FUNCTIONALITY OF ALCOHOL IN ALCOHOL DEPENDENT WOMEN
Encouraged by measures of the British Government the consumption of spirits distilled from home-grown cereals had in 1750 risen to over 11,000,000 gallons. In London the poor drank enormous amounts of gin, even the women under them, who in the higher classes were seldom accused of drunkenness. Much of the poverty and criminality of the day in London was blamed on these drinking habits. In 1751 legislation was passed that led to a considerable decrease of gin consumption. Hogarth's paintings of the horrors in the back streets deeply influenced the public opinion about alcohol policy in these days.

The scene shows a drunken woman sitting on the steps taking snuff while her child falls into the street below. Beneath the steps is a gin shop, marked by a pewter; above the door is a sign: 'Drunk for a penny, dead drunk for twopence, clean straw for nothing'. A carpenter and housewife are pawning their goods at the pawn shop. An old woman is being trundled in a wheelbarrow while being fortified with more gin. A mother is giving gin to her child. At the extreme right two orphan girls, in their charity dresses, are sharing a glass of gin. A barber has hanged himself in his attic and a woman is being laid in her coffin. A man, driven mad by gin, has spitted a child upon a stick. The pawn shop and the undertaker, marked with the coffin, are the only buildings not crumbling into decay (Coffey 1966).
Functionality of Alcohol in Alcohol Dependent Women

een wetenschappelijke proeve op het gebied van de Sociale Wetenschappen

proefschrift

ter verkrijging van de graad van doctor aan de Katholieke Universiteit Nijmegen, volgens besluit van het College van Decanen in het openbaar te verdedigen op woensdag 3 mei 1995, des namiddags te 3.30 uur precies

door
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Als meisje van een jaar of tien had ik een vriendinnetje een paar huizen verderop. Haar moeder kwam regelmatig langs ons huis op weg naar de melkboer. Ze had dan een tasje bij zich met flesjes Grolsch erin. Lege op de heenweg, volle op de terugweg. Ze liep altijd een beetje in zichzelf te zingen. Ik kende het woord 'alcoholiste' nog niet, maar het moet mijn eerste kennismaking met alcoholproblematiek bij vrouwen geweest zijn. Jaren later liep ik als psychologiestudente stage bij een Consultatiebureau voor Alcohol en Drugs. De enige andere vrouw die ik daar gezien heb als medewerkster of cliënte was de secretaresse. Ik schreef een scriptie over alcoholverslaving. Weer jaren later, bij de vakgroep Klinische Psychologie in Nijmegen, begon ik een onderzoek, waarin ik mijn oude interesse, alcoholproblematiek, combineerde met een nieuwere, vrouwenstudies. Ik ontdekte dat 'alcohol en vrouwen' een blinde vlek was in de wetenschappelijke literatuur, inclusief mijn eigen scriptie van destijds.

Nu, nogmaals jaren later, het proefschrift is afgerond, neem ik graag de gelegenheid de mensen die mij geholpen hebben te bedanken. Deze dank geldt de respondenten, die mij hun tijd en vertrouwen hebben geschonken. Ik heb met hun verhalen geworsteld om ze in ieder geval voor een deel in wetenschappelijke kennis om te zetten. Mijn begeleider Gerard Schippers heeft voor vele inspirerende momenten gezorgd, zowel in wetenschappelijk als in praktisch opzicht. De samenwerking met hem en met Cees van der Staak, mijn promotor, bij het schrijven van het proefschrift, was zeer stimulerend en plezierig. Verder bedank ik mijn collega’s bij Klinische Psychologie, onder wie Nine en Gérard, en met name de collega’s van het UNRAB, Edith, Rien, Truus, Arie, Wim en Tatjana, voor het becommentariëren van teksten, de dagelijkse steun en de gezelligheid. Ook onderzoeksassistentes Thea en Gerrie, hebben met hun inspanningen een bijdrage geleverd. De secretaresses, Wilma en Carla, ben ik erkentelijk voor hun emotionele ondersteuning. Ook van mijn vroegere collega’s van het Instituut voor Verslavingsonderzoek in Rotterdam, met name van Ineke van Leeuwen, wil ik bedanken voor hun belangstelling. Buiten mijn werkkringen hebben Ronald Knibbe, Klaus Mäkelä, Pia Rozenqvist, Mireille Gingras en Prof. A.Smals, constructief commentaar gegeven op versies van artikelen.

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Contents

WOORD VOORAF

1. INTRODUCTION

2. ALCOHOLPROBLEMATIEK BIJ VROUWEN
   (ALCOHOL PROBLEMS IN WOMEN)
   Inleiding 5
   Epidemiologie 6
   Kenmerken van vrouwelijke probleemdrinkers 8
   Het interviewonderzoek 10
   Normen 11
   Culturele beelden 13
   Hulpverlening 14
   Slotopmerkingen 14

3. SEX AS A VARIABLE: A CRITICAL LOOK AT THE PLACE OF FEMALE DRINKERS IN RECENT ALCOHOL RESEARCH IN THE NETHERLANDS
   Introduction 19
   Research question and method 20
   Results 21
   Discussion 29
   Conclusions and recommendations 32

4. PROBLEM DRINKING WOMEN: SEX ROLE CONFLICT AND GENDER IDENTITY
   Introduction 35
   The masculinity of alcohol 36
   Psychometric studies of gender role identification in alcoholic women 37
   The sex role conflict of the female alcoholic 38
   Theoretical developments and empirical studies 39
   Methodological and conceptual problems 42
   Political implications 43
   Toward new research questions 44

5. DO ALCOHOL PHARMACOKINETICS IN WOMEN VARY DUE TO THE MENSTRUAL CYCLE? A CRITICAL REVIEW
   Introduction 50
   Method 51
            Collection of studies 51
9. GENERAL DISCUSSION

Summary of the empirical study
  Early and late functions of alcohol use
  Functions of alcohol use and problems in the partner relationship
  Sexual abuse and functions of alcohol use

Methodological remarks

Functionality of alcohol use
  The concept of functions
  The taxonomic scheme
  Direct and indirect functions of alcohol use
  Gender specific norms and meanings of drinking

Conclusion

REFERENCES

SUMMARY

SAMENVATTING (SUMMARY IN DUTCH)

CURRICULUM VITAE
1 Introduction

In the Netherlands attention for gender differences in the area of alcohol use and problem drinking, as well as for the social situation and needs of women who are in treatment for alcohol problems, has recently appeared. Traditionally, the domain of alcohol is considered as a male issue, in treatment, in alcohol research, and often in women's studies too (Lammers 1991). In a way this attitude is justifiable. Drinking is more a male than a female habit, and a more typically male way of coping with problems. Men consume about two thirds of the world production of alcohol, and of the problem drinkers a great majority is male. Norms and images around alcohol stimulate men's drinking; historically and cross-culturally alcohol consumption is a male privilege and connected to positive masculine values (Gefou-Madianou 1992, Heath 1993).

Alcohol is, however, the favorite drug in our society, and it is legal, relatively cheap and easily available. Although women drink less than men, the amounts that women drink nowadays are by no means negligible (Neve, Knibbe & Swinkels 1994), and the number of female problem drinkers in the Netherlands is estimated to be at least 150,000 (chapter 2). The research questions that were raised with respect to female problem drinking have been influenced by the fact that drinking is regarded as male behavior. Notably, several authors in this field have pointed to the consequences of the social stigma on problem drinking which is more severe for women than for men. This stigma affects the drinking patterns of women with alcohol problems, their self-image, the attitude of those in their social environment, the seeking of help and the quality of the treatment they receive (Duckert 1989, Fraser 1981, Gomberg 1982, Haavio Manilla 1989, Sandmaier 1981, Vogt 1986). Relatively neglected however, are the questions of motivation for and function of excessive alcohol use for women with alcohol problems. What is it that they are looking for in alcohol? What makes alcohol use 'attractive' for them, given the fact that excessive drinking is a less obvious choice for women, and alcohol is predominantly negatively associated with women and femininity? This issue is important for a better understanding of alcohol problems in women and can give clues for improving care of women
who have to contend with these problems. The empirical study reported in this dissertation addresses this theme of the functions of alcohol use for alcohol dependent women.

Preceding the chapters about this study in part I of this dissertation the social scientific literature about women and alcohol is discussed. This section begins with a review of the literature about alcohol problems in women. Because it was published in 1988, a few updating footnotes were added. The subsequent chapters critically address the theme of women in the social scientific literature on alcohol. 'Sex as a variable', chapter 3, published in 1991, examines the meager attention devoted to the subject of gender in the dissertations on alcohol that were issued in the 1980's in the Netherlands. The next two chapters discuss two notions that stubbornly persist in the literature about women and alcohol. The first notion is that women with alcohol problems are psychologically more masculine compared to other women, because of the 'maleness' of alcohol and excessive drinking. Chapter 4 (published in 1992) shows that this idea should be considered a myth more than a scientifically based notion. The article pleads, however, not to abandon the idea of the masculinity of alcohol, but to investigate it on its functional significance, for both sexes. The second notion about women and alcohol that is examined (chapter 5) is that hormonal fluctuations in relation to the menstrual cycle destabilize the pharmacokinesis of alcohol in women. This would make the effects of alcohol less predictable for women than for men. This idea is found to be empirically deficient too.

The study of the literature about women and alcohol in section I suggests that the issue of 'women and alcohol' is often not taken very seriously in the social scientific world. In many studies it is a blind spot, and in many other studies and publications unfounded notions about this issue keep reappearing. Moreover, much of the knowledge about women and alcohol comes from studies in which the sexes are compared, while studies that focus on women are rare. Studies that compare the sexes are necessary to show how alcohol consumption and alcohol problems are different for women than for men. But on the other hand, this approach restricts the knowledge about problem drinking in women in several ways. It entails the almost unavoidable mechanism that drinking in women only seems to have significance in contrast with the male 'standard'. Secondly, because norms and meanings related to drinking are less favorable for women than for men, comparisons of the sexes tend to accentuate factors that discourage alcohol use by women, or that make alcohol use and dependence especially problematic for them. The highlighting of the 'disincentives', which can be found particularly in feminist oriented literature, make it sometimes hard to
understand why women take to excessive drinking at all. In the third place, as far as attention is paid to women's 'incentives' for drinking, such as functions of alcohol, the focus on sex differences easily leads to stereotypes. The dominant picture is that drinking by women with alcohol problems is for reduction of stress in general, or for purposes of self-medication, as some authors put it, while for men positive reasons and recreational purposes are more pronounced. Some studies on problem drinking women (Diamond & Wilsnack 1978, Vogt 1986) that paid attention to the question of functionality of alcohol, have already suggested, however, that the purposes of drinking for women are much more heterogeneous than just general stress reduction. A pilot study of the present project, consisting of interviews with female members of AA (see chapter 2) also showed that this stereotype was inadequate to describe the respondents' experiences in this respect. In sum, what seemed to be missing in the existing research was a differentiated account of what alcohol does and means for alcohol dependent women. A systematic investigation of the functions of alcohol use for alcohol dependent women was the aim of this project.

Previous studies on functionality of substance use in (usually male) addicts, have been criticized for merely enumerating functions (Orford 1985, Critchlow 1989). In this study a more systematic approach of inventoring the functions of alcohol was attempted by constructing an a priori taxonomy. On the basis of this taxonomy functions of alcohol were categorized in in-depth interviews with 45 alcohol dependent women (chapter 6). In chapters 7 and 8 the research question was further elaborated, by focussing on two issues that are frequently reported as inducing alcohol problems in women, in this as well as in other studies. The first was the issue of problems in the partner relationship. The second was the more recently documented question of a history of sexual abuse. The dissertation is concluded with a general discussion in which the concept of functions is problematized and elaborated.
2 Alcoholproblematiek bij vrouwen

INLEIDING

Onmatig drinken en alcoholproblematiek bij vrouwen lijkt door de geschiedenis heen een marginaal verschijnsel geweest te zijn. In perioden van grotere sociale vrijheid konden vrouwen het zich permitteren alcohol als genotmiddel te gebruiken, en daarnaast werd alcohol, soms in grote hoeveelheden, door hen als geneesmiddel gebruikt. Verwijzingen in historische literatuur naar dronkenschap en verslaving bij vrouwen komen echter slechts sporadisch voor (Sandmaier 1981).

Sinds de tweede wereldoorlog is de alcoholconsumptie in Nederland op voorheen ongekende wijze toegenomen, en daarmee de alcoholproblematiek, ook bij vrouwen (Knibbe et al. 1985). De maatschappelijke aandacht hiervoor is echter betrekkelijk gering, vergeleken bijvoorbeeld met het -in omvang veel minder grote- drugsprobleem. Alcoholproblematiek bij vrouwen staat op zijn beurt weer in de schaduw van meer geruchtmakende kwesties die samenhangen met alcoholmisbruik door mannen, zoals vandalisme, criminaliteit, en rijden onder invloed. Alcoholproblematiek onder vrouwen staat ook als object van onderzoek niet in de belangstelling. In Nederland is in de tachtiger jaren slechts één wetenschappelijke studie onder vrouwelijke alcoholverslaafden verricht (de Zwart 1983, 1984). Het afgelopen jaar (in 1987) heeft er aan de Erasmusuniversiteit in Rotterdam voor de eerste maal in ons land een studiedag over vrouwen en verslaving plaatsgevonden. Het onderhavige artikel is een bewerking van een aldaar gehouden lezing (Verslag Studiedag Vrouwen en Verslaving 1987). Het doel is deze veronachtzaamde problematiek aan de orde te stellen, mede aan de hand van enkele gegevens van een hier te lande gehouden interview-onderzoek onder alcoholverslaafde vrouwen (Burgh, van der 1987). Tevens worden de meest in het oog springende gegevens omtrent vrouwelijke probleemdrinkers uit buitenlands onderzoek besproken. Elders, vooral in de Verenigde Staten, is namelijk wel onderzoek op dit terrein, al vormt het ook hier slechts een fractie van de totale inspanningen binnen het alcoholonderzoek (Vannicelli & Nash
1984). Tot slot maken we enige opmerkingen omtrent hulpverlening en preventie op het terrein van vrouwen en alcohol. We gaan hieronder echter eerst in op de gegevens die bekend zijn over de omvang van de alcoholproblematiek onder vrouwen in Nederland.

**Epidemiologie**

Hoeveel drinken Nederlandse vrouwen heden ten dage? Knibbe et al. (1985) stelden vast dat in 1981 vrouwen (15-65 jaar) gemiddeld 4.3 glazen in de week dronken, veel minder dan mannen die een gemiddelde van 10.8 hadden. Op basis van dezelfde survey kan men vaststellen dat bijna 16% van de mannen meer dronk dan 22 glazen per week, tegenover slechts 2.5% van de vrouwen. De vraag is wel hoe deze cijfers zich verhouden tot de werkelijkheid, als men bedenkt dat er sprake is van een aanzienlijke onderrapportage. Trekt men de gegevens uit surveyonderzoek door naar verkoopcijfers, dan zou er nog niet de helft worden geconsumeerd van wat feitelijk het geval is. Speciaal antwoorden van vrouwen in surveys zijn weinig betrouwbaar, zoals bleek uit het Rotterdamse onderzoek van Garretsen (1983). Hierin legde hij met behulp van partner-interviews een deel van de onderrapportage bloot. Het blijkt dat de opgave van het drinken van driemaal of vaker per week van tenminste zes glazen voor vrouwen moet worden gecorrigeerd met een factor 3, en voor mannen met een factor 1.4. Ook voor de opgave van drinkproblemen moeten dergelijke correcties worden toegepast. Oorzaken van de sterke tendens tot onderrapporteren zijn weinig onderzocht. Volgens Lemmens (1987) verzwijgt men niet bewust de hoeveelheden die men drinkt, maar is er sprake van vergeetachtigheid. Helaas vraagt hij zich niet af waarom vrouwen op dit punt zoveel vergeetachtiger zouden zijn dan mannen. Niet onderzocht is verder of bepaalde categorieën vrouwen sterker onderrapporteren dan andere.

Ook met betrekking tot probleemdrinken is controleonderzoek gedaan in het Rotterdamse survey (Mulder & Garretsen 1983). Uit vergelijking met geregistreerde probleemdrinkers bleek dat minstens 53% van de geregistreerde probleemdrinkers in een interview niet als probleemdrinker zouden scoren. Het in diverse surveys gevonden percentage probleemdrinksters van om en nabij de drie procent zou betekenen dat er in Nederland 150.000 probleemdrinksters zijn, maar een verdubbeling van dit aantal levert dus waarschijnlijk een correctere schatting op. Weliswaar is dat aanzienlijk minder dan het aantal probleemdrinkende mannen, maar het is een indrukwekkend deel van de verslavingspro-
Alcoholproblematiek, bijvoorbeeld geplaatst tegenover het aantal drugsverslaafden, dat nooit hoger geschat is dan 20.000.


Vrouwen zijn dus sterk in de minderheid met betrekking tot alcoholproblematiek, maar er tekent zich wel een inhaaleffect af. Dat valt niet zozeer af te lezen uit cijfers van surveyonderzoek, aangezien hier ten lande nog steeds niet de goede gewoonte bestaat om ontwikkelingen in alcoholgebruik vast te leggen in periodieke en vergelijkbare bevolkingsonderzoeken. Wel is vast te stellen dat er bij de jeugd (13-18 jaar) al bepaald geen indrukwekkende verschillen meer bestaan tussen jongens en meisjes met betrekking tot frequentie en intensiteit van alcoholconsumptie (Van der Wal 1985, Schippers & Kwakman 1988).

KENMERKEN VAN VROUWELIJKE PROBLEEMDRINKERS


Verdere kenmerken van vrouwelijke alcoholverslaafden zijn dat zij vaker thuis drinken en regelmatiger drinkpatronen hebben dan mannen. Polydrugverslaving komt bij hen meer voor, en met name de combinatie met benzodiazepines treft men veel aan. Ook blijken zij vaker dan mannen een excessief drinkende partner te hebben. Voorts hangt bij vrouwen excessief drinken samen met psychologische motieven om te drinken zoals stress, depressiviteit en vervreemding. Bij mannen zijn positieve motieven om excessief te drinken, zoals sociaal en fysiek plezier, gebruikelijker. Voor zover beide sekens drinken om spanning en ongenoegen te verlichten liggen voor vrouwen de bronnen hiervan typischerwijze op interpersoonlijk vlak. Ook de problemen die ontstaan in relatie tot het gebruik liggen vaker op dit terrein dan bij mannen, die eerder moeilijkheden krijgen op hun werk en met justitie. Beckman (1976) wijst erop dat schuld- en schaamtegevoelens vrouwen in heviger mate parten spelen. Ook is volgens haar het zelfbeeld van alcoholverslaafde vrouwen veel negatiever dan dat van mannen in dezelfde conditie. Vrouwelijke alcoholisten gaan ook even vaak over tot suicide als mannelijke, terwijl in de doorsneebevolking het aantal suicides bij vrouwen kleiner is.

Een aspect dat de laatste jaren steeds duidelijker aan het licht treedt is dat vrouwelijke drinkers in vergelijking met mannelijke meer lichamelijke schade oplopen als gevolg van het drinken; met name de lever en de reproduktieve functies zouden sterker worden aangetast. De snellere aantasting van de lever is
vermoedelijk het gevolg van de regelmatiger drinkpatronen van vrouwen en het feit dat zij alcohol met andere middelen combineren. Een ander lichamelijk aspect van probleemdrinken van vrouwen betreft de mogelijkheid van beschadiging van de foetus door alcoholgebruik tijdens de zwangerschap. De belangrijkste kenmerken van dit zogenaamde foetaal alcohol syndroom (FAS) zijn groeiachterstand, afwijkingen aan het gelaat en zwakzinnigheid. Het treedt bij meer dan 5 à 6 drankjes per dag op in 30% van de gevallen (van der Burg 1983).

Wat betreft het zoeken naar hulp wijzen de gegevens erop dat probleemdrinkende vrouwen vaak aankloppen bij huisarts en psychiater met vele fysieke en psychosociale klachten zonder hierbij hun alcoholprobleem ter sprake te brengen, zodat dit onontdekt en onbehandeld blijft. Dit is volgens een Nederlandse studie (Raat 1987) ook voor mannelijke probleemdrinkers een typerend gedragspatroon. Voor vrouwen lijkt echter de kans groter dat dit frequent doktersbezoek tot een dubbele verslaving leidt, aangezien er sterke aanwijzingen zijn dat artsen aan vrouwen eerder dan aan mannen diazepines voorschrijven (Schasfoort 1987). Volgens Duckert (1987) zouden vrouwen bovendien een nog grotere schroom hebben hun problemen met drank aan de orde te stellen dan mannen, en zouden zij zich nog minder snel bij de categoriale hulpverlening melden. De traditionele verklaring hiervoor is dat vrouwen een sterkere neiging hebben het problematische van hun drankgebruik te ontkennen, een houding waarin zij worden bijgestaan door het gezin. Het gezin schermt de vrouwen vaak af van de buitenwereld, en met name de echtgenoot zou de vrouw doorgaans niet aanmoedigen om hulp te zoeken.

**HET INTERVIEWONDERZOEK**

Het door ons gehouden onderzoek bestaat uit 10 diepte-interviews met vrouwelijke probleemdrinkers die zich hadden aangesloten bij een AA-groep en korte of langere tijd niet meer dronken. Het was een vooronderzoek voor een door het Stimuleringsfonds Emancipatie Onderzoek gefinancierde studie die momenteel wordt uitgevoerd naar de drinkcarrière van alcoholverslaafde vrouwen. Het interviewonderzoek richtte zich op kenmerken en drinkgeschiedenis, op de invloed van normen en beelden op drinkpatronen, en op de ervaringen die de betrokken vrouwen hadden met de hulpverlening.


Een dergelijke globale weergave van de gegevens roept een vrij uniform en stereotyp beeld op van de vrouwelijke probleemdrinker. In feite blijken echter de onderlinge verschillen zeer groot te zijn. Vergelijk men bijvoorbeeld de geschiedenis die Marian vertelt met die van Sylvia.

*Marian*

*In het gezin waar Marian opgroeide werd niet veel gedronken. Zij voelde ook geen speciale aantrekkingskracht tot alcohol.*

*Dat verandert als zij gaat studeren en lid wordt van een studentenvereniging. Sociale contacten verlopen soepeler als ze gedronken heeft. Bovendien merkt ze dat stevig drinken vooral bij mannen waardering oogst, en dat ze zich ermee kan onderscheiden van andere vrouwen,'trutten'.*  
*Ze trouwt en heeft met haar man een intensief uitgaansleven, waarin flink wordt gedronken. Als hun vrienden zich echter gaan settelen, en er minder wordt doorgezakt merkt Marian dat ze niet meer zonder alcohol kan. Haar leven gaat steeds meer om de alcohol draaien, maar ze tracht dit te verbergen. Haar man toont weinig begrip.*
De huisarts bij wie ze uiteindelijk om hulp komt vindt dat ze overdrijft. Ze zorgt dan zelf dat ze in een alcoholkliniek terecht komt, en later in een algemeen ziekenhuis. Hier komt ze echter niet van haar drankprobleem af. Haar man heeft inmiddels een scheiding aangevraagd. Via een toevallig contact komt ze terecht bij de AA.

Sylvia

De functies van het drinken en de sociale context waarin de afhankelijkheid zich ontwikkelde lopen voor deze beide vrouwen dus nogal uiteen. Bij Sylvia lijkt het alcoholgebruik in eerste instantie in het teken te staan van het omgaan met de spanningen die haar beroep met zich meebrengt. Marian lijkt in een vroeger stadium alcohol te gebruiken om haar verlegenheid te overwinnen, terwijl vooral het excessieve gebruik voor haar iets is waar ze prat op kan gaan, en wat haar leven een bijzondere glans verleent.

In het sekseverschillenonderzoek, waarin 'de' vrouwelijke probleemdrinker wordt vergeleken met 'de' mannelijke, komen dergelijke verschillen echter niet aan bod. Daar gaat het immers om het vinden van de specifieke kenmerken waarin vrouwelijke probleemdrinkers zich als groep onderscheiden van mannelijke, waarbij de laatste als norm gelden tegen wie de eerste worden afgezet. 'De' vrouwelijke probleemdrinker bestaat echter niet, evenmin overigens als 'de' mannelijke (Schippers 1981).

NORMEN

De specifieke kenmerken van vrouwelijke alcoholverslaafden hebben volgens verschillende auteurs (bijv. Sandmaier 1981, Saunders 1980) als belangrijke achtergrond het feit dat de normen met betrekking tot alcoholgebruik voor de

Uit de interviews werd duidelijk dat er ook strengere normen zijn voor vrouwen met betrekking tot andere aspecten van drinken. Een vrouw die als enige in een gezelschap drinkt, een voorkeur heeft voor jenever, of meer of sneller drinkt dan mannen of zelfs dan sommige mannen, valt op, en niet in gunstige zin. De gêne waartoe de sociale veroordeling aanleiding geeft bracht de meeste vrouwen ertoe al vroeg in hun drinkgeschiedenis hun drinken te verheimelijken en situaties op te zoeken om met de drank alleen te zijn. Daarmee werd sociale controle ontwijken, en kon het verslavingsproces in een stroomversnelling raken.

Het drinkpatroon van de (heteroseksuele) partner lijkt afgaande op ons materiaal ook een belangrijke rol te spelen in het bepalen van de normen en waarden met betrekking tot drinken waaran een vrouw zich op een bepaald moment (denkt te) moet(en) houden. Voor een mannelijke alcoholverslaafde is het niet ongebruikelijk dat hij als enige drinkt in gezinsituaties (Jacob et al. 1978), maar voor vrouwen geldt dit doorgaans niet. Als haar partner niet meedoet, zet dit haar onder druk haar drinken te beperken of te verheimelijken. Vrouwen in ons onderzoek probeerden daarom wel de partner over te halen om mee te doen, om zodoende zelf openlijk te kunnen drinken. ('Ik heb een lekker flesje wijn voor vanavond'). Een excessief drinkende partner bood vooral het 'voordeel' dat ze vrijuit met hem kon drinken. Ook haalde hij dan vaak de flessen drank in huis, een taak die voor haar met schaamte beladen was.
CULTURELE BEELDEN

Alcohol is een stof die psychotrope effecten heeft, maar 'alcohol' is ook een symbool, en als zodanig een vat met culturele betekenissen (Schippers 1981). Alcoholhoudende dranken, het drinken, drinkrituelen, de roes, de kater enzovoort figureren in vele mythen beelden en verhalen die onze cultuur voortbrengt. Deze laten zien dat alcohol als symbool sterk verweven is met bepaalde vormen van mannelijkheid. Onmatig drinken en daar goed tegen kunnen is 'macho'; avontuur, opwinding, nonconformisme, het ontsnappen een een burgerlijk bestaan en aan de wereld der vrouwen worden ermee geassocieerd (Sandmaier 1981, Otto 1981). De reputatie een stevige drinker te zijn hoeft aan het imago van een publieke figuur geen afbreuk te doen, als het een man is. Zo vertelde een biograaf van Winston Churchill dat hij (Churchill) de mensen aanmoedigde te denken dat hij ongelooflijk veel dronk, als onderdeel van zijn macho image, terwijl hij in feite volgens deze biograaf wel een eccentricieke, maar geen excessieve drinker was (McConville 1983).

In tegenstelling hiermee zijn de symbolische associaties van alcohol met vrouwen/vrouwelijkheid in onze cultuur sterk negatief van strekking. Excessief drinken en dronkenschap bij vrouwen wijzen op gedegenereerde vrouwelijkheid: vrouwen die drinken zijn seksueel toegankelijk en agressief, en dus slecht en onsympathiek, of ze zijn verstoken van alle vrouwelijkheid, en dus zielig en hopeloos (Harwin & Otto 1979, Sandmaier 1981).

De positieve symboolwaarde van alcohol zou vooral mannen stimuleren te drinken om 'positieve' redenen, om de kick, om te laten zien wie ze zijn, uit sensatiezucht. Vrouwen zouden daarentegen, zoals boven reeds aangegeven, alcohol vooral gebruiken om emoties te onderdrukken en stress te reduceren. Zoals uit de bovenvermelde cases al blijkt is deze sekseverdeling echter best list niet zo eenduidig. Met betrekking tot Marian is er zeker sprake van een positieve symboolwaarde van alcohol althans in de tijd dat zij begon met excessief drinken. Ook in de andere interviews zijn aanwijzingen te vinden dat sommige vrouwen (ook) drinken om de spanning, om zich te onderscheiden van anderen, uit verzet, of om te ontsnappen aan de beperkingen die zij in hun bestaan ervaren.

Alle vrouwen in ons onderzoek echter, ook zij die soms lange tijd om dergelijke 'positieve' redenen dronken, werden op den duur op de een of andere wijze geconfronteerd met de negatieve beelden omtrent vrouwen en alcohol die in onze cultuur bestaan. Dit had vooral een ondermijrende invloed op hun
zelfbeeld. Sommigen vonden dat je als vrouw gewoonweg niet dieper kon zakken dan door 'alcoholiste' te zijn.

**HULPVERLENING**


In ons onderzoek kwam vooral naar voren dat in de hulpverlening alcoholproblematiek bij vrouwen over het hoofd wordt gezien en dat er niet serieus nota van wordt genomen. De huisartsen van de vrouwen in kwestie ontdekten geen van alle op eigen kracht het drinkprobleem. Van de artsen bij wie de vrouwen op een gegeven moment de moeilijkheden ter sprake brachten waren er naar hun zeggen slechts twee die met begrip reageerden. Ook de meeste andere hulpverleners (psychiater, psychologen, maatschappelijk werkers) waar zij mee te maken kregen waren naar de vrouwen zeiden niet in staat of bereid de ernst van hun alcoholproblemen in te zien. Dit gold zelfs, tot onze verrassing, voor medewerkers in instellingen van de categoriale hulpverlening.

**SLOTOPMERKINGEN**

Hoewel een betrekkelijk klein aantal interviews met verslaafden uiteraard geen conclusies kan opleveren, kan men op grond hiervan wel veronderstellen dat de hulpverlening momenteel tekortschiet zowel in het signaleren als in het serieus nemen van alcoholproblemen bij vrouwen. Er is sowieso een gebrek een kennis en alertheid bij hulpverleners te constateren met betrekking tot alcoholproblematiek (Limbeek & Walburg 1987). Voor vrouwen lijkt dit als gevolg van de over hen bestaande vooroordeelden echter nog sterker het geval te zijn.

De categoriale hulpverlening is traditioneel op mannen gericht. In welke mate dit nog steeds het geval is, is bijvoorbeeld af te leiden uit het verslag van de Boerhavecommissie van het Postacademisch Onderwijs op het gebied van
alcoholproblematiek in 1984. Slechts een van de zes sprekers houdt expliciet rekening met het feit dat er ook vrouwelijke probleemdrinkers zijn. Een spontaan toenemen van de aandacht voor de moeilijk bereikbare groep vrouwelijke verslaafden is dan ook, zeker gezien de overvloed van problemen waar de instellingen op dit terrein mee te maken hebben, nauwelijks te verwachten. Ook in de vrouwenhulpverlening blijken alcoholverslaafde vrouwen vaak buiten de boot te vallen. Een gerichte stimulering van de kant van de overheid op dit terrein lijkt onontbeerlijk te zijn. Op het terrein van de preventie valt het op dat vrouwen voornamelijk worden geportretteerd als huilerige slachtoffers van probleemdrinkende mannen (zoals onlangs nog op een postbus 51 televisiespot). Het zou ons inziens aanbeveling verdienen hen meer te laten zien als personen die zelf een drinkprobleem kunnen hebben, overigens zonder daarbij in seksestereotypeen te vervallen.

