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Maria Pettinato

Nobody Was Out Back Then: Abuse of Alcohol by Midlife and Older Lesbians

Maria Pettinato

A dissertation submitted in partial fulfillment of the
requirements for the degree of

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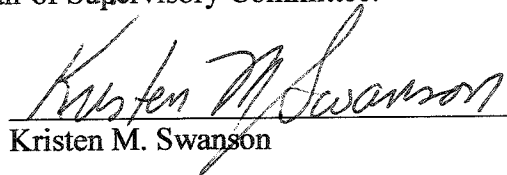
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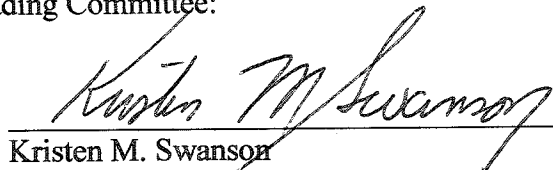
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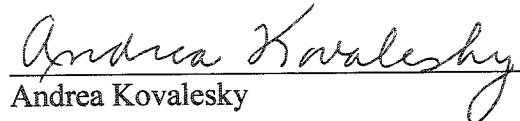


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Abstract

Nobody Was Out Back Then: Abuse of Alcohol by Midlife and Older Lesbians

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This explorative study used grounded theory methodology to develop a substantive theory regarding the life experience of the abuse of alcohol amongst midlife and older lesbians. The primary aims were to obtain information directly from midlife and older lesbians with self identified concerns regarding their past or present consumption of alcohol, to identify concepts common to the participants' stories and the literature, and to suggest hypothetical relationships among the concepts identified.

Audio-taped interviews were conducted with 13 women recruited by invitational flyers, advertisements inviting voluntary participation in newspapers, and word of mouth advertising. All of the women interviewed were in various stages of recovery from alcohol addiction except for one who was still abusing alcohol. All women were clean and sober for more than 24 hours before their interviews.

A constant comparative method was used to analyze the interview transcripts. The core category in this study is represented by the overarching process of Disconnecting from their Authentic Selves. Concepts related to disconnecting and aspects of the self were frequently mentioned by the participants, not only regarding the direct psycho/physiological affects of alcohol over consumption and the ability or non ability of

these women to authentically express themselves sexually, but also regarding disconnection from their families, their partnerships, characteristics of integrity, a variety of valid emotions, and other roles they played in their lives. Professional health care providers may better be able to understand and assist midlife and older lesbian alcoholics by being aware of their life experience with alcohol abuse and the concepts they have described within the basic process of Disconnecting from their Authentic Selves.

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DEDICATION

I would like to dedicate this dissertation to my mother and father, Louise C. Pettinato and Samuel J. Pettinato. You may not have always understood, but you always loved, and I will forever be grateful that you allowed me to dance to the beat of a different drummer.

CHAPTER I

Introduction

The reported prevalence of alcoholism amongst lesbian and bisexual women in the United States over the past 25 years has ranged from 10% to 30% (Bloomfield, 1993; Bradford, Ryan, & Rothblum, 1994; Cochran & Mays, 2000; Fifield, Latham, & Phillips, 1977; Hughes, 1999; Hughes, Haas, Razzano, Cassidy, & Matthews, 2000; Lewis, Saghir, & Robins, 1982; McKirnan & Peterson, 1989a, 1989b; Roberts & Sorensen, 1999). This figure is often compared to the 5% to 10% rate of alcoholism attributed to heterosexual women (Bloomfield, 1993).

Although there is a growing body of literature regarding the use and abuse of alcohol within the young, Caucasian, urban lesbian and bisexual women's population, little is known about the experience of those who are midlife and older, dwell in non-urban areas, and/or belong to an ethnic minority. There has been speculation that a higher percentage of lesbian and bisexual women continue to drink heavily into their later years than a comparable cohort of heterosexual women (Bradford, Ryan, & Rothblum, 1994; Diamant, Wold, Spritzer & Gelberg, 2000; Howard, Martin, Mail, Hilton, & Taylor 1996; Hughes, Haas, Razzano, Cassidy, and Matthews, 2000; McKirnan & Peterson, 1989a; Wilsnack, Vogeltanz, Diers, & Wilsnack, 1995). Very little research, if any, has been done specifically targeting this midlife and older age group. Also, little research has been done on this age group of women who may live more isolated, non-urban lives, and/or who belong to an ethnic minority group. Therefore, the purpose of this study is to develop a substantive theory of the life experience of midlife and older

lesbian and bisexual women who harbor concerns regarding their past or present alcohol consumption.

General background information covering a variety of issues that surround the social problem of alcohol use and abuse within the lesbian and bisexual women's population is provided in this chapter. The chapter begins with background information, and is followed by operational definitions of terms, purpose and specific aims, and significance of the study.

Background

Various issues to consider.

Lesbian and bisexual women who self identify as substance users and abusers are figuratively distanced from the societal norm and experience varying degrees of marginalization from society as a whole (Hall, 1999; Hall, Stevens & Meleis, 1994). They have specific mental health issues that commonly go unaddressed because of this distance (Gentry, 1992; Lucas, 1992; Morrissey, 1996; Robertson, 1992; Rothblum, 1994a, 1994b; Trippet & Bain, 1992). One of the reasons that these women, in particular, may have more critical mental health issues is because of their relatively high use and abuse of alcohol that precedes or follows their mental health issues.

The health care environment in the United States has been less than welcoming to gays, lesbians, and bisexuals in the past few decades. Researchers who have identified the need to study alcohol use and abuse within these populations have been faced with multiple obstacles (Faria, 1997; Lehmann, Lehmann & Kelly, 1998; Stevens, Tatum & White, 1996; Valanis, Bowen, Bassford, Whitlock, Charney & Carter, 2000). As a most recent illustration of this point, Goode (2003) reported that the National Institute of

Health (NIH) has advised research scientists that they could avoid unfavorable attention by keeping certain key words out of their grant applications. Among the many examples cited, Goode maintained that a researcher at the University of California reported that he had been advised by an NIH project officer that the abstract of a grant application he was submitting should be “cleansed” and should not contain any contentious wording like “gay”, “homosexual”, or “transgendered”. The researcher was told that grants that included those words would undergo intense scrutiny and be screened out. In the past, there has been a dearth of funding available for this type of research and this recent article provides evidence that not much changed to this date. When researchers do find funding (much of the time from gay/lesbian organizations) methodological problems related to accessing and adequately sampling this population remain.

As reported by Hughes and Eliason (2002), most authors encounter similar obstacles to funding and challenges regarding both data collection and the reporting of results. In the few studies focused on lesbian and bisexual women, the ability to sample randomly was nearly impossible given the clandestine nature of this population. Also, definitions of terms relating to substance abuse and sexual orientation were inconsistent in the literature.

