A Contextualized Examination of Lesbian Alcohol Use

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Lesbians reportedly use alcohol more frequently and in greater quantities than heterosexuals, a practice that conceivably places them at greater risk for alcohol related problems (Bradford, Ryan & Rothblum, 1994; Fifield, DeCrescenzo & Latham, 1980; Lewis, Saghir & Robins, 1982; McKirnan & Peterson, 1989a; Saghir & Robins, 1973; Skinner & Otis, 1992). Researchers and theoreticians have suggested various psychosocial explanations to account for this phenomenon. Conflicts related to lesbian identity and internalized homophobia, stressors inherent in the lesbian lifestyle, incongruities in gender roles and expectancies, and the centrality of the gay bar as a source of socialization and support are the variables most frequently cited. A more comprehensive explanatory model, one that incorporates social, cultural and developmental dimensions of drinking behavior and lesbianism, will enhance the understanding and treatment effectiveness of social workers interested in working with this population.

The present research addresses the need for a contextualized or “emic” understanding of lesbian alcohol use. Factors that motivate and constrain that use have been theorized previously without sufficient grounding in the social realities surrounding the experience. A more useful explanatory model may be obtained through close examination of the meanings and interpretations assigned by lesbians to that identity and to the role of alcohol in their lives.

Background

Saghir & Robins (1973) and Fifield et al. (1980) provided the foundation for assertions that alcohol use and abuse is higher among lesbians than among heterosexual women. The former (Saghir & Robins, 1973) reported that 35% of the lesbians they studied were excessive or dependent drinkers at some point in their lives. Fifield et al. (1980) derived a lifetime prevalence rate of 31.4%. Despite evident methodological problems, both studies are frequently cited to support contentions of a serious alcohol problem among lesbians.

As they began to address different methodological problems in studies of this population, subsequent researchers were able to describe lesbian alcohol use with more precision. Bradford et al. (1994) found that 83% of the 1,852 respondents to the National
Lesbian Health Care Survey drank alcohol at least occasionally with 6% drinking daily, 25% drinking more than once a week and 14% worried about their use. Bloomfield (1993) analyzed data on 445 female respondents (85% heterosexual; 15% lesbian/bisexual) to a 1987 random household survey in San Francisco. She found no differences between groups in broad measures of alcohol use, including frequency of bar-going, but did find a significantly higher proportion of self-identified recovering alcoholics among the lesbian/bisexual respondents. McKirnan & Peterson (1989a, 1989b) conducted a non-random survey of male and female homosexuals in Chicago, comparing their findings with those of a national population survey (Clark & Midanik, 1982). Among the lesbian respondents (N=748), they found lower rates of abstention and similar rates of heavy drinking with the additional lesbian drinkers falling into moderate consumption categories. Twenty-three percent of the lesbians, contrasted with 8% of general population females, reported alcohol problems over the previous year on dependency and loss of control scales. Finally, Skinner and Otis (1992) compared rates of alcohol and other drug use among a convenience sample of lesbians (N=500) living in Kentucky with those of a comparable 1250 subject sub-sample from the 1991 National Household Survey on Drug Abuse (NHSDA). Thirty one percent of the lesbians, compared with 58% of the NHSDA women, reported abstaining from alcohol in the month prior to the survey. Frequent heavy drinking was significantly higher for lesbians (7.5%) than for the comparison group (2.5%).

Several of these researchers have offered various explanations to account for their observed relationships between drinking and sexual orientation. Saghir & Robins (1973) and Fifield et al. (1980) identified stressors attributed to lesbian identity and the centrality of the gay bar to socialization and support as primary causal factors. Bloomfield (1993) refuted the importance of the stress and bar factors though acknowledged that her findings might have been idiosyncratic to San Francisco. She attributed the higher rate of recovering alcoholics among the lesbian group to a perceived trend, within this population, of heightened alcohol- and recovery-consciousness (Hall, 1993). Bloomfield’s findings suggest the importance of time (historical era) and locale as important sources of variability in explanatory theories about lesbian drinking behavior.

