

**QUEST FOR POWER:
WOMEN AND ALCOHOL**

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Dedication

This project is dedicated to Frank, my partner in life and my biggest source of support; to my children, Mhari and Shaun, who had to give up the most in order for me to reach my goal; to Carol, Ian and Janet for your love and support; and to the memory of Phyllis and Jim Baird who always encouraged me to do my best and provided me with the knowledge that life can be better.

Abstract

Until recently, women were not believed to have unique concerns regarding their use of alcohol. Information was usually gathered from men and then extrapolated to include women. There have been bursts of research over the past 20 years, however, there remains an urgent need to continue and expand research in this area to facilitate the development of a working treatment and recovery model for women.

Whether it be a community or acute care setting, nurses have traditionally been the first point of contact for many alcohol users. As with any disease process, it is essential that nurses look beyond the presenting symptom and perceive the client as a person. To aid in this perception, the nurse must understand or at least recognize the unique experiences of the person. Phenomenology as a research method allows the researcher to explore the lived experience of the phenomenon in question. In this phenomenological research project, the experiences of 4 women recovering from alcoholism were explored.

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Introduction

This phenomenological study is for the purpose of developing an understanding of the experience of women alcoholics. As a result of utilizing a phenomenologic approach, I have developed a deeper sensitivity towards these women. My hope is that by developing this understanding I may be able to advance positive change in the lives of the women alcoholics whom I encounter in my practice. This study by no means represents the lives of all women alcoholics. It does, however, provide insight into the experience of some.

In undertaking a journey, a traveller bespeaks a purpose. She leaves her home and ventures forth not merely because of the pleasures of the trip but because of a desire to understand or experience those marvels of which she has heard rumours. What she knows is that something may exist which can enrich her present situation: what she does not know is how or where, or indeed whether, she will discover its presence (Oberg and Underwood, 1989, p. 162).

This passage, from a book entitled Teacher Development, was the vehicle with which I began my present journey. While taking an early course toward my master's degree, I

came across this excerpt. At the time I had been struggling with what I was getting out of my program, and whether in fact, I was even in the right program. After reading this quotation I had what can only be interpreted as one of those Ah-hah moments and the light bulb went on. I realized that my master's degree would be a process of discovery and that only I could define what was meaningful for me. Of particular meaning for me is the area of mental health nursing and specifically, addictions nursing. With this in mind, I was able to bring my area of interest into each course that I took and into this project.

The personal is political

As a graduate nurse of many years duration, I have come across thousands of patients. I have to ask myself why it is that some stick out in my mind more than others. Did they touch me in some way that I was not aware of at the time? Certainly some were nicer than others, some more fun to be around, and some more complex. A few complained more than others and a few did not complain at all. The hardest patients for whom I cared were the ones whose illness seemed self-inflicted. For me, these were the alcoholics. Why did they keep on drinking when they knew what harm it was causing them? What was it that kept them going back to the bottle time and time again? This engendered feelings of powerlessness, and perhaps even some anger, at the futility

of working with this population. I believe in part, the need to assuage my own feelings created the *raison d'être* for this project.

Rassool (1993) noted that "Nurses are the largest group of health care professionals and are usually the first point of contact for many substance misusers in both hospital and community settings" (p. 1401). Several studies point out that nurses have a moralistic, judgemental attitude toward alcoholics but that education can influence a change in attitude (Rasool, p. 1402). I have always had a great deal of curiosity about alcoholic clients; however, I too have engaged in discourse that has displayed my frustration and anger with a life-style that is difficult for many people to understand.

I recall, as a young graduate nurse, caring for a female patient, who was malnourished and in the beginning stages of liver failure. She was a widow in her late 50's, pleasant and enjoyable, who had worked as a secretary for a prominent individual in town. There were rumours that this lady had a drinking problem but no one ever asked her if this was true. If her physician knew, he did not tell any of the staff. What particularly impressed me was that this lady never had any visitors and that her employer was noted as her next of kin. She seemed very alone. I couldn't

understand why such a nice, funny lady would lead such a solitary existence. This lady eventually went home and I heard, a few months later, that she had died. Apparently she had ended her life by taking an overdose of barbiturates that had been washed down with a goodly amount of scotch.

I also recall a native woman whom I had as a patient several years later. This was a woman in her early 30's, who had just given birth to her fourth child. The woman had had a post-partum hemorrhage and was very weak for several days following the birth. The child was a low birth weight infant who required feeding every three hours. The staff who worked on the unit in that tiny hospital were well aware of this mother's reputation. She was a *drunk*. The physician and staff were saying things like "that baby needs a good start for the kind of life its going to lead". Eventually, the mother was allowed to go home sooner than the baby. Despite this separation, the woman would come in every three hours, as required, to feed her baby. Most of the time, she was visibly intoxicated. One of the staff always stayed with her when she was with the infant, fearful that in her drunken stupor she would harm the tiny creature. Eventually, the baby went home with his mother. I heard later that her husband had sobered up and had taken the children to live with him. I understand the woman continued to drink and became gravely ill as a result. She died a

couple of years later from ruptured esophageal varices. I wonder why none of the staff ever approached the woman about her drinking; we made enough comments about it. I also wonder what made this woman continue to drink when her husband and children left and she knew that she could die if she kept on.

Over a 22 year career, I have many stories such as these. Perhaps what caused me to begin my journey was a lingering sense of responsibility to the patients I was unable to reach; or perhaps it was a course that I took in the Summer of 1994, entitled "Women and Health". As part of the course requirement, I briefly studied women and alcohol abuse. It was during that time that I recalled some of my most challenging patients. I began to realize that the question was not "why can't they stop?" but "what is it that led them to the bottle in the first place?" And, "what can change so that doesn't happen?" For this to occur, I realized that I needed an understanding of what it was like to be a woman and alcoholic. Perhaps through discovery of that meaning, I would be able to come to an understanding of what I and other health care professionals could do to see that the lives of other women were not dissipated by the effects of alcohol.

