

Resiliency in Women With Alcoholism



Chapman University

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Alcoholism is a global problem and a growing area of concern across multiple fields of study. Regardless of demographics, alcohol use disorder affects the lives of people from various backgrounds, cultures, genders, and socioeconomic statuses. According to the World Health Organization, there were 3 million deaths worldwide in 2016 as a result of harmful alcohol use (World Health Organization, 2018). In recent years, there has also been an alarming increase of nearly 50% from 2006 to 2014 in the rate of ER visits related to alcohol, and the rate of these visits has increased more for females than males (White, Slater, Ng, Hingson, & Breslow, 2018). According to a study conducted by *Jama Psychiatry* in 2017, Alcohol Use Disorder has increased at a rate of 34.7% for men, and 87.3% for women (Grant, Chou, & Saha, 2017). Adverse outcomes associated with alcoholism include multiple health conditions such as liver disease, heart disease, cancer, learning and memory problems, mental health problems, social problems, and physical dependence (Centers for Disease Control and Prevention, 2016).

The urgency surrounding this issue has intensified in recent years, yet there are still gaps in research on the causes and impacts of alcoholism and appropriate interventions and treatment. There is an even smaller subset of information available as it relates to women with alcoholism. This study focuses specifically on women, exploring the unique ways in which women with alcoholism cope and persevere in maintaining extended periods of sobriety. Though they are not equally represented in research and face different societal and social expectations than their male counterparts, women have equal potential to attain long-term sobriety through resiliency. The purpose of this study is to investigate how protective factors such as participation in Alcoholics Anonymous, spirituality, willingness and motivation served in fostering resiliency for three

women with alcoholism who decided to pursue a sober lifestyle, abstaining from alcohol and drug use.

Literature Review

Alcoholism

The word “alcoholism” encompasses many definitions and is expressed in various alternate ways, including alcohol abuse, alcohol use disorder, alcohol dependence, and alcohol addiction. According to the CDC, “Alcohol dependence, also known as alcohol addiction and alcoholism, is a chronic disease and is associated with experiencing withdrawal symptoms, loss of control, or alcohol tolerance.” This can lead to an inability to maintain employment and sustain interpersonal relationships, and can negatively impact one’s health (Centers for Disease Control and Prevention, 2016). The National Institute of Alcohol Abuse and Alcoholism defines alcohol use disorder as a “chronic relapsing brain disease” characterized by uncontrollable alcohol use, loss of ability to regulate alcohol consumption, and damage to one’s emotional well-being when not drinking (National Institute on Alcohol Abuse and Alcoholism, 2018). In other words, a person’s alcohol use and physical dependence on alcohol can have devastating effects on their physical health, emotional well-being, and can result in premature death (World Health Organization, 2018; Centers for Disease Control and Prevention, 2016).

Women with alcoholism are particularly susceptible to the negative impacts and implications of the disease. Current research indicates that men are more likely to consume alcohol regularly than women, and, while drinking, are more likely to drink more substantial quantities of alcohol than women (Grant, Goldstein, & Saha, 2015). Despite such findings,

however, recent studies suggest that the numbers of women engaged in heavy drinking and women with Alcohol Use Disorder are increasing (Grant, Chou, & Saha, 2017).

In a recent meta-analysis, Grant and colleagues examined data from two nationally representative surveys that took place ten years apart to see how drinking patterns among adults changed during that decade. Investigators collected data through face-to-face interviews, the first set taking place in 2002-2003 using the National Epidemiologic Survey on Alcohol and Related Conditions. The second set of interviews was conducted in 2012-2013 using the National Epidemiologic Survey on Alcohol and Related Conditions III (National Institute on Alcohol Abuse and Alcoholism, 2003, 2013).

The first survey sample consisted of 43,093 respondents, and the second survey sample had 36,309 respondents. Researchers measured the drinking habits of participants over 12 months for three different outcomes: twelve-month alcohol use, high-risk drinking, and DSM VI Alcohol Use Disorder (Grant, Chou, & Saha, 2017; American Psychiatric Association, 2013). This study defined high-risk drinking as consuming more than the standard amount of drinks (four for women and five for men) on any day, weekly for twelve months. Out of all the sociodemographic subgroups surveyed, women show the most significant increase in all these outcomes. In the outcome of 12-month high-risk drinking, women showed a 57.9% increase from their use during 2002-2003 to use during 2012-2013. The data also reflected an 83.7% increase in Alcohol Use Disorder amongst women (Grant, Chou, & Saha, 2017). Alcoholism affects millions of people, but this study highlights the growing impact of alcoholism on women across the United States.

