

Are Twelve Step Programs Good For Women?

We have heard from helping professionals, university faculty and others that twelve step programs “don’t work for women,” “are bad for women,” “do women an injustice,” etc. Is this true?

The reality is that research does not support this position. Several abstracts and references are cited below; all of them find that twelve step programs actually work *at least as well* for women as for men—and some findings indicate that women affiliate with twelve step groups at higher rates than men, and in fact reap *more benefits* than men.

Critics often point to the fact that Alcoholics Anonymous was started by two white men. This is true—in 1939 the small, fledgling recovering community was largely male. However, these critics fail to acknowledge that today, hundreds of thousands of women identify themselves as members of twelve step groups—and many gender-specific meetings exist.

Another frequent criticism is the use of the concept of “powerlessness.” The concern is that this concept may undermine the feminist goal of empowerment. However, Stephanie Covington (noted below) has eloquently described the way in which mutual aid groups increase female empowerment. Covington also points out several aspects of twelve step groups that make them ideal for women, including their relational emphasis, emphasizing that joining with others can help each individual recover, and their non-hierarchical nature.

A very large body of science exists to support the reality that addicts and alcoholics have a brain disease. The addict’s mid-brain is “hijacked” and the individual truly loses the power to choose whether to use drugs and alcohol and how much to use. Of course, the concept of powerlessness in twelve step programs is specifically limited to drugs and alcohol; most addicts and alcoholics find a path to empowerment through this narrow admission of powerlessness.

Critics offer anecdotes of sexism in twelve step groups. The reality is that mutual aid groups generally represent a cross-section of the community. There will be members (as with any group) who are sexist, racist, homophobic, etc. We have found no evidence that these problems are widespread; in our experience, most twelve step members would consider these attitudes inconsistent with the twelve steps.

Dawn Farm has relied heavily on these twelve step groups and their members—and we attribute a great deal of our success to reliance upon their principles and the community of recovery that practices them. In our own clinical experience, women actually fare better than men; in 2002, a significantly higher percentage of women than men completed residential treatment. Part of the success these graduates enjoyed came as a result of a strong, welcoming community of recovering women—all of whom had found a home in AA or NA.

Despite the absence of supportive research or measurable experience, these criticisms often persist—and are offered as facts to an unsuspecting public. Why do these professionals so harshly and frequently criticize twelve step groups—especially when, under other circumstances, helping professionals prefer to connect their clients with supportive peer networks?

We believe that the biggest factors are:

- *Ignorance* – Many of these professionals have never attended a mutual aid meeting. By failing to adequately research these groups, they often fail to recognize that all twelve step meetings are not equal. Every meeting has its own characteristics and will meet the needs of different people.

It is the responsibility of the professional to know the resources in the community and connect his/her clients with the specific groups that will meet their needs.

- *Ideology* – Helping professionals are often uncomfortable with some of the concepts used in twelve step groups—healthy dependency, accountability to another person, “surrender,”

powerlessness, etc. It goes without saying that the professional's personal ideology should not drive the direction of the helping relationship.

- *Spirituality* – Many professionals are suspicious of the spiritual aspects of twelve step groups and troubled by the Christian roots of AA. It should be noted that AA made a decision to sever itself from Christian churches—and emphasize an inclusive “higher power.” Twelve step groups are thriving in many non-Christian countries, and mutual aid groups inevitably involve people with a diverse range of beliefs.
- *Professional pride* – We believe many professionals are threatened by the fact that a group of addicts and alcoholics are able to do what helping professionals, with years of education and training, have been unable to accomplish. Helping professionals tend to be comfortable operating from an “expert” position – twelve step groups at their core threaten this position when working with addicts and alcoholics.
- *Reliance upon anecdotal sources* – Some professionals will form opinions based upon the erroneous reporting of individual clients, without filtering this information for accuracy or prevalence. Professionals should visit open AA/NA meetings and arrange to speak with members of the recovering community who have significant sobriety.

The most unfortunate aspect of this prevailing criticism is that, in criticizing these mutual aid groups, most of these helping professionals fail to offer a viable alternative. Failing to offer other meaningful choices for the newly-recovering woman, we believe they are often simply unwilling to confront their personal discomfort with these programs. Dissuading women from attending these meetings, they often end up only offering *despair*.

We certainly don't believe that twelve step programs are the solution for every problem drinker or drug user. However, the scientific evidence and the personal experience of hundreds of thousands of women demonstrate clearly that twelve step programs DO “work” for women. See below:

Del Boca FK; Mattson ME. Gender matching hypothesis. IN: Longabaugh R; Wirtz PW, eds. *Project MATCH Hypotheses: Results and Causal Chain Analysis*. Bethesda MD: National Institute on Alcohol Abuse and Alcoholism, 2001. pp. 186-203.