Verder is een inhaalmanoeuvre op het terrein van het onderzoek op zijn plaats. In de eerste plaats zou men in het alcoholonderzoek de gewoonte kunnen laten varen alleen mannelijke drinkers de moeite van het bestuderen waard te achten. Op de tweede plaats zou er meer onderzoek moeten komen dat specifiek gericht is op vrouwelijke probleemdrinkers.

Overigens moet hierbij wel bedacht worden dat niet alle stimulering van hulpverlening, preventie en onderzoek omtrent alcoholproblemen bij vrouwen zonder meer in het voordeel van vrouwen hoeft te zijn. Alcohol wordt in onze cultuur zeer ambivalent gewaardeerd. Het is zowel het meest gebruikte genotmiddel, als een van de belangrijkste bedreigingen van onze gezondheid. De ongelijke machtsverhoudingen tussen de seksen kunnen tot gevolg hebben dat in verband met vrouwen juist de negatieve aspecten van alcoholconsumptie worden benadrukt. Dit legitimateert het weer als vanouds aan banden leggen en moraliseren van het recreatieve gebruik van alcohol door vrouwen. Een recent voorbeeld vormt het onderzoek in de VS naar het Foetaal Alcohol Syndroom. Door de steeds gedetailleerdere naspeuringen wordt het FAS een alsmal breder en ingrijpender syndroom, dat steeds meer afwijkingen omvat, die zich op langere termijn bij het nageslacht voordoen als gevolg van steeds kleinere doses die de moeder gebruikt (Zie bijvoorbeeld Abel 1985). De rol van de vader blijft bijna geheel buiten schot. Over het jaar 1987 vonden wij tussen tientallen FAS-studies, slechts één onderzoek over de invloed van het drinken van vaders voor de conceptie (Little 1987; regelmatig drinkende vaders kregen significant lichtere kinderen dan weinig drinkende vaders.)

De maatschappelijke bezorgdheid omtrent alcoholgebruik lijkt zich zo nogal selectief te uiten in het aanspreken van individuele vrouwen op de verantwoorde
lijkheid voor het nageslacht. De Britse krant de Sunday Times van 31 januari 1988 vermeldt bijvoorbeeld op de voorpagina dat een professor heeft ontdekt dat niet alleen de vrucht schade lijdt van alcoholgebruik, maar dat alcohol ook reeds de eicellen beschadigt voor de conceptie, wat leidt tot miskramen en aangeboren afwijkingen. 'Vrouwen die zwanger willen worden doen er goed aan geen druppel alcohol aan te raken', waarschuwt het artikel. Wij hebben het onderzoek in kwestie overigens nog niet in de wetenschappelijke documentatie kunnen terugvinden.

Wij hebben in dit artikel gewezen op de tekortschietende maatschappelijke interesse voor alcoholproblemen bij vrouwen. Hoewel er geen sprake lijkt van een dramatische toename op dit terrein, zijn er wel redenen om aan te nemen dat vrouwen bezig zijn met een inhaalmanoeuvre. Meer aandacht voor deze problematiek is dus zeker noodzaak. De ontwikkelingen die zich op dit terrein voordoen zullen echter wel kritisch gevolgd moeten worden.

**VOETNOTEN**

1. Dit hoofdstuk is eerder als artikel verschenen:

2. In surveys gebruikt men doorgaans de termen 'probleemdrinken' en 'probleemdrinkers'. Deze termen verwijzen naar regelmatig excessief alcoholgebruik in relatie waar mee gezondheids- materiële of sociale problemen optreden. In de literatuur over behandeling van alcoholproblematiek spreekt men veelal over 'alcoholisten'. Deze laatste term wordt hier niet gebruikt zowel omdat deze geassocieerd wordt met 'ziekte', alswel vanwege het sociale stigma dat ermee verbonden is. Wel wordt in plaats hiervan de term 'alcoholverslaafde' door ons gebruikt. We bedoelen hiermee verslaving of afhankelijkheid in psychologische zin, zoals onlangs omschreven door Gorman (1987) als 'een sociopsychologisch syndroom dat zich manifesteert door een gedragspatroon waarin het gebruik van een gegeven psychoactieve drug een duidelijke prioriteit wordt gegeven boven andere gedragingen'.


alcoholgebruik en veranderingen in de maatschappelijke positie van vrouwen. Een dergelijke samenhang was echter niet consistent in de data terug te vinden.

3 Sex as a variable. A critical look at the place of female drinkers in recent alcohol research in the Netherlands 1)

INTRODUCTION

A number of studies in recent decades, notably in the USA, but also in the Scandinavian countries, Great Britain and Germany, have shown that female problem drinkers, as a group, differ from male problem drinkers in several important aspects. For example their drinking patterns are different from men (they drink more often alone and secretly, and they combine drinking more often with other legal drugs); their drinking careers show a different course (they generally start later but than men come in treatment at the same age as men); other factors play a role in the background of their drinking (there is more secondary 'alcoholism' and more excessive drinking by their partners); and the problem consequences lie partly in other life areas (notably in interpersonal relations, mother roles, sexuality and reproduction, and being the victim of violence). Furthermore they experience more social stigma, and feelings of worthlessness, shame and guilt (see for reviews: Taylor & St Pierre 1986, Blume 1986, Lammers et al. 1988).

From these findings it can be concluded that female alcoholics form a specific group. Apart from this the number of female alcoholics seems to be growing. While in the nineteenth and first half of the twentieth century female drinkers seemed to be exceptional, since World War II they have become around one fifth of the total population of problem drinkers (Lammers et al. 1988). And although there are no indications of a rapid increase at this moment, it is clear that they form an important subgroup, about which still comparatively little is known.

Although there are important reasons to pay attention to this group, research on women and alcohol still is very limited, and in the Netherlands almost completely lacking. In the last 25 years only two small empirical studies on women with alcohol problems have been published (de Zwart 1984, de Zwart 1989). Besides this, there is one publication from the present authors (Lammers et al. 1988).
On the other hand, the number of alcohol studies that include subjects of both sexes is growing in The Netherlands, so data on female problem drinkers can be expected to be available. But does that mean that there is consistent and serious attention to gender differences and to female drinkers and problem drinkers as specific groups? Because we had our doubts, we decided to study the interest in female drinking in recent Dutch alcohol research.

**RESEARCH QUESTION AND METHOD**

As a representative sample of social scientific Dutch alcohol studies we took the eight dissertations that were published in this area in the 1980's. These comprised all except one of the dissertations about alcohol from World War II to March 1989. Chronologically, they are: Schippers (1981), Garretsen (1983), Knibbe (1984), Van Harberden (1986), Van Limbeek & Walburg (1987), Raat (1987), Schaap (1987), and Bannenberg (1988). All authors are male.

The questions we asked for each of these studies were:

1. What is the place of sex in the methodology of these studies? This question was split up into subquestions:
   (a) Does sex form an aspect of the research question?
   (b) What is the composition of the sample with respect to sex?
   (c) Do the instruments used in this study have a masculine bias, that is, do they favor detecting and measuring excessive and problem drinking in males?
   (d) How is sex statistically analysed?

2. What are the sex differences found in the study?

3. How is gender treated in the text with respect to other, non-methodological features?
   This question pertains to the sensitivity of the author with respect to gender issues. It was split up as follows:
   (a) Is the significance of the results on sex differences discussed by the author?
   (b) Are these results mentioned in discussions, conclusions, recommendations and summaries?
   (c) Does the author have a prejudiced idea about the gender of 'the alcoholic' or 'the drinker'?
   (d) Does the author refer to literature about sex differences or female drinking that is relevant for his study? (e) Are these literature findings integrated into the study?
RESULTS

We begin by discussing the eight studies separately on the basis of the formulated questions. For readability, we mention only the relevant answers; if an author does not deal with literature about gender and alcohol, for example, we don’t discuss this aspect for that dissertation.

Schippers, G.M. (1981) *Alcoholgebruik en alcoholgerelateerde problematiek.* (Alcohol use and alcohol related problems.)
Schippers (a psychologist) performs an epidemiological study of alcohol use and problems associated with it in a sample from the east of The Netherlands in 1975. Sex is taken as one of the demographic characteristics of the respondents. He finds that women drink less, and that fewer women drink. Since 1958 (the year of the only Dutch epidemiologic study before this one) (Gadourek 1963), many more women have started drinking, but the relative differences in number of drinks between men and women have stayed the same, he concludes.

In his main study Schippers tries to answer the following question: What is the relationship between the quantity of alcohol people drink and the direction, intensity and kind of opinions they have about the effects and use of alcohol? Because he is looking for the relationship of opinions and behavior within the individual, he chooses a sample that is homogeneous with respect to age and sex, so his sample consists of men between 25 and 45 years old (p. 262). However, in his conclusions and discussion he does not mention this limitation of the study. Without reservation he generalises the findings to 'people'.

Knibbe, R. (1984) *Van gangbaar naar problematisch drankgebruik.* (From everyday drinking to problematic alcohol use.)
The dissertations of the sociologists Garretsen and Knibbe are both based on the data of a general population sample survey in the city of Rotterdam and in the province of Limburg. Garretsen mainly reports prevalence data. Knibbe makes an analysis of social factors in the development of deviating forms of drinking behavior.

The research questions of Garretsen’s study are: What is the prevalence of excessive alcohol use and problem drinking? Which factors are connected with problem drinking and which factors influence people’s decision to look or not
look for help? (p.3) A methodological part analyzes the question of underesti­mat­ing alcohol problems in population surveys. (p.21)

In Garretsen’s study, gender is studied as a demographic characteristic of the respondents. With respect to the composition of the sample it is deemed important that ’... a sufficient number of persons from different subgroups of the population and a sufficient number of problem drinkers are present’ (p.41). These demands are not combined, however, which means that it is not required that a sufficient number of problem-drinking women is included in the analysis. The consequence is that there are not enough problem-drinking women in the sample to make much of a comparison with their male counterparts. No separate analyses by gender take place.

Garretsen interviewed about as many women as men (about 1000), but only 3% of the women, and 13% of the men, classify themselves as excessive drinkers, while 12% of the men, and 2.7% of the women could be considered problem drinkers. The instrument that Garretsen (and later Knibbe and Raat) used to measure problem drinking could underestimate the number of problem­drinking women. Items referring to problems more typical for male problem drinkers are present, while typical female aspects are ignored. There are, for example, questions about work (in The Netherlands the percentage of women with paid jobs is the lowest in Europe), contacts with the law, and the exhibiting of aggression in intoxication, while items about coping with domestic work, relationship with children and being the victim of aggression are lacking. We encountered cases of such problems in out pilot study of women with drinking problems (Lammers et al. 1988). Psychological worries about being addicted, feelings of guilt and shame, and feelings of inferiority in relation to drinking, which are more frequent and more intensive in problem-drinking women than in men, are missing also.

Garretsen presents interesting data about the underestimation of the prevalence of excessive drinking and alcohol problems. According to spouse reports, women underreported a great deal more than men. Not 3%, but 14% of the women drink at least once a week six drinks or more. With respect to the men, this percentage is 18%, instead of nearly 17%. (p.71). Also on the basis of the spouse reports, the number of problem drinkers should be adjusted: from nearly 4% to over 6% for the women, and from over 13% to almost 16% for the men (p.77). Garretsen seems to view this mainly as a problem that has consequences for epidemiologi­cal methodology. He does not discuss the psychological or social background of female underreporting.

Opinions about how much a man, and how much a woman is allowed to drink in different situations do not diverge very much between the sexes (p.85-86).
Women have more divergent opinions about alcohol-restricting measures (p.94). Women tend to agree more than men that someone is an alcoholic (p.89), and to agree more that help is needed for people with alcohol problems (p.118). On the other hand more men than women talked with someone else about their own problems with alcohol use (p.121). So women tend to have somewhat stronger norms and a more positive attitude toward help seeking.

The summary of the study mentions sex differences in prevalences and underreporting. In concluding alcohol policy recommendations however, no sex differences come up for discussion.

Knibbe poses as research questions: Which social factors are associated with differences in drinking patterns, and which factors contribute to an intensification of the use of alcoholic beverages? Which factors contribute to the likelihood that the alcohol use will lead to harmful effects, and which factors, other than harmful effects, contribute to the chance that drinking is disapproved by the social environment and/or that the drinker worries about his drinking?

Knibbe is the only author who systematically analyzes the data for men and women separately. His theoretical frame is that of role-theory. He considers gender as one of several status roles: expectations based upon social characteristics that the individual is unable or hardly able to influence (comparable to age and social class). Status roles are to be distinguished from position roles and situation roles. The use of alcoholic beverages belongs in the context of situation roles. However, status roles indicate in which situation the use of alcohol is considered appropriate for an individual. They provide a general orientation and indicate how to integrate drinking as a meaningful element of life style.

Gender as status role turns out to have an important impact on drinking habits: women drink less than men; there are more men who drink and there are more excessive and problem-drinking men than women. Younger men going to school drink less than young men who work. Younger men from smaller communities (Limburg) drink more than younger men from cities. For women no differences in these respects were found. With respect to intensification of drinking, one factor seems to have a decisive influence: the 'degree of structure in everyday life', measured by three indicators: having an outdoor job, having a partner, and having to care for children. However, this influence was far less strong for women than for men. While for men, notably, having an outdoor job was of much importance, for women a less clear picture emerged. In any event, this does suggest that changes in women's drinking at least partly have other determinants, a possibility that is hardly discussed by the author.
At a similar level of consumption, men report more harmful effects of drinking than women. Maybe this is because consumption on binges, supposedly more frequent in males, is not systematically investigated, whereas harmful effects like drunkenness or black-outs are. It is also possible, according to the author, that women do underreport adverse consequences of drinking. In Limburg women of higher social class more often worry, or experience disapproval from family, than middle- or lower-class women. This can be an effect of a lesser degree of emancipation with respect to alcohol use of these rural women compared with the women in the city of Rotterdam. The same drinking behavior then sooner gives cause for concerns and disapprobation. Duration of present consumption had a different effect on men and on women: for women there is an increasing likelihood of disapproval of drinking when duration of heavy drinking is longer, but for men the opposite is true.

Knibbe's study is the least biased and the richest of the dissertations discussed here as far as the question of gender is concerned. However, even in this study there is a remarkable lack of basic interest. The impression is given that the sexes are kept apart in the analyses for methodological rather than for conceptual reasons: 'The differences in underreporting between men and women are the main reason for separate analyses of men and women.' (p.182). In other words, if there had been no difference in underreporting, there would have been no reason to analyze separately. Furthermore, although results with respect to gender are mentioned in summaries, none of these are incorporated in the research proposals and policy recommendations in the last chapter.

Harberden, P. van (1986) *Zelfhulp bij anonyne alcoholisten.* (Selfhelp in Alcoholics Anonymous.)
The helping method of Alcoholics Anonymous is the subject of this study. The central question: Which behavior of the AA-group and processes that are connected with it are therapeutically effective.

Van Harberden interviews members of AA for his study. The way subjects are chosen is unclear, but eventually there remain 15 subjects. The reader is not informed about characteristics of the subjects like age, gender, or the length of time a member of AA. That two of them are female (and most of them members of AA for a long or very long time), can be concluded only from the quotes of the interviews. With 13%, women are undersampled, because they form about 30% of AA (p.61). There is no attention to specific characteristics of female drinkers, nor to the issue that many AA-ideas (like that of the 'alcoholic personality') are male oriented, nor to experiences of women in the male-dominated AA-groups. (There are almost no women's AA-groups in the Nether-
lands). Some interesting remarks about this topic can be read between the lines from the quotes of the female interviewees.

Limbeek, J. Van & Walburg, J.A. (1987). De vroege signalering van alcoholproblematiek. (Early detection of alcohol problems.) Van Limbeek (a physician-epidemiologist) and Walburg (a psychologist) investigate the validity and usefulness of an instrument for detecting alcohol problems in individuals, the MALT (Münchener Alkoholismus Test, Munich Test for Alcoholism). They do not explicitly formulate research questions.

For their validation study the authors use 100 subjects treated for alcohol addiction in a clinic, and 92 patients from a general hospital. The sex ratios in these groups are not reported. Probably women only form a small part of the clinic’s group, because a second sample of 52 subjects (to check the usefulness of the test for differential diagnostics) drawn from the same clinic, contained only six women. Furthermore, the authors performed an epidemiological test of the MALT with samples from a rural community (n = almost 1,000), consisting of half men and half women, and from a health center (n = 950) consisting of 70% women. In these studies a different cut-off point for the sexes is used with respect to the quantity of alcohol that is defined as excessive.

In clinical groups the validity of the MALT seems to be satisfactory, according to the authors. With respect to estimation of severity the MALT is useful, however only 'for the time being' (p.62). Possibly the MALT is useful for differential diagnostics, but only in clinical groups. The authors do not notice that, because there are almost no women in the clinical samples, these conclusions are valid for males only.

In the general population sample the usual numbers of problem drinking women and men are found: 2.7% in the women, 9.7% in the men (p.104). In the health center this was 6% vs. 11% (p.90). Across age categories there were no variations in this sex-ratio (p.90). Epidemiologically the MALT does seem to be equally valid for males and for females.

Other findings with respect to sex are as follows. Women score frequently on items that refer to psychosocial problems (and not directly to alcohol use), while men score on items that refer to (worries about) drinking behaviors. The authors remark about this: 'especially women drink on the basis of psychic problems and maybe use alcohol as self-medications.' (p.111) They are, however, very careful with their conclusions 'because of the small absolute number of problem drinkers' and because 'in general there was little difference between men and women in content and experiencing of alcohol problems'. (p.114)
In Part One studies of tests for diagnosing alcohol problems are reviewed. Most tests are or seem to be validated for men only. Several times in the reports of the authors the sex ratio of the sample is not mentioned at all. The original German version of the MALT was validated on a clinical group comprised of half men and half women.


Raat (a physician-epidemiologist) reports in the first part of this dissertation an investigation on the method of 'synthetic estimation': on the basis of survey data from a larger (or another) area one can estimate the prevalence of alcohol problems in a smaller area. However, although methodologically interesting, this method turns out hardly to improve estimation of prevalence however. The variable sex per se is not interesting for a synthetic estimate, because females always form half of the population. Further differentiation by females is not possible in Raat's study, because he uses Garretsen's data, where, as we already mentioned, the group of female problem drinkers was very small. This point is not discussed by the author.

The research questions of the second part of the study are: What is the course of the process of help-seeking for alcohol problems, and what factors influence this process? One hundred fifty-four new clients of an ambulant alcohol treatment program in Amsterdam were interviewed (CAD-department of the Jellinek Center). The sample consisted of 118 men and 36 women. They are compared with problem drinkers in the population (from Garretsen's data) who don't ask for help.

In the interviews Raat uses the same (masculine biased) scale for measuring alcohol problems as Garretsen used. In the statistical analyses sex is considered as a demographic variable, like other variables such as age, social class and marital status. No separate analyses are made for the male and the female groups.

A number of significant sex differences result from the study. For women, the length of time between the appearance of an alcohol problem and the acknowledgement of the problem is significantly shorter (2.5 vs. 5.0 years). Women are more ashamed of their drinking problems. Also, they more often say that they have problems with their drinking themselves, and that they looked for help on their own initiative, which points to a more internal orientation, according to the author. Furthermore there is some (not significant) overrepresentation from women in treatment, compared with the ratio of female problem drinkers in
Garretsen's survey. Lastly, Raat finds that partners of female clients drink more than partners of male clients.

In the literature review the author refers to the problem of underestimating female drinking in epidemiological studies, and the fact that female drinking is less culturally accepted than male drinking. Also, a study is mentioned according to which there is a high percentage of unmarried women in the population of ambulant female clients. However Raat himself does not give in his empirical report separate percentages for men and women with respect to marital status, nor for employment status or for number of children living at home, which are relevant factors for women according to the literature (Taylor & St.Pierre 1986, Blume 1986).

The data on the process of help-seeking suggest that this process has another course for men than for women, and that other factors play a role in it. This is not discussed by the author. The findings about the sex differences are ignored in the summary, discussion and recommendations. This is striking, because the recommendations touch exactly the areas in which the sex differences appear: stimulating people to reflect upon their drinking; reducing shame about alcohol problems and about seeking for help; and the important role of the partner in prevention. It is clear from this that neglecting sex differences can detract from the value of a study.

Furthermore the author writes about problem drinkers as if they were males only. For example one of the conclusions (p.125) describes 'the modal CAD-(ambulant alcohol) client': he is a Dutch man, who (among other things) is between 30 and 40 years old, not married, without children living in the home, with a job as a lower employee. According to the author, the most important difference with the modal Dutch person is, that the latter is married and does have children in the home. Furthermore, according to him, the modal picture obscures important social factors in problem drinking like divorce and unemployment. Raat simply overlooks here that the modal Dutch person is not a man. The picture of the modal Dutch CAD-client also obscures the fact that about 25% of CAD-clients are female.


Schaap (a psychiatrist) discusses in his dissertation long-term clinical treatment of alcoholics and drug addicts. The aim of the study is to ascertain whether clinical treatment of the alcoholic according to the model of the hierarchically
structured therapeutic community is effective, and, if so, for which group this treatment can be considered most suited.

The program evaluation (in the clinic 'Hoog Hullen') used a sample of all patients who had participated in the treatment during a period of 12 months. As appears from page 204 there were 168 subjects. Fourteen pages later the reader is informed that 30 to 34% of the sample is female. An exact figure is lacking.

Genders are not analysed separately; there is only a statistical check whether the variables 'age' and 'gender' influenced the results. Because it is concluded that there is 'little connection between the factors and the scales with age and sex' (p.216) it is decided to leave aside this variables in the multivariate analyses. No gender difference in results is mentioned.

Preceding the empirical study, Schaap offers reflections about the diagnosis and treatment of alcoholics from a psychoanalytic view. Here he mentions gender differences and characteristics of the psychological make-up of female problem drinkers. Later on in the study he gives some interesting clinical observations about women alcoholics, and he describes some female cases. 'Female alcoholics' are sometimes separately mentioned, sometimes not. It is not clear whether ideas that are presented for alcoholics in general are valid for female alcoholics too. Also the remarks about women do not give rise to questions that would be relevant in the context of Schaap's study, for example whether female alcoholics have special treatment needs. No remarks about women appear in the summaries.

A bias with respect to the gender of the alcoholic is suggested by the fact that incidental examples in the text always refer to males, and to their partners as females (for example p.126). The attention to female alcoholism in the text seems to be only on the fringe. Systematic reflection on and sophisticated empirical analysis of this topic is absent.


The research questions in the dissertation of Bannenberg (a physician-epidemiologist) are: What is the demand for professional care for alcohol problems? How does the process of matching take place between demand and supply? Which criteria play a role in this process?

For the study, 146 interviews took place with clients who applied for treatment and with the intake staff in the Jellinek Center in Amsterdam. In the sample were 39 women and 107 men. The data for the sexes are not analyzed separately. Bannenberg compares his figures with data from the population study in Rotterdam discussed above. In that survey something fewer than 20% of the
problem drinkers was female, while in the Center 26% of applicants for treatment are female. So, he finds some (not significant) overrepresentation of women, as Raat did also.

Sex differences that appear in this study are that women look for help at an earlier age than men (p.48), and that older women come for treatment less frequently. Further there is a relatively low demand from women for treatment in the clinic, compared with demands for ambulant care and detoxification. Of the women, 28% use sleeping pills and tranquillizers, of the men, 21%. No distinction is made between long-term and problematic use, and short-term and more unproblematic use, however.

The other chapters go into the intake procedure and the factors that influence it. Sex does not seem to be a factor of importance either for the kind of treatment programs that are offered or for the intake criteria the treatment staff uses. The staff heavily leans for intake criteria on the severity of alcohol problems, the use of other psychotropic substances, health status, social network, other treatment contacts, goals and expectations.

Bannenberg reviews some literature about women and alcohol treatment. He reports that sex is a client characteristic that sometimes is found significant (Knibbe) and sometimes not (Raat) (p. 19). Women do not seem to decide more often to go into treatment than men (p.21). Some authors find that men benefit more from treatment than women, while others do not find this (p.27). Some findings about sex differences come back in the summaries. In the recommendations for treatment and policy, however, not one question with respect to gender is discussed.

**DISCUSSION**

With respect to question 1, methodological aspects, we found that sex forms an aspect of the research questions in only one dissertation. In some instances (van Limbeek and Walburg, van Harberden, Schaap) the sex composition of samples is not carefully described or not mentioned at all.

With the exception of Schippers, who studied only men, population samples or 'natural' groups are studied (in a alcohol clinic, ambulant alcohol treatment center, or a general hospital). Natural groups naturally contain at least three times as many problem-drinking men as women. This skewed sex ratio in the research samples has several consequences. In the first place, it means that in the group studied the characteristics of the male drinker are predominant. A masculine picture of the alcoholic is presented, behind which the female
alcoholic disappears (cf. Raat). The second consequence is that the group of females is not large enough to make distinctions in, for example, in such demographic characteristics as age or marital or employment status. The resulting subgroups would be too small to make meaningful inferences. It is hardly possible to know more about female problem drinkers than their number. This impedes differentiation of knowledge about female problem drinkers, and fosters stereotyping of this group.

The instrument for measuring alcohol problems that is used in the studies of Garretsen, Knibbe and Raat can give an underestimation of alcohol problems in women. This scale is adopted from Cahalan (1976). In the literature the question of masculine bias of instruments has been discussed repeatedly (Celentano and McQueen 1980, Vogel-Sprott 1983).

In no studies except that of Knibbe are data for the sexes analyzed separately. Sex is just a demographic variable. With this approach, only univariate effects of sex can be found. It is impossible to reveal sex differences in patterns of association of variables. We saw in the discussion of the work of Knibbe that meaningful sex differences in the patterning of variables do exist.

This summary shows that the discussed studies do not offer very good methodological conditions to find gender differences. Nonetheless there are some interesting results in this respect (question 2). We summarize them here and compare them with relevant findings from other studies. In the first place, prevalence data from other western countries are confirmed for The Netherlands (Schippers, Garretsen, Knibbe): women drink less than men, and there are fewer female problem drinkers. According to the study of Garretsen, underreporting of women is a serious problem. This has not been found in recent other studies, however (Room 1989, Lemmens & Knibbe 1989). While for men the most important factor in increased alcohol use is not having a paid job, for women this is not an important factor. Which factors are relevant for women in this respect is not clear from Knibbe’s study, although structure of everyday life seems to be important for them too. Family variables probably are very influential in this. According to a study of Wilsnack and Cheloha (1987), for example, for women the loosening of family roles is associated with problem drinking.

Van Limbeek and Walburg suggest that women more than men drink as a form of self-medication. Raat finds that problem-drinking women more frequently have partners who drink excessively. Both aspects can be found also in non-Dutch studies (Blume 1986). The process of help seeking seems to be different for women than for men. In the general population, women have a more positive attitude to help seeking for alcohol problems (Garretsen). Female
problem drinkers acknowledge drinking problems sooner (Raat), and look for help more on their own initiative (Raat) and at a younger age (Bannenberg). Furthermore, women seem to be slightly overrepresented, and in any case not underrepresented, in treatment (Raat, Bannenberg). They ask relatively more for ambulant services and detoxification, and less often for intramural treatment, however. In a West-German study (John 1987) this was found too: the share of women in detox was 37% and in clinics 18%. With respect to representation of women with alcohol problems in treatment the Dutch findings contradict the opinion found in the literature (Duckert 1989, Beckman 1984) that women are underrepresented in treatment, because they experience greater barriers. Other authors doubt the existence of greater barriers for women, however. For example Weisner (1989) states in a review that women are heavily present, especially in voluntary forms of treatment.

In two respects Dutch results deviate from other findings. According to Dahlgren and Myrhed (1977) women do not come more in alcohol treatment on their own initiative than men, but are more often forced by relatives. Furthermore, several studies suggest that women do not come at a younger age but at the same age as men for treatment, although their alcohol problems start later (Piazza et al. 1989, Dahlgren 1978, Mulford 1977). Maybe the somewhat more favorable results for Dutch women are an effect of the emphasis on ambulant facilities in the organization of alcohol treatment in The Netherlands.

The norms for women's drinking differ from those for men. Women get more disapproval from the environment when they drink for a longer period, while men experience less disapproval in that case (Knibbe). They are more ashamed than men about having an alcohol problem (Raat). Looking for help on one's own initiative and at a younger age also suggest that for women other, stricter norms are effective. Stricter norms for women have been found before (Sterne & Pittman 1972), and several authors stress their effects on female drinking behavior and drinking problems (Sandmaier 1981, Robbins 1989).

The results with respect to non-methodological aspects (question 3) show that the authors are not very sensitive to gender issues. In the first place, results with respect to sex do not get much comment from the authors. They are seldom mentioned in summaries, and in no case are they discussed in the context of alcohol policy and research recommendations. Many authors generalize findings from male subjects to 'people' or 'problem drinkers' in general, showing bias with respect to gender. That the picture of 'the drinker' or 'the alcoholic' is that of a male is illustrated by the fact that sometimes it is simply overlooked that a substantial proportion of problem drinkers is female. Not much literature about
female drinking is reviewed in the studies, and the reported findings from this literature are not well integrated into the empirical studies.

CONCLUSIONS AND RECOMMENDATIONS

We studied a part, but a very representative part, of recent Dutch social scientific alcohol studies. We must conclude from our investigation that although some relevant data about gender and alcohol result from it, gender is a blind spot in the Dutch dissertations from the 1980's. Because of this, the studies have less value than they could have. This blind spot is not only an attitude of individual researchers but also a structural question. In the Dutch tradition, female drinking is not seen as relevant for policy, and it is very difficult to raise funds for research on sex differences or on women and alcohol.

Acknowledgment of this blind spot is not only a matter of social justice. Although it is more than justified that the neglected group of female drinkers and problem drinkers gets more attention, we think that alcohol research in general can profit from more interest in these aspects. Because there are large and persistent differences in the way women and men handle alcohol, and notably in the prevalence of excessive and problem drinking, the study of these differences can teach us a lot about determinants of these behaviors.

Methodological conditions for studying gender differences can be improved. For example, female problem drinkers can be oversampled, as is already the case in many non-Dutch studies, so that comparable sex groups result. Another solution can be a plain choice for a sample of women only or men only. Instruments can be examined critically in the light of what is known about female problem drinkers. And last, separate analyses of male and female data in alcohol research should be the rule rather than the exception.

FOOTNOTES

1. This chapter is published before:

2. The exception was Does de Willebois, 1965. In this dissertation alcohol addiction is studied from a psychoanalytic point of view. The author only refers to male subjects.
3. This conclusion will, as we expect, not be valid for the 1990's. Apart from the present dissertation, four dissertations were published up to this moment. Two of them, Van de Goor (1990) and Van Geloooven (1990), pay systematically attention to sex differences.
For over sixty years now female alcoholism has been associated in social scientific literature with gender identity problems. Several early psychoanalytic authors saw female drinking as an expression of homosexual tendencies (Clark 1919, Riggall 1923, Knight 1937). Wall (1937) notices, besides 'a homosexual relationship between mother and daughter', 'unfeminine' tendencies such as 'tomboyish behavior in girlhood'. According to Sherfey (1955) female alcoholics have 'strong masculine identifications'. Lisansky (1957) and Kinsey (1966) use the broader concepts of 'role confusion' and 'inability to cope with adult sex roles'.