Not only has there been significant growth in the prevalence of alcoholism and high risk drinking among females, but the literature continues to support the finding that women with

alcoholism suffer from a variety of adverse outcomes as a result of their drinking. Many of these disadvantageous outcomes are prevalent in males with alcoholism; however, some are specific to women with alcoholism, such as impacts on reproductive health and fetal alcohol syndrome.

According to the Centers for Disease Control and Prevention, fetal alcohol syndrome disorder occurs at a rate of 0.2-1.5 for every 1,000 children (Centers for Disease Control and Prevention, 2019). Some studies estimate the rate to be as high as 6-9 cases per every 1,000 children (May, et al., 2014). Though rates vary, the fact that this condition is entirely preventable and yet there are still cases of FASD indicates a gap in treatment for women with alcoholism who are also having children.

Research indicates that alcoholism is not limited to women and their families in the United States. It is international in impact. In a longitudinal study conducted in Brisbane, Queensland, researcher Nam Tran and his colleagues analyzed the long-term effects of alcohol use among a group of 3,337 women in Australia over 27 years. They examined three different outcomes for these participants: marital relationship, reproductive health, and well-being (Tran, Claravino, Williams, & Najman, 2016). Investigators analyzed data from the Mater-University of Queensland Study of Pregnancy, and participants were recruited from two large public hospitals in Brisbane from the years 1981 to 1984 (Najman & Marrington, 2019).

After the initial interview during the gestational period of pregnancy, follow up interviews were conducted five more times over 27 years at six months post-birth, five years, 14 years, 21 years, and 27 years. The women were placed into three different groups depending on their reported drinking habits: abstainer/ non-drinker (11.1%), low-stable (59.3% consuming an average amount of 1.5 drinks per week), moderate-escalating (25.4% consuming an average of 5

drinks per week), and heavy-escalating (4.2% consuming an average of 12-14 drinks a week depending on date of the interview) (Tran, Claravino, Williams, & Najman, 2016).

The data show that individuals who reported heavy alcohol use were more likely to also report adverse marital issues, including increases in spousal conflict and marital dissatisfaction, and increased likelihood of divorce. In addition, for those who reported heavy use, their drinking increased over time. Women with heavy drinking habits also reported lower levels of happiness when compared to participants who drink less. Higher alcohol consumption was also associated with recurrent unsafe sexual practices and unwanted pregnancy. These results are consistent with other studies that indicate a lower level of emotional well-being for women with alcoholism (Tran, Claravino, Williams, & Najman, 2016; Koivumaa-Honkanen, et al., 2012)

Research conducted in the United States reflects similar results. Alcoholism has been linked to mental health problems such as depression and anxiety, impacts mental functioning and physical health, and can severely hinder relationships with friends and family (National Institute on Alcohol Abuse and Alcoholism, 2018; Centers for Disease Control and Prevention, 2016; Mesuda, 2014)

Resilience

During periods of high-stress, such as personal or societal crises or trauma, many people exhibit the ability to ‘bounce-back,’ overcoming difficulties through adversity (Masten, 2014). In other words, in trying situations, some people are better able to adapt and experience success despite hardship. Resiliency can be fostered on many different contextual levels, including individually, within a family unit, or within a community. Research indicates that many different factors have been associated with adaptive systems that can promote resilience. For this specific study, there were several adaptive systems that fostered resilience in women with alcoholism.

Those include having faith and a spiritual belief system, fostering close relationships with capable adults through social networks in Alcoholics Anonymous, and possessing the motivation to succeed (Masten, 2014; Tongeren, et al., 2019; Arewaskinporn, Sturgeon, & Zautra, 2019).

Protective Factors

As varied and nuanced as the details of an individual's story with alcoholism are, protective factors in cultivating resilience are just as unique. However, in reviewing current literature, common themes emerge for protective factors that improve the chances of resilience for women with alcoholism. These themes include the development of spirituality, Alcoholics Anonymous, and possessing the willingness and motivation to change.

