' denial of the dependence on alcohol.

- F: *My drinking was never a problem for me until I walked into the fellowship. It was other people who had a problem with my drinking. I was always thinking that I'm drinking way, way, way too little to be called an alcoholic or to look for help. I told*

my husband to go for help because he drank everyday. I could limit myself to only weekends.

M1: I actually can't tell you when I reached the point where I had to admit to myself that I am an alcoholic... in my mind I didn't believe that I was an alcoholic.

C1: I knew somehow there was something wrong with me but I didn't know that I was an alcoholic.

Always standing over and against a past laced with alcohol dependence the women in this study struggled to break out of the stigma which carved them into shameful isolation because of their alcohol dependence.

4.4 Silenced by Violence: Problem Drinking as a Consequence of Exposure to Violence

The manner in which the participants in the study construct meaning of their lived experience with alcohol contains a dominant discourse of violence accompanied by the women's silence. Demands of silence by oppressive others, as illustrated in the following quotes, were made when there is a reliance on the silence of the women.

F: The drinking started and I didn't want to control the drinking because the pain of the abuse hurt too much. Drinking helped for the moment but when I woke up the next day, I was sober...I tried to avoid the person who abused me and even when I was older I felt a certain way towards him and I didn't understand. Today I know that's how I blocked it out.

C2: You don't understand I had a horrific childhood...it was verbal abuse, physical abuse, sexual abuse. I saw a lot of violence. When I was 10 I had to wash the blood off the walls and furniture after my dad had beaten my mom up. My dad got into bar fights, he was stabbed once. I had to dress his wounds because my mother was passed out and I had to put them to bed.

S: I come from an abusive home. Abusive in the sense of physical, verbal, sexual, whatever. So it was abuse that triggered my drinking. If it didn't trigger it straight away, alcohol came into my house probably a month later and I would drink it.

The participants reported that alcohol is the voice of silence that blocks out violent memories and images. In the face of violent others the victim speaks and hurts for making their voice heard. Alcohol is attributed to the same comfort as a baby's bottle and strengthens the participants. Going all the way means drinking to get drunk which accomplishes the disinhibition necessary in order to tell significant others exactly what they think as illustrated in the next quote:

M2: We always had alcohol in the house. I decided that alcohol helped. The feeling of numbness didn't cure it. I didn't only have emotional abuse but he physically

abused me as well and I had to go to work beaten up and being in a specialist job it was embarrassing. When I had enough we had a divorce yet we still stayed together but I never remarried. I already discovered a remedy which I could survive on. So I learnt to keep quiet otherwise I would get another smack. I continued binge drinking.

This participant's interview nuance (described in Chapter 3, Table 5.9) is given context and further clarified in her emotional description of how it is unbearable to live with the violent images and painful memories therefore numbing down *with a lekker dop [nice drink]* in order to comply with abusive others is learnt coping behaviour and normalises the drinking. Drinking to get drunk serves as a numbing down effect of physical and verbal abuse and functions as an escape and provides a disregard of the pain. A study conducted in the Western Cape on exposure to violence led by Bowman, Bhamjee, Eagle and Crafford (2009) found that exposure to violence led to misusing substances as a means to escape the trauma. Alcohol dependent drinking causes the withdrawn child affected by violence to feel free to mix with people and block out the memory of significant others silencing them by not being accepting when they are hurting. The following quote is an example of how the participant was silenced when her mother didn't believe that her brother sexually abused her:

F: I was 27 when I told my mother. Mother didn't react the way I wanted [sigh]. That's how the drinking started for me.

Against the backdrop of exposure to violence, drinking functions actively as learnt coping behaviour to avoid pain and therefore there is no desire to stop.

4.5 Discourses of Learnt Coping Behaviour

The participants are always standing over and against a dysfunctional family with a perceived lack of resources and lack of perceived ability to cope with being in the world. Against the backdrop of exposure to alcohol in the family, the participant has not been educated about other means of coping. They have learnt that if they cannot manage a particular situation, like when the harvest is bad or there is no money for food, they become overwhelmed and reach for only coping phenomenon they know, heavy drinking as in these quotes:

M1: When my father drank he was very abusive. He humiliated my mother, he wanted to burn the house down then we had to sleep outside. He even threatened to kill us with his gun once and my brother had to take it from him. This didn't happen a lot, only if the harvesting didn't go well and money was scarce.

C2: *We did struggle. We were under the bread line. There were nights when I had to go to bed without food. I was hungry, there was no food. Because of the drinking the money went to alcohol. My parents went to rehab often and my dad told me that he would kill me if I allowed a Social Worker in the house. I was the oldest and I had to look after the others. I had to make sure they went to school, I had to get to school, I had to cook, I had to iron, I had to do everything. I'm very responsible; I was very responsible until I had a drink. So drinking was an escape for me.*

Tucker (1982) states that the brunt of negative social support in the lives of women with alcohol dependent problems is associated with the use of non-social and dysfunctional coping strategies. Alcoholism, as a dysfunctional coping strategy, has been acquired through the process of socialisation (Black, 1981). The family unit is responsible for most observational learning and covert drinking is learnt in the family context. Coping with painful situations like the memory of sexual abuse or the loss of a parent leads to heavy drinking because the participants have become overwhelmed and drink to forget the pain as noted in this quote:

C1: *I think I started drinking heavily after my husband died because I was lonely. By now it kicked in that I didn't have a partner. I'm alone, how am I going to cope with these four children alone? I lost my house, I owed people money and now I must go work. I was a house wife all along and now I had to go work without having a career. I couldn't stay with my mother forever.*

C2: *My dad's been dead 19 years and mom 15 years. I would say my drinking really took off after my mom died.*

Heavy drinking serves to numb down the effects of emotional pain, physical and verbal abuse as it allows the drinker to escape and to forget. However, they are aware that the pain returns when they sober up the next day which is why the drinking continues every day, to forget and ease the pain. The construction of alcohol dependence as a learnt coping behaviour is evident in this quote in which a woman reports using alcohol as a coping response to a specific crisis or to problematic social situation:

F: *My drinking got worse as soon as the memories [of sexual abuse] got more.*

There is a critical and compelling voice evident in the way in which all of the above speakers report on the choice of coping behaviour: misusing alcohol. Drinking too much socially transforms into drinking all the time. These excerpts place a particular challenge to the women to seek out alternative coping behaviours, which most of them find in only in recovery. As expected, drinking to numb the pain puts the alcohol dependent on a downward spiral towards drinking until they are out of control, in other words crossing the invisible line.

4.6 Crossing the Invisible Line

The participants in this study report to have lived a double-life as alcohol dependents because they used to be able to pretend that they could control their drinking until they crossed the invisible line. The following statements illustrate how difficult it was for the participants to live a double life:

F: *In those years I was three people in one. I had school friends who didn't know that I was drinking besides that one incident. They I had church friends who didn't even know I was going to clubs. Then I had club friends. Some of them didn't even know I was a school child. Even my husband, when we were dating he didn't know I was at school still. One day he came by our house and found me in school clothes and was shocked. I think in this way I was hiding my drinking because from time to time I told myself something was wrong here, I need to change.*

The denial of being in control of social drinking is progressive and transforms into having absolutely no control and powerlessness. When the drinker cannot keep up the non-drinking front, she *crashes* and moves into alcohol dependence progressively. Personal and or other attempts to call the drinker to order are experienced as *torture* that is *mental, spiritual* and *physical torture*. Against the back drop of slanderous comments from significant others, the drinker believes that she is *not good enough* and further that she is bad. Consequently, drinking becomes a secret activity as referred to in these excerpts:

L: *I learnt to become secretive from a young age. That's probably how it started. In general I never felt good enough because of the negative comments my mother made. I never felt at home with myself. I never felt inner peace. I was a high achiever at school but I just felt ugly and boring. My parents used to say to me that I'm not really good with people and you never really get anywhere. I was very negative from a young age.*

M: *I wanted to be a lady, but meanwhile I'm drinking in secret so that nobody has to know.*

According to Rotter's (1954) social learning theory of personality, it appears as if an external locus of control governs the alcohol dependent. This means that alcohol dependents believe that control is externally reinforced and that powerful others control their fate. Further, Rabie and Grieve (2010) conducted a study on the lived experience of female alcohol dependence and found that women who are loners and have an external locus of control, together with no healthy coping strategy were vulnerable to alcohol dependence.

For example, the women secretively hid their alcohol beverages in various places because they feared that their significant others had the power to take it away from them or throw the liquor down the drain as mentioned in these quotes:

C1: *One of my daughters felt sorry for me when my husband throws out my alcohol she would say I must worry, she will hide it for me. Then she used to hide it in her school bag till daddy goes because she felt sorry for me. She was about 6/7 years.*

M1: *I hid it everywhere. In my garden under the plants, in my suit cases, just so he must not get hold of it. When he did get hold of it, he would be very upset and throw it out. That just upset me even more because I thought who the hell did he think he was to throw my liquor out? I also worked all these years and I was entitled to my drink. We always drank together all these years until he decided not to anymore because he was diabetic. So he decided to make the decision for both of us to quit. That's what upset me. It got so worse that he didn't give me pocket money and food money. I bought food, but I didn't use all the money he gave me for food because I had to buy my booze. I had nothing. So I decided to make sandwiches and sell them. This is how I could buy alcohol.*

The women speak here of an invisible line which is maintained and social isolation is constituted by the shame of hiding, stealing, even drinking while pregnant, in order to avoid feeling alone and lost inside. Crossing the invisible line is marked by beginning to notice the craving for alcohol not just to block out the feeling of loneliness, but for its own sake. Crossing the invisible line magnifies the drinker's social isolation. According to Plant (1997), besides the loss of control, shame and guilt could be a reason why women resort to drinking secretly. One participant speaks of the shame associated with hiding the drinking problem in the following excerpt:

A: *I suppose I was hiding the drink from society because of the insanity. The shame of hiding the alcohol is insane.*

The false belief in one's ability to control problem drinking describes alcoholism in a nutshell (Angrove, 2003). This stems from the false sense of freedom that alcohol dependents believe alcohol gives them.

4.7 Shame and Guilt

Loss of control and drinking obviously resulted in foreclosure of the future for the women in this study. Reflective attempts of significant others to stop their drinking by throwing out the alcohol, was met with *sorrow in (the drinker's) eyes asking why* as illustrated in these examples:

C1: *...If my husband found the alcohol he would throw it out. I felt comfortable knowing that I had a stash hidden somewhere for later. I would drink it when the children go*

to school or when he goes to work. I hid it in the washing machine, anywhere I thought he wouldn't go. Even in his jacket pockets, he wouldn't go into his closet because I put his clothes ready for him...when he died there was no one stopping me to drink, keeping me back. So, I was freer to drink.

M1: *When he got hold of the liquor, he would be very upset and throw it out. That just upset me even more because I thought who the hell did he think he was to through my liquor out? I also worked all these years and I was entitled to my drink. We always drank together all these years until he decided not to anymore because he was diabetic. So he decided to make the decision for both of us to quit. That's what upset me.*

There is a critical and complaining voice evident in the way in which the significant others felt about their inability to control the women's drinking. It can be deduced that after each intoxicating experience the participants endured these depressing and conflicting episodes of guilt (Beckman & Amaro, 1986). The following excerpts explain these intense episodes:

C1: *I'd feel so guilty after drinking. You see, it's not only the drinking it's my personality that changes too when I drink. And I become another person when I drink. I knew somehow there was something wrong with me but I didn't know that I was an alcoholic.*

A: *The shame of hiding the alcohol is insane. I felt a lot of shame because I hid my alcoholism. What will my family think of me, if they would just pop in unexpectedly? They don't see me as that person, an alcoholic.*

M2: *I didn't want him to know that I was drinking because I think it's a shame that I can't help myself. I can't help myself and alcohol has become my master and I have become the slave. At that stage I knew I had a serious problem because I used to look for ways to hide the alcohol. I used to buy Robertson (spice) boxes and hide them in there. When I finish drinking the bottle I now have to get rid of the bottle, it's a problem. I used to put it in bags and go around to different garbage cans in the area. I would load them in my boot, stop, watch if nobody is around dump it in someone's rubbish bin and then drive further to dump the rest. It was sick. I wasted so much energy. Once I bought the little boxes it was easier. But I got caught out by my husband. Towards the end he would ask me to open my hand bag to look for the booze. I use to roll the empty bottle in paper towel and throw it in the bin. That was insane.*

M1: *I was humiliated, ashamed of myself; I couldn't believe how low I had to go before I wanted to stop drinking. My daughter would ask me ahead of time not to drink because we are going to her in laws. I drank too much and was ashamed of myself. In the beginning I was never so drunk that my husband had to carry me home from a party or that my children had to be ashamed of me.*

According to Dr. Kirkpatrick, this feeling of guilt and shame expressed by the participants are reinforced by our society and our culture, making their guilt qualitatively different from what men alcohol dependents experience and becomes a significant barrier

to seeking treatment (Kirkpatrick, 1977). The noted secret drinking covers over intense feelings of shame and guilt fuelled by memories of the shameful past. The transformation from traumatised child (from bearing witness to parents drinking) to bad drunken mother caused some of the participants to feel intense feelings of shame, depression and guilt. This led to secretive behaviour such as undisclosed drinking and hiding alcohol in the kitchen cupboard, in the garden under the pot plants, in suitcases or anywhere the women thought it would not be found. The shame of being caught drinking also resulted in the participants drinking in secret where no one could judge them, for example, *out of a coldrink bottle in the garage or drinking in the toilet*.

Against the horizon of negative comments incurred by the problem drinking, the women were forced into isolation where they experienced intense feelings of shame and guilt.

4.8 Forced Isolation: Impact of Alcohol Dependence in Relationships

Against a backdrop of family silence, secrecy and shame with regards to alcoholism, the participants know what impact alcohol dependence has on relationships. Discourses of forced isolation are clear in the participants accounts of how their drinking affected their relationships with significant others. Forced isolation is not initiated by the alcohol dependent; it is prompted by the behaviour the alcohol dependent enacts toward the significant other. For example, because the alcohol dependent becomes violent, unpleasant and disrespectful when under the influence, family members keep their distance; friends no longer invite them over for socials, and the sorrow in their children's eyes forces the alcohol dependent into shameful isolation as noted in the following excerpts:

M1: *I never knew that I would cause my family so much trouble. If you come to your senses it bothers you so much because you don't know what you did. You don't know what you said and the humiliation is just too much and then you just go drink again. You know, that sorrow in their eyes asking you why you do this. The guilt you have is so painful. My husband felt that he couldn't have guests anymore because he didn't know how he would find me if he gets home. He didn't know if I was able to commit to appointments or not. He didn't know if I would be drunk or not. My intentions were never to disappoint him but in the end the alcohol over powered me and they would have to cancel the appointment. So he lied and said to people that I'm sick. My brothers stayed away because they saw that I had a drinking problem.*

C2: *When people starting calling me an alcoholic, saying I'm causing problems at their parties I started hiding my drinking. The worst part was when they invited my partner [lesbian lover] to a party and they said to her please don't bring C2 with. Let her stay home and you can come. I overheard that. She didn't even want to say that*

to me. Then the alarm bells started ringing. Whenever there were people over I would have my glass of whiskey in front of them. I would hide one behind the braai and keep the one glass so they can see I'm not drinking a lot. I hid one in the cupboard on the way to the loo, one in the shower in the loo, one in the kitchen in the cupboard, when I was supposed to make salads I would say I'm not drinking a lot see, I still have that one glass. I got drunk and they would think how the hell did she get drunk on one glass. They weren't stupid. I wasn't fooling anybody. I started drinking alone. At that time I was living alone because she couldn't stand my drinking. I was happy because nobody was looking over my shoulder and nobody was telling me how much I must drink.

This type of forced isolation is symbolic of repetition compulsive behaviour because when the alcohol dependent was young, she was also forced into isolation by an alcohol dependent parent who did not pay attention to her needs. In adulthood, the drinker recreates their isolation as a cry for help and attention. Instead of giving the alcohol dependent the needed support to stop the alcohol dependent behaviour, significant others retreat. Foreclosure of a future with no significant others in it, impels drinking to escape because the alcohol dependent thinks no one cares and has nothing and no one to live for. Alcohol dependence may strain social support relationships, leading to social isolation and heightening the risks that family, friends, and neighbours will refrain from lending a hand or stepping in when child-rearing problems (Testa & Smith, 2009).

4.9 How Women Drink: Triggers to Learned Alcohol Dependent Behaviour

Against the backdrop of difficult circumstances, the person searches to fill the hole. Always standing over and against exposure to familial alcoholism, the women decided that alcohol would fill the hole as explained here:

L: An alcoholic is someone with a longing for something. That hole is filled with alcohol. I agree with big book of AA which says that deep within each man and women there is the fundamental idea of God or a creator spirit. That longing for the spiritual side needs to be filled with something so you will fill it with a specific substance [if you are exposed to alcohol].

The women in this study described drinking on various occasions and for a variety of reasons. For example, *drinking happened at home, in private and at night, after the children are put to bed and after they leave for school.* The women led a lifestyle that complimented their drinking habits. According to Prochaska and DiClemente (1983), avoiding or learning to counteract stimuli and high-risk cues likely to trigger problem drinking is very difficult for alcohol dependents in general. Hence, the stimuli that trigger alcohol dependents in general into drinking would somewhat differ for women as well. For example, drinking happened at parties, after work on Fridays, while making food for the

family and when there is abuse (like sexual or physical) and stress (like at work). The following quotes exemplify more triggers:

- C2: *I come from an abusive home. Abusive in the sense of physical, verbal, sexual, whatever. So it was abuse that triggered my drinking. If it didn't trigger it straight away, alcohol came into my house probably a month later and I would drink it.*
- M2: *I had a very stressful job as a bookkeeper... My drinking got worst when I started having a lot of stress at work. At night I started later with the food because I went directly to have my drink. It didn't stop with one drink. I had two drinks then I start making food. While I am cooking, I'm drinking. So by the time he gets home I already drank half a bottle of wine. Then I would drink with him as if I never drank before he arrived.*
- C1: *In the beginning it was just parties. But the more it began making you feel better or relieving your stress, the more you started to drink heavily.*
- F: *Yes, but I remember when I was 16 something of my childhood came back to me. I was actually sexually abused as a child.*
- M2: *The emotional abuse and the fact that I had a desire that something will make it better and alcohol was the only thing.*
- N: *Depending on whom my friends were at the time. If I had friends who drank a lot, I would. I was with a boyfriend who also drank heavily and together we drank every night.*
- L: *Just about everything. If I'm doing well, it would be to celebrate. If things when badly at work I would drink. Any excuse would really do.*

Certain mental events, such as childhood sexual abuse trigger women's drinking because they want to forget the painful experience (Jessup, 1997). In the beginning the women in this study drank occasionally in isolation, like *drinking on Fridays*. As the alcoholism progressed, drinking happened everyday and all the time until some participants drank themselves to a standstill and lost everything in the process.

It was interesting to note the bravado in women's stories where they likened themselves to men; some of the participants said that they could *drink like men* and *with men*, as mentioned in this quote:

- N: *I drank with men and wanted to keep up with them. I think women feel that it's not lady like to drink. Men get agro and we get emotional. I had moments of aggression with my mouth when I was drunk.*

This could signify that against the backdrop of problem drinking histories, the participants did not recognise heavy drinking to be an inherent feminine activity but likened it to the male experience. However, drinking like a man enslaved them to a foreclosed future.

The participants in this study came typically from dysfunctional families with a lack of resources and lack of perceived ability to cope with being in the world with dignity. Against the backdrop of exposure to alcohol in the family, drinkers had not been educated about other means of coping. They learned that if they could not cope with for example a bad harvest and no means to support themselves as a consequence, that drinking was a panacea. Other circumstances such as coping with painful situations like the memory of sexual abuse or the loss of a parent, lead to heavy drinking because the participants had become overwhelmed. Heavy drinking served to numb down the effects of physical and verbal abuse as it allowed the drinker to escape and to forget, even if only for the day and despite the consequences.

4.9.1 Secrets in Plain Sight

Problem drinking behaviour is the “secret” which lies at the heart of the transformation from social to problem drinking as noted in the following quotes:

- P: *You hide your booze thinking that they don't know that you drink but all the signs are there you just ignore it.*
- A: *When you drink you out of control but when you hide it you feel in control because you the only one that knows where it is. Hiding it is insanity. I suppose I was hiding the drink from society because of the insanity. Shame of hiding the alcohol is insane. Denial is a good aspect of why people drink secretly. Fear and anxiety of someone finding out you an alcoholic, therefore you hide it.*
- M1: *My husband was ashamed of my drinking and wanted to keep it away from people. It actually got to a point where he couldn't protect me any longer and couldn't keep my drinking a secret. My psychologist asked my husband if I shouldn't have gone for alcohol treatment instead. He said no, my doctor is treating me for depression. He was in such denial and trying to protect me. I wanted to be a lady, but meanwhile I'm drinking in secret so that nobody has to know.*
- M2: *I hid it everywhere. In my garden under the plants, in my suit cases, just so he must not get hold of it. When he did get hold of it, he would be very upset and throw it out. That just upset me even more because I thought who the hell did he think he was to throw my liquor out? I also worked all these years and I was entitled to my drink. We always drank together all these years until he decided not to anymore because he was diabetic. So he decided to make the decision for both of us to quit. That's what upset me. It got so worse that he didn't give me pocket money and food money. I bought food, but I didn't use all the money he gave me for food because I had to buy my booze. I had nothing. So I decided to make sandwiches and sell them. This is how I could buy alcohol.*

As mentioned in the above excerpts, significant others disclose their tacit recognition when in response to the “secret”; they maintain isolation when they no longer

invite house guests over because of their shame about the heavy drinking. Consequently, the secret is hidden by significant others, even when they label it as depression. However, the alcohol dependent will sacrifice all significant others so that *nobody is looking over their shoulders* even if it means living alone. The problem drinker isolates herself in order to keep the “secret” from others.

This study found that much like Gumedé’s (1995) study on women’s secret drinking the participants’ concealed their alcohol dependence from significant others, in some cases even from themselves. Even though they know *it is insane to hide the alcohol*, it renders a false sense of control and the alcohol dependent *feels comfortable being the only one who knows where it is*. She hides the alcohol thinking that no one will notice it in the *washing machine, in the garden, suitcases, on the way to the toilet and in the shower*. The participants hid it from everyone (including themselves), yet everybody *knows, even the neighbours*. The participants expressed that they wasted so much energy hiding the problem drinking because they thought that everybody was watching them. Attempts of others to limit drinking, makes the alcohol dependent sneakier and more cunning (for example beginning to steal) as mentioned in this quote:

A: *You know how cunning we were? Say we don’t have money, we go into a bottle store and steal 2 or 3 bottles or a “pap sak” [cheap wine in a bag or box].*

Hiding the morning tremors with a drink is the first sign of crossing the invisible line into the “secrecy” that the alcohol dependent attempts to maintain as explained by this participant:

M1: *Early in the morning I was shaking, I must have alcohol immediately in the morning. I put the alcohol in sports cool drink bottles to hide it in different places from him. First thing in the morning I had to get up and quickly and get one of these bottles so that I wouldn’t shake and that I could at least prepare my husband’s lunch.*

The liquor bottle could be a symbol of nurturing, representing an unfulfilled developmental yearning. Most of the mothers who participated in this study drank while breastfeeding, or stopped breastfeeding so that they could continue drinking as mentioned in this quote:

F: *This one weekend I was drinking lots of beers while I was pregnant. My mother told me not to drink; do you know what you doing to your child? She asked me. I went to fetch this one pamphlet the doctor gave me and told her nowhere here it says that I shouldn’t drink. I wasn’t drinking until I was falling around. I drank once a month. I was trying really hard not to drink.*

The diagram below depicts how the women in this study became secret drinkers. The participants all agreed that their drinking progressed from social drinking until a stressful

situation (or memory or images of trauma) triggered increased alcohol consumption. The participant drank to forget the pain and to fill the emptiness of loneliness with alcohol. The constant craving for alcohol made the participant feel guilty and intense feelings of shame. The craving or urge to want to drink all the time led to secret drinking because significant others started observing the problem drinking and isolated the participant.

4.9.2 Stigma: “Women Who Drink Are Low Class Citizens”

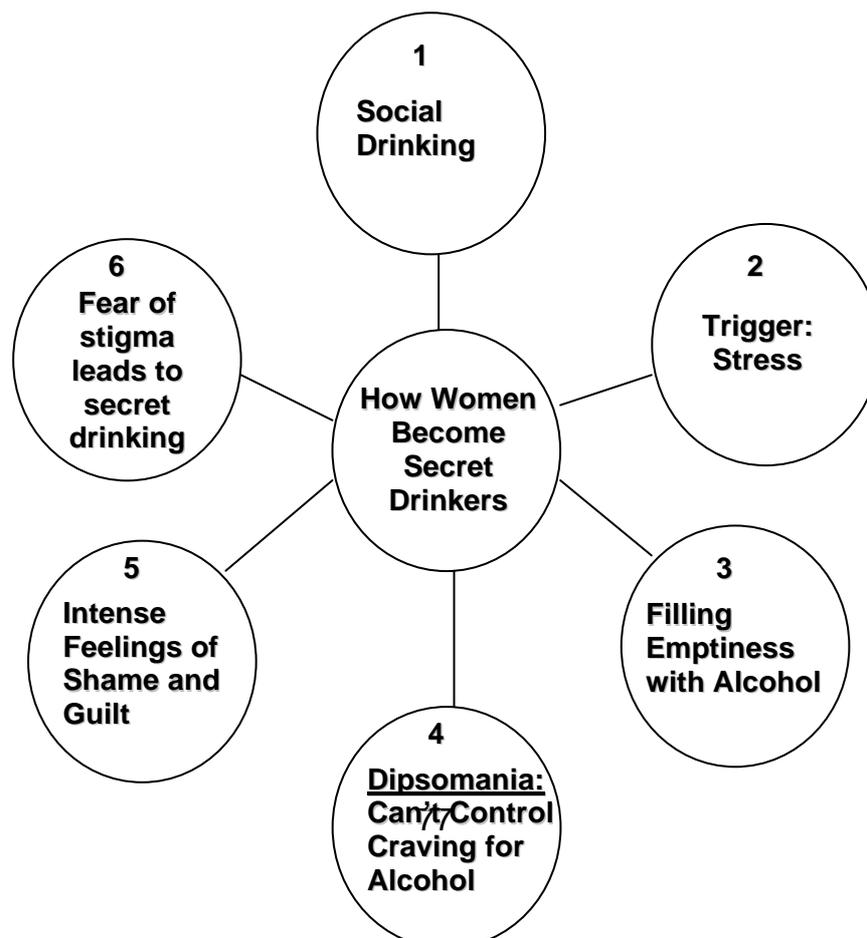
Against the backdrop of their social situations, the women in this study experienced being chastised for their alcohol dependent responses. The following quote supports the claim that women in this study were afraid of the stigma associated with their alcohol dependent drinking:

A: *Society views women who drink as low class citizens. She must get a life, she's nothing. You find most of the women that drink are house wives. They don't have a social life. I had nowhere to go, I was at home. When you don't work, it becomes part of your daily life.*

Forced into shameful isolation, shadowed by secret behaviour, the female alcohol dependent searches to fill the hole caused by loneliness, pain and suffering with alcohol. This quote exemplifies the forced and shameful isolation of alcohol dependent behaviour:

Figure 1.

