1996

A study of the effects of lesbians' sexual orientation to the disease of alcoholism

Teddie Valenzuela Chapin

Follow this and additional works at: http://scholarworks.lib.csusb.edu/etd-project

Part of the Gender and Sexuality Commons, and the Substance Abuse and Addiction Commons

Recommended Citation
http://scholarworks.lib.csusb.edu/etd-project/1256

This Project is brought to you for free and open access by the John M. Pfau Library at CSUSB ScholarWorks. It has been accepted for inclusion in Theses Digitization Project by an authorized administrator of CSUSB ScholarWorks. For more information, please contact scholarworks@csusb.edu.
A STUDY OF THE EFFECTS OF LESBIANS' SEXUAL ORIENTATION TO THE DISEASE OF ALCOHOLISM

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Teddie Valenzuela Chapin
Lorie Jean Mangen
June 1996
A STUDY OF THE EFFECTS OF LESBIANS' SEXUAL ORIENTATION TO THE DISEASE OF ALCOHOLISM

A Project
Presented to the
Faculty of
California State University,
San Bernardino

by
Teddie Valenzuela Chapin
Lorie Jean Mangen
June 1996
Approved by:

Dr. Marjorie Hunt, Project Advisor, Social Work

Dr. Teresa Morris, Chair of Research Sequence, Social Work

Date: 6-6-96
Lesbian alcoholism touches on deeply held beliefs and attitudes concerning lesbians in our society and how this impacts the coping mechanisms of this population. The purpose of this research study examined the role of society with the myths and beliefs of homophobic attitudes, and how this makes lesbians susceptible to alcoholism. The researchers conducted a qualitative analysis of in-depth open-ended interview questionnaires. The interviews were conducted at convenient and comfortable locations of sixteen lesbian alcoholics in recovery. The data provided a number of themes and commonalities among this population. Some of these themes included: low self-esteem, shame and guilt, value conflicts, lack of healthy coping skills, lack of adequate community and family support systems and alcoholism. This research study indicated a strong link between the position the lesbian holds in our society with homophobic attitudes and their susceptibility to alcoholism. The significance of this research study for social work direct practice is based on the need for more sensitivity, accurate understanding and evaluation of helping this population develop a positive lesbian identity.

ABSTRACT
The feminist critical theory supplies a framework from which to examine lesbian alcoholism. The socialist feminist approach calls attention to the "exploitation of women and women's bodies within capitalism." The feminist critical theory and socialist feminist approach would center on the condition of alcoholism as primarily that of females, and link its manifestations and effects to the experience of women in a patriarchal culture. For example, there is a double bias due to lesbians' sexual orientation and gender (Ettorre, 1980).

Feminists have a particular view of power and society. Society tends to be an oppressor of women. In other words, society uses power against and not for women. Society is seen as hierarchically organized through capitalism, in terms of workers and nonworkers, and through a co-existing patriarchy, in terms of men and women. In light of the above view, how shall we see society or what is society? For example, as women, lesbians are ultimately determined by their position within a patriarchal capitalist order. Be that as it may, they live in a man's world. However, their awareness of a male-dominated society and their dependence upon it varies as do their stakes within it. Many social lesbians become conscious of sexism. They are aware of
those disruptive forces which create the alienation and isolation of women as well as women's 'vocation' to be dependent upon men (Ettorre, 1980).

Society is an ordering of human relationships or a system of how people relate to one another. Feminists become aware that society is not just "something out there." People create society and make it what it is today. However, because people do not always agree with one another, conflict exists in society. Therefore, things change; society changes. Society is not a static thing but a developing process which is based upon the past (history), the present (conflict or struggle) and the future (attempts to resolve conflict). Yet, within the feminist view, a constant element exist of singular importance. It is power (Ettorre, 1980). According to Ettorre (1980) power in society sets up divisions within and between the forces of 'nature', 'sex', and 'the social'. All these notions are seen to develop as historical necessities. Oppression runs rampant in society. Power sets up hierarchical and therefore conflicting relationships. Power oppresses all those who are in minimal possessions of it (Ettorre, 1980).

This research study explored the social construction of gender and its relationship to lesbian alcoholism in the context of social work practice. This study explored the
phenomenon of alcoholism among lesbian women with particular reference to their sexual orientation due to society's homophobic attitudes and beliefs.

There are four possible definitions of lesbianism. First, lesbianism could be defined in strict ways as genital sexuality between two people with female genitals. Secondly, any strong relationship between women with at least a possibility for such genital sex. Thirdly, any intense relationship or primary commitment between women that they subjectively experience as "love", even if genital sexuality is not even a possibility. Finally, any affection interaction between women might be considered lesbian (Ettorre, 1980).

Ziebold and Mongeon (1982) define alcoholism as a fatal chronic illness affecting the lives of some twenty to thirty percent of the homosexual population. Alcoholism is defined as an illness characterized by significant impairment directly associated with persistent and excessive use of alcohol. In addition, impairment may involve psychological, physiological, or social dysfunction. The dilemma faced by gay and lesbian alcoholics is further heightened when one considers the additional stigma of alcoholism. It is a common practice for an alcoholic to conceal from oneself and from others. This is a function of an unconscious denial
process, which society imposed negative labels on certain forms of drinking behavior, and/or a result of epistemology confusion (i.e., difficulty in coming to know oneself due to conflicting labels, social comparisons, and mixed outcomes with alcohol use). There is clearly an attempt to hide oneself behind closed doors. Alcoholism has historically been treated as a crime, a sin, a moral issue, a legal matter, or, more recently, a disease. But even today, it is kept quiet in families, concealed at work, and hidden from others. Being labeled alcoholic has been as stigmatizing as being labeled homosexual (Ziebold & Mongeon, 1982).