Spirituality: Developing and practicing a spiritual life is an integral part of many substance-abuse treatment and recovery programs, including 12 Steps programs such as Alcoholics Anonymous (Ranes, Johnson, Nelson, & Slaymaker, 2017; Hodge, 2011; Sandoz, 2014). In clinical settings over the past 20 years the use of spirituality-based interventions and recovery programs has been increasing (Ranes, Johnson, Nelson, & Slaymaker, 2017; Gedge & Querney, 2014). While it is still more common to find the implementation of spiritual practices as part of recovery programs in mutual aid groups, such as Alcoholics Anonymous, clearly such practices have extended into both treatment facilities and clinical settings (Ranes, Johnson, Nelson, & Slaymaker, 2017; Hodge, 2011). It is not surprising, then, that spirituality-based interventions are common for people in alcoholism recovery who display the ability to cultivate resiliency.

In a 2017 study, researchers examined the relationship between spirituality and treatment outcomes for people with alcoholism. Data was collected through interviews at four different points over a 12-month period following participants' completion of a residential 12-Step

treatment program. They found that while spirituality was not a direct predictor of abstinence, the data established a significant positive relationship between abstinence and spirituality following treatment (Ranes, Johnson, Nelson, & Slaymaker, 2017). Not only was spirituality shown to be associated with the maintenance of sobriety, but it was also linked to emotional well-being. Multiple regression analysis highlighted a positive correlation between spirituality and participants' reported sense of meaning in life (Ranes, Johnson, Nelson, & Slaymaker, 2017). All participants in this study were also attending meetings of Alcoholics Anonymous. This indicates that AA participation could likely have a facilitating influence concerning spirituality and abstinence.

Alcoholics Anonymous: Resiliency can also be developed through the collective influence of communities or groups. For many sober people, AA is an effective way to build resilience through the community of members. AA also allows members to build close relationships with and garner support from other individuals who are facing similar adverse circumstances. This has proven associations with building resilience (Masten, 2014; Arewaskinporn, Sturgeon, & Zautra, 2019). There is a great deal of literature supporting the conclusion that participation in the 12-Step Recovery program Alcoholics Anonymous has a positive impact on a person's ability to abstain from drinking.

Though there are many aspects of Alcoholics Anonymous, two facets of the program that stand out in the literature are the attendance of AA meetings, and working with a sponsor. There is extensive support in the literature identifying attendance at AA meetings as a positive predictor of increased abstinence (Humphreys, Blodgett, & Wagner, 2014; Tonigan, McCallion, Frohe, & Pearson, 2017; Magura, Mckean, Kosten, & Tonigan, 2013; Wilcox, Pearson, & Tonigan, 2015). For women in particular, research has shown that attendance of AA meetings

has a significantly strong association with continuous abstinence in the first 6 months of sobriety (Klein & Slaymaker, 2011).

Another central element of the Alcoholics Anonymous program is acquiring and working with a sponsor. Sponsorship can serve as a mode of social connection and accountability for a newly sober person and is one of many close relationships a person might form upon becoming a member of AA. In a study conducted in 2010, Tonigan and Rice explored the importance and efficacy of sponsorship and a sponsor's role in maintaining early sobriety. They found that particularly for individuals who are newly sober, having a sponsor can have a significant impact on their ability to stay sober. Findings suggest that the advantages of having a sponsor are most potent within a person's early affiliation with AA. For example, participants who reported that they were working with a sponsor at three months of sobriety were three times more likely to be abstinent from alcohol at six months. Participants with sponsors at 90 days also reported 21% more overall days of no drinking than those who did not have a sponsor. More specifically, for individuals with a sponsor who reported drinking within this 90-day period, drinking was, on average, two drinks fewer than for those who reported drinking and did not have a sponsor (Tonigan & Rice, 2010).

Willingness & Motivation: To benefit from external protective factors such as spiritual-interventions or fostering community and relationships through Alcoholics Anonymous, a person must possess some degree of intrinsic motivation and willingness to get better. Current literature confirms that motivation, or possessing a willingness to change, can be a predictor of positive treatment outcomes for persons with alcoholism (Kelly & Greene, 2013). Kelly and Green developed a 5-item measurement tool, the Commitment to Sobriety Scale (CSS), to assess a client's commitment to continued abstinence from alcohol and drug use. The CSS consists of

questions like “I am totally committed to staying off drugs and alcohol,” and asks respondents to rank each statement on a 6-point scale based on their level of agreement. They concluded that participants who reported high levels of motivation to abstain from alcohol and drug use had more success maintaining abstinence, even in cases where they reported low self-efficacy, or lack of confidence in their ability to stay sober (Kelly & Greene, 2013). In other words, in some cases, willingness and motivation can be a stronger predictor of success than personal certainty.