Hennessey (1992) contends that nurses and other health

professionals can impact on the lives of women alcoholics. She states that because of the standards set by society, "nursing attitudes" have a profound effect on the recognition and treatment of the woman alcoholic. Hennessey describes empathy, respect and genuineness as some of the characteristics that are essential for the nurse when dealing with the female alcoholic. To develop these components, the nurse must first be aware of the woman alcoholic as an individual and as a female. Because much of the traditional alcoholism literature is based on the experiences of men, the experiences of women have been considered as aberrant. The differences between the genders must be reinforced so that the experiences of women alcoholics are not viewed as abnormal or deviant (Wilke, 1994).

As a nurse, I have been privy to the comments made by staff regarding substance abusing women and subsequently, I have been exposed to gender differentiation in alcoholism. As a teacher of nurses, I have been amazed at the lack of sensitivity and insight by some students toward the suffering of the alcoholic woman. The tendency by nursing colleagues and students has been to categorize these individuals as a group, with little concern expressed for the woman as a person. Comments such as "what a sleeze, look what she's doing to her kids" or "that poor man,

imagine being married to a woman like that" are not uncommon. Because of the general lack of information related to the subject of women and alcohol, as well as findings associated with women alcoholics in recovery, it is problematic to provide students and colleagues with meaningful data that will influence an attitude shift.

Women and alcohol

In 1988, the American Medical Association described alcoholism as an illness that has profound physical, emotional, occupational and social consequences (George, 1990). Gomberg (1974) defined alcoholism as "an abusive use of a substance which is taken in controlled, more acceptable ways by others" (p. 179). Both these statements likely reflect the daily struggle of roughly 35,000 adult Albertans (Alberta Alcoholism and Drug Abuse Commission, 1993); of this number approximately 12,000 are women. However, until recently, alcoholism was considered to primarily affect men. Any information that was gathered was simply extrapolated to include women (Gomberg, 1974, Sandmaier, 1980 Turnbull, 1989, Piazza, Vrbka & Yeager 1989, Turnbull & Gomberg, 1990, Hennessey, 1992, Wilke, 1994). This lack of gender specificity has had a profound impact on the one-third or more problem drinkers who are women; for example misdiagnosis, lack of treatment options and ignorance of the social issues facing women alcoholics (Sandmaier, 1980,

Turnbull, 1989, Hennessey, 1992, Wilke, 1994).

Women's issues have received more notice during the past 30 years than perhaps at any other time in modern history. Alcoholism in women is one area in which there have been bursts of research over that period (Gomberg, 1974; Hennessey, 1992; Long & Mullen, 1994; Sandmaier, 1980; Turnbull, 1989; Wilke, 1994; Wilsnack & Cheloha, 1987; Wilsnack, 1973). O'Connor (1993) notes that every opportunity must be taken to enhance the understanding of gender differences in alcoholism, a view that is also expressed by Wilke (1994):

... more qualitative research is needed to learn how women become aware of and decide that they have a problem with alcohol, how they experience the treatment process, and their meaning of recovery. Findings could be used to develop an explanatory model of alcoholism based on women's unique experiences, which will ultimately lead to more effective service provision (p. 33).

The issue of alcoholism in women, then, emerges as an area that must be considered within the context of the female experience, if it is to be truly understood.

A perusal of the literature pertaining to the physical effects of alcohol on women demonstrates, with great

clarity, that women do, in fact, have unique health concerns related to their drinking. Early studies described by Forth-Finegan (1991) and Oppenheimer (1991), depict the increased absorption and metabolism of alcohol by women and the concomittent acceleration of damage to the body. Schenker and Speeg (1990), citing a study by Frezza (1990), theorized that a reduced amount of alcohol dehydrogenase in the gastric mucosa of women may be the reason for the prevalence of liver damage in alcoholic women. Heavy alcohol consumption appears to be related to an increased incidence of breast and colorectal cancer in women (Longnecker 1992). Increased alcohol consumption has been associated with menstrual irregularities, ovulatory failure, amenorrhea and early natural menopause (Gavaler, 1991). Beckman (1975) cites a study by Wilsnack (1973) which found that 78% of alcoholic women had experienced obstetrical or gynecological problems such as infertility, repeated miscarriages, and permanent sterility. Sexual dysfunction was found to increase with the amount of alcohol consumed (Wilsnack, 1991). Forth-Finegan (1991) cites a study in which 98% of chemically dependent women identified sexual problems as a factor in their drinking. Some women have noted an inability to engage in sexual activity without the aid of alcohol. Wilsnack found that women leaving a relationship in which sexual dysfunction was a problem experienced a decrease in alcoholic behavior.

Further studies into women and alcohol suggest distinct differences between men and women in relation to drinking behavior and the progression of alcoholism. Piazza, Vrbka and Yeager (1989) theorized that women experience an accelerated progression of alcoholism referred to as "telescoping" (p.19). Women were found to start drinking abusively later in life but to seek treatment at an earlier age than men. O'Connor, Horowitz, Gottlieb, Kraus and Segal (1993) noted that women experience a period of alcohol abuse 3 years shorter than men. In addition it has been reported that women experience alcoholic symptoms not recounted by men (Piazza et al.). It was theorized by Piazza et al. that women would experience a more severe form of alcoholism than men and one which is expressed over a shorter period of time.

As suggested by the studies on the physical and behavioral effects of alcoholism, women traditionally experience consequences from their drinking that are different from those of men. The question then becomes, if the consequences are different, are the experiences that bring about the alcoholism of many women also different? Also, is there a unique nature to the reinforcers that maintain the alcoholism and is the nature of recovery of women alcoholics distinctive? If there are differences, the problem that I faced was how to bring out these differences

in a meaningful manner.

Method

Over coffee, with a colleague in the Fall of 1994, I mentioned my desire to explore the subjective experience of alcoholism from the perspective of a woman. This colleague suggested I read Researching the Lived Experience by Max Van Manen. When I read "whoever is searching for the human being must first find the lantern" (Nietzsche, cited in Van Manen, 1991, p. 4), I realized I had found a research method that excited me. I chose to utilize hermeneutic phenomenology for the following reasons: (a) a personal affinity for qualitative research that arose from the appeal of the biographical story as a means of making sense of the world; (b) my belief that qualitative inquiry is the most useful method of studying the human experience; (c) my concern for the lack of gender specific information regarding the experiences of the woman alcoholic; (d) a perceived need to provide students with data that would enable them to understand the experience of the woman alcoholic; and (e) my desire that others would find meaning in the stories of the women.

