

## FROM DENIAL TO RECOVERY

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As a woman's use of alcohol and/or other drugs (AOD)<sup>1</sup> goes from social use to dependency there is progressive deterioration physically, emotionally, mentally and spiritually. The stigma for women who are addicted is so severe that even if a woman recognizes her growing need for AOD, she may feel compelled to hide the problem or risk losing her job, partner, friends and reputation.

While the stigma is often the external barrier to admitting

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<sup>1</sup>The term AOD, which means alcohol and/or other drugs, will be used interchangeably with the term alcohol, drugs, or substance abuse. It is intended to stress to the reader that the body does not know the difference between drugs that are legal like alcohol, prescription, or over-the-counter drugs or those that are illegal drugs.

her substance abuse problem, "denial" is the internal barrier to recognizing her addiction. "Denial" is a term used in the substance abuse field to explain an addicted woman's inability to see how her AOD use and the accompanying self-destructive behaviors are ruining her health, looks, relationships, career and future. When a woman tries to abstain the physical and psychological discomfort of withdrawal keeps urging her to get relief from AOD again.

But millions of women are pushing through the fear of stigma, breaking out of denial and recovering from addictions every day.

## **STIGMA**

Marian Sandmaier in her book, The Invisible Alcoholics, says that "Those close to the alcoholic woman are likely to join her in her desperate pretense rather than urge her to get help. For if alcohol abuse renders a woman repulsive and disgraceful, how can relatives and friends acknowledge a drinking problem in a woman they care for and respect? Not only would such acknowledgment shatter their entire image of that woman, but it might be seen as a reflection of them as well."

Husbands leave their alcoholic wives at a far greater rate than women leave their alcoholic husbands; doctors prescribe tranquilizers rather than suggest that a woman might have an AOD problem; children of alcoholics don't bring their friends home;

Ministers suggest more involvement at church as a solution. Co-workers and friends call a woman's problem by any other name than "addiction." (Her bad marriage, her stressful job, her teenagers).

While everyone around her feels shame and embarrassment for her, the addicted woman continues her downward spiral deeper into addiction. She clings to her best friend AOD because it promises and delivers help to deal with the harsh realities of her life. Little does she realize that the substance that eases her pain is really the cause of it.

#### **PHYSICALLY**

When the average healthy woman uses AOD occasionally, her body is able to metabolize the substance without much, if any, physical discomfort. But over time her system, unable to snap back, begins to signal its objection. Headaches, nausea, and other flu like symptoms the morning after, don't disappear as quickly after a shower and coffee as they once did. As the impact of AOD exceeds her body's ability to replenish itself, vitamins and minerals are depleted, organs become overworked and eventually more permanent damage takes its toll.

Women who enter treatment have more obstetrical complications and menstrual disorders (Lawson & Lawson, 1989), and more substance abuse related medical problems and complications such as liver diseases, digestive disorders, anemia, malnutrition, ulcers, hypertension, circulatory problems

(Mondanara 1989). Ironically as her health diminishes the compulsion for AOD increases.

### **EMOTIONALLY**

Marion Sandmaier says "the double standard on alcohol abuse does more than keep the problem drinking woman invisible. She is likely to internalize her culture's harsh judgment of her. Studies repeatedly show that alcoholic women suffer significantly more guilt, anxiety, and depression than alcoholic men, have lower self-esteem, and attempt suicide more often."

When a woman first uses alcohol or other drugs, she enjoys the way it enhances feelings and occasions. She comes to know what she can expect of AOD. She discovers that AOD will lift her depression and calm her when she's anxious. She begins to form a relationship with AOD because it brings her predictable pleasure, companionship and assistance.

Stephanie Covington Ph.D. reports that of addicted women (studied in 1985) 74% had experienced sexual assault, 52% had experienced physical abuse and 72% had experienced emotional abuse, by comparison to non-alcoholic women who reported sexual abuse at 50%, physical abuse at 34%, and emotional abuse at 44%. Physical, sexual and emotional abuses against women also include victim blame.

Sexism in the work place is difficult for any woman, but a woman whose self esteem is rocky from her AOD use, is more likely to blame herself and look for even more comfort from AOD to ease

her workplace stress. The more she uses AOD to ease the depression, anxiety and low self-esteem, the more those very symptoms increase.