The purpose of this study was to provide additional information for helping professionals who treat lesbian women for alcoholism. This study is important for social workers because the social work profession has played a vital role in the development of ideas and in the leadership of treatment facilities dealing with lesbian alcoholism. In addition, this study will explore the necessity to reveal society's "homophobic" attitudes. This will enable the lesbian alcoholic, an oppressed group, to resolve this "false consciousness" and engender a more objective reality. For example, the myth that marriage and heterosexuality is the "prized" relationship, or the myth that "homosexuality threatens the cultural value of the continuation of our
species" (Rosen, 1974). This study re-educated and transformed the lesbian alcoholic to an empowered stance in society.

FOCUS

The paradigm used for this research study was critical theory. From a review of existing literature, some research has been done in the area of lesbian alcoholics related to their sexual orientation (Ziebold & Mongeon, 1982) (Nardi, 1982). This study added new insights into this area. A critical theory study gave definite answers and broke new ground and provided rich material for future use. In addition, it added the sensitive component that was needed to treat this population.

Many people in the gay and lesbian communities consider alcohol abuse and other drug usage to be one of their most serious problems. According to statistics that were quoted in Our Voice, a publication of the Pride Institute of Minneapolis, Minnesota, the first drug-treatment center in the United States to serve lesbians exclusively was as follows: Thirty-three percent of the lesbian population are chemically dependent, compared with the ten to twelve percent of the general population which have drug or alcohol problems (McDonald & Steinhorn, 1990).

McDonald and Steinhorn (1990) have found that lesbians
experience stresses unique to their life-style that they often try to minimize by the use of alcohol and/or drugs. It is these very stresses that lesbians use as rationalizations when their substance use begins to become substance abuse. For instance, these stresses can begin to take place when one first becomes aware that their sexual preference is for someone of the same sex. During this time, alcohol may be used in many different ways. One of these ways is trying to ease the stress as one tries to deny same-sex feelings while attempting to continue in intimate relationships with members of the opposite sex. Another is to help deal with anxieties and excitement incurred in the process of "coming out" to one's self and to others. A third might have to do with helping one deal with the pressure of "being in the closet," which typically causes tension and anxiety. And finally, a fourth reason for drinking or other substance abuse has to do with the various forms of discrimination, rejection, oppression and fears of emotional and physical attacks that all lesbians experience at some time in their lives (McDonald & Steinhorn, 1990).

The incidence of alcoholism among lesbians is often a debated question. Alcoholism and/or alcohol abuse currently affect about one third of American lesbians. Saghir and Robins (1970) stated that 35% of the lesbians studied were
dependent on alcohol or drank excessively. Weinberg and Williams (1974) found 19.4% of the lesbians population they studied reported "drinking more than they should;" that is, drinking nearly "all the time." Lohrenz and his associates (Lohrenz, Connelly, Coyne, & Sparks, 1978) examined alcohol problems among lesbians in four Midwestern cities. Their study revealed that 29% of the 145 respondents were categorized as alcoholic on the basis of the Michigan Alcoholism Screening Test (MAST) scores (Gomberg & Schilit, 1991).

The significance of this study lies in its relevance to social work practice. Whereas this phenomenon has not been adequately addressed in the current literature, this research study contributed to the direct practice of social work. Social workers, as well as other professionals, have a responsibility to maintain attitudes towards lesbian clients whom they seek to help that they may well be "different" from prevailing social attitudes. The attitude of the social worker towards the lesbian alcoholic cannot be minimized. The direct practitioner must be sensitive to the sexual orientation of the client, and to disregard the myths of the general population about the lesbian alcoholic. Additionally, to help lead the lesbian alcoholic client out of a situation that many have regarded as hopeless, the
direct practitioner must be able to accept them as valuable human beings who are capable of helping themselves.

**HISTORY**

The historical and institutional account of the oppression of lesbianism dates as far back as the year 342. The emperors Constantius and Constans, having inherited much of the empire of their father, Constantine, call for "exquisite punishment" for homosexuality. By 390, that decree was broadened into a call for gay people to be burned alive (Alyson staff publications, 1990).

In the year 1260, the legal school of Orleans orders that women found guilty of lesbian acts have their clitoris removed for the first offense; that they be furthered mutilated for a second offense; and burned at the stake for a third. From the year 1450-53, Pope Nicholas empowers the Spanish Inquisition to investigate and punish homosexuality. In 1533, the "buggery" law was passed in England, decreeing a penalty of death for "the detestable and abominable Vice of Buggery committed with mankind or beast." This marked the first time that the crime was covered under civil law in England; previously, it had been considered a church matter (Alyson staff publications, 1990).

In 1649, Mary Hammon and Goodwife Norman were charged with "luke behavior upon a bed" in Plymouth, Massachusetts.
The charges against Hammon were dropped, but Norman was convicted and had to make a public confession. She is the first woman in America known to be convicted of lesbian activity. In 1730-31, authorities announce that an extensive homosexual network has been discovered in Amsterdam. Three hundred prosecutions and seventy executions resulted. In 1836, the last execution for homosexuality takes place in Britain, although the death penalty for homosexuals would remain on the books until 1861. In 1861, England eliminates the death penalty for homosexual acts; offenders were now subject to imprisonment for ten years to life (Alyson staff publications, 1990).