McKirnan & Peterson (1989a) suggested a role theory interpretation in which cultural differences in occupational and other roles contribute to both enhanced rates of use and patterns of alcohol problems. Their stress-vulnerability hypothesis proposed that specific vulnerabilities (tension reduction expectancies of substance use; bar attendance as a social resource) and stress variables attributed to sexual orientation and lifestyle (identity conflict; negative affectivity; discrimination) interact to heighten alcohol use and predict problematic involvement. They found support for the model among male respondents to the survey (McKirnan & Peterson, 1988), though not tested directly, data for the females provided less consistent support (McKirnan & Peterson, 1989b) and identity conflict was found to have no significant effect on substance abuse for males or females. In follow-up interviews with 91 lesbian respondents, the authors found a strong identification with the
gay and lesbian community acted to buffer the vulnerability and stressor effects on consumption patterns and problem consequences (McKirnan & Peterson, 1992).

In considering the interactive effects of several variables, the stress-vulnerability model allows for a more comprehensive analysis of lesbian alcohol use than that afforded by other explanatory frameworks. But this model is not without its own problems. According to it’s authors (McKirnan & Peterson, 1989b), the model is not well supported by data provided by lesbians. Further, it neglects the historical context and contemporaneous occurrence of measured variables; it is unconcerned with the meanings attributed by respondents to life events, such as discrimination and bar-going; and it makes untested assumptions about the pathology of selected variables. The latter includes assumptions that bar orientation reflects a general lack of social resources and that negative affectivity is a function of lifestyle. This absence of context, use of researcher defined meanings, and presence of embedded assumptions may account, in part, for the poorer fit of the model for lesbians (as contrasted with gay men). The present study addressed these limitations by exploring the contexts and meanings of lesbian alcohol use as experienced and conveyed by the women themselves. Specifically, questions addressed within the present study include:

What is the relationship between lesbian identity, lifestyle and alcohol use as experienced both retrospectively and currently by women presently self-identified as lesbian and as social drinkers?
What are the constraining and motivating factors that affect the drinking practices of these women?
What is the meaning and significance of alcohol and the gay bar to the socialization and community experience of lesbians within non-urban communities?
What are the social roles, role disparities and role constraints identified within the lived experience of these women vis-à-vis their historical and current use of alcohol?
What are the defining criteria by which alcohol use is normalized or deemed problematic among lesbian social drinkers?

Methodology

The study was conducted between September 1995 and October 1996. Thirty-one, Caucasian, non-urban, self-identified lesbian social drinkers (ages 23-79) participated. Employing a modification of the in-depth, phenomenologically based interview process outlined by Seidman (1991), the researcher explored with study participants the context, details and meanings of their experiences within the topic area. In three distinct phases, interviews focused on respondents' life history, current experience, and understanding vis-à-vis lesbian identity development and alcohol use. This qualitative approach, informed by symbolic interactionist and social constructionist frameworks, offers several advantages over quantitative methodologies for obtaining an “emic” or insider view into the social life of individuals. It encourages examination of the social, historical and cultural contexts.
surrounding the lived experience of research participants. Respondents are able to convey their own understanding of the meanings and significance they have assigned to the different events and circumstances of their lives.

The researcher conducted a two and a half to three hour semi-structured interview with each respondent. All interviews were audiotaped. To protect the confidentiality of respondents, tapes were coded for identification and respondents were assigned pseudonyms for reference.

Each interview resulted in the production of five separate sources of data. These included: a substance use questionnaire; an interview face sheet; the interview tapes; a typed verbatim transcript of each interview; and the researcher’s notes recorded after each session. In addition, following transcription, the researcher produced a two-page biographical sketch of each respondent and a time-line denoting ages when individual respondents first engaged in particular substance use, or dating and sexual behaviors. Finally, data obtained from the questionnaires, face sheets, and researcher’s notes were coded into three data matrices to provide a visual summary of descriptive characteristics representing the entire respondent group.

