Women in Recovery from Alcoholism: The Place of Leisure

COLLEEN DEYELL HOOD
School of Applied Health and Educational Psychology
Oklahoma State University
Stillwater, OK

There have been a variety of studies that have examined the experiences of women in recovery from alcoholism and other addictions. However, few of these studies have investigated the role of leisure in the recovery process of women. It is generally accepted that women have a different experience of both addiction/recovery, and leisure, than do men. Consequently, the purpose of this project was to examine the recovery related experiences of women in recovery from alcoholism, with a particular emphasis on leisure. The data from an indepth case study of three women, conducted over a six-month period, who had formed their own support network, were examined using a feminist interpretive approach. The results indicated that these women found leisure involvement to be critical to their moving beyond just "not drinking" toward true recovery. However, they stated that, for them, learning how to experience leisure without the mediation of alcohol was extremely difficult. In spite of this difficulty, they undertook the challenge of learning about leisure as they began to recognize its benefits in rebuilding a nonalcoholic identity and a meaningful life. Specifically, they found that leisure involvement allowed them to (a) learn about themselves, (b) learn how to accept and appreciate their various attributes and limitations, and (c) take risks as another means of developing self-awareness.

Keywords addiction, recreation, self-acceptance, self-awareness, self-nurturing, sobriety

Introduction

Addiction, and specifically alcoholism, are issues that have received a great deal of attention in our society. The problems that arise from these addictions include economic problems, family problems, health problems, and psychological problems (Hood & Peterson, 1991). There have been numerous studies conducted that examine issues related to prevention and treatment of addictions (see for example, Hood, Leigh, Mangham, & McGuire, 1996a, 1996b). However, much of this literature has focused on the experiences of men, while comparatively less emphasis placed on the experiences of women (Baker, 2000). For example, Rhodes and Johnson (1994) note that between 1929 and 1970, there were only 28 studies of female alcoholics published in the English language. Hughes, Day, Marcantonio, and Torpy (1997) reiterate the continuing need for studies which examine women's experiences of drug and alcohol misuse, stating that "research on women's use of alcohol and other drugs is no longer neglected, but the proportion of research focusing on women is considerably smaller than the proportion focusing on men" (p. 318).

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Address correspondence to Colleen Deyell Hood, Ph.D., CTRS, School of Applied Health and Educational Psychology, Oklahoma State University, 108 Colvin Center, Stillwater, OK 74078, USA. E-mail: hoodc@okstate.edu
In 1988 the U.S. Department of Health and Human Services estimated that approximately 10% of adults in the United States had alcohol problems. More recently, the National Institute on Alcohol Abuse and Alcoholism (NIAAA, 2001) indicated that more than 7% of the adult population of the United States, or about 14 million adults, were considered problem drinkers or alcoholics. Westermeyer and Boedicker (2000) stated that women are less likely to be substance abusers than men; in fact, the NIAAA suggested that three times as many men abuse alcohol as do women. Jarvis (1992) supported that statement, indicating that within the total population of individuals with alcohol problems, the prevalence of females was approximately 20%. Interestingly, in a review of the literature related to alcohol treatment, she found that the prevalence of women in treatment was only 8%. Jarvis suggested that this discrepancy is a result of the under-representation of women in treatment, and the perceived ineffectiveness of many treatment programs for women partially due to the lack of focus on gender issues in research endeavors. Baker (2000) notes that, while there has been a dramatic increase in the interest in female substance abusers, there is still much to be learned about women’s experiences of addiction, treatment and recovery.

Furthermore, the role of meaningful leisure experiences in recovery has not received a great deal of attention in either the addictions literature or the leisure literature. The relationship between involvement in meaningful activities as part of a healthy, balanced lifestyle and alcoholism/addiction is an under-researched issue. This is somewhat surprising since many individuals believe addictions and leisure to be inextricably interwoven. Faulkner (1991) indicated that the relationship between dysfunctional use of alcohol and dysfunctional use of leisure is a reciprocal relationship. She suggested that alcohol use often begins in a leisure context and as the dependence progresses, the individual’s leisure becomes secondary to the use of alcohol and, as such, becomes dysfunctional. She states that “addiction is a leisure disease, and dysfunctional leisure is a symptom of addiction” (p. 6).

As a result of this lack of emphasis on gender issues, addiction, and meaningful activity, this project undertook an in-depth exploration of the issues three female alcoholics faced in treatment and recovery, principally in the area of lifestyle. In particular, this project examined the potential role of leisure in the recovery of these individuals.

The Relationship Between Gender and Addiction

Scholars have studied addiction, particularly alcohol addiction, in a variety of disciplines. However, much of this research has focused on the physiological, psychological, and sociological effects of alcohol abuse on men (Burman & Allen-Meares, 1991; Lex, 1994; Wilke, 1994). In spite of the emphasis on the male experience of alcoholism, it has been suggested that the problems of female addicts are gender specific (Baker, 2000; Glynn, Pearson & Sayers, 1983; Lex, 1994; Nelson-Zlupko, Kauffman, & Dore, 1995). In fact, Nelson-Zlupko et al. stated that “chemically dependent women differ from their male counterparts in specific ways: patterns of drug use, psychosocial characteristics, and physiological consequences of drug [and alcohol] use” (p. 45). Moreover, Bischof, Rumpf, Hapke, Meyer, and John (2000) indicate that the process of recovery is significantly different for women than for men. The substance use patterns for men and women are difficult to ascertain, due to some extent to the stigma associated with substance use in our society. Nelson-Zlupko et al. (1995) indicated that women are much more likely than men to use legal substances such as alcohol and prescription drugs, and are more likely to use a combination of these legal substances. Conversely, Lex (1994) reported that proportionately more women than men were likely to abuse drugs (both legal and illegal) other than alcohol. Perhaps these differences in patterns of use are related to the way individuals are identified as substance abusers. One method for determining the prevalence of alcoholism and addiction is to examine help-seeking...
behaviors (seeking medical attention or treatment) related to these problems. In terms of help-seeking, Schober and Annis (1996) suggested that women are much less likely to identify alcohol abuse as the primary problem than men; women are much more likely to seek medical attention for anxiety, depression and stressful life events. It does appear that women abuse primarily alcohol, either alone or in combination with other drugs (Hughes et al., 1997; Lex, 1994; Westermeyer & Boedicker, 2000). Summarizing the literature related to patterns of alcohol and drug use for men and women, Davis (1997) stated:

Women develop alcoholism more quickly, experience alcohol-related problems such as liver disease more rapidly, and present for treatment sooner than men (Hill, 1982; Roman, 1988; Institute of Medicine, 1990; Schmidt et al., 1990). Lack of family and social support networks may cause greater conflicts for women substance abusers than their male counterparts (Beckman & Amaro, 1986; Schilit & Gomberg, 1987, Davis & DiNitto, 1996). (p. 148)

In terms of motivations for drinking, Mumme (1991) suggested that “women abuse substances [and alcohol] to relieve role constraints connected with their ‘feminine identity,’ conceived of as a relation to ‘the other’ rather than a relation to ‘the self’ (i.e., Tom’s wife, Sharon’s mum). These constraints are experienced as repressed anger and are externalized as depression” (p. 556). In contrast, it has been suggested that many men drink to relieve the stresses associated with employment and family conflict (Mumme). Beckman (1994) and Wilsnack, Vogeltanz, Klassen, and Harris (1997) identified another unique factor related to drinking for women. “The rates of [physical and] sexual abuse as children or adults are significantly higher among women with drinking problems than in the general population” (Beckman, p. 207). Polusny and Follette (1993) indicated between 15–57% of women in treatment for addiction reported childhood maltreatment as compared to 4–27% of the general population (including males and females). Not only are women in treatment for addiction more likely to have experienced abuse, the impact of the abuse may have a greater effect on women than on men. Chermack, Stoltenberg, Fuller, & Blow (2000) also indicated that the impact of childhood abuse was greater for women than for men, stating that “women may be more impacted than men by family background variables (both family history of alcoholism and family history of violence) in terms of the development of adult problems with alcohol, drugs, and violence” (p. 845). Beckman suggested that for abused women, drinking may have served as a mechanism for coping with the trauma associated with the actual events or the memories of the events.

It also appears that female alcoholics display unique psychosocial characteristics that seem to be related to gender. Duckert’s (1987) work suggested that “women are looked upon as having more feelings of guilt, as more depressive, as feeling more helpless, and as displaying lower self-esteem than men” (p. 141). Nelson-Zupko et al. (1993) indicated that substance abusing women experience more guilt, shame, depression, and anxiety than do men; have lower expectations for their lives; and are preoccupied with simply surviving and minimizing discomfort (both physical and emotional). Gomberg (1993) suggested that not only do women have some unique personality variables that may be related to drinking, they also have limited ability to cope with stressful life events.