Methods

Procedure

All research articles included in this study were found using the Chapman University Library website on various database hosts, including ERIC-EBSCO, PsycINFO, PsycARTICLES, and Academic Search Premier. Keywords used during these searches were “alcoholism,” “women,” “resilience,” “support groups,” “Alcoholics Anonymous,” “outcomes,” “spirituality,” “motivation,” “sobriety,” “abstinence,” and “results.”

In the current study, participant data was collected by conducting semi-structured interviews with each participant. The persons in this study are all women with alcoholism who have 9-39 years of continuous sobriety and exemplified common characteristics of resiliency leading up to and during their sobriety. In this case, criteria for sobriety consist of not having consumed an alcoholic beverage or any kind of recreational drug or narcotic since the participant’s self-identified sobriety date. There were three participants.

The interviews lasted 60-80 minutes and were conducted in-person at a location of the interviewee’s choosing. The first interview with Helen took place in a public park, the second interview with Pat was conducted at her residence, and the final interview with Mary Ann took

place at a local church. Taking part in the study was voluntary, and participants were referred through mutual acquaintances of the researcher and participants. The researcher contacted five women in total, which resulted in interviews with three of those women.

Participants were asked a series of 30 questions and were encouraged to add any additional information or deviate from the structure of the interview to provide anecdotal information they deemed relevant. In each interview, personal details of each participant's family history as it relates to alcoholism, childhood and adolescence, the progression of their alcoholism, the events that lead to their sobriety, and the current maintenance of their sobriety were all discussed. All three women were informed prior to meeting that all data collected during the interview would be kept entirely anonymous.

To ensure privacy, the names of each participant and any identifying details have been changed. The researcher took extensive notes during the interview, including transcribing direct quotes from the interviewees as they responded. At the conclusion of each interview, quotes related to resiliency were compiled in a list to identify common protective factors for all participants. In this study, resiliency is defined as having continuous sobriety, sustaining consistent employment, and maintaining close relationships with friends and family members.

Helen

Helen is a 72-year-old woman currently living in Huntington Beach, California. She has been sober since the age of 33. Growing up in Chicago, Illinois, in a working-class Irish family, Helen lived with her grandmother, mother, father, and younger brother. Several members of her family, including her grandfather, father, and mother, had alcoholism and drank actively throughout her childhood. Due to her parents' alcohol use, Helen's grandmother was the primary

caretaker for her and her sibling. When Helen was four years old, her father was killed in a car accident. He was heavily intoxicated at the time of his death, and Helen attributes his death to alcohol abuse. When Helen was ten, her grandmother died. Helen's mother remarried, ending up with a man who was physically and verbally abusive. At this point, Helen said, "Life fell apart, and I had to learn to take care of myself." Helen dropped out of secondary school when she was sixteen years old and went to go work as a filing clerk.

By the age of 18, Helen was married and living with her husband in California. After having two children by the age of 24 and suffering from post-partum depression after each pregnancy, Helen began drinking to cope with her depression. At this point Helen sought out help from mental health professionals and began reading self-help books. She attended individual therapy sessions regularly and participated in group therapy. She felt certain there was something wrong with her and was doing everything she could to figure out what it was. But she was resistant to the idea that she was an alcoholic because of her parents' alcoholism. Her marriage became very fractured, and she and her husband struggled to get along because of her drinking. Helen also became very isolated and would spend the end of every evening drinking alone until she passed out. When a close friend, who was sober, intervened and told Helen she needed help, she decided to go to Alcoholics Anonymous.

Helen has been sober for the past 39 years and has relied heavily on the structure and spiritual principles of AA to maintain her sobriety. She described the sponsors and friends she has had and currently has in the program of Alcoholics Anonymous as an integral part of maintaining her sobriety. She regularly attends the same AA meetings twice a week and reaches out her hand to support those who are newly sober or who are struggling to maintain sobriety. Today Helen finds fulfillment outside of AA by spending time with family, enjoying nature, and

indulging in a good book or meal. Helen shared about her long career as a social worker, and how much enjoyment she got out of advocating and assisting the elderly clientele with whom she primarily worked. She also emphasized that because of her sobriety, she has been able to treat her depression much more effectively and looks to support women in AA who may be struggling with mental illness.

Pat

Pat is a 64-year-old woman from Seattle, Washington who has been sober for 17 years. She was raised in Seattle and has lived there her entire life. Her mother and father both had children from previous marriages and had three children together, so Pat was raised in a household with her two siblings and occasionally saw her half-siblings. Her father was an abusive alcoholic whose behavior dramatically changed when he was under the influence. She explained that her mother, who was severely abused as a child, had no self-confidence and was unable to leave Pat's father except for short periods of time.