Some authors suppose that feminine traits and homosexuality are present in male alcoholics as well (Kinsey 1966). McCord & McCord (1960) state that alcoholics have strong (feminine) dependency needs that are satisfied by intoxication. Between his lines, McClelland (1972) also suggests (p.335), that there might be cross-sex identity on the basis of the heightened need for power which he supposed to be the motivation for men to drink excessively.

In general however, the gender identity of male problem drinkers has not been a much debated topic in alcohol research (Lemle & Mishkind 1989), as opposed to the situation in research about female problem drinkers. Here, a substantial part of the (scanty) literature is devoted to gender identity and gender identity problems. Particularly, studies in which these gender identity aspects were measured with empirical instruments have been carried out almost exclusively among female problem drinkers. Such studies have been published from the mid sixties until recently. Their best known author is Wilsnack (1973a, 1973b, 1976), who formulated the theory of sex role conflict.

Apart from reviewing empirical evidence and theoretical developments about sex role conflict theory, this article aims at presenting an analysis of the concepts and instruments involved. Psychometric data and theoretical statements in this
field of research will be reviewed. Next, methodological flaws and especially the conceptual problems behind them, will be discussed, and political implications from sex role conflict theory. Although the theory at the moment appears to be a dead end street, it is concluded that some ideas behind sex role theory can give rise to new research questions. These ideas pertain to the social and cultural 'masculinity' of alcohol. We will start with elaborating this notion.

THE MASCULINITY OF ALCOHOL

It is not surprising that problem drinking is assumed to be associated with a problematic gender identity. Drinking alcohol, especially in excessive quantities, is not generally seen as gender-neutral, but is considered on the contrary to be typically masculine (Lemle & Mishkind 1989). Not only do men drink more than women, but drinking is also more accepted, more expected, and more valued for males. This seems to be true for any culture (Child, Barry & Bacon 1965). Historically, drinking of women has been much more subjected to restrictions than drinking of men (Snare 1989). In cultural perspective 'alcohol' seems to be associated with masculine values. In Hollywood movies, for example, excessive male drinking symbolizes nonconformity, escaping from bourgeois world and the world of women, machismo and adventure. Male alcoholics, in contrast with their female counterparts, always preserve some form of dignity and autonomy in these films (Harwin & Otto 1979). Also, the reputation of being an excessive drinker does not harm a public figure, provided he is a man, and he has control (McConville 1983).

So, as drinking is 'masculine' and a sign of manliness, men can use it in order to cope with problems with their masculinity. The McCords elaborate this in their theory. They suggest that male alcoholics not only drink to satisfy female dependency needs, but also that, as behavior, drinking makes it possible for them to keep up the desired masculine facade. Drinking thus has different functions on different levels. With respect to women the notion that drinking is masculine behavior leads to the idea that masculine, or inadequately feminine (which was considered to be the same until about 1970) identifications or tendencies lie at the root of heavy drinking. Curlee stated in 1967: 'While the relationship between sex role identification and alcoholism is not clear, the assumption has been that, since drinking is more acceptable as masculine than as feminine behavior, alcoholic women are more masculine than other women.' (Curlee 1967, p.232).
Psychometric Studies of Gender Role Identification in Alcoholic Women

In the 1960's researchers began to use psychometric instruments to test the assumption of masculinity as an underlying dimension of female problem drinking. Tests to measure psychological femininity c.q. masculinity existed as early as the 1930's. Terman and Miles (1936) constructed the first one, the AIAS (Attitude Interest Analysis Survey). It was a bipolar scale consisting of items about traits and attitudes that got significantly different scores from boys and girls. As in psychoanalysis, Terman and Miles believed that gender identity was a core aspect of personality. They assumed that men and women were psychologically normal as far as they possessed the characteristics normative for their sex. Contrastingly, cross-sex identity was 'a source of many acute difficulties in the individual's social and psychological adjustment' (Terman & Miles 1936, p. 451). With this they set the tone for the ideas of generations of psychologists to follow (Pleck 1984).

In addition to the AIAS, other so-called m/f-scales were used for testing female alcoholics, for example the Fe-scale from the California Psychological Inventory (CPI) and the F-scale from McClelland and Watt, both constructed in essentially the same way as the Terman and Miles scale (Lewin 1984a). Findings from these, without exception cross-sectional, studies were in contrast to what was originally hypothesized. Problem-drinking women showed no differences with normal women in the femininity of their role preferences, traits and interests (Kinsey 1966, Belfer et al. 1971). Parker (1972) was the only one to find some masculinity: (only) severely addicted women had less feminine role preferences than controls on the CPI. They did score higher, however, on the emotionality subscale of the CPI. According to the author this suggests an overidentification with the female role, which compensates for the rejection of the female role in other respects. He does not explain in which respects the female role is rejected and how this compensation works. With respect to the function of alcohol he sees 'excessive drinking as a pathological response to stress' (p.647).

But the idea of masculinity residing in the female problem drinker was not abandoned. Other conceptions of masculinity might produce better results. The psychological instruments for measuring gender identity meanwhile offered more than the m/f- scales mentioned. In fact, these scales had been criticized for their unreliability under historical and cultural changes, and their vulnerability to faking. Also they were thought to measure a mere superficial cultural layer, and to have nothing to do with the core of personality (Houwink 1953, Morawski
Thus projective methods were developed which were supposed to measure a more unconscious, and therefore more fundamental, gender identity. These, later also severely criticized tests, were the Draw-a-Person-Test (DAP) and the Figure-Drawing-Completion Test (FDCT) (Franck & Rosen 1949). These developments made it possible for other conceptualisations to arise. In stead of viewing gender identity as a fixed, ascertainable point on the single dimension of masculinity/femininity, the new instruments permitted the psychodynamic view that gender identity is a terrain of (measurable) contradictions and conflicts. It is possible, for example, to score consciously masculine on a F-scale, and unconsciously feminine on a projective test. This would indicate that some psychic conflict is present.

Sharon Wilsnack (1973a) applied this line of reasoning to female problem drinkers. Could not their masculinity lie on a deeper level than studied thus far? She tested this hypothesis in a study which involved 28 female alcoholics and a group of controls. Femininity/masculinity was measured on three levels. Conscious femininity was assessed with the Fe-scale, with the 'Physical Appearance Checklist', and with an attitude scale for motherhood. Femininity on a more unconscious level was measured with a scale about sex role style, one's general style in approaching life, with items about leadership, ambition and assertiveness. Unconscious gender identity was measured with the FDCT. In agreement with earlier studies female alcoholics appeared not to differ from controls in measures of conscious femininity. They even scored higher on the motherhood scale. However, their scores on unconscious masculinity were significantly higher. This supported the assumption that women alcoholics were more masculine than other women, and it suggested that they experienced conflicts in their gender identity. In this and two more articles (1973a, 1973b, 1976) Wilsnack delineated the psychological contours of the female alcoholic.

**The sex role conflict of the female alcoholic**

According to Wilsnack, the female alcoholic experiences, a conflict at the less conscious levels of her personality. She has chronic doubts about her adequacy as a woman. Consciously she wants to be feminine, but she has unconscious masculine tendencies that constantly undermine her feeling of being a good enough woman. Clinical (retrospective) studies show that the parents of future alcoholics already deviate from typical sex role behavior, so that the girl feels confused and conflicted in this respect. Later on this is reinforced by more acute threats to her feeling of womanliness. In Wilsnack's study 24 out of 26 women
stated that experiences such as divorce, decease of husband, marriage problems, gynecological problems and departure of children from the home, preceded the problem drinking. These are all, in Wilsnack’s opinion, events that give women the feeling of being deficient in their female roles.

But what is the psychological function of alcohol in this conflict? For this question Wilsnack refers to an experiment that she carried out herself (Wilsnack 1974). At an experimental party social-drinking women, after drinking a moderate amount of alcohol, had more fantasies that related to femininity than when they were sober, or than a sober control group. In addition, women who drank more alcohol than the average score, had higher pre-drinking scores on personal power and on a masculinity measure, which suggested 'some confusion about their femininity', as the author puts it \(^3\). More or less in line with these results, the female alcoholic also drinks 'in order to feel more womanly', 'in response to a threat which exacerbates her long-standing doubt about her adequacy as a woman'. This behavior increases the problems in the long run, so that a vicious circle of dependency may develop.

This explanation is of course highly speculative. Yet, the positive thing in this endeavour is that, in stead of just a vague association, for the first time a functional relationship is hypothesized between problems with gender identity in women and alcohol dependency. It explains why women with (this kind of) gender-role conflict heavily use alcohol. Furthermore, it provides some insight into the development of alcohol dependency, rather than seeing drinking simply as a 'pathological response to stress' \(^4\).

THEORETICAL DEVELOPMENTS AND EMPIRICAL STUDIES

In 1973 Wilsnack formulated sex role theory as a specific intrapsychic conflict for which alcohol, and just alcohol, would be the right 'solution'. In her 1976 article Wilsnack presents a number of extensions and variations. The first variation is that the conflict in question is not necessarily intrapsychic, but can also be more socially interactive in quality. The conflict may enact itself between the masculine qualities of the woman and the demands of the social environment for traditional feminine behavior. It can also be the other way around. About the form of this conflict, Wilsnack says that, apart from the original consciously feminine versus unconsciously masculine variation, the reverse pattern is also possible. Moreover, a lack of androgyny, i.e. lack of 'balance between masculinity and femininity' is among the possibilities too. The author does not ask here what the function of drinking is in these cases. Does the woman drink
to feel more masculine or androgynous? Furthermore, sex role conflict is, according to Wilsnack, not specific for alcohol dependency. On the contrary, the confusing fact occurs that socially successful and psychologically healthy women have masculine traits. It is not clear how the same configuration can be responsible for both healthy and unhealthy functioning.

With all these revisions and relativations the original theoretical elegance of the theory is lost. Alcohol consumption no longer serves a single specific psychological function in one specific conflict. Women can become problem drinkers in relation to all kinds of intra- and interpersonal conflict with gender identity or gender roles. The function of alcohol is limited again to the reduction of psychological stress, and has otherwise disappeared from the agenda.

What about empirical support for sex role theory? A number of authors have followed Wilsnack in testing the assumptions of the theory. Apart from the m/f-scales mentioned above, a new type of scale was used in these studies, developed in the beginning of the seventies. At that time psychologists abandoned the view of m/f as opposite ends of a single dimension (Constantinople 1973). They replaced it with the idea of femininity and masculinity as two independent dimensions, which should therefore be measured by separate subscales. These scales were constructed by assessing 'sexual stereotypes'. Subjects had to indicate which traits were characteristic or desirable for femininity c.q. masculinity (Bem 1974, 1979). Reliable scales of this type are the BSRI (Bem Sex Role Inventory) and the PAQ (Personal Attributes Questionnaire; Spence, Helmreich & Stapp 1975).

In 1978 Beckman published a study on female alcoholics (n=120). Her design included a normal and a nonalcoholic treatment control group as well. She used the BSRI for conscious gender identity and the FDCT for unconscious gender identity. The consciously feminine/unconsciously masculine pattern she found for 23% of the alcoholic subjects, and for 13% of the normal controls. This difference was significant. When both directions of the sex role conflict were taken together the difference between the groups disappeared, however. The author concludes that being consciously feminine and unconsciously masculine is by no means a modal pattern for female alcoholics, and that for the majority of alcoholic subjects there is no indication of sex role conflict.

Scida and Vannicelli (1979) had the BSRI completed three times by 24 female alcoholics in treatment and 77 controls. They were asked to describe themselves when not drinking (dry), when drinking (wet), and their desired self-image (value). Unconscious gender identity was measured by the DAP. Discrepancies were calculated between 'dry,' 'wet', and 'value' scores, as well as between conscious and unconscious self-image. Discrepancy scores correlated signifi-
cantly with problem drinking scores. However, the same was true for the conflict score for stimuli not related to gender identity, which suggests, according to the authors, that conflict in general rather than sex role conflict per se may be a factor in the instrumental use of alcohol by women. Anderson (1980, 1984) performed a complete replication of Wilsnack's study. Her subjects were 30 problem-drinking females, with their nonalcoholic biological sisters as controls. She found no difference whatsoever between the groups.

Apart from Scida and Vannicelli, two other studies measured in addition to the perceived self-image the desired change in self-image. The German researchers Schwab-Bakman, Appelt and Rist (1981) compared 'normal' and 'desired' scores on the BSRI of 21 alcoholic, 21 depressive and 21 normal women. Both alcoholic and depressive women wished to be more feminine. This result is contradicted in a small study by McCrady and Sand (1985), where PAQ-data indicated that both younger and older alcoholics wanted to be more masculine. No indication, finally, for sex role conflict in alcoholics was found by Kroft and Leichner (1987). They compared female abstainers, social drinkers, alcoholics and remitted alcoholics (total N=160). Alcoholics did not differ in traditional sex role ideology (measured with the Sex Role Inventory, SRI) nor in BSRI-scores ('normal' and 'desired' scores). The only non-correlational study on this subject matter is from Vogt (1984). She finds from open interviews with alcoholic women that they do not feel more womanly when intoxicated, but more aggressive or depressive. They may be living through serious sex role conflicts, Vogt states, but they don't show the 'womanliness motivation' that Wilsnack suggested.

In sum, empirical evidence on the theory of sex role conflict produces contradictory results, and can not be said to support it. Empirical results seem to give as few indications for meaningful hypotheses as theoretical considerations. What remains from sex role theory is a vague, but rather persistent notion that alcohol problems in women have something to do with gender identity. This can be seen in how recent studies put the question: 'Disturbances in sex role identifications contribute to excessive drinking in women' (Anderson 1984); 'Sex role identity is linked to problem drinking' (Rooney, Volpe & Suziedelis 1984); 'Sex role conflict has been suggested as a factor in the development and maintenance of alcoholism in women' (McCrady & Sand 1985). These formulations do not deviate essentially from those in earlier studies. The last 20 years have not seen any theoretical progress, but still one cannot get away from the idea that there is some connection. What are the backgrounds to this state of affairs?
METHODOLOGICAL AND CONCEPTUAL PROBLEMS

One of the reasons for the stagnation in this field of study is that the studies show methodological flaws. For example, the correlational designs that are used, do not exclude the possibility that the measured personality characteristics are a consequence, rather than an underlying condition of heavy drinking. Moreover, only paper and pencil tests are used, and they are lacking in reliability and validity. As mentioned above, the old type of m/f-tests had already been severely criticized in earlier years. Also, the AIAS seemed to have hardly any external validity (Lewin 1984). The later projective tests for unconscious gender identity have also been criticized for their lack of validity, and their reliability for psychometric research among groups is considered insufficient (Lundy 1987).

As is often the case, however, these methodological difficulties actually hide theoretical problems. Lewin (1984) and Morawski (1985) point out that Terman and Miles and their followers did not succeed in developing an adequate concept of femininity/masculinity. Their concept of gender identity was defined by the hodgepodge of items that discriminated statistically between the sexes. Conceptual confusion grew with the introduction of tests that measured 'unconscious' gender identity. These tests discriminated between the sexes, but for reasons that were unknown. So, although masculinity and femininity could be measured, it was not at all clear what meaning should be assigned to the scores.

The conceptual problems were not really solved by the new scales, the BSRI and the PAQ (Locksley & Colten 1979). In these scales masculinity and femininity are primarily empirically defined too. The PAQ consists of items judged typical for the ideal man or the ideal woman. Spence and Helmreich refer to the notions of instrumentality and expressiveness from Parsons and Bales. But they consider not conceptual content but significance of sex-differences on the scales as 'the ultimate justification for the appellations masculinity and femininity' (Spence and Helmreich 1979, p.1033). The BSRI is constructed on the basis of judges' ratings of the cultural desirability of a number of characteristics for each of the two sexes. Bem (1979) defends this empirical procedure on theoretical grounds: Femininity and masculinity are 'whatever definitions (...) the culture happens to provide' (p.1049). And because 'the culture has clustered a quite heterogeneous collection of attributes into two mutually exclusive categories' (p.1048), masculinity and femininity consist conceptually of a hodgepodge of items. As also becomes clear from the complicated factor structure of the original BSRI (Pedhazur & Tetenbaum 1979), the construct validity of these concepts is problematic. Apart from this, it was argued that the
global stereotypes which make up the BSRI and the PAQ are inadequate for individual self-description (Locksley & Colten 1979, Schenk & Heinisch 1986).

What consequences do these conceptual problems have for research on gender identity of female problem drinkers? The most important effect seems to be that the test scores give an excess of room for interpretations. Not well defined but at the same time self-evident concepts current in everyday use, invite the creeping in of not explicitized ideas and opinions of the researcher. This will be even more so when the term 'unconscious', torn out of its theoretical context, is added as a qualifier. It is not clear for example, how Parker (1972) bases his statements that women scoring low on a femininity scale actively 'reject' aspects of the female role, and that high scores on the emotionality scale mean that women 'compensate for this with strong emotional reactions'. And what exactly supports Wilsnack's interpretation that unconscious masculinity is not wanted by the alcoholic woman, while conscious femininity is the thing she longs for? Could her 'unconscious' masculinity not also imply that she wants to be more masculine? And is 'wanting to be masculine' in Wilsnack's study the same as in the studies of Schwab-Bakman et al. and of McCrady & Sand? In other words: one may doubt whether these psychometric studies are really so much less subjective than earlier, in Wilsnack's words (1973a) 'impressionistic', clinical studies.

**POLITICAL IMPLICATIONS**

One of the reasons for maintaining the theory of sex role conflict in spite of its inadequacy may be that it fosters the notion that alcohol problems in women, and particularly the supposed increase of these problems, are caused by women's emancipation (see also Vogt 1989). Emancipation is thought to stimulate gender role conflicts that induce alcohol problems. Mogar, Wilson & Helm (1970) comment for example: 'Young women in contemporary society have great difficulty achieving a stable identity synthesis because of rapidly changing concepts of femininity. (...) They use sex and alcohol to temporarily support a tenuous personal identity as a woman. (...) Although most of these women have learned to be independent and competitive, their social milieu provides few outlets for these traits. Furthermore it is difficult to reconcile these tendencies with the conventional female role' (p.105). On the other hand, some authors assume that the problem is the other way around, namely that women have feminine traits while they are expected to behave in a masculine way. This may occur in women who have paid jobs, especially in traditionally male occupations.
Together with the adoption of masculine norms and behavior regarding the consumption of alcohol, this will lead to greater alcohol abuse among women. This is stated for example by Beckman (1978) and Shaw (1980). Morissey (1986) comments: 'These formulations suggest (...) that the development of alcoholism and drinking problems among women is associated with the loss of traditional female gender roles. The implication of this formulation is clear. To avoid experiencing drinking problems or to recover from alcoholism, women should accept traditional feminine productive and reproductive functions' (p.79).

Gender role conflict studies can thus be seen as having anti-emancipatory implications. But research on this field can also prompt feminist conclusions. Wilsnack (1973b) writes: 'Perhaps women who learn to accept in themselves certain traditionally 'masculine' personality traits will feel less of the conflict which alcoholism soothes'. And she argues in favor of studying the question whether liberation of traditional sex role stereotypes can be an antidote for alcoholism in women. Also Sandmaier (1981), in her feminist popular-scientific book about alcohol problems in women, holds the societal conditions posing restrictions on women, responsible for their alcoholism: 'Women drink abusively in order to stifle conflicts generated by a social role that is too narrow to negotiate successfully' (p.91).

It seems that the notions of sex role theory can be interpreted in different directions. They do not necessarily imply sending women back to traditional roles, but in a conservative climate they can easily be used that way. It seems that two characteristics of the theory are to be blamed for this: in the first place its vagueness, and secondly the inherent suggestion that women's alcohol problems only revolve around gender-related issues. This last idea is part of the more general stereotype that gender-related issues are relevant for women's problems, but not for the problems of men (see also McCrady 1982, Crawford & Marecek 1989).

TOWARD NEW RESEARCH QUESTIONS

The conclusion of the foregoing discussion must be that the status of sex role theory is weak, empirically as well as theoretically. Besides, it can be misused for political purposes, and it perpetuates the stereotyped view that (only) women's problems stem from gender questions. Some authors (McCrady 1982, Lundy 1987) therefore, argue for abandoning the theory. However, the highly relevant question that can be regarded as the root of sex role conflict theory, i.e. what psychological significance the social and cultural masculinity of alcohol can
have for problem-drinking women, would then disappear as well. Maybe other theoretical formulations are possible, that are more precise and that avoid the 'women as problem' stereotype. These formulations would pertain to the possible relationships between heavy drinking and gender identity problems in women as well as in men. To arrive at those formulations, some conceptual problems must be dealt with first.

To get a better understanding of how problem drinking develops, the vague role that alcohol is supposed to play in coping with problems, should be replaced by a differentiation of functions of alcohol consumption for the drinker involved. Recent research has shown that functions of drinking are very divergent, not only for different (groups of) users, but also in different periods of the individuals' drinking history (Orford 1985; Blane & Leonard 1987). For our purposes we make a distinction between psychotropic and symbolic functions. Psychotropic functions refer to the aspired effects of the substance on the mood of the user. Such effects are usually experienced as stimulating or benumbing. Symbolic functions refer to the psychological significance of the very act of drinking (or drugtaking for that matter) itself. This significance is closely connected with the social meanings of a drug in the culture. Using illegal drugs for example, may have a strong symbolic function because of the association of these drugs with specific life-styles and social identities (Kaplan 1985). Symbolic functions can be gender-related or gender-neutral. With respect to alcohol, moderate drinking may signify gender-neutral things such as conviviality, celebration and togetherness, whereas particularly excessive drinking refers to masculinity and masculine values, as we have seen.

Secondly, with respect to gender identity we must find conceptualizations that offer more possibilities than merely assessing individuals in terms of polarized gender stereotypes. A good starting-point seems to be that of Lewin (1985). She proposes a concept of m/f as the gender-relevant aspects of a person's self-concept or self-image. The questions to be posed then are: How do persons feel about being a man or a woman? Do they feel competent as a member of their gender? Are they meeting their own standards of femininity/masculinity? What doubts do they have about their gender-relevant behavior?

What can be said about the relationship between problem drinking and gender-identity problems on the basis of these considerations? With respect to the relationships between drinking and gender identity problems in men it can be hypothesized that masculine symbolic functions play a role in the motivation of men to drink excessively. Many anecdotes in literature and film testify to that. This might be especially the case with men who have doubts about their functioning as a member of their gender. Heavy drinking and showing that you
can hold your liquor, may help you prove to yourself and others that you are a real man. A precondition seems to be that the social meaning of excessive drinking in this respect has individual significance for the person involved, and that the kind of masculinity implied by 'alcohol' appeals to him. However, it is impossible to guess right now to what extent symbolic functions play a role in male problem drinking. This aspect has received hardly any attention in scientific literature. For example, McClelland investigated the effect of alcohol on power imagination, but does not refer to the symbolic function of drinking with respect to power at all.

What role do masculine symbolic functions play with respect to excessive drinking in women? According to the research literature alcohol has a predominantly negative psychotropic function for women. Women seem to drink mainly to force back their feelings and to escape from their problems. However, anecdotal reports from or about problem-drinking women do provide interesting indications about symbolic aspects as well. Thus, Sandmaier quotes a woman for whom alcohol meant 'the break from my mother's world and escape(d) into the world of men -men like my father, Fitzgerald, Hemingway, Errol Flynn- who were dashing and daring and lived for the excitement of the moment... and who also drank themselves' (p. 97). A biographer writes about ex-alcoholic Elizabeth Taylor: 'With drinking Elizabeth is more than a match for anybody. I have never known anyone who can better hold their drink, and I've never seen her drunk. After a full day and night of drinking with Richard, and after only three hours of sleep, she would look as fresh and glamorous as ever, while Richard, I and the rest of the group looked bedraggled and wrung out. Richard is extremely competitive and something of a male chauvinist to boot. Having started the ball rolling, Richard drank himself almost to oblivion, in a futile attempt to keep up with Elizabeth' (Stephen Mike Todd in Robe 1986, p.78).

So, for some female drinkers, excessive drinking may mean getting access to a male world or being accepted by men as a match on their own ground. This can be a powerful motivation for drinking under certain circumstances. Furthermore, drinking may be seen as an act of resistance against traditional female patterns of behavior. For example, a group of Dutch lesbians in the interbellum period expressed their revolt against approved feminine behavior by giving themselves up to 'smoking, drinking, and driving cars' (Koelemij 1984). The emphasis on this kind of symbolic functions of drinking rather than on its psychotropic effects, does not necessarily mean that the drinking in question is problematic. But symbolic functions can be supposed to play a role in the development of problem drinking in some women; and maybe especially in those women who feel inadequate as a member of their gender.
We can now formulate some questions for research. They are worded for the case of female problem drinkers, but with few alterations they can also be applied to men.

With respect to the functions of alcohol: What functions does alcohol have for (different groups of) female problem drinkers in different episodes of their drinking history? Is alcohol to them only a substance with psychotropic effects, or do alcohol and drinking have symbolic functions for (some of) them as well? What are those symbolic functions? To what extent do female problem drinkers associate these functions with being male or with masculinity? What role do different functions play in the development of excessive drinking patterns? With respect to gender identity problems: Is it possible to identify a group of female problem drinkers who have gender identity problems? Which functional relationships exist for these women between gender identity problems and alcohol consumption? Does alcohol only provide the psychotropic function of a time out of these problems, and/or does drinking at least temporarily, function symbolically as a 'positive' solution to these problems?

Methodologically, qualitative research, as for example in-depth interviews, seems to be for the time being the most adequate approach for the construction of meaningful hypotheses in this respect. This kind of qualitative research into the significance of the cultural 'masculinity of alcohol' can shed more light on female and male problem drinking. Naturally, it can bear upon only some aspects of problem drinking in men and women. Many aspects are otherwise gender-related or not gender-related at all.

FOOTNOTES


2. Later studies with other instruments confirm this, for example Scott & Manaugh (1976), Ducote (1983), Griffin-Shelley (1986), Kroft & Leichner (1987). Rejection of female roles however, was found in female adolescents by Parker (1975) and Wilsnack & Wilsnack (1978). Moreover, Jones, Chernovitz & Hansson (1978) and Kleinke & Hinrichs (1983) showed that masculine (female and male) adolescents had more potential for problem drinking. As remission under problem-drinking girls is high (Jessor, 1985; Fillmore, Bacon & Hyman 1979) and women often begin with problem drinking later in life (Piazza, Vrbka & Yeager 1989), the issue of alcohol problems in girls probably is different from the same issue in adult women.

3. The fantasies were induced with Thematic Apperception Test pictures, as McClelland had done in his research with male subjects. Since 'femininity' does not figure in his scoring
system, Wilsnack used two other scores. The first was the 'Deprivation-Enhancement' (D-E) code. This code relates to the sequence of positive and negative events. Men tend to write E-D-stories: initial success, pleasure or excitement is followed by failure, loss, or 'settling down'. Women do it the other way round. The effect of social drinking was a significant reduction of ('masculine') E-D-stories but no significant increase in D-E-stories.

The second score used was the score on 'being orientation'. This concept refers to 'a sense of contentment with and spontaneous enjoyment of the present, as contrasted, for example, with a more instrumental 'doing orientation'. Being orientation was, in an earlier study, found to be characteristic of breast-feeding mothers. The effect of social drinking was an increase in 'being orientation' scores. It is not very convincing to take the psychological state of breastfeeding mothers as the criterion for femininity.

The masculinity measure Wilsnack used was the relative amount of E-D-stories.

4. It seems unlogical however, that a woman who wants to be more feminine, turns to masculine behavior like drinking, to reach that goal. But if one distinguishes, in analogy with the McCords, between the psychotropic effect of drinking and the behavior of drinking, one can suppose that the drinking itself contains the sex-role conflict too: feeling feminine as effect of drinking must be reached by behaving masculine.
INTRODUCTION

The issue of variations in physiological responsiveness of women to alcohol during successive phases of the menstrual cycle is subject to much confusion in literature about alcohol such as reviews, manuals and guides. Especially statements about the connection between phase of the menstrual cycle and variations in peak blood alcohol level (BAL) highly contradict each other. Some authors stated that BALs are highest in the premenstrual phase (Blume 1986, Johnson 1991, Straussner 1985), others specified that this is the case just before the onset of the menstrual flow (Frieze & Schafer 1984). (See figure 1 for the distinction in menstrual cycle phases).

Still other authors reported that BALs are higher both premenstrually as well as during ovulation (Coupe 1991, Littrell 1991, Women’s Health, Report of the Public Health Service, 1985, Robertson & Heather 1987). In contrast to this, Royce (1989) asserted that menstruation can cause a higher BAL. Recently, Heath (1993) claimed that there is a general influence of hormone status related to the menstrual cycle, on alcohol potency in women.

The rationale behind the assumption that alcohol potency in women varies with stage of menstrual cycle is that pharmacokinetics of alcohol are affected by changes in levels of estrogen or oestradiol and of progesterone. Figure 1 shows the variations of these levels: both progesterone and oestradiol are low from day 28 on till about day 7, and high from about day 19 to 25. From day 9 on, levels of oestradiol are elevated compared to level during menstruation. Sex steroids may influence the enzyme systems in the liver -where alcohol is primarily metabolized- or other physiological processes involved in alcohol pharmacokinetics. The mechanism is as yet unclear (Jeavons & Zeiner 1984).

There is much research, in animals as well as humans, concerning this hormonal hypothesis, apart from the research on alcohol pharmacokinetics and menstrual cycle. Animal studies (Van Thiel & Gavaler 1988) demonstrated that
the male hormone testosterone reduces rate of alcohol metabolism. Effects of estrogen and progesterone have been studied less intensively, and if so, results were contradictory. Ovariectomized mice and rabbits, for example, were observed to be pharmacologically more sensitive to alcohol than normal intact animals, but were also observed to be not different in this respect (Goldberg & Stortebecker 1943, resp. Randall et al. 1981 in Sutker, Goist & King 1987a). Studies on voluntary alcohol intake - which is assumed to be related to alcohol metabolism - had conflicting results too. Rats decreased their ingestion of alcohol while receiving estrogen, but not while receiving androgens or progesterone, and consumed less alcohol during the stage of the cycle when estrogen level was high (Van Thiel & Gavaler 1988). However, in female macaque monkeys, Mello, Bree & Mendelson (1986) observed alcohol consumption being the least during menstruation. 

There is consistent evidence that pregnancy, when levels of estrogens and progesterone are high, reduces ability to metabolize drugs in animals and humans.
Levels of estrogen and progesterone are also high in oral anticonceptive (OC) users. Some studies showed a slower metabolism in OC users compared with normally cycling women (Jones & Jones 1976b, Jones & Jones 1984, Zeiner & Kegg 1981), whereas in others no effect was found (Jeavons & Zeiner 1984, Brick et al. 1986, Cole-Harding & Wilson 1987, Hobbes et al. 1985). The methodology of this research, however, has been severely criticized (Sutker et al. 1987a). Plasma hormone levels were not measured in these studies, and as a consequence of the heterogenic composition of oral contraceptives, individuals with very diverging actual hormone levels were collapsed.