In addition, women who were found to be most accessible for research studies were most likely young, white, middle class, highly educated, and more open about their sexual identity (Bloomfield, 1993). The cohort of women most commonly questioned in studies were those who were most empathetic to the need for research of this nature. They also were more accessible and willing to take part in it. As with any study regarding this population, only those women who are ready to participate and feel safe to

identify themselves as a lesbian or bisexual woman would be willing to take part in sensitive research.

The inaccessibility of this population can be attributed to various factors. Some lesbian and bisexual women may live extremely “closeted” lives, some live in an area where opportunities to join in research projects do not arise. For example, some are not on any gay/lesbian publication mailing list, some do not participate in gay/lesbian community events, and/or some may not feel safe revealing their sexual identity to a stranger. These situations create great difficulties for researchers who are trying to question them. Furthermore, the researcher may represent a racial or socioeconomic group who the participants consider as “other”. This might result in the participant having difficulty with and/or resist relating to the researcher and her questions. Such obstacles especially have prevented, older, less educated, more “closeted”, isolated, and/or ethnic minority lesbian and bisexual women from being represented in the research of the past few decades.

By no means should this sundry group of older women be considered a homogenous collection of individuals. This group of older, possibly less educated, more “closeted”, isolated, and/or ethnic minority lesbian and bisexual women are a very diverse group that may only share in common that they are over a certain age, belong to a sexual minority group, and possess varying amounts of internalized homophobia (Bux, 1996). To illustrate the common trait they may share of internalized homophobia, Bux writes:

Lesbians, like heterosexuals, grow up in a predominantly heterosexual society.

As such, they are likely to learn and absorb many of the same messages as

heterosexuals regarding the unacceptability of homosexuality. Consequently, most...lesbian individuals experience a period of denial of and/or dislike for their sexuality. (p. 287)

Hall, Stevens, and Meleis (1994) in agreement write that the processes of internalized homophobia, sexism, and racism are commonly reported and may take up a large amount of life space and a considerable amount of time for members of this marginalized group.

For researchers involved with this older group of women, it is apparent that most midlife and older lesbian and bisexual women have had a much different life experience from lesbian and bisexual women who are now in their teens, twenties and thirties. What may not be evident is the great diversity in life experience within this older group of women. For example, lesbian and bisexual women in their forties may differ greatly from lesbian and bisexual women in their sixties, seventies and beyond. The lesbian and bisexual women in their forties would have been young adolescents and teens when the Women's Movement was gaining recognition in the United States and elsewhere.

Lesbian and bisexual women in their sixties and older lived much of their lives before the events that took place during the Women's Movement and also before the events that took place at Stonewall in 1969. Stonewall literally refers to a bar in New York City, but also refers to an occasion at that bar that is considered the inaugural event that initiated the modern gay rights movement (Galas, 1996; Silver, 1997). The Women's Movement and the Stonewall riots represent two major junctions in gay/ lesbian history that may have afforded relatively younger midlife lesbian and bisexual women life opportunities different than older women who were already established in early and middle adulthood.

Another interesting concept is that midlife and older lesbian and bisexual women already have multiple minority status because they are women and they do not identify as heterosexual. Lesbian and bisexual women who also belong to an ethnic or racial minority have the potential of being even further marginalized from mainstream society (Mays, Yancey, Cochran, Weber & Fielding, 2002; Reyes, 1998). Green (1994) writes that “Scant attention is given to lesbians...who are members of ethnic minority groups.” (p. 243). These women will most likely have had varying experiences that are not shared with women who are not identified as belonging to an ethnic or racial minority. They may have unique challenges that are not shared among the entire group (Chan, 1995). Even if they are Caucasian, older lesbian and bisexual women are considered to have “triple minority status” because of their age, gender, and sexual orientation (Deevey, p. 35, 1990).

The age at which each of these lesbian and bisexual women “came out” to themselves first, and then to others, is another factor to consider that might lead to wide diversity amongst this group. “Coming out” is not a normal developmental event that is anticipated by any individual at any stage in life. For example, a woman who realized she identified as a lesbian or bisexual in her youth would have had a much different life experience than someone who realized her lesbian or bisexual identity later in life, after possibly being in a heterosexual marriage with children.

Alcohol use and abuse.

In early research studies, the rate of alcoholic behavior reported for lesbian and bisexual women in general ranged from 20% to 30% (Fifield, Latham, & Philips, 1977; Lewis, Saghir, & Robins, 1982; McKirnan & Peterson, 1989a, 1989b; Paul, Bloomfield

& Stall, 1991). As previously noted, these figures are gleaned from a relatively “white”, young, and urban population. This figure is often compared to the 5% to 10% rate of alcoholism attributed to heterosexual women (Bloomfield, 1993).

The higher prevalence rates reported for lesbian and bisexual women could partly be attributed to the sampling techniques used by the early researchers. For example, in the Fifeield et al. (1977) study, the Lewis et al. (1982) study, and the McKirnan and Peterson study (1989a, 1989b), the lesbian and bisexual women surveyed were at one time or another bar patrons and for many, the initial contact for their particular research project was made in a gay/lesbian bar.

Other investigators attempted to utilize improved sampling techniques, which sometimes resulted in a decrease in the reported estimated percentage of alcoholic behavior within the lesbian and bisexual women’s population. These subsequent attempts employed snowball or network sampling techniques. They accessed and utilized local gay/lesbian organizations and mailing lists, advertisements on gay/lesbian radio programs, fliers posted in gay/lesbian bookstores, convenience sampling during Gay Pride Week celebrations, National surveys, ads in gay/lesbian community newspapers, and direct recruitment from individuals who already volunteered to be subjects (Bradford & Ryan, 1987; Hughes, Haas, Razzano, Cassidy & Matthews, 2000; Hughes, 1999; McKirnan & Peterson, 1989a; Perry, 1995; Skinner & Otis, 1996).

Interestingly, a significant finding in some of the later studies was that lesbian and bisexual women who reported using and/or abusing alcohol drank more heavily and later into old age than did a comparable cohort of heterosexual women (Diamant, Wold, Spritzer & Gelberg, 2000; Hughes, 1999; Hughes, Haas, Razzano, Cassidy, & Matthews,

2000; McKirnan & Peterson, 1989a; Wilsnack, Vogeltanz, Diers, & Wilsnack, 1995). A higher incidence of diagnosable alcoholism and greater participation in alcohol recovery programs was reported (Bux, 1996; Hughes & Eliason, 2002).

