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**American Women and Addiction:  
A Cultural Double Bind**

By William White and Jean Kilbourne

There is a long, paradox-filled history of addiction among American women. An ever-increasing menu of psychoactive drugs has been aggressively promoted to women amidst promises that these products could deliver physical sedation and emotional anesthesia and help one attain and or maintain an otherwise unachievable standard of beauty. At the same time, women who become addicted to these very drugs have faced intense shame and stigma. Women in recovery have charted pathways between these twin insults by exposing the enticements of the institutional drug peddlers and bravely stepping forward to challenge the cultural caricature of addicted women. This article highlights some of the themes within this history and their clinical implications for addiction professionals.

**A History of Promotion**

The alcohol, tobacco and pharmaceutical (ATP) industries have manufactured psychoactive substances specifically for women for more than two centuries, from opium-, cocaine- and alcohol-laced products for “female problems”(e.g., Lydia Pinkham’s Vegetable Compound) and bottles emblazed with the words “Woman’s Friend” to today’s feminized tobacco brands (Virginia Slims, Eve, Max, Satin, Capri and Misty), alcohol products (light beer, wine coolers, pre-packaged cocktails, and sweet drinks) and mood-altering prescription drugs. These industries have mastered the use of psychological research in advertising design. They use enticing psychological symbols to encourage initial drug use and then rely on pharmacology (tolerance and withdrawal) and social reinforcement to increase and sustain consumption over time.

Using extremely well financed and sophisticated marketing campaigns, the ATP industries pathologize female bodies and female experience (e.g. by portraying women as physically imperfect, emotionally distressed, helpless and incompetent) and then aggressively offer products that promise to make women physically, emotionally and spiritually whole. The seductive messages within the advertisements for these products were

and are inescapable and relentless (Examples from Kilbourne, 2000, 2004; Jacobson, Atkins & Hacker, 1995):

1. *Drugs enhance your beauty.*
  - Lucky Strike tag line: “To keep a slender figure, no one can deny. Reach for a Lucky instead of a sweet”
  - Misty tag line: “Slim ‘n Sassy”
  - Portrayal of the cigarette as a stylish beauty accessory.
2. *Drugs encourage self-acceptance.*
  - A Michelob ad features headlines such as “Body Hair Horror” and “Blast Jiggly Hips and Thighs” beside a photo of Michelob beer and the message “They say improve yourself. We say crack open a cold, clean, extremely smooth Michelob Light and enjoy yourself. Just the way you are. Relax. You’re OK. Improve your beer.”
3. *Drugs are empowering and liberating*
  - Virginia Slims’ tag lines: “You’ve come a long way, baby” and “Find your voice.”
  - Winston tag line: “Here’s to women who can light their own cigarettes.”
  - “Politically correct by day. Bacardi by night.”
4. *Drugs can improve your sex life and your relationships with men*
  - Cuervo tag line: “Bad girls make good company”
  - Martell tag line: “Be at least capable of bad”
5. *Smoking and drinking are sophisticated and pleasurable*
  - Cazadores tequila ad portraying an attractive women smoking a cigar while clad only in a man’s shirt, with the tagline “Expect the best...Drink the Finest.”
  - Images of young attractive couples illustrating the Newport tag line “Alive with pleasure”
6. *Drugs can substitute for a good relationship.*
  - Winston: “Until I find a real man, I’ll settle for a real smoke”
  - “Riunite...like love it’s pure and natural”
  - Sultry young woman gazing over a drink above a photo of a pack of Camel cigarettes and the tag line “What you’re looking for.”
7. *Drugs relieve stress and provide escape from difficult emotions and relationships*

- “When Junior’s fighting rates a scold, why be irritated, light an Old Gold”
- Eve cigarette tag line: “It’s a few minutes of your own”
- Benson & Hedges tag line: “Peace and Quiet”

Alcohol, tobacco and over-the-counter drug advertising has always reached women through mainstream media outlets. Until recently, however, selling prescription psychoactive drugs to women has required elaborate efforts to target and influence physicians. A study conducted at the Medical College of Pennsylvania examined the portrayal of women and men in ads for antidepressants that appeared in the *American Journal of Psychiatry* (AJP) and the *American Family Physician* (AFP). The ratio of females to males in ads for antidepressants in the two journals was 5:1 in AJP and 10:0 in AFP (Hansen & Osborne, 1995).

The ATP industries’ investment in targeted advertising assures that virtually all American women will be exposed to their products. The historical patterns of addiction among American women parallel these promotional strategies, from narcotic addiction among women in the nineteenth century to the rise in alcohol and nicotine addiction over the course of the twentieth century. Throughout this history, male-dominated industries and professions have delivered psychoactive drugs to women all across the country—sedating them, tranquilizing them, shaming them for their bodies and their emotions, offering drugs as solutions to these “problems,” and then profiting hugely from their sale (Kandall & Petrillo, 1996).