It seems clear that there are some differences between males and females in the characteristics associated with alcoholism. It has also been suggested that the impact of being identified as an alcoholic is greater for women than for men (Gomberg & Nirenberg, 1991; Jarvis, 1992; Schober & Annis, 1996; Wilsnack & Wilsnack, 1991). Mumme (1991) suggested that women experience greater social stigma for alcohol misuse, stating that “the temporary incapacity caused by alcohol is considered a threat to the family, particularly in sensitive areas, such as child care” (p. 557). Gomberg (1993) reiterated this point, stating
that "more social disapproval for female intoxication is expressed by both men and women, across the social class spectrum. . . . [In fact], alcoholic women themselves hold a very negative view of female intoxication." (p. 212). Schober and Annis suggested that this stigma interferes with help-seeking and likely contributes to relapse for women.

Mumme (1991) expressed the need for more research related to gender and alcoholism by stating that:

Because it has been established that women do have separate and specific needs . . .
do experience greater barriers to and stigma within traditional treatment programs; and are regarded as having a poorer prognosis for recovery than men . . . . priority must urgently be given to studies which do examine women's needs in recovery.

(p. 558)

Models of Treatment and Recovery for Men and Women

The identification of issues to be addressed in treatment and recovery have, in the last 50 years, been primarily defined by the disease model of alcoholism. This understanding of the origins and process of addiction has been adopted by Alcoholics Anonymous (AA) and translated into a program of recovery (Rhodes & Johnson, 1994).

This model conceptualizes alcoholism as a disease, with an inevitable progression that, if unchecked, leads to insanity or death and whose etiology stems from a genetic or biological predisposition. Critical to this understanding is the concept of powerlessness, which posits that the alcoholic is out of control and unable to exercise any restraint over his or her behavior. (pp. 147-48)

Thus the recovery process, as delineated in this model, entails admitting powerlessness over alcohol and, through a system of social support, addressing denial and attaining and maintaining sobriety. Success is defined in terms of length of sobriety (Rhodes & Johnson, 1994). Wilke (1994) suggested that the AA model incorporates self-sacrifice and humility as cornerstones of the recovery process. As such, many of the issues previously identified as being essential to recovery have arisen from the medical model of alcoholism and the AA program.

However, there has been some criticism of the AA model. Wilke (1994) stated that "the 12-step program of AA was originally conceived exclusively by men and uses sexist language." (p. 32). She went on to suggest that the AA model reinforces traditional gender role stereotypes for women, which have been associated with depression and low self-esteem. In her description of the problems with the AA model for women, she stated:

Whereas men are socialized to be powerful and dominant (Sapiro, 1990) and may need an experience of humility to enhance successful recovery, women are socialized to be passive and dependent (Sapiro) and need to be empowered to develop and maintain a positive self-image (Weitz, 1982). (p. 32)

Rhodes and Johnson (1994) indicated that another problem with the disease concept of alcoholism is the focus on the single issue of changing the way the person thinks about alcoholism. They suggested that, because a woman's experience of alcoholism and addiction is linked to her sense of self and her connection to her social and physical environment, a more ecological or psychosocial model of recovery is needed. Kearney (1998) supported this criticism of the disease model of alcoholism, stating that "the disease concept has been challenged with evidence that personal experiences and environmental pressures play a role in addictive behavior." (p. 495).
In response to the calls for more research on women’s recovery, Kearney (1998) conducted a study that incorporated the findings from ten qualitative studies related to women and addiction. Kearney found that “the basic problem faced by all of the women studied was that drugs [and alcohol] were used to ease discomfort and take care of oneself, but that misguided effort was in itself harmful to women’s bodies, self-concepts, relationships, and family and community affiliations and responsibilities” (p. 500). She coined the phrase self-destructive self-nurturing to describe this process. In order to overcome addiction, women must engage in truthful self-nurturing which involved a “more honest understanding of themselves and their lives and a simultaneous effort toward healthful self-care and positive relationships” (p. 501).

Kearney (1998) suggested that there were three important aspects to the work of recovery. First, abstinence was described as the process of learning about the drive to use substances, the triggers that elicited the desire to use substances, and the development of strategies to avoid substance use and meet needs in more healthful ways. Second, self-work was identified as being critical for moving beyond abstinence and has two components: honest self-appraisal and responsible self-nurturing. Finally, connection work is the third component of the work of recovery. “Responsible self-nurturing and the knowledge that they could take care of their own needs made it possible for women to change their ways of relating to their intimate partners, children, families, acquaintances, and the larger community” (Kearney, p. 506). This process involved becoming part of the larger world and learning to adopt a stance of openness rather than one of self-protection.

The Relationship Between Alcohol Use and Leisure

There has been some research that has explored the relationship between leisure and addiction. However, this relationship is still somewhat unclear. Ransom, Waishwell, and Griffin (1988) found that many alcoholics view leisure as less valuable than do nonalcoholics. They also suggested that “leisure for the recovering alcoholic is viewed as the total integration of a new leisure attitude, value, behavior, and satisfaction. This necessitates the assumption of a new, dynamic and healthy leisure role, including the management of leisure time, leisure interests, leisure states of mind/being, leisure behavior, and leisure economics” (p. 106).

Many practitioners have suggested that leisure can be used as an alternative for substance misuse and can be effective in preventing and treating alcohol abuse. Paradoxically, drinking is usually done within leisure contexts (Simpura, 1985) and, as such, may place the recovering alcoholic in an extremely high-risk context. In addition, it would appear that some individuals believe drinking contributes positively to their leisure experiences (Carruthers, 1993). It may be useful to examine in more detail the outcomes of leisure involvement for individuals who are addicted to alcohol.

Cook (1985) suggested that the alternatives approach to drug abuse prevention and treatment can be effective. He described this approach as “the concept that individuals provided with healthful, nonchemical ways of gaining rewards and pleasure will be less likely to engage in drug or alcohol abuse” (p. 1399). In other words, leisure and recreation experiences can serve as substitutes for drug and alcohol abuse. However, he went on to qualify this statement, suggesting that the types of involvements in recreation and leisure activities must be selected and designed carefully to support sobriety. Merely encouraging individuals to become involved in recreation and leisure activities may not be helpful in preventing and treating alcohol and drug abuse.

In addition to suggesting that recreation can be a substitute for the substance, many individuals have suggested that recovering alcoholics should be encouraged to get more
involved in a variety of leisure activities. However, some research has indicated that, in fact, high levels of leisure involvement prior to treatment and after treatment in recovery were positively related to relapse (Tuchfeld, Lipton, & Lile, 1983). They suggested that leisure involvement, especially social leisure involvement, exposed individuals to more situations that were conducive to drinking. Carruthers and Busser (1995) found that the frequency of drinking among adults in the general population was associated positively with involvement in community social leisure activities and outdoor leisure activities. The results of these studies would seem to indicate that merely becoming involved in more recreation and leisure activities is not an effective means to achieve or maintain sobriety.

There is also some suggestion in the literature that individuals drink to achieve certain effects. Iso-Ahola and Crowley (1991) suggested that adolescents who abuse drugs and alcohol may be using the substance to create optimally arousing experiences when the leisure activity is not arousing enough. Carruthers (1993) found that individuals who drank alcohol, regardless of the amount consumed, expected that alcohol would contribute to a sense of disengagement from routines and worries, increased spontaneity and social comfort, and a heightened sense of engagement in the leisure experience. These findings suggest that alcohol consumption may be linked with the perception of enhanced leisure experiences.

McCormick and Dattilo (1992) suggested several important issues that connected the experience of recovery with leisure. First, they found that the loss of drinking behavior which, by necessity, occurs in recovery results in a lack of structure in the daily lives of recovering alcoholics as well as an abundance of free time. Coupled with this lack of time structure is the inability to use drinking as a means of escaping discomfort with themselves or with their circumstances. Finally, they found that alcoholics in recovery struggled with interacting socially without the mediation of alcohol. Given that leisure is often defined in terms of time, that it is so often social in nature, and that it is often associated with expression of one’s identity (Kleiber, 1999), these issues faced by alcoholics in recovery would directly impact their experiences of leisure.

The literature also suggests that individuals may drink to alleviate some discomfort or psychological distress. Recent studies (McCormick, 1991; McCormick & Dattilo, 1992) suggested that alcoholics come to see themselves as different from those around them and they seek to present themselves in ways which will convince others and themselves of their normality. They drink as a means to deal with a profound discomfort with self. As a result, alcoholics may prefer forms of recreation activity that require limited personal investment, that require limited personal disclosure, and that are predictable with clear outcomes (McCormick & Dattilo).

Finally, in terms of the relationship between leisure, alcohol use and recovery, McCormick and Dattilo (1995) indicated that sobriety has interesting parallels with leisure. They suggested that “leisure and sobriety exhibit distinct similarities both as conditions of freedom from compelled activities and as freedom to engage in meaningful action” (p. 27). However, this view of leisure likely requires individuals in recovery to re-evaluate their beliefs about leisure as a problematic context potentially leading to relapse (McCormick & Dattilo, 1992).