In 1911, a law is passed in Holland prohibiting sexual contact between members of the same sex. On June 28, 1934, the anti-gay holocaust in Germany begins. Throughout the year, the anti-gay holocaust intensified as the Nazis rounded up gay people from German-occupied countries and sent them to concentration camps. Meanwhile, the Soviet Union set a new law which decreed a minimum five year sentence for homosexual acts. In 1950, the McCarthy witch-hunts began in the United States. A purge of lesbians and gay men from the government and military soon followed. In 1953, in one of his first acts upon taking office, President Dwight Eisenhower issues an executive order prohibiting the
employment of gay people in federal jobs. State and local
governments, and government contractors, followed suit
(Alyson staff publications, 1990).

In the year 1965, Secretary of State Dean Rusk issues a
statement that the department did not knowingly employ
homosexuals, and would discharge any such employees if they
were identified. On June 28, 1969, a routine police raid on
the Stonewall Inn at New York, turned into history's first
gay riot when the patrons put up unexpected resistance. In
1971, only a year after purging certain lesbian members, the
National Organization for Women at its annual convention
acknowledges the "oppression of lesbians as a legitimate
concern of feminism." In 1986, Pope John II issues a
fourteen-page letter calling gay people "intrinsically
disordered" and maintaining the homosexuality can never be
reconciled with Church doctrine. He ordered Church
officials to withdraw all support from gay organizations
(Alyson staff productions, 1990).

LITERATURE REVIEW

The literature reveals that there are many myths of
homosexuality. One myth that had evolved from the
statistics is that there is a direct relationship between
homosexuality and alcoholism or drug abuse. This is
unlikely. What is more likely are that there are pressures
in society as a whole and within the lesbian communities that can increase lesbian susceptibility to alcohol and drug use or abuse (McDonald & Steinhorn, 1990).

Several stereotypes or myths confront the homosexual and serve to perpetuate public prejudice against him or her. One such stereotype is that all homosexuals are involved in role playing, whereby one or the other is the male or the female (butch or femme) (Greenblatt & Schuckit, 1976). A second myth concerns the promiscuity of homosexuals. Saghir and Robins (1973) suggest that homosexuals women are slightly more promiscuous than heterosexual women. In their sexual relationships the lesbians were more like the heterosexual female in being selective and restrained (Greenblatt & Schuckit, 1976). Finally, homosexuals "attack and seduce" innocent children and lead them astray down the paths of homosexuality. Saghir and Robins (1973) point out that adult homosexuals are rarely interested in individuals under 16 years of age. Furthermore, most of the studies of homosexuality indicate that homosexuality seems to be a psychologic state determined somewhere early in childhood by unknown factors that appear to have little to do with overt or covert sexual seduction by members of the same sex (Greenblatt & Schuckit, 1976).

Lesbians do not have access to variety of opportunities
for socializing that many heterosexual women have. The lesbian bar has traditionally been the "safe" place where people could meet and socialize, even if they do not drink. Bars also serve as information centers for what is taking place in the lesbian communities. They provide a place for people to network. The bars are a setting where people can neck, hold hands, dance, and have physical contact. They are also a setting where lesbians do not have to be afraid of discrimination, which could be the case if they were in a straight bar (McDonald & Steinhorn, 1990).

Fifield (1974) summarized the variables that were found to contribute to the high incidence of alcoholism in the gay community. She contended that in order to estimate accurately the incidence of alcohol abuse and alcoholism in the homosexual community, factors such as socialization patterns, interpersonal settings, demographic information, behavioral data, and consumer self-reports on drinking patterns must be taken into consideration. She maintains that the homosexual who is not significantly affiliated with any gay-oriented organization experiences a high degree of alienation. She found that over 90 percent of the homosexuals who frequently inhabit gay bars in Los Angeles have no contact with gay organizations in the community. Since the gay bar functions significantly in the life style
of those who wish to congregate with their peers, a high percentage of gays spend an average of 80 percent of their social activity time in gay bars and at parties where alcohol is served. There are few social alternatives to the gay bar scene for the homosexual person. Thus, it seems apparent that the influence of the bar scene on the homosexual community contributes significantly to the abuse of alcohol, even though the bar is predominantly for socialization (Greenblatt & Schuckit, 1976).

Our society heavily stigmatizes both lesbianism and alcoholism in women, and this results in considerable damage to the self-esteem of this population. Anger at societal rejection may be projected onto other lesbians or repressed, with resulting depression and feelings of powerless and isolation (Ziebold & Mongeon, 1980). Alcohol may be used to cope with the negative feelings about being a lesbian. Because alcohol is itself a depressant, its use only exacerbates problems with self-esteem. The client who has internalized society's negative attitudes toward homosexuality will need assistance in developing a positive lesbian identity (Hall, 1978). Woodman (1982) has suggested that the client should be helped to reassess internalized myths and stereotypes and explore involvement with other individuals or groups with similar interest (Gomberg & Schilit, 1991).
There appears to be various social factors that contribute specifically to the alcohol abuse by the gay individual. The homosexual individual experiences significant degree of isolation, despair and alienation, which occurs as a direct result of the oppression imposed by society. Fifield, in her observation on this subject, refers to Seeman (1967), who views alienation as a tripartite system where specific forces have alienating effects on the individual, leading to detrimental consequences in the individual's attitudes and behaviors (Seeman, 1967). Thus, it is possible that certain structured conditions, such as political, social, and economic situations that bar individuals from equal rights and opportunities in society, produce the feelings of alienation found in many homosexual individuals. These findings indicate a likelihood that alienation is a contributing factor in the alcoholism rate in the gay community (Greenblatt & Schuckit, 1976).

RESEARCH DESIGN AND METHOD

Purpose

This research explored the social construction of gender and the relationship to lesbian alcoholism in the context of social work direct practice. Additionally, this study explored the phenomenon of alcoholism among lesbian
women with particular reference to their sexual orientation.
The study employed an exploratory design with a critical
theory orientation. The primary purpose of the study was
twofold: (1) to test and develop the working hypothesis
that oppression leading to internalized homophobia and
sexism has made the lesbian population susceptible to
alcoholism; and (2) to reconstruct myths and beliefs of
lesbianism and establish priorities for future action and
future research with this phenomenon.

