
The Influence of Patriarchy on Elder Female Substance Abuse

Stephanie Elias Sarabia
New York University

In order to understand the problem of substance abuse in older women, it is necessary to explore the political, social, and cultural factors that contribute to this social problem. Feminist theory points us to the pervasive impact of women living their lives in a patriarchal society, and illuminates how “sexism and female oppression seem intimately tied to women’s substance abuse” (Nichols, 1985).

Feminist theory grew out of a number of movements that fought for the equality of women. Often divided into three waves, the feminist movement began with a focus on women’s suffrage, the first wave. “The personal is political” (Hanisch, 1969, p.1) embodied the second wave, which fought for the social and legal parity of women. This wave campaigned against oppression based on one’s gender and used the lived experience of women to point out gender inequality in our society. One criticism of these initial movements is how they narrowly represented women reflecting only the perspective of white-middle class women. Conversely,

the third wave of feminism has strived for a more inclusive representation of ethnically and economically diverse women, including postcolonial and third-world feminism. The essence of this movement, and subsequently feminist theory, is gender equality, and vital to both are to “document the seriousness of women’s oppression and develop theories to account for it” (Nicholson, 1997, p. 7).

The most obvious and overarching concept of feminist theory that relates to the experience of substance abuse among women of all ages is patriarchy. Often referred to as an essential point of feminism, patriarchy has been defined as “a system of thought and social relations that privileges and empowers men and creates relationships between the genders that disfranchise, disempower and devalue women’s experience” (Payne, 2005, p. 251). Evidence of a patriarchal way of thinking and relating can be seen in the social pressure experienced by the cohort of older women that compelled them to become homemakers. Although this pressure was not detrimental to all women, it denied women a free choice regarding their future. The stigma of abusing a substance also was perceived differently based on one’s gender further supporting the argument of the relevancy of patriarchy on women who abuse substances. In the coming paragraphs the relationship between these aspects of patriarchy and their influence on elder women and substance abuse will be explored.

The patriarchal approach to social relationships has particular relevancy to the experience of this cohort of older women and the risk factors for their developing a substance use disorder. The current cohort of older women came of age during a time when the acceptable role for a young woman, regardless of her education or desires, was that of a wife and mother. As a result, innumerable women adhered to this gender role stereotype denying their aspirations and severing their connections to work and school. The result was social isolation as their daily lives revolved only around their home. Inevitably, some of these women began to complain or display symptoms of depression resulting from the oppression of their power to make their own choices (Van Den Bergh, 1991). Subsequently, they were often medicated for those symptoms by predominantly male physicians. Conversely, there were some women who embraced their role as a wife and a mother yet were not immune to abusing substances in their lifetime. For example, an alternate life trajectory reflects how a woman’s identity can be intertwined with her role as a wife and a mother, as opposed to a man’s independent identity (Gilligan, 1997). This scenario sets women up for difficulties later in life when her children are grown, or in the event of the death of her spouse, when the way she identifies herself no longer applies. Current studies have demonstrated a correlation between widowhood and alcohol abuse in older women (Gomberg, 1994). Although this trajectory can be reflective of a white-middle class experience, which erroneously was the primary focus of the second wave of feminism, it is important to recognize how the dominant experience in a culture can also influence minority women given its overall effect on cultural norms. It is the experience of the dominant culture that solidified the stereotypes and cultural norms that impacted the current cohort of older women.

Central to patriarchy is the premise that the female experience is disenfranchised. Evidence of this can be seen in the harsh, moralistic stigma applied to women who abuse substances, but not to men. Even though stigma can act as a deterrent to a woman for developing a substance use disorder, stigma can also act as a barrier to accessing treatment for a woman who is already engaged in substance abuse, which is reflected in the lower treatment utilization rates for older women as compared to older men (CASA, 2006). Providing historical reference of “addiction as stigma” for older women is the fact that many of these women were born during a time when women could not drink in public as a result of laws or cultural norms. Women who

defied these boundaries endured the attributes of a person who was morally deficient in qualities that extended beyond her sobriety, a label not applied to men. Often viewed as promiscuous or a bad mother, substance-abusing women often denied the existence of a problem, and subsequently accessing treatment, to protect their reputation, and that of their family (Carter, 1997; Van Den Bergh, 1991). One-way women of this generation were able to avoid stigma, both in their younger years and today, was through the use of prescription drugs. By abusing a substance prescribed by a physician, a woman can deny the existence of addiction claiming she is under a doctor's care and following her doctor's orders. A feminist perspective of this example yields two dynamics that put older women of this generation at risk for current substance abuse issues. First, the perceived acceptance associated with receiving one's drugs from a physician lends legitimacy to a potentially destructive substance abuse issue without the stigma associated with other illicit substances. Second, given the historical use of medications, such as "mother's little helper," to solve their problems this cohort of women is accustomed to looking outside of themselves to solve problems. Such an approach supports an external locus of control and disenfranchises a woman's ability to solve her own issues (Van Den Bergh, 1991). These points are reflected in the current literature on older women and prescription drugs. Current research purports that physicians prescribe mood-altering substances more often to older women than men or younger women (Blow & Barry, 2002; Simoni-Wastila & Yang, 2006).

The feminist concept of patriarchy also has relevance in evaluating the current approach to substance abuse treatment demonstrating efficacy for older women. Keeping in mind the gender-based stigma associated with substance abuse, it is telling that research on older women suggests brief interventions are preferable for this group (Blow, 2000; Eliason & Skinstad, 2001). The privacy of this intervention, which is delivered in the normative setting of a physician's or other professional's office, minimizes stigma as a barrier to accessing treatment. Furthermore, this treatment approach supports a woman's internal locus of control as it purports that the client chooses her recovery pathway once informed of the need to reduce her use due to negative consequences on her body or life. A feminist approach to substance abuse treatment advocates supporting a woman's internal locus of control, in contrast to a medical model that disempowers her through suggesting that an external power is better able to "fix" her (Downing, 1991). Another reason why traditional substance abuse treatment services are a poor fit for older women is their adherence to a 12-step model, prescribing group treatment as the modality of choice. Such a treatment approach requires clients to admit to the group that they are an addict, which may be overwhelming for a woman who will endure sex-based stigma.

Patriarchy's devaluation of the female experience is further evident in the historical use of research conducted on men to develop substance abuse treatment services, then offering those same services to women ad hoc. CASA (2006) makes note of the disservice done to women by the substance abuse treatment community by neglecting to research and design programs specifically for women. This, just add women and stir attempt at gender equality misses the mark according to CASA's (2006) recommendations, a position supported by tenets of feminist theory.

Although feminist doctrine seems a natural fit for understanding substance abuse in older women, its concepts, such as patriarchy, are rarely acknowledged in the substance abuse treatment community. This analysis demonstrates the relevancy of the feminist concept of patriarchy in approaching the issue of substance abuse particularly in the cohort of women over 65.

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