ABSTRACT: This chapter considers the gender matching hypothesis in Project MATCH that women will benefit more from Cognitive-Behavioral Coping Skills Therapy (CBT) than from Twelve Step Facilitation (TSF). Cognitive-Behavioral Coping Skills was expected to address the related problems, such as external stressors and negative mood that are more common among female alcoholics. It was also believed that Twelve Step Facilitation would encourage women to attend Alcoholics Anonymous (AA) meetings that in turn would increase guilt and undermine self-esteem and assertion. Tests of the matching contrasts failed to provide support for the hypothesis in either arm of the trial. Gender did produce significant prognostic effects in analyses of the aftercare arm with women reporting a higher proportion of abstinent days and fewer drinks per occasion than men. Male and female clients were shown to differ in terms of their initial treatment needs and follow-up status with respect to these needs was related to drinking outcomes. Contrary to prediction however CBT sessions for women as compared to those for men were not appreciably more likely to teach general problem-solving or mood-management skills. Further women did not avoid AA meetings. Attendance at self-help meetings was comparable for the sexes in the outpatient arm; in the aftercare study women attended significantly more meetings and reported a higher degree of AA involvement.

Hillhouse MP; Fiorentine R. 12-step program participation and effectiveness: Do gender and ethnic differences exist? *Journal of Drug Issues* 31(3): 767-780, 2001.

ABSTRACT: Although 12-Step is increasingly utilized as a recovery resource and is viewed by many addiction specialists as an integral component of treatment and long term recovery, questions regarding participation and effectiveness of 12-Step programs for women and ethnic minorities have been raised. Utilizing data from the Los Angeles Target Cities Evaluation Project (n = 356), participants in adult

outpatient alcohol and drug treatment were followed for 24 months and rates of 12-Step participation and effectiveness were assessed for all gender and ethnic groups. Contrary to reports that 12-Step is more appropriate for European-American males, statistical analyses reveals that women and ethnic minorities are equally likely to attend 12-Step programs, and to recover in conjunction with such participation as European-American males. Although 12-Step may not appeal to all seeking to cease alcohol and drug use, the clinical implications for treatment providers and other addiction specialists points to the benefits of integrating 12-Step components into traditional treatment programs and recommending 12-Step participation for clients of all gender and ethnic groups.

Timko C; Moos RH; Finney JW; Connell EG. Gender differences in help-utilization and the 8-year course of alcohol abuse. *Addiction* 97(7): 877-889, 2002.

ABSTRACT: Aims: The aim of this study was to compare initially untreated women and men problem drinkers on help-utilization and outcomes over 8 years. Design and participants: At the time of the 8-year follow-up, individuals (N = 466, 49%, female) had self-selected into four groups: no help. Alcoholics Anonymous (AA) only, formal treatment only or formal treatment plus AA. Measurements At baseline and 1, 3 and 8 years later, participants completed measures of drinking and functioning. Findings Women were generally worse off than men on baseline drinking and functioning indices. In keeping with their poorer baseline status, women were more likely to participate in AA, and had longer in-patient stays during the next year. When women's baseline status was controlled, women had better outcomes than did men at 1 and 8 years. Generally, women and men did not differ on the extent to which obtaining help, or it particular type of help, was related to improved outcomes. Regarding drinking Outcomes, women benefited more than did men from more AA attendance during years 2-8 of follow-up. Conclusions: The results suggest that although alcoholism interventions were designed primarily for men, they are currently delivered in ways that are also useful to women. Problem-drinking women appear to benefit from sustained participation in AA, which emphasizes bonding with supportive peers to maintain abstinence.

Rush MM. Perceived social support: Dimensions of social interaction among sober female participants in Alcoholics Anonymous. *Journal of the American Psychiatric Nurses Association* 8(4): 114-119, 2002.

ABSTRACT: The peer-led, voluntary fellowship, Alcoholics Anonymous (AA), remains the predominant model for treatment within the field of substance abuse treatment and attainment of sobriety. The social support network of AA has been documented as a powerful factor in the achievement of sobriety. However, for whom and in what manner does this social support network work? This study examined the dimensions of perceived group, perceived personal, and overall perceived social support among 125 sober female members of AA using the Social Support Network Inventory (SSNI). Of the SSNI's five dimensions (available, practical, emotional, reciprocal, and sobriety-related social support), reciprocal support was the strongest contributor to group social support. Those women who had a sponsor scored significantly higher in total social support and personal support. Availability was the strongest contributor to both personal and overall perceived social support. These findings indicate that availability and sponsorship are significant components of a supportive environment among women in sobriety.