A recognition of lesbian's oppression within our
society is a reflection of this same oppression of women
alcoholics. Confined by double closed doors, lesbian
alcoholics must work on opening both. As alcoholics,
lesbians must hide their drinking from other gays for fear
of rejection; as lesbians, alcoholics must hide their
sexuality from heterosexual alcoholics or therapists for
fear of rejection (Ziebold & Mongeon, 1982). The problems
are further intensified if the lesbian alcoholic is a member
of another minority group also oppressed and stigmatized by
society. Women, African-Americans, Hispanics and Native
Americans are some of those who face additional blocks to
finding positive alternative sources of identity and
support. Alienation, low self-esteem, and morally weak
labels are maintained by the social system, thereby
increasing vulnerability to addictive behavior. How society defines and regulates interactions and roles of homosexuals, alcoholics, and other minorities must be analyzed first (Ziebold & Mongeon, 1982). Study how lesbian alcoholics define their situation and attempt to express their feelings in our society will lead to a fuller understanding of the complex, dynamic relationship between homosexuality and alcoholism. Feminist critical theory strongly argues for changes of these negative sexist valuations. The results of this proposed critical theory feminist study has practical implications for helping social workers to better assess and counsel the lesbian alcoholic client. Therefore, this study re-educated and transformed the lesbian alcoholic to an empowered stance in society. The research question for this study was "has oppression by society lead lesbians to internalized homophobic attitudes and sexism?" The hypothesis would be that "if there is a high identification with mainstream values and myths, then there will be a higher incidence of alcoholism."

**Sampling**

A small group of sixteen participants were selected by judgmental procedures and non-probability technique of Snowball sampling. These participants were lesbian alcoholics who were sober for at least one year and six
months, but not longer than ten years. One of the researchers attends Alcoholics Anonymous meetings, this researcher was able to directly ask a lesbian if she was interested in participating in this study and if she knew anyone who could be contacted regarding participation. These participants were interviewed by the researchers at a comfortable and convenient location.

Data Collection and Instruments

The procedures for data collection were face-to-face interviews with open-ended questions. If participants could not make an interview appointment, the researchers used phone interviews. The interviews were conducted with lesbian alcoholics of diverse ages, occupations, and sobriety dates. This interviewing process allowed collection of sensitive information on lesbian alcoholism. The researchers created their own instrument of interview questions to gather data based on the literature review (See Appendix A). The interview focused some of the questions pertinent to ages, values, beliefs, oppression, alcoholism and the like. Thus, the interview questionnaire clearly indicates how the participants identified themselves as lesbians. The interview questionnaire showed face validity because the validity was determined by subjective assessment and it only appears to measure what the researcher intends.
to measure (Rubin & Babbie, 1993). The reliability of the questionnaire was based on asking the participants questions they knew the answer to. The questionnaire had clear and concise questions relevant to them (Rubin & Babbie, 1993).

**Strengths**

The strength of this design was its open and informal gathering of data. The participants were free to respond in any way they chose to the questions. Additionally, the researchers were able to let the data gathering determine the direction of further research. This study developed a list of issues that should be addressed when working with lesbian alcoholics.

**Limitations**

The limitation of this design was that results could only be applied to the participants of the study. In addition, it was difficult to keep the researchers free from imposing their own interpretation or biases onto the data gathered. This design made validation difficult. Strauss and Corbin (1990) suggest that admittedly, it is not easy to make creative use of one's knowledge and experience while at the same time holding on to the reality of a phenomenon rather than just thinking imaginatively about it. To assist the researchers, Strauss an Corbin offer the following suggestions: Periodically step back and ask "What is going
on here?" "Does what I think I see fit the reality of the data?" This study does not thoroughly address the issue of abuse (sexual, physical, emotional or verbal) and how that might contribute to alcoholism of the lesbian client. Furthermore, it does not show how the limited range of social gatherings (i.e. the bar scene) contributes to alcoholism of lesbians.

**Procedures for Data Collection**

The data collection began in January, 1996 and continued through March, 1996. The participants were invited to participate in October, 1995 to confirm participation in the study. When the researchers conducted the interviews, they explained the purpose of the research study, ensured participants confidentiality, completed a consent form, gave participants resources and educated them about the myths and beliefs of society's homophobic attitudes according to the literature review. A meeting place was agreed upon between the participants and the researchers. The meeting place provided a safe environment for the participants to feel comfortable. The process of face-to-face interviews with open-ended questionnaires took approximately 45 minutes minimum to 90 minutes maximum. These face-to-face interviews were conducted at a convenient date and time for the participants. This interview process
allowed the researchers to gather the information from the participants and simultaneously to educate them in dispelling the myths and misconceptions of society's homophobic attitude. Additionally, the interview process educated them to acknowledge false consciousness and/or a faulty belief systems. Finally, to help them identify with a positive lesbian self-image. This action-oriented approach transformed the lesbian alcoholic to engender a more positive identity and simultaneously provide the lesbian alcoholic with healthier coping mechanisms. All participants who wished to obtain results of this study marked a check on the consent form and will be given a copy of the final research project.