How the participants became secret drinkers



M1: *I didn't want to meet people. I wasn't a social talker. I just wanted to be at home. I just wanted my drink. Then I couldn't even do it with my husband's knowledge, I had to look for the drink I hid somewhere.*

The fear and anxiety of people finding out that they were alcohol dependents was so great that it compelled them into secret drinking. In some ways, Warner's (1997) study on older women's drinking being discouraged or concealed because of women's traditional domestic roles relates to this study as the women communicated that they drank more heavily in secret due to the stigma related to their alcohol dependence. According to the participants, society expects the woman to be an example to the household like to cook, clean, iron and teach the female child about the beauty that lies within them. However, many of the participants either ended up in jail because of their drinking or *the booze goes to their private parts* as mentioned in the following quotes:

M1: *You are supposed to be an example for the household and especially your daughters. You must educate them and be part of the beauty of their lives. You must give them direction to their lives. It was horrid for me. The fact that I gave them money to buy them clothes instead of going with them to buy clothes. I just thought about myself and had a drink instead. Instead of going out with them to have coffee with them, I stayed home and had a drink. They often told me to be a real mom and go shopping with them. The alcohol made me lethargic. I didn't have any interest in anything. It is really not a nice thing to be a female alcoholic because you harm so many people around you.*

Women who are intoxicated are often prone to sexual promiscuity (Blume, 1990). Discourse analysis revealed that one of the stigmas attached to alcohol dependent women is that of heightened sexuality and gendered scripts around sexuality as noted here:

F: *I think if I was a male it would have been more acceptable. Especially women drinking heavily, there is a stigma attached to it of a sexual nature. I'm grateful that most of my drinking was done in the house, who knows what would have happened.*

P: *A male alcoholic is fine but when I walk out drunk everybody knew. He was not spoken about but me, they spoke about. They said there she walks down the street, look at that slut she sleeps with all the men in the street. She's a drunk. Stuff like that they said...because you know as a female you know how to throw your body to get what you want.*

The women felt that they were made to feel like bad, low class citizens because of their alcohol dependence. Always standing over and against an oppressive past the women in this study expressed that stigma surrounding women's problem drinking is what prevented them from seeking treatment or admitting to a professional the full extent of the drinking problem when seeking help. This quote illustrates:

A: *I didn't want to be labelled an alcoholic... the stigma just killed me. A female alcoholic is even worse.*

4.10 Discourse of Marginalisation and Disempowerment

Against the backdrop of socialisation the participants illustrate how alcoholism is constructed as a gendered and sexualised activity in discourse and how women position themselves because of this discourse. The following excerpts highlight how their drinking illustrates a gendered discourse of marginalisation and disempowerment:

M1: *I always wanted to be equal to a man. I even bought a 12 pack beers – 6 for my husband and 6 for me. I could easily drink 7 beers without falling around.*

P: *In my opinion we woman we always labelled. We are like easy targets. Guys know when you have booze in they can get what they want that is why we were easy targets. A lot of guys used to say a woman's booze go to her private parts and I didn't want to become like that people you.*

A: *Men drink more. Normally women are closet drinkers.*

C2: *When I drank I was such a bitch that big grown muscled men were scared of me.*

As noted from these excerpts there is widespread ambivalence about women's drinking with it being viewed as acceptable and part of women's increasing rights and equality, but harmful and dangerous at the same time. From a Foucauldian viewpoint, these kinds of macro-level discourses construct and locate women's drinking experience (Yardley, 1997).

Children who are abused are marginalised, disenfranchised and disempowered (Potter-Efron, 2004). The women who participated in this study had characteristics consistent with being marginalised, disenfranchised and disempowered in their childhood. Their unhappy childhoods set the stage for how women view being-in-the-world. Most of the participants' mothers were alcohol dependents. The following excerpts suggest that there was a strong likelihood the participants would have been exposed to alcohol either while in the womb or through breastfeeding or both.

- A: *My mother drank out of the closet when she came home at night. She hid her drink from us but we could smell her breath. She was always tipsy.*
- C2: *You don't understand I had a horrific childhood...it was verbal abuse, physical abuse, sexual abuse. I saw a lot of violence. When I was 10 I had to wash the blood off the walls and furniture after my dad had beaten my mom up.*
- F: *I grew up in a house where alcohol abuse was rife. Both parents were drinking.*

These illustrations underscore a script of disempowerment as it means that the women's ability to choose to live a sober life was taken away from them at conception. Freud's theory of oral fixation comes to mind when viewing women's plight with parental dissonance and early alcohol consumption. According to Baldwin (1967), oral fixations are believed to add to overeating, being overly talkative, smoking dependence and even alcohol dependence (known as oral dependent qualities).

4.11 Co-morbidity Issues: Depression and suicide

In addition to misusing alcohol the participants present a range of other psychological correlates such as depression and suicide. This is highlighted in the following excerpts:

- C2: *One month into AA I wanted to commit suicide. I just couldn't take it. I knew if I drank I would die but I just couldn't take not having alcohol. My sponsor said no everything will get better don't worry and I said no I'm just going home and off myself. So I left my sponsor sitting in her garden thinking that she would never see me again.*
- L: *Alcohol I've been off for one year. In terms of my eating disorder it's a continuous battle every day. I think when you have all these poly addictions you can't give all up at once. I have to do it systematically. I have not been able to do it all at once.*
- A: *I was going through a depression. Normally they say depression comes before a relapse.*
- S: *Towards the end when depression set in and I became suicidal, that's when they realised that I had a problem. I didn't want to live anymore, my life wasn't worth it.*

Being in recovery and not being able to have a drink has led to severe depression and suicide attempts because the call to recreate meaningful lives has replaced the alcohol dependent escape. According to Gil-Rivas et al. (1996), alcohol dependent women are known to have high rates of past sexual abuse including physical and mental abuse. Strantz and Welch (1995) argue that women become alcohol dependents because of a particular loss or trauma-related experiences in their lives. Other studies also mention an explicit relationship between the alcoholism and trauma accounts, exposure to violence, and simultaneous psychological illness (Shore & Bratt, 1991). Being in recovery and not

being able to have a drink has led to severe depression, binge eating and suicide attempts because before alcohol was the escape. With alcohol removed there is no other learnt means to escape but to die. Gomberg (1993) described the most frequent reasons given by women for seeking treatment were depression, a medical problem related to alcohol use the following excerpt illustrates:

M1: *They treated me for depression at N1 City but my psychologist asked my husband if I shouldn't have gone for alcohol treatment instead. He said no, my doctor is treating me for depression. He was in such denial and trying to protect me.*

These assertions of the participants support the association between alcoholism and depression especially with women (Gomberg, 1993).

4.12 The Road to Recovery: Losing Everything Contributes to Change

When the intensity of drinking progressed, the change from social to heavy drinker often transformed the person into a recognised alcohol dependent. During this process, relationships change, the character of the alcohol dependent person changes and the direction or purpose in life changes. Participants report that during this progressive phase of becoming an alcohol dependent, the *meaning in life was missing*. The following excerpts illustrate the discourses on how reaching rock bottom led the participants to recovery:

C1: *When the social worker said if I drink again she will take my kids away, I asked my mother to help me.*

C2: *First it was binge drinking. There were long periods when I didn't drink. Then my mom died and I lost control, drank every day. My whole world collapsed. Two days before I walked into AA I went to a party and I saw someone I had a huge crush on and she wouldn't talk to me because I was drinking. I drank some more and then drove home. Then while I was driving I thought no, I must go back to the party and try her again. But then I passed out behind the wheel and caused a big accident. Some guys came to me and woke me up and told me to hide in their car. They spin some story to the cops and took me home. I don't know those guys and would like to thank them. The next morning I woke up and said to myself, you can't stop drinking on your own. You tried several times but you just can't. What is it going to take for you to actually stop? You need help. You either going to end up in a pine box or in jail.*

L: *My rock bottom was when I was 35. I was arrested already, I had an overdose. I cut down on the drugs – I couldn't just stop everything – then my drinking escalated. I switched from one addiction to another because the basic problem wasn't being sorted out.*

M1: *I couldn't protect myself from alcohol. He told me he is not going to take me with on holiday, which I was looking forward to. He gave me a wakeup call. He threatened*

to divorce me. His health was suffering. He put me in Stepping Stones and left me without a cent. There I had very good consultants. The grand children were kept from me before I went into Stepping Stones. I was humiliated, ashamed of myself; I couldn't believe how low I had to go to before I wanted to stop drinking. So I decided I won't leave Stepping Stones until I come right.

These excerpts highlight that the participants had either lost everything that was important to them, like death of a loved one, or a partner had threatened divorce, or they received a wakeup call when locked up or friends had threatened to tell their parents or significant others. Beneath the mask of switching from one substance dependence to another because the basic problem feeding alcohol dependence was not being addressed, lies doubt and the belief that recovery is not possible as noted in this quote:

N: *I didn't know how to get help. I didn't think recovery was possible for me.*

S: *I think one would want to stop but you just don't know how. If I should start drinking today again I just wouldn't know how to stop. I would drink myself to death.*

Highlighted in the abovementioned excerpts against the backdrop of losing everything and reaching rock bottom, there is a numbing pain, an agitation, an intense longing to get better, shaking the root of the substance dependent mind calling for change? Attempts to recover are slow because the substance dependent feels oppressed and is often living in oppressive contexts mirroring their own behaviour as illustrated in these excerpts:

A: *We drank socially. We went to parties and drank with the people at the party. We were not teetotalers. I was 25 when I have my first child. So before that was party time.*

M2: *Our home was always overflowing with alcohol. We were quite well off. So people were coming and going. The lifestyle I had contributed to my drinking. The friends we had used us because it was convenient for them to drink as well.*

However, when the basic problem that causes the substance dependence is accepted and addressed, such as abuse, the participants reached out to Alcoholics Anonymous.

4.12.1 Barriers to Recovery

Most participants expressed internal, external and structural barriers to recovery. Initially there is a lot of resistance to recovery because the participants did not view their drinking as harmful or wrong as noted in the following excerpts:

- F: *Mine was never a problem for me until I walked into the fellowship. It was other people who had a problem with my drinking. I was always thinking that I'm drinking way, way, way too little to be called an alcoholic or to look for help.*
- M1: *My husband said I'm drinking too much and my daughters started to moan. She complained at work and they sent her to counselling. She never told me that my drinking was bothering her. My husband took me to N1 City Hospital and told the doctor I was depressed. They treated me for depression. We didn't mention the drinking. We all actually hid the fact that my drinking was a problem. My husband was ashamed of my drinking and wanted to keep it away from people.*
- L: *A lot of my character defects: selfishness, lack of boundaries, pride – alcohol is like our medicine for those defects.*

The denial illustrated in these quotes is an internal barrier to seeking help for alcohol dependent behaviour. Contrary to the outcry (by significant others) constituted by their destructive behaviour, they resisted to stop drinking because they said *alcohol medicated character flaws* and others *did not think that recovery was necessary*. The external barrier to treatment highlighted in M's case is evident in her husband's shame which caused her not to get help for her drinking but depression, instead.

The first thing the participants realised about the road to recovery is that they need to be ready as illustrated in these quotes:

- N: *I wasn't honest to him [the psychologist] about the drinking. They couldn't help me. I said I was going through a tough time so I was drinking more than usual but I didn't even tell them a quarter of how bad it was.*
- S: *I went to the Kenilworth programme. I wasn't ready so it didn't help me.*
- M2: *My husband and I sat down and spoke about my drinking. He asked me to get help because he wants our relationship to work. I went to 3 psychiatrists and pulled wool over their eyes. I was prescribed 3 different types of anti-depressants.*

[Why did you pull wool over their eyes?]

They asked me how much I drank and I would say one glass of wine occasionally. I said that just because I didn't want them to judge me.

According to the Transtheoretical Model, preparation to change is the first stage on the way to recovery which is called Precontemplation (Prochaska & DiClemente, 1983; Prochaska et al., 1992). Most of the participants have been forced into recovery by significant others who wanted them to change their behaviour which is evident in these quotes:

- C1: *When I start I can't stop. I moved in with my mother and she took care of the children. My mom when to Alanon she knew how to deal with the disease. She went to Avalon to get help.*

N: *My friend called me two days after the party and said she can't believe how my standards dropped. She said I had a huge drinking problem and she feels like phoning my parents. When she said that I immediately said don't worry I'll get help. I knew I needed help but just couldn't stop.*

This forced them into social isolation, shame and secrecy because they were not prepared to recover as noted in these excerpts:

M2: *I was locked in my own home, my son locked me up...I will never forget it. I said hang-on I don't want to live like this anymore. The whole world was black and I saw this tiny light at the end and I said God please help me I've done wrong so much in my life and I accepted God back into my life. The amazing thing the next minute the minister rocks up I'm locked inside they are outside now I must serve coffee through burglar bar through the security gate and it was such a scandal.*

S: *I am on Step 0. I'm not working my program at the moment... Being in recovery, I can't sit amongst old friends, drinking buddies. I am a hermit. I go to church and go to AA. But what we need to stay away from is isolation. Its really bad. You must lead a balanced lifestyle.*

Even though S is not drinking, she has not been going to AA meetings. The shame of craving alcohol has made her seek isolation. She admits that she is on Step 0 of the 12-step AA programme. M2's son was so ashamed of his mother's drinking that he locked her in their home. Social isolation is an example of an external barrier to treatment because the women isolated themselves from the world due to the fear of judgement.

The following excerpts illustrate the participants' belief that recovery was not possible for them because they were not ready, did not have money to go for treatment, or simply did not have a replacement for alcohol:

F: *For years I've avoided rehab because I thought I didn't need it because I wasn't as bad as people who need to go there. The denial kept me from treatment centres. Rehab is not recovery.*

C2: *I thought treatment centres were like a prison. I was willing to give it a shot because I was desperate. But I said I can't afford this.*

L: *I never to a treatment centre because of financial reasons and work reasons. I didn't want to tell anyone at work and go through the stigma. My perception is that there are good ones. They do good work but it's not a cure for a true addict.*

P: *I said I was not going to a rehab. What are people going to think about me?*

According to Wilsnack and Wilsnack (1997), the abovementioned structural barriers prevent women from seeking alcohol treatment which are related to the perceived ineffectiveness of treatment facilities and the government's inability to provide essential care for substance dependence who do not have adequate health insurance to cover the

financial strain. In South Africa, the government has reduced tertiary care services to patients with alcohol problems. Services have remained insufficient due to the demand not being met and poorly distributed geographically (Parry, 2005). According to Plüddemann et al. (2003), in Cape Town, the proportion of patients in specialist substance abuse treatment centres who had alcohol as their primary substance of abuse decreased from 81% in the second half of 1996 to 39% in the second half of 2003.

It is important to note that the participants in this study were all AA members. Several of the participants have not accessed formal detoxification or any other institutionalised help as mentioned in these quotes:

F: For years I've avoided it because I thought I didn't need it because I wasn't as bad as people who need to go there. The denial kept me from treatment centres.

C2: I knew my mom was at Ramot, so I called Ramot and they asked for a couple thousand for rehab and I couldn't afford that.

The 12-steps prepare the alcohol dependent in recovery to deal with cravings and to stay sober. The AA fellowship, which involves going to AA meetings and having a sponsor to talk to when they feel like picking up a drink, provides a meaningful social network that is integral to the road to recovery. The participants view recovery as a lifelong process. In recovery participants explained that they had new sober friends, hobbies such as hiking and reading that continued to keep them away from alcohol as noted in the following excerpts:

M1: I learnt new hobbies now. I do crafts and I do bead work. I crochet. I belong to a knitting club.

L: Depending on how deep I am into my eating disorder I do have hobbies. I hike and body board, I go to the theatre and movies.

4.12.2 Filling the Hole: Spirituality

Transformation into recovery highlights that against the backdrop of an alcohol dependent past and presence the women search to fill the emptiness within and find solace in sealing the hole with a spiritual healing. The following excerpts explain how gaining spiritual strength helped them with their recovery:

L: The realisation that there is a purpose in life is keeping me sober. Mostly the spiritual side. I have to work every day. I slide very quickly. AA keeps me going and having contact with a higher power.

N: My faith and my higher power is what's keeping me sober. I ask every morning for a sober body, mind and soul. AA is a design for living because we didn't know how. It

teaches us to live a happy, contented life. I'm not a dry drunk that thinks the world owes me anything. I'm a drunk that drank me into recovery.

The participants speak of having faith in a higher power to keep them sober and AA being a *design for life* because before the knowledge of a higher power and AA they could not manage their lives (or cope with life's pressures). The following examples emphasise how having God's presence in their lives prevented them from doing more harm to themselves:

P: *I was miserable very miserable if I didn't drink. I started even going to church because I was seeking for something. Being shy, I'll go on Sunday morning with a hangover. I would go to church and sing but in church I would cry there in front the pastor and ask him to pray for me because drinking is wrong for me.*

M2: *I disconnected from God, God was my miracle taking care of me all the time. I used to drink and drive. I discovered that there was no human who could help me. I had to find the rooms so that I could find God again.*

S: *If I should start drinking today again I just wouldn't know how to stop. I would drink myself to death... If there wasn't a God out there I would never survive.*

Another level of spirituality is about meaning-making in terms of a renewed purpose in life. The above quotes illustrate that with the presence of religion, or God, in their lives, they are able to make sober decisions which sort of rescued them from the substance dependence. Also, reading AA literature such as the Big Book and being part of a church is an important part of healing. Filling the hole with spiritual, religious and emotional strength and a renewed sense of personal meaning by removing the stains left by alcohol and a painful past fortifies the alcohol dependent.

The core findings of this dissertation emphasise that drinking is a learnt, normalised experience and heavy drinking among women is not socially acceptable. A central discourse in the previous chapter highlights the significance of parental influence or the impact that familial upbringing had in cultivating an alcohol dependent or normalised drinking experience. An alcohol dependent cannot conceal the smell and the behaviour associated with the drunken state, so nobody was fooled by their attempts to hide their drinking. Women face serious rebuke by society regarding heavy drinking. Findings in this paper indicate that secret drinking is very common in a society that condemns women from appearing out of control. Even though the alcohol dependent wants to stop drinking heavily, intentional behaviour change is not easy due to individual and environmental causes leading to alcohol being used as a coping response and an escape from a certain problem or stressor. The loss of control over their ability to stop drinking is marred by secret drinking which in turn limits their access to sobriety.

4.12.3 Replacing Alcohol Dependence with AA

N: I switched from one addiction to another because the basic problem wasn't being sorted out.

After interviewing at least four participants I started noticing a distinct pattern developing in terms of the participants' seemingly over indulgence with AA. It appeared to be almost obsessive. Noting N's revelation of switching from one obsessive *behaviour to another because the basic problem was not being sorted out* appears evident in the following discourse.

4.13 Identification of the "Basic Problem"

N: I switched from one addiction to another because the basic problem wasn't being sorted out.

Always standing over and against an oppressive past, society's ordained roles for women should serve as a protective factor which prevents them from becoming heavy drinkers. The reality is that the women in this study did become alcohol dependents and this is an oppressive experience especially since so many participants said they did not want to become alcohol dependents like their parents. One particular participant stated that her parents thought she was acting crazy because she had brothers and they did not drink heavily like she did. The following description illustrates this:

F: They thought I was this crazy child. I think my drinking was weird for them [her parents] because my other siblings are boys. I was very withdrawn. I was quiet. People didn't even know I was there. When I was drunk I used to tell my parents exactly what I thought of them. I felt they sucked as parents.

F was sexually abused by her brother. The basic problem she tried to communicate was that they treated her as if she was invisible (*people didn't even know I was there*) and her trauma did not matter. She told her mother what her brother was doing and she did not get a desired response. Instead she was ignored. Latching on to the liquor bottle where she found solace could be interpreted as her suckling on her mother's breasts where she seeks comfort. So, instead of identifying the *basic problem*, she resorted to alcohol as a known coping mechanism. This is evidence that the oppressor relies on the oppressed to remain silent. Her mother learnt that she had to tolerate abuse and be silent so she could not possibly listen to *this crazy child*. The following quote explains:

F: *I couldn't go to my mother and ask her help. She was hiding my drinking because of the shame. I think if I was a male it would have been more acceptable. Especially women drinking heavily, there is a stigma attached to it of a sexual nature.*

The psychological consequences of her mother's shame and non-responsive authoritarian parenting style reinforced gender stereotypes and caused F to expose the oppressive power of her problems by drinking excessively. F's *basic problem* highlights that the problems of female substance dependents may be gender specific (Lex, 1994; Wilke, 1994). The gender oppression illustrated here loosely means that a woman must know her place and that was subliminally suggested through F's interaction with her mother relating to her sexual abuse and alcohol dependent drinking. She also suggests that if she was male it would have been easier for the mother to accept her.

4.13.1 Psychological Consequences of Naming the Basic Problem

The participants displayed deep emotional responses to behavioural reactions based on the daily impact of childhood trauma because the basic problem was not being addressed. The following excerpts illustrate the thoughts and memories the participants experienced when faced with the underlying issue that prompted alcohol dependence.

F: *I remember once when I was drinking, I was in a happy jolly mood when I remembered I went looking for alcohol to block it out. Today I know to block it out. My drinking got worse as soon as the memories got more. I started acting up then. My parents didn't understand, they thought I was going crazy.*

L: *I just realized that my life wasn't going anywhere and was I still going to do the same thing until I'm 45? I was in another relationship that wasn't working where I was lying to the person. The meaning in life was just missing for me. Totally missing.*

Drinking heavily appears to be an emotional response to the inability to cope with daily stressors. The following excerpts exemplify the sadness, depression, hatred and irritability participants expressed:

C1: *Sometimes I was in trouble and then a drink will make me feel better.*

L: *I would stay at home some days because I felt very insecure – like I couldn't do my work. I would stay home and go to the bottle store. I was very depressed at that time.*

C2: *Alcoholic drinking comes from a place of intense sadness, that's where it starts. Its intense sadness and I don't know how to handle it. I don't know how to deal with feelings. I have a distorted view of happiness. Happiness for me is my mom and dad didn't scream at each other and they were not drunk. But that's normal behaviour. I think just to know, how to deal with feelings how to own your feelings. I don't know how to handle sadness and happiness. I can't handle happiness. I don't*

know what to do with it. Fear, I thrive on fear. When people are angry with me I'm happy because I know how to deal with this.

F: *I always felt that I don't fit. I always felt that I was different to other girls. I so much wanted to fit. I couldn't understand why, when I went out to play with children, why I always ended up fighting with boys. I didn't understand this. I don't talk about this often.*

C2 appears to be very frustrated about not being able to *handle* her emotions when naming her basic problem. Her alcohol dependent response to daily stressors comes from a *place of intense sadness*. Her emotional response to the violent trauma she experienced as a child is clarified in the consequence of *thriving on fear*. F's emotional response was anger, fighting with boys in order to release her anger and frustration towards her brother who sexually abused her. Naming problems that affect the participants' lives have been related to having a father who practised the dop system, being sexually abused by a family member, exposure to negative comments from an anorexic mother are all problem stories which had an impact on the participants' lives. The distress caused by standing over and against an oppressive past should be acknowledged in order to move beyond the trauma as argued by Muntigel (2004) and illustrated in the following examples:

C1: *I use to drink myself to a standstill.*

L: *I had an eating disorder at a very young age. It was very secretive. I would buy or eat stuff and hide it. I was bingeing. I think that was just part and parcel of the same kind of behaviour. I was over weight and my mother past comments about it. So instead of eating the stuff in the open I would rather just hide it.*

There is a critical and compelling voice evident in C's description of her drinking behaviour. Drinking until she cannot drink no more means that she literally drank until she could not function any more. She is a widowed mother of four children who drank until her mother threatened to call the Social Worker to take her children into foster care. L spoke about her eating disorder and likening to *the same kind of behaviour*, in this way she was exposing the oppressive power of her problems. The persistent behaviour identification or association of behaviour relating it to an oppressive experience, standing over and against an abusive past, triggers alcohol dependence. Emotional, sexual, physical and verbal abuse triggered alcohol dependence for most participants because it was a normal reaction as learnt in their home environment. The implications are that the abuse, whatever it may be for the participant, needs to be addressed if healing is to occur.

4.13.2 “For me it was norm”

A central discourse emerging throughout the texts is that the participants reported that they *grew up with alcohol and knew the behaviour*. Some of the participants reported that they started drinking at a young age. This means that their drinking habit was formed at an early age. The following quotes illustrate how personal agency (not wanting to end up like their parents) was influenced by peers and what they refer to as the norm re-traumatised them:

F: *I had my first drink at a friend's father's 50th birthday. I was 15. We stole table wine and alcoholic punch when the adults were outside in the yard.*

P: *I had my first drink at the age of twelve it was a homemade brew beer which my mother used to make for her friends, she used to make it on a Wednesday and Friday night and on a Thursday my brother said we must try that. There were six of us that drank it. I got a hiding and I told myself I will never drink again.*

These participants highlight that alcohol's accessibility exposed them to the habit forming substance at a young age. They were punished when they were found consuming it and agreed to never drink again. Later, when F and P were adults, the alcohol dependence intensified because their partners and friends reinforced the behaviour again similar to when they were younger, as mentioned in the following excerpts:

F: *I was sitting there looking at this beer. I think this was the first time that I actually had a fight with myself. In the back of my mind I knew it wasn't right to drink this beer. Eventually I told myself I'm just going to finish this one beer, never mind him [my husband] and tomorrow morning I'm going to church. But then I went to find him and drank with him the whole night.*

P: *At the age of 12 I said I would not drink again but when I turned 18, I was legal to drink you know. For me it was norm. I didn't think there was anything wrong with going to a club and having drinks. I was eighteen.*

N: *A non-alcoholic would not tolerate alcoholic behaviour. Yet, for me it was normal. I was attracted to people who drank a lot because it sustained my alcoholic behaviour.*

The thread that runs through the above excerpts is that alcohol dependent behaviour was tolerated and accepted as the norm. This meant that the participants' basic problem is not only the various childhood traumas they experienced, but married with the accessibility of alcohol reinforced by the acceptability of its dependence in their environment. Most of the participants reported to be shy and alcohol gave them the freedom to express themselves. This, too, was reported to be the norm, to drink and lose all inhibitions as noted in the following quotes:

C1: *I was always an introvert and could never mix with people, even from school days I was always a loner. My late husband introduced me to alcohol. I became free when using alcohol. My personality changed, I would shout, anger, all the emotions come out that I repress when I'm sober. I could dance, I could talk, and I could mix. Do everything I couldn't do when I was sober.*

S: *I drank for the effect the alcohol had on me. It made me crazy. It takes your shyness away that's why I can't drink. It makes me crazy. It made me angry. It made me do things that a normal person wouldn't do, like strip.*

F told her parents that they *sucked as parents* when she was intoxicated. These excerpts highlight the euphoric state of mind (and *personality change*) alcohol brought about and *drinking for the effect alcohol had on them* illustrates that the basic problem was inhibiting them from expressing their pain (like F felt towards her parents). However, when intoxicated the stress is relieved and they can breathe. Alcohol presents a false sense of freedom as noted in the following statement:

F: *The drinking started and I didn't want to control the drinking because the pain of the abuse hurt too much. Drinking helped for the moment but when I woke up the next day, I was sober.*

All the participants agree that alcoholism is progressive. Bearing this in mind the above quotes manifest the beginning stages of what it means to be an alcohol dependent.