Howard, Martin, Mail, Hilton and Taylor (1996) reported that 10% of lesbian and bisexual women aged 45-54 surveyed drank daily. That number rose to 21% for lesbian and bisexual women over age 55. Bradford, Ryan and Rothblum (1994) reported that the highest prevalence rates of alcohol use were by lesbian and bisexual women over 55 years old. These are the same women who were most closeted (least “out” about their sexual identity) and least connected to the lesbian/bisexual community.

Etiological speculations.

Some investigators have speculated about the etiology of the use and abuse of alcohol by lesbian and bisexual women. Hall (1990b) identified the importance of the inductive creation of a Grounded Theory that emerges from the words of lesbian and bisexual women themselves. However, there have been no substantive theories developed which focus on the experience of midlife and older lesbian and bisexual women who harbor concerns regarding their past or present use of alcohol.

The information that we do have, comes mostly from young, white, highly educated lesbian and bisexual women who live in the urban centers of the Southwest (Bloomfield, 1993; Fifield, Latham, & Phillips, 1977; Hall, 1992; Lewis, Saghir, & Robins, 1982; Saghir & Robins, 1973), South central (Skinner & Otis, 1996), Midwest (Hughes, Haas, Razzano, Cassidy, & Matthews, 2000; Lewis, Saghir, & Robins, 1982; McKirnan & Peterson, 1989a, 1989b; Saghir & Robins, 1973), Mid Atlantic (Milman & Su; 1973) and Northeastern United States regions (Hughes, Haas, Razzano, Cassidy, &

Matthews, 2000; Parks, 1999a). There are no samples for any age group that have been accessed from the Northwest United States.

Traditional role of the bar.

Among the etiologically based, deductively conceptualized studies, Ziebold and Mongeon (1982) suppose that the traditional central role of the gay/lesbian bar has put lesbian and bisexual women at a higher risk for alcoholism. They describe the gay/lesbian bar as a seductive institution and believe that it was and is still the most available milieu in which young people explore their lesbian/bisexual identity.

For decades, the gay/lesbian bar has been the major locus for social and political activities in gay/lesbian communities across the United States, contributing to the reported higher than average consumption of alcohol among lesbian and bisexual women (Hall, 1994a). The gay/lesbian bar has taken on an important function for individuals who found themselves isolated from other gay/lesbian community events. In most rural areas and some suburban areas, lesbian and bisexual women go to a gay/lesbian bar in order to relieve the sense of isolation that they were experiencing (Bradford, Ryan & Rothblum, 1994; McNally & Finnegan, 1992; Shifrin & Solis, 1992).

Kettelhack (1999) inferred that the gay/lesbian bar served and still serves as a social hub and is an icon that has centrally defined urban gay/lesbian culture. For decades, gay/lesbian bars were virtually the sole public social venue open to lesbian and bisexual women. This emphasis on the central role that the gay/lesbian bar plays in the social life of lesbians and bisexual women is a logical deduction, especially when contemplating the life situations common to midlife and older lesbians and bisexual women who were “coming out” in the 60’s and 70’s.

In urban areas of the United States, lesbian and bisexual women who were newly coming out in the 60's and 70's mostly met other lesbian and bisexual women in gay/lesbian bars. Publicly gathering with others of the same sexual identity was nearly impossible in non-urban areas. For those who were fortunate enough to have been invited to a party in a private home, alcohol use and abuse continued to play a central role in their socialization process.

Hughes & Eliason (2002) contend that now in the 21st century, older cohorts of lesbians may be continuing patterns of substance use and abuse developed when they were younger because of the notion that gay/lesbian bars were among the few places to socialize and meet potential partners in their earlier years of "coming out". They highlight that deeply entrenched social patterns may be difficult to break for these women, as there is a level of comfort and security rendered available to a lesbian or bisexual woman when she is able to maintain familiar activities and consistent relationships in the local gay/lesbian bar.

Approaching a potential sex partner.

Other researchers have thought that lesbian and bisexual women, especially those who are just discovering what some may consider an alternative and/or stigmatized sexuality, may have perceived the need to become intoxicated before they were able to approach another woman as a potential sexual partner (Chafetz, Blane, & Hill, 1970; Nardi, 1982; Shifrin & Solis, 1992). Alcohol may have been used as a tool to help facilitate sexual contacts that they have previously regarded as forbidden.

As some lesbian and bisexual women increased their consumption of alcohol, they may have developed drinking problems as they used alcohol to help them cope with

their own internalized homophobia (Bux, 1996; Diamond & Wilsnak, 1978; Hall, Stevens, & Meleis, 1994). This would exemplify a process of self-medication by which lesbian and bisexual women developed a reliance on alcohol to help them cope with the adoption of a stigmatized identity (Hall, 1990a, 1990b, 1992, 1994a, 1994b, 1996, 1999; Hall, Stevens, & Meleis, 1994; Schaefer, Evans, & Coleman, 1987).

Societal oppression.

The adoption of a stigmatized identity tied in closely to another proposed explanation that contributed to thoughts about the etiology of alcoholism in lesbian and bisexual women. Some authors have thought that in general, the societal oppression experienced by many lesbian and bisexual women contributed to their patterns of substance abuse (Bux, 1996; Diamond & Wilsnak, 1978; Hall, Stevens, & Meleis, 1994). These authors suppose that because of their perceived socially stigmatized identity, some lesbian and bisexual women were highly susceptible to drink heavily at the earliest stages of their “coming out” process (Nardi, 1982; Shifrin & Solis, 1992). They may have responded to tension, anxiety, guilt, depression, isolation, alienation, self-hatred, and low self-esteem by abusing alcohol or other substances (Council on Scientific Affairs, 1996; Fifield, Latham & Phillips, 1977). Alcohol use and abuse, is therefore the result of using a substance as a coping mechanism (Shifrin & Solis, 1992). In addition, alcohol was used as an anesthetic agent against the internalization of homophobia and societal oppression (Bloomfield, 1993; Hall, 1999; Hall, Stevens, & Meleis, 1994).

Childhood sexual abuse.

Childhood sexual abuse was another dominant theme found in the literature that links alcoholism and lesbian and bisexual women (Bradford, Ryan & Rothblum, 1994;

Hughes and Eliason, 2002; Perry, 1995). A report by Hall in 1996 regarding her ongoing study in 1990-1991 (n=35) revealed that 46% of the interviewees unexpectedly reported a history of childhood sexual abuse. These women had a poorer prognosis for maintaining positive mental health than those that struggled with alcoholism or childhood sexual abuse alone. The prospect of remaining sober while in recovery was also less for these women than for those who struggled with alcoholism alone.