**Protection of Human Subjects**

All participants in this study remained anonymous and any information obtained was kept confidential, and the procedures for confidentiality was written on the consent form. A consent form was issued to each participant to clearly outline the purpose of the study, emphasize that the study was voluntary and that all information was confidential. Additionally, the consent form allowed the participants to feel comfortable that they can withdraw consent and to discontinue participation in the study at any time (See Appendix B). Due to the sensitivity of this
research study, many of the participants unresolved past feelings may be triggered. To fulfill the researchers' ethical responsibilities to the participants, the researchers provided resources for the participants to make contacts. These resource contacts provided counseling and support groups to help the participants deal with their unresolved past issues (See Appendix C).

RESULTS SECTION

The researchers began this study with twenty-three participants who volunteered to participate. The researchers notified the participants by phone and arranged a time and a date to meet for the interviews. Six participates never returned our phone calls and, after three messages left for them with no reply, the researchers assumed that they no longer wanted to participate in the research study. Two interviews were conducted by phone due to schedule conflicts with the participants. One participant was interviewed at her home, and the interview was terminated due to the sensitivity of the questions and the participant expressing that she could no longer continued because the questions made her uncomfortable. The researcher respected her request, gave her resources and encouraged her to utilize the resources to safety net her emotional stability. The fourteen participants that were
interviewed were face-to-face interviews and the researchers
either met them at a restaurant or at their home. Four
participants were interviewed at their home, ten were
interviewed at restaurants, and two were phone interviews.

There are three variables this research targeted: (1)
age; (2) occupation; and (3) sobriety year. The mean, mode,
median, standard deviation, and variance for age, occupation
and sobriety year are as follows: Age mean is 40.00 (40
years), mode is 34.00 (34 years), median is 38.00 (38
years), standard deviation is 7.12, and variance is 50.73.
The minimum age is 33.00 (33 years) and the maximum age is
58.00 (58 years). In order to compute the data, the
occupations were listed as follows: 1=disabled, 2=computer
graphics, 3= research specialist, 4= treatment director,
5= landscaping, 6= real estate appraiser, 7= social worker,
8= unemployed, 9= student, 10= personal trainer, and
11= teacher. Occupation mean is 4.83 (treatment director),
mode is 2.00 (computer graphics), median is 4.50 (treatment
director), standard deviation is 2.92, and variance is 8.52.
The minimum occupation is 1.0 (disabled) and the maximum
occupation is 9.00 (student). Sobriety year mean is 1990.08
(6 years and 8 months), mode is 1990.00 (six years), median
is 1990.00 (six years), standard deviation is 3.06, and
variance is 9.36. The minimum sobriety year is 1986.00 (10

22
years) and the maximum year is 1994.00 (2 years).

The ages of participants ranged from 33 to 58 years of age. The sobriety years of participants ranged from 1 year and 7 months to 10 years sobriety. The occupations were as follows: Computer graphics, research specialist, landscaping, treatment director, student, real estate appraiser, unemployed, disabled, waitress, child care worker, personal trainer, teacher and social worker.

The general consensus to some interview questions support the researchers' hypothesis that oppression by society lead lesbians to internalize homophobic attitudes which made them susceptible to alcoholism. Some of the responses to the interview questions are categorized by alcohol abuse, sexual orientation, societies view of lesbian relationships, support groups, lesbians view of men and women and beliefs and myths of lesbianism.

Alcohol abuse responses are as follows in a general way: (1) How old were you when you started using alcohol? Four participants said they started drinking when they were ten years old, three participants started when they were twelve years old, three participants started when she was thirteen years old, three participants started when they were fourteen years old, and three participants started when they were sixteen years old. (2) When did you identify
yourself as being an alcoholic? Three participants identified themselves as an alcoholic when they were 25 years old. Ten participants identified themselves as alcoholics between the ages of 24-36 years old. Two participants identified themselves as an alcoholic when they were 19 years old. One participant identified herself as an alcoholic when she was 55 years old. (3) Do you think your sexual orientation influenced your use of alcohol? If yes, in what ways? Ten participants replied yes. Alcohol masked the feelings of shame and embarrassment of being attracted to other women. Drinking made them feel more comfortable and okay with being with another women. Because lesbianism was not socially acceptable, alcohol helped them to be who they are. Six participants replied no.

Sexual orientation responses are as follows in a general way: (4) Do you feel that your lesbian relationship is more "women-centered" than the traditional patriarchal relationship? Eleven participants replied yes and five participants replied no. (5) Do you feel more pressure about your sexual orientation from society. If yes, in what ways? Twelve participants replied yes. Because society does not accept lesbians, they are forced to have heterosexual relationships and conform to something they are not. Lesbians are expected to keep their homosexuality a
secret and not to talk about it. At their place of employment, co-workers want to know if they're married or have kids. Some women are pressured to date and fear retaliation if they disclose their sexual preference. Some women fear that they will be hurt because they are lesbians. Some women at work have to hear co-workers homophobic jokes and judgements because they keep their sexual preference a secret. There are no ceremonies or celebrations with the same-sex relationship because it is not accepted like heterosexual relationships. Four participants replied no.