4.13.3 Desire to be Normal

Against the backdrop of a past marred by alcohol dependent parents, part of the denial of admitting they were alcohol dependents, was admitting that they have become that which they resent the most, their parents. The participants felt that they were robbed of a normal childhood which made them believe that they cannot be normal. Instead of growing up with loving, supportive and caring (both in the emotional and physical sense) parents they grew up with violent, neglectful, non-responsive parents. The following excerpts are illustrative of the fantasy of normal lives that the participants wanted:

C2: *Happiness for me is when my mom and dad didn't scream at each other and they were not drunk. But that's normal behaviour.*

S: *...Denial of the fact that we didn't want people to know that we cannot be normal.*

These excerpts highlight that the participants were ashamed that they had to hide their true identity to others. In saying that they *cannot be normal* could be interpreted as a sense of defeat, believing that recovery is not possible as mentioned in this quote:

A: *At my mother's funeral, all my AA friends came to sympathise and pay respects to me. I looked for him to introduce him to my AA friends. But he went to the shebeen*

to buy booze for his friends at the funeral. He didn't want to meet them because he has been drinking. He did eventually meet him because we AA people we don't judge. He just turned 70 and apparently it was a whole drunk party. I didn't go.

This quote could be illustrative of the possible resistance to believing that recovery is possible because her father is 70 and still drinks heavily. Other participants' parents drank themselves to their graves. There is no constructive role model in the family or environment that exemplifies that recovery is possible as both parents usually drank excessively. The following instance is an example of the non-support participants got from their parents.

A: *When I came into AA I told my mother "You nothing but a fucking alcoholic". When I told them I'm in AA they said, "so who is the alcoholic now?"*

Interestingly, S is the participant who confessed about being on step 0 in her recovery. She reported that she has been sober for *5 years and 9 months*. The following quotes indicate how transformation from negative thinking and a negative environment can alter the alcohol dependent's mind state to a healthier, normal existence, and how tenuous this is for the women:

S: *I will always be an alcoholic. I still need to work on my thought patterns. I'm a negative thought away from a drink. Places, people and things. I avoid places that would trigger my drinking. I will never go to parties and clubs because people want you to fall. Today I am sober. I must go back to AA.*

L: *AA. The realisation that there is a purpose in life is what keeps me sober. Mostly the spiritual side. I have to work everyday. I slide very quickly. AA keeps me going. Having contact with a higher power.*

These words of the women emphasise the importance of how positive thought process can retain the enslaved mentality of the master-slave dialectic experienced by alcohol dependents:

C2: *I think it was higher power stuff going on or the universe because when I woke up the first thing that came to mind was my sponsor's words, it will get better. Then I thought you know why you don't just give it a go. And see, I'm still here. It works.*

M2: *I think it's a shame that I can't help myself. I can't help myself and alcohol has become my master and I have become the slave.*

An interesting analogy is made by M2 of an alcohol dependent as the slave in Hegel's concept of the Master-Slave dialectic which relates to and personifies the inner turmoil experienced by alcohol dependents. The only perceived way in which the alcohol dependent could become sober again is to gain power over the killer substance and fight

to the end (Warner, 1997). F mentioned how there is a continuous *gang fight going on inside* her because she knows that she should not drink but the cravings are hard to manage. Freedom for the alcohol dependent slave can only come about when they risk their lives by holding nothing back and fighting to the end, literally, as expressed in the following quotes:

- C2: *I was standing with the rope in my hand looking for a branch to hang myself with in a tree. Then the what if's starting forming in my head. What if the branch broke, what if you don't die immediately, what if you just break your neck and end up in a wheel chair. What if you become I vegetable and nobody wants to turn off the machines. No, it's not the effort, I'll try again tomorrow. It was horrible and then I went to bed. I think it was higher power stuff going on or the universe because when I woke up the first thing that came to mind was my sponsor's words, it will get better. Then I thought you know why you don't just give it a go. And see, I'm still here. It works. I just walked through the doors of AA and I stayed.*
- L: *I have been sober 3 and a half years but I've had a couple of relapses. I've been off drugs for two years. Alcohol I've been off for one year. In terms of my eating disorder it's a continuous battle everyday. I think when you have all these poly addictions you can't give all up at once. I have to do it systematically. I have not been able to do it all at once.*

The above quotes relate to the constant *mental bashing* referred to by S when describing *rehab* is what counters the negativity to create a sense of normality in the participant's lives. This constant inner conflict is a symbol of the physical violence exposed to as a child. The women alcohol dependents interviewed in this study express that their conflicting thought processors and behaviour associated with their substance dependence is different to that of men. This point will become more evident in the following section.

4.14 Gendered Scripts: Idiosyncrasies of a Female Alcohol Dependent

A gender script prescribes to an individual how to act as a male or a female. This section interprets how the participants experienced gender scripts and what effect the internalisation of gender scripts had on them. This discourse highlights how society's gender scripts dishonour or disgrace the participant's circumstances, roles and experiences and labels a female alcohol dependent as vile contributing to women not seeking alcohol treatment and secretly continue to be dependent on the substance. The feminisation of alcohol dependence portrays women very negatively.

4.14.1 The Feminisation of Alcohol Dependence

First this section will briefly sketch the unique circumstances under which the women were living at the height of their alcohol dependence, then a more in-depth account of the gender scripts which governed their behaviour. The following excerpts are examples of how their lived-experience with alcohol has influenced their alcohol dependence:

- N: *My boyfriend also drank heavily and together we drank every night. I was living with my boyfriend and he was drinking when I was trying to recover. It didn't bother me that he was drinking and I wasn't tempted because he was a beer drinker and I didn't like beer. It was the emotional torture that affected me more. He was verbally abusive and aggressive. That part made me want to escape.*
- F: *Our whole relationship revolved around us drinking. I could drink hard; I could drink with the boys. We met at a club. We drank mostly weekends. Eventually we got married. There were some weekends when I didn't drink. I used to think, I'm a married woman, I've got stuff to do, I've got a child. Today I know most of the times I did drink it was my way of coping with his drinking. I could see it was getting way, way out of control.*
- C1: *I got married when I was 21 and started drinking when I was 21 because my husband introduced me to the drinking. When my husband got paid we drank. Later it was weekends, and towards the end it was everyday on binges. I drink for 10 days or 12 days until I get sick. He couldn't understand why I was acting this way.*

It appears that the participants' intimate partners were alcohol dependents which mirrored their upbringing, as highlighted in other studies, that alcohol dependence is frequently found among women who are the daughters of alcohol dependents (either mother or father), and who report regular drinking early in life (Wilsnack & Beckman, 1984; Wilsnack et al., 1991). Further, in congruence with other studies, the women interviewed for this dissertation reported to cohabit with men when not married and lived with others (usually male) who drink heavily (Wilsnack & Wilsnack, 1997). It is interesting to note how the participants, in their drunken state, were desensitised by physical and emotional abuse probably due to over exposure while growing up but definitely influencing their construction of alcohol dependence by over indulging with alcohol, to numb the pain. The following extract illustrates this point:

- P: *My drinking started progressing and then I thought I should get married because my boyfriend was a Moslem guy so he doesn't drink- he only smokes. I thought if I get married to this guy maybe I won't drink so much you know. I worked in the bank and taxi driver's used to drop me. He became jealous and assumed that I'm having an affair with these guys and so he used to beat me up. The children were small. They used to sit at the back and they used hide themselves under the seats. Poor mummy got bashed. The blood was streaming down my face. Then this man will tell me afterwards when he realised he is doing something wrong, he will ask are*

you okay? I will say yes I'm okay. Then he would take me to Strandfontein Pavilion to the shabeen in Mitchell's Plain and everything is forgotten. Now I'm getting my booze you know. Now forget I don't even ask the children if they are okay.

In this quote it could be interpreted that P is reporting on how she is repeating a vicious cycle of child abuse by exposing them to domestic violence and alcohol dependence. What played out here was her subliminally communicating to her children that abuse is okay because alcohol fixes the pain associated with the violence. This follow up excerpt explains her children's reaction to what they observed in her alcohol dependent state of mind:

P: *They only told me now, in sobriety, that dada used to beat mommy up and we used to hide under the seat but the minute he said he is going to buy the booze mom is all happy again. That is the effect that alcohol had on me. When the people talk about the booze I can change now from being a sad person to a happy person because now I'm going to get booze and now I'm going to be happier.*

The need to be happier was falsely attained by becoming intoxicated, to forget the pain. What stuck out about P's story excerpted here is that she married a Muslim man because she thought that would keep her away from alcohol. There were variations and similarities with regards to externalising, in other words, relying on significant others to suppress or encourage the need to drink heavily which highlights the difficulties the participants had in managing their lives. The following excerpts illustrate the variations:

C2: *Every time I was single I was drinking very badly, things got out of hand because there was no one to control me.*

C1: *No, he was the one stopping me to drink, keeping me back. So now that he was gone I was freer to drink.*

These excerpts underscore the unique alcohol dependent experiences women had. It could also suggest that the women's being-in-the-world was controlled by their male counterparts to the extent that they felt like they had no control. This is illustrated in the following quote:

M1: *We always drank together all these years until he decided not to anymore because he was diabetic. So he decided to make the decision for both of us to quit. That's what upset me. It got so worse that he didn't give me pocket money and food money.*

In addition to M1 and the other participants who are alcohol dependent many of them report multiple social and psychological risk factors, particularly low self-efficacy, and low purpose in life, depression and feelings of powerlessness as noted by Wilsnack et al. (1991). It is evident that M1 felt frustrated with her husband trying to control her drinking

habits by making decisions for her. This made M1 more cunning and consequently she started drinking more. This made her feel un-ladylike. There are certainly other examples mentioned by the participants which made them feel less than a woman because of their drinking. The following discourse explains.

4.14.2 Discourse on Good and Bad Mothering

The norms, values, ideas and images about the ideal mother, which have been developed and perpetuated by society “establish ideals about good and bad mothers and mothering” and “constitute the discourse of motherhood “(Robson, 2005, p. 219). The discursive constructs of the participants illustrated that they were grappling with ideologies of motherhood, mothering and mothers as noted here:

M1: You are supposed to be an example for the household and especially your daughters. You must educate them and be part of the beauty of their lives. You must give them direction to their lives. It was horrid for me. The fact that I gave them money to buy them clothes instead of going with them to buy clothes. I just thought about myself and had a drink instead. Instead of going out with them to have coffee with them, I stayed home and had a drink. They often told me to be a real mom and go shopping with them. The alcohol made me lethargic. I didn't have any interest in anything. It is really not a nice thing to be a female alcoholic because you harm so many people around you.

F: This one weekend I was drinking lots of beers while I was pregnant. My mother told me not to drink; do you know what you doing to your child? She asked me. I went to fetch this one pamphlet the doctor gave me and told her nowhere here it says that I shouldn't drink. I wasn't drinking until I was falling around. I drank once a month. I was trying really hard not to drink.

Psychological research and clinical work with mothers are not located in a neutral vacuum. All women who mother, and all psychologists who work with mothers, have been exposed to prevailing ideologies of motherhood that affect their understandings of motherhood, mothering and mothers (Kruger, 2006). One of the participant's loss custody of her children because of her drinking as mentioned here:

A: I was classified as an unfit parent because I was brain damaged. I had to go for an interview with the judge and I was drinking. The left frontal lobe of the brain was damaged. That's where your memory sits. I would forget stuff, like stuff on the stove. So according to them I was an unfit mother and they took the children away from me. So he took the kids. I still kept the house. I was drinking all the time. He's gone, my kids are gone.

Social constructionist feminists focus on how issues surrounding mothering may be constructed to maintain the unequal power relationship between the sexes and how

subordinating discourses shape emotions and behaviour of mothers (Beasley, 1999). Based on the contextual factors illustrated in the excerpts it is evident that there are no natural laws universalising the concept of motherhood. This theme of motherhood emerged through prevailing discussions and were analysed and synthesised in order to ascertain whether a dominant discourse on motherhood could be elicited from the dialogues.

Besides feeling like bad mothers, there are other ways in which the participants felt like they were rejected by society. The following deconstruction of discourses unpacks hidden meanings of women alcohol dependents feelings of rejection by society.

4.14.3 “More than the Mental Bashing: Feel like a Slut and Act like a Bitch”

The ways in which the participants were being-in-the-world sketch a grim picture of how they perceived the world to view them. The participants reported to feel deeply discredited by society and rejected as a result of the substance dependence as mentioned by Blume (1990). Various negative phrases were attributed to the alcohol dependent women. The following excerpts illustrate how they identified with these derogatory schemas:

S: *When I drank I was such a bitch that big grown muscled men were scared of me. I don't know how I got away with it, divine intervention. I thank God I didn't kill anybody in the process.*

P: *A male alcoholic is fine but when I walk out drunk everybody knew. He was not spoken about, but me they spoke about. They said there she walks down the street. Look at that slut she sleeps with all the men in the street. She's a drunk. Stuff like that they said...because you know as a female you know how to throw your body to get what you want.*

N: *I think women feel that it's not lady like to drink. Men get agro and we get emotional. I had moments of aggression with my mouth when I was drunk.*

As indicated by these excerpts, women with substance dependence experience the associated shame differently than men. The excerpts also illustrate that society tolerates some behaviour exhibited by intoxicated men but if women display the same behaviour they are viewed as indecent. UrbanDictionary.com defines a slut as a female with the morality of a male and a bitch as a female canine animal. Loosely interpreted, these denigrate the female alcohol dependent to be inhumane, less than human.

As illustrated by P, *you throw your body to get what you want*. Women who are intoxicated are often prone to sexual promiscuity. Internalising negative gender scripts such as being labelled a *slut* further embodies low self efficacy and low purpose in life,

bringing about depression and feelings of powerlessness. According to Hartwell (2004), the example of alcohol dependence among pregnant women and mothers offers an illustration of protective stigma as noted in the following quote:

F: *My mother told me not to drink, do you know what you doing to your child. I went to fetch this one pamphlet the doctor gave me and told her nowhere here it says that I shouldn't drink. I wasn't drinking until I was falling around. I drank once a month. I was trying really hard not to drink.*

Irrespective of the dishonour associated with drinking while pregnant, this participant could not control the craving of alcohol. The example of her trying to rationalise and justify her drinking illustrates how she managed her guilt. Participants felt humiliation, scandal and condemnation resulting in them being rejected or cast off by significant others as noted in this excerpt:

M1: *I was humiliated, ashamed of myself; I couldn't believe how low I had to go to before I wanted to stop drinking.*

The experience of shame, stigma, guilt and secrecy almost always led to discourses of silence about the alcohol dependence. The following discourse describes how the manifestation of silence developed as a barrier to seeking alcohol treatment and engraved gender scripts emphasising further the difference between men and women's experience of alcohol dependence.

4.15 Manifestations of the Discourse of Suffering in Silence

There are various activities that the women in this study did in silence. There was a code of silence when they hid the alcohol and there was silence when they drank in secret. The shame and guilt the participants felt regarding their drinking and its consequences while they were engaging in the covert behaviour were done in silence. The significance of this discourse of silence could be found in the denial that they have a problem and the barriers that it creates to accessing treatment. The following quotes illustrate how the participants preferred to suffer in silence:

M1: *Early in the morning I was shaking, I must have alcohol immediately the morning. I put the alcohol in sports cool drink bottles to hide it in different places from him. First thing in the morning I had to get up and quickly and get one of these bottles so that I wouldn't shake and that I could at least prepare his lunch.*

C1: *I think my drinking got worse because I was lonely. By now it kicked in that I didn't have a partner. I'm alone, how am I going to cope with these four children alone? I lost my house, I owed people money and now I must go work. I was a house wife all along and now I had to go work without having a career. I couldn't stay with my mother.*

F: *We lived in Mitchell's Plain at that time and it was very difficult for me to make friends. I had the responsibility of being on my own, providing for the house. I couldn't go to my mother and ask her help. It was hell. There is where I went through certain cravings. I remember there was this one weekend when I was alone at home. My children were with my brother and my husband was out drinking. I had the children's church clothes ironed, the house was clean and I was feeling really good. Then my brother and his wife came and said the children decided to stay for one more day. Is it okay if he just takes their church clothes? I said it was okay and we had some coffee. He left and came back from the car with a beer. He said I could have it because I really look good. I was sitting there looking at this beer. I think this was the first time that I actually had a fight with myself. In the back of my mind I knew it wasn't right to drink this beer. Eventually I told myself I'm just going to finish this one beer, never mind him [my husband] and tomorrow morning I'm going to church. But then I went to find him and drank with him the whole night.*

M1 could not tell her husband about her morning tremors because she tried to hide her alcohol dependence from him. Whenever he found her liquor he would throw it out. She drank the alcohol out of a *sports cool drink bottle* for the fear being caught and of judgement and rebuke being passed by her husband. C1 lost her husband and drank in solitude feeling overwhelmed by her circumstances and destitute by not having any place to go or anyone to lean on. F recalls fighting with herself, in other words, personal chaos in silence because she was in denial and did not know how to seek help for her problem. The following excerpt regards F's narrative about her silent fight or inner turmoil:

F: *I know today I didn't love myself. I seriously didn't. The fact that I didn't love myself, how can I love somebody else? The choices that I made, I know today, I am not that shy withdrawn person anymore. I am able to cope with circumstances today that I couldn't before. Today I am still a bit quiet, but quiet without inner turmoil. There was always a gang fight going on, but not anymore.*

This excerpt highlights how being part of the AA fellowship broke the personal vow of silence by breaking the bondage that kept her away from her recovery. As indicated by F, silent suffering could be attributed to lack of coping strategies or the fear of facing rebuke as mentioned in these quotes:

A: *When I came into AA I told my mother you nothing but a fucking alcoholic. When I told them I'm in AA they said, so who is the alcoholic now?*

N: *I didn't want to disappoint them. They were my back up financially. I needed to be the good girl. I lived 800km from them. I moved away from them, I needed distance so that I could drink. My younger sister and I partied together and I begged her not tell my parents. I know my sister called my parents once and told them that I had a drinking problem... My dad told me that I was an alcoholic. I was very mad with him because I was so much in denial. I always asked people not to say anything to my parents about my drinking. I had this double life.*

The participants had different reasons for not speaking out about their alcohol dependent problem to significant others. A's blatant disrespect for her mother who also drank secretly and was an alcohol dependent, is critical when interpreting it against the back drop of her oppressive past. A's mother physically abused her. N admitted that she didn't want to disappoint her parents because they might stop sending her money so she distanced herself from them. Her mask or suppression of the truth to her parents implicated her sister and other people by asking them to share in her silence about her alcohol dependence because of her fear of rebuke from her parents.

The next quote exemplifies how silence prevented N from seeking help:

N: *I never wanted to tell anyone because I think I was afraid of the judgment and the stigma associated with having a drinking problem. I always thought I had issues inside of me that I had to sort out first and that alcohol was just a symptom of the issues that I'm trying to resolve. I went to a psychologist for two weeks intensive therapy. Then I had more reason to drink after I discovered how terrible my childhood has been.*

The participants' silence about the real problem that keep them drinking is significant in that it highlights that they have not accepted the real reason why they are drinking and hence have not explored alternative ways to coping with life's stressors.

4.16 Naming the Problem and Exploring Alternative ways of Being-in-the-World

The participants' construction of what their basic problem is highlights the readiness to accept that they need help to get over the dependence. According to Prochaska and DiClemente (1983), cognitively acknowledging that the problem is a problem and that one possesses the problem highlights that the person is in a pre-contemplative stage of recovery as illustrated in the following quotes:

S: *I always knew I had a problem.*

L: *I just realized that my life wasn't going anywhere and was I still going to do the same thing until I'm 45? I was in another relationship that wasn't working where I was lying to the person. The meaning in life was just missing for me. Totally missing. That was my rock bottom.*

N: *I always felt different. I knew something wasn't right. I was always alone and lost inside. I didn't realize I didn't have control. The last 4-5 years was drinking out of control. I just couldn't stop. I would drink out a bottle at home and when its finish go to a pub and drink more.*

Identifying that the heavy out-of-control drinking was a problem is one step towards recovery. However, naming the real underlying basic problem causing the drinking is what jumpstarted the participants' recovery. Also, assessing identity and emotions that

determine how perceptions of that identity can hamper recovery is illustrated in the following quote:

F: *I didn't think that alcohol alone was a problem, my whole situation was. I didn't earn enough money; I needed a man in my life, a real good guy. I prayed to God. Eventually I went on a Sunday. I didn't drink. Normally Sunday afternoon's I would drink. But this Sunday afternoon I was trying to make myself look a little bit better. I was spring cleaning too. My niece asked me where I was going and I said I told her I was going to the first day of the rest of my life.*

After accepting what the problem was and identifying what needed to happen to modify the behaviour, she knew she turned a new leaf and was ready to approach life a new. Once the participants regained perspective and control of their lives, being-in-the-world as a *sober alcohol dependent* became a new challenge. Unpacking the thought processes or the consequent dynamics on the road to recovery is portrayed in the following quotes:

C1: *Treatment centres are only good for drying out. Nothing substantial comes from there. Generally treatment centres deal with the first three steps of AA which means they go to AA meetings in terms of aftercare.*

F: *Rehab is not recovery. Recovery starts in your fellowship. It is a starting point for recovery.*

A: *When you in the clinic, it's like you on a pink cloud. It's like a haze. You go to lectures and training sessions and speakers come. It's something out of the ordinary. It's not how you live. The test actually starts when you come out of there. Now you take the Higher power in one hand and AA in the other hand so there's no hand free for a drink.*

The participants view the recovery process not as 28-day treatment programme but a continuous struggle towards staying sober. In addition to being aware of the difficulty in staying sober and the consequence to being-in-the-world sober, is illustrated in the following quotes:

S: *I might have depression but at least I can pick up the phone and speak to my sponsor. Little people have that. Sometimes talking with somebody takes away the urge to drink. I must be honest with you a year and a half later into my recovery I had an urge to drink. It's difficult.*

C2: *I would have clients that wouldn't pay me and then go to my sponsor and cry. And she told me to tell them to go away because they compromising my sobriety. I stood up for myself. I did whatever my sponsor told me to do. I read my literature and went to meetings.*

One participant, L, indicated that what keeps her sober is the realisation that there is a purpose in life, AA. Alcoholics Anonymous is a very strong and real influence in the

recovery processes. Unpacking the daily stressors this time, in recovery, like depression and frustration, the participants are now equipped to resort to a more healthy coping response, AA doctrine. The participants believe that *AA is a design for living*. The recovery processes is, in the words of this participant, a daily reprieve from the alcohol dependent life she had before:

L: *I have to work every day. I slide very quickly. AA keeps me going and having contact with a higher power.*

A: *I will always be an alcoholic. Alcoholism is a disease and I am just having a daily reprieve of my disease. It has been said that once an alcoholic always an alcoholic. You will die an alcoholic but you are in recovery. I'm not an active alcoholic; I am in recovery until I die, hopefully. One day at a time.*

The Alcoholics Anonymous doctrine gives the participants a purpose in life. The fellowship, as indicated below, is where recovery starts for participants so that the constant day to day struggle is not lonely or unmanageable:

F: *Recovery starts in your fellowship. It is a starting point for recovery.*

N: *One alcoholic can help another because we all come from a place of absolute comprehension. That's the success of the fellowship.*

It appears as if the participants internalise the AA experience with the past trauma becoming objectified. For the participants, the AA has assisted them to find an alternative way(s) to being-in-the-world.

4.17 Summary

This chapter presented the findings on women's alcohol dependent behaviour and what limits them from seeking treatment. The findings illustrate that alcohol dependence was introduced to the participants from an early age as most of them were raised by alcohol dependent parents. Most of them expressed to have started drinking during their teen years. When defining what an alcohol dependent is, a significant common discourse was the participants' early recollection of what an alcohol dependent represents are their parents or significant others. They became aware of the nature of substance dependence at a young age because their initial exposure to alcohol dependence was within the family context. The participants illustrated that they come from abusive family environments due to heavy drinking done by their parents. Later in their lives, whenever they experienced abuse, it triggered the women to resort to alcohol increasingly as a way of coping. Significant others reacted to their problem drinking negatively and this formed a basis for secretive drinking. Secret drinking contributed to the women feeling shameful and guilty.

In some cases the women drank heavier to escape the pain their lack of control instilled. This brought them to a complete stand still or rock bottom, especially after having lost everything they lived for like family, work, children and self respect.

The participants expressed ambivalence about accessing treatment. They accounted for external, internal and structural barriers which limited their treatment access. Some related gaining a spiritual rebirth in their recovery process through accessing Alcoholics Anonymous. They were on the road to recovery, notwithstanding the negative stigma associated with women alcohol dependents.

In the progressive stage of the participants' alcoholism, they insisted on pretending to have a normal existence by denying, lying and hiding their problem. The woman alcohol dependent continues to suffer in silence with an intense desire to be normal. The findings illustrate that the participants desired to be normal and came to realise that alcohol as a coping response is not normal. As indicated in this chapter, it becomes more difficult to reach out to significant others who are in denial about the substance dependent's struggle to remain sober and to function normally. Society's harsh rebuke with regards to the feminisation of alcoholism embodies a significant barrier to women's seeking alcohol treatment. This chapter highlights that once the basic problem was identified, named, and addressed, the participants sought out other means of being-in-the-world besides drinking. In relation to the theoretical models of alcohol dependent behaviour, the Transtheoretical Model in particular, the findings illustrate exactly how the women alcohol dependents developed their substance dependent behaviours and process of intentional behaviour change. In this previous chapter, the following was noticed:

- (1) The women started off telling their story with no intention to change and had the belief that alcoholism was in their family, meaning that they did not have a choice – they were destined to be alcohol dependents. This according to the Transtheoretical model is called the Precontemplation phase.
- (2) As their story progressed, much like their substance dependence, the participants displayed behaviour that alienated them from their loved ones. This conduct made them contemplate about changing their alcohol dependent behaviour. This stage is similar to the Contemplation stage, according to the Transtheoretical model.
- (3) All of the participants in this study have progressed to the Preparation and Action stages because their sobriety ranges from 1 year to 30 years.

(4) All the participants are AA members, practicing the various steps and are on different levels in their recovery. They believe, however, that that AA is more than a 12 step process being their *design for living*.

CHAPTER 5

IMPLICATIONS OF THE FINDINGS AND CRITICAL REVIEW OF THE RESEARCH

Introduction

The findings of this study present expansive discourses of the lived experience of ten recovering alcohol dependent women. Their lived experiences surfaced in multi-faceted discourses of how women construct their dependence to alcohol and how they evaluate treatment. The purpose of this chapter is to draw together the meanings that women ascribe to the onset and course of their dependence to alcohol, their evaluation of treatment experiences they have had, and to highlight the implications of the findings for theory and practice. In addition, recommendations based on the critical review of the findings of the study will also be proposed.

5.1 Implications of the Findings for Theory and Application

The last section of the previous chapter delineates how the results tie back to the theoretical underpinnings of this thesis. The 10 women told their alcohol dependent life stories in such a manner that fit the processes of change model on different levels: consciousness raising, self-re-evaluation, helping relationships, self-liberation, environmental re-evaluation, emotional/stimulus control, reinforcement management, counter-conditioning and social liberation.

The findings illustrate that women's experiences with alcohol dependence are different to their male counterparts in that women's being-in-the-world is socially and contextually different. For example, women are socialised in a manner which assumes roles such as caretakers or child minders (Wilsnack, 1991). In addition to being perceived as nurturers (Baldwin, 1967). This means that theoretical and practical considerations need to be made to allow women's discourses concerning their dependence to be voiced in women only spaces. Women's undisclosed drinking is one of the main discourses which should be considered when theoretically underpinning women's access to treatment. Furtive drinking is at the root of how women drink and influences the approach needed to prevent and treat problem drinking in women.

In theory, the confessions of female alcohol dependents illustrate that crossing the invisible line by drinking out of control, causes them to feel shamefully guilty because of the stigma associated with women's heavy drinking and the negative reactions of their

significant others to their drinking. Secret drinking and the accompanying co-morbid issues are documented to be the main internal barriers to treatment (Wilsnack, 1991). External barriers declared by participants include social stigma, financial and costs and accessibility.