With regard to alcohol consumption in humans during successive menstrual cycle phases, Harvey and Beckman (1985) found that women drank the largest quantities during the luteal phase, and the least during the premenstrual phase. Three other studies (Ascher-Svanum 1982, Charette et al. 1990, Tate & Charette 1991), found no differences in this respect. Furthermore, pregnant, alcoholic and non-alcoholic, women were observed to reduce their alcohol consumption considerably, motivated not by health considerations, but by the experience of adverse physiological effects (Little, Schultz & Mandell 1976, Little & Streissguth 1978).

In sum, there are several lines of evidence indicating that sex steroids interact with alcohol pharmacokinetics. Results concerning the research on female sex steroids are not clear-cut, however. The aim of this review was to bring more clarity in the issue of relationships between stage of menstrual cycle and alcohol pharmacokinetics in women. We examined the question whether there is valid evidence that in women alcohol pharmacokinetics vary depending on the phase of the menstrual cycle, and if so, what the size of these variations is.

**METHOD**

*Collection of studies*

Studies for this review were collected by conducting literature searches on Medline and Psyclit (1975-1993). Also references given in studies we obtained were verified. We found 13 studies concerning alcohol pharmacokinetics and menstrual cycle in women. Two of these, Sutker & Goist 1985 and Kohlenberg-Müller et al. 1988, were not available as complete reports, but only as abstracts. These were left out of the review.
Criteria for validity

Most authors who stated that BALs in women are higher premenstrually, referred to an experiment conducted by Jones and Jones (1976a). These authors gave 20 women subjects, who were not OC users, PO .52 g/kg of 95% ethanol, mixed with orange drink in the ratio of 1:4. Subjects were tested at days 1-3, and/or 13-18, and/or 21-28 of the menstrual cycle. The days were adjusted to a 28-day period. Of the 20 subjects, 14 were tested two times, and six one time. BALs were assessed with a breathalyzer, every five to ten minutes. It was found that premenstrually (day 21-28), subjects reached a higher peak BAL and had a higher absorption rate of alcohol than during other phases of the cycle. The elevation of peak BAL premenstrually was about 25%.

This study and the ten other studies we collected for this review are listed in table 5.1. In all of them, subjects were moderately drinking and normally cycling women, with mean age between 20 and 30 years. Only three studies (2, 6 and 9), report ethnicity of the subjects (Caucasian). Studies 2, 3, 8 and 9 selected subjects on normality of body weight. Most studies reported one or more other criteria for exclusion, such as health problems (3,5, 8,9,10,11), medication or drug use (1,3,4,5,10,11), and possible pregnancy (5,9,10,11). Experimental procedures varied somewhat from study to study. In most studies subjects were asked to fast 4 to 12 hours before reporting at the laboratory, and received a light breakfast upon their arrival. Drinking time of the beverage varied from 1 to 15 minutes. BALs were measured at varying time intervals.

We set three criteria for assessing the validity of the studies. These were: 1) Was the design of the study a within subjects design (WSD), with normally cycling subjects. 2) Were the time points selected for testing characterized by significant variations in sex steroid activity. 3) Was the occurring of ovulation in the subjects verified by measuring sex steroid levels. Two studies, King 1984, and Sutker et al. 1987a,b, met these criteria.

The first criterion was whether a WSD was used, with normally cycling subjects. Nine studies met this criterion. In a WSD subjects are their own controls, which implies that each subject is tested at various time points during at least one menstrual cycle. The WSD has been shown to be robust even with relatively few subjects (Marshall et al. 1983, Sutker et al. 1987b). Because the number of subjects is, almost inevitably, small in this type of research, the use of a WSD is a major criterion.

Secondly, it was important during which menstrual cycle phases the tests were carried out. If variations in pharmacokinetics are to be meaningfully related to activity of estrogen and/or progesterone, measurements should take place at the
relevant time points. These are 1) when progesterone and estrogen levels are both high (day 19-25), 2) and when they are low (day 28-7), and 3) eventually also when only estrogen is high (day 9-15). Five of the 11 studies used either the first two, or all three phases.

The third criterion was whether the occurring of ovulation in the subjects was verified by measuring hormone levels. This criterion was met in three studies. Normally cycling women are estimated to have anovulatory cycles in as much as 20% to 25% of the time (Metcalf & Mackenzie 1980). When ovulation does not occur, levels of estrogen and progesterone stay low throughout the cycle (Doria 1991). Data pertaining to anovulatory cycles should, therefore, be left out (or analyzed separately). The three studies that met this criterion used the most reliable method of ascertaining ovulation which is by measuring plasma sex steroid hormone levels.

Two studies met all three criteria of validity. Both emanated from the same laboratory. King (1984) administered a moderate dose of .52 g /kg of 95% ethanol to his subjects, at days 1, 14 and 22 of the menstrual cycle. Sutker et al. (1987a, 1987b) gave this same, and also a higher dose (.80 g/kg), in two consecutive cycles during the same phases, but at days slightly deviant from the days King chose. Breath samples were in both studies obtained by 5-min intervals.

RESULTS

Peak BAL and rate of absorption
As table 5.1 shows, the two methodologically most valid studies did not replicate Jones and Jones’ findings that peak BALs and absorption rates are higher premenstrually. From the less valid studies, only Zeiner and Kegg (1981) found a menstrual cycle related difference in peak BAL : on day 24 peak BAL was lower than on day 1. This result is frequently interpreted as the reverse of the findings from Jones and Jones (1976a,b), who found not a lower, but a higher peak BAL premenstrually. The two studies are not comparable, however, since the premenstrual days that were selected were not similar with regard to hormone levels. Zeiner and Kegg selected day 24, at which day levels of estrogen and progesterone are high. Jones and Jones mentioned various premenstrual time points: in 1976a between day 21 and 28, but in 1976b day 28. The variability of statements concerning this issue in reviews, indicated above, probably stems from this remarkable inconsistency. Since from day 27 on, levels
<table>
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<th>STUDIES</th>
<th>N&lt;sup&gt;a&lt;/sup&gt;</th>
<th>g/kg alc.&lt;sup&gt;b&lt;/sup&gt;</th>
<th>WSD&lt;sup&gt;c&lt;/sup&gt;</th>
<th>days of menstrual cycle&lt;sup&gt;d&lt;/sup&gt;</th>
<th>ovul. check&lt;sup&gt;e&lt;/sup&gt;</th>
<th>BAL meas.&lt;sup&gt;f&lt;/sup&gt; (minutes)</th>
<th>P-BAL&lt;sup&gt;e&lt;/sup&gt;</th>
<th>absorption&lt;sup&gt;g&lt;/sup&gt;</th>
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<td>2. Zeiner &amp; Kegg (1980)</td>
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<td>3. Linnola et al. (1980)</td>
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<td>+</td>
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<td>30</td>
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<td>8. Brick et al. (1986)</td>
<td>10</td>
<td>65</td>
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<td>1-3 /14-16 /26-28</td>
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<td>20</td>
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<td>9. Sutker et al. (1987a,b)</td>
<td>8</td>
<td>.52/.80</td>
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<td>2-7 /14 /20-25</td>
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<td>11. Niaura et al. (1987)</td>
<td>13</td>
<td>65</td>
<td>+</td>
<td>flow /midc./prem</td>
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<sup>a</sup> Number of subjects
<sup>b</sup> Amount of alcohol given to the subjects.
<sup>c</sup> Within subjects design: + = yes, - = no
<sup>d</sup> Days of the menstrual cycle at which testing took place. Some authors only indicate phase of menstrual cycle: flow = menstruation, foll. = follicular, lut. = luteal, midc. = ovulatory, prem. = premenstrual. + means that correct days were chosen.
<sup>e</sup> Occurring of ovulation verified by measuring hormone levels.
<sup>f</sup> Time intervals with which blood alcohol levels (BALs) were measured.
<sup>g</sup> Peak BAL: > higher during premenstrual day(s) indicated in column 4; < lower during luteal days, indicated in column 4; -- = no effect observed.
<sup>h</sup> Rate of absorption of alcohol: > higher during premenstrual days.

<sup>i</sup> Rate of elimination of alcohol from the blood: < lower, or > higher, during luteal days indicated in column 4.

<sup>b</sup> Hay et al. gave subjects 6 alcoholic drinks, one drink every 40 minutes. Alcohol consumption was 172 g .80 proof vodka per session.
<sup>i</sup> With ascending BAL: 3-5 minutes, with descending BAL: 10-20 minutes.

Empty cells indicate that the involved measures were not calculated or reported. -- means: no effect reported.

The studies printed in bold type met the three criteria of validity: 1) use of a WSD, 2) tests taking place during the correct days, 3) occuring of ovulation verified by measuring hormone levels.
of estrogen and progesterone are rapidly descending, data obtained on day 28, or day 21-28, cannot be compared with data obtained on day 24.

*Elimination rate*

The two most valid studies observed a significantly faster elimination of alcohol during the luteal phase of the cycle compared to other phases, in the moderate as well as the high dosage condition. In the Sutker et al. study the size of this effect was about 14%. In this study also area under the curve (AUC) was smaller in the luteal phase. Since AUC is a measure of mean blood alcohol concentration, this suggests that the total pharmacokinetic impact of alcohol is smaller during luteal days. The AUC measure is not reported by King.

From the less valid studies, Marshall et al. (1983) observed a trend toward a faster elimination rate and smaller AUC during luteal days. Zeiner and Kegg (1981), found no decrease, but an increase, in time needed for elimination during the luteal phase.

*Sex steroid hormone levels*

Only Sutker et al. (1987a) reported on plasma hormone levels. There was a trend that shorter alcohol elimination times related to increased levels of progesterone, progesterone to estrogen ratio and levels of follicle stimulating hormone (FSH).

**DISCUSSION**

Only two of the 11 studies we reviewed on the issue of female alcohol pharmacokinetics in relation to menstrual cycle, were judged to be methodologically valid. These studies (King 1984, and Sutker et al. 1987a), found that only one pharmacokinetic value varied significantly during the cycle. Elimination rate of alcohol from the blood was about 14% (Sutker et al. 1987a)-larger during the luteal phase relative to the other phases of the cycle.

There was no direct support for the hypothesis that variation in alcohol elimination is related to changes in sex steroids levels. Sutker et al. (1987a) found only trends towards relations between alcohol elimination rate and plasma progesterone levels, progesterone to estrogen ratio, and decreased levels of follicle stimulating hormone (that are inversely related to estrogen levels, Gavaler 1991).

The widespread idea that peak BALs or absorption rate of alcohol in the blood vary in women during successive phases of the menstrual cycle is not supported by the results of this review. A study in female macaque monkeys of Mello et
al. (1984), parallels this finding. No menstrual cycle related variation in peak BAL was found in female macaque monkeys that received moderate to very large doses of ethanol.

As the two studies that find that alcohol is eliminated faster during the luteal phase are from the same laboratory, replications in other laboratory are necessary. It is rather doubtful whether the result will turn out to be valid, however, because it is not easily compatible with findings from other research relating sex steroid levels to alcohol pharmacokinetics, referred to above. If alcohol is eliminated faster in the luteal phase, the same would be expected to be the case during pregnancy compared to the non-pregnant condition, since sex steroid levels are elevated during pregnancy, as they are in the luteal phase. However, as we discussed already, alcohol metabolism is reduced during this period. Dawkins and Potter (1991) remarked on this issue that this reduction could be caused by other physiological changes that evolve during pregnancy, however.

In OC users also a faster elimination of alcohol can be expected (relative to non-users), on the basis of the findings of King, and Sutker and colleagues. In contrast to this expectation, alcohol metabolism in OC users was observed to be slower or not different, compared with non-OC users. It is possible, however, that synthetic hormones, especially in the highly dosed oral contraceptives in earlier years, may act differently than natural ones (Cole-Harding & Wilson 1987).

Will a heightened elimination rate of alcohol during luteal days have psychological and clinical implications? Several authors suggested (for example Robertson & Heather 1987) that, due to menstrual cycle effects, women are at some days surprised by higher peak BALs than usual, after drinking equivalent amounts of alcohol. Therefore, the impact of alcohol would be rather unpredictable for women, and they should be careful in the handling of alcohol. The data of Sutker and colleagues do not support statements like this. A faster elimination rate of alcohol of 14% as Sutker et al. reported, may result during longer drinking bouts in a somewhat lower BAL. This means that during some days of the menstrual cycle women may actually experience lower BALs than usual, in stead of higher. This will occur only in normally cycling women, and during normal, i.e. ovulatory, cycles. In other words, in many women this phenomenon may not occur, or not all of the time.

Furthermore it is questionable whether the phenomenon of faster elimination during luteal days will affect women with drinking problems, because heavy chronic drinking frequently causes anovulation and other sex steroid irregularities (Gavaler 1991). Future research on the issue of alcohol metabolism in relation
to menstrual cycle will have to extend to this group of problem drinking women, and include variables such as ethnicity, adiposity and age. Furthermore the complexity of the biological mechanisms involved should be considered more. For example, sex steroid levels in their turn are influenced by alcohol consumption (Reichman et al. 1993), and can fluctuate even during one day (Irianni & Hodgen 1992). These complexities could be taken into account by measuring hormone levels several times during testing, and by the use of -not alcohol consuming- control groups. Methodological procedures could also be improved by separately analyzing data of anovulatory cycles.

For the time being, it can not be concluded that the human female menstrual cycle has a significant impact on the potency of alcohol. Therefore, there is no reason to state, as many of the authors mentioned in the introduction did (Blume 1986, Frieze & Schafer 1984, Johnson 1991, Littrell 1991, Robertson & Heather 1987, Roman 1988), that, due to menstrual cycle effects, the impact of alcohol is more variable for women than for men. It is often too easily assumed that women are unstable persons due to their menstrual cycle.

FOOTNOTE

1. This chapter is published before:
INTRODUCTION

Psychological functions of alcohol use were defined in this study as consequents of drinking experienced by the user as positive or as having positive aspects. They are assumed to contribute to the learning processes underlying dependence. Problem drinkers often refer to the functionality of alcohol use when talking about their drinking habits, e.g. 'When I drink I am able to express my feelings', 'After consuming a couple of drinks I don't feel so nervous any more.' Functions of alcohol as defined here do not coincide with conscious reasons for drinking, since the drinker does not have to experience them as grounds for drinking, or as stimuli to drink.

Although in recent years it was shown that psychological functions of alcohol are very heterogeneous (Leigh 1989, Orford 1985), no endeavors were made to systematize functions in a taxonomy. A taxonomy that systematically and exhaustively describes the domain of functions can be helpful for taking this heterogeneity into account theoretically. Theories about psychological functionality of alcohol ignore this heterogeneity in assuming only a single function of alcohol, such as reduction of tension (Edwards, Chandler & Petro 1972, Hodgson, Stockwell & Rankin 1979), enhancing personal power, (McClelland 1972), soothing dependency conflict (McCord & McCord 1962, Barry 1976), or reducing level of self-awareness (Hull 1981). Of these the tension reduction hypothesis, which states that alcohol is used because it dulls tension, anxiety and other negative emotions, has conceptualized functionality of alcohol the most broadly. It is predominant in the clinical as well as the common sense view. Many researchers, however, have argued that this hypothesis is of limited value (Cappell & Greeley 1987, Cooper 1992, Corcoran & Parker 1991, Orford 1985, Wilson 1988, Young, Oei & Knight, 1990).
Functions of alcohol have been studied as reasons for drinking, reinforcing effects of drinking, motivations, expectations and beliefs, both in non-problem drinking groups, (Brown, Goldman, Inn, & Anderson 1980, Gustafson 1989a, 1990, Young & Knight 1989), and in problem drinking groups (Brown 1985, Connors, O'Farrell, Cutler et al. 1986, Connors & Maisto 1988, Gustafson 1989b, Hesselbrock, O'Brien, Weinstein et al. 1987, Mann, Chassin, & Cher 1987). They vary with sex, age, ethnicity, social-cultural position and beverage type. Problem drinkers report other and more functions of alcohol than non-problem drinkers.

The majority of this research, especially on problem drinking, has only focused on men's drinking. However, there are indications of important gender differences. Women seem to use alcohol predominantly for purposes of suppressing negative affect, while for men the recreational and social purposes are more prominent (Cox 1987, Dahlgren 1978, Dunne, Galatopoulos & Schipperheyn 1993, Hofmann & Noem 1975, Lester 1982, Lex, Mello, Mendelson et al. 1989, Mulford 1977). Nevertheless, other functions have been reported for female problem drinkers as well: drinking as a status symbol and to prove oneself (Diamond & Wilsnack 1978, Schmidt, Klee & Ames, 1990, Vogt 1987), pleasure seeking (Nardi 1982), increased social and sexual assertiveness (Diamond & Wilsnack 1978, Vogt 1987), expression of aggression (Legnaro & Zill, Vogt 1987), and reduction of sexual inhibition (Beckman 1979, Wilsnack 1984).

Functions vary during drinking history. Notably in the beginning period they can be quite different from those that occur later on (Orford 1985, Leigh 1989, Zucker & Gomberg 1986). These dynamics are important for the understanding of the development of chronic excessive drinking, but have not been widely investigated. Women often report that problem drinking begins in an attempt to escape from emotions caused by crises and problems of everyday life (Beckman 1980, Curlee 1970, Lisansky Gomberg & Lisansky 1987, Murray 1989, Thom 1986). Together with evidence that typical gender differences are already apparent in adolescent drinkers (Brennan, Walfish & Aubuchon, 1986, Brown & Finn 1982, Carman & Holmgren 1988, Orford & Keddie 1984, Mooney, Fromme, Kivlahan et al. 1987), this suggests that tension reduction (or self-medication) is paramount for women during the entire drinking history. It can be doubted, however, whether this is true for all women with alcohol problems (Vogt 1987, Lammers 1991).

This paper presents a systematic description of the domain of functions of alcohol, i.e. an a priori taxonomy. With the help of this taxonomy, functions of alcohol use were explored and categorized in in-depth interviews with a
group of female problem drinkers. Research questions were:
What functions of alcohol use do alcohol dependent women report? Do functions in the beginning period of drinking differ from the functions during maintenance of drinking? What role does tension reduction play?

METHOD

Subjects
Subjects of the study were 45 Dutch females, aged between 30 and 55 years who were, or had been, dependent on alcohol according to the criteria in DSM III-R. The selection procedure was aimed at gathering a heterogeneous group of subjects. Announcements were placed in free local papers throughout the country, and letters calling for volunteers were sent via three treatment institutions. The first 50 persons who responded were subsequently recruited. Criteria for selection were: having Dutch nationality, and seeing herself as having -or having had not more than four years ago- a serious drinking problem. Fourteen persons who responded were not included because they did not meet criteria (n=8), were aggressive, drunken or confused at the first telephone contact (n=4), or cancelled the appointment (n=2). Five interviews were rejected for diverse reasons 2). Of the remaining group of 45 respondents, 26 were recruited via the free local papers, and 19 via the treatment institutions. All subjects were white. Their drinking history and demographic characteristics were heterogeneous, as Table 6.1 shows.

Interviews
Semi-structured interviews were carried out by the first author for data collection. The interviews were divided into two parts. In the first section the life history of the subject was discussed, while the second section was devoted to the subject’s drinking history. The purpose of this division was to stimulate the memory of the respondent and to avoid connecting all life experiences immediately with drinking. A topic list was used for both sections, based on the results of a pilot study. In the first part, subjects were asked to divide their life into three to six periods. For each period the following areas were discussed; ‘family and personal relations’, ‘education and work’, ‘living environment’ and ‘health and help’. The drinking behavior of the respondent -how much they drank, when, and in what kind of situations- and the drinking of significant others, were addressed in the second
Table 6.1. Alcohol dependent women (N=45) Variables relating to demography, drinking history and help seeking at the time of the first interview.

<table>
<thead>
<tr>
<th>Variable</th>
<th>mean</th>
<th>SD</th>
<th>range</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Age and drinking history (years)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>age</td>
<td>42.6</td>
<td>6.2</td>
<td>30 - 55</td>
</tr>
<tr>
<td>length of drinking history</td>
<td>16.8</td>
<td>6.4</td>
<td>02 - 34</td>
</tr>
<tr>
<td>age of onset excessive drinking</td>
<td>25.2</td>
<td>8.2</td>
<td>13 - 48</td>
</tr>
<tr>
<td>age of first alcohol-related problem</td>
<td>28.4</td>
<td>9.0</td>
<td>13 - 50</td>
</tr>
<tr>
<td>b. Level of education</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>low (elementary school)</td>
<td>16</td>
<td></td>
<td></td>
</tr>
<tr>
<td>intermediate (secondary school)</td>
<td>17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>high (higher professional school or college)</td>
<td>12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>total</td>
<td>45</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Economic prosperity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>low (minimum)</td>
<td>15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>intermediate (from minimum to modal)</td>
<td>20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>high (above modal)</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>total</td>
<td>45</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Environmental background</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>urban areas</td>
<td>31</td>
<td></td>
<td></td>
</tr>
<tr>
<td>villages</td>
<td>13</td>
<td></td>
<td></td>
</tr>
<tr>
<td>no fixed abode</td>
<td>01</td>
<td></td>
<td></td>
</tr>
<tr>
<td>total</td>
<td>45</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Marital status</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>married and living with partner</td>
<td>21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>unmarried living together</td>
<td>02</td>
<td></td>
<td></td>
</tr>
<tr>
<td>living alone (3 resp never had a partner)</td>
<td>22</td>
<td></td>
<td></td>
</tr>
<tr>
<td>total</td>
<td>45</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Received treatment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. intramural alcohol treatment (only or with 2,3,4)</td>
<td>26</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. ambulant alcohol treatment (only or with 3,4)</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. psychosocial treatment (only or with 4)</td>
<td>07</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. (only) AA</td>
<td>01</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. no help at all</td>
<td>01</td>
<td></td>
<td></td>
</tr>
<tr>
<td>total</td>
<td>45</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

a) Length of drinking history is number of years from first excessive drinking to time of interview or time of stopping excessive drinking
b) Excessive drinking was defined as beginning when subjects started to drink at least two glasses daily, or at least 6 glasses two days a week, or were drunk during one month several times
part of the interview. Furthermore, respondents were encouraged to discuss all aspects of drinking that related to functionality: how they felt and what they did after drinking; whether these feelings and behaviors were desirable at that time, and why (not); the relation between drinking and problems mentioned in the first part of the interview; what drinking meant for them in this period; what, in their view, significant others thought about their drinking, and what this meant to them. If needed, subjects were asked to clarify statements, to determine to which dimensions of the taxonomy (see next section) a statement referred to. For instance, one respondent mentioned as an effect of drinking that she discovered that she was not inferior to others. The interviewer asked whether this was the effect of the alcohol itself on her feelings and behavior, or a consequence of the impression she wanted to make on other people, by showing that she was able to drink excessively.

A second round of interviews took place after a first analysis of the interviews. A list was made of all functions of alcohol use mentioned in the interviews (see Procedure). It was determined whether there was enough information about each of these functions to determine its presence or absence, early as well as later in the drinking history of the respondent. If the information about a function was inadequate, further questions on this topic were formulated for the second interview.

Procedure
The interviews were conducted at a place the respondent preferred, usually her home. They were recorded on audio cassette. Presence of DSM III-R criteria of alcohol dependence was verified. The interviews lasted up to three hours. Two respondents were visited twice, because the interviews could not be completed in three hours. The interviews were transcribed verbatim in text files, with fragments not relevant for the study left out. The respondents were contacted again up to 3 years after the first interview. These second (in a number of cases third and fourth) interviews took place by telephone in 2/3 of the cases. Two respondents could not be traced. They were kept in the study, because the interviews with them provided a satisfactory amount of information.

Instruments
For developing a taxonomy of functions we used the method that is employed in facet analysis to describe a domain of behavior (Roskam 1989). A 'mapping sentence' is constructed to describe such a domain. For the functions of alcohol we formulated the following sentence:
Functions of alcohol consist of.

<table>
<thead>
<tr>
<th>a</th>
<th>b</th>
<th>c</th>
<th>d</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) positive reinforcement</td>
<td>1) experience</td>
<td>1) directly via</td>
<td>1) problem</td>
</tr>
<tr>
<td>2) negative alcohol on</td>
<td>2) behavior</td>
<td>2) indirectly via</td>
<td>2) non-</td>
</tr>
<tr>
<td>meaning of drinking</td>
<td></td>
<td>psychological</td>
<td>problem</td>
</tr>
</tbody>
</table>

a, b, c and d are so-called structs, which were defined as follows:

'Positive reinforcement' means the attainment of a positive situation, for example euphoria. 'Negative reinforcement' is used to designate the removal of a negative situation, for example reduction of nervousness (Farber & Kavari 1980).

'Experience' refers to emotions, cognitions and sensations experienced by the individual, while 'behavior' refers to observable behavior. 'Via the presence of alcohol in the body', refers to the direct psychotropic effects of alcohol: effects that are experienced as consequents of the (real or expected, De Boer 1993) pharmacological action of alcohol in the body, for example reducing negative mood, or having more daring when intoxicated. 'Via the psychological meaning of drinking' refers to the indirect (non-pharmacological) effects of drinking. The question is here: what is the psychological meaning of drinking as behavioral act, or of being a drinker. For example, a woman may drink whisky because she wants to give people the impression that she is a 'woman of the world'. This kind of function stems partly from symbolic meanings and values connected with alcohol in western society, such as toughness, nonconformity, adventure, masculinity, and conviviality. (Kaplan 1985, Lammers 1991, Marlatt 1988, McCord & Mccord 1962). 'Problem' versus 'non-problem situation' refers to the state of the drinker. In a problem situation there is some form of mental or physical distress experienced which is (temporarily, partly or seemingly) alleviated by the use of alcohol. If drinking merely neutralizes this distress, this is considered as negative reinforcement. If the effect of drinking is experienced as explicitly positive than this is considered as positive reinforcement.

A conceptual model for distinguishing functions was developed. Combining the structs gave 16 possible 'structuples', or categories of functions. Because the concept 'behavior' (b-2) is not meaningful in indirect functions, and negative reinforcement is not possible in non-problem situations, from these 16 structuples (cells) only 9 were relevant for the model (see Figure 1).
The definition of the category of functions that is formed by a cell follows from the combination of structs in the cell:

Cell 1 (a1, b1, c1, d1) Obtaining positive emotions, cognitions and sensations while the starting situation is negative.

Cell 2 (a1, b2, c1, d1) Doing things when intoxicated, that are (partly) positively evaluated, that one cannot, does not dare, or does not allow oneself when sober.

Cell 3 (a1, c2, d1) Positive effects of drinking because of the psychological meaning of drinking or being a drinker.

Cell 4 (a2,b1,c1,d1) Suppressing negative emotions, cognitions and sensations (without replacing them by explicit positive ones as in Cell 1).

Cell 5 (a2,b2,c1,d1) Direct pharmacological effects of alcohol make it possible to shirk duties or eliminate withdrawal symptoms.

Cell 6 (a2,c2,d1) Viewing oneself, or wanting to be viewed by others
as (permanently) drunk, a drinker, or an alcoholic, for the advantage of escaping from duties, responsibilities or demands from others

Cell 7 (a1,b1,c1,d2) Influencing neutral or already positive feelings in a positive way Arousal can be heightened or lowered Also drinking because one likes the taste.

Cell 8 (a1,b2,c1,d2) Alcohol heightens (the pleasure of) behaviors that are not problematic for the person, stimulates uninhibitedness, courage and the crossing of boundaries.

Cell 9 (a1,c2,d2) Enjoying drinking with others in neutral or positive situations or drinking for conviviality only

Categorization and coding of functions

Categorization and coding of functions were carried out in nine steps

1) All statements (quotes) that bore a relationship to reasons, motivations, (desired) effects and meanings of drinking alcohol were put together in one file per respondent

2) From each quote it was determined whether it referred to the beginning or to the maintenance period of drinking 'Beginning of drinking' is the period from the first drink up until one year after the onset of excessive drinking, as well as all drinking before the age of 20 'Excessive drinking' was defined as consuming a daily minimum of two alcoholic drinks or at least six drinks two times a week or being drunk several times during one month

3) Each quote was assigned to one of the (9 x 2) cells Quotes that stated reasons for drinking but did not inform about effects, such as 'I drank out of loneliness' were removed For the majority of statements assignment to a cell was straightforward Some problems had to be solved however Occasionally, both 'experience' and 'behavior' were present in a statement, for example 'If I drank a few glasses I was less afraid of my husband and threw in his face the things I did not dare to say when sober' Because the subject said that suppression of negative affect facilitated (desired) behavior, such statements were categorized as 'behavior' The choice between 'experience' and 'behavior' also posed some difficulty when alcohol was said to reduce physical complaints Reduction of withdrawal symptoms usually consisted of suppression of trembling -in order to hide this phenomenon from the eyes of others-, and was considered to be 'behavior' With pain and premenstrual complaints this behavioral aspect was absent, so these were placed in the category 'experience' Furthermore, a few idiosyncratic functions could not be categorized A woman who had been sexually abused in childhood, for example, only talked about her experiences when she had a hangover

4) A review of the cells revealed that a number of them contained a variety of statements Distinctive functions were formulated to reach an adequate representation of the statements in these cells (see Table 6.2) Several criteria were used in this subdifferentiation Presence of the function in at least 10 percent of the respondents
(early and later period combined) was one of them. With respect to the behavior functions, kind of behavior and the person toward whom the behavior is directed were the most important additional criteria. Regarding the 'experience' functions, an additional criterion for differentiation was kind of experience: cognitions, emotions or sensations, the latter subdivided into physical complaints and gustatory sensations. Emotions and cognitions had to be recombined again because respondents saw them as inextricable.

5) A coding instruction was made in which separate functions were described, and in which decision rules as to presence/absence of a function in a quote were formulated.

6) For each quote it was judged by the researcher which function(s) was (were) present, and/or which function(s) was (were) indicated as being absent. A quote could contain more than one function, if splitting would destroy its meaning. Also one quote could indicate that several functions were absent. For example, if a respondent stated that she always drank secretly, this excluded functions with respect to drinking in a group, and signal functions. Not having a partner excluded functions involving a partner, etc..

7) After coding the quote file it was decided which functions were present and absent in the history of the respondent, both at the beginning as well as during the later period of the subject's drinking history. Functions were coded as absent if they were reported as purely incidental. Then for each respondent functions about which not enough information was available to determine presence or absence were recorded. Questions about these functions were discussed in the re-interviews (see Interviews).

8) After the second contact with the respondents the quote files were completed with quotes from the re-interviews, and the coding of functions for each respondent was completed. The complete files contained 36.6 statements on average, with a range of 19 - 56. Functions about which no satisfactory information was available after the second contact were indicated as absent. This was the case for 2.8 % of the functions, which means about one function per respondent.

9) To examine the reliability of coding, two other psychologists carried out the coding of functions after receiving a two-day training. Reliabilities were established on the level of the judgement of presence/absence of a function early or later in the drinking history, by computing Cohen's kappa (Cohen 1968). The codings of the author served as anchor judgments. The kappa's are given in Table 6.2. In the final coding it was decided to make some more subdivisions, which implied that some kappa's could not be computed.

RESULTS

List and Frequency of functions
Table 6.2 presents the 35 functions we distinguished, their frequencies in early and later drinking history, and the Kappa's pertaining to them. The categorized functions were very heterogeneous. "Suppression of negative
Table 6.2. Functions of alcohol use in alcohol dependent women (N=45); frequencies in early and later drinking history and reliability of coding.