Addiction, Women and Leisure

Few studies have addressed the issues of gender, addiction and leisure. Rancourt (1991) conducted one of the more thorough studies in terms of outcomes of therapeutic recreation for female addicts. Her qualitative study of female addicts who participated in a leisure education program resulted in the identification of several themes that described the relationship between addiction and leisure. She found that many women identified a motivation
for immediate gratification. This motivation was seen as a barrier in seeking recreation and leisure; “subjects indicated that they ‘did not take time out to enjoy’” (p. 15). The women also felt they lacked the ability to be playful. They indicated that one of the primary reasons for using drugs or alcohol was a lack of self-esteem. Many of the women saw their children as their greatest accomplishment, and they stated that they had a focus on developing positive relations with their children. They felt recreation involvement was one way to accomplish improving relationships. Their perceived lack of self-esteem was related to difficulty in taking responsibility for their feelings or actions, and a reactive decision-making style. These factors led to the conclusion that the women had primarily an external locus of control.

Henderson and Gardner (1996) conducted a qualitative study with women who were recovering alcoholics. They found that the women were clearly able to articulate the changes in their experience of leisure as they progressed through the drinking career. Initially, when the women first started drinking, leisure was not a problem for them. In fact, leisure often provided the context in which to drink alcohol—a pre-condition for drinking. As the women progressed in their dependency, alcohol often became a pre-condition for leisure. In other words, without alcohol, the leisure experience was not as pleasurable. Eventually, leisure became secondary to the process of gaining access to and drinking alcohol. Henderson and Gardner termed this phase as “false leisure.” In this phase, the women were consumed with thinking about drinking and the act of drinking, neither of which at this point were pleasurable experiences. Drinking occurred in order to avoid or reduce the pain associated with withdrawal. Once the women entered the initial stages of recovery, leisure became slightly more important to them than when they were drinking. They may have used leisure activity to fill time left empty without the alcohol. However, leisure in this stage was difficult for many of the women, as they did not know how to have fun, to relax, or to enjoy the company of others without alcohol. They had to re-learn how to leisure. Finally, Henderson and Gardner found that in long term sobriety, women had learned how to incorporate leisure effectively into their lives. They had learned how to plan leisure experiences; they had learned how to select experiences that were supportive of recovery, and they were learning how to regain control over all aspects of their lives.

In summary, there is research that provides some understanding of women’s experiences in recovery, and there is evidence that leisure is related to this process. However, the question of how leisure may play a role in recovery has not been examined in any great detail. Therefore, this study was designed to examine how women view the recovery process, what they see as the key issues in attaining quality recovery, and how leisure may play a role in this process.

Method

This study utilized a qualitative methodological approach undertaken within a feminist interpretive framework. Feminist research is based on a recognition of the gender inequities faced by women coupled with the desire to “correct both the invisibility and distortion of female experiences in ways relevant to ending women’s unequal social positions” (Jansen & Davis, 1998, p. 292). Feminist research places women’s experiences in the foreground of the inquiry. As Henderson (1994) stated, “women-centered scholarship examines the experiences of women not in relation to men necessarily but in an attempt to understand the importance and meaning of women’s lives” (p. 128). Furthermore, there are a variety of ways of using the feminist perspective, including the interpretive approach. Interpretive research, originally derived from phenomenology, is the study of “lived experience” with the focus on describing and interpreting everyday life. “Interpretive theories hold that people
construct meaning out of their social and cultural realities; thus, women’s own stories and understanding of their experiences are considered essential for feminist interpretive scholarship” (Jansen & Davis, p. 293).

Jansen and Davis (1998) suggested that a feminist interpretive perspective is particularly useful for exploring and understanding sensitive topics. Lee and Renzetti (1993, p. 6) stated that research is sensitive when it “intrudes into the private sphere or delves into some deeply personal experience [or when it] deals with things sacred to those being studied that they do not wish profaned.” According to Jansen and Davis, women who are recovering from alcoholism fit this definition because of the shame and societal stigma associated with being female and being alcoholic. They sum up the usefulness of this approach by stating:

Studying recovery as lived experience through the eyes of women in various stages of the process offers several unique advantages to this inquiry. First, it allows researchers to understand lives from the perspective of those that live them. Second, it supplies a context of experience that may increase the understanding of a discredited group of clients who suffer from the “double whammy” of bias against alcoholics and against women (Kagle, 1987). And finally, it promotes trust building, which fosters commentaries on sensitive themes that may not otherwise be developed in a quantitative inquiry. (pp. 294–295)

Data Collection Strategies

This study used semi-structured indepth interviews to understand the recovery related experiences of three women who had developed their own support group/recovery network separate from the traditional Alcoholics Anonymous network. Focus groups were used as the primary method of data collection. Three focus groups were conducted, each of which was approximately three hours in length. In addition, each of the women individually reviewed the transcripts and the findings, and participated in a one to two hour discussion/interview regarding the findings. Finally, I attended their group meetings at least once a month for a period of six months.

In keeping with the interpretive approach to data collection, the goal of the research was to answer “how questions,” generally framed as “How is social experience organized, perceived, and constructed by individuals?” (Denzin, 1989, p. 24). Jansen and Davis (1998) suggested that focusing on understanding rather than explanations reduces defensiveness and invites a greater description of context and process. As such, the three focus groups were structured in the following way.

The questions in the first focus group were designed to have women tell their own story of recovery and to identify the key turning points for them which differentiated being sober or abstinent from truly being in recovery. The terms abstinence, sobriety and recovery have been used differentially in the literature and seem to describe qualitatively different states. Larsen (1985) suggested that recovery had the connotation of moving beyond “not drinking” (i.e., sobriety) towards comfort with self and others. Davis (1997) defined recovery as “a long-term process that involves every aspect of a person’s life, including economics, relationships to others, and a redefinition of personhood” (p. 171). Conversely, McCormick and Dattilo (1995) noted that within the AA world, sobriety referred to both not drinking and to moving towards a “life which was fulfilling and meaningful” (p. 24). As a result of this lack of clarity about sobriety and recovery, the women were also asked to define “quality recovery” and to describe how it differed from sobriety, if there was a difference. The second focus group included inquiry specific to the women’s perception of the influence of gender on their recovery process and their perception of the role of leisure in their own recovery process. The final focus group included questions that examined the women’s
experiences with recovery-related resources/programs and their perceptions of what services were helpful and what services were needed.

Participants

As with most qualitative research, participants were not selected based on the prospect of making generalizations. Participants were selected based primarily on their willingness to invest the time and energy required and their ability and desire to talk about their experiences as women in recovery. As Glesne and Peshkin (1992) stated “the strategy of participants selection in qualitative research rests on the multiple purposes of illuminating, interpreting, and understanding—and on the researcher’s own imagination and judgment” (p. 27).

One of the participants, Bonnie, was an acquaintance of mine and knew of my interest in women and recovery. She acted as my access point to the group, conveying to them my commitment to portraying their experience as accurately as possible. This was especially important as women in recovery are so stigmatized by society that they may not trust the person asking the questions (Jansen & Davis, 1998). As Jansen and Davis stated, “An outsider to the experience, although well intentioned, may be perceived as ‘thinking less of me’ or ‘just getting it wrong’” (p. 297). Moreover, in the spirit of promoting trust, I made clear the basis of my interest in recovery and in women experience’s in recovery, emphasizing the similarities in my own personal growth to those of the women in this study. The participants and I also shared a strong commitment to “making things better” for women in recovery.

The participants were three women who have been in recovery from alcoholism for between four and ten years. Each was given a pseudonym for the purposes of this study. Bonnie was 33 years old and was currently enrolled as a student in art school, having completed an undergraduate degree in her early twenties. Cindy was 44 years old and was a health professional. Abby was 30 years old and was a full-time mature university student in the second year of her undergraduate degree. They had all started drinking in their early teenage years. Two of the three identified that they were survivors of sexual abuse. Cindy had relapsed twice and has now been sober for four years while the other two women had never relapsed. Bonnie had been sober for one and half years when she was diagnosed with Chronic Fatigue Syndrome and Fibromyalgia, which was in remission during the period of the study; the other two women had not experienced any serious health problems since attaining sobriety. None of the women were currently married (Cindy had been married and was now divorced), all had previous relationships with men, and none had children.

The three women had all previously attended AA meetings, both mixed gender meetings and women-only meetings. They all shared a strong discontent with the AA meetings in the community they lived in and started their own support group in response to their discontent. This group varied in size from just the three women involved in this study to a maximum size of eight women. The focus groups conducted in this study involved only the three core participants in this alternative support group, although at various times during the study, other women would attend the group meetings.