Data analysis was conducted using the generalized, issue-focused approach detailed by Weiss (1994) and a process matrix approach described by Marsh (1990). Analysis focused on the processes of lesbian identity development, the meanings and interpretations assigned to alcohol, and the motives and constraints to drinking that respondents identified in their lives. Beginning with the issue-focused analysis, transcripts were read and excerpts were coded according to the concepts or categories addressed. The coding and sorting of excerpts allowed identification of emergent categories for further analysis. Patterns and connections among excerpts within categories began to define major trends, and their variants, which linked the experiences of individual participants. This analysis concluded with the production of a conceptual model describing a correspondence between lesbian identity development and alcohol use.

A concurrent process matrix analysis (Marsh, 1990) focused on the two overlapping change processes explored within the interviews: alterations in drinking patterns and assumption of a lesbian identity. The question driving this analysis was: How and when do changes in drinking patterns correspond with changes in lesbian identity and involvement? Construction and analysis of the matrix allowed identification of similarities and differences in drinking patterns and lesbian involvement, within identity phases, across respondents. This analysis provided additional corroboration for the model previously theorized.
Results

Respondent Characteristics

The thirty-one participants in this study ranged in age from 23 to 79. Most were born in or had lived the majority of their childhood and adult years in the study locales. A majority held college (N=10) and graduate (N=7) degrees; two had not completed high school. All but five were employed full-time in fields ranging from manufacturing and industry to social services and medicine. Incomes ranged from a low of $9000 annually to a high of $85,000 with the greatest variability being among those over the age of forty-five. A majority (N=18) owned their own homes, many (N=14) lived alone, and most (N=17) defined their present relationship status by some level of exclusive involvement with another woman. Six had been previously married, 5 had had children, and 4 were living with their own or their partners' child(ren).

At the time of this study, alcohol use was a normal part of the daily or weekly routines for 28 of these women (9 drank daily; 19 drank from 1 to 4 times per week; 3 drank only 2 to 3 times per month). Most (N=19) consumed 61 or more drinks per month and 21 reported consuming 5 or more drinks per occasion at least 4 times per month. In addition to alcohol, 11 reported using marijuana at least occasionally within the past year.

Lesbian Identity and Alcohol Use

As respondents described the various events and periods of their drinking and drug use histories, they related their experiences to the people, places and activities with which that substance use was associated. As they progressed through different phases of identity acquisition and involvement with others like themselves, those people, places and activities changed. Respondents' involvement with, and the influence of, heterosexual peers on drinking practices diminished over this developmental course. Conversely, involvement with other lesbians and lesbian identified activities increased. This alteration in the contexts of alcohol use influenced the meanings and motives respondents attributed to their drinking behavior at different points in time.

Findings reveal the importance of generational, social, and cultural contexts to understanding lesbian alcohol use. Specifically, four findings provide substantive implications for social work knowledge and practice with lesbian clients. They are as follows:

1) The social-historical conditions surrounding identity development and patterned drinking exert immediate and ongoing influence on the alcohol use practices of different generations of lesbians;
2) Lesbians live simultaneously within the majority heterosexual culture and a lesbian subculture, they encounter different roles and expectancies within each.
and they are challenged to develop competencies that will allow effective functioning within both;

3) As lesbian identity is accepted and bicultural competencies are acquired, the role and meaning of intimate relationships and of the gay bar vis-à-vis drinking behavior, changes; and

4) Alcohol has a normalized presence within the lesbian subculture where norms of individual responsibility, tolerance for differences, intolerance for routine inebriety, and social support for individual alcohol use decisions present distinctive dilemmas for alcohol problem identification and treatment.