### **MENTALLY**

A bright woman, with the ability to set and reach goals, and problem solve will begin to have these skills insidiously erode as her AOD progresses. As her system becomes toxic from AOD she will lose the ability to think clearly. She will alternate between obsessing and avoiding her problems with only glimmers of truth now and then that her AOD might be the culprit. To protect the substance she loves, needs and she believes brings her relief, she will rationalize, minimize, and project blame everywhere but on AOD.

### **SPIRITUALLY**

Spirituality may mean following her religion, the 10 commandments, the "Golden Rule," doing what her parents said was the "right" thing to do, following a philosophy, personal growth or following her own heart. But whatever direction a woman has intended for her life that path is redirected when AOD takes over. Each day she's addicted she moves further away from the dictates of her own heart and into greater disharmony. She feels ill-at-ease at the deepest level of her being, and tries to still that anguish with even more of her favorite drug.

## **Withdrawal**

As a woman continues to use AOD, a dependency begins to form that is both physical and psychological, resulting in withdrawal symptoms when she attempts to abstain from alcohol.

These may include such things as nausea, diarrhea, headaches, chills, confusion, cold sweats, supersensitivity to light or sounds, anxiety, depression, weepy spells, just to name a few.

The combination of symptoms will depend not only on the type of drug and how long she's been abusing it, but also her physical, nutritional and psychological conditions. The symptoms will increase in numbers, intensity and duration as time passes without the needed AOD. A little voice inside keeps getting louder reminding her that a couple of valium will ease her distress. She takes those pills, "just to get through this crisis" and promises herself "she'll stop tomorrow." But, instead when she takes those Valium, she has just reenlisted for another ride on the deadly cycle of addiction.

## **Denial**

The unconscious protects the addicted woman from the potential loss of a substance she believes she cannot live without, by filtering out crucial pieces of truth about the impact of AOD on her life. The addicted woman doesn't understand why her life is a mess. She honestly believes that AOD makes life

better and more tolerable, not worse.

Every so often she wakes up with a hangover and remorse. For a moment she knows that alcohol is the culprit and she vows never to drink again. She pulls herself together and gets on with her day. Slowly the hangover subsides, so do the regrets and the guilt.

### **Cycle Of Addiction**

Throughout the course of her use of AOD she continues to move through the cycle from using AOD, followed by hangovers, remorse, moments of truth, followed by rationalizing, defending, minimizing, rearranging reality, followed by cravings that increase into compulsions too strong to resist and another bout with AOD. Here's what the cycle of addiction looks like.

High

**AOD is my friend**

**AOD is my problem**

desire/compulsion

Hangover/remorse

Thoughts of using begin

Hangover/remorse Subsides

Two conflicting parts begin to form. One part knows that addiction is the problem. It remembers the regretted behaviors, and the self-hatred for living outside of her standards. That part recognizes that AOD is the problem and doesn't want to use.

But the using part is filled with memories of pleasure, comfort, delightful experiences. That part protects itself by rearranging reality to shift blame anywhere but on the substance.

That part is diligent, relentless and singly focused on continued use of AOD, by a consistent, loud, strong message that AOD is good, useful, helpful, provides good feelings and that all negative outcomes are caused by anything but the AOD.

### **Her Co-workers.**

While the addicted woman is trying to manage a life out of control, some co-workers may notice she misses a lot of Mondays, she's making more mistakes, she's taking long lunches, she's been sick a lot lately. They think "Poor dear, she's having marital problems or her kids are entering adolescents." Each person explains away her behavior and treats her accordingly. But, the real causes are missed or avoided, and the problem may actually be perpetuated by well-meaning but misguided people around her.

### **How To Get From Denial To Recovery**

More than 65% of women who enter treatment do so after a crisis of some sort. That may be a divorce, physical or sexual



abuse, serious illness in herself or the family, or the loss (or potential loss) of a job. It often takes an external crisis to breakthrough the mass of confusion in her life to see that some changes need to be made. That crisis is an opportunity for her and those around her to direct toward help. Literature, articles, confidential hot-lines and EAP services are an opportunity for the addicted woman as well as her co-workers to know where to get help.