Analysis

Analysis was conducted examining the data for key themes related to recovery, gender and leisure. Themes developed from the open-ended “how questions” of the focus groups and emerged from the participants’ responses. Many issues arose during the focus groups that were not anticipated and these issues were explored and incorporated within the themes. In particular, the women’s ability to clearly articulate their perceptions of the role of gender
in the experience of recovery and leisure was an unexpected discovery. Gender was an identified theme in the study, and as such, discussions related to gender were anticipated, however the women’s clarity of expression related to gender was somewhat unexpected. As Jansen and Davis (1998, pp. 302–303) stated, “the data analysis was guided by the intent to capture descriptive stories of the participants’ lived experiences to increase understanding, rather than to provide explanations.” These “meanings” were central to the analysis and interpretation of the data. According to Denzin (1989), interpretation as the act of clarifying meaning is central to interpretive studies:

Meaning refers to that which is in the mind or the thoughts of a person. Meaning, in this sense, speaks to the signification, purpose, and consequences of a set of experiences for an individual. Meaning is embedded in the stories persons tell about their experiences. (p. 104)

Initially, all the transcripts were read thoroughly and thematic concepts were recorded in a journal. Then specific ideas or comments from the women were coded to reflect the major themes arising from the transcripts. After a period of six weeks, the transcripts were reviewed once again with an eye to understanding the interconnections between the various thematic and subthematic categories. The participants also reviewed the findings and provided additional descriptions of the relationships between the various themes. Finally, an examination of the existing literature was undertaken in order to better understand the thematic categories and interconnections.

Subjectivity is always an issue in qualitative research. As such, several steps were taken to ensure the trustworthiness of the data. I engaged in peer debriefing of the transcripts and the findings with an uninvolved colleague. I had prolonged engagement with the participants by communicating and interacting with them for approximately six months. Member checks were conducted in order to allow the participants to review the findings and comment on the degree to which they reflected their lived reality. Finally, the use of a reflective journal on my part, and a detailed audit trail of the findings and analysis provided a means of tracking the development of ideas related to the study.

Results and Discussion

Four broad areas were described and examined in this study: 1) the women’s perceptions of their drinking careers and their motivations for drinking; 2) the women’s perceptions of the process of recovery and of what constitutes quality recovery; 3) the women’s perceptions of issues needed to be addressed in order to attain quality recovery; and 4) the importance of the context of leisure in their recovery process. The connection between gender and the other issues in recovery for women were discussed as an overarching theme throughout all three broad categories. A diagram representing these four categories of information is presented in Figure 1.

Motivations for Drinking

Each of the three women shared her personal “story” of addiction and recovery. In these stories, the women also discussed at length the gender specific issues of alcoholism and recovery. The women unanimously agreed that they perceived that their experiences as women were very different than what they perceived men to be experiencing. In particular, they suggested that they had different motivations for drinking than did most of the men with whom they had interacted.
Discomfort with self. The women identified a discomfort with self that prompted much of their drinking behavior. "Yah, but I think that's what it is at the bottom of it [drinking] for me. It was totally low self esteem, and not being given permission to be who I was" (Bonnie). This finding is very similar to McCormick's (1991) finding that many recovering alcoholics in Alcoholic Anonymous experienced themselves as different from other people. Denzin (1986) in his seminal piece on the alcoholic self also identified this discomfort with self as being a key factor in the development of alcoholism. Denzin (1987, p. 35) stated that:

Prior to treatment [and recovery] the alcoholic has lived a theory of self that hinged on the denial of alcoholism and the alcoholic pursuit of a fictional 'I' that alcohol would hopefully bring into existence: ... He [sic] has presented a self to others that is not the self he [sic] feels in his [sic] inner self-conversations.
The women's comments in this study clearly reflect this profound discomfort with self.

But the reason I drank in the first place was no self-esteem whatsoever. And just feeling totally insecure and so totally full of hate that it is just painful to be around people unless I could change how I felt about myself or change how I was. Because for a while, I had an excuse to laugh, tell a joke, and the excuse was alcohol, you know. It helped change me, my whole personality... But... it's not even low self esteem, it's NO self esteem. That's why I drank. I wasn't a person. I didn't exist as a person... And I'll tell you it's like when I had the drink, I can be whoever I want now. Which is all a total illusion but I really believed it for... you know when it worked for a while. (Abby)

I drank because I didn't feel OK. I didn't feel normal. I didn't feel, you know, like I knew what the hell was going on... And that's it and I didn't feel like I was OK until I'd had a few drinks and then look out, you know. (Bonnie)

I didn't feel like a good person. (Cindy)

Although discomfort with self is not necessarily an issue limited to women, in that both men and women identify this as a problematic area, the women in this study attributed their own discomfort with self to two gender specific sources. First, they related discomfort with self to societal expectations of women. Copeland's (1998) study on women supported the idea that one of the motivations for alcohol and drug abuse was discomfort with the traditional gender-based role expectations. These expectations placed tremendous pressure on the women in this study and, in their opinion, influenced the beginning of their dysfunctional drinking patterns. These pressures led the women to have unrealistic expectations of themselves in a variety of areas, particularly in terms of an ethic of care, and to be quite unforgiving of themselves when they were unable to meet these expectations.

Looking at women in general... that's to me, one of the big societal issues, is that we're taught not to love ourselves. Look at the images that are flashed on TV—that we're objects, that we're... you know, we're nurturers, we're the caregivers, we're the ones who give a hundred percent and keep on giving no matter what. Like the energizer bunny, we just keep giving and giving. And that's it. I really believe, where do women learn how to be a person? There isn't anywhere, you know. (Bonnie)

I was going to say, one of the huge issues—a huge issue for women, I mean, one of the things that seems to lead women to get involved with drinking and drugs, to get depressed, you know, is this notion of not being able to be selfish, not being able to say, I can't take care of everybody in the whole world. (Abby)

All three women articulated an expectation of caring for others as being related to their inability to cope without using alcohol. Henderson and Allen (1991) discuss the meaning of ethic of care, stating that an ethic of care “is an activity of relationship, of seeing and responding to need, of taking care of the world by sustaining a web of connection so that no one is left alone” (p. 99). They go on to state that “women often feel selfish and morally conflicted if they respond to their own needs rather than the needs of those close to them” (p. 99). The women in this study also suggested that most women must grapple with this issue in their process of recovery.

Carter (1997) also discussed the connection between societal expectations of women and alcohol use. She suggested that historically women began to drink as a means to confront and protest patriarchal attitudes about what is appropriate female behavior. However, once women began to realize that these patriarchal expectations were firmly entrenched in
Western society, Carter suggested that women continued to drink as a means of coping with unrealistic, gender-based expectations.

The second gender related issue that these women identified as impacting their sense of self was a history of physical and sexual abuse. As indicated earlier, two of the three women in this study has been sexually and/or physically abused in their families of origin. These two women clearly identified that their lack of comfort was self-related directly to their history of abuse.

It was totally low self esteem, and not being given permission to be who I was. And plus now, in retrospect, now that I know I was abused and all the dynamics that were going on, of course, no wonder I felt that way, I mean, no one was giving my any attention except my father who was sleeping with me. So, it’s like, you know, the only positive thing I was getting there is yes, you’re good for this, I love you specially and I have sex with you. Even though you’re a child. And that was the only good thing. (Bonnie)

But, the reason why I drank in the first place was no self esteem whatsoever. And just feeling so totally insecure and so totally full of self hate that it was just painful to be around people unless I could change how I felt about myself or change how I was. And, alcohol was the perfect thing to change how I was around people: : : : . And also, in retrospect, I can see it all makes sense because I too came to realize about being abused by my father and it’s like, Oh, OK, now it’s make perfect sense. Because I didn’t grow up in an alcoholic home. That wasn’t my parent’s addiction. Um, they didn’t drink. So I always wondered about that. Gee, you know, I was: : : every alcoholic I know either comes from an alcoholic home or they have some other major thing and it’s like I thought I came from such a normal home. You know, and how could I have turned out to be an alcoholic and my twin sister be an alcoholic too. Like, something’s not fitting here. Like, this just doesn’t fit. Um, until, you know, I learned what happened and stuff. And then it all makes total sense. But: : : it’s not even low self esteem, it’s NO self esteem. That’s why I drank. I wasn’t a person. (Abby)

Millar and Stermac (2000) supported this notion that a history of physical and sexual abuse is a primary motivation for female drug and alcohol abusers. "Research suggests the experience of child abuse results in a variety of negative affects, such as low self-esteem or low self-worth. The presence of these negative affective states results in women being more likely to have been labeled and to label themselves with perjorative terms" (p. 175). They went on to suggest that women use drugs and alcohol as a primary means to deal with these negative perceptions of self. Interestingly, the women in this study not only connected the history of abuse with their motivations for drinking, they also identified that this history of abuse made it difficult for them to find a comfortable place in the AA system.

Desire for power and control. In addition to struggling with expectations placed on women in our society, the women in this study also felt that their desire for power and control in a world in which women are not supposed to want power and control was a primary motivation for drinking. When drunk, the women had no problem exercising their rights and power with little thought of the repercussions. But when they were sober, they felt they had no ability or right to exercise power and control. As Denzin (1987) stated, "treatment [and the work of recovery] directly addressed the problematics of power and control in the alcoholic's life" (p. 30).