Pat's childhood was extremely confusing for her. She would often go through periods of homelessness with her mother and siblings, living in hotels around the Seattle area hiding from her abusive father. She left home when she was seventeen and went to live with her older brother. When she was twenty years old, she met her future husband. They were married when she was 22.

Though she had her first drink when she was around thirteen years old, Pat described her alcoholism as having a very slow progression, and "not really kicking in at first." When she had children and her career took off, she became very fixated on trying to be perfect in every facet of her life—as a parent, at work, and as a wife. She was working part-time and began drinking more and more. Eventually, she began drinking every day, and her husband left her and her two

children. They remained separated for a year. When they decided to try to mend their relationship, she knew that she had to do something about her drinking. She knew that her husband loved her and her children very much but would not continue to tolerate her alcoholism.

Growing up in an alcoholic household, Pat was familiar with Alcoholics Anonymous. Although the program did not work for her father, she did not trust his judgment or commitment to the program and decided to go to a meeting. She attended women's meetings and was able to find a sponsor whom she credits with helping her tremendously. Pat explained that going through the steps of Alcoholics Anonymous, working with a sponsor, and developing a conception of a higher power was integral in her sobriety. She described herself as a loner and as being very isolated throughout her adolescence and while she was drinking. Having a community of women that she can regularly contact, socialize with, and confide in has taught her how to have healthy relationships in sobriety. She regularly attends the same AA meetings, and knows the other people there, and talks to her sponsor regularly. Pat also gets a lot of solace and satisfaction from sponsoring and helping other women who are trying to get sober in Alcoholics Anonymous.

Today Pat enjoys spending time with her husband at their lake house and visiting with her children and grandchildren. She ran a successful retail company for years, and she credited AA with providing major support in helping her cope with the stress of her job in sobriety. Pat loves photography and yoga and takes great pleasure in the simple things in life. She regularly performs community service through Alcoholics Anonymous and also derives substantial fulfillment from that activity.

Mary Ann

Mary Ann is a 32-year-old woman currently living in Huntington Beach, California. Raised in Pennsylvania in a suburb of Philadelphia, Mary Ann grew up with her mother, father,

and two younger brothers. Both of Mary Ann's parents were adopted. Personal research revealed that alcoholism was a reoccurring issue for both of their birth families. One of Mary Ann's brothers is also sober, and she has two uncles who are currently sober.

Growing up, Mary Ann was obsessive about schoolwork and always strived to maintain high grades in all her subjects. She began drinking at the age of fourteen, and said that maintaining her grades allowed her to drink the way she wanted to and to the degree she wanted to. She blacked out for the first time when she was eighteen and described this as a major turning point for her. Instead of being alarmed by the experience, Mary Ann distinctly recalled a thrilling feeling at the idea that she was out of control.

During her college years, she continued to drink heavily on the weekends and was blacking out frequently. Grades were how she valued herself, and she would spend hours in the library before going out all night. By winter break of her freshman year, her drinking had increased from once a week to three times a week. She was disciplined by her college during November of her freshman year for drinking in her dorm room and arrested in December for underage drinking. This did not, however, curb her drinking habits. By her senior year, she was experiencing significant familial stressors. Her brother's addiction had grown significantly worse, and Mary Ann began drinking to cope with her feelings about this. She was blacking out and becoming physically ill every time she drank. She would often vomit that night into the next day and was drinking steadily from Thursday through Sunday every week. Yet she was high functioning in other aspects of her life, still excelling in school, and was president of her sorority.

After graduation, Mary Ann got a job working in marketing in an alcohol-infused work environment where happy hours were a nightly occurrence. Her drinking escalated. At the age of 24, while away at the Jersey Shore with her family, Mary Ann experienced a night out in which

she blacked out, lost all of her belongings, and had to be taken home by her cousin. It was after this that her parents gave her an ultimatum: either quit drinking or move out of their house. Mary Ann was seeing a therapist weekly, and when she described the incident to her therapist, he suggested she go to Alcoholics Anonymous.

When Mary Ann's sponsor explained the disease of alcoholism to her, it resonated with her and shifted her perspective dramatically. She began attending meetings regularly and working with her sponsor. She relied heavily on the friendships she made with other sober young people. Three years ago, her dad passed away from cancer, and she was able to care for him throughout his treatment and illness until the end of his life. She attributes her ability to be present to her sobriety. She has nine years of continuous sobriety, and she relocated a year after her father's death to the West Coast. The awareness that she can help other people and be useful to those she cares about gives her life meaning and purpose. Spirituality has also played an integral part in her staying sober throughout her dad's illness, through periods of unemployment and loss of personal relationships.