Women's way into treatment is marred by their attributions of being inadequate women (and mothers, spouses, partners), gender role stereotypes governed by society, their idiosyncratic lived experiences and the government's inability to provide adequate treatment facilities for women and their children. The sample of women in this study was sourced from Alcoholics Anonymous because female problem drinkers in recovery are a challenging population to access. It is beyond the scope of this study to evaluate the AA programme. The programme's significance relates to the participants' ability to reflect on their alcohol dependent behaviour through the doctrine of AA. The relevance of interviewing AA members for this dissertation underscores the importance of women problem drinkers being drawn to an anonymous group which safeguards their struggle with the dependence and supports their recovery. According to the participants, their AA membership is an essential part of their recovery because they can identify with each other and they are not judged or marginalised. Some participants even refer to members as their AA family.

At AA meetings, women and men congregate at mixed gendered sessions for "shares". This allows the recovering alcohol dependent to disclose his or her lived experience. AA's doctrine encourages women to surrender their will to a higher power (Sanders, 2006). Feminists speak strongly against the terminology and the practices connected with them which reveal a programme of submission for women (Sanders, 2006). The participants in this study did not experience female subjection or exclusion even though the participants were part of mixed gendered AA meetings. The following quote illustrates that the participants felt comfortable sharing and participating in their respective AA programme:

C2: *People like C is now going 30 years sober in January. My AA dad is now 44 years sober. People like that gives me hope. If they can do it I can. I ask them how they do it and they say if you have any problems we must share at meetings. They shared their experience you know what help us there's 12 steps programme.*

A major strength of this project is that it allowed the research participants to give voice to their own experiences using the story telling approach which was found very appropriate to access information on women's alcohol dependent experience and barriers

to accessing treatment. The participants needed a platform to express their life stories and the Human Scientific process of this study facilitated this. More in depth research is needed to develop theoretical underpinnings regarding women's life stories on dependence in particular the impact that gendered stigmatisation has on coming out of the closet to seek treatment.

In theory, problem drinking progresses from social drinking when a stressful situation (or memory or images of trauma) triggers increase consumption. As society stigmatises women who drink excessively, the woman alcohol dependent withdraws from society. This means that in practice interventions need to focus on creating a safe space for women to access treatment without fear of persecution.

In practice, the findings suggest that voluntary associations such as AA may be a more viable long term dependence maintenance/rehabilitation programme seeing that some participants thought structured programmes/treatment facilities presented a *pink cloud*. This could very well be an avenue for future research: a comparison between voluntary associations (such as AA) and structured treatment programmes versus women's rehabilitative needs and experiences.

5.2 Recommendations for Future Research

Further exploration on women's alcohol dependent experiences should be conducted within the framework of social constructionist theory concentrating on how women make sense of their dependence within their particular cultural and social contexts. Future social constructionist research initiatives should focus on the girl child and how to prevent the progression from social to alcohol dependent drinking by addressing the core issues which underpin why women drink. More information on how and why women drink is needed. The goal of this type of research should be to create new knowledge about women's mental health and facilitate the improvement of service delivery. .

This study explored an area of psychological research of which little is known. Women's secret drinking is a phenomenon that appears to stem out of everything else that society frowns upon such as an undisclosed HIV status; homosexual (and married) people living-in-the-closet. Much remains unexplored about women's alcohol dependence such as the environmental and social factors that contribute to secret drinking. Embedded in the research findings are the unique contextual factors which characterise the participants' life worlds and experiences with alcohol dependence. Most participants were exposed to alcoholism at a young age which was a major contributing risk factor to why they ended up

drinking excessively. The process of socialisation increased the probability or likelihood of the women becoming alcohol dependents. The findings of this study support the notion that raised awareness can contribute to bring the stigma of alcoholism out of the closet for women.

Future research on women should focus on micro and macro-level intervention strategies such as access to treatment (micro), public health campaigns and policies (macro) in order to improve the quality of life. According to Traun (1993), the individual's dependence to alcohol is her/his reaction to conflict within her/his social structure. Traun's assertion that society is at the root of alcoholism, is a significant research topic which could contribute to readdress complexities surrounding alcohol dependence for women. Undisclosed drinking is symptomatic of the mistrust, shame, guilt and fear of stigma in society and emphasised in the narratives of the women interviewed. Secretive drinking is not a new discursive construct to substance dependence but it is an under-researched phenomenon when it comes to women's drinking. This study has provided insight into how this phenomenon is constructed. With the few public health campaigns in South Africa targeting women who are alcohol-dependent, the issue has seldom been explored scientifically (Pretorius, Naidoo & Reddy, 2009).

The following policy recommendations are proposed which could aid as effective macro-level intervention strategies:

1. Inform policy to increase access to women's treatment
2. Design effective women-oriented alcohol dependence treatment programmes (with child care facilities).
3. Assist in the implementation of women-sensitive treatment components in mixed-sex as well as women-only settings (Pretorius et al., 2009, p.96).
4. Develop human resource capacity in treatment centres or step programmes (like AA) to address behaviour that trigger alcohol dependence (like liquor advertisements, see Charles Parry's work on liquor advertisement in South Africa).
5. Develop and implement comprehensive Psycho-education programmes relating to secret drinking.

Psycho-education and advocacy is deemed very important for families who are affected by alcohol dependence. The following excerpt illustrates how one participant's family is working with her on her road to recovery by attending Alanon:

M1: *My husband is in Alanon. We are working on this as a family. My daughter is reading AA and Alanon literature on depression.*

Realistically, macro-level intervention strategies are long term projects which might not be effective immediately causing dependence to persist. A short term, micro-level solution, such as early detection of alcohol dependence and the improvement of access to treatment for alcohol dependence is needed. In this case, the participants were asked what kind of recommendations they would give to people who want to stop drinking and want to seek treatment? A participant suggested:

N: *If they want to detox then a treatment centre is good for that. But there is no other option than AA if you want to stop drinking. One alcoholic can help another because we all come from a place of absolute comprehension. That's the success of the fellowship. Admittedly, just because we women it doesn't mean it cannot happen to us.*

All of the participants are members of AA and there individually agreed that AA membership is recommended for recovery of alcohol dependence. Their sentiments include: AA is free, anonymous, a fellowship for people who are shunned by society and is a design for living. In this sense, AA appears to cancel out most of the (internal, external and structural) barriers to treatment mentioned in the previous chapter. Most of the participants did not attend formal treatment centres. They did, however, have ideas on how to improve treatment for women alcohol dependents. The following excerpt illustrates:

P: *I'm going to give [women] skills when they leave a treatment. Look a lot of us we abuse our jobs [referring to her drinking at work]. We are a couple of ladies that have a vision. I like cooking so I will teach them how to cook my one friend she does flower arrangements. We are a couple of ladies that want to be there for woman, we there for the males too.*

There are various alcohol dependence treatment models. However, there are very few specialised models that cater for women's needs. This gap in contextualised intervention needs to be addressed. This research supports the need for a women's centred approach to understanding and treating alcohol dependence.

5.3 Critical Review of the Research

Qualitative research methods are becoming more popular but overzealous and uncritical use can be counterproductive (Denzin & Lincoln, 2000). Natural scientists criticise human scientists about the scientific rigour of qualitative research methods because the same checklist with regards to reliability and validity does not apply to qualitative research. A person's interpretation of her/his world-view may vary over time which is the hidden assumption underlying this type of research. In human scientific methodology, even if one person experiences something, this is considered worthy of study and valid because the

aim is not to find the ultimate truth but to do justice to even a single person's experience. There are interrelated themes across cases, the fact that some of the participants have meanings that are not included in the others, still means that their meanings are true for them, therefore valid (Fuller, 1990).

A number of limitations were considered in conducting this study. Gaining access to a sample of women who drank covertly was not an easy process. The small sample size was a decisive and a purposive choice as the life story (narrative) interview method is an intensive and extensive time consuming process to access life stories of women alcohol dependents and to identify their social constructions shaped by demands of their specific life worlds. The need to understand the participants' life worlds dictated the method used to collect the data since life stories of alcohol dependent women are seldom recorded. If I should do this research over I would have preferred to use triangulation methods in order to capture more extraneous information about environmental factors which contributed to the women's drinking because all of the participants said that they never wanted to drink because of the occurrence of alcohol in the family.

Notwithstanding its limitation in terms of generalisability due to the purposive sampling used, the study has produced a rich (or thick) nuanced understanding of women's experiences with alcohol dependence and recovery. Related to the terms reliability and validity in quantitative research, systematic rigour was built into this study by acting in accordance with the four basic beliefs of qualitative trustworthiness: credibility, dependability, confirmability and transferability. The following subheadings discuss how the dissertation achieved qualitative trustworthiness.

5.3.1 Credibility

According to Lincoln and Guba (1985), the vital concern in qualitative research is credibility and or dependability. The assessment of the believability or credibility of the qualitative research is based on whether the participants can authenticate the findings of the research. Data saturation was achieved by the researcher checking each transcript for accuracy until no new information was being heard. For further verification, each interview the researcher summarised the discussion with the participants and verified if her interpretations on their stories were meaningful. Also, directly after each interview the researcher made notes to reflect on the interview process and the information gathered. This was used in the interpretation of the results. Credibility was achieved by attaining

peer debriefing with a qualitative consultant and the supervisor of this study for verification, debriefing, insights and analysis in all the phases of the research process.

5.3.2 Dependability

Dependability refers to the significance of the researcher accounting for the changing contexts and circumstances that are essential to the qualitative process (Lincoln & Guba, 1985). Human Scientific research views the participant within its context (culture, language, socio-economic status etc.) and therefore one person might report on the same question based on their particular world view at that particular time. Dependability was accounted for by including questions that guided each discussion, as well as the researcher participating in a peer debriefing immediately following interviews and periodically throughout the study. In order to counteract possible bias the study supervisor and a qualitative consultant were involved in the multiple steps of data analysis.

5.3.3 Confirmability

Lincoln and Guba (1985) denote that a study should be able to confirm its results by an audit trail (original audiotapes, transcripts, researcher's notes) of interpretations, recommendations and conclusions. In this study the confirmability was enhanced by articulating the research process in chapter 3 and engaging the supervisor and consultant in the literature review and the entire process of data gathering, discourse analyses and interpretation. The transcripts of the individual interviews are also included as appendices.

5.3.4 Transferability

Natural scientists use sizeable, random samples to increase the generalisability of statistical results. In human scientific studies, however, the intention is never generalisability. Rather, transferability is used to ascertain the extent to which the findings can be applied to other contexts. In accordance with the term transferability, the concepts of applicability and fittingness also have been used in the literature. Particular approaches drawn on to attain transferability consist of thick descriptions and purposive sampling. This study achieved transferability through the thick descriptions such as rich text (transcripts) that provided the researcher with enough data to review the discourses, labels, categories, or constructs of the study. The thick descriptions provided the researcher with rich information to attain the appropriateness in applying the findings to other settings.

5.4 Concluding Thoughts

An individual's upbringing and social context can serve equally as risk and protective factors for substance dependence. Risk factors when adequately understood can be transformed into protective factors that buffer or enhance the resilience of alcohol dependent women. Gendered roles in society also play a significant part in the onset of substance dependence, increase and continuation of excessive consumption, and in not accessing treatment as well as in the relapse to recovery process. It is with this in mind that the thesis describes the unique ways in which studying women's alcohol dependence becomes salient, especially from a psychological viewpoint. Women's own accounts with alcohol dependence have received less research attention. The restraint of women's discourses is also informed by the lack of resources or access to resources available for women to draw upon, vary or refuse to engage in a discourse about their own drinking. The need for treatment resources pertaining to women specific groups is strongly supported to provide safe and appropriate treatment to lift the veil on secretive drinking and lift the global burden of the disease.

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ADDENDIX A

CONSENT FORM

STELLENBOSCH UNIVERSITY

CONSENT TO PARTICIPATE IN RESEARCH

Exploring women's secretive alcohol addiction, treatment history, and barriers in accessing alcohol misuse treatment'.

You are asked to participate in a research study conducted by Liezille Pretorius, (BA, BA Honours and MA in Research Psychology) from the Psychology Department at Stellenbosch University. The results of the study will contribute to Liezille's PhD Thesis. You were selected as a possible participant in this study because you attend Alcoholics Anonymous meetings.

1. PURPOSE OF THE STUDY

The primary goals of this study were to:

- Identify barriers and nature of barriers that limit women's access to alcohol misuse treatment;
- Explore women's addiction history;
- Explore women's treatment history (or lack there of);
- Identify the reasons for women not accessing treatment;
- Interpret women's experiences of treatment per se.

The secondary goals of this study were to:

- Publish the results of the study in journals both locally and internationally, in order to provide an informed understanding of women's experiences with alcohol addiction and accessing alcohol treatment;
- Propose supportive intervention strategies that will address the need of women who conceal their alcohol addiction, and
- Propose mechanism that may be helpful in opening up access for women to alcohol misuse treatment programmes

2. PROCEDURES

If you volunteer to participate in this study, we would ask you to do the following things: Give a full account of your life story and how it was shaped by drinking alcohol by answering the following **Narrative Interview Questions**:

1. When did you have your first drink and why?
2. How often do you drink?
3. What usually prompts you to drink?
4. How does your drinking affect your daily life?
5. Do you keep your drinking (addiction) a secret? If so, why?
6. How much control do you think you have over your drinking habits?
7. How did you discover that your drinking is a problem?
8. How open are you about your drinking problem?
9. What do your family (spouse/children/parents) and friends think about your drinking habits?
10. Who have you told about your problem and what made you tell him/her?
11. Have you ever sought treatment for your problem? If yes, when and what prompt you to? If not, why not?
12. What do you think limits women from seeking treatment for alcohol addiction?
13. What have your experiences been with treatment centres?

This interview will take at least an hour and a half and will be tape recorded using a MP3 player. The interview will take place at your Alcoholics Anonymous office.

3. POTENTIAL RISKS AND DISCOMFORTS

If at any point in the interview you feel uncomfortable or do not want to disclose any personal information that might be hurtful to you, please alert me to the fact. We can either stop the interview or proceed with further questions which you may find easier to answer.

4. POTENTIAL BENEFITS TO SUBJECTS AND/OR TO SOCIETY

The outcome of the implementation or application of this research will have an impact on South African society by:

- Giving insight to the barriers of women's access to alcohol misuse treatment.
- Obtaining knowledge of women's addiction history.
- Understanding women's treatment history (or the lack thereof).

- Giving women a platform to express the issues around their alcohol history, secretive drinking and barriers to treatment.
- Stimulating future research affecting women in substance misuse treatment.

5. PAYMENT FOR PARTICIPATION

No payment will be given.

6. CONFIDENTIALITY

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. Confidentiality will be maintained by means of codes that will be assigned to identify each participant. Only the researcher will have access to the tape recording of the interview. At the end of the study the tapes will be destroyed. However, you do have the right to review/edit the tapes. When the results are to be published, your name will not be used but code names will be given to hide your true identity.

7. PARTICIPATION AND WITHDRAWAL

You can choose whether to be in this study or not. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind. You may also refuse to answer any questions you don't want to answer and still remain in the study. The investigator may withdraw you from this research if circumstances arise which warrant doing so.

8. IDENTIFICATION OF INVESTIGATORS

If you have any questions or concerns about the research, please feel free to contact Liezille Pretorius on 073 066 1213 or at the South African Medical Research Council, Francie van Zijl Drive, Parowvallei, Cape Town or Prof Tony Naidoo at 0829942449.

9. RIGHTS OF RESEARCH SUBJECTS

You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study. If you have questions regarding your rights as a research subject, contact Maryke Hunter-Hüsselmann (mh3@sun.ac.za; 021 808 4623) at the Division for Research Development.

SIGNATURE OF RESEARCH SUBJECT OR LEGAL REPRESENTATIVE

The information above was described to _____ by Liezille Pretorius in [Afrikaans/English/Xhosa/other] and _____ in command of this language or it was satisfactorily translated to me. _____ was given the opportunity to ask questions and these questions were answered to *my* satisfaction.

[I hereby consent voluntarily to participate in this study/I hereby consent that the subject/participant may participate in this study.] I have been given a copy of this form.

Name of Subject/Participant

Name of Legal Representative (if applicable)

Signature of Subject/Participant or Legal Representative

Date

SIGNATURE OF INVESTIGATOR

I declare that I explained the information given in this document to _____ [name of the subject/participant] and/or [his/her] representative _____ [name of the representative]. [He/she] was encouraged and given ample time to ask me any questions. This conversation was conducted in [Afrikaans/*English/*Xhosa/*Other] and [no translator was used/this conversation was translated into _____ by _____].

Signature of Investigator

Date

ADDENDIX B

TRANSCRIPTS

F's interview

When did you have your first drink?

At the end of grade 9. I was about to turn 15 and while at a friend's father's 50th birthday party we stole table wine and alcoholic punch. There was punch (with alcohol in it) and we drank it when the adults were outside in the yard.

I grew up in a house where alcohol abuse was rife. Both parents were drinkers, but it stopped when I was about 10/11 years old. The last part of the drinking in the house was more a happy part of drinking. My mother was not working and so there was not a lot of money. They drank every second weekend and they no longer fought.

What happened with your friends and the drinking when you were young?

I drank for fun. After the party I had 2 bottles left. We decided to take the alcohol to school in a big Tupperware holder, as if it was juice we were taking to school. We were in an all girl class and I asked others to drink with me. They didn't want to because it was exams, so I was the only one drinking alcohol every day at school. I don't know why I did; it was just okay to do it.

I was a withdrawn child – a loner – I would rather play with a cat instead of friends, but today I know that it was the damage done because of my parents drinking. Alcohol gave me an opportunity to speak to people because I couldn't, I just couldn't. I only had a handful of friends. I so much wanted to greet or speak to strangers. Alcohol actually gave me that freedom. I love music and dancing but couldn't do it without alcohol. I realized that I felt free when I drank alcohol that night at the party; I was able to dance and mix with people.

How did you feel afterwards?

The next day was fine.

Would you drink to get drunk or just have a couple of drinks?

In beginning it was just a couple of drinks. The first few months it was for fun – I was a binge drinker. Then for months I would do no drinking. I was doing well at school.

So you could control it?

No, I couldn't control it. Today I know that I couldn't control it because I actually craved a drink, but I didn't know why.

But how did you know you craved it? What triggered you to drink?

In the beginning the after first incidence of drinking. I wouldn't go out to look for it unless I went to a party.

Yet, you moved in circles where you would get it so you found it anyway.

Yes, but when I was 16, a memory from my childhood came back to me. I was sexually abused as a child.

What triggered this memory?

Someone came on to me and triggered the memory. Then I remembered this situation felt familiar and I didn't like it. Slowly but surely it was like a little puzzle fitting in. None of my family members knew about this. The perpetrator was a family member. No one knew about this, not even my mother or father.

Was it an uncle?

[Deep sigh] it was my brother. No body knew about this.

How much older was he?

I was 9 years old and he was 21.

So you could remember, but you blocked it out.

Today I know I blocked it out. I always felt that I don't fit in. I always felt that I was different from other girls. I so much wanted to fit in. I couldn't understand why when I went out to

play with children; I would end up fighting with boys. I didn't understand this. I don't talk about this often. Only my sponsor knows about it. When I started remembering I wanted it to go away and acted like it didn't happen. I was once out drinking and in a happy jolly mood, then I remembered what happened to me. I ended up looking for more alcohol to block out the memories. Today I know to block it out. My drinking got worse as soon as the memories increased. I started acting up more often. My parents didn't understand, they thought I was going crazy.

Did you ever tell anybody, your mother about what happened?

I was 27 when I told my mother. Mother didn't react the way I wanted. [Sigh]

That's how it all started for me. The drinking started and I didn't want to control the drinking because the pain from the abuse hurt too much. Drinking helped for the moment but when I woke up the next day, I was sober.

I tried to avoid the person and even when I was older, I felt a certain way towards him but I didn't understand. Today, I know that's how I blocked it out.

Did you ever confront him?

No, but I know I should. He acts as if nothing happened.

You were a teenager when you were drinking, how did this habit affect your day-to-day functioning?

End of the year holidays it was one big bash. Come January I would tell myself I'm going to do it right this year, I am going to be the student. For the first term I would avoid places where I could get alcohol. I'm focused on my studies and I'm doing well; I was at the top of the class. When the reports come, although I didn't plan it, I would go out and celebrate. Then during the holiday I would drink. Then going back to school, on the weekends I would tell myself that it's okay to go to a club, not going there to drink, just to have fun. Obviously I would get alcohol there.

How did your family react to your drinking?

They thought I was this crazy child. I think my drinking was weird for them [parents] because my other siblings are boys. I was very withdrawn. I was quiet. People didn't even

know I was there. When I was drunk I used to tell my parents exactly what I thought of them. I felt they sucked as parents. I would sometimes refuse to do what they asked of me. One of my brothers said that I needed to be tested for TB because I had mood swings. One moment I would be okay and the next I would just lash out at everyone because of the withdrawal symptoms.

At this time, when I did drink, I was doing it to go all the way. I would drink to get drunk.

Did everybody know that you were drinking? Friends and Family?

Yes.

How did they deal with your drinking?

During those years I was three people in one. I had school friends who, besides the one incident, didn't know that I was drinking. I had church friends who didn't even know I was going to clubs. Then I had club friends, some of which didn't even know I was a school child. Even my husband, when we were dating, he didn't know I was at school still. Then one day he came by our house and saw me in school clothes; he was shocked.

I think in this way I was hiding my drinking because from time to time I told myself something was wrong here, I need to change.

How were you able to hide it?

I was living with one of my brother's in Grassy Park so I could take his child to school. When I drank, it was mostly on Friday and I would go all out. In order for me to go to church on Sunday [I was a Sunday school teacher] I had to do homework as well...**[wasn't this exhausting?]** Yes, it was, I was always tired.

This was the beginning stages. Then there came a stage in my life where I couldn't do it all anymore. Sunday school went and then even the church went. I just partied the whole weekend.

Why did you stop going?

I felt a little bit of guilt because I was partying the previous night and I just couldn't get up to go to church. I started avoiding those friends. They called and invited me to youth

activities. They came to the house to find out what the problem was and I said I had no problem. I didn't tell them anything.

It was easy for me to hide it because I stayed and partied close to home and went to school in another area. I partied at hotels. I'm a school kid but I'm moving around with people who work. There came a time when my brother complained to my mother – told her not to send me money. My mother and my brother came and spoke to me. I was eighteen and I didn't think there was anything wrong with going to a club and having drinks, but you must know that I repeated a couple of years at school; I failed twice.

There was an incident at school. My accountancy teacher picked up that something wasn't right because I was failing and accountancy was my favourite subject. He begged me to confide in him and I didn't. I never went to school drunk but my marks had dropped drastically. I was called into the principle's office and the principle said it must be boys but the teacher insisted that there was something else.

I never spoke to any one about this. **Why not?** It was fun, just pure fun. **But it wasn't really fun was it?** Today I know that it wasn't, I don't know I was just a secretive person. **Why didn't you want the people at school to know?** Maybe I thought that it wasn't normal for a teenager my age to drink. There was a lot of kids in school would go to dances but none of them would actually drink. So I felt like an outsider.

There was one school friend who was part of my other life. She knew about my drinking. She's a non-drinker and the morning after she would ask me why I do this? Do you know how you acted last night? She would demonstrate and tell me what I did. Then she would always say she doesn't understand why I drink.

I remember when I entered recovery I went to visit her and she said I looked better. I told her I was in AA.

Can you tell me how you met your husband?

Our whole relationship revolved around us drinking. I could drink hard; I could drink with the boys. We met at a club. We mostly drank on the weekends. Eventually we got married. There were some weekends when I didn't drink and I used to think, I'm a married woman

now, I've got stuff to do, I've got a child. But then I would be in a mode of telling him he should stop and that started a lot of arguments.

Today I know most of the times I did drink, it was my way of coping with his drinking. I could see it was getting way, way out of control.

When did your drinking start becoming a problem?

Mine was never a problem until I walked into the fellowship. It was other people who had a problem with my drinking. I was always thinking that I'm drinking way, way, way too little to be called an alcoholic or to look for help. I told my husband to go for help because he drank everyday. I could limit myself to only the weekends.

Was there ever a time when you did it everyday?

Yes, December when I had 3 weeks leave, especially the first week of leave. I've got money, I got a bonus and he got a bonus so yes, we partied. I tried not to drink early mornings, yet there were times when we would wake up, drink, and just carry on.

Do you have children?

Yes, I have two children. I was pregnant with the first one and had to get married. I didn't drink that much at the time. The moment I found out I stopped. For a while I tried. The baby was born in November and in December I had a couple of beers but not to get drunk.

How did you feel when you drank and you had a small baby?

Well, I didn't really want the child. I sometimes resented the baby being there because the child spoiled the fun. I had to look after this little thing.

Were you breastfeeding?

Yes, for at least six months I tried to limit myself.

Was your husband drinking throughout your pregnancy?

Yes. With the first pregnancy it wasn't too bad. The second pregnancy it was worse. The children are six years apart. Yes, because I didn't want more children, he actually wanted the second child - I didn't. I agreed to a certain extent but when I wanted to change my mind it was too late. At that time our drinking was totally out of control. My husband had a

job where he received medical aid; I was seeing a gynecologist and got lots of information. One weekend I was drinking a lot of beers while pregnant. My mother told me not to drink - do you know what you doing to your child, she asked. I fetched a pamphlet the doctor gave me and told her nowhere does it say that I shouldn't drink. I wasn't drinking until I was falling around. I drank once a month. I was trying really hard not to drink. I wasn't even aware that I was having cravings. It's only recently that I realized I was a totally miserable person, and I attribute that to craving for alcohol.

How did being a mother change you or your drinking?

I love my children, but a lot of times when I want to go all out my children were a nuisance. It was very hard. That was part of why our marriage broke up. I blamed him for the situation I found myself in. We lived on our own at the time and I would send my kids to my mom's weekends. This is when we would drink and go way out.

We lived in Mitchell's Plain at the time and it was very difficult for me to make friends. I had the responsibility of being on my own as well as providing for the house. I couldn't go to my mother to ask her help. It was hell; it is where I went through certain cravings.

I remember a weekend when I was home alone. My children were with my brother and my husband was out drinking. I had the children's church clothes ironed, the house was clean, and was feeling really good. Then my brother and his wife came and said the children decided to stay for one more day, is it okay if he picks up their church clothes? I said it was okay and we had some coffee, then he left and came back from the car with a beer. He said I could have it because I really looked good.

I was sitting there looking at this beer. I think this was the first time that I actually had a fight with myself because in the back of my mind I knew it wasn't right to drink the beer. Eventually I told myself I'm just going to finish this one beer, never mind him [the husband], and tomorrow morning I'm going to church. But then I went to find my husband and ended up drinking with him the whole night.

Was that the turning point for you?

No. After that it went way, way, way, out of control. Monday mornings I didn't have money to go to work. I would have to steal rides on the train to get to work so that I can make

another loan to at least survive for the week. Sunday nights there wasn't even a slice of bread in the house. I kept telling the kids there's no money but yet there was money for alcohol. Yes, it did bother me that I wasn't providing for them. I always thought that I was the "good" parent because I brought my money home, but my husband didn't. But I think my alcoholism was out of control the day I decided to leave my husband.