When I was sober I didn’t know what rights were. When I was drunk I have every right in the world and I would tell them non-stop. Drinking allowed me to stand
up for myself. When I was drunk I had all the rights in the world. When I was sober I was garbage, I was refuse. (Bonnie)

I didn’t feel like I was OK until I’d had a few drinks and then look out, you know. Then, when I was drunk, I have every right in the world. And I’d tell you where to go anytime I pleased, no matter who you were. (Abby)

But that’s where the power came from. In that you did whatever you wanted because you didn’t care. That was where the power was—you didn’t care. You know, because if somebody brought it up to you, you had the perfect excuse (drinking) as I said. (Cindy)

The literature related to drug and alcohol abuse clearly indicates that the desire for power and control is not an issue limited to women. However, Wilke (1994) believes it is important to acknowledge that society is male dominated and the resultant lack of power can affect a woman’s self esteem and sense of power over her own life. Henderson and Gardner (1996) postulated that “alcohol can seduce women into an illusion about their roles as women in society and allow them to stay within that image, or alcohol can be used to help them resist the roles associated with being female” (p. 256). In either case, the roles associated with being female often encompass a sense of powerlessness and the process of recovery likely requires some reclamation of personal power (Henderson & Gardner).

In addition, the social stigma associated with being powerful for women is much greater. Brannon (1999) states that “the freedom to make cross-gender choices is still limited” (p. 453), and that when women do enact traditionally male roles or behaviors, they experience labeling and stigma. Bonnie directly experienced the stigma associated with trying to be powerful without the mediation of alcohol.

And, I mean, I’ve sat there and said things, like just spoken my mind—blah, blah, blah... Well, the first few times they [the men] just looked at me—well what do we make of this person. Like is it a man or woman, first of all because like, speaks like a man, but sort of looks like a woman. We’re not really sure. (Laughs). And it’s like, you know, and then they figure she must be a les... oh, she’s one of those, so... But with women, we’re not encouraged one bit, in fact it’s the opposite, to have our own power and that’s... we are encouraged to stay the victim and to stay penniless. We’re not encouraged to find our own power... I don’t see how women can find love for themselves and their own recovery and healing without finding their own power and not being a victim anymore. I don’t see how the two can... they have to go hand in hand... they have to... you know. You can’t stay a victim and be in recovery... But women have to be shown that, taught that. Because we are conditioned from the time we’re born and put in our little pink frilly suits... (Abby)

Yah, femininity versus feminism. Like that’s the way men see feminism—that it’s threatening femininity, whereas it couldn’t be any more different, you know. It’s only when we become feminists to a point, not fanatically feminist, but feminist that we discover our own femininity, because in our own weaknesses lie our strength. (Cindy)

Sobriety vs. Recovery

In spite of the lack of consistency of terminology in the literature, the women in this study had no difficulty differentiating between abstinence, sobriety and recovery. Interestingly, they
did not differentiate between abstinence and sobriety, and used the terms interchangeably. They felt that both terms referred to not drinking. They did indicate that they saw a difference between not drinking and recovery. They suggested that many people become abstinent and stay sober for a long period of time but never truly recover in the sense of moving on with their lives. Kearney (1998), Davis (1997) and Biernacki (1986) also make this differentiation between becoming abstinent or sober and moving forward in recovery. In fact Biernacki identified being and becoming ordinary as the last stage in recovery and that becoming ordinary involved much more than merely not drinking or using drugs.

It is interesting to note that most of the discussion related to sobriety and recovery was connected to the women's experiences with AA. They consistently used AA concepts in their discussions of sobriety and recovery and often contrasted their own ideas with those of AA. In the discussion of sobriety and recovery, the women identified three specific themes related to quality recovery. First, they suggested that for many people, the challenge in achieving quality recovery was recognizing the need to do more than just "not drink."

[Recovery is] being somebody who has integrity and somebody who is honest with himself and others and who is... this is what it is for me... and who is striving to make amends for the hurts that they've done, and trying to live a good life and trying to find out about themselves, and that's recovery and that's a process that goes on forever. It doesn't end, it doesn't come to an end anywhere. But... then there's the dry drunk or the person who's just not drinking. And they're the person who comes into the program and it's like, oh, this is a good place to go instead of the bar. (Abby)

They also discussed the notion that for many people early in recovery, sobriety was equated to the length of time since the last drink. But for each of these women, the length of time sober really had little to do with the quality of their lives during that time.

And a lot of people that come in the program, they just stop drinking. That's all. They don't change anything about themselves, they don't change the way they act towards people inside and outside of the program, nothing changes except they're not drinking. And I've had experience with family members and people close to me that have stopped drinking and not done any recovery. And there's no growth. (Bonnie)

And the other thing is when you first come in [to AA], you have no concept of what sobriety is. You just figure it's time... And when you first come in, you don't know the difference [between time not drinking and making the necessary changes to move forward]. (Bonnie)

The second theme related to sobriety vs. recovery was described as moving forward. The women suggested that in order to progress from being sober to being in recovery, moving forward is critical. In particular, for these women moving away from the AA organization was also very important. They clearly articulated that many people "hide" in AA, using the system and organization as way of avoiding recovery related issues, avoiding any forward movement at all.

But what happened in our group [AA] was you'd hear the exact same thing time after time after time... And it's like ad nauseum, right. And that's exactly it. Recovery is growth and change and there wasn't any [in AA]. There wasn't any movement at all. (Bonnie)

They didn't want to get a life of their own. The just wanted to have this sheltered little life in AA... Then that wasn't enough for me. I'm not going anywhere, I'm
not growing. I'm still the same. I haven't changed anything at all—in my behavior, in my life. I'm just ::::: I may as well be drunk. (Abby)

::: there's people that are ten years sober that have never even done step four, that aren't working the program, they're not doing the steps and they're not progressing. And you can see them, you can see them stalled, you know. And, um, and you see it all the time, people that are just stalled there. They have no concept: : : . (Bonnie)

In addition, these women found that this lack of forward movement was particularly prevalent in the men that they interacted with in the AA organization.

They [men] don't talk about change, they don't talk about their spiritual program, they don't talk about finding yourself, they don't talk about bettering yourself. That's like almost taboo to talk about that, cause that's an outside issue. (Abby)

In spite of their criticisms of the AA organization, these women did identify that AA had an important role in getting people started on the journey toward self-discovery. However, they consistently maintained that, in their experience, AA did not do enough for women to move them away from just “not drinking” toward recovery.

It [AA] is a stepping stone in a way, to an outside life, to get back into society and be meaningful or whatever. And that's what is was for me, it showed me that hey, there's more to my life than just burying my feelings in drinking, maybe I should discover who I am. Like I learned that in AA, that I could do that, not that I could find that in AA, but like, they would mention it on a superficial level. (Abby)

The final theme related to quality recovery identified by the women was finding purpose and meaning. All three women had experienced the “not drinking” form of sobriety and each one, in her personal story of recovery, identified feeling that there was something more that needed to be addressed as the turning point. They each defined “something more” as the need to look for purpose and meaning.

And that [spirituality] doesn't get discussed in AA ::::: And that doesn't get addressed. And it [recovery] is about finding yourself, finding your own ::::: Feeling like you love yourself and finding a higher purpose or a spiritual purpose to your life ::::: I wanted a sense of spirituality, I wanted a sense of where I fit in the world, and who I am, and all of these sort of deeper things :: : . (Abby)

So recovery to me just a huge learning experience. I think I've finally figured out why I'm on this earth. That used to baffle me and I never thought of asking anybody about it because I figured it baffled everybody. And, now I'm ::::: I believe it is primarily to take what God has given me and do something with it. No matter if it's only to become a pleasant person to be around or you know, a doctor or whatever. You know, I think just to become a better person. I think that is the point of life. And all the other things are incidental—the things that I thought were important. (Cindy)

These women's discussions of the differences between sobriety and recovery are consistent with much of the literature on recovery. Increasingly, the awareness that the work of recovery continues long past the ability not to drink has been documented in various self-help books related to this topic (e.g., Larsen, 1985; Wuerzter & May, 1988). Kearney (1998) also identified that the women in the studies she reviewed, like the women in this study, consistently identified that abstinence is but the first step in rebuilding a meaningful life. Thus, in the remaining discussions of the women's experiences in recovery, the term
Women in Recovery

sobriety will be used to refer to “not drinking” and the term recovery will refer to the work required to move forward beyond “not drinking” toward happiness, connectedness, and comfort with self.

**Issues in Recovery**

When discussing the important issues in achieving and maintaining recovery, the three women articulated two major themes: identity work, including learning about, accepting, and respecting self; and connecting with others in a healthful way.

*Identity work.* The challenges faced by these women as they struggled to make sense of themselves and their lives were enormous. They poignantly articulated their complete lack of awareness of who they were without alcohol.

It was like for the first time in my life I was on my own. OK who am I? You know. And it's time to find out who that person is. (Abby)

Well, um, recovery... I don't really even like that word actually. I look at it as more as a discovery because it's me finding out about myself so that I don't make the same mistakes as I've made all my life... (Cindy)

These struggles with self that the women described in this study directly relate to Kearney’s (1998) model of women’s recovery. She suggested that after attaining abstinence women must undertake the challenge of self-work. The first component of self-work was honest self-appraisal, which as defined by Kearney is markedly similar to the comments of the women in this study. “Self-appraisal involved admitting vulnerability to past harms and present threats and facing how little one knew about oneself as adult women. It required clear-eyed assessment of one’s limitations both in terms of past and present actions and the potential for future life change” (p. 505).