(6) Did you experience any negative reactions from society regarding your sexual orientation. If yes, please explain. Twelve participants replied yes. A few women were beaten in the military because of their sexual preference. Co-workers would talk about lesbians and make them feel like outcasts. Some women have been called "dikes" and had things thrown at them. Some women have been denied jobs and/or promotions because they are lesbian. Some women have been fired from their jobs once their sexual orientation was disclosed. One women shared that a man threatened to beat her up because she was a lesbian and all she needed was a good "fuck". One women shared that her mother did not talk to her for about three years after she disclosed her sexual orientation. Four participants replied no.
Societies view of lesbian relationships responses are as follows in a general way: (7) How do you think society views lesbian relationships. Some women stated that society think lesbian relationships are unnatural, sinful and immoral. Some women stated that society thinks that they hate men and that they are in a lesbian relationship because of a bad relationship with men. Some women stated that society is afraid of their own sexuality and that's why its taboo. (8) How do you think society views you, as being a lesbian alcoholic in recovery? Six participants stated that society thinks that their sexual orientation causes alcoholism and they need professional counseling. Two participants stated that they are respected by the majority of the population. Four participants stated that not many people know that they are alcoholics. Four participants stated that they don't know nor care to know. (9) How is the lesbian experience different from other ways of living? Ten participants stated that their way of life is different. Some women stated that lesbian relationships are more caring, honest and have better with communication. There is no freedom because a lesbian woman has to protect herself from society and a lesbian couple can not hold hands in the community. Society does not support lesbian relationships, so they are isolated and this magnifies homophobic
attitudes. Six participants stated that there was no
difference from other ways of living. (10) Do you see the
lesbian identity as contrary to what society expects from
all women? (i.e. roles, wife, mother and assumptions about
heterosexuality). Thirteen participants stated yes. Some
women stated that society still views women to be the
caretakers, homemakers and provide a family atmosphere.
They want us to be in the traditional role regardless of our
sexual orientation. Society thinks we are playing house and
that we are not a couple. Three participants stated that
they didn't see any differences in lesbian identity. (11)
Has anybody ever treated you differently due to your sexual
orientation? Please explain. Eleven participants stated
yes. Some women stated that their family didn't allow them
to be around their children. Some women were denied jobs,
promotions and harassed at work. Some women stated that
people at work would make crude comments. Some women stated
that their mother and father did not talk to them and they
were not allowed to visit the home. Some women stated that
they had good friends until they disclosed their sexual
orientation and they were no longer friends. Five
participants replied no.

Support groups responses are as follows in a general
way: (12) Do you feel that you have developed a peer
culture within your sexual orientation? If yes, do you feel comfortable outside that peer culture? Eleven participants stated yes. Many of these women stated that they have heterosexual friendships and they feel comfortable around them. Five participants stated that they have developed a peer culture, but they do not feel comfortable outside that peer culture. Some women stated that they feel ridiculed by "straight" people. (13) Were you ever made to feel 'bad', 'deviant', 'perverse', 'evil', 'sinful'...by those who know you to be a lesbian? Twelve participants stated yes. Some women stated that their heterosexual friends no longer wanted to be friends with them because they were afraid of what others would think being around them. One woman stated that her brother-in-law said that she was evil, she allowed the devil to take over her body and that she needed to read the bible. One woman stated that her mother felt she was perverse and wanted nothing to do with her. Some women believed the Catholic church made them feel all the above and they would go to hell. One woman stated that her mother would not dress in front of her and not be seen with her in public. Four participants replied no. (14) At your first Alcoholic Anonymous meeting, did you feel isolated from the group because of your sexual orientation or gender or both? Ten participants stated yes. Some women felt isolated
because they were scared and they had to keep their sexual preference a secret. Six women replied no.

Lesbians view of men and women responses are as follows in a general way: (15) How would you characterize men in general? (i.e. dominant or weak, warm or cold, punitive or kind, loving or not loving, etc.). Some women stated that men were selfish, inconsiderate, lazy, dominant, superficial, superior, controlling, non-communicant, emotionally unavailable, frightened children, protective and aggressive. Some women stated that men were loving, caring, fun to be around, and had a good sense of humor. (16) How would you characterize women in general? Some women stated that women were considerate, hard workers, resourceful, providers, nurturers, emotionally available, kind, fair, sincere, loving, safe, sensitive, self-sacrificing, giving, compassionate and understanding. Some women stated that women were fearful, game players, ignorant, co-dependent and immature. (17) Has your view of men and women changed in recovery? If yes, please explain. Eleven participants stated yes. Some women stated that they have lowered their expectations and are less fearful of men. One woman stated that she didn't trust men because of her traumatized childhood and now she loves them. Some women stated that they have come to understand men and women better and they
have become closer to them. Some women stated that they no longer feared that men would hurt them and that lesbians can be friends with women. Five participants stated that their views of men and women had not changed in recovery. (18) Do you feel that pressures in society as a whole and within the lesbian communities can increase lesbian susceptibility to alcohol? If yes, please explain. Thirteen participants replied yes. Some women stated that the only place they feel safe is in the bars because lesbianism is taboo, which makes life hard. Some women stated that society, including their families does not accept them for who they are. Therefore, there is no support for them to deal with the internal conflict of their sexual orientation. Some women stated that they had very low self-esteem because of society's pressures. Three participants replied that they didn't feel society's pressure made them susceptible to alcohol.

There were four questions that addressed beliefs and myths of lesbianism. The general consensus are as follows: (1) There are beliefs that marriage and heterosexuality is the "prized" relationship, or the myth that "homosexuality threatens the cultural value of the continuation of our species." Do you agree or disagree with this belief? Thirteen participants disagreed and three participant
agreed. (2) There are beliefs that lesbians are involved in role playing whereby one or the other is the male or female. Do you agree or disagree with this belief? Ten participants agreed and six participants disagreed. (3) There are beliefs that lesbians are more promiscuous than heterosexual women. Do you agree or disagree with this belief? Ten participants disagreed and six participants agreed. (4) There are beliefs that lesbians "attack and seduce" innocent children and lead them astray down the paths to homosexuality. Do you agree or disagree with this belief? All sixteen participants disagreed.

According to Strauss and Corbin (1990), open coding is one form of qualitative analysis and this was the first step to analyzing the data. The researchers were able to identify categories and the relationships between the categories. The researchers identified several categories, properties and dimensional ranges as follows (See Appendix D).