I was going through a depression phase. I thought it was because of my husband's drinking. He lost his job and we were going to lose our house. He did these disappearing acts where he would be gone for days and tell me there was no woman involved, he was just out drinking with his friends. I could never understand that, I thought he was having an affair. But today I know it was true. And now I know that it was my drinking that caused my depression. I went to see a doctor in Mitchell's Plain. He put me on anti-depressants. One month I went to my appointment and my normal doctor wasn't there, instead there was a young female doctor. She asked me why the doctor put me on anti-depressant medication. I started telling her what my husband was doing. Afterwards, she made an appointment for my husband and I to see a psychologist. My husband was of the belief that no outside person will fix our marriage because we were in it together, so I ended up going to the psychologist by myself. I told the psychologist the same story; this was the first time someone asked me why drank. Today, I know I was in so much denial. I looked the man in his face and told him I am a social drinker. The doctor told me about Alanon. He said it was support group for me to learn to cope with my husband's drinking. I didn't feel I needed Alanon. Life would just be better if this man stopped drinking. Then my therapist told me that I would have to leave the marriage if I wanted to save myself. I asked him when, when am I supposed to leave? He said that I would know when to leave.

Later, I started packing up because the house was foreclosed. I moved in with my mother and finally left my husband. My daughter actually encouraged me to leave him. My daughter was 15 and used to tell me, this man is using and abusing you. He is an alcoholic.

How did it feel to have your daughter say this to you?

Sometimes I thought she was way out of line and other times I would agree with her but I had a big problem with this because she's a child and she's not supposed to be telling me this stuff. Eventually I told the kids we are not going back to their Dad. I told then the

relationship between their Father and I is over, but he is still their dad and they must respect him. However, they had no more respect for him – all the respect was gone. I saw the look on my son's face one day when he saw his Father coming down the street drunk. My son was crying and I didn't want to embarrass them.

My drinking was mostly done at home. Sometimes the alcohol ran out and I needed more so I had to go to the shabeen to get more. People would see me. When I'm drunk I like to go chat to the neighbours. When I'm not, I just totally ignore them. I think everybody knew I was way out of line. Nobody said anything to me about my drinking though.

How old are your children today? Are they drinking?

My daughter is 23 and my son is 14. That's another interview [laughter]. My son is using something that doesn't sit too well with me. But my friends in the fellowship say I should feel grateful that he got rid of the tik addiction and is only using weed which he believes is a herb. How soon won't it be enough? I remember him coming home drunk one day and I tried to sober him up. I gave him 7 cups of coffee and forced him to drink them all. I don't know what went through my head. I was in shock. I saw myself in him.

So your daughter doesn't drink?

She drinks from time to time when she goes out. She's a mother of two and committed to raising her children. Who knows what could have happened if she wasn't so committed? She said her son's birth put brakes on wherever she was going. I'm really scared that I'm powerless and they must make their own choices. All I can be is an example for them. I see so much of myself in my son. His behaviour, his sayings: "it's fun, don't you forget you were young". My last months of drinking were hell. My daughter told me I am worse than my husband. When she was pregnant she threatened to keep my grandchild away from me if I didn't do something about my drinking.

How long have you been sober?

I'm in my 6th year of recovery. A couple of years before that we went to Paarl most December's. Those people can drink, hey! I always told myself that I would never drink like them, drink "pap-sak". So I stuck to beer and whiskey. Then I ran into people I saw the previous December and they would tell me the last time I came to visit I looked good, but what happened to me now? That scared me.

My brother went to AA, and when I saw how well he looked I wanted to go there as well. He gave me AA pamphlets and I told my daughter that I would go. She said I don't need AA, all I need is will power. But I knew that I needed more than that. At that time in my life I was constantly praying to God for help. I didn't think that alcohol alone was a problem, my whole situation was. I didn't earn enough money; I needed a man in my life, a real good guy. I prayed to God. Eventually I went to an AA meeting one Sunday. Normally Sunday afternoon's I would drink, but this Sunday afternoon I was trying to make myself look a little bit better so I didn't drink. It was spring cleaning and my niece asked me where I was going; I told her I was going to the first day of the rest of my life.

I went to the AA meeting and nothing registered. I thought those people could suip jong! I'm seriously not an alcoholic. Someone there thought I was part of Alanon and tried to push me into the Alanon group. I sat there in the meeting and the group members knew I was having a tough time accepting the fact that I was an alcoholic, but they allowed me to be in that space. For months I just went to that one meeting on a Sunday. In that first meeting I heard someone's laughter and I thought, that's it - that's what I need; laughter. I want to be happy. So that's why I kept coming back. In December my kids gave me my first Big Book as a present.

What in your mind is an alcoholic?

My husband. A person who has lost so many jobs you can't even count. A person who does not provide for his family. A person who sleeps on a bench, who doesn't come home. That's an alcoholic. Today I know I am an alcoholic. It's not what or when I drink; it's what it did to me. My whole personality would change. First it took away all my self respect. I know today I didn't love myself. I seriously didn't. And if I didn't love myself, how can I love somebody else? The choices that I made, I know today, I am not that shy withdrawn person anymore. I am able to cope with circumstances today that I couldn't before. Today I am still a bit quiet, but quiet without inner turmoil. There was always a gang fight going on but not anymore.

What made the gang fight disappear?

Trying to accept that I am still an alcoholic. I've accepted that but now trying to apply that 12 step programme on a daily basis is difficult. I make it difficult from time to time because I want to fix everything at once instead of just focusing on today.

Was AA the only treatment that you ever went on?

Yes. I didn't go to a treatment centre.

What did you think of treatment centres?

I've avoided it for years because I thought I didn't need them. I thought I wasn't as bad as people who need to go there. The denial kept me from treatment centres. Rehab is not recovery. Recovery starts in your fellowship. It is a starting point for recovery.

So were you drinking secretly because you were in denial?

Yes, I think you can call it that. But my family is like that. Remember I told you how the church people didn't know about my drinking. Well, they told my mother I wasn't showing up to church and she kept it to herself. She didn't tell them why I wasn't coming to church anymore. She was hiding it because of the shame. I think if I was a male it would have been more acceptable. With women who drink heavily, there is a stigma attached to it of a sexual nature. I'm grateful that most of my drinking was done in the house, who knows what would have happened.

Thank you for participating. I've come to the end of my questions. Is there anything else that you would like to let me know before we end off?

No

M1's interview

When did you have your first drink and why?

I was a teenager. I grew up with alcohol in the home. My father was a farmer in the Cape Winelands. Those days it was still the "dop system" and he used to pay his workers with alcohol. I grew up with it but it never bothered me. When my father drank he was very abusive. He humiliated my mother, he wanted to burn the house down then we had to sleep outside. He even threatened to kill us with his gun once and my brother had to take it from him. This didn't happen a lot, only if the harvesting didn't go well and money was scarce. But it wasn't enough to keep me away from alcohol. One of my brothers never touched alcohol, the other brothers drank but just socially, and one brother just lost his wife because of his drinking. If I could get him into AA, it would be an eye opener.

I actually started as a social drinker; at parties, with friends and at braai's. I remember the first time I got drunk. I went over to a friend's house and they gave me a vodka and passion fruit. I drank it because it tasted good and before I knew it I was completely drunk. When I went home, my in-laws were there to visit and I was so embarrassed because I drunk. I couldn't even prepare anything for them I just went to lay down.

Every night my husband and I had a beer before supper. If he comes home I wouldn't give him coffee, we would have a beer or wine. This wasn't to get drunk. After a day's work, it was just to relax.

I had a very stressful job as a bookkeeper. When my children were younger we only had two drinks a night before we went to bed. That was it. Weekends we drank more but not to get drunk. In the beginning I was never so drunk that my husband had to carry me home from a party or that my children had to be ashamed of me.

My drinking got worse when I stresses at work increased. At night I started making dinner later because I went directly to have my drink. It didn't stop with one drink. I had two drinks then I start making food. While I am cooking, I'm drinking. So by the time my husband gets home I already drank half a bottle of wine. Then I would drink with him as if I never had a drink before he arrived.

When you drank did your personality change?

It made me feel much more relaxed. I didn't get like my father. I just wanted to sit and do nothing.

What did your husband say about this?

He said you're drinking too much and you don't even want to cook anymore.

What happened to the children?

I have two daughters. The drinking got worse when my oldest was already married, so it was really an empty nest type of drinking.

My oldest really experienced my drinking when we were celebrating their engagement one night. I had one too many drinks because I was upset with my husband. My daughter asked me ahead of time not to drink because we are going to her in-laws. I drank too much and was ashamed of myself. I thought there was something wrong with me because I couldn't control the drinking, but then I thought no, it's because my husband works and I'm bored. My husband worked very late. So the consequence of my loneliness resulted in drinking.

If I drank a lot I would cry very easily. I would find fault in everything to feel sorry for myself.

I never hid the drinking from the children. When my youngest daughter got married I decided to quit work because I didn't have to care for them any longer. I was at home everyday drinking. By the time the children came home I was passed out. They always told me not to drink so much. My youngest daughter developed psychological problems as a result of my drinking. She was too shy to bring friends home. She developed behavioural problems. She asked to sleep at friends homes. I actually can't tell you when I reached the point where I had to admit to myself that I am an alcoholic.

Didn't your family try to get you help?

Yes, I was at 3 rehab centres.

What happened to get you to that point of going to rehab?

My husband said I'm drinking too much and my daughters started to moan. She complained at work and they sent her to counseling. She never told me that my drinking was bothering her. My husband took me to N1 City Hospital and told the doctor I was depressed. They only treated me for depression we didn't mention the drinking. We all hid the fact that my drinking was a problem. My husband was ashamed of my drinking and wanted to keep it away from people.

It got to a point where he couldn't protect me any longer and I couldn't keep my drinking a secret. He felt that he couldn't have guests anymore because he didn't know how he would find me when he gets home. He didn't know if I was able to commit to appointments. He didn't know if I would be drunk or not. My intentions were never to disappoint him but in the end the alcohol overpowered me and they would have to cancel the appointment. So he would lie and told people that I'm sick. My brothers stayed away because they saw I had a drinking problem.

The second time we told the doctor the truth and I went to Ramot. I was in my 40's. They treated me for depression at N1 City but my psychologist asked my husband if I should have gone for alcohol treatment instead. He said no, my doctor is treating me for depression. He was in such denial and trying to protect me.

Could you control your drinking?

Yes, when I said I didn't want to drink I didn't. I was a binge drinker. It's like eating a chocolate bar. If you start eating one piece you cannot stop until it's finished. The alcoholism progressed in such a way that when I was at work, I drank the entire day.

Did you hide the alcohol?

Yes, I hid it everywhere. In my garden under the plants, in my suit cases, just so he couldn't get hold of it. When he did get hold of it, he would be very upset and throw it out. That upset me even more because I thought who the hell does he think he is to throw out my liquor? I also worked all these years and I was entitled to my drink. All these years we always drank together until he decided not to because he was diabetic. So, he decided to make the decision for both of us to quit. That's what upset me. It got so bad that he didn't give me pocket money or food money. I bought food, but I didn't use all the money he

gave me for food because I had to buy my booze. I had nothing. So I decided to make sandwiches and sell them. This is how I made money to buy alcohol. He was angry when he found out.

Early in the morning I was shaking, I must have alcohol first thing in the morning. I put the alcohol in sports cool drink bottles to hide it from him. First thing in the morning I had to get up and quickly and get one of these bottles so that I wouldn't shake and at least prepare his lunch. I know I can still make my sandwiches and make at least R30 a day so that I buy a liter or a 1.5 liter. I would get alcohol blackouts and knew nothing about what happened. I always drank at home and it resulted in him finding me on the floor at home when he comes from work. He would get so mad at me. He was afraid to come home at night because he didn't know how he would find me. There were times when I fell against the display cabinet. He would come and put me to bed without me even knowing that he did.

This must have caused a lot of problems in your relationships.

I never knew that I would cause my family so much trouble. If you come to your senses it bothers you so much because you don't know what you did. You don't know what you said and the humiliation is just so strong that you go drink again. You know, that sorrow in their eyes asking you why you do this. The guilt you have is so painful. My neighbour once saw me falling around outside, and she being a police woman, actually locked me up and said it was for my own good. She warned me about this many times.

My daughter came to visit me but my husband refused. I was sent to Toevlug by the court. It was incredible there. I tried hard for the 5 weeks. My husband came to visit me. It was a wonderful experience. I was not even home 5 weeks when I started drinking again because in my mind I didn't believe that I was an alcoholic. I wasn't ready.

I always made excuses. My mother and grandmother passed away at the same time. My husband burned, my grandchild died. A lot happened and I used that as an excuse to drink. Every time I drink I thought it eased the pain, it was just too much for me to deal with. I couldn't protect myself from alcohol. He told me he is not going to take me with on holiday, which I was looking forward to. He gave me a wake-up call. He threatened to divorce me. His health was suffering. He put me in Stepping Stones and left me without a cent. At Stepping Stones I had very good consultants.

The grandchildren were kept from me before I went into Stepping Stones. I was humiliated, ashamed of myself; I couldn't believe how low I had to go to before I wanted to stop drinking. So I decided I won't leave Stepping Stones until I come out recovered. The counselor told me to swear if I must, shout at myself, I shouldn't pretend that I'm a lady. I wanted to be a lady, but meanwhile I'm drinking in secret so that nobody has to know. Once I acknowledged that I am an alcoholic I decided to pull myself together. My counselor took me on a walk to the beach and told me that he told my husband that I am not ready to go home and that he recommends I go to secondary care. It's a place where you go to attend classes, but you are freer to go and come as you please. I thank God that my husband allowed me to go to secondary care. I would not have been ready to stay at home again after three weeks of Stepping Stones. He gave me money to spend on anything I wanted; I didn't buy alcohol because my conscience bothered me. I took an oath at Stepping Stones.

Before you leave Stepping Stones they take you to the beach by candlelight. There are cards that they hand out; mine read that I am willing to change. I did try hard. Then we made a list of everything that you did wrong and who we did injustice to. You make a hole in the sand, burn the paper, and cover the paper with sand. You pray and ask forgiveness. Right there and then something developed within me. It made me feel as if it was over. This is when I developed new insight and where my rehabilitation started. Today, it's my fourth year without alcohol.

I'm doing my needlework again, I am looking after my grandchildren, I do visit my brothers, and I asked forgiveness. Everyone said they forgave me, we put it behind us. It's a new life, they prayed for me. It is fantastic to be sober.

We are on pension. The life is wonderful. There is no feeling to pick up a drink. Even if I dream about it, I am even denying it in my dreams. I am trying to help others now, like my brother.

I learned new hobbies. I belong to a knitting club. I crochet, do crafts, and bead work.

Why didn't you think about doing these hobbies before you became and alcoholic?

I didn't want to be labelled as an alcoholic. The stigma just killed me. A female alcoholic is even worse.

Why is it worse for women?

You are supposed to be an example for the household and especially your daughters. You must educate them and be part of the beauty of their lives. You must give them direction to their lives. It was horrid for me, the fact that I gave them money to buy clothes instead of going with them to buy clothes. I just thought about myself and had a drink instead. Rather than going out with them to have coffee, I stayed home and had a drink. They often told me to be a real Mom and go shopping with them. The alcohol made me lethargic. I didn't have any interest in anything. I didn't want to meet people. I wasn't a social talker. I just wanted to be at home. I just wanted my drink. Then when I couldn't do it because of my husband's knowledge I hid somewhere so I could drink. It is really not a nice thing to be a female alcoholic because you harm so many people around you. None of my kids are alcoholics. My husband is in Alanon. We are working on this as a family. My daughter is reading AA and Alanon literature on depression.

How many years was your drinking out of control?

15 years. I wasted 15 years of my life.

I always wanted to be equal to a man. I even bought a 12 pack beers – 6 for him and 6 for me. I could easily drink 7 beers without falling around. I used to drink wine and that got me very drunk. That's why I drank beer instead, because it felt like cool drink. I also drank whiskey out of the bottle. I drank a few sips of whiskey in the morning before I went to work. I worked with numbers and never once made a mistake.

Tell me how you felt when you hid the alcohol.

Absolute guilt and like a jerk. Afraid, of my husband, what he would do or say if he came home. He could see from my behaviour that I was drunk and that there is alcohol at home. He would never look for the alcohol if I was awake. He would wait until I go to sleep then he looked for it. He would throw it out and put the empty bottle in the kitchen, look at me then said he threw it out. I would feel like a jerk. He made me feel so guilty.

I was never really sober those 15 years. I always made sure that I had one drink so that I can be okay, then I drove to the liquor store to buy more for the day.

What is an alcoholic?

I thought an alcoholic is someone who is always very drunk, talks nonsense, and slingers. I could drink four beers and not be drunk. If you are a real alcoholic then you get blackouts. You never know when you'll blackout. You never know when you going to fall. You don't feel it coming. Then you realize that you're drinking problem has become alcoholic. Now I know.

Thank you for participating. I've come to the end of my questions. Is there anything else that you would like to let me know before we end off?

No

A's interview

When did you have your first drink?

I was in high school. It was just a past time, like when I came from school. My sister worked at a bar and I would go there after school. Then I would have a lekke dop. My mother of course was against it. She didn't allow it.

So why did you go?

Just for fun. I was at an all girls' school. I went there just to keep her company. **[Seriously, was it just to keep her company?]** Yes, it was really to keep her company [laughter]. We were very close, a year apart. She died at the age of 21. We ran away together to Joburg. We ran away from home. I was there for six months and we shared a flat together. We were both working. She was a biker. I wasn't in to bikes. My mother came to get us. I went home with my mom but she refused. It was her 21st birthday party and she came to Cape Town for her birthday. Then when back to Joburg. She died three months later in a motor bike accident.

Okay, back to your first drink, when it was just for fun – did you get drunk?

Yes, because I drank more than one. I wouldn't just sit there and keep her company she would give me drinks. When my mother comes home she would shout at us and hit us. Then we ran away.

What happened when you came back from Joburg?

I was 19/20 then. I was 21 when I got married. I met my husband at tech.

Was your husband a drinker?

No, we just used to party. Because I had a really unhappy childhood.

Were your parents alcoholics?

We were not allowed to call them that but yes, in my eyes they were. My mother drank out of the closet when she came home at night. She hid her drink from us but we could smell her breath. She was always tipsy. When I came into AA I told my mother you're nothing but a fucking alcoholic. When I told them I'm in AA they said, so who is the alcoholic now?

Tell me more about drinking with your husband.

We drank socially. We went to parties and drank with the people at the party. We were not teetotalers. I was 25 when I had my first child. So before that, it was party time.

How did adjust when your daughter came?

I can't remember if I quit drinking when I had my daughter. I really can't remember. After she was born the party went on. All three of my children were C-sections.

Did you drink through all your pregnancies?

Socially, not alcoholically. I was a worker. I had a job. I didn't drink everyday. It was just weekends. Occasionally a glass of wine with supper.

We had a car accident. We were on our way to Plettenberg Bay. I was holding my baby, she was just seven months old. The car rolled and we were ejected through the rear window and I suffered brain damage. I was still married at the time and when I came out of hospital, apparently my personality changed. Everything about me changed. Then my husband divorced me five years later. He got custody of my daughters. I was left alone and so my drinking started.

How come he got custody of the children?

I was classified as an unfit parent because I was brain damaged. I had to go for an interview with the judge and I was drinking. The left frontal lobe of the brain was damaged. That's where your memory sits. I would forget stuff, like stuff on the stove. So according to them I was an unfit mother and they took the children away from me. So he took the kids. I still kept the house. I was drinking all the time. He's gone, my kids are gone. I was medically barred from work. So, what did I do? I sought out the lower class – people who are not your class, you know. The men, they don't work and they drink. So I now get hold of these people and we drink daily. You know how cunning we were? Say we don't have money, we would go into a bottle store and steal 2 or 3 bottles or a "pap sak".

At any stage was your ex-husband aware that this was going on?

He wants nothing to do with me. In my sobriety he didn't want my children to have anything to do with me. He kept them away from me. He married again and his wife is

expecting a child. Last year my eldest daughter, 20, she had a fight with her father and he put her out of the house and I fetched her. She's living with me now. According to the divorce decree if the other two turn 18 they can also come stay with me, if they want to stay with me. They don't like their Step Mom at all. All I can do is practice my programme.

Do your kids have any problems with alcohol?

They know I'm in AA. My daughter was 15 last week. I was going through a depression. Normally they say depression comes before a relapse. I'm under psychiatric treatment and my psychiatrist put me into Kenilworth clinic. I was there for 3 weeks and did the Kenilworth Adult Psychiatric programme. So, I was extremely depressed.

I'm sober now by the grace of God for 7 years. My psychiatrist admitted me into the Kenilworth Dependency Unit in 2001.

When you were involved with these men, drinking, did your family know about it? Your children or your parents, did they know?

No, no. They live in Elsie's River and they didn't know the life I was living.

Did you keep it from them or they just didn't know because you kept it from them because of the distance.

We grew apart, my family and I because of the divorce. My Mom died of Lupus and still wanted nothing to do with me. I don't know why and I don't question it. My Dad still drinks. My Mom quit a month before she died.

At my Mother's funeral, all my AA friends came to sympathize and pay respects. I looked for my Father to introduce himself to my AA friends. But he went to the shabean to buy booze for his friends at the funeral. He didn't want to meet them because he has been drinking. He did eventually meet them because we AA people, we don't judge. They were happy to meet him too. I think my Father slowed down now because his has gout. He just turned 70 and apparently had a whole drunk party. I didn't go.

After my daughter's birthday, I SMS'd my ex-husband and thanked him for allowing me to come to the party because I wasn't even allowed near my kids before then. Now that I'm sober they are still treating me badly. They are making my life unmanageable. I said all the

time that it is others that are making my life unmanageable. They say insanity is doing the same thing over and over again and expecting different results. I was insane before but I'm trying to live a decent life now. I'm also on medication. I take Cypramol in the morning and I take Neurontin, which is a calming pill. I take 100mg in the morning and 400mg in the afternoon. I am on Serequil which is also a mood stabilizer.

Before I joined AA I was taking all this medication and drinking which made things 10 times worse. Now, I don't drink but I'm still on my medication. There is a pamphlet in AA about medication.

How did you stop?

After the divorce I drank for five years non-stop. I drank daily. When I went to see my psychiatrist for treatment due to my brain damage, I was always, always drunk. I'm not working, I don't have a husband, and I don't have children. I had nothing, so alcohol became my best friend. My psychiatrist eventually sent me for alcohol treatment and I never looked back.

Something in the programme hooked you, what was that?

I wanted to be a better person, a better mother. It was for my children. The children know I am in AA. They will even say the serenity prayer when they are in trouble. I teach them to say the prayer.

How did you experience the treatment programme you went to?

It was 28 days. When you're in the clinic it's like you're on a pink cloud. It's like a haze. You go to lectures and training sessions and speakers come. It's something out of the ordinary. It's not how you live. The test actually starts when you leave. Now you take the higher power in one hand and AA in the other hand, so there's no hand free for a drink.

How did you experience the actual programme? Did you think it was a good programme?

To be quite honest with you, I really can't remember. It's been 7 years now. The brain damage caused short term memory loss as well. I live just for today because today has 24 hours.

How did you get to this point in your recovery?

I don't think about taking a drink, honesty. I've been through a lot of shit with my daughter trying to institutionalize me. She wants to mother me and she's 20. I get an allowance and my daughter complained to my lawyers; now she's running my life. It freaks me out. But through all this crap I never once told myself to pick up a drink. I think this is higher power stuff.

Then she had me institutionalized and the Doctor said, don't see this as a punitive measure, it's for your own good. Depression comes before a relapse. They put you in there to get you out of that mindset. Like I said it's other people that make your life miserable. If you are not strong in your beliefs you will relapse.

My daughter drinks, she's 20 years old now. The way she drinks is not alcoholically like I drank.

What is your definition of an alcoholic?

When you drink not for the taste of the wine but for the effect it will have on you. I love Southern Comfort and Appletiser. It's a mind and mood altering substance. "Pap sak" has an effect on you that's different to other drinks. It makes you hyper – you want more, more, more.

I will always be an alcoholic. Alcoholism is a disease and I am just having a daily reprieve of my disease. It has been said that once an alcoholic always an alcoholic. You will die an alcoholic but you are in recovery. I'm not an active alcoholic; I am in recovery until I die, hopefully. One day at a time.

I avoid parties. We call that a wet place. You must identify the triggers.

You've been to treatment centres and you've been to AA. Which do you prefer?

AA goes to treatment facilities. When I was in the clinic and in treatment centres I went to "shares".

As a women being in treatment do you think your needs were catered to?

Men drink more. Normally women are closet drinkers. I went into rehab and I didn't even remember all the places I hid the alcohol.

Why did you hide the alcohol, because you stayed alone?

I did, but that's the insanity of it. You don't want visitors to see it in the wine cabinet. I told my friend to look everywhere for the alcohol and threw it down the drain. Only you know where that wine is and you feel in control. When you drink you're out of control but when you hide it you feel in control because you're the only one that knows where it is. Hiding it is insanity. When I came home from the clinic I didn't want anything in my house because it's like a trigger. It was like a safe place for me. I had a wine cabinet but I put CDs and videos in it. I suppose I was hiding the drink from society because of the insanity. Shame of hiding the alcohol is insane.

How do you think society views women who drink?

As low class citizens. She must get a life, she's nothing. You find most of the women who drink are housewives. They don't have a social life. I had nowhere to go, I was at home. When you don't work, it becomes part of your daily life.

When I was at work we used to go to the pub Friday lunchtimes and have a drink. One time I lost my dentures. I was so drunk! It was for the fun of it. If I had to maintain my job, if I had not been brain damaged, if I have been a normal member of society I would not have reached out to AA. I would have still been a social drinker.

The alcoholic mind still draws you to it. When you drink your personality changes. Denial is a good aspect as to why people drink secretly. There's fear and anxiety of someone finding out you're an alcoholic, therefore you hide it. I felt a lot of shame because I hid my alcoholism. What will my family think of me if they would just pop in unexpectedly? They don't see me as that person, an alcoholic.

I went to share at an Alanon meeting once and I had those women in tears. They couldn't believe that a woman can drink the way I did. Usually Alanon is filled with women who have issues with their husband's drinking.

Thank you for participating. I've come to the end of my questions. Is there anything else that you would like to let me know before we end off?

No

S's interview

When did you have your first drink?

At the age of 5 and I don't know about it. Obviously coming from an alcoholic background, of course one would want to experiment. Then later when I was 19 I started taking alcohol from my father's wine cabinet. That was my first binge.

Did any of your parents drink?

[Nod - yes], It was nice because I took a bit of everything out of my Dad's booze cabinet. I felt sick. I left home in the next couple of months. By the age of 24 I was full blown. I drank for the effect the alcohol had on me. It made me crazy. It takes your shyness away and that's why I can't drink. It makes me crazy.

Where did you grow up?

With my parents in Kuils River. I have a sister. She does drink quite a bit but it does not have the same effect on her as it did on me. It made me angry. It made me do things that a normal person wouldn't do, like strip.

Tell me with your parents drinking. Do you think it's because of the environment?

My Father drank quite a lot and my Mother moderately. My Father couldn't control his drinking. My parents drinking affected me genetically and his sister definitely. My father was an alcoholic.

My mother also drank but she wasn't really an alcoholic.

What is an alcoholic in your mind?

Someone who cannot go without alcohol. Who needs alcohol everyday. There are different types of alcoholics. I was a binge drinker. When I start I can't stop but when I do stop, I stop for a while.

Why did you stop?

I stopped because I didn't have any more money to drink. Let me put it to you this way, the

programme [The AA programme] messes with your mind. I was in the programme but then I went and drank for another four years. Subconsciously it bothers you. It bothers you because you know there's this programme you can fall back on. You know that there are people who care, but you're still drinking. I'm telling you right now, if it wasn't for AA I would not have gotten back into the programme again.