This process of self-work is identified in much of the addictions literature as identity transformation and is seen to be critical to the process of recovery (Baker, 2000; Downey, Rosen, & Donovan, 2000; McIntosh & McKeganey, 2000; Millar & Stermac, 2000). In Baker’s study of women, she found that “transformation of their identities was often the basis for recovery from addiction” (p. 864). In Biernacki’s (1986) model of natural recovery, “becoming and being ordinary” (Copeland, 1998, p. 2) was identified as the final stage in the recovery process and was contingent on the reformulation of identity, that is coming to know oneself and creating a new, non-using identity.

Interestingly, the women in this study also believed that just knowing oneself was not enough for them to move forward in recovery. The beliefs they held about themselves were very negative and they were all actively engaged in learning how to accept and love themselves.

Self-esteem and self-love. That’s the bottom line. Until you have that, you have nothing, you know. And you may think that you’re doing fine and doing all this great stuff but you can’t even honestly, really look at yourself until you have that, you know. (Bonnie)

So I mean, everybody feels that way when you come in. You have no self esteem whatsoever because you’ve been drinking and you have no dignity left whatsoever. You have no self esteem. (Abby)

This notion of coming to accept themselves also relates to Biernacki’s model of recovery. “The key to the recovery process lies in the individual coming to an understanding that his or her damaged sense of self has to be restored together with a reawakening of the
individual's old identity and/or the establishment of a new one” (Mcintosh & McKeganey, 2000, p. 1503). McIntosh and McKeganey go on to suggest that the process of identity transformation is a process of evaluating aspects of the drinking self, the self which existed prior to drinking, and the identification of new aspects of the self. The women in this study were fully engaged in this process of evaluating their beliefs about self and were working towards accepting and appreciating various aspects of who they were.

However, they found that their negative patterns learned in the past often overwhelmed their attempts at self-love. As Cindy so elegantly stated:

You know, every time things would be going well for me, I'd sabotage it somehow, and I've learned not to do that. It's a total learning experience for me—recovery. Ah, I learned that; because the news that I had to love myself came as a great shock to me. Nobody had ever actually said that to me and yet my sisters and my brothers, they all knew it, I never knew it until somebody actually said to me.

because I was comfortable about feeling bad about myself. You know, that was my comfort zone. And it takes a really: : : : : it takes real courage to step out of that comfort: : : : : that ugly comfort zone so that you can force yourself to take the chances, to find out: : : : : yah, I am a decent person and no matter what you say about me, I still know that I'm a decent person, you know. It sounds so simple but it's so hard: : : : : (Cindy)

They were able to envision what self-acceptance would look like and were able to articulate some of the steps that they had taken that had moved them toward this acceptance.

You know, to get to the point that we know that it's OK to screw up, we know that it's OK to succeed, we know that it's OK to want to know who we are. (Cindy)

And also going back to school was another really really big thing for me, that's putting me on that path of starting to love myself, starting to feel like I can do what I want in this world, starting to feel like I'm in control of my life, not life is in control of me. And I'm not a victim anymore and I can change and I can do things and I can grow and I can be in charge of this. Like, I have enough stamina, I have enough intelligence, I have just enough self-love to be able to do that. And; : : : . God it took a long time. I mean, that's: : : : ; it took so long. And I hope it doesn't have to take that long for everybody. (Abby)

In addition to self-awareness and self-acceptance, the women also identified the need to act consistently in a self-respectful manner. They identified that achieving abstinence or sobriety was a self-respectful act but that their ability to respect themselves and their needs was in its infancy. They often had trouble identifying their needs in the recovery process and often did not feel that they had the right to try to meet their own needs. This step in the process parallels the second component of self-care proposed by Kearney (1998). She suggested that the possibility of responsible self-nurturing arose as a result of honest self-appraisal. She defined responsible self-nurturing:

They sought to discover and pay attention to their own needs, take responsibility for meeting them, and take good care of themselves. This focus evolved from simple steps of [basic self care] to more complex work on long-term goal setting and advocacy for self. By these simple steps, women whose self-concept and self-esteem had previously been based on their success at outrageousness, risk taking, self-effacement, seductiveness, or deception began to build a more conventional and solidly rewarding way of life. (p. 506)
One area related to self-respect that was particularly difficult for the women in this study was taking care of themselves before they cared for others. Again, the women clearly identified this issue as a gender specific issue and realized that all women likely struggle with putting their own needs first. However, the women in this study also suggested that for them, in recovery, the ability to prioritize their needs was critical for survival.

I would always try to please others. I felt that that’s where my satisfaction should come from, from pleasing others. And it never worked out, it simply didn’t... Um, I still care what a lot of people think of me but I don’t care as much. (Cindy)

And yes men are the ones that were selfish and when they come in to the program they are taught that they have to start giving more. That doesn’t fit for women. So that’s one thing that should be thrown out for women. (Abby)

This issue was viewed by these women as a gender specific problem and often seemed to be directly in opposition of some of the basic premises of the AA model.

Women need to learn how to be selfish a little bit and put their own needs first. But this is one of the hardest things for women to do in recovery. (Cindy)

You always have to, whenever the hand of AA reaches out, you have to be there, you know. Well, I’m sorry but women have been there for men their whole... life and it’s like, you know, for women sometimes recovery is NOT being there. It’s learning not to help. (Bonnie)

Connections with others. The second area identified by the women as being critical to moving along in recovery was social support and connections with others. None of the three women encountered support from their existing social support networks for their efforts in recovery. As Cindy stated, “I really feel that I got sober in spite of some people. Not because of some people, you know. And in spite of myself—I did it.” Davis (1987) also found that most women found little support for their efforts in recovery:

[The women] were not pressured or supported by their families and social network to stop drinking. More often the tremendous despair that these women were experiencing was trivialized, minimized and/or denied by the very people that one would expect to act as a safety net in times of extreme duress. (p. 158)

Interestingly, the women in this study suggested that the reason they received such minimal support from their friends and families is because they did such a good job of meeting society’s expectations of what women should be doing and meeting everyone else’s needs and requirements. Bonnie elegantly put this dilemma into words:

It’s just that I was female and like it or not, to survive in the world we have to be pretty amazing people, to even make it through our drinking. Because like we held down the jobs, or we were the mother, or we were, you know the caregiver, or whatever we were. As well as the drunk, as well as like you know, most of us had two or three roles. We didn’t get to do to treatment because we didn’t... like you know, it was like not accepted or supported or whatever.

As the women moved forward in recovery, they discovered that the ability to navigate and manage connecting with others in a healthful way was also a challenge to be addressed. Each of the women shared stories of dysfunctional relationships in all areas—family, intimate relationships, and friendships. They found themselves unable to make healthy choices with regard to the relationships they entered into early in sobriety. Abby has, in fact, chosen to remain without a primary relationship for the past five years and has a minimal number of friends.
And I’ve been single for :: and I’ve been without a relationship for about the last five years and that has really been tremendous for my growth. And I know, on the one hand, it’s easy to say well you can be healthy when you’re not in a relationship because men :: all your faults comes out when you’re in a relationship. I mean, I know how hard that is, too. But, for me, because for the first ten years of my sobriety I was from one man to another. And it was like, they’re going to fix me, and OK, now it’s this guy, he’s going to fix me, OK this guy’s going to fix me and make it all happy and make me all better.

All in all, the women found the process of navigating relationships without alcohol to be extremely daunting.

And, I guess, I didn’t have the skills yet to be able to form the network that I was supposed to have there. Um, but in some ways, I did it despite myself and today it’s like four years later, I can still say that I have some close friends that aren’t in the program [AA] and some close friends that are. So, in a way, the um, some of the friendships I’ve made have been able to transcend and grow and change beyond that. (Bonnie)

I was looking for community, I was looking for people like me, I was looking for women that could teach me how to be a woman, cause I didn’t know how :: I think that, um, :: in a nut shell, what it is, is that you have to find the people that can love you until you can love yourself, and that teach you how to do that. (Bonnie)

All these things I would do solitary because I didn’t have any friends at the time [early in sobriety]. And, um, so I got into that sort of mind set and now all the things that I do in my leisure time are solitary things. And it’s really hard to :: because I really love going out with people and talking and I like getting together and :: um going out for coffee, like I think that’s a really neat thing to do. Just talking with another person for a couple of hours is like a really fun thing to do, I find. Or going to a movie with someone or something like that. But I find I really have to push myself to do it, I have to push myself to get out of, um, my solitary existence and do the things that I do in my own leisure time. (Abby)

This problem of relationships with others is very similar to the third component of Kearney’s (1998) model of women’s recovery—connection work. She stated that as women learn about themselves and learn to take care of themselves, they are more able to address their relationships with others and the community. As a result, “women saw their role in society differently, and they began to find mutually beneficial ways of interacting rather than always protecting themselves out of vulnerability, anger, and fear” (p. 506). Each of the three women in this study agreed that this was one of the most difficult aspects of recovery because alcohol had functioned to prevent them from having honest and open relationships. Furthermore, they were in various stages of successfully addressing their relationship issues and all three identified this as an ongoing challenge and a lifelong goal.