Today Mary Ann enjoys spending time with her brother and mother, going to the beach, and reading. She enjoys her job as a massage therapist, and eventually wants to have a family of her own.

Findings

During each interview, the participants were asked to reflect on periods of time when they were actively alcoholic and on the key factors they believe helped them get sober initially and allowed them to maintain sobriety over a period of several years. While each woman shared truly unique experiences about their time as active drinkers, there were common themes that

emerged in their descriptions of their recoveries. The protective factors most commonly identified by all three participants were Alcoholics Anonymous, the development of a spiritual practice or belief system, willingness and motivation to change.

Alcoholics Anonymous

When asked to describe how they initially got sober and now maintain their long-term sobriety, each participant cited the sponsorship they have received through Alcoholics Anonymous and the community they have developed through attending AA meetings (Tonigan, McCallion, Frohe, & Pearson, 2017; Magura, Mckean, Kosten, & Tonigan, 2013).

There were several benefits of the program of Alcoholics Anonymous that emerged for each participant, but the two main elements of the program cited by each participant in discussing their initial decision to get sober and the maintaining their sobriety were sponsorship and community.

For Mary Ann, her sponsor helped her to build a better understanding of the disease of alcoholism. Identification helped her to understand and “identify as an alcoholic.” Identification for her was crucial because it helped her realize that because she was an alcoholic, it was unlikely she would ever be able to drink normally. Accepting this fact has prevented her from relapsing. She also explained that she relies heavily on her sponsor to help her work through her emotions and feelings:

When I got sober, I suddenly had all of these feelings for the first time. My sponsor helped me learn what to do with my feelings when I’m having them, and to identify patterns in feelings...when I get upset, figuring out what it is really about...my sponsor helped me a lot with this.

Pat also relied heavily on her sponsor in the early days of her sobriety and continues to rely on her sponsor. Her first sponsor, Toni, helped her get more involved in meetings and communicated with her daily.

Toni shared her experience, strength, and hope with me on issues that she has faced as an alcoholic woman, and when she hasn't been through something directly, she refers me to another sober woman who can help. She kept me out of trouble, especially early on.

Helen described her first sponsor as having "a lot of common sense and a good sense of humor," and as someone who continued to work with her even when she was resistant to the program of AA. Helping other women by sponsoring them is also pertinent for Helen in maintaining her sobriety, as it is for Pat and Mary Ann. "You can't keep it unless you give it away," Helen explained, and she discussed the important role her "sponsees" play for her. Pat, Mary Ann, and Helen call their sponsors regularly to check-in, and all three women sponsor other women who are trying to get sober.

Another function of AA that has played an influential part in each participant's sobriety has been attending meetings of Alcoholics Anonymous. Each participant said that she attended an AA meeting every day for the first ninety days of their sobriety. Helen described the women she met in the meetings of Alcoholics Anonymous as, "forcing her out of her isolation...and to be social." Similarly, Pat described the meetings of AA as a safe haven in her early sobriety:

I had nothing to do, so I would go to the clubhouse where I knew there were multiple meetings throughout the day. I would go to the 7 am meeting. Then I would sit in my car and go to the noon meeting and then the next meeting. I knew if I went to the meetings, I was safe, and I wouldn't drink.

Mary Ann also credited listening to other women share about their experience in meetings as a key for her in sobriety:

...women in the meeting – they share what they’re going through which helps me to learn how to deal with what I’m going through, helps me to relate how I think about things, so I don’t feel so alone.

Each participant also described how they have formed close friendships with other women whom they can call to share both good news and bad news, and whom they can reach out to when life in sobriety becomes challenging. When asked what advice they would give to a woman who was trying to get sober, all three participants recommended finding a sponsor and attending meetings.

Spirituality

Another common theme that emerged in each interview was the importance of having some kind of spirituality or belief system in sobriety. Part of spirituality for each participant meant belief in a “higher power” and emphasized that there are many aspects of their lives that are not within their control.

Mary Ann described her higher power as something bigger than herself that guides her through her sobriety, helping her to cope with challenges that inevitably arise in life:

Spirituality always helps me. What I mean by that is being open to signs from the universe or God about what I should do. This helps guide me because while my best thinking got me into AA, I need guidance from something outside of myself

Similarly, Pat also mentioned that relying on a greater force outside of herself allows her to accept the challenges she has faced in sobriety, and helps her trust that in the end things will work out as long as she doesn’t drink. She explained:

...sometimes God hands out what I perceive as a negative but it isn't. My reliance on God has made me better at acceptance.