Once I had decided that phenomenology was the way in which to pursue my objective, my journey began in earnest. Phenomenology is a descriptive approach to qualitative

research. The birth of phenomenology is attributed to Edmund Husserl and is grounded in the existential philosophies of Heidegger, Schuler, Sartre and Merleau-Ponty (Field & Morse, 1985). According to Field and Morse, phenomenology guides abstract theoretical thinking back to the tangibility of the lived experience. Lynch-Sauer (1985) suggests the goal of the phenomenologic approach is to understand the human experience and this is accomplished by explicating meaning from everyday experience (Husserl, 1980). Van Manen (1978) states that the phenomenologist asks the question "What is it like to have a certain experience?" (cited in Field & Morse, 1985, p. 27).

Phenomenology is not interested in the data of the experience as much as the nature of the experience. This allows a deeper understanding of the meaning of the experience. By achieving understanding of a phenomena the individual can then act more sensitively in certain situations (Van Manen, 1990). Mitchell and Cody (1994) cite Heidegger (1962) who suggests that "it is precisely one's Being-in-the-world, one's historical facticity, and one's involvements with others that make any understanding of the world possible" (p. 175).

Phenomenology is a human science research method (see Appendix A). It has a non-cognitivist approach, which is a

deliberate move away from the scientific method. The focus of phenomenology is on discovery, rather than proof. The phenomenologic researcher seeks to reveal what is hidden and to find meaning rather than demonstrating relationships between variables.

There is no set way to "do this process" and no definite rules to follow (Field & Morse, 1985). The experience of phenomenologic research can be likened to a journey to a new and exotic locale. Like a traveller, the researcher discovers new and exciting vistas at every twist and bend in the road. Ultimately, the researcher becomes the vehicle through which the path becomes known to others who have a desire to travel to the same destination.

Stiles (1994) suggests that the way to uncover meaning within the everyday experience of others is through "first hand descriptions of their lived world" (p. 19). For example, the primary way to understand the meaning of the label alcoholism for a woman is through the words of the women living with that identity. Through a vivid verbal or written narrative, the underlying significance of the data becomes apparent. The nurse-researcher can utilize existing observational and interviewing skills that further enhance the richness of the descriptions of the respondents (Davis, 1978, cited in Field & Morse, 1985).

The question

Once I had settled on a research method, it became necessary to define exactly what I wished to discover about the woman alcoholic. Van Manen (1990) notes that phenomenological questions are meaning questions. They are not intended to problem solve but to seek the significance behind phenomena (Van Manen). I then proceeded to formulate a list of questions.

- 1) What does it feel like to be a woman with the label of alcoholic?
- 2) What was it like growing up in your family home?
- 3) What were the experiences of being a woman who drank more than others?
- 4) What is life like now?

From these questions, I believed that I would be able to derive meaning from the label *woman alcoholic*.

The study

The qualitative study Quest for Power: Women and Alcohol employs a phenomenologic design. The American Medical Association definition of alcoholism was utilized as a framework. Permission to engage in human subjects research was granted by the Human Subjects Research Committee of the University of Lethbridge.

Gaining access

The names of all participants in the study have been changed to protect anonymity. My first contact was with a woman whom I met through a friend. Carol has been invaluable to me both as a supporter and as a contact to the other women whose stories appear in this project. It was through Carol and her ability for honesty, that I came to realize that these stories needed to be told. Through Carol I was connected to Liz, Terry, and Joan. Our initial contact was made by phone, with Carol providing my phone number and asking the women to call me if they were interested in participating in the study. Once phone contact had been made, an interview appointment was set at the convenience of the respondents. There were some difficulties along the way. One potential respondent decided to withdraw immediately before the interview and another had difficulty scheduling the interview into her busy schedule. Although I also made contact with the local alcoholism and drug abuse out-patient office, who agreed to serve as a contact, no interviews ever materialized from this contact.

The setting

The location of the study was a small city in Alberta. The city has a regional hospital, an alcoholism and drug abuse outpatient office, and eleven Alcoholics Anonymous

groups.

Confidentiality and anonymity

It was explained that all information would be handled in a confidential and professional manner. Participants were assured that all names, locations and any other identifying information would not be included in any discussion of the results of the study. They were also assured that all tapes would be erased upon completion of the study. Each participant was asked to sign a consent form prior to engaging in the interview.

The participants

The criteria for admission to the study was a self diagnosis of alcoholism. A total of four women participated in the study and all had been abstinent for a number of years. Only women with a period of sobriety were included because of the difficulty inherent in having somebody willing to admit to alcoholism who is actively drinking.

Periods of sobriety ranged from 2 to 23 years with an average period of 8.75 years. Ages of the respondents ranged from 30 to 57 years with the average age being 44.5 years. Education level ranged from grade eight to post-secondary education.

All but one of the respondents were employed outside the home. Two respondents were employed in "pink collar" occupations, one respondent was employed in a professional capacity and one respondent was looking for work at the time of the study.

All of the respondents were married. Only one respondent was in her original marriage. Two of the participants had been divorced at least once and were remarried. Three of the respondents met their present husbands while attending a Twelve Step self help group. All but one had children of their own and two respondents were step-parents.

The interview

One, 45 to 60 minute semi-structured interview was scheduled with the participants, at their convenience. The location was a private office known to the participants. The interviews were held on the week-end to insure privacy and anonymity. Approximately 10 minutes was spent in informal chit chat to decrease anxiety in the participant and in myself. Coffee was provided. The participant sat in a comfortable chair, facing me, at a distance of approximately 3 feet. The tape recorder was set on a desk beside me and the respondent in as unobtrusive a manner as possible. Long and Mullen (1994) suggest the use of a semi-

structured interview to allow the content of the questions to be guided by the interviewee's responses, while allowing the interviewer moderate control over the direction of the questioning.