You see when you stop and you start, you start where you stopped and it gets worse. I stooped down to a very low level. I lost everything. I was lonely.

How did it progress? You said you were in your parent's home, you were 19. Did you steal the alcohol from your father's cabinet? How and what happened?

Yes, I was a person that hid it. I would go stand in the garage or I would hide it in cool drink...like if someone knocks on the door they would see me drink out of a cool drink bottle. We're cunning, we very cunning.

Why did you hide it?

Shame. Because of the shame. We wouldn't want people to know. Also denial; denial of the fact that we didn't want people to know that we cannot be normal. We have to hide it. Everybody knew, except us, that we were out of it.

When would you drink?

At night. I don't know. Pressure I think. You blame the work pressure. I'd drink till early hours of the morning and sleep during the day. There were times towards the end where I wouldn't sleep and would drink from Thursday through to Sunday.

So you started when you were 19. Were you working at the time?

No, I was in school still. It was my last year in school, then I joined the National Defence Force. That was where it all started. Cheap stuff, very cheap alcohol. A lot of people were drinking and it was easily accessible. I think this is where it started. It's hereditary. I drank with my parents then. Now my father had a buddy to drink with. He used to support my drinking. They didn't see anything wrong with it. Towards the end when depression set in and I became suicidal, that's when they realized that I had a problem. I didn't want to live anymore, my life wasn't worth it.

What happened then?

I used to go to bed at 5.30 at night with a beer and I never stopped. The psychologists and people I went to, to treat the symptoms. They don't treat the problem, they treat the depression. It was through a dietician that I finally realized that I had to go to rehab.

When you went to doctors you told them you were drinking? And they never sent you for treatment and you never asked to go?

No, I lied about how much I was drinking that is why they didn't focus on treating it.

What about your parents? Didn't they tell you to go for treatment?

No, they were still functional. They drank till they died. They supported me when I was in treatment.

What triggered your drinking?

I come from an abusive home; abusive in the sense of physical, verbal, sexual, whatever. It was abuse that triggered my drinking. If it didn't trigger it straight away, alcohol came into my house probably a month later and I would drink it. I was sober for 5 years and 9 months. I lost everything in my sobriety. My parents, my house, my car. Everything.

When it got really bad did you have a sense of control over it?

No. I think one would want it to stop but you just don't know how. If I should start drinking again, I just wouldn't know how to stop. I would drink myself to death. I'm in more of a financial mess now than what I was when I was drinking. I have a God out there, I have a programme out there.

What step are you on the moment?

Step 0. I'm not working my programme at the moment.

Why not?

Denial I suppose in a way. I suffer from severe depression. I really have to be careful because I am heading for a slip. I was sick – but that shouldn't be an excuse. I went to Durban as well. I should have gone to a meeting last night. I never went. It's depression.

What are you doing about it?

Nothing really. The only thing I do is work on my goals. Where I want to be. If something is not working out for me then I diversify. If there wasn't a God out there I would never survive.

How do you stay sober?

My relationship with God is what gets me through. I do a lot of spiritual warfare. I tramp on Satan and I praise God. We have a wonderful programme that people out there don't have. I might have depression but at least I can pick up the phone and speak to my sponsor. Little people have that. Sometimes talking with somebody takes away the urge to drink. I must be honest with you, a year and a half into my recovery I had an urge to drink. It's difficult. I don't know why people say AA doesn't work?

So did you ever go to treatment other than AA?

I went to the Kenilworth programme. I wasn't ready so it didn't help me.

When did you realize you had a problem?

I always knew I had a problem. Being in recovery, I can't sit amongst old friends, drinking buddies. I am a hermit. I go to church and go to AA. But what we need to stay away from is isolation. It's really bad. You must lead a balanced lifestyle. You must have friends. Luckily I have a friend who supports me. I really need to go back to AA. Just sitting and listening to the meetings helps.

What was your rock bottom?

Not listening to my inner self. I have a spiritual discernment and I made a very wrong turn in 2003 and I think that's what also led to my drinking. I need to forgive myself for that. I reached rock bottom June 2004 when I lost everything. That's when I started drinking. I was living on a farm and being treated like a labourer by a white person. I build up a lot of anger. I worked in his kitchen and that's where we drank. We were tired scrubbing floors till 1am. I had to earn my keep.

How did you get out of that situation?

I ran away. I took my animals and my clothes and I left. I took my dogs. My partner picked me up and we moved in together, not knowing that I was moving in with another addict. I got a deposit for the house that I'm renting and that's how I gradually got out of it. I was in

a bank robbery and that really hit home. 1 am Sunday morning I had my last drink and never looked back.

You said when you were 19 you started to drink and were hiding the alcohol. Were those the beginning stages?

I drank because of the effect it had on me. We used to drink beer from a hose pipe and when it hit the bottom of your stomach, it was nice. We used to do stupid things. I drank with full grown alcoholics.

It seems as if hiding the drinking either starts early or towards the end of your drinking career.

Yes, you're right.

What prevents you from relapsing now?

I know where I'm coming from. I don't want to go back. I'm already going through a lot of pressure now. This is a test. This is a process that I have to go through. God tests all of us. I don't have the desire anymore although I get urges and I must always remind myself where I'm coming from.

Do you know what it's like to be in the middle of nowhere and have a craving? It's very bad.

Do you think that the spirituality theme which runs through your programme is derivative from the AA programme or is it something that you've believed in always?

A friend of mine took me to church December 31st and it changed my life. I belong to a church now. I will always be an alcoholic. I still need to work on my thought patterns. I have negative thoughts away from a drink. Places, people and things. I avoid places that would trigger my drinking. I will never go to parties and clubs because people want you to fall. Today I am sober. I must go back to AA.

What's your opinion about treatment centres?

They do work. They should work more than mental bashing. They do a lot of reprogramming. It's not bad. If a person can't stop on their own, rehab is good.

Thank you for participating. I've come to the end of my questions. Is there anything else that you would like to let me know before we end off?

No

C1's interview

When did you start drinking?

Started at 21. I got married when I was 21 and started drinking when I was 21 because my husband introduced me to drinking.

Why?

I was always an introvert and I could never mix with people. Even from school days, I was always a loner. My late husband introduced me to alcohol. I started drinking socially and I became free when using alcohol. I could dance, I could talk, and I could mix - do everything I couldn't do when I was sober.

Do you have children?

Yes, 4 children – didn't drink while pregnant. I could never take the smell and taste of alcohol or even cigarettes. That's how I knew I was pregnant.

Did you ever take any other substances?

No, just alcohol and cigarettes.

How often did you drink after your first drink?

It used to be whenever there was a function or a party and then when it was month end. When my husband got paid we drank. Later it was weekends, and towards the end it was everyday on binges. I would drink for 10 days or 12 days until I got sick. I use to drink myself to a standstill. Then I will stop for awhile. For about 3-6 months. I'd feel okay, then I'd start drinking again.

So what do you consider to have been the triggers?

Sometimes I was in trouble and a drink would make me feel better.

In the beginning it was just parties. But the more it began making you feel better or relieving your stress, the more heavily you started to drink. My drinking progressed and I started to hide it.

As the drinking progressed you started to hide it, why?

Because if my husband found it he would throw it out. I felt comfortable knowing that I had a stash hidden somewhere for later. I would drink it when the children go to school or when he goes to work. I hid it in the washing machine or anywhere I thought he wouldn't go, even in his jacket pockets. He wouldn't go into his closet because I lay out his clothes for him.

How long did you get away with this? Did the children know?

Yes, later they found out.

How long were you hiding it?

It lasted for 8 years. One of my daughters felt sorry for me when my husband threw out my alcohol. She would say, I must not worry, she will hide it for me. Then she used to hide it in her school bag till Daddy left because she felt sorry for me. She was about 6/7 years at the time.

How did you feel after you drank?

I'd feel so guilty. You see it's not only the drinking, it's my personality that changes too when I drink. And I become another person when I drink. I knew somehow there was something wrong with me but I didn't know that I was an alcoholic.

Did your personality change in a bad way?

Yes, all the time. I would shout, get angry, all the emotions come out that I repress when I'm sober.

Besides the emotions and feelings that you had, was your body reacting to the drinking?

Yes, I felt sick; the hangovers. I couldn't eat. Mentally the remorse of what I did, of what I remember, and what I couldn't remember. Later I started having blackouts.

How were people treating you? How did your drinking affect your relationships?

It was broken. People didn't want to associate with me. My family kept their distance. My children were too small to react. When I stopped drinking my eldest was 12 and my youngest was 4. I could see they weren't happy when I was drinking. My eldest daughter doesn't have a drinking problem, she's 41 today. The second eldest, the one who hid the

alcohol for me, she had a drinking problem but is better now. The third one is in rehab; she was doing drugs as well. My son is 31, he doesn't drink or smoke. My father was an alcoholic so I know the behaviour.

In the beginning did you have control over the behaviour?

Yes, if you're an alcoholic you will drink more. It's a progressive disease. It affects me mentally, spiritually, and physically. I could control it in the beginning. I can't remember when I lost control. I know the last 7/8 years of drinking it was out of control. Those were the years when I was hiding it. I stole to buy. I didn't pay the rent or buy food but bought booze. I was managing the finances, not my husband. When he found out he was mad but he was a very forgiving person. He used to give in to me all the time, especially when I sulk and threw tantrums. He didn't like working with money.

How did your family know you were drinking if you said you hid it?

You can't hide it. It shows in you. You can tell if someone is a social drinker or has a problem. The moment I take that first drink, people knew I had a problem. It changes me.

So you weren't hiding the fact that you were drinking, you were hiding the alcohol.

Yes, they could see on my behaviour.

You said that it was easy for you to drink when the children went to school. Yet you were probably more actively drinking when your youngest was born. How did that affect your life?

There was a family living next door. There was a girl living next door. She would come over and take care of Denzil and the house so it was easy for me to continue drinking. I had someone to stand in and look after him.

When did you decide it's tools down now?

It was never my decision.

It was never your decision? You never wanted to stop drinking?

No, I didn't want to, I couldn't stop; I was totally out of control.

So did you tell your husband?

No, I didn't. He couldn't understand why I was acting this way. He had a fatal accident in 1978. I was 33 years old. Denzil was 4 and my eldest daughter was 12. After his accident in March, I was sober until June. Then I went on one big binge and was admitted into Avalon Treatment Centre.

Who admitted you?

My mother went for help.

Why did you stop after your husband died?

I think I was shocked.

So wasn't he the one who got you into drinking?

No, he was the one stopping me from drinking, keeping me back. Now that he was gone, I was free to drink.

You were free, but yet you stopped. Why?

I think I was scared. I was full of fear. I was fearful that there was no one to stop me.

Where you always a binge drinker?

Yes. If something big happened, like a problem, I had to drink the problem away. When the problem blew over, I had to celebrate.

Something triggered your drinking, like a problem. Would it go on for one day only, your binges?

When I start, I can't stop. I moved in with my mother and she took care of the children. My mom went to Alanon, she didn't know how to deal with the disease. She went to Avalon to get help.

So you went to Avalon and dried up, willingly?

No. By then I lost my house. I was in deep trouble, even the shabeen owners were looking for me. People I owed money to were looking for me. My mother protected me from this and sent me to Avalon. I found that that was my place of refuge.

So you stayed there and willingly participated in treatment?

I didn't have a choice.

Do you remember the whole process of the treatment?

It was too long ago, yet I still went on a binge when I left there.

So, it didn't help? Were there other women there?

No, it didn't help. Yes, there were other women there. There were two of us. I went on another binge afterwards and only sobered up the next year January. I stayed there June, July, August, September, October, November, and in December I started drinking again. I started drinking Boxing Day.

Why did you start drinking again?

I think because I was lonely. By now it kicked in that I didn't have a partner. I'm alone, how am I going to cope with four children alone? I lost my house, I owed people money and now I must go to work. I was a house wife all along and now I had to go work without having a career. I couldn't stay with my mother forever. After my binge I was introduced to AA [even though I've been to AA meetings during my treatment at Avalon].

These were old men. I'm young; I've got a good body. I don't fit in with these old, fat, bald-headed men. I couldn't even find a potential partner there. I use to go to meetings and stay away. I think I went on a binge in January 1979, promised my daughter a watch for her birthday, 25 January. I stayed for three days with an AA member. I was hung over. My daughter phoned me on her birthday and asked me if I forgot about her watch. I asked my mother to buy her a watch. From then onward I never drank again.

But before I visited my friend from AA, social workers came to visit off and on to take my children away. That was my turning point. When the social worker said if I drink again she will take my kids away, I asked my mother to help me.

What helped?

I think by then I realized AA was the only way out for. The friends I had didn't want to befriend me anymore. When I went to AA the people were friendlier. I'm short of nothing. My family is in Australia today. But my AA friends are my family.

Was there anything else about treatment programmes that made you not willing to attend treatment? You said AA had old people who you couldn't identify with. What kept you away from seeking help yourself?

I tried to drink normally, socially but every time I made a mess. When I start I can't stop. I've been to one meeting where a woman spoke. There were a few things she said that triggered something. She said that she tried staying away from one drink, just for today. That worked. Just for today. When you get up in the morning you ask God to help you stay away from drink, just for today. When I remembered what she said, I tried it. She also said go to as many meetings as possible. For that whole month I went to as many meetings as possible. If they didn't pick me up, I took a bus. I took control of my life. That was in 1979. Up until today I'm sober. January it will be 30 years sober.

How is your personality now? Because you said you drank before to be able to mix with people better.

I've learnt through this programme, how to mix with people, how to socialize. I'm a professional ballroom dancer. I could pick up from that and not drink at all. From the age of 18 I danced until I started drinking. I still dance today.

How did you become so active in AA?

The first year I was sober I met a social worker working for SANCA. She asked if I could help her with group work. Every Saturday afternoon I would help her with group work. Whenever there's a call for a woman to speak she would ask me. The first year I did all this volunteer work, then they offered me a job to do their administration. I worked there for seven years.

Do you still go to AA meetings and share your message?

Yes, I do. That keeps me sober.

What are the barriers for women seeking treatment?

Treatment centres are only good for drying out. Nothing substantial comes from there. Generally treatment centres deal with the first three steps of AA which means they go to AA meetings in terms of aftercare.

Thank you for participating. I've come to the end of my questions. Is there anything else that you would like to let me know before we end off?

No...

N's interview

When did you have your first drink?

I think I was 19. It was just a normal thing to do after school. You know, you go out and have a drink. I didn't even know what drink to order.

Did your parents drink?

Yes, my father is a sober alcoholic.

How did his drinking affect you?

Hectically, we had a totally dysfunctional family life and that influenced my drinking, but I think alcoholism is genetic.

How often did you start drinking?

Not too often just socially in the beginning. I did drink shooters so that I could feel the kick quicker, and it made me more confident.

How did you feel when you drank? Did it change your personality?

I felt more confident when I drank. I am an introvert but I have much less self confidence when I didn't drink. I wanted to constantly escape. Whether I'm happy or sad, any feeling I wanted to escape so I drank.

What usually prompted your drinking?

In the beginning social gatherings, my drinking was definitely progressive. The longer you carry on the less your tolerance. Over the last six years it progressed quite quickly. Depending on whom my friends were at the time, if I had friends who drank a lot, I would. I was with a boyfriend who also drank heavily and together we drank every night. I am 9 months into recovery.

Where did the drinking start being a problem – impacting your daily life?

I used to blame my ex-boyfriend because we drank together. A non-alcoholic would not tolerate alcoholic behaviour. Yet, for me it was normal. I was attracted to people who drank a lot because it sustained my alcoholic behaviour.

Fortunately I worked from home for a company based in Johannesburg so it was possible for me to have a hangover the whole day. I caused car accidents. I lost friends and physically got sick. The hangovers became so unbearable.

How did it impact on your family life?

For a long time I tried to hide but eventually you can't hide it anymore. Fortunately I didn't live close to them. They noticed for the first time about two years ago. We were at a hotel together. I crossed the invisible line – I had absolutely no control over my drinking – I used to be able to pretend and have a few drinks. That night I couldn't and that's when they noticed. My parents did lecture me about my boyfriend before. After that, they called me to order and my Dad told me that I was an alcoholic. I was very mad with him because I was so much in denial.

I always asked people not to say anything to my parents about my drinking. I had this double life.

What did you perceive an alcoholic to be?

I thought it was a hobo – someone who drinks 24/7 – which I couldn't do. My Dad drank so heavily when I was a child, so I thought I could never be like him. I resented the term alcoholic. My father was a social alcoholic. Every time he drank at a party, it was out of control.

I always thought I had issues inside of me that I had to sort out first, and that alcohol was just a symptom of the issues which I'm trying to resolve. I went to a psychologist for two weeks of intensive therapy. Then I had more reason to drink after I discovered how terrible my childhood has been.

Eventually I ran out of people and things to blame.

Did the psychologist help you realize this?

No, I wasn't honest to him about the drinking. They couldn't help me. I said I was going through a tough time so I was drinking more than usual but I didn't even tell them a quarter of how bad it was.

Why didn't you tell the truth?

I don't know, maybe I was still in denial. I think I was afraid he would tell me to stop drinking. I was hoping he would help me sort out my problems then I would just stop drinking anyway. I think it is still the denial phase. I spent R16 500 for two weeks of therapy and I didn't speak the truth, so you can imagine the depth of my denial. I think I was afraid of the judgment and the stigma associated with having a drinking problem. I was also trying to impress the therapist.

What makes drinking different for women compared to men?

I drank with men and wanted to keep up with them. I think women feel that it's not lady like to drink. Men get agro and we get emotional. I had moments of aggression with my mouth when I was drunk.

I broke up with my boyfriend about a month ago. That's what this programme [AA] gave me, choice and value. I never had the guts before.

Why did you keep it from your parents?

I didn't want to disappoint them. They were my back up financially. I needed to be the good girl. I lived 800km from them. I moved away from them, I needed distance so that I could drink. My younger sister and I partied together and I begged her not tell my parents. I know my sister called my parents once and told them that I had a drinking problem.

Was your drinking ever out of control?

I always felt different. I know something wasn't right. I was always alone and lost inside. I didn't realize I didn't have control. The last 4-5 years was drinking out of control. I just couldn't stop. I would drink out a bottle at home and when it's finish, go to a pub and drink more.

Do you think that you will ever go back to drinking?

I had two accidents already and I think the last one might have been my last. If I start now, I would be completely insane. I was miserable. Alcohol depresses you; you have to do crisis management everyday. You loose friends, your value, your hopes and dreams. It's like standing behind a window. The whole world is participating and you're standing there, watching them and not participating. If I didn't stop now, in a few years I would be drinking

24/7. Alcohol is cunning, baffling and powerful. Family members don't understand that all their love, support and finances don't help because this disease just takes over. You are just so focused on escaping. The most difficult thing in my recovery is dealing with feelings.

What lead you to recovery?

I went to a braai with a good friend I haven't seen in a long time. My boyfriend and I got into a big fight. I don't remember what else happened. My friend called me two days after the party and said she can't believe how my standards dropped. She said I had a huge drinking problem and she feels like phoning my parents. When she said that, I immediately said don't worry I'll get help. I knew I needed help but just couldn't stop and I didn't know how to get help. I didn't think recovery was possible for me. I went to meetings after she said that. I went to meetings and still drank again. Then I had a car accident and woke up and asked God to take over. I felt like locking myself up and throwing away the key because that was the only way I could ensure that I would still be alive. I didn't go to a treatment centre.

Who did you confide in about your problem?

I told my boyfriend, many times. I suffered from anxiety. I cried to him when I had a hangover and told him that I couldn't drink like this any longer. I'm on medication for that. When I was drinking I took the pills with the alcohol. The medication affected my behaviour and the pills didn't help that much. I took so many remedies for hangovers that put my whole body in a mess. I didn't really get physical cravings for the drink, mine was just to escape, really.

How did you prepare to stop drinking?

I wanted recovery but I was not ready to stop drinking. I first did some research to see whether I would be able to control my drinking. The research part was good, but dangerous. I needed to see that I cannot stop drinking and that I am powerless over alcohol. The more you're on the programme the more honest and comfortable you become with yourself. There's actually such freedom that comes with honesty. The more sober you become the more you reflect on your drinking. Stay away from people, places and things. That's what I did.

I was still living with my boyfriend and he was drinking when I was trying to recover. It didn't bother me that he was drinking and I wasn't tempted because he was a beer drinker and I didn't like beer. It was the emotional torture that affected me more. He was verbally abusive and aggressive. That part made me want to escape so I had to cling very closely to my sponsor and my friends. The only way I survived that relationship was a power greater than me and the willingness.

What action did you take?

I went to meetings, got a sponsor. I could phone her every time I wanted to pick up a drink. I stayed away from people, places and things. I have icons: every time you drink you mess up and you promise never to drink again – but the next weekend you drink again. So whenever you need to you recall the icons so that it's fresh in your memory, less I forget.

What else are you doing to prevent relapse?

Going to meetings and sticking to the steps. I am on step 8 at the moment.

Why did you choose not to go to treatment centres?

I think I called myself a heavy drinker. It never occurred to me that I was an alcoholic. I put myself in the half bracket. After my accident I wanted to but I spent all my money at the psychologist. I didn't have medical either. I see a lot go in and very few have stuck to the suggested things like AA.

What kind of recommendations would you give to people who want to stop drinking and want to seek treatment?

If they want to detox then a treatment centre is good for that. But there is no other option than AA if you want to stop drinking. One alcoholic can help another because we all come from a place of absolute comprehension. That's the success of the fellowship. Admittedly, just because we are women it doesn't mean it cannot happen to us. Society puts this shame on women who drink. I think accepting that we have a problem is very important.

What keeps you sober?

My faith and my higher power. I ask every morning for a sober body, mind and soul. A lot of my character defects: selfishness, lack of boundaries, pride – alcohol is like our medicine for those defects. So, I work on those defects all the time. AA is a design for

living because we didn't know how. It teaches us to live a happy, content life. I'm not a dry drunk that thinks the world owes me anything. I'm a drunk that drank me into recovery.

Thank you for participating. I've come to the end of my questions. Is there anything else that you would like to let me know before we end off?

No

C2's interview

When did you have your first drink?

At the age of 18 yrs at my Matric after party. Didn't like the taste of it and saw what it did to parents. Peer pressure forced to drink.

My parents drank. Dad was a binge drinker, a functional alcoholic. Mother was a chronic drinker became faceless, so drunk that Dad would beat her to a pulp.

When did it get out of control?

At age 23 – I got lonely because friends picked on me for not drinking. I didn't want to drink because she saw what alcohol did to parents. You don't understand I had a horrific childhood...it was verbal abuse, physical abuse, sexual abuse. I saw a lot of violence. When I was 10 I had to wash blood off the walls and furniture after my Dad had beaten my Mom up. My Dad got into bar fights, he was stabbed once. I had to dress his wounds because my Mother was passed out and I had to put them to bed.

So you were a parent at 10 years old?

Yes, they went to rehab also. When I was that age my Dad told me that he would kill me if I allowed a Social Worker in the house.

So you were the oldest?

I was the oldest and I had to look after the others. I had to make sure they went to school, I had to get to school, I had to cook, I had to iron, I had to do everything. I'm very responsible; I was very responsible until I had a drink. So drinking was an escape for me.

How long are you sober?

3 years; it feels more like 10 years because it wasn't an easy road. One month into AA I wanted to commit suicide. I just couldn't take it. I knew if I drank I would die but I just couldn't take not having alcohol. My sponsor said, no everything will get better don't worry and I said, no I'm just going home and off myself. So I left my sponsor sitting in her garden thinking that she would never see me again.

So you didn't do it?

No, I was standing with the rope in my hand looking for a branch to hang myself with in a tree. Then the what if's starting forming in my head. What if the branch broke, what if you don't die immediately, what if you just break your neck and end up in a wheelchair. What if you become a vegetable and nobody wants to turn off the machines. No, it's not worth the effort, I'll try again tomorrow. It was horrible and then I went to bed. I think it was higher power stuff going on or the universe because when I woke up the first thing that came to mind was my sponsor's words, it will get better. Then I thought, you know, why you don't just give it a go. And see, I'm still here. It works. I just walked through the doors of AA and I stayed. I wanted what those people had. I thought they were all going to be a bunch of bums but when I walked in there, there were doctors and judges, psychologists. I was like okay, I had a misperception of AA.

Okay, lets just back track a bit from AA to your teenage years or when your drinking started and what led up to AA.

After my 20's I obviously never liked alcohol. I had two groups of friends – in one I was Miss-Goody-two-shoes, and the other group was so cool. I wanted to hang with them. They were popular and I did fun things with them. They said okay, I could be friends with them, but on the condition that I would drink with them. Their way of drinking was to open the bottle, flatten the top, and finish the bottle. That wasn't uncommon for me because that's how my Mom drank. She would down a whole bottle of Vodka.

The danger bells started ringing and I got horribly sick. My head said, I told you so. But at the same time it [alcohol] gave me courage, I was cool, I belonged to a circle of friends. I was feeling sexy and they think I'm funny so it [alcohol] can't be that bad.

Where you living with your family at that time?

Yes, my Dad had just died in a car accident.

Was he drinking?

He stopped drinking for about a year. I don't think he belonged to any fellowship. But his doctor warned him about his blood pressure and he actually stopped. I didn't even know that what they [parents] had was alcoholism. I was very good at pretending. We were living

in this wonderful house, this wonderful family behind this white picketed fence, everything was fine.

How were you doing financially?

My father was the functional alcoholic so he was bringing the finances in. My Mum went to rehab I don't know how many times.

So you didn't struggle financially?

Yes, we did struggle. We were under the bread line. There were nights when I had to go to bed without food. I was hungry, there was no food. Because of the drinking the money went to alcohol. I remember some nights, instead of being in bed I was laying in the car in front of the bar. My Dad goes to the bar, my Mom's working night shift.

Oh, so Mom did work?

Yes, she worked to a certain extent but they both worked until the day they died.

How did your Mom die?

She had cervix cancer.

My Dad's been dead 19 years and Mom 15 years. I would say my drinking really took off after my Mom died.

Why?

I was at the age of 30 when I started realizing...I had blackouts, you don't remember things. People were telling me that I drink too much. They told me that I was an alcoholic and it hit home.

Let's go back first because I want to try and understand where this is coming from.

So did you hide it [alcohol] from your parents?

My Dad never knew, but my Mom realized there was something wrong because at the time she was sober when and sick with cancer. She knew about my drinking and tried to warn me.

How did she know?

She saw me vomiting in the streets and told me to see a doctor. She called me crazy. I always turned my back on her. When she told me off when I was sober I just turned my back on her.

How did your siblings react to your parents drinking?

My brother was also drinking heavily at the time. My brother got locked up for being drunk on the street and causing trouble. My sister was innocent, she didn't understand anything. First Mom and Dad and now you guys. She was always crying – sensitive. She's the normal one. My brother is still a heavy drinker. There is nothing I can do about it.

I think that's the frustrating part of addiction. There's nothing no one can do about it.

Someone's rock bottom is hard time. It's tough.

So did you ever conceal your drinking?

Yes, towards the end. When people starting calling me an alcoholic, saying I'm causing problems at their parties. The worse part was when they invited my partner [lesbian] to a party and they said to her, please don't bring C. Let her stay home and you can come. I overheard that. She didn't want to say that to me. Then the alarm bells started ringing. Whenever there were people over I would have my glass of whiskey in front of them. I would hide one behind the braai and keep one glass so they can see I'm not drinking a lot. I hid one in the cupboard on the way to the loo, one in the shower in the loo, one in the kitchen in the cupboard, when I was supposed to make salads I would say, I'm not drinking a lot see, I still have one glass. I got drunk and they would think, how the hell did she get drunk on one glass? They weren't stupid. I wasn't fooling anybody. I started drinking alone. At that time I was living alone because my partner couldn't stand my drinking. I was happy because nobody was looking over my shoulder and nobody was telling me how much I must drink. I was in a couple of accidents because I was drinking. I got caught for drinking a couple of times and got away with it. I was such a "bitch" that big grown muscled men were scared of me. I don't know how I got away with it, divine intervention. I thank God I didn't kill anybody in the process.