### **EAP/Counselor**

EAP's/counselors offering non-judgmental acceptance can ease a woman's path into recovery. Women who have been abusing themselves with the self-destructive behaviors of addiction have low self-esteem and can easily detect negative attitudes in helpers. While rapport and trust are being established, the EAP/counselor can assess for risk in withdrawal (some drugs pose a greater risk when trying to abstain), or personal safety such as domestic violence or suicide.

An assessment determines the type and amount of drugs she uses, the progression of her addiction and the level of her denial. The assessment will help the woman and her counselor create a recovery plan. Gathering that information over a span of several appointments is best to reach a woman at different points along the cycle. As a woman moves through the cycle of addiction, the information provided at the "hangover/remorse" point in the cycle may be quite different than the information

gathered when the client is in the "craving" stage. These are just different parts of the same puzzle, but by allowing several sessions the EAP/counselor will gradually get a fuller picture of the woman, her AOD use and the early recovery issues that must be addressed.

## **GROUPS**

Women do well in groups with other woman, where the sharing evokes awareness in each other. In early recovery there is a lot to be learned. For example, knowing she should stay away from people, places and things related to drug use may make sense, but how to resist peer pressure to use, or how to survive at a wedding, or what to do if you have to have oral surgery are things that are discussed in recovery groups and among members all the time. Such survival techniques are essential during the early days, when the cravings to use are strong and the ability to resist is weak. Self-help groups are run by members, while therapy groups are run by a professional.

## **SELF HELP GROUPS**

There are self-help groups for alcohol, drugs, cocaine, food, emotions, gambling, and for the families of people addicted to those things for example. There are hundreds of self-help groups available. The larger cities also have more speciality groups, such as men only, women only, gay groups, hispanic groups, etc. Whenever it is possible, self-help groups for

female lawyers are extremely beneficial. There women can talk about their issues in confidence. A woman who is new to recovery can find friends, phone numbers, and guidance to deal with any aspect of recovery.

### **Recovery Is Ongoing**

Just as a woman cycles downward into addiction, the return trip is a series of advances, setbacks, trial and error. When viewed not as failure, but as feedback, a recovering woman can try new behaviors and trade in the old ones. Helpers are sensitive to that process so that expectations are not unreasonable and setbacks are not seen as failures. For example, a woman may have decided to give up on an old boyfriend who has been emotionally abusive, yet return to him again and again. The process of recovery is such that a woman can learn from those experiences and turn them into successes, if given the opportunity. The goal of recovery is freedom, not only from the addictive substances but from old ideas and behaviors as well. This takes time.

Recovery requires time for the body to heal, for the mind to clear up, for the emotional pain to be resolved and for her to come to know herself. Women in recovery slowly shed those images that were nailed in place with AOD abuse.

After a woman has conquered addiction, the personal power she gains will spill over into every other area of her life. More women with years of recovery are speaking out, willing to

have their alcoholism revealed in order to help reduce some of the stigma for the woman who is still out there suffering.

Many of us who have found are way back and are on solid ground, are openly sharing our stories to show the world that addiction can hit anyone, that recovery is possible and that the myths of stigma are keeping women imprisoned. Once a person has seen a friend or loved one on the path of self-destruction from AOD, and then witnessed the return to life, they will never again doubt either the power of addiction to destroy or the power of recovery to restore.

There are hundreds of thousands of recovering people all over this nation. We are everywhere, we are everyone, we are every age, we are doctors, nurses, teachers, ministers, politicians. You see us in the grocery store, at the PTA, everywhere you are, we are. We, the recovering community, are examples of what can happen when a woman says goodbye to AOD. A new woman at a self help group was told by an old timer:

"One day you will meet a woman who will be everything you've ever dreamed of. She'll look and sound like you always hoped to. She will have accomplished all the goals you had for your life. Her self-esteem, self-love and all her relationships will be what you've longed for and more. She is you! And, every day without alcohol and/or other drugs will bring you closer to becoming her. But, each time you reach for another drink or drug, she and all your dreams and hopes slip a little further away."

She may be your sister, your daughter, your mother, your friend and all you need to do is clear away the stigma so she can escape the grip of addiction and become all that was intended for her to become.