Commonly, because these women grew up in an environment in which they already had a “secret” that they felt compelled to keep, they continued this clandestine pattern when they realized they identified as a lesbian or bisexual. For them, their sexual identity served to perpetuate what they reported as the necessity to live a closeted, dishonest, and secretive existence. Participants reported that alcohol easily became the substance that assisted them to facilitate their “coming out”. Interestingly, alcoholic childhood sexual abuse survivors use the term “blackout” not only to describe episodes of memory gaps when abusing alcohol, but they also use this term when describing the dissociative experiences they endured when being sexually abused as a child (Hall, 1996).

Spirituality/Recovery.

There are a variety of ways in which the initiation and maintenance of spiritual health is described by lesbian and bisexual women alcoholics who have entered into recovery. By and large, the majority of the literature reveals that Alcoholics Anonymous and/or other similar 12 step programs based on the AA philosophy are most widely used (Amico, 2003; Deevey & Wall, 1992; Finnegan & McNally, 1987; Hall 1990; Hall 1992; Tafoya & Roeder, 1995; Ziebold & Mongeon, 1985).

An androcentric environment has traditionally dominated mainstream AA. The public meetings are mostly controlled by Euro-American, Christian, heterosexual men much in the same tradition that was first initiated in 1935 (Hall, 1994). The women in Hall's study report that at first, these meetings can be beneficial for the struggling alcoholic lesbian or bisexual alcoholic as she may be ignorant of any strategies helpful for staying sober. AA meetings can initially provide a place where she learns the need to "surrender" her addiction and believe in a "higher power". Moral self-inventory, restitution, spiritual meditation, and helping others are some traditions that are emphasized within AA (Alcoholics Anonymous World Services, 1976). Introducing a spiritual aspect to life seemed to be beneficial for the majority of those who have struggled with alcoholism.

There are other AA traditions, however, that many lesbian and bisexual women have found it necessary to resist to a point where they felt the needed to leave AA or to find a meeting that was specifically targeted for gay/lesbian individuals (Amico, 2003; Hall, 1994; McNally & Finnegan, 1992). These specialized meetings could only be found in the most populated urban centers. One problematic AA tradition was the acknowledgement of the male pronoun used for their "higher power". Another problematic tradition included the emphasis on "surrender" and "powerlessness". These attributes may be necessary for an average heterosexual male alcoholic to embrace, but self-growth issues involved with a lesbian or bisexual female alcoholic usually are quite different. Differing issues include the need for her to claim her power, to be in command of her own life, not to surrender control, possibly for the first time in her life. Unfortunately, it was not a common occurrence for the women interviewed to find a

recovery program, even if it was a targeted program for women, which differed greatly from traditional AA and/or the twelve-step model (Deevey & Wall, 1992; Hall, 1994a, 1994b; Heyward, 1992; Reyes, 1998).

Some lesbian women drank to *not* be lesbian and some drank to *be* lesbian. Some interviewees described the need to develop attributes that are just the opposite of “surrendering” and being “powerless”. McNally & Finnegan (1992) quoted a lesbian in recovery from alcoholism:

I believe that a lot of my drinking was to keep me in the closet and I think a lot of women drank to stay out of the closet. Some drank to stay in it, some drank because they didn't want to be lesbians, or 'why oh why can't I be normal, let me have another drink'. (p. 102)

Lesbian and bisexual women who have used and abused alcohol may need to be reassured about their sexuality while at the same time focusing on their recovery from alcoholism. Part of a lesbian and bisexual woman's sobriety work may in fact require her to “hold on” to a part of herself that she has surrendered and to develop for the first time in her life a sense of power. The traditional perspective reflected within the AA model is that the alcoholic must admit to dependency and loss of self-control by giving up power. Contrarily, disempowerment is not beneficial to lesbian and bisexual women who have experienced lifelong disempowerment by a heterosexist, androcentric social system or recovery milieu (Reyes, 1998).

AA may be their first exposure in developing a spiritual identity and practice, but there is evidence that many women have expressed the need to move on elsewhere, beyond the tenets of AA (Amico, 2003; Deevey & Wall, 1992; Kasl, 1992). The 12 steps

may have worked well to provide women with guidance in taking their initial steps in sobriety, but the tenets have proven, for most, to be limiting to their continued and evolving self-growth (Amico, 2003; Hall, 1994a, 1994b; Heyward, 1992; Reyes, 1998).

For many lesbian and bisexual women alcoholics, substance abuse was reported to be a product of isolation, loneliness and disconnection. Heyward (1992) has reported that a more feminist approach to spirituality and recovery that emphasizes an interdependent connection with others rather than maintenance of fixed boundaries (as emphasized in 12 step programs such as AA) is what is needed for this subculture to grow spiritually and move forward.

Other authors have linked the plight of alcoholic lesbian and bisexual women as similar to the plight of alcoholic Native Americans. They have stated that, "Native Americans as well as lesbian(s)... have internalized a great deal of the hostility expressed against them, as reflected in a higher rate of alcohol and other substance abuse than most other ethnic and social groups" (Tafoya & Roder, 1995, p. 184). In the view of these authors, alcohol has become the anesthetic that has allowed the attempted amputation by society of sexual identity, language, culture, and/or spirituality to occur. They believe that, because of the similarity of these two groups, alternative sources of spirituality, other than traditional Euro centric Christianity, play an important part in maintaining sobriety. They highlight that both groups emphasize the need for a rich spiritual life and that does not mean the integration of traditional western religious dogma. They report that both groups feel a pathological disconnection from the rest of mainstream society and yet maintain a desire to fit into the world while preserving a sense of being different.

Racial/Ethnic minorities.

Compared to other areas of research in alcohol and drug abuse, there is relatively little known about the life experience of lesbian and bisexual women who are older and/or who belong to an ethnic minority. Hughes and Eliason (2002) have stated that the patterns of substance abuse among lesbian and bisexual women of color is more like those of Caucasian lesbian and bisexual women than of their racial/ethnic heterosexual counterparts. They demonstrate this by comparing within group differences to between group differences among the subjects in their research project.

In addition, although there is much diversity between ethnic/racial groups, there is also great diversity within them (Greene, 1994). In 1984 and 1985, 1925 women responded to the National Lesbian Health Care Survey. The authors used a 10-page questionnaire to collect their data for this survey so it is most likely that a heavily addicted individual would not have had the motivation, ability, or desire to complete and return it. Bearing in mind all of the methodological complexities and considerations regarding questioning this group of socially marginalized and stigmatized women, some interesting information emerged from this study. According to this study, a higher percentage of African American lesbian and bisexual women reported daily use of marijuana than Caucasian women. Also, those women who reported using heroin were either Native American, Latina, or African American. Alcohol was the most popular drug of choice for Caucasians.