<table>
<thead>
<tr>
<th>Functions of alcohol use</th>
<th>early* freq.</th>
<th>later* freq.</th>
<th>kappa ** I-II</th>
<th>kappa ** I-III</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>problem-related functions</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Cell 1 positive reinforcement effects on experience</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.1 from negative to euphoric mood or emotions</td>
<td>.64</td>
<td>.49</td>
<td>.46</td>
<td>.54</td>
</tr>
<tr>
<td><strong>Cell 2 positive reinforcement effects on behavior</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.1 being able to oppose partner when inebriated</td>
<td>.61</td>
<td>1.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.2 sleeping</td>
<td>.09</td>
<td>.56</td>
<td>.92</td>
<td>.90 *</td>
</tr>
<tr>
<td>2.3 functioning in usual social interactions</td>
<td>.29</td>
<td>.53</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.4 functioning in special social interactions</td>
<td>.42</td>
<td>.49</td>
<td>.88</td>
<td>.90</td>
</tr>
<tr>
<td>2.5 continuing to function in partner relationship</td>
<td>.09</td>
<td>.49</td>
<td>.71</td>
<td>.71 b</td>
</tr>
<tr>
<td>2.6 verbal aggression (not towards partner)</td>
<td>.09</td>
<td>.47</td>
<td>.88</td>
<td>.90 *</td>
</tr>
<tr>
<td>2.7 alcohol gives energy for tasks one does not like</td>
<td>.18</td>
<td>.44</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.8 sexual adjustment</td>
<td>.09</td>
<td>.42</td>
<td>1.00</td>
<td>1.00</td>
</tr>
<tr>
<td>2.9 physical aggression</td>
<td>.04</td>
<td>.36</td>
<td>1.00</td>
<td>.90 *</td>
</tr>
<tr>
<td>2.10 drinking with partner to communicate</td>
<td>.09</td>
<td>.24</td>
<td>.92</td>
<td>.88</td>
</tr>
<tr>
<td>2.11 giving in to sentimental urges</td>
<td>.09</td>
<td>.22</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.12 giving in to ambivalent urges (eating and buying)</td>
<td>.07</td>
<td>.18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.13 giving in to aggression against oneself</td>
<td>.04</td>
<td>.16</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.14 giving in to ambivalent sexual urges</td>
<td>.09</td>
<td>.16</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Cell 3 indirect positive reinforcement effects</strong></td>
<td></td>
<td></td>
<td>.42</td>
<td>.82</td>
</tr>
<tr>
<td>3.1 signal or sign of rebellion towards partner</td>
<td>.04</td>
<td>.40</td>
<td>.80</td>
<td>.81</td>
</tr>
<tr>
<td>3.2 (problematic need to) belong to group</td>
<td>.13</td>
<td>.38</td>
<td>.83</td>
<td>.83</td>
</tr>
<tr>
<td>3.3 self reward</td>
<td>.11</td>
<td>.27</td>
<td>.83</td>
<td>.78</td>
</tr>
<tr>
<td>3.4 enhancing personal identity</td>
<td>.20</td>
<td>.16</td>
<td>.78</td>
<td>.85</td>
</tr>
<tr>
<td>3.5 signal or cry for help (not towards partner or mother)</td>
<td>.02</td>
<td>.16</td>
<td>.80</td>
<td>.78</td>
</tr>
<tr>
<td>3.6 signal or cry for help towards mother</td>
<td>.04</td>
<td>.16</td>
<td>.88</td>
<td>.78</td>
</tr>
<tr>
<td>3.7 enhancing sexual identity</td>
<td>.18</td>
<td>.13</td>
<td>.91</td>
<td>.76</td>
</tr>
<tr>
<td><strong>Cell 4 negative reinforcement effects on experience</strong></td>
<td></td>
<td></td>
<td>.64</td>
<td>1.00</td>
</tr>
<tr>
<td>4.1. suppression of negative emotions and cognitions</td>
<td>.60</td>
<td>1.00</td>
<td>1.00</td>
<td>1.00</td>
</tr>
<tr>
<td>4.2 boredom, filling time</td>
<td>.09</td>
<td>.40</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.3 alleviating physical symptoms (not withdrawal)</td>
<td>.04</td>
<td>.31</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.4 suppressing need to eat</td>
<td>.09</td>
<td>.09</td>
<td>.67</td>
<td>.81</td>
</tr>
<tr>
<td><strong>Cell 5 negative reinforcement effects on behavior</strong></td>
<td></td>
<td></td>
<td>.11</td>
<td>.58</td>
</tr>
<tr>
<td>5.1 suppress withdrawal symptoms</td>
<td>.07</td>
<td>.51</td>
<td>.92</td>
<td>1.00</td>
</tr>
<tr>
<td>5.2 avoiding responsibilities by being drunk</td>
<td>.04</td>
<td>.27</td>
<td>.81</td>
<td>1.00</td>
</tr>
<tr>
<td><strong>Cell 6 indirect negative reinforcement effects</strong></td>
<td></td>
<td></td>
<td>.02</td>
<td>.13</td>
</tr>
<tr>
<td>6.1 escaping responsibilities by being alcoholic</td>
<td>.02</td>
<td>.13</td>
<td>.85</td>
<td>.70</td>
</tr>
</tbody>
</table>
CHAPTER 6 EXPLORATION OF FUNCTIONS OF DRINKING

69

non problem-related functions

<table>
<thead>
<tr>
<th>Cell</th>
<th>positive reinforcement effects on experience</th>
<th>freq</th>
<th>later* freq</th>
<th>kappa ** I-II</th>
<th>kappa ** I-III</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.1</td>
<td>enjoying the taste of drinks</td>
<td>.16</td>
<td>.40</td>
<td>.88</td>
<td>.91</td>
</tr>
<tr>
<td>7.2</td>
<td>extra kick, elated mood</td>
<td>.18</td>
<td>.09</td>
<td>.76</td>
<td>.85</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cell</th>
<th>positive reinforcement effects on behavior</th>
<th>freq</th>
<th>later* freq</th>
<th>kappa ** I-II</th>
<th>kappa ** I-III</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.1</td>
<td>doing or daring special things</td>
<td>.13</td>
<td>.22</td>
<td>.79</td>
<td>.89</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cell</th>
<th>indirect positive reinforcement effects</th>
<th>freq</th>
<th>later* freq</th>
<th>kappa ** I-II</th>
<th>kappa ** I-III</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.1</td>
<td>good atmosphere with partner</td>
<td>.27</td>
<td>.40</td>
<td>.81</td>
<td>.67</td>
</tr>
<tr>
<td>9.2</td>
<td>conviviality (in situation of moderate drinking)</td>
<td>.64</td>
<td>.29</td>
<td>.80</td>
<td>.81</td>
</tr>
<tr>
<td>9.3</td>
<td>belonging to group for non-problem reasons</td>
<td>.31</td>
<td>.22</td>
<td>.76</td>
<td>.59</td>
</tr>
</tbody>
</table>

* percentage of ss reporting the function early (= the period from start of alcohol consumption up until the end of the first year of excessive drinking) or later (= the total later period of drinking) in the drinking

** Cohen's kappa combined over early and later functions between judges I and II and I and III

a) A 'partner' was the first person during the drinking history to whom the respondent had been married, or with whom she had lived for at least 9 months. From the 11 ss who had 2 partners during their drinking history, functions of alcohol use relating to both partners were combined in one score. From the 3 ss who had more than two partners, functions relating to the first partner and to the relationship with the longest duration were combined

b) Special social tasks: work, public speaking, therapy, and other unusual or difficult activities

c) Functions 2 6, 2 9, 2 11, 2 12, 2 13, and 2 14 were combined in one function: giving in to ambivalent urges frequency in beginning 18 and later 76. Cohen's kappa for inter rater reliability were 85 and 81, respectively.

d) Enhancing own sexual enjoyment by overcoming sexual restraints that are felt as problematic is coded under 2 14, enhancing unproblematic sexuality is coded, together with other aspects under 8.1.

e) Comprising premenstrual complaints mentioned by 11% of the ss

f) With respect to sex, social interaction, creativity etc

Cronbach's alpha was .67 for the item list as a whole (functions early and later in drinking history combined) and .64 and .69 respectively for problem-related and non problem-related, indicating acceptable homogeneity of the scores

emotions and cognitions' (in Cell 4: negative reinforcement effect on experience) which is a definition of tension reduction, was reported by all respondents in their later drinking history. Positive reinforcement effects on behavior (at least one function in cell II) were also present for all subjects during the maintenance of drinking. Frequently mentioned were functions with respect to social behavior and the partner: opposition, to continue functioning in the partner relationship, sexual adjustment and drinking to communicate. Indirect functions played a role for many respondents too: they
Table 6.3  Alcohol dependent women (N=45) Mean number of problem-related and non problem-related functions in early and later drinking history.

<table>
<thead>
<tr>
<th>kind of functions</th>
<th>early*</th>
<th>range</th>
<th>% of total</th>
<th>later*</th>
<th>range</th>
<th>% of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>problem functions</td>
<td>3.67</td>
<td>0-11</td>
<td>68%</td>
<td>8.87</td>
<td>2-17</td>
<td>85%</td>
</tr>
<tr>
<td>non-problem functions</td>
<td>1.96</td>
<td>0-5</td>
<td>32%</td>
<td>1.56</td>
<td>0-5</td>
<td>15%</td>
</tr>
<tr>
<td>total</td>
<td>5.63</td>
<td>100%</td>
<td>100%</td>
<td>10.43</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Table 6.4  Alcohol dependent women (N=45) Rank order of frequency of functions of alcohol use early and later in the drinking history.

<table>
<thead>
<tr>
<th>rank order</th>
<th>early functions *</th>
<th>later functions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>*conviviality</td>
<td>suppression negative emotions</td>
</tr>
<tr>
<td>2</td>
<td>euphoria</td>
<td>opposing partner</td>
</tr>
<tr>
<td>3</td>
<td>suppression negative emotions</td>
<td>sleeping</td>
</tr>
<tr>
<td>4</td>
<td>usual social functioning</td>
<td>suppress withdrawal</td>
</tr>
<tr>
<td>5</td>
<td>belonging to group</td>
<td>euphoria</td>
</tr>
<tr>
<td>6</td>
<td>sleeping</td>
<td>usual social functioning</td>
</tr>
<tr>
<td>7</td>
<td>*good atmosphere with partner</td>
<td>special social functioning</td>
</tr>
<tr>
<td>8</td>
<td>enhancing personal identity</td>
<td>functioning in partner relation</td>
</tr>
<tr>
<td>9</td>
<td>enhancing sexual identity</td>
<td>verbal aggression</td>
</tr>
<tr>
<td>10</td>
<td>*extra kick</td>
<td>energy for disliked tasks</td>
</tr>
</tbody>
</table>

* non-problem functions are printed in italics.

appeared in the problem-related functions for at least 82 % of the respondents later in the drinking history. The most frequently mentioned indirect function was excessive drinking behavior functioning as a signal towards the partner.

**Functions early and later in drinking history**

All respondents reported negative reinforcement effects on experience (predominantly tension reduction) and positive reinforcement effects on behavior later in drinking history, but for the beginning period these functions were coded present for 64 % and 71 % of the respondents, respectively.

Table 6.3 shows that more functions were present later in drinking history than in the beginning. The ranges show large variations between subjects in
number of functions, however. Besides problem-related functions, non problem-related functions were also reported during maintenance of drinking, especially -as Table 6.2 shows- enjoying the taste of drinks and creating of a good atmosphere with the partner. However, the share of non-problem functions was larger in the beginning period. This can also be seen in Table 6.4 where functions are ranked in frequency.

During maintenance of drinking the ten most frequent functions were problem-related functions. In the beginning period, alcohol frequently had non-problem functions as well. The problem functions in the beginning indicate that alcohol facilitated coping with specific problems such as sleeping, social behavior, and personal and sexual identity. Later on, alcohol seemed to function more generally to keep going, to cope with problems in the partner relationship and with a range of other social and daily problems.

DISCUSSION

Summary of results
In this study a taxonomy was devised to describe the domain of functions of alcohol use. The dimensions of this taxonomy were 'problem versus non-problem', 'positive versus negative reinforcement', 'experience only, versus behavior', and 'direct versus indirect'. Combinations of these dimensions produced a framework of nine relevant categories of functions. Functions of alcohol for alcohol dependent women (N=45) were explored and inventoried by semi-structured interviews with the help of this framework. Thirty-five functions were distinguished and separately assessed for the beginning and later period of the drinking history. The respondents were self-referred. They were, with exception of two of them, interviewed at least twice.

All subjects reported negative reinforcement effects on experience, notably suppression of negative emotions and cognitions, i.e. tension reduction (or self-medication). All women also mentioned positive reinforcement effects on behavior, which means that alcohol had positive effects on, for example, social and sexual functioning, sleeping, the ability to oppose the partner, energy, etc.. A majority affirmed indirect functions, i.e. effects that are not dependent on the (assumed) pharmacological action of alcohol, but on the psychological significations of drinking, for example (excessive) drinking as assertive sturdy behavior to enhance personal identity.

During maintenance of drinking almost twice as many functions were
reported than for the beginning period. This difference was caused by the
greater frequency of problem-related functions later on, i.e. functions that
related to the (temporary or seeming) alleviation of distress. In the beginning
problem-related functions were limited to specific areas, like social
functioning and personal identity, but later on they extended to many life
areas, especially a problematic partner relationship and a range of personal
problems. With respect to tension reduction (negative reinforcement effect on
experience), it turned out that 40 % did not report this for the beginning
period.

**Discussion of Results**

In an exploratory study a sample that presumably shows the possible
variations of the object of study in the population should be examined. As the
present group of respondents was heterogeneous demographically as well as
in history of help seeking, the group seemed to be suitable. The size (N=45)
was rather small however, limiting statistical operations and possibilities of
generalization. The use of self-referred respondents is also important to the
issue of generalizability. Self-referred subjects have fewer social and alcohol-
related problems than the non self-referred clinical subjects usually studied in
psychological alcohol research (Pearlman, Zweben & Li, 1989). They do not,
however, drink less heavily. Because of these differences, they might be more
representative of problem drinkers in the general population. There were other
reasons for adopting this form of recruitment. In the first place, it was
essential that respondents be as free to talk as possible, which implied they
would not be treated as patients, and would not be hampered by consequences
for treatment (cf Edwards 1990). Furthermore, volunteer respondents are
likely to be motivated to talk. The impression in the interviews was that
subjects were not merely motivated, but often eager to talk. Many of them
were in a period in which they did a lot of thinking about their life and
drinking history. This made them especially suitable subjects for in-depth
interviewing.

The taxonomic framework proposed in the present study can serve as a tool
to systematize the study of functions. It provides broad a-priori categories that
together cover the domain of functions of alcohol. By making use of
systematic distinctions, more precise study of the functionality of alcohol is
possible. Although the framework consists of fixed categories, it can also take
into account theoretical interests of researchers as well as experiences of the
subjects by distinguishing functions within these categories.

The coding of the functions was performed on the basis of quotes from the
interviews. Intercoder reliabilities were computed on the judgments, not on the level of quotes, but on the level of presence of functions in the beginning and later in the drinking history. Reliabilities were high, with the exception of positive reinforcement effects on experience, with a Cohen's Kappa's of .46 and .54. In some cases it was difficult to judge whether an emotional state was really turned to the positive side by alcohol or just neutralized. Other methods of assessing functions on the basis of the taxonomy could of course be developed.

The heterogeneity in functions of alcohol in this group of respondents does not come as a surprise, as studies on functions and related topics show this as a rule (Orford 1985). It is remarkable that all respondents referred to positive reinforcement effects on behavior. In many studies, especially on female problem drinkers, it is automatically assumed that alcohol is used only for reduction of stress and tension. This hides the fact that alcohol often is used for effects on behavior. As inspection of the functions in Cell 2 of Table 6.2 shows, the respondents use alcohol for active coping with a variety of behavioral problems. For many of them, alcohol use might be a strategy for survival.

Indirect, 'non-pharmacological', functions very frequently turned out to be present. Earlier in the study the presumption was that indirect functions related to the significations of alcohol in the western culture, especially to meanings associated with masculinity (see chapter 4). These functions were indeed found in a subgroup of respondents, predominantly in the beginning of drinking. Other indirect functions emerged from the interviews as well, however. Many respondents behaved in an ostentatiously 'alcoholic' manner, not, or not only, because they wanted the pharmacological effects of alcohol per se, but as a means to draw attention to their problems (see also chapter 7). Another indirect function was the use of the image of being an alcoholic in order to escape from responsibilities. Alcohol research has not (yet) sufficiently acknowledged that functions of alcohol are not always directly associated with the pharmacological effects of alcohol but that the meanings of alcohol and drinking behavior can play an important role in drinking motivations of people.

The finding that later on in drinking history there were observed twice as many functions as in the beginning period, is in accordance with the consistent observation that the heavier the pattern of substance use, the larger the number of functions reported (Orford 1985, p.141). There were also in the beginning period of drinking, compared to the later period, relatively more functions that were not related to problems. Individual differences were large
in this respect, however. Moreover, 40% of the respondents did not mention tension reduction by alcohol early in drinking history. This suggests that tension reduction may be an important but not the only route to chronic drinking in women.

FOOTNOTES

1. This chapter will be published in 1995:

2. One respondent was forbidden further cooperation by her husband. One interview failed for technical reasons, one respondent was too heavily intoxicated, another one participated out of curiosity and was not willing to answer several questions, and one respondent moved without leaving a forwarding address.
7 Submission and rebellion. Excessive drinking of women in problematic heterosexual partner relationships

INTRODUCTION

This paper reports on a qualitative study exploring functional relations between excessive alcohol consumption of women and problems they experience in the relationships with their partners. It is generally stated by problem drinkers that drinking is functional for coping with their personal problems; men more often refer to problems in the domain of work, and women more often mention difficulties with their partners. (Curlee 1970, Legnaro & Zill 1983, Lindbeck 1972, Lisansky 1957, Vaglum & Vaglum 1987, Vogt 1987). Little is known about what the functions of alcohol use are for women with respect to partner relationship problems. Why do some women use alcohol for coping with these issues, and what is it that alcohol does for them?

A number of studies shed some light on this issue. From laboratory research emerged the hypothesis that marriages in which the male is alcoholic are characterized by a struggle for power (Schaap, Schellekens & Schippers 1991, Morgan 1987). Alcohol use of the husband is functional in such marriages because when inebriated, he can behave negatively without being held responsible. A few studies of partners of alcoholic women suggested that power is also important in these marital relations. The partner was described as dominant and egocentric, and the marriage was characterized by a lack of emotional communication (Gomberg 1974, Legnaro & Zill 1983, Wood & Duffy 1966). A qualitative study of alcoholic women (Vogt 1987) also suggested that power struggles were going on in their marriages. According to Vogt, the women were always on the losing side, and could only be assertive and verbally aggressive towards their partner when intoxicated. This last observation was also made by Diamond and Wilsnack (1978) in a qualitative study of ten heavy drinking lesbian women.

In a survey among Finnish and Estonian couples, Holmila (1987) found for
husbands, but not for wives, a relationship between frequent drinking and marital dissatisfaction and quarrels. She suggested that men more than women use alcohol as a vehicle for expressing emotion and anger. However, this may only be true for physical expression of anger. In males, excessive alcohol use is associated with physically aggressive behavior inside and outside marriage (Frieze & Schafer 1984, Halford & Osgarby 1993, Leonard, Bromet & Parkinson 1985); furthermore, aggressive arousal after drinking is expected more in males than in females (Brown et al. 1980). But regarding expectations of (verbal) expression of anger or assertiveness after drinking, no gender differences were observed in social or in problem drinkers (Brown et al. 1980, Schreuder & Gebhardt 1988). In a survey among U.S. women in 1981, Wilsnack, Wilsnack & Klassen (1986) found 'belligerence' as one of the problem consequences of heavy drinking in these women.

After repeating the survey among U.S women in 1986, Wilsnack (1991) drew attention to the issue of sexuality. Sexual 'dysfunction' was related to drinking level and predictive of the continuation of a drinking problem over time. Women with alcohol problems more often reported that they and their partners drank before or during sexual activity than other women. Moreover, women who reported alcohol problems and sexual dysfunction in 1981, and who divorced or separated between 1981 and 1986, were more likely to be free of alcohol problems in 1986. Maybe, Wilsnack proposed, alcohol is used to 'treat' sexual problems.

This research on alcohol and (functionality of drinking in) marriage used very different populations of drinkers: self-referred subjects who met Diagnostic Research Criteria for Alcoholism (in laboratory research), subjects in treatment for alcohol problems (Gomberg et al., Wood & Duffy, Vogt, Schreuder & Gebhardt), subjects who were known as heavy drinkers in a gay community (Wilsnack & Diamond), social drinkers (Brown et al.), married young couples (Holmila) and problem drinkers (Wilsnack 1991), in the general populations of different countries.

Although functionality of alcohol no doubt varies in different groups and cultures, the studies suggest that excessive alcohol use often is functional for the balance of power in intimate relationships, and that women may use alcohol in intimate relationships to express anger and dissatisfaction and to function sexually. Functionality of drinking has, however, not been operationalized explicitly in this previous research.

In the present study, functions of alcohol use were defined as effects of alcohol, as they can be observed in reports of drinking experiences, that are positively evaluated by the user or that have positive aspects for him or her.
According to social learning theory, functions play a role in the onset and maintenance of excessive drinking (Orford 1985). Elsewhere, we made a distinction between 'direct' and 'indirect' functions. Direct functions refer to the psychotropic effects of alcohol: effects on behavior and experience experienced as immediate, such as drinking to suppress stress and undesired emotions or to enhance assertiveness. Indirect functions refer to the social and psychological significations of drinking. For example, a woman can drink excessively to acquire the image of someone who can hold her drink, without attaching importance to the psychotropic effects of alcohol.

In our study we compared women whose alcohol problems developed in response to a problematic partner relationship, with women whose alcohol problems did not originate in such a context. We examined whether women of the first group reported other functions of drinking and characteristics of their partner and partner relationship, than those reported by women of the second group.

METHOD

Respondents
The respondents were 45 women, between 30 and 55 years old, dependent or having been dependent on alcohol according to the criteria of DSM-III-R (American Psychiatric Association 1987). The respondents reacted to calls for collaboration in a study aimed at gaining more knowledge about alcohol problems in women. The calls were placed in diverse media, and letters were sent via three treatment institutions. Criteria for selection were: having Dutch nationality, and seeing oneself as having -or having had not more than four years ago- a serious drinking problem. Nineteen persons who reacted were not included for the following reasons: they did not meet criteria (n=8), were aggressive, drunken or confused at the first telephone contact (n=4), cancelled the appointment (n=2), or the interview was dismissed afterwards for diverse reasons (n=5). Demographic and drinking history characteristics of the subjects are presented in table 6.1.

Procedure
Semi-structured in-depth interviews were held with the respondents by the first author, in the years 1988 and 1991. A topic list was used which covered life and drinking history. This list was constructed on the basis of a pilot study with female members of AA. The respondents were particularly
encouraged to talk about aspects of drinking that related to functionality, that is, the effects and meanings of alcohol use, how they evaluated effects, how others saw these effects, and whether, and how, these effects were related to coping with problems they experienced. Interviews lasted up to three hours. Two respondents were visited twice, because the interviews could not be completed in three hours. A list was made of all functions of alcohol use occurring in the interviews. It was examined whether there was enough information on each function to decide whether it was present or absent in the drinking history of each respondent. If the information was not adequate, questions on this function were formulated for a second interview. Second interviews were held in 1991/92, with 43 respondents. No subject refused. From two subjects who could not be traced, the interviews were kept in the study, because they provided a satisfactory amount of information. After the second interview, all functions were coded by three coders as present or absent on the basis of the relevant fragments of the interviews. The coders were psychologists. Inter-coder reliability turned out to be good.

The topic list with respect to the partner(s) was as follows:
- drinking behavior of the partner
- does (did) the respondent drink regularly with the partner?
- how does the respondent see the distribution of power between herself and the partner?
- is (was) there any violence in the relationship?
- does (did) the respondent hide her drinking from the partner?
- are (were) there problems in the relationship? what does the respondent feel to be the major problem?
- does (did) the partner in her opinion have a realistic image of the drinking behavior of the respondent?
- does the respondent feel the partner has (had) advantages from her drinking? If so, which?
- does (did) the partner stimulate seeking for help?
- what is (was) the attitude of the partner if the respondent actively seeks help?

Subgroups
Only those 41 respondents who had at least one partner during the period of excessive drinking were included in the analyses. As 'partner' was designated the first person to whom the respondent had been married to, or with whom she had lived for at least 9 months and who she considered to be (or have been) her partner 3). The respondents were classified in two groups. Group 1 consisted of the respondents who reported that their drinking had started largely in response to problems with the partner (n=23). They were classified
as such when they had a positive coding on both of the following questions: Did the drinking problem arise during the relationship? And: Does the respondent report difficulties with the partner as a major factor contributing to her drinking? Group 2 (n=18) consisted of the respondents whose drinking problem existed already before the relationship with the partner, or who did not report difficulties with the partner as a major contributing factor to their drinking.

Respondents in Group 1 were older than in Group 2 (mean ages 44.5 and 40.3 years respectively; t=2.16, p<.05) and had more children (mean 2.5 and 1.2 respectively; t=3.69, p<.001). In Group 1 ten respondents had two or more partners, in Group 2, six. There were no differences with respect to other demographic characteristics, such as level of education, marital status, age of onset of excessive drinking, length of drinking history, received treatment and experience of sexual abuse.

RESULTS

Partner-related functions
Elsewhere we reported how different functions of alcohol use were differentiated, coded, and placed in a taxonomic scheme. The division of functions in 'direct' and 'indirect' was one of the dimensions of this scheme. Of the 35 functions that were distinguished, six were related to problems with the partner. The frequencies of these six functions are given in Table 7.1. The first three functions can be considered as forms of adjustment to the partner, the last three as forms of resistance. We will define the functions and provide illustrations with quotes from the interviews.

Function 1 implies that drinking makes it possible to continue functioning in the relationship. Alcohol soothes the emotions and cognitions related to the problems in the relationship and/or gives compensatory satisfaction.

One respondent said the only thing she did together with her husband was drinking a glass of sherry on Sunday afternoon. After her husband left her alone again, she had another sherry.

R I didn't feel so alone any more. Or I resigned myself to sitting alone. I could have said how unsociable I thought he was or how I felt let down, but I could just as well say it to the chair, because he didn't listen anyway. And a sherry gives a little comfort.

On Sunday afternoon you had another sherry and then

R In the first years, drinking made sure that I resigned myself to the situation, while actually I wanted to be recalcitrant. Because I drank, I...
continued to go on in the submissive pattern

Function 2 refers to adjustment specifically related to the sexual demands of the partner. If adjustment was limited to sexual demands, only this function and not function 1 was positively coded.

R I was strongly claimed by him, because he was the provider And when I didn't want to make love to him, he accepted this for one week, but after that he claimed his

Table 7.1 Partner-related functions in all respondents with a partner during drinking history and in subgroups 1 and 2 a)

<table>
<thead>
<tr>
<th>partner-related functions</th>
<th>total group N=41</th>
<th>group 1 N=23</th>
<th>group 2 N=18</th>
<th>FC b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 continuing to function in relationship</td>
<td>(n) (%)</td>
<td>(n) (%)</td>
<td>(n) (%)</td>
<td></td>
</tr>
<tr>
<td>2 sexual adjustment to partner</td>
<td>21 51</td>
<td>15 65</td>
<td>6 33* .49</td>
<td></td>
</tr>
<tr>
<td>3 drinking with partner to communicate</td>
<td>14 34</td>
<td>11 48</td>
<td>3 16* .37</td>
<td></td>
</tr>
<tr>
<td>4 being able to oppose when inebriated</td>
<td>10 24</td>
<td>6 26</td>
<td>4 23</td>
<td></td>
</tr>
<tr>
<td>5 drinking as a signal or sign of rebellion</td>
<td>16 39</td>
<td>11 48</td>
<td>5 28</td>
<td></td>
</tr>
<tr>
<td>6 avoiding responsibilities by being drunk</td>
<td>12 29</td>
<td>11 48</td>
<td>1 5 ** .70</td>
<td></td>
</tr>
<tr>
<td>mean number of partner-related functions</td>
<td>98 17</td>
<td>2 17</td>
<td>1 17</td>
<td></td>
</tr>
</tbody>
</table>

a) Group 1 respondents who reported that excessive drinking had started largely in response to problems with the partner (n=23) group 2 respondents in whom either the drinking problem existed already before the relation with the partner, or in whom difficulties with the partner were not a major contributing factor (n=18)
b) Standardised canonical discriminant Function Coefficients resulting from discriminant analysis of partner-related functions 1, 2 and 3, using the direct method

* ad 1 Chi-Square = 2.93 p<.10, ad 2 Chi-Square = 3.08, p<.10
** ad 5 Chi-Square = 7.32, p<.01, last row η value = 2.84 p<.01
Function 3 is: drinking with the partner to be able to communicate with him.

R I was extremely tense, everyday in fact when he came home I saw him coming and I thought Oh my God, here he comes again Later he expressed himself also I felt like a visitor And that was the truth I could not be open with him And then we drank something together and then something receded fell away Then we could talk normally with each other again, very strange

Function 4 implies resistance in a direct way. Alcohol gives the courage to express anger and frustration towards the partner and to assert oneself.

R Did the alcohol for example have the effect that you dared to say more to your husband?
R Surely
R What did you say then for example?
R If he said sit down here, I said I will do what I want, or something like that If we went to visit someone and he started to help me on or off with my coat, I said You don't do that at home, so why would you do it here, for heaven's sake? And he couldn't stand that
R Was that something you didn't do normally, and only if you had been drinking?
R Yes In that period I realized that my husband dominated me And I have tremendously braced myself against that

 Especially for women, drinking is readily seen as deviant. In function 5 this deviance of drinking is deployed as a strategy to draw attention or as an act of resistance. In contrast to functions 1 to 4 this function is indirect, since psychotropic effects are not necessarily intended.

R What I caught myself doing I made a kind of game of it 'I 'm doing something that you disapprove of' But then I was just so careless that it was found out nevertheless 'I do naughty things and then I got a dressing-down' Very peculiar I had, for example, hidden a bottle in the piano And I thought that on the verge of exciting just imagine, he had to look in the piano! It is like passing with your car, while maybe it will be a narrow escape the adrenaline is racing through your body I wanted him somehow to discover it It was a competition It was a sheer cry for attention You don't realize that you yourself are the loser

In function 6 the direct physiological effect of alcohol is used in a passive way to resist or to make something clear to the partner. One does not say explicitly that one does not want things, but avoids them by being inebriated because then they are impossible. Things avoided vary from making dinner to having sex, and from accompanying the husband on visits to being mentally
present for the partner.

1. What does or did the drunken bout mean for you?

R. That was when I drank tremendously. That was forgetting for a while, just not being there.

1. Was that the most important aspect?

R. Yes. No husband, no children. I am just not approachable then, so they cannot quarrel with you either.

Table 7.1 shows the frequencies of partner-related functions and the total number of partner-related functions for subgroups 1 and 2. Because of the explorative character of the study a significance level of p<.10 or less (two-tailed) is mentioned.

Group 1 reported more partner-related functions than Group 2 (p<.01). 'Drinking signal or sign of rebellion' (p<.01), 'drinking to continue functioning in the relationship' (p<.10) and 'sexual adjustment to the partner' (p<.10), were reported more often by Group 1. Discriminant analysis on these variables using the direct method of analysis, gave one significant Discriminant Function (Wilkes lambda = .67; Chi-square = 14.70; p<.01).