Through the in-depth interview questionnaires and open coding, the researchers were able to develop characteristics of the participants as follows: 1) moderate self-esteem; 2) shame and guilt; 3) internalized homophobic attitudes; 4) psycho-sexual identity issues; 5) value conflicts; 6) difficulty integrating with their family system; 7) lack of
skills to make choices about lifestyles, due to limited role models; 8) lack of healthy coping skills; 9) internalized over-identification with mainstream society; 10) lack of adequate community and family support systems; and 11) alcoholism. Therefore the researchers hypothesis is significant. There does appear to be a higher incident of alcoholism among the lesbian population because they have a high identification with society's homophobic attitudes.

**DISCUSSION SECTION**

The lesbian population view themselves as an oppressed group because of their sexual orientation and alcoholism. Many lesbians have internalized homophobic attitudes because of society's sexism, values and beliefs, which has made them susceptible to alcoholism. They have been victims of society imposing negative labels on them, myths and beliefs of their sexual orientation and additional stigma because of their alcoholism. Additionally they are victims of significant degrees of isolation, despair and alienation, which occurs as a direct result of the oppression imposed by society.

Our society has stigmatized both lesbians and alcoholism in women and this results in considerable damage to the self-esteem of lesbian alcoholics. With resulting depression and feelings of powerless and isolation, the
lesbian have anger at societal rejection.

The stories of these women are illuminating but represent the experiences of only sixteen lesbian alcoholics in recovery. The themes of this population must be studied more extensively on a larger scale.

The literature indicates that although the American Psychiatric Association removed homosexuality from its official list of mental disorders in 1973, surveys have shown that many mental health practitioners continue to view homosexuality in a negative light. As psychiatrist, Gerald C. Davison has observed: "most therapist by and large still regard homosexual behavior and attitudes to be undesirable, some pathological, and at any rate generally in need of change toward a heterosexual orientation" (National Center for Lesbian Rights, 1994).

Because social workers experience the same homophobic attitudes and beliefs as the general population, it is expected that they will reflect the same attitudes that society believes of lesbian alcoholism. This will become evident when they are helping their clients to identify the labels and the underlying meanings of the disease of alcoholism. The social worker is faced with the double bias of lesbianism and alcoholism.

The social worker has a responsibility to educate
lesbians as to the effects of labeling. For example, the social worker help the lesbians identify that they face a hostile and condemning environment in which they internalize. The social workers task is to empower the client by reconstructing the myths, beliefs, and attitudes inherent in a homophobic society. However before a practitioner can be effective, one must identify their own homophobic attitudes and beliefs, resolve them and gain an understanding of the disease of alcoholism.
APPENDIX A
Interview Questionnaire

1. Age
2. Occupation
3. Sobriety Date
4. How old were you when you started using alcohol?
5. How much alcohol did you consume?
6. When did you identify yourself as being an alcoholic?
7. How many times did you try sobriety?
8. Do you think your sexual orientation influenced your use of alcohol? If yes, in what ways?
9. Do you feel that your lesbian relationship is more "women-centered" than the traditional patriarchal relationship?
10. Do you feel more pressure about your sexual orientation from society. If yes, in what ways?
11. Did you experience any negative reactions from society regarding your sexual orientation. If yes, please explain.
12. How do you think society views lesbian relationships?
13. How do you think society views you, as being a lesbian alcoholic in recovery?
14. How is the lesbian experience different from other ways of living?
15. Do you see the lesbian identity as contrary to what society expects from all women? (For example, roles, wife, mother and assumptions about heterosexuality).
16. At what age did you have your first lesbian experience?
17. At what age did you first define yourself as a lesbian?
18. Has your definition of a lesbian relationship changed in sobriety? If so, in what ways?

19. Has your identity as a lesbian changed in recovery? If so, please explain.

20. How have your friends and acquaintances treated you in sobriety?

21. Has anybody ever treated you differently due to your sexual orientation? Please explain.

22. Are your family members aware of your sexual orientation?
   A. In general, how do your family members feel about homosexuality?
   B. How does your family treat you?

23. Do you feel that you have developed a peer culture within your sexual orientation? If yes, do you feel comfortable outside that peer culture?

24. Do you consider yourself a lesbian feminist? If yes, in what ways?

25. Do you think the issue of lesbianism should be a priority in the women's movement? If so, please explain.

26. In your relationship, is there a masculine or feminine role? If yes, what role do you assume and why?

27. Were you ever made to feel 'bad', 'deviant', 'perverse', 'evil' 'sinful' by those who know you to be a lesbian? If yes, by whom and in what ways?

28. At your first Alcoholic Anonymous meeting, did you feel isolated from the group because of your sexual orientation or gender or both?

29. How do you view your self-esteem on a rating scale of one through ten? Please circle a number.
   1..2..3.. 4..5..6..7.. 8..9..10
   very low   moderate   very high

30. Did you have any positive role models? If yes, please describe how they were positive?
31. Do you have a strong family support system?

32. Do you have a strong community network? (for example, Alcoholics Anonymous, church and community center).

33. Have you felt less or more anxious in regards to your sexual orientation in recovery? Please explain.

34. How would you characterize men in general? (for example, dominant or weak, warm or cold, punitive or kind, loving or not loving, etc.).

35. Again, how would you characterize women in general?

36. Has your view of men and women changed in recovery? If yes, please explain.

37. There are beliefs that marriage and heterosexuality is the "prized" relationship, or the myth that homosexuality threatens the cultural value of the continuation of our species." Do you agree or disagree with this belief?

38. There are beliefs that lesbians are involved in role playing whereby one or the other is the male or female. Do you agree or disagree with this belief?

39. There are beliefs that lesbians are more promiscuous than heterosexual women. Do you agree or disagree with this belief?