Respondents were asked to provide examples of experiences. The first question asked at each interview was: "Tell me what it is like to be a woman and to be alcoholic?" Further open-ended questions were asked in a funnel pattern. Prompters such as "tell me more about that" and "how did that feel?", were utilized throughout the interview to assist in narrowing the focus. When the respondent began to repeat material or was unable to say anymore, the interview concluded with asking the opening question once again. The participant was then asked if she had anything further she would like to add.

Field notes were written after the interview was completed. Field notes described the respondent's demeanour during the interview as well as my reflections on the process. The field notes, tapes, and transcripts provided the paper trail advocated by Lincoln and Guba (1985). Trustworthiness, or the credibility of this study, is addressed by the paper trail. The paper trail, provided the means by which I was able to relate and verify my observations with the transcript and facilitated additional

depth of meaning in my analysis. Trustworthiness was also facilitated by seeking permission to contact the interviewee at a later date to clarify participant information and provide further insight. All participants agreed to this and stated they would be most interested in reading the study as it evolved. Despite the invitation to do so, only two of the respondents have read the interpretation of the data thus far. I have been unable to meet with the other participants due to scheduling difficulties. The respondents who have read the interpretation, indicated agreement with the interpretation and stated that it had provided them with fresh insight.

Two of the respondents asked me if I would be interested in looking at other material they had in relation to their childhood experiences and to their treatment process. Joan provided me with a written life history that she had composed for the sexual abuse recovery center. Carol provided me with a journal she had kept during her month long stay in a treatment centre. These documents, as well as the interviews, form the basis for the data analysis.

Phenomenological reflection is retrospective. Van Manen (1990) points out that if a person attempts to examine an experience while it is happening, the experience is

forever changed. Therefore, the experience that is recounted has always been lived through previously and must be reflected upon (Van Manen). Each of the women's stories, as they were related to me, are retrospective in nature. None of the words will relate the exact meaning of what occurred at the time it occurred.

Data analysis through hermeneutic interpretation

Hermeneutics means interpretation, and has been utilized since ancient Greece as an efficient approach to explaining oral and written texts (Rather, 1992). Hermeneutic phenomenology is interpretive as well as descriptive. The hermeneutic phenomenologic researcher searches for themes or commonalities in meaning, situations, behavior and experience. Van Manen (1990) points out "Theme is the form of capturing the phenomenon one tries to understand" (p. 87). Once themes are woven together, they form a whole similar to the threads of a tapestry. This whole, or constitutive pattern, presents a picture to the observer. The constitutive pattern captures the essence or meaning of the experience under investigation. It is important to understand that any study will only provide one interpretation of the experience of the phenomena in question. Many interpretations are possible and welcomed. However, each interpretation must remain true to the data.

Hermeneutic analysis is circular in nature. During the interpretation of the text I moved back and forth from text to written interpretation and back to text. I listened to the tape recorded interviews and referred to my field notes frequently. This allowed meanings to emerge. It also necessitated modifications in interpretation as further meanings were revealed.

Readers of the interpretation will bring their own values and judgment to the experience and may not share my representation of the data. I hope that the essence of the experience has been captured in vividly enough to allow its meaning to shine through and that the reader is able to follow the way in which I "came to it" (Koch, 1994, p. 977). As with a good novel, the desire of phenomenology is that the reader will experience and live through the situation. Ultimately, my hope is that the reader will be drawn to a sensation of "so that's what it feels like" (Field & Morse, 1985)

The women

For centuries, alcohol has been a socially acceptable way for individuals to gather in groups, celebrate a happy occasion, or forget their woes. Perhaps this is why so many social drinkers, have a difficult time understanding why the alcoholic cannot just stop the

behavior or at the very least drink in a socially approved fashion.

Most people are familiar with the vision of the aging actress who finally seeks treatment for her drinking problem. This is of course understandable, considering she has lived a surreal existence from a young age. The image of a politician's wife, who admits to years of drinking, is also fairly understandable. Many can sympathize with this woman, given the overwhelming stress that she has encountered while experiencing the rise of her husband through the political cosmos. What many people find incomprehensible is why average, ordinary women seek relief through the use of alcohol. For example, when discussing my project with a group of women, I was amazed to discover that several of them felt that a woman should just be able to stop her drinking and carry on a *normal* existence without benefit of treatment.

I was fortunate to meet some women who have provided me with insight into why ordinary women turn to alcohol. Through the words of these women and the written life history and journal to which I was given access, I have come to understand the pain, the hurt, and the anger as well as the eventual peace that these women experienced. The words of the women have been altered, where necessary, for

readability. The words of the women will appear in italics.

Joan was a short, stout woman who is near her senior years. The toll that her difficult life has taken is evident in her worn hands and face. Joan spoke in a "whisky voice" that is low and a bit gravelly. Joan told me that she was nervous at the beginning and we laughed over the fact that I was also nervous. Joan told me she is still working in a physically demanding "pink-collar" job. She had some difficulty articulating her feelings but was very honest in her appraisal of her experiences. She was pleasant and forthcoming although she had very little eye contact through out the interview. Joan was proud of her lengthy sobriety and enjoys sharing her knowledge regarding Alcoholics Anonymous. It was Joan who felt that I might be able to gain further understanding of her experiences by reading a life history that she had written for the sexual abuse recovery centre. Excerpts from the history are included in this project.

Terry was a slim, attractive, young woman, with dark, shoulder length hair. Terry was obviously a robust woman who told me she enjoys the outdoors and had been taking excellent care of her health for the past few years. She was quiet and soft-spoken and seemed a bit shy about sharing her experiences. She told me that I would have difficulty

getting her to talk; however, once Terry began, she provided me with an invaluable commentary. She was open, honest and insightful when relaying her experiences. She visibly relaxed as the interview unfolded as evidenced in her unwinding of herself from the chair and using hand gestures. Terry had some concerns regarding her anonymity and prefers to remain quiet about her sobriety to others.

Liz was a slim, attractive, middle-aged woman, who appeared to take pride in her appearance. She had beautifully manicured nails and her make-up was subtle but evident. Liz was probably the most articulate member of the sample group and, her command of the English language and her ability to probe deeply into herself became obvious very quickly. Liz was an emotional woman who does not mind sharing either tears or laughter. Liz had the ability to go directly to the heart of the matter when asked a question. Liz had been a frequent speaker to service clubs and schools regarding Alcoholics Anonymous and had no concerns regarding her own anonymity.