Using the obtained classification functions 67.5% of the respondents could be placed in the correct group (Table 7.2), which indicates that functions of alcohol relating to the partner had discriminating power, but that it was not

Table 7.2 Classification results of discriminant analysis of partner-related functions of alcohol use.

<table>
<thead>
<tr>
<th>actual group a)</th>
<th>no. of cases</th>
<th>predicted group membership</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>group 1</td>
<td>22</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td></td>
<td>59.1%</td>
</tr>
<tr>
<td>group 2</td>
<td>18</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>22.2%</td>
</tr>
</tbody>
</table>

Percentage of 'grouped' cases correctly classified: 67.5%.

a) For definition of subgroups 1 and 2: see Table 7.1
very high. The last column in Table 7.1 shows the Function Coefficients. 'Drinking as a signal or sign of rebellion' made the largest contribution to the Discriminant Function.

Table 7.3  Partner-related variables in all respondents with a partner during drinking history and subgroups a).

<table>
<thead>
<tr>
<th>partner-related variables</th>
<th>total group</th>
<th>group 1</th>
<th>group 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N=41</td>
<td>N=23</td>
<td>N=18</td>
</tr>
<tr>
<td></td>
<td>(n)</td>
<td>(%)</td>
<td>(n)</td>
</tr>
<tr>
<td>1. partner experienced as dominant</td>
<td>26</td>
<td>63</td>
<td>19</td>
</tr>
<tr>
<td>2. violence of partner toward respondent</td>
<td>24</td>
<td>59</td>
<td>15</td>
</tr>
<tr>
<td>3. partner excessive or problem drinker</td>
<td>25</td>
<td>61</td>
<td>15</td>
</tr>
<tr>
<td>4. respondent drinks regularly with partner</td>
<td>23</td>
<td>56</td>
<td>15</td>
</tr>
<tr>
<td>5. lack of understanding main problem</td>
<td>18</td>
<td>44</td>
<td>13</td>
</tr>
<tr>
<td>6. strong hiding of drinking by respondent</td>
<td>14</td>
<td>34</td>
<td>10</td>
</tr>
<tr>
<td>7. partner has realistic image of drinking of respondent</td>
<td>18</td>
<td>44</td>
<td>6</td>
</tr>
<tr>
<td>8. partner stimulates help seeking</td>
<td>7</td>
<td>17</td>
<td>3</td>
</tr>
<tr>
<td>9. partner has positive attitude towards help</td>
<td>11</td>
<td>27</td>
<td>5</td>
</tr>
<tr>
<td>10. partner has advantages from respondents drinking</td>
<td>26</td>
<td>63</td>
<td>17</td>
</tr>
<tr>
<td>11. number of advantages for partner</td>
<td>1.6</td>
<td>2.0</td>
<td>1.1 *</td>
</tr>
</tbody>
</table>

a) For definition of subgroups 1 and 2 see Table 7.1
b) Standardized canonical discriminant Function Coefficients resulting from discriminant analysis of partner-related variables 1, 5, 7, and 11, using the direct method

* ad 5. Chi-Square = 5.17, p<05, ad 7 Chi-Square = 5.20 p<05, ad 11 t-value = 2.09 p<05 (two-tailed)
** Chi-Square = 5.17, p<01
Variables relating to the partner and the relationship

Characteristics of the partner and the relationship as seen by the respondent can be seen in table 7.3. In Group 1 respondents saw the partner as dominant more often. As most important problem was reported lack of understanding from the partner. The partner in Group 1 had a realistic image of the drinking behavior of the respondent less often, and was seen to have more advantages from her drinking. However, the partner himself was not reported any more often as an excessive or problem drinker. Other differences point in the direction of further problems in the relationship, but are not significant.

Discriminant analysis of variables 1, 5, 7 and 11 from Table 7.3 gave one significant Discriminant Function (Wilkes lambda = .53; Chi-square = 23.49; p<.001). On the basis of this 82.9% of the respondents could be placed in the correct group (Table 7.4). Comparison of Tables 7.2 and 7.4 shows that the discriminating power of the characteristics of the relationship is larger than of the partner-related functions of alcohol use. Adding partner-related functions as variables in the discriminant analysis of Table 7.4 did not improve classification results. As is shown in the last column of Table 7.3, the largest contributions to the Discriminant Function were made by 'lack of understanding' and 'partner is dominant'.

Table 7.4 Classification results of discriminant analysis of partner-related variables

<table>
<thead>
<tr>
<th>actual group a)</th>
<th>no of cases</th>
<th>predicted group membership</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>group 1</td>
<td>23</td>
<td>21</td>
</tr>
<tr>
<td></td>
<td></td>
<td>91.3%</td>
</tr>
<tr>
<td>group 2</td>
<td>18</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>27.8%</td>
</tr>
</tbody>
</table>

Percentage of 'grouped' cases correctly classified 82.9%

a) For definition of subgroups 1 and 2 see Table 7.1
The present investigation was limited in that we used retrospective self-reported data and a relatively small sample of respondents. We see the results as hypotheses for further research. Differences were observed in functions of alcohol use between women who started excessive drinking largely as a response to a problematic (heterosexual) relationship and women for whom relationship problems were not an important factor in the development of excessive drinking. In the first group alcohol consumption primarily seemed to be a means of adjustment: to keep going in the relationship by suppressing undesired emotions and to adjust sexually. On the other hand alcohol enabled resistance: the first group used 'alcoholic' behavior more often as a signal or a sign of rebellion towards the partner.

Respondents of the first group also reported specific characteristics of the relationship. Discriminant analysis showed that these characteristics were more powerful in discriminating Groups 1 and 2 than the partner-related functions. Compared with Group 2, the partner was more often viewed as dominant, as not understanding the respondent, and furthermore as having less often a realistic image of her drinking behavior and as having a greater number of advantages from her drinking.

This pattern of functions and characteristics gives an indication of the kind of relationships in which women may develop a drinking problem. In the interviews the majority of respondents in the first group described their partner as controlling, and as not giving the attention and understanding they needed. Some respondents had very high expectations of marriage and were extremely disappointed by the reality of it, but felt powerless in face of this. Sexuality was frequently experienced as a disgusting obligation, since there was no emotional bond with the partner, and/or since sexual traumatization during childhood had made sexuality problematic. Drinking made it possible to submit and tolerate sexual intercourse. For this and other reasons, the partner was often felt by the respondent to profit from her drinking.

Sooner or later, however, submission turned to revolt in many women. Drinking profusely, being overtly drunk and neglecting household responsibilities when drunk were described as ways of desperately seeking attention from the partner. These conspicuous behaviors were intended to provoke a response, since usual complaints and protests were ignored. Furthermore, a number of women said that, when inebriated, they started to express feelings of anger and disappointment towards their partner or to talk back to him, often after years of submission.
The results of this study suggest that for a subgroup of women, excessive alcohol use is a strategy to deal with a situation of powerlessness towards their partner, and to meet the demands of the marriage ideal of 'harmonious inequality' (Komter 1990). Studies into marriage relationships (Hochschild & Machung 1989, Komter 1985) have shown that women often resign to the status quo because they do not want to endanger their marriage and do not expect a positive change anyway. Many women in this study seemed to use alcohol to be able to arrive at such a resignation.

Some results of this study are in line with and give a more detailed elaboration of findings of previous research. Alcohol use has been found to play an important role for sexual functioning in women with alcohol problems (Beekman 1979, Wilsnack 1991). Our study suggests that this might be especially true for women who start drinking in connection with partner relationship problems. The effect of alcohol on sexual functioning was described in the interviews as the suppression of disgust and aversion so that the respondent could adjust to the partners wishes. A few women reported that alcohol use increased their own sexual pleasure 5).

Furthermore the study supports the idea that power is an important issue in the partner relationships of alcohol dependent women. It is striking that not only direct, but also indirect effects of alcohol were used for resistance, such as using ‘alcoholic’ behavior as a way of drawing attention. The importance of indirect, non-psychotropic, effects of alcohol is not as yet sufficiently acknowledged in the alcohol research field.

Dominance of the partner and lack of emotional communication with the partner, was also reported in other research. Our results suggest that these characteristics apply especially to women who start drinking as a response to relationship problems.

The study fosters some speculation about the consequences of the woman’s drinking for the relationship. Adjustment and submission of the respondent with the help of alcohol often kept the harmony intact for the outside world. In fact the partners grew apart more and more, however, because the husband resented the drinking of the wife and she reacted by excluding herself from him. Revolt from her side arose sometimes after a long period of drinking, inducing nonproductive quarrels and conflicts, frequently ending in divorce.

Vogt (1987) concluded that problem drinking women are on the losing side in their marriages. In the present study this seemed not always to be the case. Four respondents -with relatively mild alcohol problems- seemed to have gained some power by drinking. They used drinking intentionally and from the beginning to draw their partner’s attention and to oppose him. Two of
them provoked him to go into relationship therapy, with positive results. The other two women were more assertive after drinking and learned to manage this without alcohol.

The finding that the women in the first group attributed more advantages of their drinking to their partner raises the question whether these partners were co-dependent. This is one of the issues that should be studied in further research on the dynamics of alcohol use in partner relationships. With respect to treatment and prevention of alcohol problems this study emphasizes the importance of the partner relationships of women who drink excessively. Drinking may be used by many of these women to cope with a situation of powerlessness towards the partner. Preventive and therapeutic interventions can be aimed at learning more productive ways of dealing with this kind of problems.

**FOOTNOTES**

1. This chapter will be published in 1995:

2. The term 'dysfunction' suggests that the women didn’t function well sexually, or rather, not according to certain norms. However, for example 'lack or low frequency of orgasm with a partner', one of the indicators of sexual dysfunction, can mean that it is not the woman, but the partner or the couple, that does not function well.

3. Partners referred to are male, unless indicated otherwise. Two respondents in group 2 had female partners.

4. The quotes were minimally adjusted for readability.

5. Increasing sexual pleasure was coded as another function, which is not reported here.
Introduction

Excessive drinking and the experience of sexual abuse are strongly interrelated in women (see for reviews: Corbett & Devine 1988, Hurley 1991, Reed 1991, Rohsenow, Russell & Wilsnack 1991, Wilsnack 1984, Young 1990). Women in treatment for alcohol problems report sexual abuse during childhood in great numbers, varying from 12% (Roth et al. 1981) to 67% (Miller et al. 1987). In an U.S. national survey in 1986 more than twice as many female problem drinkers as non-problem drinkers reported at least one incident of sexual abuse before the age of 18 (Wilsnack 1991). Later during their lives problem drinking women often seem to be victims of sexual assaults too; figures for reported rape or other sexual abuse during a lifetime varying from 54% (Murphy 1980) to 74% (Covington 1984).

Conversely, two to four times as many excessive drinkers can be found in female victims of child sexual abuse than in women who were not sexually abused in childhood (Cahill et al. 1991, Drayer 1988, Swett et al. 1991). In the U.S. national survey mentioned above, a history of sexual abuse predicted the onset of problem drinking over a five-year follow-up period.

Sexual abuse is associated with long lasting sexual as well as other difficulties, such as impaired social skills, emotional pain, anxiety and depression, a sense of powerlessness, low self-esteem, and problems with gender identity (Burnam et al. 1988, Cahill, Llewelyn & Pearson 1991, Carson, Council & Volk 1988, Rohsenow et al. 1988, Wilsnack 1984). Sexual abuse during childhood, and especially incest, is associated with more numerous and more serious consequences than sexual abuse during later life. Incest victims with drinking problems report, compared to their non-victimzed counterparts, more conflict in the family-of-origin (Hayek 1980, cited in Hurley 1991), more sexual dysfunction (Hayek 1980, Kovach 1986),
and other psychological problems, such as social alienation and emotional difficulties (Carson, Council & Volk 1988), anxiety (Kovach 1986) and suicidal tendencies (Edwall et al. 1989). Hayek (1980) and Kovach (1986) found in incest-victims an earlier onset of drinking.

Alcohol addiction (and addictive behaviour in general) is seen by many experts as a way of coping with the effects of sexual abuse (Young 1990). There is, however, scant research attention to the ways in which alcohol can be functional in this coping process. This may be because for problem drinkers alcohol is thought to be just a general stress reducer (for example in Rohsenow et al. 1988, Swett et al. 1991), which makes it seem hardly worthwhile to study the issue of functionality in detail. It is rather improbable, however, that the variety of problems that victims of sexual abuse experience all are met with simple general stress reduction (cf. Orford 1985). Hurley (1990) for example, the only researcher who studied this issue in a more nuanced way, found that incest victims drank alcohol to mediate sexual difficulties such as sexual inhibition and lack of arousal, to socialize or fit in, to repress or alter feelings, and to increase self-esteem. Because only incest victims were studied in this qualitative study, it is not certain that these functions cannot also be found in non sexually abused female problem drinkers. Hayek (1980) studied 60 female members of AA 30 of whom reported incest experiences, and stated that only incest victims 'felt uncomfortable during sexual encounters when alcohol was not available'. This suggests that functionality of alcohol for sexual behaviour is specific for incest victims.

A more detailed study into the question of what drinking does for women who have experienced sexual abuse, what makes alcohol use 'attractive' to them, can give more insight into the link between sexual abuse and alcohol problems in women. In order to study this functionality, a systematic taxonomy of psychological functions of alcohol is helpful. The present authors developed a taxonomic scheme that comprised all logically possible kinds of functions (see chapter 6). On the basis of this scheme we categorized functions of drinking through in-depth interviews with 45 female problem drinkers. In this paper we compare the respondents in this sample who reported sexual abuse to the respondents who did not report sexual abuse with respect to functionality of alcohol use. The division of the sample into subgroups with and without experiences of sexual abuse was post hoc. In sexual abuse we included childhood experiences as well as experiences during later life before or during drinking history.

Because sexual abused women experience more problems in adult life, in
particular sexual problems, we hypothesized that sexually abused subjects would report more functions of alcohol use in relation to problems, and fewer functions of alcohol that are not related to problems, compared to alcohol dependent women who did not report sexual abuse; and second, that for the subjects who report sexual abuse alcohol often has the function of coping with sexual problems. Furthermore, we explored differences between subjects that did or did not report experiences of sexual abuse in frequencies of functions of alcohol other than those relating to sexuality. Because of the almost complete lack of data on sexually abused women’s experiences with alcohol, we combined the quantitative approach with a qualitative analysis of the interviews with the respondents in which a) meaning and significance of functions of alcohol use were studied in subjects who were sexually abused early and (only) later during their lives, and b) the functionality of alcohol in dealing with sexual abuse experiences was examined for the most serious cases in the sample.

**METHOD**

**Respondents**
The respondents were 45 women, between 30 and 55 years old, who were or had been dependent on alcohol according to DSM-III-R (American Psychiatric Association, 1987). They were recruited using publicity in diverse media and in letters sent to clients via three treatment institutions, into the study whose declared aim was to gain more knowledge about alcohol problems in women. Eight women were excluded from interview because they were not Dutch, or saw their alcohol problem as having resolved more than four years ago. Als excluded were four, who were aggressive, drunken or confused at the first telephone contact. Two cancelled the appointment. Five other respondents were excluded post interview for other reasons.

**Interview and instruments**
Semi-structured in-depth interviews were held with the respondents by the first author. A topic list was used which covered family-of-origin, life and drinking history. This list was constructed on the basis of a pilot study with female members of AA. If respondents did not spontaneously talk about adverse sexual experiences the interviewer asked: were you ever forced to engage in sexual acts you did not want or which you had the feeling that you could not escape from or refuse? If a respondent answered affirmatively she
was asked to tell more about the kind of experiences, perpetrator(s), the age(s) at which they occurred, and her feelings and reactions.

The respondents were encouraged to talk about aspects of drinking that related to functionality, that is effects of the use, what these effects meant to them and how they evaluated them, how others saw these effects, and whether, and how, these effects were related to coping with problems they experienced.

Presence of the 9 DSM-III-R criteria for alcohol dependency was checked (Cronbach's alpha .67). The number of criteria present was used as a measure of severity of alcohol dependence (Kosten, Rounsaville & Babor, 1987). Secrecy of drinking was measured by eight questions about drinking and being intoxicated alone and secretly, versus in the company of others and in public places. (Cronbach's alpha =.82). The occurrence of 16 -psychological, social and medical- problems as consequents of drinking, was checked (Cronbach's alpha .58).

Psychological gender identity was measured with the GRAS (Groninger Androgyny Scale, De Graaf 1984), and as measure of psychopathology the Dutch abbreviated version of the MMPI the NVM, was used (Evers et al. 1992). The GRAS consists of a masculinity (M-) and a femininity (F-) scale, with neutral items added to conceal the aim of the test. The M- and F-scales are composed of characteristics that are ascribed significantly more to one sex than to another, analogously to instruments such as the BSRI (Bem Sex Role Inventory, Bem 1974). A difference between the GRAS and the BSRI is that in the GRAS mean social desirability is much higher (.5 on a four-point scale) for masculinity-items than for femininity-items. Although these scales are not aimed at measuring psychopathology, it has been found that low scores on the M-scale and on androgyny (score on M-scale minus score on F-scale) are associated with less well-being and lower self-esteem (Deaux & Kite 1988). The NVM consists of four subscales, Negativity, Somatization, Shyness and Extraversion. Norm-tables have been developed for normals, psychiatric patients, and (psycho)somatic patients.

Interviews lasted up to three hours. Two respondents were visited twice for this interview, because it could not be completed in three hours.

**Taxonomy and coding of functions**

Functions of alcohol use were defined as effects of alcohol, that the user evaluates as positive, or as having positive aspects. For the analysis and measurement of functions of alcohol use, a file was constructed for each respondent which contained all her statements relating to functionality of
alcohol (see chapter 6). On the basis of these files a list was made of all functions occurring in the interviews that fitted in the taxonomic scheme that was constructed before. It was examined whether there was enough information about each of these functions to decide about its presence or absence early (up until the end of the first year of excessive drinking) and later in the drinking history of the respondent. Excessive drinking was defined as beginning when subjects started to drink at least two glasses daily, or at least 6 glasses two days a week, or were drunk several times during one month. For each function on which there was not adequate information available in this interview, one or more questions were formulated for a second interview. Second interviews were held with 43 respondents. No subject refused. Two subjects could not be traced, but their interviews were kept in the study, because they provided a enough information. After the second interview all functions for each respondent were coded separately for the beginning and the later period of drinking by three coders on the basis of the relevant fragments of the interviews. The coders were psychologists. The mean inter-coder reliability was 79.8.

Division in subgroups
We defined sexual abuse (SA) as sexual contacts or acts that the person is forced into, or that she feels she cannot refuse because of heavy pressure or threats by a more powerful person. We coded all reports of sexual abuse occurring before or during problem drinking. We included events that did not involve physical contact only if they occurred more than once and were experienced by the respondent as very distressing, such as being forced to look at explicit sexual acts or to be photographed in erotic postures. The respondents were divided in a sexually abused (SA) and a not sexually-abused (NSA) group. The SA-group consisted of 23 persons (51%), and was subdivided into respondents who were sexually abused during childhood, before the age of 18 (CSA-group; n=14), and respondents who were abused only later in life, before or during their drinking history (LSA-group; n=9). The NSA-group included the women who reported no sexual abuse (N=22, 49 %). Table 8.1 gives information about perpetrators of the abuse.

We will describe the three groups with regard to demographic variables, variables relating to childhood experiences and family-of-origin, psychopathology, gender identity, and drinking history. The differences between the three groups were examined via overall tests. When these tests were significant, pairwise comparisons were computed. When the overall tests were not significant, differences between SA- (CSA- and LSA-group
Table 8.1 Alcohol dependent women who report sexual abuse (N=23) perpetrators in subgroups

8.1a Sexual abuse occurring before 18 years of age

<table>
<thead>
<tr>
<th>kind of perpetrator</th>
<th>CSA-group n=14</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(step)father</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>brother(s)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>other family member(s)</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>other known person(s)</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>stranger(s)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>total</td>
<td>17 *</td>
<td></td>
</tr>
</tbody>
</table>

8.1b Sexual abuse occurring at age 18 or later

<table>
<thead>
<tr>
<th>kind of perpetrator</th>
<th>CSA-group n=9</th>
<th>LSA-group n=9</th>
</tr>
</thead>
<tbody>
<tr>
<td>partner(s)</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>family /familiar person(s)</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>stranger(s)</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>therapist</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>total</td>
<td>10 *</td>
<td>9</td>
</tr>
</tbody>
</table>

* Categories were not mutually exclusive. Because several women reported more than one category of perpetrators, total numbers exceed the number of subjects.

1) CSA-group respondents who reported sexual abuse before the age of 18
2) Respondents from the CSA-group who reported sexual abuse also occurring after the age of 18
3) LSA-group respondents who only reported sexual abuse after the age of 18
combined) and NSA-subjects were tested. For this descriptive part significance is reported at p<.10. The hypotheses concerning functionality were tested by comparing scores from SA- and NSA-subjects. For the tests were used Chi-Squares, t-tests and One-way Anova's, or, if the distribution of scores significantly deviated from normality, the Mann-Whitney or the Kruskal-Wallis test.

RESULTS

Characteristics of subgroups
There were no differences between the subgroups in demographic characteristics, length of drinking history and kind of treatment received for alcohol problems. The characteristics of the CSA-, LSA- and NSA-groups are presented in tables 8.2 to 8.4.

The data in Table 8.2 show that the CSA-group reported a poor childhood in respects other than sexual abuse as well. Emotional neglect (p<.001), heavy physical abuse (p<.05) and a bad relationship with the mother (p<.05) showed high percentages. Chi-Square values of these variables were significant overall as well as comparing CSA- to LSA- and NSA-subjects separately, except for physical abuse for which there was no difference between the CSA- and LSA-group. The SA-subjects reported more alcohol problems in the family of origin compared to the NSA-subjects (p<.10).

Table 8.3 presents the variables relating to the drinking history of the respondents. Contrary to expectation, CSA-respondents did not show an earlier onset of excessive drinking. The number of drinking problems was higher in the SA-subjects compared to the NSA-group (p<.10). SA-subjects compared to NSA-subjects experienced fewer years of problem-free drinking (2.6 against 5.0, p<.10).

For the data in the upper part of table 8.4 the overall test was significant for Androgyny, and the Shyness scale of the NVM. Scores on Androgyny were below zero, indicating relative dominance of femininity-items. CSA-respondents had a lower score on Androgyny compared to the LSA- (p<.10) and the NSA-group (p<.05). Scores on the NVM were high or above average for all groups compared to general norm-tables, except for Extraversion, for which scores were average for the LSA- and NSA-group, and very low - below the average level of psychiatric patients- for the CSA-group. The CSA-group scored at the level of psychiatric patients for Somatization and above
Table 8.2 Alcohol dependent women (N=45) Variables related to childhood and family-of-origin, by history of sexual abuse

<table>
<thead>
<tr>
<th>variables</th>
<th>CSA-group (%)</th>
<th>LSA-group (%)</th>
<th>NSA-group (%)</th>
<th>Chi-square (df=2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>serious emotional neglect</td>
<td>57 1</td>
<td>0 0</td>
<td>9 1</td>
<td>14 64***</td>
</tr>
<tr>
<td>heavy physical abuse</td>
<td>28 6</td>
<td>11 1</td>
<td>9 0</td>
<td>7 07*</td>
</tr>
<tr>
<td>parent(s) long period absent</td>
<td>42 9</td>
<td>11 1</td>
<td>9 36 4</td>
<td>6 35*</td>
</tr>
<tr>
<td>bad relationship with mother</td>
<td>83 3</td>
<td>33 3</td>
<td>9 45 0</td>
<td>19 44***</td>
</tr>
<tr>
<td>bad relationship with father</td>
<td>54 5</td>
<td>33 3</td>
<td>9 31 8</td>
<td>4 44</td>
</tr>
<tr>
<td>parent(s) serious health problems</td>
<td>46 2</td>
<td>33 3</td>
<td>9 40 9</td>
<td>19 11</td>
</tr>
<tr>
<td>parent(s) alcohol problems</td>
<td>38 5</td>
<td>44 4</td>
<td>9 23 8</td>
<td>2 22</td>
</tr>
<tr>
<td>material problems in family</td>
<td>15 4</td>
<td>33 3</td>
<td>9 22 7</td>
<td>2 22</td>
</tr>
<tr>
<td>parents have bad marriage</td>
<td>58 3</td>
<td>44 4</td>
<td>9 47 6</td>
<td>2 22</td>
</tr>
<tr>
<td>score for alcohol problems in family-of-origin (SD)</td>
<td>2 1 (16)</td>
<td>2 1 (19)</td>
<td>1 3 (13)</td>
<td>1 22</td>
</tr>
</tbody>
</table>

1) CSA-group respondents who reported sexual abuse before the age of 18
2) LSA-group respondents who reported sexual abuse only at age 18 or later
3) NSA-group respondents who reported no abuse
4) Number of respondents for whom the variable was assessed

* p < 05  *** p < 001
Chi-squares pairwise

a) CSA-LSA 5 57, p < 05  CSA-NSA 7 60, p < 01
b) CSA-LSA n s  CSA-NSA 4 47, p < 05
c) CSA LSA 3 54, p < 10, CSA-NSA 3 18, p < 10
d) t-test SA-group (CSA- and LSA-groups combined) compared to NSA-group
t=-1 69, p < 10

this level for Shyness. The Shyness-score of the CSA-group was higher compared to the scores of the LSA- and the NSA-subjects (both p<.05). There were no significant differences in NVM-scores between the SA- and NSA-subjects.

Table 8.4 shows that all groups reported considerable use of benzodiazepi-
Table 8.3 Alcohol dependent women (N=45). Characteristics of drinking history, by history of sexual abuse.

<table>
<thead>
<tr>
<th>Characteristics of drinking history</th>
<th>CSA n=14</th>
<th>LSA n=9</th>
<th>NSA n=22</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) age of 1st drink</td>
<td>16.9 3.7</td>
<td>17.6 3.7</td>
<td>16.9 2.9</td>
</tr>
<tr>
<td>2) age of excessive drinking</td>
<td>27.1 7.2</td>
<td>23.2 7.6</td>
<td>24.9 9.1</td>
</tr>
<tr>
<td>3) age of help for alcohol problem</td>
<td>35.1 6.2</td>
<td>37.1 8.1</td>
<td>36.6 7.7</td>
</tr>
<tr>
<td>4) length of drinking history</td>
<td>15.3 5.3</td>
<td>18.3 7.8</td>
<td>16.3 6.6</td>
</tr>
<tr>
<td>5) years of problem drinking</td>
<td>12.5 4.1</td>
<td>16.1 7.9</td>
<td>11.3 5.4</td>
</tr>
<tr>
<td>6) years of problem-free drinking</td>
<td>2.8 4.2</td>
<td>2.2 2.9</td>
<td>5.0 5.5</td>
</tr>
<tr>
<td>7) severity score</td>
<td>7.5 2.1</td>
<td>7.7 2.1</td>
<td>6.6 2.3</td>
</tr>
<tr>
<td>8) secrecy score</td>
<td>5.6 2.6</td>
<td>4.3 2.3</td>
<td>4.0 2.6</td>
</tr>
<tr>
<td>9) nr. of drinking problems</td>
<td>9.6 2.7</td>
<td>10.0 2.5</td>
<td>8.2 2.9</td>
</tr>
</tbody>
</table>

1) For definition of CSA-, LSA- and NSA-groups see table 8.2
2) Mean age of the first time a respondent seeks help for alcohol problems. One respondent in the NSA-group did not seek help for alcohol problems.
3) Years since beginning of excessive drinking till stopping excessive drinking or till time of first interview. Onset of excessive drinking: when subjects started to drink at least two glasses daily, or at least 6 glasses two days a week, or were drunk several times during one month.

Comparison of CSA-, LSA- and NSA-subjects.
Oneway ANOVA's, and for 7) and 8) Kruskal-Wallis tests (because scores were not normally distributed), were performed for comparing the three groups. No result was significant.

Comparison of SA- (CSA and LSA combined) and NSA-subjects
a) SA-subjects had fewer years (2.6) of problem-free drinking compared to NSA-subjects; t=-1.77, p<.10
b) SA-subjects had more drinking problems (9.8) compared to NSA-subjects, t=1.94 p<.10.

nes, nicotine and other substances, while only the SA-groups frequently reported suicide attempts and eating disorders. The overall test on suicide attempts was significant (p<.01). Frequency of suicide attempts was significantly higher in both the CSA-group and the LSA-group (p<.05, resp p<.10) compared to the NSA-group. The SA-subjects reported more eating
Table 8.4  Alcohol dependent women (N=45) Variables relating to personality and to other problem behaviors than drinking, by history of sexual abuse

<table>
<thead>
<tr>
<th>Variables</th>
<th>CSA (n=14)</th>
<th>LSA (n=9)</th>
<th>NSA (n=22)</th>
<th>F-ratio a)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) GRAS /M-Scale</td>
<td>69.0±1.4</td>
<td>76.2±6.6</td>
<td>76.3±11.9</td>
<td></td>
</tr>
<tr>
<td>2) GRAS /F-scale</td>
<td>89.0±1.4</td>
<td>83.3±9.1</td>
<td>84.6±11.7</td>
<td></td>
</tr>
<tr>
<td>3) GRAS /androgyny</td>
<td>-20.0±16.3</td>
<td>-7.2±8.1</td>
<td>-8.3±12.2</td>
<td>3.70** b)</td>
</tr>
<tr>
<td>4) NVM-Negativity</td>
<td>25.2±6.1</td>
<td>28.2±5.4</td>
<td>22.1±9.3</td>
<td></td>
</tr>
<tr>
<td>5) NVM-Somatization</td>
<td>17.2±10.9</td>
<td>9.3±8.3</td>
<td>10.3±8.9</td>
<td></td>
</tr>
<tr>
<td>6) NVM-Shyness</td>
<td>20.3±8.7</td>
<td>11.8±5.7</td>
<td>12.6±8.4</td>
<td>3.69* c)</td>
</tr>
<tr>
<td>7) NVM-Extraversion</td>
<td>10.5±5.4</td>
<td>15.7±4.4</td>
<td>14.2±7.7</td>
<td></td>
</tr>
<tr>
<td>8) heavy diazepam use</td>
<td>57.1±33.3</td>
<td>33.3±18.4</td>
<td>31.8±18.4</td>
<td></td>
</tr>
<tr>
<td>9) heavy smoking</td>
<td>57.1±6.7</td>
<td>66.7±8.6</td>
<td>86.4±22.7</td>
<td></td>
</tr>
<tr>
<td>10) use of other substances</td>
<td>21.4±22.2</td>
<td>22.2±22.2</td>
<td>22.7±22.7</td>
<td></td>
</tr>
<tr>
<td>11) eating disorders</td>
<td>28.6±33.3</td>
<td>33.3±4.5</td>
<td>4.5±5.3</td>
<td>5.24* e)</td>
</tr>
<tr>
<td>12) suicide attempts</td>
<td>64.3±44.4</td>
<td>44.4±9.1</td>
<td>9.1±12.3</td>
<td>12.35*** f)</td>
</tr>
</tbody>
</table>

a) For definition of CSA, LSA and NSA-groups see table 8.2

Comparison of CSA-, LSA- and NSA-groups

a) One way ANOVA's were performed combined with Least Significance Difference (LSD)
Tests for pairwise comparisons  * p<10  *** p<01
b) Pairwise difference CSA - LSA  p<10  pairwise difference CSA - NSA  p<05
c) Pairwise difference CSA - LSA  p<05  pairwise difference CSA NSA  p<05
d) Chi-Squares over the three groups were computed, combined with pairwise Chi-Squares
f) Chi-square pairwise  n.s

Comparison of SA- (CSA and LSA combined) and NSA-groups

a) Chi-Square SA- NSA-group  3.54 (p<10)
disorders compared to the NSA-group (p<.10).