40. There are beliefs that lesbians "attack and seduce" innocent children and lead them astray down the paths to homosexuality. Do you agree or disagree with this belief?

41. Do you feel that heterosexual relationships last longer than homosexual relationships? Please explain.

42. Do you feel that pressures in society as a whole and within the lesbian communities can increase lesbian susceptibility to alcohol? If yes, please explain.
APPENDIX B
Consent Form

I understand that the purpose of this research study is to assist the helping professional gain knowledge about the specific needs of lesbian alcoholics in recovery. The research procedure involves in-depth interview questionnaire. The potential benefits and risks to participants include; being apart of a movement to increase the knowledge of the helping professional in dealing with lesbian alcoholics in recovery and their issues, and the risks include the possibility of triggering up past unresolved feelings/issues.

I consent to serve as a participate in the research investigation entitled: A Study of the Effects of Lesbians Sexual Orientation to the Disease of Alcoholism. The nature and general purpose of the study have been explained and the above statement read to me by Teddie Valenzuela Chapin and/or Lorie Jean Mangen from the Social Work department at California State University at San Bernardino.

The researchers will maintain two separate computer disks for information collection. One disk will hold data regarding the identification of the participants, this disk will remain at Teddie Valenzuela Chapin's home to ensure confidentiality. Each participant will have a reference number that will identify their individual input. The data on the second computer disk will contain the reference number and the individual input collected from the interview questionnaire.

I understand my participation is voluntary and that all information is confidential. My identity will not be revealed and there is no way anyone will be able to link the information to me. I am free to withdraw consent and to discontinue participation in the project at any time. Any questions I may have will be answered by the researchers, Teddie Valenzuela Chapin and/or Lorie Jean Mangen. I will be provided with a copy of the results of the study if I so desire.
Check here if you would like a copy of this research study results.

Your participation is truly appreciated,

Teddie Valenzuela Chapin, MSW Student

Lorie Jean Mangen, MSW Student
APPENDIX C
Debriefing Statement

This research study is being conducted to assist developing and experienced helping professions in their work with lesbian alcoholics in recovery. Your participation is greatly appreciated.

As the project researchers, we are aware of the possibility that participation in this study may trigger unresolved past feelings/issues. Due to this possibility, we are responsible to provide the following contact references and resources for information and support. For any questions regarding this study or further information, please call:

Teddie Valenzuela Chapin - (909) 599-1227 Ext. #2230
Lorie Jean Mangen - (909) 593-2581
Dr. Marjorie Hunt - (909) 880-5501

Contacts for counseling and support groups:

Bilingual Family Counseling Services, Inc.
Center for Recovery
317 West "F" Street
Ontario, Ca. 91762 (909) 986-7111

Case De San Bernardino, Inc.
Alcohol/Drug Outpatient Program
735 North "D" Street
San Bernardino, Ca. 92401 (909) 381-5507
1-800-482-6712

National Association of Lesbian and Gay Alcoholism Professionals
204 West 20th Street
New York, NY. 10011 (212) 713-5074

Hotlines:

National Gay and Lesbian Crisis line
1-800-767-4297

Gay & Lesbian Help line
(909) 824-7618
<table>
<thead>
<tr>
<th>Category</th>
<th>Properties</th>
<th>Dimensional Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. low self-esteem</td>
<td>isolation, ostracism</td>
<td>high..................low</td>
</tr>
<tr>
<td>2. anxious</td>
<td>poor coping skills</td>
<td>positive...negative</td>
</tr>
<tr>
<td>3. sex role identification</td>
<td>discomfort, confusion</td>
<td>high..................low</td>
</tr>
<tr>
<td>4. psycho-sexual issues</td>
<td>sense of inappropriateness</td>
<td>more...............less</td>
</tr>
<tr>
<td>5. alcoholism</td>
<td>alcohol consumption</td>
<td>more...............less</td>
</tr>
<tr>
<td>6. limited role models</td>
<td>lack of skills/goals</td>
<td>high..................low</td>
</tr>
<tr>
<td>7. inadequate support systems</td>
<td>unhealthy environment</td>
<td>positive...negative</td>
</tr>
<tr>
<td>8. shame/guilt</td>
<td>inadequacies</td>
<td>high..................low</td>
</tr>
<tr>
<td>9. value conflict</td>
<td>over-identification</td>
<td>more...............less</td>
</tr>
<tr>
<td>10. sexual activity</td>
<td>exploration</td>
<td>high..................low</td>
</tr>
<tr>
<td>11. poor peer relations</td>
<td>difficulties</td>
<td>more...............less</td>
</tr>
<tr>
<td>12. hopelessness/helplessness</td>
<td>depression</td>
<td>severe.....moderate</td>
</tr>
<tr>
<td>13. alienation</td>
<td>minimal support system</td>
<td>more...............less</td>
</tr>
<tr>
<td>14. coping mechanism</td>
<td>excessive alcohol usage</td>
<td>more...............less</td>
</tr>
<tr>
<td>15. self-image</td>
<td>deficient</td>
<td>high..................low</td>
</tr>
<tr>
<td></td>
<td>Defense Mechanism</td>
<td>Lying, Evasiveness, Paranoia</td>
</tr>
<tr>
<td>---</td>
<td>--------------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>16</td>
<td>Attachment</td>
<td>Bonding</td>
</tr>
<tr>
<td>17</td>
<td>Emotional Stability</td>
<td>Intimacy</td>
</tr>
<tr>
<td>18</td>
<td>Boundaries</td>
<td>Differentiate</td>
</tr>
<tr>
<td>19</td>
<td>Environmental Pressures</td>
<td>Oppressed</td>
</tr>
<tr>
<td>20</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
REFERENCES


43