In 1998, Reyes specifically studied Latina lesbians and found that the traditional androcentric Catholic values of the Latino culture were major stressors and contributing factors for most of the women substance abusers interviewed. The majority of her

interviewees did not participate in the gay/lesbian bar scene because of the lack of identification with the European American gay/lesbian bar culture or because they feared being “out of the closet”.

Other research on ethnic-minority lesbians by Greene (1994) supports Reyes’ research. She stated that there is:

a pressure to remain ‘closeted’ in those communities to avoid ridicule and outcast status that would result from openly acknowledging their identity. The pressure to remain closeted within one’s ethnic community and the experience of that community as more homophobic than the dominant culture were consistent across ethnic groups. (p. 245)

These findings suggest that lesbian and bisexual women members of ethnic/racial minorities not only may be more vulnerable to isolation and negative psychological outcomes, but also may be more vulnerable to alcohol and other substance abuse as well. Both authors reported that racial/ethnic minority groups use alcohol and other drugs for self-medication purposes in order to numb feelings of isolation and/or self-loathing.

Definition of Terms

The following operational definitions are provided to clarify key terms important to this study. The purpose of providing this list is to avoid confusion or ambiguity regarding terms that may have a common range of usage.

- *Alcohol Abuse* is a self reported behavior by the participant in the study. Some may be called “alcoholics” by clinicians or themselves but most likely drink less than those who are physically dependent on alcohol. Most would probably not experience physiological symptoms upon stopping.

- *Alcohol Use* is a self reported behavior by the participant in the study. It indicates the purposeful practice of drinking alcohol in order to directly achieve a specific effect for a particular reason.
- *Bisexual* refers to an individual who identifies as being sexually attracted to both men and women.
- *Closeted* refers to an individual who attempts to maintain a condition of secrecy regarding his/her sexual identity.
- *Coming out* refers to both the initial condition of becoming aware of and accepting one's own homosexual or bisexual identity, and the initial condition of allowing others to become aware of that identity.
- *Gay* refers to a person who is sexually attracted to a person of the same sex.
- *Heterosexism* refers to the opinion or inferred assumption that heterosexuality is the only normal expression of human sexuality and any manifestation other than heterosexuality is at the very least abnormal, and at worst an abomination.
- *Homophobia* refers to the fear of same sex attraction among others or within oneself.
- *Lesbian* refers to a woman who is sexually attracted to other women.
- *Out* refers to the continual condition of being open to others knowing about one's own homosexuality or bisexuality.
- *Transgender* is a term that is used to describe a person who transgresses social gender norms. It is a general term that is used to describe transsexuals, intersex individuals (historically called hermaphrodites), androgynies, cross-dressers,

“gender-benders”, masculine women, feminine men, transvestites and Two-Spirited people.

- *Queer* is a term that is historically and currently used as a negative slur toward those that transgress the societal norms of sexual identity. From the 1980’s to the present day, attempts are made by sexual minority groups to reclaim the term and use it as a positive term of self-identification. It continues to have both negative and positive connotations to this day, most often depending on who is using the term and in what context it is being used.

Purpose and Specific Aims

The purpose of this of this interpretive study is to develop a substantive theory regarding midlife and older lesbian and bisexual women who harbor concerns regarding their past or present consumption of alcohol. The four specific aims are:

- 1) To obtain information directly from midlife and older lesbian and bisexual women with self identified concerns regarding their past or present consumption of alcohol;
- 2) To identify common concepts evidenced in those stories and other sources of data from the literature;
- 3) To suggest hypothetical relationships among the identified concepts; and
- 4) To explore the use of grounded theory methodology with this population of women.

Significance

While at least 29 studies or reports have focused on alcoholism, alcohol use, or alcohol abuse among lesbian and bisexual women, only one study (Hughes, Haas,

Razzano, Cassidy, & Matthews, 2000) was located which included a significant number of midlife and older women. However, this study was epidemiologically based and while valuable, still leaves us without information regarding the life experiences of these women as told by these women.

Hall (1990b) identified in her ethnographic study of 35 lesbian women in recovery from alcohol addiction the importance of the creating a Grounded Theory that emerges from the women themselves. She emphasized the need for research to be conducted that utilized Symbolic Interactionism in order to take into account the negative societal feedback experienced by lesbian and bisexual alcohol users and abusers (1990a, 1990b, 1992). A review compiled eleven years later by Roberts (2001) emphasized again the need for more qualitative research to be performed in order to better understand the lives of these women.

As of this date, Hall's (1990b) suggestion for the creation of a Grounded Theory that would illuminate the experience of lesbian and bisexual women who use and abuse alcohol has not been adopted by any researcher. This current study represents a response to Hall's invitation to utilize Symbolic Interactionism in developing a substantive Grounded Theory.

This particular study will differ from any others in a number of ways. First, it will focus on midlife and older lesbian and bisexual women who harbor concerns regarding their past or present consumption of alcohol, as this is the age group in which little if any information is known. Second, the sample will be taken from the Northwest United States, an area that is not represented in previous research studies. Third, utilizing the

methodological approach of grounded theory will provide the opportunity for input regarding context surrounding the use and abuse of alcohol by this population that may have not been speculated previously by any authors in the literature. Finally, the results of this current exploratory study may validate various assumptions previously suggested by various authors in the literature.

Limited information about the experiences of these women currently exists because, for a variety of reasons, these women have been for all intents and purposes voiceless. Using a grounded theory approach, a theory can emerge from that data whose source is the women themselves, not a presumption created apriori by a researcher. In this way, midlife and older lesbian and bisexual women who harbor concerns regarding their past or present consumption of alcohol can have their stories be heard and potentially understood. The results of this current study may provide insights needed by health care professionals in order to better provide more holistic care and possibly help guide those in need to recovery venues. Further, the findings of this research study can help build the knowledge base for future clinical intervention studies serving this population of women.

Summary

Provided in this chapter was an introduction to this current study about midlife and older lesbian and bisexual women who harbor concerns regarding their past or present consumption of alcohol. Particularly, statistical and historical information about a wide variety of issues surrounding this social problem, including the homogenized generational and sociocultural nature of past study participants was reviewed. Operational definitions of terms, the purpose and specific aims of this particular study,

and the significance of this study were also presented. In Chapter II, more detailed information regarding specific related literature will be reviewed.

CHAPTER II

Review of Literature

Provided in this chapter is background information related to the phenomenon of lesbian and bisexual women's use and abuse of alcohol. This chapter consists of four perspectives on the phenomenon, including the: historical, empirical post positivist, interpretive, and critical social paradigms.