Carol was a tall, striking looking woman. She was bright and witty and looked younger than her stated age. Carol was blunt and had a no nonsense approach. She was very honest and open to me about her experiences and took command of the interview process. Carol felt, following the

interview, that she had some difficulty articulating her experiences. I assured her that, in my opinion, this was not the case, however, she worried that she has not made her experience clear enough. She suggested that I might find it helpful to read the journal she kept while going through treatment for alcoholism. I was pleased that Carol would allow me to read some of her most private thoughts especially as Carol was selective and cautious about sharing her alcohol experiences. She told me that she had to build trust with someone before she was willing to breach her anonymity. I felt privileged that Carol had enough confidence in my professionalism that she would disclose to me. Excerpts from Carol's journal are contained in this project.

Each of the women's stories, is of course, retrospective. None of the words will relate exactly what occurred. Each woman has accepted a new ideology. This new ideology and time have altered the perception of the experiences. The themes that I have identified became evident fairly quickly. However, it must be emphasized that these are my interpretation of these women's stories.

At some time throughout the lives of most people, alcoholism or its effect has left an indelible impression. Whether through a neighbor, a friend, a parent or a relative

alcoholism has touched many people in one way or another. Because of this factor, I must present my bias. I have a great deal of sympathy for the person who must drink in order to deal with life and I have tremendous sympathy for the families that must grow up in the midst of this affliction. From this standpoint, I will present the voice of these women. As much as possible the words of the women will stand alone as a testament to "The Quest for Power".

Power and powerlessness

Power

Power is defined by the New Webster's Dictionary (1991) as "a controlling influence" (p.787). If someone has power, she/he have ultimate control over people and events. This is of course the model that Western civilization is most familiar with (Miller, 1987). I have chosen to use it instead of the feminist concept of power, because it is the structure under which these women were socialized. Therefore, this definition of power has meaning for them.

Feeling powerful provides an individual with an intrinsic sense of control over their surroundings, themselves, and their destiny (Miller, 1987). If this element is missing, an individual may seek ways in which to alleviate subsequent feelings of powerlessness, hopelessness, and helplessness.

Powerlessness

The notion of powerlessness is a consistent theme throughout much of the literature written about women. Since history has been recorded, women in Western civilizations, have been defined by their gender and the roles that have been assigned them because of gender. Women have been denied the uniqueness of their individuality and clumped together as a group by virtue of their biology. It has been theorized that society has designated a subordinate position for women by economic, political, social and psychological means and that the concomitant powerlessness pervades the life of most women (Collier, 1982). Mental health literature is teeming with information regarding the toll that feelings of powerlessness take on an individual. Self-esteem issues, anger, guilt, and frustration are just some of the sequelae to the feeling of powerlessness. These emotional and psychological effects quickly become internalized into the woman's personality structure (Sandford and Donovan, 1984). Beckman (1978) pointed out that while all alcoholics have low self esteem, the self-esteem of women alcoholics is even lower than that of male alcoholics. It has been argued that alcoholic women will feel like drinking more frequently than men when they feel vulnerable and deficient (Beckman & Amaro, 1984, cited in Forth-Finegan, 1991).

I never felt good enough. Even as a child, no

matter what I did I always felt less than everybody else. It was painful, like an ache in the pit of my stomach. I was always trying to be better, I just felt like I never was (Carol, 1995).

It is hard to believe that the confident woman sitting in front of me ever suffered from feelings like those described above. During the telling of her story, her eyes dropped and her voice became softer and more hesitant. I asked her if she was feeling sad for that little girl. Carol hesitated, then nodded and said "yeah, I guess I am"; at this point, I reached out and hugged Carol. I question if this sadness is related to the powerlessness Carol felt as a child to understand or change her feelings.

Loss as powerlessness

Each of the women who participated in this study had experienced loss of one type or another in early childhood. The losses that were experienced were not necessarily tangible, but ranged from loss of innocence to perceived loss of a parent. For each of these women, loss created additional feelings of powerlessness.

Mom had to go to work. What my sister said was that Mom chose to go to work to get away from me cause she hated me so much. And ah...it hurt - and again shame.

If a Mom can't love ya - who the hell can. I felt so different and so unloved. A lot of fear, a lot of terror, a lot of - I don't belong here - and I acted up, I wasn't nice, I can remember way before I started school, maybe 3 years old, my father had come home, he worked out of town, he was home Saturday afternoon and I can remember standing on the sidewalk screaming and crying and screaming - stay Daddy, don't go - because my sister told me that my Daddy loved me but my mother hated me and I wanted him to stay there probably because I wanted to be loved and he left anyhow, and one of my, it could have been my second oldest sister, I'm not sure of who it was but I think it was her, picked me up and pulled me over away from the car, away from the scene and she whispered in (my) ear - you have to stop this, you can't go on like this, if you keep this up it's the way you behave that's making Daddy go away to work, you have to stop it or he won't come home (Liz, 1995).

Literature on loss indicates that perceived loss is just as real and creates as much grief for an individual as the actual loss of a loved one. The terror experienced by Liz seemed evident as she hunched her shoulders, grew smaller in the chair, and cried during the telling of her experience. The inability to effect change in her childhood

situation lives on in the adult woman that she has become.

Loss of innocence and the concomittent grief surrounding this has been well documented in the literature on survivors of childhood sexual abuse (Malmo and Laidlaw, (1993). However as I read the life history that Joan had written, I had a strong sense of the terror and sadness of a young child. The powerlessness that she felt in the acts that were committed on her are evident in words from her history.

During the time the girls slept in one bed and the boys in another. My youngest sister had a crib. Many times I would wake up at night to find one of the men that my parents had brought home fondling me. I would kick them in the face and cover my mouth so that I wouldn't scream. If it was my father who woke me up it would be worse because he would take me or my oldest sister into his bedroom. About this time my second oldest brother said that "You are friendly with Daddy so how about being friendly with me" or words to that effect. So he got in on the act (Joan).