Every time I was single I was drinking very badly, things got out of hand because there was no one to control me.

Did you think that you could stop at any time?

Yes, I tried to stop drinking for about 6 years. I tried from the age of 30-36 I tried to stop drinking. Until I walked into AA.

What was your rock bottom?

It was two days before I walked into AA. I went to a party and I saw someone I had a huge crush on and she wouldn't talk to me because I was drinking. I drank some more and then drove home. Then while I was driving I thought no, I must go back to the party and try again. But I passed out behind the wheel and caused a big accident. Some guys came, woke me up and told me to hide in their car. They spun some story to the cops and took me home. I don't know those guys and would like to thank them.

The next morning I woke up and said to myself, you can't stop drinking on your own. You tried several times but you just can't. What is it going to take for you to actually stop? You need help. You're either going to end up in a pine box or in jail.

I knew my Mom was at Ramot, so I called Ramot. They asked for a couple thousand for rehab and I couldn't afford that. Then they gave me my sponsor's number and said I must speak to her. I called her and asked her what it costs, and she said nothing. She invited me to a meeting and never looked back again.

So you didn't know about AA before?

Nothing, absolutely nothing. I thought people who go there were alcoholics, bums, old men, bergies. Then, I was very surprised when I walked in there. There were accountants. They were well dressed. They were happy. I did everything they said; I must because I was so desperate. I so desperately wanted to live at that time. Things got worse for me then. No van, I couldn't do my work and I had no money. And then I thought, I have to drink, I have to drink...I can't take this and that is when I almost committed suicide. Then I thought I have to give this a go. I got a brand new van. I struggled to pay for it, I worked in people's gardens. My van's almost paid off. I can at least pay rent. How I did it? Divine intervention and I must say this programme works. I was so desperate to make things work. I would have clients that wouldn't pay me and I would go to my sponsor and cry. She

told me to tell them to go away because they're compromising my sobriety. I stood up for myself. I did whatever my sponsor told me to do. I read my literature and went to meetings.

In your mind an alcoholic was?

A bergie, or like my parents. Fighting, violence, do all sorts of weird stuff, hiding bottles of booze. **[but you were doing that]**. Yes, but I was in denial.

Now, what do you think an alcoholic is?

Very intelligent, very cunning. Alcoholics are wired differently. People with a physical allergy, a mental obsession and an emotional disorder.

Emotional disorder because?

It comes from a place of intense sadness, that's where it starts. It's intense sadness and I don't know how to handle it. I don't know how to deal with feelings. I have a distorted view of happiness. Happiness for me is my Mom and Dad not screaming at each other and not drunk. But that's normal behaviour. I think just to know how to deal with feelings, how to own your feelings, how to handle sadness and happiness. I can't handle happiness; I don't know what to do with it. Fear, I thrive on fear. When people are angry with me I'm happy because I know how to deal with this.

Tell me how you stay sober?

I go to meetings. I work with my sponsor even though this has been a bit of a struggle. I have a huge problem with authority. I dig my heels in. **But a sponsor is not supposed be an authoritarian figure.** I know but I gave her that power. Then I get so uptight with her and tell her she will not tell me what to do. I do my readings and go to meetings. The most important thing is to hang with people who are not in the fellowship but on a normal level. Not my drinking buddies. I'm scared of my drinking buddies. I am very good at isolating them. I'm petrified of my drinking buddies. The craving has disappeared but I still have to be careful.

How did the craving disappear?

I was a couple of months in AA when I realized that the craving disappeared.

What did you do when you craved? How did you know that it was a craving?

When I know I have to have to drink now. Then I phoned my sponsor and told her I want to drink. Then she says read your literature. Then I call her back after reading and say I still want to drink. Then she says go for a walk. It was like a baby. I had to learn to walk, enjoy myself. I had to learn when I'm in a restaurant how not to drink. For me it was little things. When I smoked, I drank more and when I drink, I smoke.

One day at a time. 24 hours a day. Sometimes you take it from one hour to one hour. Some days even 30 minutes to 30 minutes. I have to drink. Then I tell myself just stay sober for 30 minutes. Some people have to take it minute by minute.

I hike a lot, read a lot, write poetry, walk...walk on the beach. Just quiet time.

How many years were you an alcoholic?

16 years but it was progressive.

First it was binge drinking. There were long periods when I didn't drink. Then my Mom died and I lost control, I drank every day.

You said you never went to a treatment centre. You said your Mother went. What are your perceptions of treatment centres?

Only what my Mother told me. That it was a prison. You not allowed to do this, that, and the other. Obviously she was there against her will.

So when it was your time it wasn't an option?

I phoned Ramot and when I heard what it cost, I preferred going to AA where I didn't have to pay.

So, the cost was a barrier for you?

Yes, I was willing to give it a shot because I was desperate. But I said I can't afford this.

Did the treatment help your mother?

Yes, in the end, after the third time. So that's why you thought you must try it. She also started going to a group and that helped. In the end she said she was "visiting friends."

She hid it from us. She even hid her cancer from us. I was in such a state. My whole world just collapsed.

So that's when the drinking started?

Yes.

Thank you for participating. I've come to the end of my questions. Is there anything else that you would like to let me know before we end off?

No

L's interview

When did you have your first drink?

At the age of 16.

Did any of your parents drink?

Yes, my Father drank quite a lot and my Mother moderately. My Father couldn't control his drinking. My parents drinking affected me genetically and his sister definitely. My father was an alcoholic.

What is an alcoholic in your mind?

Someone who has an inability to control his/her their drinking. It's a three fold disease: emotional, spiritual and physical. It is a person who has a physical allergy to alcohol, when introduced into the system produces a craving for more. There is no stop button. It is also an emotional disease and has several other characteristics. It has an affect on someone who cannot cope with life on various levels. Someone with a longing for something – the hole is filled with alcohol. I agree with big book of AA which says that deep within each man and women there is the fundamental idea of God or a creator spirit. That longing for the spiritual side needs to be filled with something so you will fill it with a specific substance – if you have alcoholism in your genes.

My Aunt had no will power; she was a bit of a loser. She was always making excuses. She was a mess, she was an alcoholic.

I just had a drink once at a casino. My father gave me a vodka and tonic. He told me not to tell my mother. It took a long time – I didn't drink excessively until 21. I suppose the drinking alcoholically started in my Matric year when I couldn't sleep and was a bit anxious. My Father kept his liquor in the fridge. I would take it and drink two glasses but it put me to sleep. I was very anxious. I did it secretly. I didn't think my Father would be very happy if he knew I was taking two glasses of his wine every night.

I had an eating disorder at a very young age. It was very secretive. I would buy or eat stuff and hide it. I was bingeing. I think that was just part and parcel of the same kind of

behaviour. I was overweight and my Mother passed comments about it. So instead of eating the stuff in the open I would rather just hide it.

I didn't like the feeling of being out of control.

How did the drinking progress?

I did a year at Stellenbosch and then I joined up with people who drank a lot. More than I used to. I would get violently sick. I built up a tolerance.

When did you become a lesbian?

I learnt to become secretive from a young age. That's probably how it started. In general I never felt good enough because of the negative comments my mother made. I never felt at home with myself. I never felt inner peace. I was a high achiever at school but I just felt ugly and boring. My parents used to say to me that I'm not really good with people and I never will really get anywhere. I was very negative from a young age. My Mother had a very bad self image. It wasn't a recipe for a person to walk into the world. My brother grew up in the same home and he never touched alcohol, but he is a workaholic.

When were you in your first lesbian relationship?

At the age of 19.

When did your drinking start getting out of control?

When I had my second job. I had money. I was living with my partner. We had a seven year relationship. She drank a lot. I was bingeing on weekends. I would stay at home some days because I felt very insecure – like I couldn't do my work. I would stay home and go to the bottle store. I was very depressed at that time.

The height was in my early 30's. I discovered drugs – ecstasy and cocaine. I never went to treatment for drug abuse. I stopped using it through NA and AA.

My rock bottom was when I was 35. I was arrested, I had an overdose. I cut down on the drugs – I couldn't just stop ever – then my drinking escalated. I switched from one addiction to another because the basic problem wasn't being sorted out.

What was the basic problem for you?

I just realized that my life wasn't going anywhere and was I still going to do the same thing until I'm 45. I was in another relationship that wasn't working. I was lying to the person. The meaning in life was just missing for me. Totally missing. That was my rock bottom. Luckily I had contact with a few NA and AA meetings and a few Over Eaters Anonymous meetings. I thought maybe I should just give this a try seeing that I had tried suicide. I didn't have the guts to kill myself, it just didn't work. It was a spiritual and emotional rock bottom.

How did you feel when you concealed the eating disorder and the alcoholic behaviour?

Terrible. On the one hand I think it was a weird combination of either on top of the world or on the bottom. In the end it was at the bottom. The concealing seemed fine to me. I would be very demanding and a perfectionist. At work I was super woman and on the weekends I would have a total different personality. That was so exhausting. Eventually I just couldn't put up the front anymore. Then I crashed. That's when the drinking and drugs became more progressive.

Did you ever tell your parents?

Yes, when I came into recovery. Our relationship was bad in any case and we lived so far apart. I was completely isolated from my parents; they knew nothing about what was going on in my life. That's why it was a huge surprise to them. They know that I am lesbian - they found out when I was 20. I haven't really told my parents about my eating disorder. My mother is practicing – she has an eating disorder too so it doesn't really make sense to tell her. I just told them about the drugs and alcohol because I was clean and you just go telling everyone. But telling them did bring us closer to each other.

How long have you been in recovery?

3 and a half years but I've had a couple of relapses. I've been off drugs for two years. Alcohol I've been off of for one year. In terms of my eating disorder it's a continuous battle everyday. I think when you have all these poly addictions you can't give all up at once. I have to do it systematically. I have not been able to do it all at once.

What would trigger your alcohol abuse?

Just about everything. If I'm doing well, it would be to celebrate. If things went badly at work I would drink. Any excuse would really do.

What's keeping you sober now?

AA. The realization that there is a purpose in life. Mostly the spiritual side. I have to work everyday. I slide very quickly. AA keeps me going. Having contact with a higher power.

Have you ever been to treatment?

No, just to NA and AA. I never went because of financial reasons and work reasons. I didn't want to tell anyone at work and go through the stigma. My perception is that there are good ones. They do good work but it's not a cure for a true addict.

In my opinion there is no cure. People either replace addictions with something that society is fine with, like work. You get praised and promoted – which is what happened to me. Love addictions – people cling to their partners. There are also less desirable addictions like gambling, food and its okay because it's not as bad as alcohol. I think a true addict can not be cured. It can be arrested and one can work on it but you are never cured. If I neglect what I need to do to work on staying sober, taking a drink will just become more obtainable.

I can understand how treatment centres get there statistics. It's about people's readiness for treatment and what they do after treatment.

What recommendation would you give to someone who is addicted and wants to stop?

Well, I would say a 12 Step programme is the best chance you've got of 100% recovery. If you follow the programme you will recover, but it's not easy. I am on Step 2 on my eating disorder. I've worked through the 12 Steps.

Do you have hobbies?

Yes, depending on how deep I am into my eating disorder I do have hobbies. I hike and body board, theatre and movies.

Thank you for participating. I've come to the end of my questions. Is there anything else that you would like to let me know before we end off?

No...

P's interview

When did you have your first drink and why?

I had my first drink at the age of twelve. It was a homemade brew beer which my Mother used to make for her friends, she used to make it on a Wednesday for Friday night. Thursday my brother said we must try this.

So you tried it without your Mother knowing?

Yes we were six, so all of us became instantly drunk. I got a hiding from my Mother and I told myself I will never get a drink again.

So your mother drank?

My Father drank but my Mother was a social drinker; she drank but today I believe my Father was an alcoholic.

How come she brewed a beer for her friends?

Every Friday night they had a party at a different neighbour's house.

She drank weekends?

She actually did not drink the beer.

Your Father drank this beer? Was it Ginger Beer?

No it's like the African beer, but it has a kick. If you drink it you get drunk.

How did you feel when got drunk at that time?

You know that warm feeling you get in your body. We just wanted more.

You wanted more at twelve?

Yes. We finished a bucket, and when my Mother and Father came home from work we were all laying out. We got a hiding because now they didn't have any beer left. When I got a hiding I promised myself that I will never ever drink again.

That was at twelve and so you didn't drink until when?

When I started working at the bank, when I was eighteen.

Out of school?

Yes, I looked for a couple of months after my Father because he became ill, so my Mother had to go work and I had to leave school I was in standard nine at that time and I had to leave school to look after him. But at that time if you have standard eight you could still get a job at the bank.

How old are you?

Now? I'm 43.

So when I started at the bank I worked at a department that started at 10 o'clock and worked till very late because we get our work from the other branches ...like this time of the year [December] it's very hectic and the work must be processed before we go because it's peoples money that we must do. At 6 o'clock we stop and my boss would take out booze and we can drink. Mind you I was reintroduced to alcohol and that's where it started.

Why did you start drinking then? Did you think that it was acceptable because remember you said you will never drink again?

But that was at the age of 12. Now I'm 18 and I'm legal to drink you know and also for me it was norm. I told people that I was a very shy person to fit in there at the bank. Drinking gave me confidence. The girls would come to me the next morning and say you know what you said to the manager? I would say what did I say? They would say, you said this, and I would say me? But now you think back today if I didn't have that alcohol in me I would never have said these things they said. I'm just a bell of the ball when I drink. But the next day that quiet little person doesn't talk to anybody, you know.

Alcohol really just gave you that outlet to express yourself?

Yes, I also couldn't dance. But after work you know sometimes we used to finish at half past nine. I worked a year there and I was pregnant with my eldest daughter. When she was born my mother looked after her because I worked late. I didn't even bother to go

home. We organized to go to a dance. Now I've got the courage you know and that was the amazing part of it, we don't realize at the time the effect that alcohol had on us, you know.

So how often did you drink? You drank everyday after work?

Yes, everyday after work.

What was it that prompted you to drink? Was it that the boss took out the drink? Did you always want to drink? How did that work?

Yes, it was set out there on the table so that you can have. They had soft drinks but I didn't like to have soft drinks.

You chose not to, why?

Yes.

What is your understanding of why you drank then because you could choose not to because you said there were soft drinks and there was alcohol and you avoided the soft drinks why?

But if I look back today, when I had that first drink at the age of twelve, I think that was my alcoholic beginning. It started when I had that first drink. I had to drink that whole bucket until it was finished. It made sense at that time but when I look back today, it doesn't.

Why did you have to drink everything until it was finished?

Today, now that I'm in AA, I realize that once I opened the bottle I had to finish it and I had to look for more. I have an alcohol worm here in my body I just couldn't help myself. I must drink until I pass out. When I wake up, I must drink again. The bottle must be next to my bed.

Why do you think it had to be like that? Why do you have to go and drink after work everyday?

You see it's like I told you, earlier something also happened in my childhood and I try to forget about it. That is when I started to block that out. I drank because, like now we can talk open about being abused as a little girl. I used to tell my Mother and she used to say,

no that is Uncle. He's my sister's husband, how can he do that? I would say he is playing with my private parts ...you know he used to do things.

How old were you?

When he did that stuff, I think I was about 8 or 9.

So you could remember?

8 or 9. I used to block it out. It's when I was sober, then I remembered.

When could you remember these things?

I remember I tried to think, but why did you drink so much? What was the cause of it and then it all came back. I phoned my sponsor and said there's stuff coming back to me. She would often say take a bus and come now because you must share. I told her that I just remembered I was abused as a little girl. I never remembered other times, I never remembered. She said you drank alcohol because you tried to block it out with alcohol. She could relate when I shared with her. She could relate so much because she said it happened to her as well. A lot of us women we were abused as little girls. Yes, and then I was in an abusive relationship as well. We fall prey for that too. I think that was the reason to drink to forget and a lot of time I remember I used to lay in bed and cry. I wanted to phone my Aunty. This is after my Mother died. My Mother at the time didn't want to believe me. I used to lay in bed and I cried and cried when I was drunk.

How old were you?

I was in my twenties and I cried because I wanted to tell my Aunty what her sister's husband did to me. I never had the guts. I was ashamed. Scared of what they are going to say.

Is he still alive?

Yes.

You never have the urge anymore to confront him?

I don't know I'm not ready yet for that.

Are you seeking help like therapy because it will really help you if you see a therapist. I can give you a number of a therapist. That will help your recovery not only your sobriety just as a human being. Seeing a therapist will help you to recover from that trauma because it's going to hold you back in life. You always have trials as an addict as an addictive personality there's always going to be something that you want to be addicted to because you are not dealing with this pain. Like you said the abuse caused the alcoholism. You know, one of the participants put it very nicely to me. She said: I have an eating disorder, I'm lesbian, I'm an alcoholic and I was a drug addict. I cannot put everything down because it's too painful so I will put the alcohol down, then I will have the drugs, then I will put the alcohol and the drugs down and then I will have the eating disorder. What that says to me is that there's always something you going use to hurt your body with or hurt yourself with whether it be an abusive relationship or not, there's always going to be something. You have to take care of the root of the problem and the root of the problem is the abuse otherwise you never going to recover.

I never thought about it like that. I just thought because I like writing, I write letters to God. I even wrote a letter; I think over a year ago, I wrote a letter to my ex-husband because I couldn't forgive him for what he did to me. I need to forgive him for me to heal, and the Big Book says if you have a resentment against a person pray for that person for two weeks. I did that praying for two weeks and I'm actually relieved.

I thank God that He steered me to this programme because there's a lot of work that I need to do because I actually met somebody. We've been seeing each for over five weeks. He told me this morning that he thanks God that we are in this AA programme but he said to me you don't have trust in males.

How did your drinking affect your daily life?

No, at the beginning when I drank I used to go to work and then it's like alcohol took over. So I was called to the office about my performance because I didn't meet target. They came around and they wrote up our stats so the boss can see how we perform. I always got lucky and we always looked for excuses but it was happening continuously. Like I said in 1986 I had my first child. She was just a year and six months and my son was born at the peak of my drinking. Their father abused me. Their father was never there. When one stops crying, the one starts, and what must poor old me do? Drink to forget what is going

on around her. It affected them also. My Mother told me at the time that I already have a drinking problem. I said to her I don't have a drinking problem. My Mother took a drink. She used to sit a whole night with one drink. I would tell her that you can't tell me you are not a drinker, you drink and now you want to tell me that I've got a problem? I said no, no and she said you go to work and you come home 3 or 4 in the morning you forget that you are Mother. Different cars drop you here. Who are those people who drop you here? I would say my friends, because when you are a drinker you make friends. Especially if you are a female, you know how to throw your body and then you get what you want. It affected my family life, my work, even some of my friends started to complain about my drinking.

How did that affect you?

With my friends?

Yes, that everybody was complaining about your drinking how did that affect you?

I didn't care a damn what anybody said. I didn't have a problem. There was nothing wrong with me. I was at work everyday although I didn't perform, but I was there.

Did you start hiding it from people that you were drinking?

Not at that stage yet but you know we had these big computers at work [very big]. So we had little cupboards there. Me and this one girl, we stay in the same area and we travel on the bus together. She used to make plans for us to get alcohol. Her mother was a sick lady. We used get paid the 20th of every month and by the 15th we are stone broke. So I said to her, sister we have no drinking money what are we going to do? She would make up a flower raffle and we typed up a letter. Aunty Bessie is sick. Then we go around to the girls for donation for flowers, you know that time a R5 was like a R20 or more than that. So they will put on R5 each and then we tell the tea boy that the flower money is coming. We tell the girls the next morning we are going to the florists and then we will send the flowers to her. We never did, and that is what alcohol did. We told the tea boy that we will buy him stuff. He never drank at work, he took his stuff home and we told him where to put the booze. Now that we talking about it I said I didn't lie but now it comes back to me. We had a small cupboard where we put stationary in and we told him to buy a half a bottle and a coke. Half of the coke he poured out and he must now put alcohol in there. She drank whiskey and I drank rum and he buys another 500ml in case one of the girls wants a sip.

Then we will say sip that because they are going to smell it at 3 o'clock in the afternoon. Now we start thinking to both play sick. They never understood that we always sick together and then we must lay in the sick bay. There we just carried on drinking and we get so sick that one of the boys must take us home.

Everyday?

No not everyday, we didn't do it everyday but like on the 20th. To us it is like a bonus day. We will have lunch. We worked at the Foreshore, the Capetonian Towers are there. We would have lunch there and one beer. She and I must always have more you know, I mean that time I didn't think I had a problem you know, it was normal to drink.

You learnt this behaviour right?

In the area I grew up.

Where did you grow up?

Qtown! There people used to stand at the corner, it was normal for me. You know what? The funny part was that when I was about 8 or 9 years old and I saw these people walking drunk, I told myself I never want to be like that.

You did become like that but you didn't do it in the street but you did it at work.

Yes, no I said I don't want to become a drunk like that. Look they did in the open I didn't do my thing in the open but I always said I don't want to become like that.

I have two questions. Why do you think you become secretive and number two why do you not want to become like that and do you think you eventually you did become like that?

Why didn't I want to become like that, because when I was younger, you know you get labelled "daar kom daai dronk" [there comes the drunk], all the bad names. And don't let it be a woman, you get all the worst names you can get in the world.

So drinking is different for a woman alcoholic. What is the difference between a man and a woman alcoholic in your opinion?

In my opinion we woman are always labelled. We are easy targets. Guys know when you have booze they can get what they want, that is why we were easy targets. A lot of guys

used to say a woman's booze goes to her private parts. I didn't want to become like those people. What is the other question you asked? We were talking yesterday me and my one friend. She came and picked me up and we went for a drive. We always talk about how something will trigger you. I was telling her until today I'm trying to figure it out why I was hiding the booze because I was hiding it from myself.

Yourself?

Yes, because now I don't want to drink. I know I had enough. If I'm going to drink that half of glass now, then I don't have anything later so I hide it. I will hide it so that I don't know where I hid it.

Because you're drunk you can't remember anything?

I can't remember where I put the bottle.

Who did you hide it from?

From my children.

Why?

They used to find my booze and they threw it down the drain. The other thing also you hide your booze thinking they don't know you are drinking but in the meantime the signs are all there you know. I always try to keep myself up straight. The children would always say Mommy walks so beautifully upstairs. That's because I didn't want to fall. Then I was three months sober and I fell over the stairs. [laughter]

So you hid it from them and your partner? You said you're married is that right?

No, we lived together for 13 years.

Your partner, so you were never married legally to anybody?

No, I was married. I'm divorced 16 years.

That is what I wanted to know you said you hid it, who from? You started drinking after divorce?

I'm divorced 16 years, this is before the ex.

When was your drinking bad? When you were married? In your marriage?

My drinking started progressing and then I thought I would get married because he was a Muslim guy and he doesn't drink, he only smokes. I thought if I get married to this guy maybe I won't drink so much, you know. Because I worked in the bank and taxi driver's used to drop me, he became jealous and assumed that I'm having an affair with these guys. He used to beat me up. The children were small. They used to sit at the back and they hid themselves under the seats and poor mummy got bashed with blood streaming down my face. Afterwards he realized that he was doing something wrong. He would ask, "Are you okay?" And I will say, "Yes, I'm okay." He used to take me to Strandfontein Pavilion and then he takes me to the shebeen in Mitchell's Plain, and everything is forgotten because now I'm getting my booze. You know P now forgets. I don't even ask the children if they are okay. They only told me now that I'm in sobriety. Even when they were a bit older they used to tell me dada used to beat mommy up and we used to hide under the seat but the minute he said he going to buy the booze mom is all happy again. That is the effect that alcohol had on me. When the people talk booze I changed from sad person to happy person. I'm going to get booze now I'm going to be happier. I was sharing this one day at an AA meeting and a young girl said to me you know your children, could be me. You actually brought a lot of things back and she said that is how she started drinking because of what her father did to her mother that's why if something suddenly comes back to a person you must share it at the meeting you never know if somebody is going through the same thing.

You said you hid it from the children who else did you hide it from?

From anybody.

Why?

This is how it progressed and it is in the worse stages when you start hiding because you sick of people who kept telling you that you a drunk.

You know this bag is totally big [pointing to her handbag] for me now but I always had a big bag I always had booze in my bag and my bag has to be big enough for a bottle to fit in it. So when I want to go to a toilet I can quickly have a drink. I hid from everybody but everybody knew. When I got sober they will say to me they knew long time. So when you like two weeks sober you get so excited you went to AA you want to tell everybody and

you want to convert everybody and my neighbour said to me she knew long time that I had a problem but all she could do was to pray for me.

Did you ever have control over your drinking? Did you feel that you can control at any stage?

I tried to control it always it's like my partner that I split up with him now he works at Old Mutual you know. His work gave a lot of functions and I had to go with then was like torture for me. It was a torture because the ladies will sit with one glass the whole night. So I had to pretend to have this one glass drink you know for an alcoholic what torture it is.

You said you controlled yourself?

Yes, at work functions.

You were able to control it at work functions?

The minute I come home I will make up for lost time. I make up when the parties are at our place. I can't control it. I will have 2 or 3 before the guests come I always see that the drinks are in the kitchen. I pour everybody's drinks. When I pour one for you I pour one for me and I pour for Petrus. People could never understand I drank the same amount as them because I sit in their company but I was always first drunk. You know they didn't know what I did in the kitchen. I hid the booze everywhere when I talk about everywhere I mean the washing machine, by the cupboard, by the sink when I wash the dishes. I had a bottle at the washing line when I hang washing up, I must have a drink. I even hide the booze in my children's room we had the cupboard at the top where you put bedding in. I can't reach because it's high and I had to take a chair. I always took the chairs out of their rooms so that they could not look up there.

Today when I looked back I embarrassed my children, they didn't want to bring their friends over and I didn't understand. They just say they just want to sleep over. My partner worked away that time he was more in Johannesburg than here in Cape Town. That was always the excuse. I used to this man who works away. He leaves me lonely. 8 O'clock the children are fast asleep what must I do? Who must I talk with then I said to people I took that bottle after a couple of shots I can sit and talk, even to my self.

People will ask why don't you invite some people over. I would say I only have one bottle of brandy, so I must share that bottle with them. Through my drinking I learnt to braai. I can make a fire. So the children don't moan about my drinking. I told them let's make a braai because if you talk at a braai you talk about beers. I would tell my daughter to buy meat at the shop and I would buy two six packs, enough for the braai. In the meantime, in the morning while they still at school, I would go and buy my other stock, and they could not understand that I bought two six packs yet I'm drunk already. Two six packs can never make me drunk.

I mean my one daughter said to me the other day, mom, I don't want to become an alcoholic because I've seen what alcohol put mom through. I said you know what I didn't want to be like people I grew up with but today I thank God he make me an alcoholic because out of that I can help other people now. Also it changed my life. I'm on my own but the kids still phone me. We have our ups and downs but you know they still tell me it's amazing what AA is done for mom.

When do you decide to stop drinking and how you discover that you have a problem?