At no time should it be assumed that all of the studies reviewed fell neatly into one distinctively exclusive paradigmatic category. The reality of this review uncovered what other authors have affirmed regarding philosophical methodologies (Jacox, Suppe, Campbell, & Stashinko, 1999). The philosophical paradigms guiding most of the studies reviewed overlapped in specific areas or at the very least were examples of blurred conceptual boundaries as there were some commonalities evident. For example, a study based philosophically in empirical post positivism, one that uses a paradigm characterized by an effort to identify patterns, may have conceptually overlapped with a study based in an interpretive paradigm regarding implications for practice. Another example is that a study with a philosophical basis rooted in interpretive methodology in which an inductive, dialectical method is employed, may have easily overlapped with methods employed for a study utilizing a critical social paradigmatic approach.

As it is useful to keep in mind the potential and actual commonalities amongst the various philosophical paradigms of literature reviewed, it is also useful to attempt to categorize these studies in order to clarify differences. With these imprecise paradigmatic boundaries in mind, the literature reviewed that follows is categorized in a way that this author found generally to be most fitting.

Historical Perspective of Lesbian and Bisexual Women's Alcohol Use and Abuse

Early research on lesbian and bisexual women's use and abuse of alcohol was psychoanalytically oriented and did not differentiate between information obtained from lesbian and bisexual women and their male homosexual counterparts (Nardi, 1982). The phenomenon of alcoholism within this population of women was etiologically linked to their homosexuality until the 1960s and 1970s when authors of empirical studies began to dispute the homosexuality-alcohol connection (Israelstam & Lambert, 1984).

At one time, homosexuality was viewed as a psychiatric disorder and it was directly linked to the development of alcoholism. By 1980, homosexuality was removed as a psychiatric disorder from the Diagnostic and Statistical Manual (DSM) and it is no longer believed that alcoholism is a direct derivative of homosexuality. However, the information that does exist, that which is most relied upon and referenced concerning the use and abuse of alcohol amongst lesbian and bisexual women, is still fraught with discrepancies and challenges unique to studying this population.

One challenge is great variance in reports of prevalence pertaining to the use and abuse of alcohol amongst lesbian and bisexual women. The extent to which lesbian and bisexual women use and abuse alcohol has not been consistently documented. A major reason for such discrepancies is the complexity of studying a socially marginalized and stigmatized group of individuals. Research on alcohol use and abuse amongst lesbian and bisexual women has been and continues to be plagued with methodological challenges from start to finish.

Empirical Post Positivist Studies

A post positive paradigmatic philosophy holds that an approximate truth exists

and the researcher is pragmatically attempting to discover it.

The post positivist paradigm focuses on the discovery of a reality characterized by patterns and regularities that may be used to describe, explain, and predict phenomena...The post positivist emphasizes the conditions under which certain patterns occur and the need for control over environmental influences to understand the phenomena under study. (Ford-Gilboe, Campbell, & Berman, 1995, p. 16)

Early researchers of lesbian and bisexual women found it extremely challenging to recruit and question women who may be hiding their sexual orientation. This was a particularly problematic challenge for those that utilized a post positivist approach because they would have liked to be able to randomly select the sample of women in order to make generalizable and predictable statements about the population. The challenge to the researchers arose as most of the women in question were leading “closeted” lives as opposed to being “out” about their sexual orientation. This meant that random selection was impossible and in order to find these women, early researchers had to go directly to gay/lesbian bars where they knew they would be able to recruit women who identified as lesbian or bisexual, at least at the time they encountered them at the bar. Thus these researchers had difficulty controlling the environmental influences that may have played a part in the findings they concluded from their research.

In earlier studies (1977 to 1989), it can be assumed that one reason that very high rates of problem drinking were reported was because most investigators recruited their informants by utilizing direct recruitment from bars. This resulted in an estimation that approximately 30% of lesbian and bisexual women could be considered alcohol abusers.

This rate of alcohol abuse was proposed to be three times higher than heterosexual women (Fifield, Latham, & Phillips, 1977; Lewis, Saghir, & Robins, 1982; McKirnan & Peterson, 1989a, 1989b).

The Fifield et. al study, in particular, (1977) is a study that is widely cited. Upon close inspection, their analysis involved a variety of nontraditional manipulations to determine the reported frequencies of alcohol abuse (Bux, 1996). Their results remain questionable since every finding offered was based on a reported estimate.

The Lewis, et. al study (1982) described the effort the authors put forward in obtaining a “control group” of female heterosexuals. Surprisingly, even though many of their homosexual female subjects were recruited from gay bars, there were no heterosexual females in their control group who had been recruited from “straight” bars.

McKirnan & Peterson, (1989a, 1989b), began with a hypothesis that psychosocial factors in a homosexual sample would produce more alcohol consumption than in the general population. They analyzed data from a large survey (n=3400 homosexual men and women) to support their hypothesis that stress and other psychosocial variables directly effect the tendency of vulnerable homosexual men and women to use and abuse alcohol.

Two additional studies as subsets of larger population surveys during the 1970's provided data on lesbian and bisexual women's use and abuse of alcohol (Milman & Su, 1973; Saghir & Robins, 1973). Milman & Su (1973) focused on undergraduate women at a mid-Atlantic university. Their findings revealed that 21% of their interviewees were heavy users of alcohol. Some challenges to the generalizability of their findings were that the incidence of acknowledged homosexual behavior in their sample of women was

only 3%, they were mostly socially privileged women obtaining a college education, no data were collected on race or ethnicity, and the mean age of the participants was only 20.6 years old.

Sampling problems were also evident in the Saghir & Robins (1973) study wherein they deliberately excluded any individual from participating in their research if they were not Caucasian. The mean age of their participants was older than the Milman & Su (1973) study, but still was recorded as a relatively young mean age of 31 years old. Of the 57 lesbians interviewed, 35% reported drinking excessively and only 5% of the matched heterosexual female control group reported similar alcohol intake.

More Recently

During the last decade, lesbian and bisexual women's health has emerged as a major area of study (Roberts, 2001). This emergence may be considered more of a conjectural emergence than an observed emergence. Research on lesbian and bisexual women continues to lag far behind research involving the general population of women (Hughes, Haas, Razzano, Cassidy, & Matthews, 2000). Lesbian and bisexual women remain a relatively hidden population, especially those who live in non-urban areas and those who are non-Caucasian. A major reason for this clandestine existence is the same as that of earlier decades. Many lesbian and bisexual women remain "closeted" because they continue to perceive social stigmatization and prejudice experienced by lesbian and bisexual women in earlier decades.

In 1999, the Institute of Medicine (IOM) published a report of its Committee on Lesbian Health Research, which concluded that even though there has been an emphasis on women's health research in the 1990's, there has been little emphasis and funding for

research on the health of lesbian and bisexual women. This funding and research gap exists with respect to understanding alcohol and substance abuse also.