Out of fear, Joan and Liz learned to bury any expression of their feelings surrounding the losses that they had incurred. I went to Mama and told her what was happening... she hit me across the mouth and said to stop

making up stories. I learned there was no use in my complaining... it only got me in more trouble (Joan, 1995). Liz chose to act out her fear by engaging in behavior of which she was sure her parents would disapprove. The utter powerlessness of these women to change their situation seemed to create a need to strive for a measure of power and control in their adult life. *I always knew I was important...I knew all the answers. The only problem was I could never figure out why people wouldn't do as I told them, because I knew I was right (Liz, 1995).* The vehicle that Liz, Joan, Terry and Carol used in this quest for power was alcohol. *I felt so much stronger when I drank, like nothing else mattered and I could do anything (Carol, 1995).*

The illusion of power

Women have a great deal of difficulty accepting the concept of power. To many women, power is something to be given away or enhanced in another person. Frequently women fear that having power will make them less womanly. For other women, the notion of power is a threat to all that they value; many women equate power with selfishness and destruction (Miller, 1987). The idea of acting in her own interest creates a feeling of selfishness for the woman. If she is able to overcome this emotion, she may fear that acting out her feeling of power will lead to an irrevocable

alteration in life, as she knows it. For this woman, selfishness and destruction produce disapproval in others. Disapproval eventually leads to fear of abandonment. Yet without power, women are unable to effect personal change (Miller). By dulling emotional responses, alcohol seems to function as a powerful safeguard to allay fear of disapproval, destruction and abandonment. Alcohol also functions as the definitive weapon in freeing sensations of power within a woman.

it was just like an explosion inside me and the feeling was, you know, I was as good as everybody else. Cause I always had the feeling that I was less than even when I went to school, after I realized that this sexual abuse didn't go on in everybody's home, I don't I just felt less than, you know, dirty and I wasn't as good as anybody else but when I took that alcohol when I was 14 years old, it was just a revelation. It was just such a good feeling that I, I could be as good as everybody else and I could forget for awhile, while I was drinking (Joan, 1995).

The explosion that Joan describes was clearly a pivotal moment in her life. The wonder of that experience and the potency of the illusion of taking power is still evident in the pressure and volume of her speech as she recounts the event many years later. I was able to experience a small

part of that power as Joan spoke of the incident; it was one of the few times throughout the interview that she had complete and sustained eye contact with me.

Terry discovered that alcohol provided her with a sense of power through her ability to outdrink others. *I like the fact that I could outdrink some people stay up with the boys, you know, 6,7 in the morning. I found I got high off that" (Terry, 1995).*

Carol describes her feeling of power as the experience of being more creative and knowledgeable when drinking.

I used to wait for that feeling, you know, like I didn't have to worry about anything. And then I would feel like I could do anything. I used to get some of my most creative ideas when I was drinking. When I was going to University, I could do the best term papers when I had a glass in front of me. Sounds silly now because I know better but at the time I thought it really helped. I also had the answer to all the world's problems when I had some drinks and I didn't mind telling anybody how they could fix themselves. I used to get telephonitis when I was drunk and have these long conversations during which I did all the talking, telling people how they should live their life (Carol, 1995).

Despite the power that she experienced during her drinking, Carol found it difficult to discuss herself as a drinking woman and she told me that it was embarrassing to do so. This was apparent because Carol would immediately make a wisecrack after relating an experience. Carol confided she feels most comfortable when using humor as a way to circumvent awkward situations. Maintenance of any power on Carol's part seems still to require the use of a shield of some sort. Once it was alcohol, now it is humor and an abrupt manner.

The illusion of perfection as power

Everyday, women are bombarded by the need to be better than they are. A woman has only to tune into a television program or open a magazine to find many examples of the illusion of perfection. This perfection is a goal that is sought by many women in Western civilization (Laidlaw & Malmo, 1990). However, not all women turn to alcohol in order to feel the sensation of perfection. For the women who do, the panacea of alcohol allows them to feel a sense of perfection that is otherwise elusive. Terry provided insight into this response by expressing the following sensations:

*Oh yeah, I was it, I was God's gift to man and I was -
I'd look in the mirror and I'd think shit I look
really, really good. You know better than maybe, I*

mean, I am an average person, and to me I looked like model material. Like it was just, it was really, that was a fantasy right there. I was able to talk to anybody, any time about anything, you know, and I could voice my feelings very easily, dance great, just everything was alright, better much better than normal (Terry, 1995).

Through the illusion of perfection, women alcoholics gain a measure of control over themselves and others around them. Alcohol provides the consummate tool to create this fantasy. Like the magic of the photographer's air brush, alcohol has helped the woman soften the edges of her personality and feel more like the *real woman* she desires to be (Wilsnack, 1973). Alcohol may continue to hold some women in its grip indefinitely.

The illusion of power through anger

Anger is a natural response to the reality of life. Anger that is acted out, however, is censured legally and socially in Western society. Many women in this culture have discovered this censure extends not merely to the acting out of anger but to the experiencing of the emotion itself (Burtle, 1985). Frequently women believe that displays of emotion are unseemly, embarrassing, immature and a sign of weakness. This socially prescribed quelling of a

normal, emotional response may result in an internalization of anger that is disguised as depression (Sandford & Donovan, 1984). Depression is characterized by a cessation or numbing of normal emotional reactions (Sandford & Donovan). Not feeling is often believed to be a more viable alternative than living in constant turmoil. However, depressed people are considered to be vulnerable people in Western society. Women who perceive vulnerability as weakness may choose to insulate their emotions through the use of alcohol (Gomberg, 1974). On the other hand, alcohol can be used as a conduit that allows for release of unwanted emotions such as anger (Gomberg, 1974).

I'm not really good with anger, I don't know how to express it very well, I either get, usually what I do, is I get quiet and I hold in and I'll bitch about whatever happened behind it, or to someone else that has nothing to do with it. When I was drinking I might verbalize it. If I saw a girl that I didn't like and I heard that she was sleezy I didn't care I just went up and hit her (Terry, 1995).

The disinhibiting effects of alcohol seemed to allow Terry to bring out anger she had bottled up from her past childhood and adult experiences. The anesthetizing effect of alcohol permitted Terry to disregard the potential personal repercussions and guilt that she experienced after

the drinking episode.