In sum, the data concerning childhood history, drinking history, personality and problem behaviour variables suggest that CSA-respondents experienced more problems during childhood and in the area of personality compared to LSA- and NSA-subjects. Furthermore frequency of use of substances other than alcohol is high in all subjects, and SA-subjects report more other behavioural problems and a somewhat more problematic drinking history.

**Functions of alcohol use**

Functions of alcohol use were defined as effects of alcohol, that the user evaluates as positive, or as having positive aspects. As mentioned, we developed a taxonomic scheme and an inventory of functions of alcohol use. Two dimensions in this taxonomic scheme that are especially relevant here, are whether a function did or did not relate to a problem that the respondent experienced, and whether a function was direct or indirect. Direct functions refer to the (eventually expected, De Boer 1993) psychotropic effects of ethanol, effects on behaviour and experience that are experienced as immediate and 'pharmacological', for example drinking to suppress undesired emotions, or to reduce social anxiety. In indirect functions, it is not the psychotropic 'pharmacological' effect which is important but the psychological meaning of drinking as behaviour, for example excessive drinking as a way of drawing attention to one's problems. We categorized 29 problem-related functions, and 6 non-problem-related functions of alcohol use. The lists of functions had acceptable homogeneities (Cronbach’s alpha .64, resp. .69).

As to our first hypothesis, table 8.5 shows that SA-women reported more problem-related functions in the beginning period of drinking (p<.05) as well as in the later period (p<.05) compared to the NSA-subjects. SA-respondents also show fewer non-problem-related functions later on in the drinking history (p<.05).

Table 8.6 presents the 12 problem-related functions of alcohol that were most frequently mentioned in the total group. As hypothesized, *being able to adjust sexually* was reported more by SA- subjects compared to NSA-subjects (p<.05). *Suppression of negative emotions during beginning of drinking*, *being able to sleep*, *continuing relationship with partner* and *filling time* were mentioned more frequently by SA- subjects, but only *enhancing personal identity in the beginning of drinking* (p<.05) was significantly reported more often by the SA-women compared to the NSA-women.
Table 8.5 Alcohol dependent women \((N=45)\). Functions of alcohol use, by history of sexual abuse.

<table>
<thead>
<tr>
<th>functions of alcohol use</th>
<th>NSA (^1) (n=22)</th>
<th>SA (^2) (n=23)</th>
<th>SA-subgroups</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>nr.</td>
<td>SD</td>
<td>nr.</td>
</tr>
<tr>
<td>1. problem-related beginning (^3)</td>
<td>2.9</td>
<td>1.5</td>
<td>4.3</td>
</tr>
<tr>
<td>2. problem-related later (^4)</td>
<td>8.1</td>
<td>3.1</td>
<td>10.1</td>
</tr>
<tr>
<td>3. nonproblem-related beginning</td>
<td>1.8</td>
<td>1.4</td>
<td>1.6</td>
</tr>
<tr>
<td>4. nonproblem-related later</td>
<td>2.0</td>
<td>1.7</td>
<td>1.3</td>
</tr>
</tbody>
</table>

\(^1\) For definition of NSA-, CSA- and LSA-groups see table 8.2

\(^2\) SA-group, CSA- and LSA-subjects combined (all respondents who reported sexual abuse).

\(^3\) Problem-related vs nonproblem-related indicated whether a function did or did not relate to a problem that the respondent experienced. 'Beginning' means during the period up until the end of the first year of excessive drinking, 'later' is in the total period of the drinking history after the first year of excessive drinking.

\(^4\) Because from the problem-related functions 6 were related to the partner, and in the SA-group three respondents did not have a partner, the score of problem-related functions later is computed without the respondents who had no partner.

\(^*\) Difference between NSA- and SA-group; \(p<0.05\) (one-tailed)  
For 2 a t-test was computed, and for 1 and 4 a Mann-Whitney Rank-Sum W-test because the scores were not normally distributed

\(a\) \(Z = -1.75\)

\(b\) \(t = 1.74\)

\(c\) \(Z = -1.67\)
Table 8.6: Alcohol dependent women (N=45). Functions of alcohol use in relation to history of sexual abuse.

<table>
<thead>
<tr>
<th>(d=1)</th>
<th>4.99**</th>
<th>4.44</th>
<th>5</th>
<th>3.57</th>
<th>2.9</th>
<th>2.0</th>
<th>1.9</th>
<th>1.7</th>
<th>1.5</th>
<th>1.3</th>
<th>1.0</th>
<th>0.7</th>
<th>0.5</th>
<th>0.3</th>
<th>0.1</th>
</tr>
</thead>
<tbody>
<tr>
<td>(d=2)</td>
<td>4.99**</td>
<td>4.44</td>
<td>5</td>
<td>3.57</td>
<td>2.9</td>
<td>2.0</td>
<td>1.9</td>
<td>1.7</td>
<td>1.5</td>
<td>1.3</td>
<td>1.0</td>
<td>0.7</td>
<td>0.5</td>
<td>0.3</td>
<td>0.1</td>
</tr>
</tbody>
</table>

- **p < .05
- *p < .01
- **p < .001

Legend:
- CSA: Sexual abuse
- S^2: Sexual dysfunction
- SA: Sexual activity
- CS^2: Compulsive sexual behavior
- S^2: Sexual activity

Note: NSA: No sexual abuse

Sexual dysfunction

Habitual use

Behaving correctly

Sexual function in special situations

Unable to sleep

Expression of sexual desire

Overcome by alcohol

Support of negative emotions during beginning of drinking

Support of negative emotions during later drinking

- p > .05
- p > .01
- p > .001

Supplementary Table 8.6: Alcohol dependent women (N=45). Functions of alcohol use in relation to history of sexual abuse.

<table>
<thead>
<tr>
<th>(d=1)</th>
<th>4.99**</th>
<th>4.44</th>
<th>5</th>
<th>3.57</th>
<th>2.9</th>
<th>2.0</th>
<th>1.9</th>
<th>1.7</th>
<th>1.5</th>
<th>1.3</th>
<th>1.0</th>
<th>0.7</th>
<th>0.5</th>
<th>0.3</th>
<th>0.1</th>
</tr>
</thead>
<tbody>
<tr>
<td>(d=2)</td>
<td>4.99**</td>
<td>4.44</td>
<td>5</td>
<td>3.57</td>
<td>2.9</td>
<td>2.0</td>
<td>1.9</td>
<td>1.7</td>
<td>1.5</td>
<td>1.3</td>
<td>1.0</td>
<td>0.7</td>
<td>0.5</td>
<td>0.3</td>
<td>0.1</td>
</tr>
</tbody>
</table>

- **p < .05
- *p < .01
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Legend:
- CSA: Sexual abuse
- S^2: Sexual dysfunction
- SA: Sexual activity
- CS^2: Compulsive sexual behavior
- S^2: Sexual activity

Note: NSA: No sexual abuse

Sexual dysfunction

Habitual use

Behaving correctly

Sexual function in special situations

Unable to sleep

Expression of sexual desire

Overcome by alcohol

Support of negative emotions during beginning of drinking

Support of negative emotions during later drinking

- p > .05
- p > .01
- p > .001

Supplementary Table 8.6: Alcohol dependent women (N=45). Functions of alcohol use in relation to history of sexual abuse.
QUALITATIVE ANALYSIS

Because the SA- and NSA-groups differed significantly on the functions sexual adjustment and enhancing identity, we analyzed these two functions qualitatively.

Sexuality
As table 8.6 shows, 12 (of 22; one subject reported not to have had any sexual contacts) SA- and 4 (of 22) NSA-respondents reported sexual adjustment as function of alcohol use. Sexual adjustment was defined as: drinking has the effect of being able to function sexually, which is (more) difficult or impossible when sober; the emphasis is on sexual adjustment, cooperation, submission, meeting demands of others, not on one's own sexual pleasure. The interviews suggested that there were different kinds of situations in which this function occurred.

First, five women who had a positive code on sexual adjustment, said that they never had any sexual feelings, or had them only after they had been drinking, and needed alcohol to have sexual contacts even in a good or reasonable partner relationship. Four of these five women were sexually abused in childhood.

Respondent 52. (CSA-group). This woman told the interviewer that she had always resented sex. She loved her husband, however, and felt obliged to make love to him.
I. Do you think that he (the partner) had any advantages from the fact that you drank?
R. Yes, I think he had. Because I was of course rather sexually uninhibited when I drank, and that would have been an advantage for him.
I. Did you do it for that reason?
R. Yes, I did it for that reason all the time, alas... Because I thought, then I really can let myself go.
I. Could you enjoy sex yourself then?
R. No, I did not reach what I wanted to reach, but anyway, it was less awkward, and I did not feel so lousy.
I. Because, when you were sober it all was ...
R. Much more difficult, yes.

Second, nine other respondents -among them all four NSA-women who reported this function- said that only in special circumstances did they use alcohol to adjust sexually. These circumstances were a poor or worsened relationship with the (male) partner, or being confronted with sexual desires from the partner which they felt unable to meet. They claimed to have no difficulties with what they saw as normal sexuality or with sexual functioning as long as the relationship was good.

Respondent 25 (NSA-group) said that she started to have emotional problems with
making love to her husband in the period that their relationship deteriorated.

I Did he (the husband) have, in that period, any advantages from the fact that you drank?

R Yes, I think so. I think that I was more indulgent, that I met the demands he made on me in bed, anyway I didn't mind any more then. In that period he was something like If I don't get what I want from you, sexually, then I'll go to someone else.

I What happened if you didn't drink then?

R Then I wanted to talk about it, about what I felt, and what I wanted, and then he left.

This respondent, like many others, said that her partner put pressure on her in their sexual contacts. Because, in principle, an adult can refuse when there is no (threat of) violence, these cases were not coded as sexual abuse. Sometimes, however, the line between 'free will' and 'coercion' was thin. For example when drunk, two respondents gave 'voluntarily' in to sexual demands of their partner, which they viewed as excessive. Afterwards, however, they felt that they had been abused.

The remaining two of the 16 subjects who scored positive on sexual adjustment used alcohol to be able to endure explicit sexual abuse by the partner. Six other SA-respondents reported sexual abuse by the partner (table 1.). Three of them said that use of alcohol helped in enduring this.

Respondent 03 (LSA-group)

I Of course I was raped often enough. But that did not always involve the use of violence. It happened only once that he knocked me to pieces. But rape occurred quite a few times.

R Well, we went to bed rather tight.

I And then, you let it happen?

R And if I tried to resist, it was scolding, and yes, hard-handed, because he was of course much stronger than I am. So to prevent that I let it happen.

I What did drinking have to do with that?

R That I thought if I drink I can better stand it.

Enhancing identity

This function was reported by 9 SA-and 2 NSA-respondents. It was defined as: the respondent says that she felt consumption of alcohol enhanced her (problematic) gender or personal identity, social or self image, in the beginning of the drinking history. This effect is not a consequence of (presumed) pharmacological effects of drinking but concerns the psychological meanings of drinking for the respondent.

Respondent 75 (CSA-group)

I Why did you prefer alcohol above pills?

R With pills nobody sees that you do it. With alcohol, people see that you drink.
Often I went to sit in the metro with beer, to show that I was drinking. In the metro I feel very small. You are just one of the crowd. But if you are together with someone, or you have something that makes you rise above everything.

I: Was it important for you to show that you drank?
R: Yes, that I was sturdy. I am not sturdy at all. But with alcohol I am.
I: To whom did you want to show that?
R: To my environment. To everyone I saw in the pub and everyone I saw in the street.

A number of women related this function specifically to problems they had with their self image as a woman.

Respondent 08 (NSA-group)

R: I had only such (indicates with her hand) a small idea. I cannot indicate it smaller. About my worth as a woman especially. About myself as friend or as pupil I did perhaps not have such a low opinion, but as a woman I did.
I: Did you already feel that way when you were a child?
R: Yes, I was deadly ashamed that I was a girl. I did not have to be a boy. You hear sometimes about girls always climbing in trees etcetera. I was not at all like that. I was no daredevil. I was just ashamed about being a girl. That troubled me for quite a long time.
I: ( ) Did your drinking have to do with those kinds of feelings?
R: Yes, then I felt very hardy, then I could measure myself with the boys. And then you had something as a woman which elevated you above other women, because they stopped rather soon after two beers, and I could easily go on till ten.

The association between sexual abuse and the presence of this function seems to be different for the CSA- and the LSA- respondents. In CSA-respondents, the need to enhance identity can be seen as a consequence of the abuse experiences. In the LSA-group, this interpretation is not plausible however, since the function of enhancing identity was already reported as present during the time before the sexual assault(s) took place. In three of the four women involved, the sexual assault(s) consisted of incidences of rape in connection with going out. For these three women, the association between the function of enhancing identity and sexual abuse seemed to lay in the fact that women reporting this function often drank in public places and ran more risk of being raped by doing so.

Enhancing personal identity by drinking seemed to occur in higher social milieus that provide positive cultural connotations for excessive drinking in women. In the lower social strata, many respondents could not imagine that a woman would be proud of excessive drinking or that this would enhance one’s status as a person. Being known as someone who could drink heavily was rather something to be ashamed of.
Functions related to coping with serious abuse experiences
In four cases the reported sexual abuse experiences consisted of abuse by several perpetrators from a young age on, while support from the social environment was lacking. As could be expected alcohol use was one of the strategies for the women involved to cope with traumatic experiences by repressing thoughts, emotions, nightmares, etc. relating to these experiences.

Respondent 15 (CSA-group)
R. Then I started to think, I also have to get such a bottle for at home
I Because you had liked it?
R Yes, fine, it suited me well for a very long time
I So after that birthday you started to buy it yourself
R Yes, because you know, then you don't dream anymore, not only not of the abortion, but also not of that old things that come again closer to you when you sleep
I thought, if I drink two glasses at night, I can sleep well. I thought, then nothing will bother me

The two respondents that had paid jobs, said they needed the dulling effect of alcohol during certain periods to sustain themselves in their working situation. They could attain this by other methods as well, however, for example by extreme dieting. Two women said that instead of repressing, alcohol in fact sometimes facilitated remembering the abuse experiences and helped to conquer the fear of talking about it. One respondent said she could only talk about her emotional memories when she was drunk, the other one only talked about her experiences when she had a hangover. Furthermore sometimes heavy drinking seemed to help to get respondents through days following very wrenching therapy sessions. These statements, anecdotal as they may be, suggest that alcohol use can play a more dynamic role in the process of elaborating, getting through and living with sexual abuse experiences than just repression of emotions and cognitions.

DISCUSSION
In this study more problem-related functions early and later in the drinking history and fewer non-problem related functions later in the drinking history were coded as present for sexually abused (SA) alcohol dependent women than for non-sexually abused (NSA) women. From the variety of problem-related functions that were categorized, SA-respondents presented two more frequently. These were drinking makes sexual adjustment possible and alcohol use has the effect of enhancing gender or personal identity in the beginning of drinking. That drinking is functional for sexual adjustment in sexual abuse
victims is consistent with the study of Hayek (1980). The present study suggests that drinking in relation to sexual functioning is not directed toward one’s own sexual pleasure, but toward cooperation, submission, meeting demands from others or from oneself. Qualitative analysis intimated that most subjects who were sexually abused in childhood (CSA) always needed alcohol to function sexually, while for most other SA-subjects this was limited to special circumstances. In a number of instances alcohol was used to endure current sexual abuse.

Enhancing identity as an effect of alcohol use refers to the psychological meaning of drinking. Drinking alcohol gives the opportunity to compensate for feelings of inferiority because excessive drinking means being sturdy, interesting, sophisticated, or superior to other women. Because sexually abused women often show low self-esteem it is comprehensible that this cultural meaning can make drinking attractive for them. This function of alcohol use in particular makes obvious that the functionality of alcohol use for sexually abused female problem drinkers exceeds a general reduction of stress.

In agreement with the scant other research about female problem drinkers who have been sexually victimized, the CSA-women in this study reported more childhood problems, such as physical abuse and emotional neglect, and more problems in the domain of personality compared to NSA- as well as LSA-subjects. The frequency of eating disorders and suicidal tendencies was high in all SA-subjects compared to NSA-subjects. These findings suggest that the high comorbidity found in problem drinkers in general, is associated in female problem drinkers with early sexual victimization and partly also with later sexual victimization.

In interpreting the results of this study its methodological limitations should be taken into account. The respondents were self-selected and their number was rather small, limiting the possibilities and usefulness of statistical operations. The interviewees were asked to go a long time back in their memories, a procedure that has been criticized for resulting in less valid reports. Verbal statements in interviews (or answers in questionnaires) never simply reflect 'reality', however. What one can do in a retrospective study is to compare narratives of women questioned in circumstances that are similar and that invite honest self-examination, i.e. in this case by the same interviewer and in a situation that was not related to treatment, usually at home, where the interviewee could feel at ease.

Taken these limitations into account however, we believe that the systematically categorized and objectively coded statements in these
narratives provide an insight in the functionality of alcohol use for women with alcohol problems. The results of this study suggest that it is important in the treatment of female problem drinkers to consider the possibility of a history of sexual abuse. Particularly for victims of sexual abuse other ways than alcohol use will have to be found for coping with sexual and personal identity problems. Furthermore, the demand of abstaining from alcohol during treatment may be counterproductive if the client seems to need alcohol for elaborating serious traumatic experiences.
This general discussion begins with a summary of the second part of the dissertation followed by some methodological remarks. Next the concept of 'functions of alcohol' is discussed, including the taxonomic scheme used to distinguish functions, the distinction between direct and indirect functions and the relationship of indirect functions with gender specific norms and meanings of drinking. Wherever relevant, the reader will be referred to the first part of this dissertation, which is abstracted in the general summary.

**SUMMARY OF THE EMPIRICAL STUDY**

In this study semi-structured in-depth interviews were carried out with 45 women aged between 30 and 55 years, who were (or had been) dependent on alcohol according to criteria of DSM-III-R. Functions of alcohol use were inventoried on the basis of the interviews. Functions of alcohol were defined as 'consequents' of alcohol (use) that the drinker experiences as positive or as having positive aspects. The subjects responded to announcements in free local papers and some other media and in letters calling for volunteers sent via three treatment institutions.

The basis for the categorizing of functions of alcohol was a taxonomic scheme comprising four dimensions that covered the domain of functions of alcohol. These dimensions were a) positive versus negative reinforcement, b) experience versus behavior c) direct versus indirect and d) problem-related versus non-problem related.

'Positive reinforcement' means the attainment of an explicitly positively valued situation; 'negative reinforcement' signifies removal of a negative situation, resulting in a state experienced as neutral. 'Experience' refers to 'mental states', emotions, cognitions and sensations experienced by the individual; 'behavior' refers to overt, observable behavior. A drinker can report, for example, that she is less afraid of her husband after using alcohol (which is experience), and/or that she is behaving more assertively toward him.
(which is behavior). 'Direct' functions of alcohol refer to the psychotropic functions of alcohol that the drinker experiences as induced by the pharmacological action of alcohol in the body. 'Indirect' functions are 'non-pharmacological' effects based on the meanings of alcohol, drinking or being 'a drinker'. For a woman who has feelings of inferiority, drinking alcohol can have the psychotropic effect of reducing these feelings (negative reinforcement), or turning them to feelings of superiority (positive reinforcement). But it can also happen that showing that she can hold her alcohol makes her feel that she is a better person than others, which reduces her feelings of inferiority in another way. 'Problem-related' versus 'non-problem related' refers to the state of the drinker. In a problem state there is some form of mental or physical distress experienced that is temporarily, partly or seemingly alleviated by the use of alcohol. With these four dimensions nine relevant combinations were possible, which together formed a scheme of categories of functions of alcohol.

For the collection of data in-depth interviews took place, most of them at the homes of the respondents. On the basis of a checklist first the life history and then the drinking history of the respondent were discussed. The respondent was also asked to complete the NVM (Dutch Abbreviated MMPI) and the GRAS (Dutch Androgyny Scale). In the interview the respondents were encouraged to discuss all aspects of drinking that related to functionality in different periods of the drinking history: how they felt and what they did after drinking; whether these feelings and behaviors were desired at that time, and why (not); the relation between drinking and problems mentioned in the first part of the interview; what drinking meant to them in that period; and what, in their view, significant others thought about their drinking. If needed, subjects were asked to clarify a statement in order to determine which category of functions was under discussion.

All statements by a respondent regarding functionality of drinking were put together in one computer file. With the help of these files the inventorying of functions in the cells of the scheme was carried out. For each function, presence early (the period up to the second year of excessive drinking), and/or later (the total later period) in the drinking history was coded. In a second interview, all functions about which no adequate information was available were examined again. Interviews from two respondents who could not be located for a second interview, were kept in the study, because they contained enough information. Statements from the second interview completed the files which were coded by the investigator and two other psychologists. This procedure of re-interviewing produced a high inter-coder reliability (mean
Early and late functions of alcohol were analyzed for the total group of respondents (chapter 6). Then, analyses of functions of alcohol took place in connection to problems in the partner relationship (chapter 7) and experiences of sexual abuse (chapter 8), respectively. Both kinds of problems emerge in the scientific literature about alcohol and women as precipitating alcohol problems in women.

Early and late functions of alcohol use

Functions of alcohol were categorized for the total group of respondents. 29 were problem-related, six were non-problem related. For the later period of drinking almost twice as many functions were reported (mean 10.4) as for the early period (mean 5.6). The share of non-problem related functions diminished from about one third in the beginning of drinking to one sixth in the later period. There was much individual variation, however. Some respondents reported no non-problem related functions, others reported five of the six possible non-problem related functions. Problem-related functions that were frequently mentioned as occurring during later drinking history were: repression of negative emotions and cognitions (100%), oppose partner when inebriated (56%), sleeping, repression of withdrawal symptoms, euphoria (49%), social functioning in daily situations (49%), belonging to a group (38%), and sexual adjustment (36%). Frequently mentioned non-problem related functions were conviviality (64%) and creating a good atmosphere with the partner (40%).

Early in the drinking history problem-related functions of alcohol were confined to specific domains such as sleeping, social functioning and personal identity. Later on they extended to many areas of life, including the partner relationship. For the beginning period 60% of the respondents had a positive score on 'repression of negative emotions and cognitions', which can be considered as a definition of stress reduction or self-medication. For the later period this score was 100%. This suggests that stress reduction did not play a role for all respondents in the motivation of drinking from the beginning.

All respondents reported positive effects of alcohol use with respect to one or more kinds of 'behavior'. A broad range of behaviors were mentioned. Except social and sexual functioning and opposition to the partner, already referred to above, these concerned verbal aggression to persons other than the partner, and giving in to ambivalent impulses that one controls in sober state, such as buying things, automutilation and binging. Alcohol was not only experienced as 'repressing', but also as stimulating and making behavior
possible that was not possible in sober state. Indirect functions were reported by a majority of respondents (82%). These kinds of functions will be discussed further on page 116.

**Functions of alcohol use and problems in the partner relationship**

To study this issue, the group of respondents was post hoc divided in two subgroups. Group 1 (n=23) consisted of respondents who reported having started drinking mainly in response to problems with their partner. The women in group 2 (n=18) had started drinking before the relationship, or not mainly in response to problems with their partner. Four respondents did not have a partner during their drinking history and were not involved in this part of the study. The analyses implicated only the first partner in the drinking history. All partners in group 1 were male; in group 2 two respondents had a female partner.

From the 29 categorized problem-related functions in the study, six were connected with the partner relationship. Three of these can be seen as 'adjustment' and three as 'resistance'. Group 1 reported more partner-related functions than group 2. Functions that this group mentioned more often were: *drinking is signal or sign of rebellion, drinking to keep functioning in the partner relationship, and sexual adjustment (to the first partner)*. Moreover, group 1 reported other characteristics of the relationship compared to group 2. More often they saw their partner as dominant. They saw lack of understanding as main problem in their relationship, and said that their partner did not have a realistic image of their drinking. Discriminant Analysis showed that these characteristics better predicted whether a respondent belonged to group 1 or 2 than the partner-related functions of alcohol. This was due to the significance of one characteristic: perceived dominance of the partner, which was reported by 83% in group 1 and by 39% in group 2. This indicates that alcohol use in group 1 was related to experiencing a lack of power in the relationship. Qualitative analysis of the interviews suggested that for most women in group 1, at first alcohol use made resignation to their powerless situation possible, while later on open and conspicuous alcohol use became a way of offering resistance to the partner.

**Sexual abuse and functions of alcohol use**

Functionality of alcohol use for victims of sexual abuse was studied by comparing respondents who reported experiences of sexual abuse (n=23) to respondents who did not report such experiences (n=22). The group of
sexually abused respondents was subdivided into women who reported sexual abuse before the age of 18 (n=14), and women who reported these experiences only after the age of 18 (n=9). Comparison of the three subgroups on other variables in the study suggested that women who were sexually abused in childhood also had a more problematic childhood in other respects. They reported more emotional neglect and physical abuse compared to the other two groups. They also had a lower score on the Shyness scale of the NVM and a lower score on Androgyny on the GRAS. Both groups of sexually abused women reported more suicide attempts, eating problems and problems as a consequence of drinking, as well as a shorter period of 'problem-free' drinking in the beginning of the drinking history compared to non-sexually abused women.

In accordance with expectations, sexually abused respondents reported more problem-related functions of alcohol use in the early and later period of drinking, and fewer non-problem related functions later in the drinking history. Compared to their non-sexually abused counterparts, sexually abused respondents mentioned sexual adjustment and enhancing personal or gender identity more frequently as functions of alcohol use.

**METHODOLOGICAL REMARKS**

For exploring and inventorying functions of alcohol use in-depth interviewing was the obvious means of data collection. Since this method is time-consuming, the number of respondents had to be limited, restricting possibilities and relevance of statistical analyses. In comparisons of subgroups only large differences produced statistical significance, and multivariate analyses were hardly possible. Against these limitations the method used had advantages. It offered the possibility of combining the nomothetic with the idiographic level (cf. Hermans 1988). The stories of the respondents provided the opportunity for meaningful interpretations and clarifications of quantitative results.

Interviewing people about events that may have taken place in the remote past, has been criticized as a less valid method. Memory loss and effects of retrospective interpretations are operative (Nisbett & Ross 1980). People remember and tell events that can be meaningfully interpreted in their life histories. Moreover the personality and attitude of the interviewer and the circumstances in which the interview is taking place influence the story of the interviewee. This last mentioned difficulty was partly counteracted by having
all respondents interviewed by the same person and in similar circumstances, so that the interviews could be assumed to be reasonably comparable.

Furthermore attempts were made to restrict the making of attributions by the respondents by not asking primarily about reasons for drinking but by asking about behaviors and feelings, events, consequences and reactions after drinking and evaluations of these. This point will be elaborated in the discussion of the concept of functions.

Inventorying and subsequent coding of functions of alcohol use brought about a substantial reduction of the research material. Only presence 'early' or 'late' in the drinking history was assessed. Variations between the respondents in statements regarding one function, presence of a function for only a short time, and the importance of a function for a respondent, were not measured. Attempts to assess strength or importance of functions did not succeed because of large variations in these variables during drinking history and the variability of drinking history between respondents.

**Functionality of Alcohol Use**

*The concept of functions*

According to the balance-of-forces model in social learning theory (Orford 1985), dependence on a substance develops as a process in which 'incentives' that foster the use of the substance, are weighted against 'disincentives' that discourage this use. Incentives are positive effects and positive expectations of the use for the user. Disincentives are psychological, physical or social problems that are caused by the use, or for example beliefs of the user about the substance in question. The balance-of-forces model implies that when the use increases, the conflict between costs en benefits will grow, creating more and more ambivalence for the user. The present study was directed primarily on functions, or incentives for the alcohol use. Many of these turned out to be not merely positive, but at the same time negative. Giving in to ambivalent impulses was already mentioned before. Other functions causing ambivalence in the user were aggressive behavior after alcohol use toward the partner or toward the mother. The respondent often saw these behaviors as desirable, for example because she could express her feelings this way, which she was not able to or did not dare to do so when sober. She also experienced, however, negative consequences from this comportment, such as shame and social rejection. Incentives and disincentives of drinking are thus sometimes closely interwoven.
As was remarked in chapter 6, 'functions of drinking' do not coincide with 'reasons for drinking'. The concept of 'function' was preferred to the concept of 'reason', because in the pilot study it was found out that asking about reasons for drinking was conceived as asking for a legitimation of drinking. Since drinking too much is reprehensible, one has to have good and important reasons for it that fit well in the life history. By asking about reasons for drinking, respondents are thereby strongly invited to make retrospectively meaningful attributions and interpretations. Inquiring about effects of drinking - what did you do, what did you feel, etcetera - is more neutral in this respect. Besides this, asking for 'effects' is more specific as well as broader than asking for reasons. Asking for reasons often induced general and not very significant referrals to problems, such as for example 'loneliness'. The concept of functions entails specific effects of alcohol use in relation to such a problem. With respect to loneliness, drinking can suppress a depressive mood, fill the time, or can, if one drinks with other people, induce the idea of belonging to, or becoming part of, a group. The concept of functions is broader because it includes relations between alcohol use and desired behavior that are mentioned by the respondent without her seeing them as reasons for drinking. Several quotes in chapters 6 and 7 show that a positive effect of alcohol use was often seen as functional by the respondent herself. But this was not necessarily so. Sometimes an effect was not meant intentionally, or it was denied to be a reason for alcohol use. If this effect was however, seen as desired or positive by the respondent, it was nonetheless coded as functional.

The taxonomic scheme
The taxonomic scheme constructed in this study (see page 65) was of an heuristic nature. It was meant to facilitate the formulation of functions on the basis of the interviews. The cells in the scheme were not supposed to be unidimensional. The scheme seemed to be satisfactory in covering the domain of functions of alcohol use. Of its dimensions the distinction between 'direct' and 'indirect' functions in particular produced a relatively new perspective on the functionality of alcohol. We will elaborate on this below. The other dimensions, however, had relevance too. The distinction between problem- and non-problem related rests on the assumption that not all alcohol use is associated with coping with problems. This dimension can be relevant in comparing diverse groups of problem drinkers, as in the present study, and in examining the domain between problematic and non-problematic drinking.

The distinction between behavior and experience, and between positive and
negative reinforcement, give the opportunity to further differentiate the
description of the functionality of alcohol use. As was stated in chapter 6, in
many professionals in the alcohol field and in public opinion there is a
dominant belief that alcohol is a reducer of general stress or tension
especially in women. In this Tension Reduction Hypothesis the suppressing
effect of alcohol on the internal, mental situation of the drinker is
emphasized. The present study highlights, however, that alcohol is reported to
influence various kinds of overt behavior, and not just mental states. The
distinction between negative and positive reinforcement stresses that alcohol
not only 'reduces' things, but also induces explicitly positively experienced
situations.