An interesting aspect of connection work that the women in this study articulated was a need for strong female role models. This area was very much related to their inability to navigate social relationships as they have few role models of women in recovery with healthy relationships. They indicated that even the process of knowing what questions to ask in the early stages of recovery, how to select a good sponsor and AA group, and how to rebuild a meaningful life were all dependent on the women finding a good female role model. This need for role models was the primary impetus for the development of the
alternative support group these women formed and they relied on each other for guidance and role modeling.

I’m looking for winners that are women, that can show me “hey this is what I’ve done,” and yes I’m still active in the program, I’m still active in service, but I have a life too, I have a partner, and I have a job, and I have, you know, career goals, I have like goals for myself in my life. And this is my philosophy and this is my spirituality, and this is who I am. And I don’t find them anywhere. (Bonnie)

...they say in AA you got to give it away to keep it, and you got to, you know, help others, and ad nauseam. But, but, where am I supposed to get it from? Who’s helping me??? You know, where are the things that I am supposed to have in order for me to be nourished and me to know where I’m going? And, and I don’t find it here. I really don’t. (Bonnie)

Leisure and Recovery

Interestingly, the women were eager to talk about the role of leisure in recovery and were extremely articulate in expressing their views about leisure. There were five main themes which arose in this area: 1) the meaning of leisure to them; 2) a description of their leisure when they were drinking; 3) functions of leisure in attaining recovery, including a way to learn about self, a way to learn to love self, a place to challenge self; 4) challenges associated with accessing leisure in recovery, including lack of knowledge about leisure and the challenge of leading a balanced life; and 5) a description of leisure in their current lives. They suggested that the context of leisure was an important context in which to undertake the work of recovery. This relationship is expressed in the model (Figure 1) in that leisure is the circle in which self-work and connection work seemed to occur for these women.

Meaning of leisure. As in Henderson and Gardner’s (1996) study, these women were able to define leisure, focusing often on the key aspects of choice and pleasure. They also linked their definitions of leisure with the desire for a spiritual connection.

But that’s what leisure time means to me - doing things that I want to do, that I get pleasure out of. And sometimes that’s just staying in bed. (Cindy)

Yah, they [leisure experiences] give me that enjoyment, they give me that::: getting out of myself. And they’re almost spiritual for me, the things that::: the things that are pure and true for me. So for me, a lot of it comes in moments and not in activities. Like it can come in almost any activity if I’m present and if I’m there. (Bonnie)

It’s like doing what I want to do and not what somebody tells me I have to do or what I feel like I should do. (Abby)

It’s about learning how to do your life for you, you know::: You know sometimes it’s being there for others too. Leisure is just listening to them and being there for them, and you know, providing that need and being helpful. But sometimes that’s not, too. (Bonnie)

Understanding drinking and leisure. The women all identified that when they were drinking, leisure to them was getting the first drink and was thereafter lost in the process of getting more alcohol. As with the women in Henderson and Gardner’s (1996) study, these women lost their ability to engage in leisure as their alcoholism progressed and their lives became organized around drinking, recovering from drinking, and planning to drink again.
Well, when I was drinking, my leisure was drinking. That's what I did in my spare time and I lived for doing that. I worked so that I could have enough money to go out and drink. And I drank every night and if it wasn't alone, it was with other people. And that was like the only activity that I did. I didn't do exercise, I didn't do anything creative, I didn't even read which is really hard to believe. Because that's my major activity now, is reading. My major leisure activity. Um, that was it. That's all I did. And I thought that was really living. I thought, oh wow, this is really living. I need to get drunk every night—this is living. Um, now, I agree with Cindy. I think it's finding out what you want to do and what makes you happy and that's...I'm having a bit of a struggle with that I think. (Abby)

When I was drinking, I didn't have any leisure. You know, people would ask me to go places and I'd automatically give them an excuse for why I couldn't, implying that I already had plans, etc., etc., when I never did. I was usually in bed by 8:30 or 9:00 at the very latest because I was drunk. And I would dash home from work, pour my first drink and that was it. That was the end of the leisure. The first drink was basically my leisure, the rest was "I had to do it." (Cindy)

Function of leisure in recovery. Once the women achieved sobriety, leisure took on a slightly different meaning for them. They began to see the value that leisure involvement may have for them in terms of helping them stay sober or abstinent. They saw leisure as a tool for organizing their lives, keeping them busy and occupied, and providing structure for the times when they had previously been drinking. This perspective is similar to the notion that keeping people busy will help keep them sober, an often-held belief in therapeutic recreation and addictions treatment.

Well, to me it means, um doing things that I want to do. Um, I purposely bought a dog when I got sober. And knowing that I would never get drunk while I had that dog. It was sort of like a baby. I had to take that dog out, I couldn't get drunk, um, because he had to go out and pee and all the rest of it. And get his exercise and everything. And, I really played that up in my mind, that I really needed to look after this dog. And that was all I could cling to when I first got sober. (Cindy)

The women also discussed at length the role that leisure had played in their lives in moving them from merely not drinking back toward living. They found that in leisure, they could begin to learn about themselves in a relatively safe environment. For all of them, this discovery was a turning point in their recovery process as, prior to learning about the value of leisure, they had struggled with how to go about learning about themselves.

I think it tells us so much about ourselves. Like what we like doing. That the things I like doing, um, sort of implies the person I am. You know, I think figuring out, for me, what I like to do made me feel more real to myself. (Cindy)

I didn't really exist, I wasn't really important, blah, blah, blah. You know, and um, I think figuring out, for me, figuring out what I liked to do made me feel more real to myself. (Cindy)

It is interesting to note the women's focus on the context of leisure as an important context for identity work. Millar and Stermac (2000) identified in their model of women's recovery from substance abuse and childhood maltreatment the importance of connecting to self through investing in the authentic self. This investment process involved forging a connection to their physical bodies, creating a "spiritual" connection, and assuming
responsibility for themselves. In addition, their participants expressed an ongoing need to validate the self, through creative, expressive, freely chosen experiences. The women in this study seemed to support this process, clearly identifying that leisure was an important avenue for both investing in, and validating, their developing sense of self.

The women in this study also stated that leisure was an ideal context to experiment and take risks, thus learning even more about their abilities, limitations, likes, and dislikes.

But leisure is a fabulous way to find that out [your strengths and weaknesses]. Because that's where it feels that it doesn't really matter but really it's just another baby step that we all take in the.. on the road to recovery. You know, that you'll take little risks at first, you know. Leisure being one of them. And so if I decide to take a painting class which I did and I wasn't very good at it because I don't draw well, you know, but so what. I enjoyed fooling around with the colors. I still had fun. So that was a huge lesson for me to learn. You know that I didn't have to be number one in the class at everything. Cause that's the way I grew up. That's how I got extra attention in my family was by being the number one student. You know. And that was: it's all about freedom, you know, and that gave me even more freedom, knowing that I could, you know, just enjoy things just for the pleasure of enjoying them. (Cindy)

The women also found that through their successes and failures in leisure they were more able not only to know themselves but also to accept themselves even when they weren't successful. All of these women struggled with being able to accept themselves without being perfect—often they would not even attempt an experience if they thought they might fail. Leisure experiences helped them to see that success was an internal experience rather than an external evaluation of their performance.

But mainly, taking the risks was a great way to learn through leisure that I didn't have to be perfect at everything. I could still do things that I liked doing even though I wasn't good at them, you know. (Cindy)

Often the passion for the leisure activity was the impetus to take risks and learn more about themselves.

I think, like you said, the taking of risks. Part of it is being willing to take that step and I don't know what::: I don't know what it is that would allow me to do that unless it's just because I love it so much and I don't care anymore what other people think, I'm going to do it. It's::: I don't know. I think it's::: I think that has a lot to do with it, the risk taking in it. (Abby)

So I could take that risk and I could do that because, "Hey, this is something that I'm not willing to let go of, this is something that really makes me feel good about myself, this is something that is a spiritual thing for me." Dancing. And it doesn't matter::: what everybody thinks doesn't matter anymore. I'm just going to do it and so what if I look::: you know, stupid or whatever::: But it's cause this is something that::: that I'm just not willing to give up. This is something I'm just willing to do and follow through on because I love it. You know. And I learned a lot about myself through doing that. You know. (Abby)

Developing "leisure ability." In spite of all the positive outcomes of leisure involvement for these women, the process of engaging in leisure was a challenge for them. They consistently stated that discovering what they liked to do for pleasure was tremendously difficult for them in recovery. When they were drinking, as the alcohol took over their traditional leisure spaces and experiences, they became increasingly unable to identify
those experiences that gave them pleasure, were fun, and that gave their lives purpose and meaning.