When Pat discussed how she met her sponsor, she also referenced God, stating that the circumstances of their meeting were "meant to be...it was such a God thing." The belief that there is a force at work protecting her seemed to be very important to Pat, early in sobriety and now. Helen also said that expressing gratitude to her higher power, which she also refers to as God, has helped her accept difficulties she has faced in sobriety and allowed her to stay sober through them. For example, both of her adult sons are addicts who have been able to get sober. Her youngest son recently served an eight-year prison sentence. When she spoke of her sons, she said:

I thank God for my sobriety and theirs. Having a child get sober was hell...it was very painful. Every time I think about it, I get grateful because many people lose their sons. It is a terrible disease. You just have to have faith that everything will work out how it's supposed to, and we'll be taken care of.

Each participant stated that being reliant on a power that is greater than them is a critical factor in their resiliency and ability to cope with their alcoholism.

Willingness and Motivation to Change

When discussing their resiliency, each woman described the importance of being willing to take direction from a sponsor or other sober women and having the motivation to make changes in their lives allowed them to prioritize their sobriety over everything else. For example, when asked what advice she would give to newly sober women, Pat explained the importance of willingness and trust:

The biggest thing I would say is to get into a program and be willing to trust the process. I was in enough pain where even though I liked to figure everything out, how to make things right, my life got out of control, everything was falling apart. I was in enough pain where I was ready for someone to take me and say okay now do this, trust the process of these steps, and we are going to get you through this, what I was doing wasn't working. At that point, I was finally willing to listen. Getting to a bottom where you are, being open to people telling you what to do, and you just do it, and after about a year you start to get the hang of it. I was just in enough pain that I was willing to listen.

When discussing the importance of being willing and motivated to change, Mary Ann explained:

I had to be willing to change, and let the things in my life change. Shedding my old life, changing everything. The boyfriend I was dating when I first got sober was a normie, not alcoholic, really recognizing I had to shed the people, places, and things of my old life was really hard for me. I wanted to stay sober. Breaking up with alcohol and my old life was what had to happen if I wanted to stay sober.

During her interview, Helen also referenced the importance of willingness to take direction from a sponsor and show up for commitments in Alcoholics Anonymous and sobriety. She needed to be willing to commit to the program entirely and take direction from other sober women.

I committed, and I never left the program, ever...you need a strong sense of commitment, if you are committed, that means you are willing to do what's suggested. I still do all the things I learned in the first month. I never ever forget. That's what happens in sobriety. People get busy, life gets busy, I got busy. However, I kept my two meeting every week. If you are trying to get sober go in for treatment, go to meetings daily find a good

sponsor, and commit. You need to be willing to ask for help and to receive the help.

Make all your energy about recovery. It's a commitment.

Helen's motivation to stay sober after many years is evident through her utilization of what she learned in early recovery.

Discussion

Implications for Practice, Directions for Future Research

The National Association of School Psychologists acknowledges that substance abuse issues, such as drug addiction and alcoholism, can pose a serious barrier to a child's emotional well-being, health and development, and ability to learn. School Psychologists are uniquely positioned to assist in multiple levels of intervention, and help schools develop preventative and intervening measures to support children and families with substance abuse issues.

Literature available through NASP on this issue emphasizes the importance of working relationships between school faculty, parents and families, and community resources (Lasser & Schmidt, 2009). Often families need support in knowing how to communicate with their child about drugs and alcohol, and school psychologists and health educators can help them in this process. They can also assist families in finding various resources available to them within their community if their child needs support that extends beyond the capacity of the school. One study identified protective factors against youth substance abuse and dependency as strong self-control, parental guidance, academic aptitude, strict anti-drug rules, and drug education programs in schools, and strong neighborhood and community ties (Lasser & Schmidt, 2009). Implementing programs that leverage and promote these protective factors could lead to more successful youth substance use and dependency programming in schools.