Direct and indirect functions of alcohol use
Direct functions were defined as (positive or partly positive) psychotropic
effects of alcohol that the drinker experiences as induced by the
pharmacological action of alcohol. Studies have shown that the biochemical
properties of alcohol only partly determine psychotropic effects of alcohol.
The way ethanol influences the CNS and other organs of the human body is
complex and a-specific (Pihl and Peterson, 1993, Roelofs 1990). Ethanol has
a sedating effect on the central nervous system, partly by reinforcing GABA
(gamma-amino-butyric-acid), the most important inhibiting neurotransmitter in
the central nervous system. The action of alcohol is, however, also
stimulating, because ethanol initially accelerates respiration and heartbeat
probably by increasing dopamine production. How these effects of alcohol are
actually experienced is for a considerable part a question of interpretation by
the drinker. This interpretation is brought about by learning processes and
expectations acquired on the basis of these (Orford 1985, Cox 1990).
Interpretations of alcohol effects may vary in different cultures, generations,
social classes and according to gender. Experiments with the Balanced
Placebo Design demonstrated the strong influence of expectations about the
effect of (moderate doses of) alcohol: 'psychotropic' effects of alcohol
appeared if people thought they had been drinking alcohol, which was
actually not the case (De Boer 1993). On the other hand, studies of chronic
drinkers suggest that expectations are not always decisive; in chronic drinkers
alcohol no longer brings about the psychotropic effects that they expect and
wish to happen (Stockwell et al. 1984). In our interviews we observed for
example that some respondents kept on hoping that alcohol would chase away
their depressive mood, even when this actually did not happen any more.

In alcohol research the emphasis is usually on these direct, psychotropic
functions. We found, however, that for most of the respondents in our study one or more indirect, symbolic functions of alcohol played a part in the drinking history. Indirect functions are associated with the meanings of alcohol and alcohol use and of being a (excessive) drinker in western culture. Two kinds of indirect functions, *enhancing personal or gender identity* and *attracting attention to one's problems by open drinking and intoxication*, rest on gender specific norms and meanings and will be discussed below. Other categorized indirect problem-related functions of alcohol use were: *belonging to a group, self reward, and the image of being an 'alcoholic' makes it possible to avoid responsibilities*. Of these *belonging to a group* was the most frequently coded (38%). Drinking with other people signified for the respondent that she did not feel excluded and lonely any more, but as part of a group, as sharing something with other people. This function is related to the positive signification, the symbolism of drinking with other people, that is present in sublimated form in Catholic religious services.

*Functions of alcohol and gender specific norms and meanings of drinking*

Norms for drinking are stricter for women than for men, and heavy drinking and drunkenness in women meet more social stigma (see chapter 2). Several authors have pointed to the harm that these stricter social norms bring about for women with alcohol problems, such as social rejection and isolation, negative stereotyping by therapists and medical attendants, and feelings of shame and guilt which drive women to hide their drinking (Duckert 1989, Fraser 1981, Gomberg 1982, Sandmaier 1981, Vogt 1986). There is another side to the picture, however. That is that women can use drinking more readily than men as a signal or a symbol. Because it is seen as norm-transgressing behavior it can be used to make things clear in a very pregnant way. It can serve to draw attention, to command some intervention, as a way of rebelling, or as provocation. As was shown in chapter 7, alcohol was used this way by many respondents against the partner (40%), and by some of them against the mother (16%) or yet other persons (16%).

Besides negative and condemning meanings there exist, however, positive and encouraging meanings of alcohol and alcohol use in our culture. These meanings are partly genderized -drinking as masculine, stout behavior (see chapter 4)- and partly more gender neutral -drinking, especially of drinks such as wine or whisky, as interesting, artistic, sophisticated behavior. Functionality of alcohol for enhancement of gender and personal identity rest on these positive cultural meanings of alcohol. As discussed in chapter 8, these functions were found frequently (although not solely) in women who
reported experiences of sexual abuse. These findings support the hypothesis formulated in chapter 4 that there is a subgroup of problem drinking women for whom the 'masculinity' of alcohol has functional significance. Indirect functions seem to include more than was supposed in this chapter, however.

Often it is assumed that positive meanings of alcohol use have no significance for women. Dahlgren (1975) stated for example: 'In certain milieux a man can gain prestige and status by drinking, but hardly a woman. For her it means a guilt complex and serious conflict between her womanhood and alcohol.' The women in our study who reported enhancing identity by drinking did not indicate any conflict between womanhood and alcohol use. On the contrary, drinking excessively, or drinking prestigious drinks such as whiskey, and showing that you can hold your liquor, instead seemed to be a valuable part of their identity. For them it meant a superior kind of femininity, a way of elevating themselves above -as one of them said- 'old frumps behind a glass of orange juice'.

CONCLUSION

Alcohol use in alcohol dependent women is often assumed to serve as a general reduction of stress or for self-medication. The present study suggests that alcohol is used this way indeed, especially later in the drinking history. However, the functionality of alcohol for alcohol dependent women is also much more heterogeneous and specific than that. Moreover, there are large individual differences in this respect, and subgroups who report different background problems show distinct patterns of functionality. A notable finding of the study pertains to the role of indirect 'non-pharmacological' or symbolic functions of alcohol in the drinking history. Indirect functions of alcohol, that rest on the meanings of alcohol and alcohol use in our culture, are as yet too little considered in alcohol research.
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Summary

Social and scientific concern for the issue of women and alcohol has recently increased. The subject of women is, however, often ignored or not taken very seriously in the social scientific literature on alcohol. This is apparently related to the fact that men drink more than women, that the majority of problem drinkers are male, and that the concept of alcohol is usually positively connected with masculinity, and not or negatively with femininity. Alcohol dependency, however, also affects women in great numbers. To understand why women take to drinking it is helpful to study the functions of alcohol use for women who have problems with alcohol. What is it that alcohol 'does' for these women? What are the positively experienced effects of the use of this substance, given the fact that drinking is a less obvious choice for women? The prevailing notion in this respect is that alcohol for this group only serves reduction of stress or self-medication. This seems, however, to be a stereotype that does not do justice to experiences reported by these women.

Part II (chapters 6 to 9) of the dissertation reports an empirical study on the functionality of alcohol use for alcohol dependent women. In part I (chapters 2 to 5), the social scientific literature about alcohol and women is discussed. In the summary, years of publication of the chapters are indicated in parentheses.

Chapter 2 (1988) reviews the literature about alcohol problems in women and presents some results of a pilot study. Problem drinking in women is a field that has been neglected in research and in treatment. The number of female problem drinkers in the Netherlands is estimated to be at least 150,000. Gender differences with respect to alcohol problems are that, compared to men, women tend to hide their drinking more, drink more often at home, use benzodiazepines more frequently, and have a partner who drinks excessively. Biologically women seem to be more vulnerable to alcohol. Furthermore, drinking in women seems to be induced primarily by problems of an interpersonal nature. Gender differences are partly a consequence of the
more strict social norms and the social stigma on excessive drinking in women, and of gender specific cultural images of alcohol. A pilot study, open interviews with ten female members of AA, showed that female problem drinkers do not form a uniform group with respect to drinking patterns and function of drinking. Although the stereotype is that women drink excessively to reduce stress and undesired emotions, some respondents indicated that they also appreciated drinking because of the symbolic worth of drinking as 'masculine' and nonconforming behavior.

In chapter 3 (1991), the eight dissertations that were issued in the 1980’s in Dutch social scientific alcohol research are analyzed with respect to gender issues. The questions in this chapter are: what is the place of gender in the methodology of these studies, which sex differences are observed, and how do the authors deal with other, non-methodological aspects in relation to gender? The results show that methodologically -the sampling of subjects and the instruments and statistical procedures used- the investigated studies do not offer favorable conditions to study sex differences in (problem) drinking or female alcohol (ab)use. Moreover the authors do not pay much attention to their results with respect to sex differences and seem to be biased with respect to the gender of 'the drinker'. All in all, gender can be said to form a blind spot in these Dutch studies. Nonetheless, some interesting gender differences emerged. These are compared with findings of studies from other western countries. The conclusion drawn in this chapter is that more attention for gender issues in alcohol research is needed and some recommendations for improving methodology are offered.

Chapter 4 (1991), discusses the theory of sex-role conflict that is used to explain chronic heavy drinking in women. The original version of this theory stated that, since drinking is masculine behavior, the root of heavy drinking in women is a masculine or an inadequate feminine, identification. In a later version the emphasis fell on alcohol use in order to cope with unconscious masculine tendencies. Psychometric studies about sex-role conflict did not support this last notion nor other hypotheses about the relationship between gender identity and problem drinking in women. Nonetheless, many authors continue to adhere to beliefs about sex-role conflicts in female problem drinkers, beliefs that can be used for anti-emancipatory purposes. In addition, research is plagued by methodological deficits, behind which lie major conceptual problems. It is suggested that the notion of the masculinity of alcohol should not be abandoned, as some authors recommend, but should be investigated on its possible functional significance, for both sexes.
Chapter 5 (1995) reviews evidence concerning another belief that many authors in the alcohol field adhere to. This is the assumption that the physiological responsiveness of women to ethanol varies during the menstrual cycle, due to changes in plasma levels of sex steroid hormones. Because of this assumed instability women should handle alcohol with special care. Three criteria were set to assess the validity of the studies reviewed: 1) Was a within subjects design used with normally cycling subjects, 2) Were the time points selected for testing characterized by significant variations in sex steroid activity, and 3) Was it verified whether ovulation occurred in the subjects by measuring levels of sex steroids? Two of the 11 studies we examined met these criteria. These two studies originated from the same laboratory. It was observed that alcohol elimination increased, by about 14%, during the luteal phase, compared to other phases of the cycle. However, the validity of these results is questionable in the light of other research on alcohol metabolism and sex steroids. For the time being there is no convincing evidence that the menstrual cycle causes significant instability in alcohol pharmacokinetics in women.

Part II is also more extensively summarized in chapter 9, the general discussion. Chapter 6 (1995), introduces the empirical study on functionality of alcohol for alcohol dependent women. Psychological functions of alcohol were defined as consequents of drinking that the drinker experiences as positive or as having positive aspects. A taxonomy of functions of alcohol was constructed on the basis of four dimensions. In semi-structured interviews with 45 volunteer alcohol dependent women, with the help of this taxonomy 35 functions were distinguished, which could be reliably coded. Functions of alcohol not only consisted of reduction of stress, as is supposed in the literature on this subject, but also of effects on a variety of behaviors. Furthermore, functionality of alcohol use was often indirect, or symbolic, i.e. not directly related to the real or expected pharmacological action of alcohol, but to the social and psychological meanings of alcohol and alcohol use. Almost twice as many functions were reported for the maintenance period of drinking as in the early drinking history. Early functions were limited to specific areas; the later functions extended to a range of personal problems. The taxonomy can serve as a tool for studying the functionality of substance use more systematically than the usual enumerating of functions.

In chapter 7 (1995), functionality of alcohol use for coping with partner relationship problems was examined. The group of respondents was post hoc
subdivided in respondents who had started excessive drinking mainly in response to problems with the partner (n=23) and respondents for whom a problematic partner relationship was not an important factor in the development of excessive drinking (n=18). Four respondents did not have a partner during drinking history and were excluded from this part of the study. From the 35 functions six functions were categorized that were related to coping with problems with the partner; three of them referred to adjustment, and three to opposition to the partner. Respondents in the first group reported more partner-related functions compared to respondents in the second group. Alcohol consumption primarily seemed to be a means of adjustment, to keep going in the relationship and to adjust sexually. On the other hand, alcohol enabled resistance. 'Alcoholic' behavior was used as a signal toward, or a sign of rebellion against the partner. The first group also reported other characteristics of the partner relationship, notably they said more often that their partner was dominant. It was concluded that for a subgroup of women with alcohol problems alcohol use may be a way of coping with a situation of powerlessness toward the partner.

Chapter 8 examines functions of drinking for respondents who reported experiences of sexual abuse. There are mutual associations between problematic drinking of alcohol and sexual abuse experiences. The issue of the functionality of alcohol for coping with these experiences is relatively neglected however, which may be due to the dominant view that alcohol is just a general stress reducer. Respondents were post hoc divided into groups of women who reported sexual abuse, in childhood or later in life, and women who did not report sexual abuse experiences. In sexually abused women more problem-related functions of alcohol were found, early as well as later during the drinking history, and fewer non-problem related functions only later in the drinking history, compared to non-sexually abused women. Functions significantly more frequent in the sexual abuse group were: drinking makes sexual adjustment possible, and drinking enhances personal or gender identity early in the drinking history. Furthermore women who reported sexual abuse before the age of 18, reported more emotional neglect and physical abuse compared to non- or only later abused women. They also had a lower score on the Shyness scale of the NVM and a lower score on Androgyny. All sexually abused women reported more suicide attempts, eating problems, and problems as a consequence of drinking, as well as a shorter period of 'problem-free' drinking in the beginning of the drinking history compared to non-sexually abused women. It was concluded that for
sexually abused alcohol dependent women, functionality of drinking far exceeds a general reduction of stress.

In chapter 9 the empirical study reported in the dissertation is summarized, followed by some remarks about advantages and disadvantages of the methodology used. The advantages of the taxonomic scheme used in the study were that it facilitated the inventorying of functions and that it made a differentiated account of functions possible. The functions of alcohol proved to be much more heterogeneous and more specific that the notion of a general reduction of stress suggests. Next the concept of 'functions of alcohol use' itself is discussed. Several arguments are given why this concept was preferred over the more obvious concept of 'reason'. It was noticed in the pilot study that asking for reasons for drinking was often perceived by the respondent as a request to legitimize her drinking, thereby inviting attributions and interpretations that had to fit meaningfully in the life history of the respondent at that time. Inquiring about 'effects' of drinking is more neutral. As a major result of the study, the role of indirect functions of alcohol was noted. Indirect functions are positively experienced effects of alcohol that the drinker feels as not being induced by its pharmacological action, but by the meanings of drinking or being a drinker. Two kinds of indirect functions are discussed more extensively, enhancing personal or gender identity, and attracting attention for one’s problems. The last function rests on the meaning of excessive drinking as norm-transgressing behavior, especially for women. Because of this, it can be easily used as a signal. Enhancing personal or gender identity is based on positive connotations regarding alcohol and drinking in western culture: drinking as interesting, sophisticated or non-conforming behavior, and drinking as 'masculine' and stout. In this respect the results of the study support the hypothesis in chapter 4 that for a subgroup of women with alcohol problems the 'masculinity' of alcohol has psychological significance.

It is concluded that, although all women interviewed reported general stress reduction or self-medication as a function of alcohol use, functionality of alcohol is much more specific and much more heterogeneous than that. The issue of indirect, symbolic functions of alcohol use deserves more attention in alcohol research.
Samenvatting

Er is een toenemende maatschappelijke aandacht voor het thema 'vrouwen en alcohol'. In de sociaal wetenschappelijke literatuur omtrent alcohol wordt het thema vrouwen echter nog vaak genegeerd of niet voldoende serieus genomen. De traditionele focus op mannen in het alcoholonderzoek is begrijpelijk gezien het feit dat mannen meer alcohol drinken dan vrouwen, dat de meerderheid van probleemdrinkers man is, en dat 'alcohol' gewoonlijk positief wordt geassocieerd met mannelijkheid en niet of negatief met vrouwelijkheid. Niettemin komt afhankelijkheid van alcohol ook vaak voor onder vrouwen. Voor een inzicht in de vraag waarom vrouwen drinken is het van belang de functies van alcoholgebruik voor alcoholafhankelijke vrouwen te onderzoeken. Wat 'doet' alcohol voor deze vrouwen, wat zijn de positief ervaren effecten van het gebruik van dit middel, gegeven het feit dat drinken voor vrouwen een minder voor de hand liggende keus lijkt te zijn dan voor mannen? De heersende opvatting in dit opzicht is dat alcohol voor deze groep dient ter reductie van stress of voor zelfmedicatie. Dit lijkt echter een stereotiep dat geen recht doet aan de ervaringen van deze vrouwen.

Deel II -hoofdstukken 6 tot en met 9- van deze dissertatie doet verslag van een empirische studie over de functionaliteit van alcoholgebruik voor alcoholafhankelijke vrouwen. In deel I -hoofdstuk twee tot en met vijf- wordt de sociaalwetenschappelijke literatuur op het gebied van vrouwen en alcohol besproken. De jaartallen tussen haakjes geven het jaar van publikatie van het desbetreffende hoofdstuk aan.

Hoofdstuk 2 (1988) geeft een literatuuroverzicht omtrent alcoholproblematiek bij vrouwen en presenteert enige resultaten van een pilot-study. Alcoholproblematiek bij vrouwen is onderbelicht zowel op het terrein van onderzoek als op het terrein van de behandeling. Het aantal vrouwen met drankproblemen in Nederland wordt geschat op tenminste 150.000. Sekseverschillen op dit gebied zijn onder meer dat vrouwen in vergelijking met mannen meer in het geheim drinken, vaker ook benzodiazepinen gebruiken en vaker een excessief drinkende partner hebben. In biologisch opzicht lijken vrouwen meer kwetsbaar voor

In hoofdstuk 3 (1991) worden de acht sociaalwetenschappelijke dissertaties omtrent alcohol die in de jaren tachtig in Nederland zijn verschenen geanalyseerd aan de hand van de volgende vragen: welke aandacht is er voor sekse in de methodologie van deze studies, welke sekseverschillen worden er gevonden, en hoe behandelen de auteurs andere, niet-methodologische, aspecten van sekse? De studies bleken in methodologisch opzicht -de gebruikte steekproef, de instrumenten en de statistische procedures- niet erg geschikt om geslachtsverschillen in (probleem-)drinken of gegevens omtrent alcoholgebruik bij vrouwen op te sporen. Bovendien wordt datgene wat er in dit opzicht aan gegevens naar voren komt door de meeste auteurs nauwelijks besproken. Het geslacht van 'de' probleemdrinker lijkt voor hen vast te staan. Met andere woorden, sekse is een blinde vlek in deze Nederlandse studies. Overigens komen er wel enige interessante sekseverschillen uit deze onderzoeken naar voren. Deze worden vergeleken met gegevens uit studies in andere westere landen. De conclusie is dat er meer aandacht nodig is voor het thema 'seks' in het alcoholonderzoek. Enige methodologische aanbevelingen hiervoor worden gegeven.

onderzoek hieromtrent geplagd door methodologische en conceptuele problemen. Sommige auteurs vinden dan ook dat de gedachte dat alcoholproblemen bij vrouwen te maken hebben met een sekserolconflict maar geheel verlaten moet worden. In dit hoofdstuk wordt echter bepleit om aan het achterliggende idee, de mannelijkheid van alcohol in symbolisch opzicht, vast te houden en dit te onderzoeken op zijn functionele betekenis voor het drinken van vrouwen zowel als van mannen.

_Hoofdstuk 5_ (1995) geeft een overzicht van de empirie omtrent een andere hardnekkige opvatting op het gebied van vrouwen en alcohol. De fysiologische responsiviteit van vrouwen op ethanol zou, volgens deze opvatting, variëren gedurende de menstruele cyclus ten gevolge van schommelingen in geslachtshormoonniveaus. Vrouwen zouden daarom minder voorspelbaar dan mannen reageren op alcohol, en er voorzichtigere mee moeten omgaan. Drie criteria werden opgesteld om de validiteit van de onderzochte studies te bepalen: 1) Werd er een design gebruikt van herhaalde metingen, bij proefpersonen die een normale menstruatiecyclus hadden? 2) Waren de momenten tijdens de cyclus waarop de metingen werden verricht inderdaad significant verschillend met betrekking tot de activiteit van geslachtshormonen, en 3) werd er gecontroleerd of er werkelijk een ovulatie plaats vond bij de proefpersonen door plasmaniveaus van geslachtshormonen te meten? Twee van de onderzochte studies voldeden aan deze criteria. Zij waren uit hetzelfde laboratorium afkomstig. De eliminatie van alcohol vond in deze studies in de luteale fase 14% sneller plaats dan in de andere fasen van de menstruatiecyclus. De validiteit van deze resultaten is echter twijfelachtig in het licht van ander onderzoek omtrent alcohol metabolisme en geslachtshormonen. Er is daarom op dit moment geen overtuigend bewijs dat de menstruele cyclus de alcohol farmacokinese bij vrouwen instabiel maakt.

ook aangeduid als zelf-medicatie) doorgaans als enige benadrukt. De variëteit aan functies was echter veel groter. Bij veel functies ging het niet primair om de verandering van de beleving, maar om de verandering van allerlei vormen van gedrag, bijvoorbeeld assertiviteit, seksueel functioneren, het uiten van agressie, etc. Voorts waren functies van alcohol vaak indirect, symbolisch, van aard. Bij deze functies gaat het de drinkster niet om het ervaren van de farmacologische werking van alcohol, maar om de sociale en psychologische betekenis die alcohol en alcoholgebruik voor haar hebben, bijvoorbeeld alcoholgebruik als mannelijk, stoer gedrag, als gezellig, of als signaal van problemen. Bijna tweemaal zoveel functies werden gerapporteerd voor de beginperiode van het drinken (lopend tot en met het eerste jaar van excessief drinken) als voor de latere periode. De gerapporteerde 'vroeg' functies van alcohol waren beperkt tot specifieke gebieden, waarbij onder meer het functioneren in sociale situaties als belangrijk naar voren kwam. De latere functies waren gerelateerd aan een groot aantal persoonlijke problemen. De relatie met de partner was hierin vaak belangrijk. De ontworpen taxonomie kan ertoe bijdragen dat functionaliteit van het gebruik meer systematisch wordt bestudeerd dan het gebruikelijke opsommen van functies.

In hoofdstuk 7 (1995) werd de functionaliteit van alcoholgebruik onderzocht voor het omgaan met problemen met de (heteroseksuele) partner. De groep van respondenten werd post hoc onderverdeeld in vrouwen die voornamelijk in verband met problemen met de partner te zijn gaan drinken (n=23) en vrouwen voor wie een problematische verhouding met de partner geen belangrijke rol had gespeeld in de toestandkoming van het excessieve drinkpatroon (n=18). In de eerste groep waren de partners allen mannen, in de tweede groep hadden twee respondenten een vrouwelijke partner. Vier respondenten hadden geen partner tijdens de drinkgeschiedenis en werden niet betrokken in dit deel van het onderzoek. Er werden zes functies in verband met het omgaan met problemen met de partner geïnventariseerd, waarvan er drie aanpassing aan de partner of de relatie inhielden, en drie verzet. Alleen functies in verband met de eerste partner werden geanalyseerd. Door de eerste groep werden meer partnergerelateerde functies gerapporteerd dan door de tweede groep. Alcoholgebruik werd hier vooral beschreven als aanpassing tot effect hebbend. Drinken maakte het mogelijk door te gaan in de als onbevredigend ervaren relatie, doordat het emoties en gedachten hierover onderdrukte en soms ook door compensatie te bieden. Verder maakte het mogelijk dat men zich in seksueel opzicht schikte in de wensen van de echtgenoot. Aan de andere kant bood alcoholgebruik ook een mogelijkheid om zich te verzetten. Met name werd openlijk 'alcoholisch' gedrag
gebruikt om aandacht te trekken voor problemen of als teken van rebellie ten opzichte van de partner. De eerste groep rapporteerde ook andere kenmerken van de relatie dan de tweede, met name zeiden zij zeer vaak dat hun partner dominant was. Volgens een Discriminant Analyse voorspelden deze relatiekenmerken beter tot welke groep de respondenten hoorden dan de partner-gerelateerde functies van alcoholgebruik. Dit ondersteunde de conclusie van dit hoofdstuk dat er een subgroep van vrouwen met alcoholproblemen is, voor wie alcoholgebruik functioneel is voor het omgaan met een situatie van machteloosheid in de verhouding met een (heteroseksuele) partner.

In hoofdstuk 8 worden de functies van alcoholgebruik onderzocht voor respondenten die rapporteerden slachtoffer te zijn geweest van seksueel misbruik. Vrouwen die in behandeling zijn voor alcoholproblemen alsook vrouwen met alcoholproblemen in de algemene bevolking melden vaker dan anderen een geschiedenis van seksueel misbruik. Andersom zijn er ook relatief veel excessieve drinksters onder slachtoffers van seksueel misbruik. Functionaliteit van alcohol voor probleemdrinksters met ervaringen van seksueel geweld is nauwelijks onderzocht, waarschijnlijk omdat men aannemt dat het om een algemene stress-en emotiereducerende werking gaat. De respondenten in de onderzoeksgroep die seksueel geweld hadden meegemaakt (n=23) werden vergeleken met de respondenten voor wie dit niet het geval was (n=22). Voor seksueel misbruikte vrouwen werden meer aan problemen gerelateerde functies van alcohol gecodeerd, zowel vroeg als later in de drinkgeschiedenis. Verder werden er bij hen minder niet aan problemen gerelateerde functies gevonden, alleen later in de drinkgeschiedenis. Seksueel misbruikte vrouwen meldden vaker seksuele aanpassing als functie van drinken, alsmede het verhogen van persoonlijke of sekse-identiteit vroeg in de drinkgeschiedenis. Deze laatste is een indirecte functie is omdat het om de betekenis van het drinkgedrag gaat, en niet om het psychotrope effect. Ook in ander opzichten dan functionaliteit van alcohol lijkt de groep seksueel misbruikte vrouwen problematischer dan de andere vrouwen in het onderzoek. Vrouwen die seksueel misbruik tijdens hun jeugd (vóór het 18e levensjaar) rapporteerden, zeiden vaker mishandeld en sterk emotioneel verwaarloosd te zijn, dan zowel niet als alleen later seksueel misbruikte vrouwen. Zij hadden ook een hogere score op de verlegenheidsschaal van de NVM (Nederlandse verkorte MMPI) en een lagere androgynie waarde op de GRAS (Groninger Androgynie Schaal). Alle seksueel misbruikte vrouwen rapporteerden meer suicidepogingen, eetproblemen, en problemen tengevolge van drinken, alsook een kortere periode van drinken zonder problemen aan het begin van de drinkgeschiedenis. De conclusie is dat drinken bij seksueel misbruikte
vrouwen in sterkere mate dan bij niet-misbruikte vrouwen van het begin af aan in het teken staat van het omgaan met problemen. De functionaliteit van alcohol voor deze groep lijkt meer in te houden dan een algemene reductie van stress. Met name de positieve culturele symboolwaarde van alcohol speelt voor veel seksueel misbruikte vrouwen een rol.

In de afsluitende algemene discussie in hoofdstuk 9 wordt het empirisch deel van het proefschrift samengevat, gevolgd door enige opmerkingen met betrekking tot voor- en nadelen van de gevolgde methode. De verdienste van het taxonomisch schema dat is geconstrueerd ligt erin dat het het inventariseren van functies faciliteerde en dat het differentiatie van functies mogelijk maakte. De functies van alcohol bleken veel heterogener en ook meer specifiek dan de notie van een algemene reductie van stress doet vermoeden. Vervolgens wordt het concept 'functies van alcoholgebruik' zelf besproken. Er waren verschillende argumenten waarom dit begrip werd gebruikt en niet het begrip 'redenen voor alcoholgebruik'. In vooronderzoek hadden wij gemerkt dat het vragen naar redenen om te drinken door de respondent vaak werd opgevat als een verzoek om het drinken te legitimeren. Legitimaties moeten overtuigend zijn en zinvol passen in de levensgeschiedenis. Het vragen naar redenen lukt daarom in sterke mate attributies en interpretaties achteraf uit. Het informeren naar 'effecten van drinken' was meer neutraal. Verder komt als een relatief nieuw resultaat van de studie de rol van indirecte of symbolische functies van alcoholgebruik naar voren. Twee soorten van indirecte functies werden besproken, namelijk het verhogen van persoonlijke of sekse-identiteit, en het trekken van aandacht voor problemen door middel van openlijk drinken. Deze laatste functie berust op de betekenis van excessief drinken als norm-overschrijdend gedrag. Excessief drinken kan daarom vooral door vrouwen gemakkelijk gebruikt worden om aandacht te trekken of om iets duidelijk te maken. Het verhogen van persoonlijke of sekse-identiteit is gebaseerd op de positieve betekenis van alcohol en alcoholgebruik in onze cultuur: drinken als interessant, sophisticated of nonconformistisch gedrag, en drinken als stoer en mannelijk. De resultaten van deze studie steunen de veronderstelling in hoofdstuk 4 dat voor een subgroep van alcohol afhankelijke vrouwen de 'mannelijkheid' van alcohol psychologische betekenis heeft.

In de conclusie van het proefschrift wordt gezegd dat alle geïnterviewde vrouwen melding maken van stressreductie of zelfmedicatie als functie van alcohol. Echter de functionaliteit van alcohol is meer specifiek en meer heterogeen dan dit. Met name de rol van indirecte, symbolische functies verdient in het alcoholonderzoek meer aandacht.
Momenteel is zij als post-doc medewerkster verbonden aan de Vakgroep Klinische Psychologie en Persoonlijkheidsleer van de KUN. Zij doet onderzoek naar cognities omtrent alcohol en alcoholgebruik bij jonge mannen en vrouwen.
Stellingen behorende bij het proefschrift *Functionality of alcohol in alcohol dependent women.*

1 In het onderzoek naar motivatie voor het gebruik van alcohol wordt het belang van indirecte, symbolische functies, die steunen op de sociaal-culturele betekenis van (het gebruik van) deze stof, te weinig onderkend (dit proefschrift).

2 Het feit dat excessief drinken van alcohol voor vrouwen eerder geldt als normoverschrijdend gedrag dan voor mannen, blijkt vrouwen de mogelijkheid te geven om via excessief drinken aandacht te vragen voor hun problemen (dit proefschrift).

3 Het denkbeeld dat de functionaliteit van alcohol voor vrouwen met alcoholproblemen zou bestaan uit een algemene reductie van stress is een stereotype dat geen recht doet aan de ervaringen van vrouwen in dit opzicht (dit proefschrift).

4 Voor het omgaan met relatiesmoeilijkheden wordt alcohol door vrouwen met alcoholproblemen zowel gebruikt voor aanpassing als voor verzet (dit proefschrift).

5 Vrouwen met alcoholproblemen die seksueel misbruikt zijn, rapporteren naast directe op seksuele aanpassing gerichte functies van alcohol ook indirecte functies van alcohol gericht op het verhogen van de persoonlijke identiteit (dit proefschrift).

6 Een genderbewuste benadering is in het alcoholonderzoek bij mannen niet minder van belang dan wanneer dit onderzoek vrouwen betreft.

7 In het licht van het feit dat excessief drinken als 'mannelijk' gedrag geldt geeft het te denken dat chronisch excessieve alcoholinname de productie van testosteron bij mannen verstoort.

8 De bij vrouwen aanwezige verwevenheid van alcoholproblematiek met seksuele traumaïsering wordt onvoldoende recht gedaan door de gescheidenheid van de desbetreffende hulpverleningscircuits.

9 Het sociaal wetenschappelijk onderzoek inzake foetale alcohol effecten zou
minder gericht moeten zijn op de algemene groep van zwangeren en meer op de groep van vrouwen met alcoholproblemen.

10. De hoeveelheid alcohol waarvan de consumptie volgens sommige wetenschappers verenigbaar is met een gezonde levensstijl overlapt gedeeltelijk met de hoeveelheid die volgens andere wetenschappers riskant is; hieruit blijkt de betrekkelijkheid van wetenschappelijk gefundeerde gezondheidsadviezen.

11. Het vrijen kan door partners van promovendi worden ervaren als het terbeschikking stellen van hun lichaam aan de wetenschap.