## **A History of Shame**

Women had socially approved, regular access to alcohol in Colonial America, but such access and acceptance declined in the nineteenth century amidst growing alcohol problems and a flourishing temperance movement. By the mid-1800s, women became the champions of abstinence and women addicted to alcohol were portrayed as pitiful and depraved creatures. As social stigma related to women and alcohol increased, drinking became hidden within the home and masked behind women’s use of a growing menu of alcohol-based “medicines.” The need for secrecy in drinking created a market for clever devices such as thin rubber capsules resembling grapes which could be filled with wine or spirits, placed in an opera glass case, and surreptitiously slipped into the mouth and crushed with the teeth with the skin then slyly discarded (Clum, 1888). Some women were also reported to

be “slaves to cologne” (drinking alcohol-based perfumes and toilet waters)(Kelley, 1899).

Addiction to alcohol and other drugs brought shame and social disgrace to women. Accounts of such attitudes emerge in tandem with the earliest accounts of addiction. In 1784, Dr. Benjamin Rush lamented of the female drunkard, “Who can measure the shame and aversion which she excites in her husband?” (Rush, 1784). The shame was so great that addicted and recovering women had no voice and no identity. The first (1842) purported addiction confessional by a female inebriate (*Confessions of a Female Inebriate*) was actually penned by a man (Isaac Shephard). Addicted women frequently entered treatment in inebriate homes and private addiction-cure institutes under assumed names, with even their physicians not knowing their true identities. This practice continued well into the 1900s with institutions like the Murray Cure Institutes in Minneapolis promising prospective women patients that they could be “treated privately in their rooms” and “remain unknown throughout their stay” (AMA Archives, Box 0033-12).

In 1877, Thomas Doner compared societal attitudes toward men and women suffering from alcoholism.

*Men can reform. Society welcomes them back to the path of virtue...But, Alas! For poor women who have been tempted to sin by rum. For them there are not calls to come home, no sheltering arm; no acceptance of confessions and promises to amend...How seldom we attempt to reach and rescue her! For her there is no refuge (pp. 19-20).*

Opiate addiction among women was culturally hidden in the nineteenth century in spite of the fact that most opiate addicts at that time were women (Kendall & Petrillo, 1996). Many affluent women possessed jeweled syringes disguised as charms and worn on their clothes. (The less affluent could order a syringe kit from the Sears and Roebuck catalogue for \$1.50.) Nonetheless, female addiction to opiates, cocaine, chloral, chloroform and ether was hidden but for occasional confessionals in medical journals (The chloroform habit, 1884) or portrayals in popular fiction (e.g., in *The House of Mirth*).

Negative attitudes toward women who drank intensified through the early 1900s, but began to lessen during the Prohibition era as new social institutions catered to women (the cabaret, the nightclub, the dance club) and as young women embraced alcohol and cigarettes as symbols of liberation.

The stigmatization of alcoholic and addicted women did not lessen, however. These women remained invisible and voiceless with only a few confessional biographies published anonymously (e.g., *No Bed of Roses: The Diary of a Lost Soul* by O.W.)(1930). The attitude toward women entering Alcoholics Anonymous in the 1940s was revealed by such journalistic headlines as “Women Drunkards, Pitiful Creatures, Get Helping Hand” and “AA: No Booze but Plenty of Babes.” This attitude intensified during the 1950s amidst lurid portrayals of alcoholic women in the popular press.

Social stigma attached to addiction briefly abated in the 1970s, but further intensified in the 1980s and 1990s as addiction in both sexes was restigmatized, demedicalized and recriminalized. Evidence of this trend was evident in the increase of drug-related incarceration of women between 1986 and 1991 – an increase of 241% for Caucasian women, 328% for Latinas and 828% for African-American women (Chavkin, 2001). The collision of sexism, racism, classism and addiction exacted, and continues to exact, a high toll in poor communities of color.

Addicted women were stigmatized primarily by two myths: that they were unrestrained sexually and that they were bad mothers. The highly sexualized image of the alcoholic woman was deeply ingrained in the 1950s through book covers with nude or partially clad figures bearing titles and descriptions such as *Alcoholic Wife* (1950). “How should he handle his alcoholic wife...Beat her? Cater to her inflamed desires? Overlook her drunken intimacies with other men?” (1950), *Tormented Women: A Frank Revealing Study of Women Degraded by Alcohol* (1959), and *Alcoholic Woman* (“Drink turned her into a sex-crazed animal!”)(1959). The theme of maternal irresponsibility reached its peak in the hysteria over “crack babies” in the late 1980s—a period filled with misinformation on the effects of prenatal cocaine exposure (Chavkin, 2001). Stepping forward to challenge these images required enormous courage, but there is a rich history of women who did just that.