In 1993, Bloomfield's data from San Francisco was the first empirical study that did not demonstrate significant difference in the prevalence rates of alcohol use and abuse between lesbian and bisexual and heterosexual women. Two interesting facts must be taken into consideration when reviewing the results of this particular study. The first is that the heterosexual women sampled were considered to have a higher than usual prevalence of "moderate drinking" (18%) than heterosexual women in the general national population (7%). The other significant detail was that participants were asked to complete a 20 page mail-in questionnaire. A woman who is heavily addicted to alcohol would be unlikely to complete this task. Therefore, it is quite probable that Bloomfield's sample of lesbian and bisexual women is only representative of moderate to highly functioning individuals. Those who struggle with daily addiction would probably not have been included in the data collection.

There are two groups of investigators during this time period that used national community-based surveys (Bradford, Ryan, & Rothblum, 1994; Roberts & Sorensen, 1999). Both studies supported the earlier claims about a higher than average rate of "heavy drinking" amongst lesbian and bisexual women. Bradford, Ryan, and Rothblum (1994) and Skinner and Otis's (1996) research, in particular, confirmed the ongoing challenge of recruitment. Both emphasized that the hidden nature of the population made it extremely difficult to obtain data on anything that came close to a representative sample. They maintained that the prevalence of minimal social support available for lesbian and bisexual women, the rejection by many organized community institutions of

lesbian, gay and bisexual members, and the maintenance of negative public attitudes toward these same individuals continued into this decade.

Toward the end of the decade, however, some significantly new information about lesbian and bisexual women's drinking patterns has emerged (Cochran & Mays, 2000; Hughes, 1999; Hughes, Haas, Razzano, Cassidy, & Matthews, 2000). In one study focusing on risk and protective factors for heavy drinking and alcohol-related problems, lesbians (n=63) were likely to report abstinence from alcohol as 46% 'wondered' if sometime they had a drinking problem, and 17% reported to currently be in recovery from alcoholism (Hughes, 1999). The sample used for this study was located in urban Chicago.

Cochran and Mays (2000) did a secondary analysis of a National Household Survey of Drug Abuse (NHSDA) project used for psychological diagnosis. Surprisingly, they found that only 7% of lesbian and bisexual women reported heavy alcohol abuse. However, the psychological focus of their research presented two major challenges that may have resulted in the low percentage of heavy users. The first is that only those who qualified under the strict DSM-IV (1994) classification of Alcohol Dependency Syndrome were reported as heavy users. This diagnostic tool is very stringent and only the most seriously affected by their addiction would fall into this category. The second difficulty was that "lesbian" and "bisexual" was defined behaviorally only. This means that if an individual identified as a lesbian or bisexual woman, but was not currently sexually active (within the past year), she would not be included in the lesbian and bisexual category. This is of concern because many lesbian and bisexual women may be sexually abstinent. Behaviorally expressing one's sexuality (or not) does not change a

lesbian or bisexual woman's sexual identity. Sexually active and inactive lesbian and bisexual women still identify themselves as lesbian and/or bisexual.

Finally, Hughes, Haas, Razzano, Cassidy, and Matthews (2000) made a concerted effort to reach 55 lesbian and bisexual women within the metropolitan areas of Chicago, New York, and Minneapolis/ St. Paul. Their sample was restricted to an urban sample consistent with most other research available on this population. The authors did attempt to question more women who were non-Caucasian, older, and less than college educated. Their findings were that 21% of the lesbian and bisexual women questioned could presently be considered heavy drinkers and an overwhelming 68% of the non-drinking women reported they were in recovery from alcoholism. Their research supports the hypothesis that the use and abuse of alcohol was and still is a major issue in the lives of lesbian and bisexual women and a disproportionately high number of lesbian and bisexual women may be at a heightened risk for alcohol dependence as they report drinking more heavily and later into their old age.

Interpretive Studies

When utilizing an interpretive methodology, the researcher critically weighs and values heavily the participants' choice of words, opinions and worldview. The location in space and time of the research is important to note as this contributes to observations and conclusions made by the researcher. One of the researcher's roles is that of storyteller (Polkinghorne, 1997). Utilizing the interpretive paradigm, the researcher does not attempt take an impersonal, observational role of a logician or statistician, but has a voice and a role more like a narrator. The researcher is humanized and the participants in the research are viewed as co-actors who contribute to the narrative. Interpretive research

can be viewed as a social practice, “a performance that takes place within the context of social norms and scripts” (p.10). The research is guided by unspoken understandings of the collective norms held by the population, and there is a specific purpose or goal that the researcher wants to achieve by performing the study.

While utilizing an interpretivist paradigm, one goal of the researcher is to produce knowledge that will enhance understanding of the human condition. The interpretive researcher is more concerned with “whether the journey by which knowledge was accumulated was productive” (Polkinghorne, 1997, p. 8). In contrast, the post positivist researcher may be more concerned with whether or not the work in “part fulfils the requirements of its particular place in a format argument” (p. 8). The interpretive researcher is following a paradigm in which truth is being created as truth is lived.

Various forms of qualitative research comfortably fit under the category of interpretive research. An example of those methodologies includes ethnography, phenomenology, grounded theory, and historical research (Jacox et. al, 1999).

Similar to the post positivist studies of the time, early interpretive studies faced sampling challenges. Information, however, can be compiled from the individuals that were interviewed in each of the studies. In 1978, Diamond and Wilsnak performed a feminist oriented descriptive study in which they questioned 10 lesbian and bisexual college educated women about their experience with alcohol. The mean age of these women was less than 35 years of age and like other studies of the same time period, most of these women were considered to belong to a privileged social class. Important information collected from this study was that 40% of these women experienced physical symptoms of alcohol dependence and most experienced a period of denial and dislike

about their sexual orientation. This latter experience is commonly known as 'internalized homophobia'.

Possessing varying amounts of internalized homophobia is not an uncommon early developmental experience for lesbian and bisexual women. While Diamond and Wilsnak's (1978) small study produced early evidence in support of the existence of internalized homophobia, later authors have also written more in-depth about this issue (Bux, 1996; Hall, Stevens, & Meleis, 1994).