My mother passed away eleven years ago just before she, passed away the Wednesday. That Saturday night she was by me and she told me she said to me she thinks that I am an alcoholic. Oh my word when she said that word it looked like I wanted to kill her and I said an alcoholic no man! I said an alcoholic is the guy that lays there in the park and she said to me you either stop this drinking or try to drink less because this man is going to leave you. She always said he is a good man he's going to leave you! I did not care and I used to say if he wants to leave me who cares. She said the day he leaves you are going to care. She died on Wednesday and we went to my brother's and they had drinks and I didn't drink. The next day we like every day we went to my mother's house with the arrangements and stuff and I didn't drink. The Friday night I drank. My sister said that I looked drunk and the family came to sympathise you know but I didn't care. I made a promise to myself that the day of my mother's funeral I'm going to respect her. I was disappointed with my brothers because they bought booze and they carry on and I said to my partner at time we must go home. When we got near the city can we bought a beer and I said no today I respecting my mother I'm not going to drink. It's after that my drinking really, really escalated because its only my mother who died nobody else. My mother was

everything to me. She looked after only the two children when I moved in with my partner and the other two stayed with me. My daughter was with her when my mother died. She did a lot of things for me. I was the only one who was married but I stayed in the house with her but others got married and moved out they always want to know what is special about me. The time she told me I am like my father but it didn't make sense because I didn't think my father was an alcoholic. It was when I came to AA. When there was Coloured Affairs I remember seeing letters that my mother wrote to a Social Worker. One day she hit him with a shoe it was always because of his drinking. I thought it was norm at that time but you know when he got sick when my father got sick he just took his cigarettes and his bottle and he said ma just throw away this and he stopped drinking just like that. Not all of us are like that.

Is that when you decide to stop drinking after your mother's death?

No, my mother is dead eleven years. I'm now almost seven years sober. My partner worked away a lot now every time he goes he asked me please when he comes home I should be sober. I make that promise and I will always try to keep it up until its afternoon and then he's flight gets delayed. Then this one friend and I always fetched him at the airport and we sit in the pub waiting for him because his flight is delayed. I will have a couple of beers and then it carried on like that. The children also didn't want me to so I tried to stop but I couldn't understand why when I started to drink I can't stop. When I start I can't stop. When I didn't drink I thought I'm okay but I was miserable very miserable if I didn't drink. I started even going to church because I was seeking for something. Being shy, I'll go on Sunday morning with a hangover. I would go to church and sing but in church I would cry there in front the pastor and ask him to pray for me because drinking is wrong for me. I stop drinking for two weeks because I said I got a stomach problem that was what alcohol did. I wanted to drink but I couldn't drink because my stomach was not okay. He was in Johannesburg when he came home I was sober and this man was so impressed with me. Sometimes we want to reward ourselves. He said I was so good and bought a six pack that was when he came home end of January.

Was he alcoholic? Your partner?

Who? Which one? I just can't tell you. He does drink, he's a binge drinker. The second of February, that's when he bought me two six pack of beers so I just sleep on it I didn't drink I wanted to stop but I just drank the Sunday he said to me is all those beers are still left I

drank six pack I will drink two six pack quick, quick before the bottle store closed he must go buy more. He couldn't understand. The Monday there was two beers in the fridge he went for work in the afternoon I cleaned up but I was very sick oh this tummy it was terrible in the afternoon I did the food and the washing everything and I drank the two beers when I came to the last one and I say to myself this is my last beer not thinking it was going to happen.

How did you prepare yourself for your last beer?

I don't know it just happened. I went to bed that evening half past five that morning I woke up and woke him up too. I was shaking and crying. I said to him I don't know what's going on and I can't carry on with my drinking anymore. So he asked what are we going to do? I said I don't know. Because I often attended church he said I should go at 9 O'clock to the church. I was crying and he said its okay, its okay. But I said I don't want to drink anymore because I was a Christian. It wasn't like God deserted me really. I just prayed and I said please God.

Then he left for work and the children went for school now I'm waiting for 9 O'clock to go to the pastor to ask the pastor to pray for me. I went to the pastor but I didn't see his car since they didn't stay at the church. They stayed in Monte Vista. I walked back home like a dog with his tail between its legs. I prayed to God and I read the bible from back to front and front to back and in the middle I read and read and I said please God I don't want to drink any more what can I do?

Then, I had a light bulb moment! I remembered there was an advert in the Argus if you got a problem with alcohol phone Alcoholics Anonymous and I thought no man you know when you drink you don't think properly. So I had to look for the classifieds. I phoned the AA office but I must have cried that day because she wrote my name totally wrong. I will never forget what she said to me she said I will tell you a little bit about myself and you must try to identify not compare. This woman was telling my story and I said to her that it is not nice of her to lie because it sounds as if someone called her and told her exactly my story. She told me about her husband that abused her. I said I was so desperate also to stop drinking and she said somebody will phone me from my area. But you hang in there. I want to leave something with you and she said just try not to drink today. Nobody told me just try everybody was telling me to stop drinking. That stuck with me the whole time.

This guy phoned me from my area. He said his name and that he is an alcoholic and then he said he was going to a meeting the following night in Rondebosch. I said no man don't you go to other meetings? He said Thursday I'm going to a Milnerton meeting and I said to him I think I'll go. He said to me no, no, write down my number and you phone Thursday afternoon if you want to go to a meeting. For two days I stayed sober without contact. I didn't know what AA is all about and the Thursday afternoon I phoned this guy and I said I would like to go with you to a meeting. He said okay I'll pick you up at 7:15 pm. I bathed and my daughter did my hair and she said no mommy you must look nice to go to AA. At 5 o'clock I started getting worried. The man said he's an alcoholic. Now I'm getting worried an alcoholic is a guy that lives in the park, wears a dirty coat and has pennies in his pocket. If he's going to come like that and he's going to say here's a nip and have a shot before a meeting and I didn't want to drink. Now I'm getting worried. I'm walking up and down the house and the children would say mommy sit still the man is going to come. But I can't tell them what I'm thinking. What are they going to think when a dirty guy is coming to fetch me?

When this guy finally came he came with a posh car and I'm looking like this? He said to me I know what you were thinking. He gave me a hug and said his name. I am going to take you just relax I know where you've been I've been there not too long ago. This guy was sixteen years sober. I went to my first meeting and everybody said welcome and I said wow! People used to say don't bring her in my house anymore she makes trouble here. They said welcome. There was a guy who was almost forty years sober. He came and he gave me a hug and this man said to me we going love you until you can love yourself. It didn't make sense that day and he said to me one day you will understand what I mean. I thought everybody knew I was a new comer. Everybody shared stories there and I could identify.

That night they said you don't have to say anything you can just say your name but that night I knew I was an alcoholic and I said good evening friends my name is P and I'm an alcoholic. I was crying and I said I know I'm at a right place. I did not stop the night I came to AA. My sobriety date is the 5th of February because I got sober then I didn't drink since that day. The 7th of February I joined AA and I haven't looked back since. The clock

is ticking now, I'm seven years sober. My 16 year old daughter has a boyfriend. She asked me if she could tell her boyfriend I was in AA.

They said stay away from the first drink just for today. I had to break my day up into minutes you know. I will always tell newcomers the days become months the months become a year and a year becomes years. It's the people from outside of AA that don't understand. Sometimes my children do not understand me, my ex didn't understand, that's why we grew apart. My family is upset because we split. He is a good man and they said AA changed me. I said for the better because I can think straight. I said I wasn't abused physically by him but mentally. I told my ex everything. Anything that becomes an obstacle in my sobriety I discard and he didn't understand. Last year it was after Christmas, the 27th of December I went to sleep over by a friend, my Alanon sponsor. I was planning to leave like June but first I was going to make money together and I was going to move. I said God has got a plan. I had a job in like 3 months. After that the guy said the business is going down. I didn't have to take a drink.

I told somebody that I don't have money, I don't have material things like a lot of you people have but there is one thing that I treasured my gift, my gift that I got from God that is the gift of sobriety. Every night before I go to sleep is a victory because before I came into AA every problem that came used to drive me to the drink. I told her now is the first seven years that I didn't drink.

They say marriage is a challenge in the first seven years. This isn't easy. I had a lot of obstacles but I stayed close to God and I stayed close to AA. I tried to solve my problems to the best of my ability. I always told people without AA I would not have been this person that I am today. This morning my boyfriend said to me I can't believe I met this amazing person and I said to him you must thank God. He is also a member of AA and he's now going to join Alanon. I told him about Alanon and I said I can't tell you what to do and he said he want to support me. He said he is reading the big book yet my ex didn't want to do anything that was associated with my AA membership. After I left my ex last year I thought I would not get involved with a man. My boyfriend is a widower his wife died five years ago he also never wanted to get involved. We met each other when I was taking a taxi home we started to talk and then we exchange numbers. Then we started to call each other. I said to him this morning God put you in my path.

Before I didn't have a place to stay I was staying with my Aunty on the floor in the dining room but I was prepared to do that rather than go back to my ex. My son also drinks and he's on dagga. I can't take that and I don't want to drink. So I stayed with my Aunty for four months sleeping on the floor. It was hard because I stayed in the lounge. If they are finish watching TV then I will go to sleep. It was hard but I prayed. I stayed by a friend. One day I went to her and we had a tiff. She's in Alanon and she didn't understand me. She put me out but I still went to visit her. People don't understand me because that woman was so rude to me but I must love and forgive her.

We walked pass her son's house and I tried to ask how many bedrooms there are. She said she would ask Wayne because he has a granny flat behind his house.

Saturday morning I went to a workshop and this lady I called mom (I haven't got a mom so I adopted her as my mom) was waiting for me and she said to me Sharon and Wayne said you can get the place but you must go and speak to them. I went to them and asked if I could get the place. It was like a storeroom. They said you must clean the place you don't have to pay a cent. My tears was rolling now I said God I have a place to stay. But I haven't got a job somebody said to me be grateful God is working in stages with you. I said God is working backwards. I've got a place. I've got a boyfriend when is that job coming? Somebody said to me let go and let God.

After two weeks this guy came to me and said Jan is looking for you P. Jan is from Saldanha so he is Afrikaans. Jan said God spoke to me this morning and gave me a message. He said that January to April you will have a job and you must not worry. God looks after you. I haven't gone to bed without food. I smoke. I really haven't been without cigarettes. If I don't have I don't have. I don't go looking for cigarettes. That is my other addiction, cigarettes. I have love and support of my extended family. My family don't want anything to do with me but I said my extended family is there for me.

I've been to almost every rally that AA had this year but my family can't understand why because I don't have money. I said I just get a phone call asking if I am going to a rally and I tell them I don't have money yet they say I just need to pack my suite case and my lift gets organized. I went to George. I was in Saldanha. I was in Durban, too. It's just amazing. My one friend said to me, that I don't know what an example I am to her because in spite of everything that goes on around me I stayed sober, I don't have to drink.

It's past my birthday already and I didn't want to celebrate but my friend said I have to celebrate because I must tell the newcomers to this programme that it works even when you are unemployed. You have no money and you are living proof that this programme works for all sort of people. This morning I was telling my boyfriend that I'm getting emotional because this is my seventh Christmas that I am in sobriety. I said to him last year it was a bad Christmas last year I made lunch and everything but nobody was there to eat. My ex was hung over he didn't want to eat. The children went to their friends and I said that time God showed me that you don't belong there. The children were a bit angry with me but now I visit them. I phoned my ex if I don't have bus fare for him to pick me up when I want to spend time with my children.

What are you doing to prevent relapse?

To prevent relapse I pray a lot and I always read AA literature. A lot of people had slips, why? You should ask them if they prayed this morning. Did you ask God to keep you sober? This is my belief because each of us we've got our own opinion. I ask God this morning to keep me sober for the day. Anything can happen during the day nothing is going to drive me to drink because I've seen God work in my life. When my daughter attempted suicide that day I asked God to keep me sober. It was a terrible, terrible thing I mean for a mother to come and see her child like that. You don't know if your child is going to live. Then the ambulance guys told me they have more news for you me...I am becoming a grandmother. She was five and half months pregnant and I didn't see a thing. After that everything changed. I phoned my sponsor and my sponsor said 90 days, 90 meetings. I said no. She said I can't cut down on meetings now because I need my meetings now more than ever. Going to a meeting I get reminded where I come from and where I don't want to go back to. Every time somebody shares at meetings. Sometimes it's a person who is a fairly newcomer and it reminds me how I looked when I first came there I always tell a newcomer when they feel scared that they shouldn't worry because I have been where they are not too long ago. This one guy said this woman talked as if she's here six months I said I'm here six years. My AA dad is 44 years sober. He's the one who gave me my first hug. It's people like C who is 30 years sober in January that give me strength. People like them give me hope. If they can do it I can do it. I ask how do they do it? They say that I should share any problems at a meeting. There's always

somebody who went through what you went through because they shared their experience. You know what help us? The 12 steps programme.

What has your experience been with treatment centres? Did you know of any treatment centres when you said you needed treatment?

You know that morning I said I was not going to rehab. What are people are going to think about me? But I did phone C because I did feel like I was feeling sick. She said I must go and see a Doctor and the Doctor will tell me if I needed rehab. The Doctor did a check up. He held my hands up and I ask what he saw? He said he could see tremors. He put me on a sedative.

Why did he put you on a sedative?

For the withdrawals. After 5 days I went back to him for more tablets. The Doctor said sit I need to explain something to you. He said you are an alcoholic and you have an addictive nature. He said that I left the alcohol now you want to be addicted to tablets. I phoned him and said I was seven years sober and the Dr said praise God, praise God.

What recommendations would you want to give to treatment centres?

I can't tell you. The only thing I can tell you is that there is not enough treatment centres for women where State hospitals are concerned.

Why should it be?

For women?

In your opinion?

In my opinion I was just one of the lucky ones who didn't need treatment but there a lot of woman who need treatment and nobody can afford that 50 or 60 thousand rand. I even told myself if I had money I would open one but it's just going to be for women.

What kind of things would you do?

I'm going to give them skills for when they leave treatment. Look a lot of us abused our jobs. There are a couple of us AA ladies that have a vision of what we would like to do. I like cooking so I will teach them how to cook. My one friend does flower arrangements. We got a plan we just ask God for guidance. We are couple of ladies who want to be there

for woman. We are there for the males too. Like I said we got the stigma. We normally labelled as whores and sluts.

Yesterday my friend and I were talking about this guy that used to buy me drink. The next morning I woke up with this man in the same bed and I said to her if I didn't drink I wouldn't have woken up with him in bed. That is what alcohol did. She shared with me her story too. Like when a male drinks and sleeps with a woman he walked away untouched. But when I did, everyone knew that I was a slut because I slept with all the men for alcohol.

...And that stuck with you as well?

I just say thank you God that I stopped in time. There's a lot of woman that sell their bodies for alcohol. Its like I said to my one friend, I would have done it because my ex took cars away from me as well as money. I remember one day I went to the shop I don't know if you know where Richwood is? Bothasig? It's between Bothasig and Durbanville, that is where I stay. I saw this one guy with a carrier bag with a six pack in it. I chatted with him and he flirted with me. I asked him to give me two beers.

He gave it to you?

He gave me two long tons and I gave him a wrong address.

Thank you for participating. I've come to the end of my questions. Is there anything else that you would like to let me know before we end off?

No

M2's interview

When did you have your first drink?

When I left home and I started working.

Did any of your parents drink?

None of my parents drank but I know on my mother's side there were alcohol problems.

I left home when I was young and got a job at a restaurant and that's where I met my husband. I got married at 21 and had a baby at 23. I felt that I was making up for time I didn't have when I was younger because my father was very strict. When I felt pregnant his 4 year old came to live with us until she was 16 and then she went to stay with her mom. It wasn't easy. My husband was working in a restaurant so I was helping out weekends, week days I was working at an insurance company and I was trying to raise two kids. It was hectic. I coped because I was young and I had a lot of energy. I managed my time well. There was a lot of emotional abuse and infidelity from his side. I caught him sometimes. If I must compare emotional and physical abuse, emotional abuse is 5 times worse. I learnt to shut my feelings down.

We always had alcohol in the house. I decided that alcohol helped. The feeling of numbness didn't cure it. I didn't only have emotional abuse but he physically abused me as well and I had to go to work and beaten up and being in a specialist job it was embarrassing. When I had enough we had a divorce we still stayed together but I never remarried. I already discovered a remedy which I could survive on. So I learnt to keep quiet otherwise I would get another smack. I continued binge drinking.

When did the drinking start?

I started having a problem with alcohol in my late twenties. I drank more over weekends. He drank too. Our home was always overflowing with alcohol. We were quite well off. So people were coming and going. The lifestyle I had contributed to my drinking. The friends we had used us because it was convenient for them to drink as well. When I was 32 I realized I had a problem. I was showering trying to get rid of the smell. I used to hate the smell of wine, I still do today. So it continued and spiralled out of control. In the beginning I was master and alcohol was the slave.

How did your drinking start affecting your daily life?

I drank at home and drinking at night. Towards the end it was in the morning and late at night. I had hangovers at work the next day. Then I realized there was something seriously wrong.

What prompted you to drink?

The emotional abuse and the fact that I had a desire that something will make it better and alcohol was the only thing. I disconnected from God. I grew up in a really religious family. I grew up with a minister's son. God was my miracle taking care of me all the time. I used to drink and drive.

Did you hide your drinking from your husband? Please tell me about that.

Drinking at home in isolation is pretty much what I did. I would cook and put the kids to bed and make sure they fed I was alone and then I would drink. I hid the drink in the laundry. I hid it in cupboards. In the beginning I got away with it for about two years. I knew I would get a smack from him if he found the drink that's why I hid it. When he found it he asked me why I don't drink in front of him. I didn't want him to know that I was drinking because I think it's a shame that I can't help myself. I can't help myself and alcohol has become my master and I have become the slave. At that stage I knew I had a serious problem because I used to look for ways to hide the alcohol. I used to buy Robertson (spice) boxes and hide them in there. When I finish drinking the bottle I now have to get rid of the bottle, it's a problem. I used to put it in bags and go around to different garbage cans in the area. I would load them in my boot, stop, watch if nobody is around dump it in someone's rubbish bin and then drive further to dump the rest. It was sick. I wasted so much energy. Once I bought the little boxes it was easier. But I got caught out by my husband. Towards the end he would ask me to open my hand bag to look for the booze. I use to roll the empty bottle in paper towel and through it in the bin. That was insane.

Did you get help? What led up to you getting help?

My husband and I sat down and spoke about my drinking. He asked me to get help because he wants our relationship to work. I went to 3 psychiatrists and pulled wool over their eyes. I was prescribed 3 different types of anti-depressants. A friend of mine was in AA and invited me.

At first I didn't want to go to AA because who goes there? Only bergies. It's the best thing I could have even done. Then, I was five years sober. I discovered that there was no human who could help me. I had to find the rooms so that I could find God again. The first six months in AA was my pink cloud. Everything was going well for me. That was my danger period. Then 9-12 months is the grey period because you become depressed. At five years the emotional abuse didn't stop and I was still on anti-depressants.

You said you pulled wool over the psychiatrist eyes, what did you do?

They asked me how much I drank and I would say one glass of wine occasionally, from time to time, you know that type of thing. I said that just because I wanted nobody to judge me. He listened to me and said its fine they will just hospitalise me. I was in hospital for 2-3 weeks. Mostly it was 2 weeks, those days. Now you go there to dry out, really. That was what I was doing there.

In those days you were given valium. Nowadays you don't get valium anymore. Now they send you home. I got valium, gosh I can't remember all the stuff I was on. I got Prozac. Me being in the restaurant trade, Ben at that stage he opened a pub, we had stock at home. Somebody dropped the whole box; I will never forget it, of half Jacks brandy at home. Ben was at the restaurant and it wasn't bothering me until one morning. I told myself just one drink. You know what happen? It's not when you in a bad way, it's when you good, when you feeling good, when you have these temptations. I experienced it, it's just one drink too many. I landed up in the ICU at MediClinic City, in town. They had to pump my stomach. I was supposed to be dead.

You didn't attempt to commit suicide?

No I was oblivious. I drank myself unconscious. That is the journey one drink too many.

How many did you drink?

I can't remember it was pure, pure spirits on top of the medication. They had to pump my stomach. It was the journey. I don't recommend it to any body not even the suicide attempt. I was fine again for a year. He lost his business but basically he was like a supporting figure. He was a very hard working person he was now doing a lot of stuff at home and then he started to help somebody else with his business. He started to go backward and he started to have symptoms. It was the year 2000 when he had pneumonia and he was hospitalised. I was still at Old Mutual then until 2005. We left Town and moved to Durbanville and they diagnosed him as having cancer and I decided well I will wait for him.

Were you drinking through all of this?

No. I was fine when he was at home and then he was diagnosed with cancer. I was fine all the time when he was at home but as soon as I took him to hospital and I came home I wanted something that was going to take this pain away. Now I'm off anti-depressants and 2005 I stopped completely. I was weaning myself off completely and it affected a whole lot of things, it affected my whole life. The person who is supposed to be stable is me. I'm unstable and I'm supposed to be there for him. Then when I have to go and fetch him I'm fine. I'll look after him and in between I'll find excuses to go to the bottle store because now I'm trying to deal with this stuff. I've got alcohol this side of my bed and I've got him on the other side and I don't know which way to turn and the logical thing to do is now to have a quick fix. I would have a drink. I continued until a friend of mine stepped in and asked what she could do to make it better.

The minister rocked up and I'm locked in my own home. My son locked me up and by now my husband has gone to hospice, I took care of him until the bitter end. The two weeks before he died he went to a hospice because there was proper care. The morphine and all was there. There was a twenty four hour chloroplast, procedure by which the colon has to be taken out to be cleaned. It's not a journey I wish for anybody. So, I decided to drink after he has been taken away again and then the minister rocked up only to find that my friend and I was locked in my house. The night before that I will never forget. I realise what was happening and I said hang-on I don't want to live like this anymore. The whole world was black and I saw this tiny light at the end and I said God please help me I've done wrong so much in my life. I accepted God back into my life. The next minute the minister rocks up and I'm locked inside. They are outside and I must serve coffee through

burglar bars through the security gate. It was such a scandal. I tried to dodge the minister from time to time, at church as well. He asked me what they could do to help me. I said the only thing that can help me is AA. He was disgusted in me. Today his vision is also changed as there are its quite a few AA people in our church.

While he was busy dying he asked me one day what he could do that would make me forgive him? I wasn't drunk. I was sober. Its just all that hurt, resentment and anger that I had for him. I never said to him its fine because it wasn't fine I still had that anger that I was carrying.

[Uncontrollable sobs...stopped the interview for her to regain composure]

It was an unfair question to ask you on his dying bed you know?

Its something I'm beating myself up for until this day.

Because you did not respond to his question, but what could he do, even if he said I'm sorry, you know.

I think he did the damage to me and also I was destructive on my side. I destroyed it. I destroyed what could have been, I destroyed. Today I can talk about it. When I got alcohol in my blood stream I got guts and I can say it, it doesn't matter if I can get a smack. I don't give a continental, you know. Its fine because then he knew how I felt. Looking back like I said, it's not a journey I wish on anybody else. It's sad because we had such a beautiful relationship. He was somebody that I really loved. I will always love him, nobody can take his place. I said to my son last Friday, this is very sad.

It's so raw because its such a short time since his passing. You know they always say time heals and when you reflect back at all the years that he has been with you, now you are alone. Your son moved out of the house and you have all this free time to think.

Yes I've connected a lot with the church. I've accepted God back into my life. God has never really been out of my life, but alcohol, the demons of alcohol settled in and God carried me through miracles.

I had many friends from AA and I got a very dear friend that is here and we shared one night in Parow because shares are in three teams. I suppose we always shared what we felt and what we've been through. But that night it was like I had some kind of gratitude towards him, because he has always been there for me, rescuing me. I mean driving from his place just to buy me drink after we had a long session.

I'm fine, now I'm going to have a drink. Then I will go home. Towards the end it wasn't a pleasure because I was crying while I was doing that. It was not a question of believing. Its like I wanted to stop but I couldn't. No, my life was totally unmanageable. I would never have control and I don't know if anybody's been in control of their life but God is in control. Obviously God can only do that. I learnt to let God take control.

The gratitude I have for him as a friend and it has never been anything more than a friendship. It is so huge like I can never repay him for what he has done for me. I would drive from his place in Mowbray and I would be so drunk and the car would go on auto pilot. I would pull off and people think that I'm having heart attack because the car is still idling but I'm passed out.

Did you ever have accidents?

No thanks to the grace of God I only dented my car once. It's been like that since I bought the car. I reversed in a concrete pole I didn't see it was so high but it was fine thank God. I must thank God for that it could've been fatal like killing somebody in the process.

But now you said you don't have control God is in control, how long you sober now?

It's a year and three months.

You stopped when your husband passed?

Shortly after he passed away I stopped 11th of June.

That's when they locked you out?

No that's before they locked me up in the house. Before that day I went to my folks. It was on my own birthday when I decided that's it. Enough is enough. I'm sick and tired of being sick and tired. It was just really dangerous. I've got to work the steps. I'm going to

do basic things. I'm going to be on step seven now, even though we doing step one in Durbanville. We've been doing it for two months now. We are doing each and every little thing like emotional to anger issues... all the stuff you need to deal with. I've got a sponsor. I've been through three programmes. I'm doing it and I've got to stick to it. I came to believe in a power that is greater than us. I'm doing it with God. I can't get enough from sharing my experience with other people. Females go through a lot of emotions and end up as alcoholics. These people in the rooms hopefully they can relate and can learn and don't end up in the same situation because it could have been much worse.

What do you do now, from day-to-day to avoid the liquor store?

I'm doing charity work. I'm doing the basic things that I feel works for me. In the morning I'm doing AA.

What's that?

Before your feet lands on a floor, go on your knees to ask God to give you guidance through the day. I must thank God again for not having the cravings. This is something that I really have not had a problem with you know. In the fellowship once I've decided I'm going to stop then I'm going to abstain from it and then its okay, that's the way I do it and it works for me. I'm closely connected. A lot of times my life is very busy, its good to be busy. I've been on an incredible journey because when I left Mutual I couldn't just go back. I'm earning one third of what I used to earn at Mutual. I'm very blessed my school is across the road where I stay all the promises are coming true for me.

Wow you can walk to school.

I said to one of the teachers today... promises from God is coming true for me. I'm kind to myself.

What do you mean you are kind to yourself?

I spend to time with myself and if I feel its too busy I need to take time out. That is being kind.

What do you do when it's your time?

I keep myself busy I like being creative. I make things, I read, yes I keep myself busy. I love the garden and that is just my way of connecting. Starting my day and ending my day

is vital it's very vital. I stay closely connected to the fellowship at all times you now, avoiding people. I also reach out if they need help, you know what is amazing? It is the feeling of caring for somebody else. Yes, it is there again. The love for my son is always there. I don't want him to land up where I was.

So he is not an alcoholic?

Not yet and I hope not. I'm just praying he doesn't go that way and I have a very open relationship with him. In my opinion I really gave him good manners, what I call good manners, but I also put him through a lot of trauma. His father did as well.

How do you think he's dealt with it?

He hasn't dealt with it to the extent that he is talking about a lot of stuff, but I can't force him either he has got to live his life. When the time is right we will talk.

How old he is? He is now 23?

The first time he was in high school when I was five years sober and when I decided drinking again and I couldn't stop he was about 20-23.

How did it affect him?

Not very bad but it must have been driving him crazy I'm sure. Remember now he has a mother to deal with that's a drunk and he's got a father that is busy dying, he's got a job that he must take care of ... I cannot deprive him from living his life. We are very close... some people say we are inseparable but not to that extent because he is moving on but we are in contact with each other everyday.

Thank you for participating. I've come to the end of my questions. Is there anything else that you would like to let me know before we end off?

No.