These findings provide the substantive basis for a proposed developmental model of lesbian alcohol use, suggesting a correspondence between identity development and drinking behavior. The model describes four phases in the identity development process: awareness (internal recognition of same-sex interest or feelings); exploration (beginning and undefined social and sexual contact); immersion (high exposure and involvement in lesbian defined activities, limited selectivity); and synthesis (defined identity and increased selectivity in contact with lesbian groups and activities). In every phase, drinking is likely to be present. Differences exist in the motives, companions and consequent risks associated with drinking behavior within each phase.

Characteristics and challenges of the first (awareness) and third (immersion) phases pose the greatest risk for heavier and potentially problematic alcohol use. In awareness, the individual lesbian is generally unsupported as she confronts the need to explore and understand the new and unfamiliar feelings she is experiencing. During immersion, there is a further isolation from mainstream sources of support as she both confronts conflicts between her identity and majority cultural norms, and attempts to learn the “mores” of the lesbian “life.” It was during these two phases that respondents to the present study were most likely to report the occurrence of any drug or alcohol related problems.

In the two remaining phases, some stressors of identity development may persist though these are more likely to be offset by the availability and use of personal supports (exploration) and by a sense of competence acquired during earlier phases (synthesis). During exploration, that support is obtained from within either a first (same-sex) intimate relationship or from an evolving network of female friends. In synthesis, the individual lesbian has learned the skills or competencies necessary to function effectively within two cultures (Parks, in press) and has established supports within both, thus decreasing the risks for problematic alcohol involvement.

Social Work Implications

Within limits imposed by the qualitative methodology employed, these findings have several implications for practice with lesbian clients. Generational variation in lesbian experiences with “coming out” and alcohol use highlight the importance of information and understanding of both history and diversity within the knowledge base of social work
practitioners and researchers. The significance of changed (and changing) public attitudes and policies regarding homosexuality is not well understood by many social workers. Though homosexuality is more visible, and perceived by many to be better tolerated than even a decade ago, one can not assume that all lesbians find this to be a welcome development. Differences exist between generations and locales (urban versus non-urban) in access to and discussion of information and resources pertinent to lesbians. Though resources and information have become more available in urban areas, lesbians living in small towns and rural areas remain more confined in their options. Because they are less anonymous, non-urban women, especially those who are older, are more cautious about using the resources that are available to them. That caution may apply, as well, to their willingness to seek counseling about alcohol concerns and other issues.

The finding that lesbians live simultaneously within two cultures is particularly relevant to social work practitioners. There is not one, unified, lesbian subculture; “communities” differ by locale, economic circumstances, and other defining parameters. To work effectively with their lesbian clients, social workers must acquire an understanding and an appreciation for the unique characteristics of the particular lesbian subculture in which their clients are (or may become) members. That knowledge will facilitate the practitioner’s capacity to act as a guide or mediator (Lukes & Land, 1990) to the bicultural socialization process.

In that work, informed social workers can assist clients to develop competencies for effective bicultural functioning (LaFromboise, et al., 1993; Parks, in press; Posten, 1990). They may need to help their lesbian clients, especially those “young” in the identity exploration and immersion phases of development, recognize that being lesbian does not require rejection or abandonment of mainstream roles, values, and involvement. Social workers can, likewise, provide invaluable assistance in reinforcing her or his clients’ belief that she can be biculturally competent. Through advocacy efforts within their diverse employment settings, social workers may also promote the development of positive attitudes and visibility within the agency toward a lesbian clientele. That action will help to create additional avenues of support for lesbians as they negotiate both the demands of living within two cultures and the drinking decisions they will make within each.

Knowledge and understanding of alcohol use and related problems is another critical resource needed by social workers who are in professional contact with these women. Alcohol is pervasive in the social domains in which lesbians congregate. The actual incidence of alcoholism, medically defined, remains a subject of dispute (Bux, 1996; Kelly, 1992). Yet lesbians do report a high rate of problems connected to their alcohol use. Social workers need to be informed, not only about the disease model of addiction, but about other equally plausible models for understanding alcohol abuse that do not necessarily require abstinence as a treatment goal (Fingarette, 1988).