## **A History of Resistance and Recovery**

It would be easy to portray women as passive victims of ATP industry exploitation and cultural bigotry, but the actual story is much more complex and interesting. Women began banding together for mutual support for recovery between 1840 and 1880 (Martha Washington Society, Daughters of Rechab, Daughters of Temperance, Sisters of Samaria, Daughters of Samaria, Ladies Dashaway Association) and the Woman’s Christian

Temperance Union were all vocal advocates for specialized treatment facilities for women. Such facilities began in 1869 and increased in number through the late 1800s (Martha Washington Home, Temple Home, New England Home for Intemperate Women, St. Savior's Sanitarium). During the late nineteenth century, addiction medicine specialists such as Drs. Agnes Sparks and Lucy Hall castigated the promotion of addictive medicines to women and championed the special needs of addicted women through their professional writings in the *Journal of Inebriety* and their presentations before the American Association for the Cure of Inebriety (White, 1998).

In the 1940s the first women in Alcoholics Anonymous braved challenges that women could not be alcoholics and male fears about the disruptiveness of their presence to establish women's groups within A.A. It was during that same decade that recovering women stepped forward publicly to educate America about alcoholism and women. Their stories inspired new literature (*Breakdown*, 1946), new films (*Smash-Up: The Story of a Woman!*, 1947) and new clinical texts (*The Alcoholic Woman: Case Studies in the Psychodynamics of Alcoholism*, 1956). In 1980 Marian Sandmaier published the groundbreaking *The Invisible Alcoholics: Women and Alcohol Abuse in America*.

Between 1944 and 1980, a series of prominent women publicly declared their recovery from addiction to alcohol and other drugs and spoke out on the misconceptions of addiction and women. Included among celebrity women who disclosed their recovery status were public health advocates (Marty Mann), actors (Lillian Roth, Mercedes McCambridge, Elizabeth Taylor, Mary Tyler Moore, Drew Barrymore, Melanie Griffith and Mariette Hartley), musicians (Grace Slick, Judy Collins, Natalie Cole, and Bonnie Raitt), comedians (Whoopi Goldberg and Brett Butler), writers (Susan Cheever), TV personalities (Linda Ellerbee), models (Naomi Campbell and Kate Moss) and political figures (Ann Richards, Joan Kennedy, and Kitty Dukakis). No disclosure exerted more profound cultural ripples than that of First Lady Betty Ford. Her story put a face and voice on the recovering woman that challenged two centuries of stereotypes and inspired many addicted women in America to seek treatment. That more than half of those treated at the Betty Ford Center today are women stands as living testimony to the lasting effects of her courage.

Women have often resisted the seductive calls of the ATP industries, have had the courage to construct their own recovery styles and have stepped forward to publicly challenge the misconceptions surrounding addiction and women. The history of addiction in America is a history of

exploitation and a history of stigma, but it is also a history of resistance, recovery and advocacy.

## **Clinical Implications**

So what are we to make of this complex history? There would seem to be several clinical implications that flow from this summary. Perhaps the first and most important is the effect of this history on addicted women. ATP advertising creates a “culture of denial” by masking growing alcohol and other drug problems behind a veil of normalcy (Kilbourne, 2004). Morally laden stereotypes that define female addiction in terms of sexual promiscuity and maternal failure similarly serve to make it more difficult for women to identify a problem and seek help. These influences contribute to the late stage at which addicted women often seek help, and assure that most women will arrive at treatment encased in shame-induced protective armor.

If we are to reach women at earlier stages of addiction, we must challenge these images and launch assertive outreach programs to reach women in need of treatment and recovery support services. If we are to treat addicted women effectively, we must help answer the “why me?” question in terms other than character and morality. Addiction and recovery of women are best viewed in the broader social context of their lives as women—a context that involves restrictive gender roles, vulnerability for victimization, targeting by predatory ATP industries, and a daily assault by demeaning cultural stereotypes. We must also prepare women for the cultural obstacles they will encounter as women in recovery.

This history also suggests that addiction is closely connected to women’s experiences of disempowerment through systems of socialization and developmental experiences (e.g., sexual abuse) that set women up to hate their bodies and discount the legitimacy of their own emotional experience. The best of gender-based treatment focuses on helping women understand and transcend such culturally inflicted wounds. Recovery for most women goes way beyond the removal of alcohol and other drugs from an otherwise unchanged life. Recovery offers women an opportunity to reconstruct their personal identities and interpersonal relationships based on a new understanding of their own personal stories and their shared story as women and as recovering women in America. The personal story of the transformative journey from addiction to recovery is nested in the larger story of how cultural experiences of women shape both addiction and recovery. Being available to assist with this sense-making process is the very essence of addiction counseling.

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