Anger is a powerful, sometimes frightening, emotion that can be used to control others. Frequently this is the way in which anger was modelled for these alcoholic women. Often, in their family of origin, anger was used as a method of emotional and physical domination. From this, these women have learned and internalized the message that anger is a way of keeping others at bay. Carol documents this well in the journal she kept while a patient in an alcoholism treatment center.

Woke up mad - feels like I've lost everything I've gained in the past week. I believe this is due to me throwing up my major defense system - anger - strike out before they can strike at you - probably because of my peer assessment today - it's my defense against getting hurt. I don't seem to be able to let go. I tried praying but I'm not sure how sincere I was. My head is also aching - I can feel the tension in myself - what to do?

Keeping others away through the use of anger seems to ensure that no weakness or vulnerability will become evident. If weakness becomes known, then others can cause more pain and hurt. Anger is power. It can control and manipulate. It can cause pain in others, but most of all it

can protect the self.

The behaviors just got progressively more violent, more erratic, more unpredictable. All that you could predict is that I would get angry eventually. At some point in the evening, I would get angry and I didn't care. What I did, where I did it, or whom I did it to - I just wanted to strike out" (Liz, 1995).

The illusion of power through relationships

Many young women seek a knight in shining armour to help them ward off the dragons of daily living. For the woman alcoholic who feels powerless in her day to day existence, seeking power through relationships is a common theme.

I was always very attracted to very bad ass type guys. Especially as a teenager. A lot of the guys that I went out with were in and out of jail. Kicked out of their homes they were greasy type guys, leather, I always liked bikers, not that I ever went out with any but I was attracted to anybody that was kind of a grubby, you know, not people that were going to beat me up or that kind of stuff, I didn't go for violence. But a guy that could hold his own you know, if someone was going to push him around he would stand up and you know, and have a fight, or whatever, or if somebody was going to be picking on me he'd take care of them so

that they wouldn't be hurting me. Those were the kind of guys that I was always attracted to (Terry, 1995).

Did these women have a need to feel safe and protected considering the fact that they had felt powerless since childhood? Were they seeking to control the world around them through the relationships that they had with men? Rasmussen (1984) points out alcoholic women seem to have a self-concept based on their relationship with other people. Because power has traditionally been a male privilege (Miller, 1984), a woman who feels innately powerless would likely seek power from the men around her. Terry seemed embarrassed when she was discussing her need to be around powerful men but she described her sensations very clearly.

there were a couple of guys I went out with that were shorter than me, smaller than me, or at least small, and you know, kind of whiny little voices and stuff and really nice guys that would cook and clean and you know never get mad. I never lasted with those kind of guys or if I did I was miserable. I just felt not protected at all. And I remember bringing that up with one guy that I was with - I said I don't feel protected around you - yeah I don't feel safe (Terry, 1995).

The illusion of power through sex

The need to seek power through relationships extends to

the granting and withholding of sexual favors by the woman alcoholic. *They say it comes to sex, sleeping with somebody - I get to pick and choose, you know" (Terry, 1995).*

Seeking power through sex, however, can present problems. Several authors suggest that nearly all alcoholic women report having problems with sexual intimacy. The solution to this problem is to deaden the negative emotions regarding sex with alcohol. Wallen (1990) suggests that some women feel they are unable to have sexual relations without drinking (cited in Kaskutas, 1994). To seek power, the woman will exploit her sexuality, but to function in this intimate capacity, she must deaden the feelings. *The only difference between me and a prostitute was that I didn't have sense enough to charge. I did it just for booze and it's true, I did it just for booze" (Joan, 1995).*

Each of these women felt they exploited their sexuality in order to procure drinks. I wonder if this harsh judgement of themselves is skewed? Perhaps they drank to use their sexuality; and they used their sexuality in order to feel a measure of power?

Bridge to power

A lot has been written about why alcoholics must hit bottom before seeking sobriety. For these women, "bottom"

was relational in origin. Each woman described a situation that was intolerable to her. The mirage of power created by alcohol had long since vanished. Instead she was enslaved by alcohol and robbed of any vestige of power.

I can give you the exact reason I quit drinking. My son was having a party, he was seventeen, underage, and I was letting him drink. And I went, he had the party in the garage and I went out there. I woke up out of a black out just long enough to become aware of what I was doing, where I was. And there I was sitting beside one of my son's best friends, making googly eyes at him, I was going to lay the sucker. And it scared me because, of what I was doing to my son and my daughter. I got the hell out of there fast (Liz, 1995).

For these women, each began to cross the bridge toward power at the moment when the feeling of powerlessness was at its worst.

I have a firm belief that each of us have our own value system and when our behavior moves a certain distance, whatever that distance is, away from our value system, that's what we call our bottom, because it's at that point that we can no longer live within ourself within our behavior and we stop (Liz, 1995).

Power through sobriety

For those individuals who have never experienced a problem with alcohol, sobriety comes naturally, with no struggle, regret or concern. For the woman alcoholic, sobriety is a revelation, a sensation that has never been experienced before. It is a feeling of power, a feeling so foreign that it is difficult to find the words to explain it. This power is fraught with wonder, fear, guilt, and surprises at every junction, feelings that Carol captures in her journal.

Woke up this morning feeling? CONTENT!!! Is this possible? - don't think I'll question it - I can almost FEEL something different and its coming from somewhere by my stomach!! I just FEEL different - I'm going to go with the flow instead of reacting to every little bit of input I get - this is a POSITIVE feeling - not euphoria (which is where I was at times last week) and not apathy but more of a general feeling of lightness - GOOD FEELING-

I could almost sense the fervour as I read Carol's words. The exclamation points and capital letters indicated me what a wondrous experience this must have been. Liz's articulate commentary seems to reveal the same sense of wonder, following several years of sobriety.

It feels like growing up, it feels like becoming one with myself, not split. It feels like happiness it feels like hope, and it feels like the freedom to choose my own recovery. And it feels like I have the right to recovery without shame, it feels good. It's just good (Liz, 1995).