There are several common themes that emerge when analyzing the protective factors each participant identified during their interview. All three women credited Alcoholics Anonymous for their success in maintaining abstinence from drinking in their early sobriety. Each of the women completed what is referred to in AA as a “90 in 90,” meaning that they attended one meeting of Alcoholics Anonymous a day for ninety days. One participant reported that she went to a meeting every day for nearly two years. Meeting attendance and working with a sponsor reportedly played a significant role in sobriety for each participant. Based on this data and existing literature, it’s important for practitioners to consider a 12 Step Program such as Alcoholics Anonymous for their clients/students as appropriate (Humphreys, Blodgett, & Wagner, 2014; Tonigan, McCallion, Frohe, & Pearson, 2017; Magura, Mckean, Kosten, & Tonigan, 2013; Wilcox, Pearson, & Tonigan, 2015).

All participants have developed a spiritual belief system in sobriety that they report helped them maintain their sobriety. Language describing this spiritual belief system varied with each participant, but all described believing in a power that was greater than themselves. In addition, the belief that their lives hold deeper meaning and purpose was a common theme throughout all interviews. These benefits from spirituality align with existing literature that identifies spirituality as a protective factor for individuals coping with adverse circumstances.

As participants described major turning points, several factors are worth careful consideration. Each participant described reaching a point where they were finally willing to receive help and listen to those around them. Previous attempts by others to convince them to get sober had failed. In some cases, ultimatums from family members helped to get participants to seek support initially. However, each described their own willingness to change as the key factor in maintaining their sobriety. One participant also mentioned that she continued drinking despite

disciplinary action taken by her college and when faced with legal repercussions following an arrest. It is worth considering that significant turning points needed for long-term sobriety may manifest through internal epiphanies and realization experienced by the client rather than external influences.

Several additional initial findings from this limited study would benefit from further research. Each of our participants reported that their use escalated significantly in early adulthood between the ages of (20-28). These years appeared to be a critical period where participants may have benefited from education about alcoholism and substance abuse and information about resources available to persons coping with these issues. Participants said that there was minimal to no education about alcoholism and substance abuse in the schools they attended from secondary through college education. One participant stated that she was required to attend an alcohol education class after getting in trouble for drinking on campus, but continued to drink for five years after this. When considering work with students, this points to the importance of prevention and early education on the topics of alcohol and substance use. More research is needed to identify what specific interventions would be most effective for women with alcoholism at this age.

It should also be noted that each of these participants were members of Alcoholics Anonymous. But there are other programs and treatment options available for clients. Exploring these options with the client may yield other alternatives for successful results.

Another common theme that emerged for all participants was the hereditary and familial nature of alcoholism. Each participant identified members in both their immediate and extended family who were also alcoholic. It is worth acknowledging that often, alcoholism is a family issue, meaning that not only is an individual's alcoholism possibly impacted by their family

members, but family members of an individual with alcoholism could also have substance abuse issues. Two participants described that they both grew up in homes with an alcoholic parent or family member who was physically and verbally abusive. Considering students from an ecological theoretical perspective, as a member of multiple systems, might allow professionals to identify other adverse factors that might be present in the child's life.

School Psychologists and other members of the school community have an opportunity to provide support to students who may be coping with family members who have substance abuse issues through counseling or recommending outside resources such as Alateen, or Al-Anon. For adolescents who may be in the beginning stages of alcoholism it is crucial for school officials to make teens and young adults aware of the difference between substance use and abuse, and what resources and supports available to those coping with alcoholism or drug addiction. Literature also indicated that those struggling with alcohol or substance abuse are at higher risk for other mental health issues. Part of the responsibility of school psychologists is to identify situations in which outside resources are necessary to address all a child's mental health needs.

Limitations

Though the findings in this study align with current literature, several limitations should be noted when considering the results. Firstly, the sample size of this study is obviously very small. Though some common themes were present thorough all the interviews, this data is based on the interviews of just 3 women. It may not be generalizable to all women with alcoholism. It should also be noted that this particular sample was homogenous in race and sexual orientation. All three participants were White and self-identified as heterosexual. Because different aspects of one's identity often inform their experience, this demographic information is worth

considering when analyzing the findings of this study. Future research is needed to better understand the role of resiliency and protective factors that contribute to female sobriety for sexual minorities, and different racial and ethnic groups. Future research could amend this limitation by having a larger sample size that is more diverse.

In addition, all participants in this study were female. Future research utilizing a control group of male participants to compare the findings would promote a deeper understanding of how resiliency manifests differently or similarly for both men and women coping with alcoholism.

Finally, all participants were over the age of 32 years old, so these findings might not be directly applicable to all age groups. Research focusing on a younger population of participants would shed more light on what factors foster sustained periods of sobriety for younger people. This would be particularly useful to members of a school community, practitioners working with children, and parents and families.

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