Several respondents in the present study identified past concerns about and problems related to drinking and drug use. Though many had engaged in therapy for
other reasons during those problem periods, only five reported drinking or drug use being suggested as a consideration by their therapists. This finding raises concern about the preparation social workers have, in their work with all clients, for addressing substance use concerns generally. If we, as social workers, are reluctant to at least explore this issue with our clients, we may jeopardize not only our own effectiveness but our clients’ opportunity for growth and change as well. Lesbians are highly sensitized to the stigma attached to their identity by mainstream lay persons and professionals alike. In the therapeutic environment, they may be even more reluctant than heterosexuals to present concerns that may earn them yet another deviant label.

These past substance use experiences reported by respondents are important to social work practitioners on yet another level. All of these women felt empowered by their ability to confront and address the concerns they had identified. Rather than interpreting that history and present drinking as an indication of a lesbian client’s “denial,” it may be used as a resource in affirming her sense of self-efficacy, problem-solving capacity, and personal responsibility. If the client’s present drinking is indeed problematic, the social worker may attend to that past experience as evidence of her resourcefulness, capacity to change behavior, and need to again exercise restraint. Use of this strengths perspective, rather than deficit frameworks, is more resonant with social work values respecting individual dignity and self-determination. It is also more likely to engage, rather than subvert, the lesbian client’s investment in the therapeutic relationship.

The women in this study reported a high degree of freedom and flexibility, in time and financial resources, to engage in social pursuits. They spent the great majority of their social time in the company of other lesbians. Drinking is defined primarily as a social activity within heterosexual and lesbian cultures alike. When lesbians socialize, and they do so frequently, alcohol is usually present. Cultural norms regarding the availability and social role of alcohol provide an important source of variation in alcohol consumption (McKirnan, 1980) and exposure to peer modeling of drinking behavior influences it as well (Collins & Marlatt, 1983). Availability is but one factor requiring consideration; norms and attitudes related to personal responsibility, inebriety, and tolerance for differences also demand attention.

Social workers need to recognize that despite the ready availability and acceptance of alcohol in most lesbian identified social settings, other factors may act to mitigate the potentially harmful consequences of this normative presence. Intoxication, particularly as a recurring event, is not condoned, and when it occurs episodically, the women of this study expressed a strong sense of responsibility to protect impaired friends and acquaintances. These lesbians also provided strong support to women who chose not to drink. Though these factors do not provide absolute protection to heavy drinkers or to those who should not drink at all, they do afford some safety to both groups.

These and other factors may also operate in a more negative direction in terms of an individual lesbian’s ability to recognize her drinking as a problem. Norms that: 1)
tolerate episodic inebriety; and 2) place high value on the individual's right to make choices (even harmful ones), to exercise personal responsibility, and to be spared judgment by others, silence expressions of concern. The individual is left largely to her own devices in making determinations about the meaning or problematic nature of her drinking. Offsetting, somewhat, the difficulties these norms present to problem identification, these thirty-one women conveyed a high degree of self-consciousness about the motives and consequences of their alcohol use. That consciousness may make them more amenable to respectful discussions about drinking patterns, when or if they are initiated by clinicians.

In working with lesbian clients around drinking patterns, it is important that social workers are cognizant of both the alcohol use dynamics outlined above and the centrality, not of the gay bar, but of other lesbians to the fabric of the client's life. Instructing a lesbian client who wants to cut down or abstain from drinking to stop all association with former drinking companions may serve to isolate her from her primary social network. Preferably, she would be helped to identify the one or two most supportive (and perhaps lighter drinking) of those friends and encouraged to reveal her goals (whether abstinence or a reduction in consumption) to them. In this way, she would not be attempting a significant behavioral change in the absence of a network that is such a potentially powerful resource of support.
References