From: **Beckman LJ. Alcoholics Anonymous and Gender Issues. IN: McCrady BS & Miller WR, eds. *Research on Alcoholics Anonymous: Opportunities and Alternatives*. New Brunswick, NJ: Rutgers Center on Alcohol Studies, 1993.**

"When I started out on the journey of discovery involved in writing this paper, as a feminist I probably would have agreed with Jean Kirkpatrick that women who have feelings of inadequacy, worthlessness and powerlessness and are faced with different issues than men need same-sex support groups and treatments that emphasize competence and self-efficacy, not powerlessness and humility. Moreover, women should not be overrepresented in AA compared to men. But having reviewed the literature and learned more about the processes of change in AA, I am much less confident about these conclusions. I now believe that AA, a fellowship originally designed by and composed primarily of men, appears to be equally or more effective for women than for men. There is no clear empirical evidence to suggest that certain types of women would fare better in other types of alcoholism treatment."

From: Covington S. **Helping Women Recover: Creating Gender-Responsive Treatment**. IN: Straussner LA and Brown S, eds., **The Handbook of Addiction Treatment for Women: Theory and Practice**. San Francisco: Jossey-Bass, 2002.

<http://stephaniecovington.com/html/genderresponsive.html>

MUTUAL-HELP GROUPS FOR WOMEN

For centuries women have sought to teach and support themselves and each other by meeting in groups and sharing information and experiences. In traditional and modern societies alike, women continue to meet to wash clothes and sew quilts together, share stories around a coffee pot, meet for lunch during a busy workday, play cards and watch children. These activities have always and will always involve offers of solace and support that come in casual conversation with dependable and cherished women friends.

Today, women who meet in mutual-help groups do so for many of the same reasons that their forbearers gathered together. Few developments of recent years have become so widespread as the use of mutual-help groups to aid people in recovering from alcohol and other drug addiction. The phenomenon is most obviously measured by the growth in the sheer numbers of such groups. These include AA, Al-Anon, and Narcotics Anonymous, which are the predominant examples of mutual help groups concerned with addiction. Moreover, the so-called twelve step model which originated in AA, is now used by over 126 "anonymous" groups to deal with a host of other problems (Alcoholics Anonymous, 1993). People use them to cope with a spectrum of substances, behaviors, and processes. Overeating, gambling, workaholism, sexual and incest issues, and other relationship topics are now addressed in mutual-help groups modeled after AA. Quite clearly these are people with problems to which complete solutions have not been found in traditional approaches offered by established helping professionals (Fiorentine, 1999).

A major advantage of mutual-help groups for women is that they are free and, in most urban communities, readily available throughout most parts of the day. It is in this respect that they are most unlike conventional problem-solving techniques, whereby help is provided only on occasion, almost exclusively as a response to a specific request from a particular individual.

In recent years, twelve-step programs have been critiqued in various ways and, as some feminists have pointed out, the language used is simplistic, sexist and reductionist (Berenson, 1991; Rapping, 1996). Feminists are particularly concerned about the twelve steps' emphasis upon powerlessness as liberating. In contrasting the recovery movement with the women's movement, Marianne Walters (1990) points out that "one movement encourages individuals to surrender to a spiritual higher power, where the other encourages people to join together to challenge and restructure power arrangements in the larger society" (p. 55). What is often missed in feminist analysis is that masculine power *over* is what is being relinquished in order to experience the feminine power *with*, power *to be able* -- in other words, a sense of empowerment (Miller, 1982). "The process of recovery from addiction is a process of recovering a different, more feminine, sense of power and will (Berenson, 1991, p. 74). There is also a confusion between surrender and submission. "When we submit, we give in to a force that's trying to control us. When we surrender, we let go of our need to control" (Covington, 1994, p.48). Recovery encourages surrender and giving up the illusion of control. Feminist writer Marilyn French (1985) states that "life is the highest value for 'feminine' people; whereas control is the highest value for 'masculine' people" (p. 93).

If we look at the underpinnings of Alcoholics Anonymous we can see that it was actually very radical for the 1930s, the time it was founded, and that this continues to be true even today. Twelve-step programs are free, a radical concept in a capitalistic society; they are nonhierarchical, a radical idea in a patriarchal society; and they are spiritual, a radical stance in a nonspiritual society. As previously stated, women grow and develop in relationship, and twelve-step programs can provide a growth-fostering relational context and can offer their members social support through the creation of a caring community (Covington, 1991; Covington & Surrey, 1997, 2000). These programs can also create a safe environment, which is an essential element for recovery from trauma (Herman, 1992). Although some

critics have focused on the sexist language in which the twelve steps are couched, many women are able to interpret the steps in ways that are distinctly personal, meaningful, and useful to themselves (Covington, 1994).