Things in the last few years... since I've really seemed to have gotten a handle on what I want. Like, a couple of years ago somebody said to me—what would make you happy? And I really didn't know. I had no idea. And she said, when's the last time you were happy? And I didn't know that either. And that's when I began to ask myself:... ask myself:... it was a constant conscious effort to ask myself what do I want to do, you know. And um, it was really difficult to put that into action. (Cindy)

In addition, they also clearly indicated that they needed to learn how to plan and experience leisure in a way that was supportive of them and of recovery. They definitely saw that not all leisure would help them in their recovery process and were clear that learning to build leisure into their lives took more than just figuring out what they liked to do. They needed to be able to identify what about the experience would support recovery and what might jeopardize it.

Oh, absolutely. It's figuring out what you want and... like asking anyone, it's very difficult to figure out what you do want when no one has ever asked you. And you've certainly never asked yourself... Or when you don't even feel like you have a right... to ask yourself because you're always told what you should do. (Cindy)

It's like I don't really know how to have fun... It's like I don't know how to get in touch with that... like asking anyone, it's very difficult to figure out what you do want when no one has ever asked you. And you've certainly never asked yourself... Or when you don't even feel like you have a right... to ask yourself because you're always told what you should do. (Cindy)

And then I'm asking myself—what do I like? Like, what do I like, you know. And all the things I like—it goes back to, am I good at it? So I don't have to worry about looking stupid or foolish or whatever or being humiliated or whatever. And... does it look good. Like is it... is there some other end to it? Nothing can just be pure, you know. (Bonnie)

The women also articulated the challenges in attaining a somewhat balanced life as they progressed toward recovery. Early in recovery, they often filled their lives with other compulsive behaviors and they reported continuing to struggle with this issue. Interestingly, they all experienced the replacement of alcohol use with first work and then with involvement in AA. They suggested that, for them, it was important to move beyond AA as a means of creating balance in their lives.

Ah, at first my work became my whole life. Um, that was what made me a worthwhile person and I worked in the medical field and... I got great satisfaction out of knowing that I was helping others. Because, if you look at most people in recovery, they do have, um, jobs that look after other people. In some form or another, you know. And, ah, because we're all at heart people pleasers, I think.

Ah, at first my work became my whole life. Um, that was what made me a worthwhile person and I worked in the medical field and... I got great satisfaction out of knowing that I was helping others. Because, if you look at most people in recovery, they do have, um, jobs that look after other people. In some form or another, you know. And, ah, because we're all at heart people pleasers, I think. You know, we all have to validate our existence by choosing our careers in certain fields, fields that ultimately destroy us quite often. Because the stress value in them is absolutely intense. Um, my job was high stress and I... thought that I did really well in it. Because I put my whole energy into it. And I would get home from work and just collapse, you know. But I didn't have an outside life at all, not at all. But now I do. (Cindy)
So, I stopped drinking! (laughs) You know... work was the first thing, and I did work till... and AA... AA was my leisure at that point. I went to meetings almost every night and AA was my leisure. And any other leisure that I got was through AA. Um, on Saturday nights they had a sober dance, we'd go every Saturday night. We'd go to a meeting, we'd go to the sober dance, we'd go out to eat. Um, before meetings we'd meet for coffee or dinner, after meetings we'd meet for coffee. And that was my social life, for like the next two years. (Bonnie)

Leisure now. The final area related to leisure that the women discussed was how leisure fits into their lives at the present moment. Abby is still struggling with finding a balance between solitary activities and social activities. She still has difficulty identifying what experiences are important for her recovery process and her happiness. "I think [leisure] is finding out what you want to do and what makes you happy and that's... I'm having a bit of a struggle with that I think." Bonnie is recovering from her physical illness and is learning to balance the creative process of art with the necessity of financially supporting herself. Cindy has incorporated leisure into much of her life and continues to find leisure to be an important part of her recovery process.

So anyway, it was... the getting sober um, was difficult enough, but continuing on that path... like a lot of people get stuck at getting sober... we've decided to push on and take the extra risks and do the extra work and that has led me to discover a much softer side of me, where I love being creative. I use that work very loosely, because I'm not great at anything but I get enjoyment out of it, you know. I like putting crazy colors on the wall and seeing what way they're going to figure out in the grand scheme of things. And, um, I love dealing with wood and being out in the garden gives me a lot of enjoyment these days. And, you know, so really, um... impractical things which I think is what Bonnie was saying, you know, like nothing has to have a reason anymore. I can just do things, you know, for the simple reason they give me enjoyment. They don't have to be a means to an end anymore. And, the way I'm tending to go these days is a more creative way. (Cindy)

Conclusion

As with all qualitative studies, it is difficult to make generalizations. However, the findings of this indepth study of three women, combined with the existing literature, give rise to some interesting possibilities. First, it does appears that addiction and recovery are mediated by gender; that is, the women in this study and the literature support that women have different needs and experiences in recovery, and that being female poses some unique challenges in the recovery process. Second, the literature certainly supports that women have a unique set of constraints in leisure. Although the women in this study did not talk at length about the relationship between being female and the challenges they face in leisure, they clearly saw that the reconstruction of their identities and lives was impacted by being female. Continued examination of how gender impacts the use of leisure in recovery and in identity reconstruction is much needed.

One of the most striking parallels between the literature and the findings of this study is the support for the Truthful Self-Nurturing model proposed by Kearney (1998). Many of the themes identified here and the statements provided by these women support the notion that abstinence is but the first step in the recovery process. The other two steps identified by Kearney—self and community—were also discussed by the women in this study. However,
the manner in which the women in this study described the role of leisure in abstinence and discovering self is an important contribution to Kearney's model.

Kearney (1998) identified abstinence as the first step in attaining long-term quality recovery, but only the first step. She also suggested that learning to recognize the desire to use alcohol, as well as ways to deal with the triggers for alcohol use, was an important part of this step. Leisure involvement has often been identified as a useful strategy for dealing with the desire to use alcohol (Cook, 1985; Francis, 1991; Tuchfeld, Lipton, & Lile, 1983); the women in this study clearly articulated the use of various leisure activities as a way to create structure in their lives.

However, one of the most important findings in this study was the women's identification of leisure involvement as the turning point in their recovery process. Kearney (1998), in her model of recovery, suggested that learning about self was critically important to moving beyond abstinence. The women in this study universally said that, second only to therapy, one of the most important things they did to learn about themselves was to experiment with leisure experiences. These experiences taught them about their strengths and weaknesses, their talents and limitations, and their interests. In leisure, they also learned how to accept themselves without being skilled, perfect or enormously talented in these activities. Their love and passion for their leisure experiences also spurred them on to take new risks and learn even more about themselves. Leisure certainly provided these women with the ideal context in which to develop, invest in, and validate their evolving nonalcoholic identities.

An interesting question arises in terms of the role of therapy in the ability to use leisure to facilitate identity work. All three of the women in this study had been involved in therapy, primarily to deal with issues of abuse and depression. Most of the literature on natural recovery suggests that identity work occurs with or without treatment (Baker, 2000; Bischof et al., 2000; Copeland, 1998; Davis, 1997; Miller & Sternac, 2000). However, it is not clear if the women's ability to use leisure in a way that was supportive of their moving forward and finding purpose was a function of therapy or a natural occurrence. I would postulate that perhaps if it had been entirely a function of therapy, they would have not experienced such difficulty in learning about and building leisure into their lives. It did appear to be a process of trial and error, truly a process of discovery.

All of the women continue to work toward effective relationships and social networks. This seems to be one of the most difficult aspects of recovery for them and was also identified in Kearney's (1998) model as being extremely important. Although the women did not talk at length about the role of leisure in this process, likely due to their varying successes in this area, they did express the difficulties and challenges associated with building relationships. Understanding the role of leisure in this process is an area worthy of further examination.

The process of recovery is difficult and requires great courage. Although this study is limited to the experiences of three articulate, thoughtful women who chose to leave the AA organization, the findings still provide insight into their perceptions of the role of leisure in recovery. Universally, the women expressed gratitude for the pleasures that leisure brought them in an otherwise challenging and strenuous journey. They spoke eloquently about the importance of leisure in finding and caring for themselves. They often described the bleakness of the recovery experience without pleasure, fun and enjoyment—all attributes they found in leisure. As Cindy states:

Well, first of all, it's so horrible, you don't know the questions to ask, you don't know what the questions are about. You know, you're totally in a black room because you know that somewhere out there is a door that you will eventually open that will lead you into normalcy or whatever you'd like to call it. But, um, you're just going around in circles and hopefully you tuned up with somebody that knows...
what they’re talking about. Who’s gone down this road before. Because it is very much a journey. You know, and it’s: : : a lot of it depends on how honest you want to be with yourself because you know, degree of honesty differ enormously. And how strong you are, how: : : willing you are to push yourself to accept more, to risk more, to, um: : : : ah God so many things, so very many things: : : : I didn’t have an outside life at all, not at all:::::: And, um, I think something very important for me is to have something to look forward to. I need something to look forward to: : : .. that’s what leisure time means to me—doing things that I want to do, that I get pleasure out of, that I look forward to.

References