Power through spirituality

Each woman in the study described a belief in a power greater than herself. The women were no longer filled with a yearning and a sense of incompleteness; a perception of wholeness had taken root. A facet of their being that was dormant had been given life; and with this new life came a richness of meaning and understanding that bore the power they sought for so long.

I can remember the morning I knelt down and said my prayers, please God, take the craving and desire of alcohol away. Cause I lived for alcohol and alcohol alone. My daughters were only a meal ticket and I believe that He looked down and said - Hey let's give Joan another shot at life, up until now she hasn't done too good - because the craving and desire of alcohol left me that day and up until then I couldn't live without it. And then from that morning on I haven't had to have a drink (Joan, 1995).

Recently, there has been debate regarding the negative aspects of a woman surrendering to a power greater than herself (Hendrickson, 1992). Such a discussion is beyond the scope of this project; however, for each woman whom I interviewed, the spiritual component of their existence had great meaning. From the moment they were able to accept a power greater than themselves, the women began to experience an overwhelming feeling of peace in their lives. The serenity that spirituality wrought has seemingly enabled the women to create change in their lives. The ability to effect personal change is a hallmark of the sensation of power (Miller, 1984).

Self understanding as power

The sensation of growing up, or wholeness, described by Liz did not come without a great deal of emotional investment for these women. Each woman was compelled to examine her emotions, behavior, and relationships in order to experience the miracle of sobriety. Through understanding of their powerlessness, the women began to grasp power. Carol describes this in her journal.

I woke up this morning and it was almost a revelation - I feel that the reason I was displaying all that lack of emotion - was my reaction to fear - fear of strangers - the new patients - day patients etc. - fear

of revealing myself around anybody I'm not comfortable with - now I have to learn to work with that knowledge and not allow it to take me over. I almost hunger for human contact but I'm afraid of letting anybody really know me- what if I get hurt - that's a risk I guess I've been unwilling to take up to this point. This is so hard, all this soul searching, I just hope it pays off in the end. I hate letting anyone see how vulnerable I am, I've always been the one that fixed things for everybody else. It's really painful and scary to feel like I'm the one that needs help now.

Joan was able to articulate the difference between her prior understanding of life and the understanding she has gained from learning about herself.

When I was drinking I blamed everybody, my mother, my father, my brother, their drunken friends, my husband, everybody, but today I know it was me. No one put me down and poured that booze in me. I drank it and I never liked the taste of it and I never liked what it did to me, but I always loved what it did for me"
(Joan, 1995).

The power that each of these women had gained through their spirituality and self understanding seems evident in their stories.

Well, I,m proud to be alcoholic and you know, this might seem strange but I don't regret anything that has happened to me, because it took all of that to make me what I am today. I mean because I know that it took everything, my past is my greatest asset. My drinking past and my childhood past and also now, my sobriety past is all that I have to help another person (Joan, 1995).

The journey through sobriety has been difficult for each of the women. But each woman has clung to her sobriety despite the obstacles.

In the beginning its hard because everything you do is really for the first time...you know... the first time you go out for the evening, the first time you have sex, all without booze... you know that kind of thing. It gets easier but ah...once you begin to learn about yourself you are always searching for the reason why you did something. You're always looking for the emotional reasons for everything. Then everything settles down and you learn to live as a sober person but ah...until that happens you can almost drive yourself crazy (Carol, 1995).

The women who participated in this project were the casualties of the powerlessness of their youth and gender.

They found relief from this powerlessness through alcohol. Alcohol provided comfort from the pain they carried. Alcohol afforded an illusion of power over themselves and their environment. It was not until each was fully involved with alcohol's addictive force that she realized her complete powerlessness. Despite this, each maintained a measure of integrity that provided the impetus to cross the bridge to sobriety and power. Miller (1987) describes power as the ability to produce change; and if change is a measure of power, then clearly these women were very powerful. Joan, Liz, Terry and Carol found the courage to embark on a journey of self discovery and change that has continued to this day. It is the ability to understand themselves, and acknowledge and learn from their past that has given each a measure of peace and serenity. Their quest for power has ended and the assumption of real power has begun.

Conclusion

In order to proceed with a research method such as phenomenology, the researcher must have a great sense of curiosity about the phenomena under question. This curiosity may stem from observation, from life experience, from reading, or a combination of these factors. However the need to find answers must be present in order to pursue the phenomena in any depth. I have gained much from this

project. I have learned that no research method is easy, or simple. I have learned the rudiments of actually doing research. I have come to recognize the time and effort that must go into seeking answers. But most importantly I have gained a new respect for the woman who must deal with alcoholism. I now recognize the strength that is embodied in each of the participants and the hard fought battle that they have won.

The retrospective nature of phenomenology has caused me to reflect upon the interviews, the transcripts, and the field notes as well as upon other reading that I have done. This reflection has created an awareness of the issues that surround the woman alcoholic and the social context within which these issues arise. My own perception has been forever altered because of this awareness and in many ways, my journey is just beginning. I have come to recognize the need for further research into the area of women and alcohol. I have also come to recognize that the women who experience alcoholism are likely their own best spokespersons; opportunities to give them voice must be provided. Lastly I have come to recognize the need to create understanding in this society about the reasons that many women turn to alcohol. It is only when these reasons are eradicated that many women will no longer continue to seek refuge in alcohol and that they will recognize the

power that lives within them.

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Appendix A

PARADIGMATIC VIEWS

	PHYSICAL SCIENCE	SOCIAL SCIENCE	HUMAN SCIENCE
Views	Deterministic	Interactive	Transformative (Healing)
Phenomena viewed as	Isolatable Definable Reducible Measurable	In relation to a specific context	Self organizing field with a larger self organizing field
Knowledge	Facts Laws	Relative Contextual	Personal Subjective Pattern
Change	Can be predicted and controlled	Probability relationships	Unpredictable
Relation- ships	Linear Causal	Reciprocal	Pattern Going in many directions at once
Reality	Objective (Definition)	Contextual (Facilitative)	Inner (Subjective) Constituted within an experience

Adapted from:

Newman, M., Sime, M., & Corocan-Perry, S. (1991). The focus of the discipline of nursing. Advances in Nursing Science, 14(1), 1-6.