Regarding the phenomenon of internalized homophobia, lesbians and bisexual women, like heterosexuals, grow up in a predominantly heterosexual society (Bux, 1996; Hall, Stevens, & Meleis, 1994). Lesbian and bisexual women are likely to learn and absorb many of the same messages as heterosexuals learn and absorb regarding the perceived unacceptability of homosexuality because of widespread, common, and homophobic societal feedback. Consequently, many lesbian and bisexual women experience a period of denial of and/or dislike for their own sexual orientation (Bux, 1996). Bux focused on the lack of empirical evidence to support this theory in his critical review but, in contrast, Hall, Stevens and Meleis (1994) have weighed heavily the significant effect of the presence of internalized homophobia within the lesbian and bisexual women population. They regard internalized homophobia as a significant contributory factor to alcohol use and abuse. They report their participants provided evidence that it occupies a significant amount of life space and time for many members of this already marginalized group.

In the early 1990s, Hall began her significant contribution to the body of knowledge about lesbian and bisexual women who use and abuse alcohol (Hall, 1990a,

1990b, 1992). At the time, she was a doctoral student at the University of California at San Francisco. She conducted what she described to be a feminist oriented ethnographic study of 35 lesbians in recovery from alcohol addiction.

A major finding of Hall's inquiry (1994b) was that recovery needs were not consistently met through the traditional twelve-step model for recovery used in Alcoholic's Anonymous (AA). It was the consensus of the majority of her subjects that their experiences in AA were androcentric, paternalistic, authoritarian, and insensitive to the impact of trauma and family-of-origin issues for women in recovery. Her participants described AA membership as essentially male oriented, rife with sexist language, and persistent in the depiction of the "higher power" as a male god.

In contrast, Hellman (1992) supported the diseased focused 12-step model for use with lesbian and bisexual women who are psychiatrically dually diagnosed individuals. He took a traditionally clinical approach to this group of women based solely on the reason that they also suffered from a second psychiatric disorder in addition to their diagnosis of alcohol dependency syndrome.

Interestingly, because of the feedback she was receiving from her participants regarding the social milieu of the recovering lesbian, the natural progression of Hall's research flowed more in the direction of a critical social philosophic paradigm (Hall, 1999; Stevens & Hall, 1991, 1992). The methodology of critical social theory will be discussed in the final section of this chapter.

Hall (1990a, 1990b, 1992) also emphasized the need for research to be conducted that utilized Symbolic Interactionism that takes into account the negative societal feedback received, consciously and subconsciously, by these women. She stressed that

behavior is not a product of environmental stimuli or motives, but of the interpretation process that leads to the construction of actions. Salient to her argument is the view that alcoholism represents a tragic detour in the process of accepting one's own lesbian and/or bisexual identity (1990a). She expressed the need to use this basis of Symbolic Interaction to further develop a theory using Grounded Theory Methodology.

Claiming to be influenced by a Symbolic Interactionist framework, McNally & Finnegan (1992) created a five stage developmental model after interviewing eight lesbian and bisexual women. They proposed there was a powerful dynamic interaction between sexual identity and alcoholism. The stages created by these authors consisted of:

- 1) Beginning Stage (a sense of being different before they identified as being lesbian);
- 2) Drinking Stage (drinking related to lesbian identity);
- 3) Recovering Alcoholic Stage (a process of 'de-shaming');
- 4) Lesbian Stage (internalizing a positive lesbian identity while experiencing internalized homophobia);
- 5) On-going Management Stage (development of an Lesbian Recovering Alcoholic identity).

It is difficult, if not impossible, to find a connection of their work to Symbolic Interactionism, as it is not evident within their published study. There also is no evidence that they took their work any further to develop a Grounded Theory from their efforts. If they did take their work farther beyond the questioning of these eight women, they may have found that as they interviewed more women, it is most likely that some women may not have fit into the ordinal patterned, clearly defined stages they have presented.

Rothberg and Kidder (1992) wrote a clinical paper, based on their own clinical practice and experience, that suggested specific therapeutic interventions to be used with lesbian and bisexual women who use and abuse alcohol and who also are adult children of alcoholics (ACOAs). Their specific interventions included mechanisms that help each ACOA; to learn about her family and her role in it, to learn that she is not alone, to come out, and to be guided through stages from denial to acceptance.

Hall recently published an additional secondary analysis of her 1992 study. It highlighted the link between childhood sexual abuse (CSA) and alcoholism (1996). Since CSA is a common phenomenon among heterosexual women who use and abuse alcohol, it is not surprising to find it a prominent issue among lesbian and bisexual women also. Forty six percent of her participants disclosed having survived CSA and directly linked it to their addiction and recovery experiences. These women were less likely to be socially and occupationally stable, self-satisfied, and physically well in recovery. They were less responsive to conventional recovery intervention methods and had more complicated psychological and physical sequelae as it related to their alcoholism.

Reyes (1998) published a small ethnographic study with Latina lesbian and bisexual women. This was the first report that focused on an ethnic minority population of lesbian and bisexual substance users and abusers. She agreed with the sentiments of earlier authors regarding the need to go beyond AA and the twelve-step model of recovery (Deevey & Wall, 1992; Hall, 1990a, 1990b, 1992; Heyward, 1992).

Reyes (1998) emphasized that the twelve-step model used in AA is a model that is disempowering to women who have been negatively impacted by sexist and racist social systems. She reported that the lesbian and bisexual Latina women she interviewed claimed they were very likely to resume criminal activity after treatment for their substance abuse.

Finally, Parks (1999b) explored, phenomenologically, the social aspect of drinking amongst lesbian and bisexual women. She questioned women who identified only as “social drinkers” and who drank alcohol while exploring and immersing themselves within the lesbian subculture. She found that alcohol use was considered to be a normal, if not expected, part of the lesbian subculture and that it was very much a part of her participants’ earliest socialization to the sub culture. Alcohol consumption was not only a focus at the gay/lesbian bars, but also was dominant in other domains such as sports leagues and lesbian social networks. Alcohol easily became a part of the participants’ normal social experience as members of a socially marginalized group.

Critical Social Paradigm

The critical or emancipatory philosophical approach addresses how sociopolitical and cultural factors influence the experience of the research participants (Jacox et. al, 1999). Interventions emanating from critical social research focus on system change, as well as individual growth, change and empowerment. Action, or praxis, is expected, especially participatory action from both the researcher and the participants. Truth or reality is considered a revolving or evolving concept and is created or co constructed by the participant and the researcher. Ford-Gilboe et. al (1995) wrote:

The aim of research within the critical paradigm is the development of approaches that have the potential to expose hidden power imbalances and to empower those involved to understand, as well as to transform, the world... Implicit in this concept is the idea as people learn to perceive social and political contradictions, they become able to take action against oppressive structures in their lives. (p. 17)

In 1996, the Council of Scientific Affairs published a report on the Healthcare needs of gay men and lesbians in the United States. This report referred to data from earlier decades that maintained a 28%-35% prevalence rate of alcoholism among lesbians. The Council suggested that substance abuse was a possible camouflage for underlying mental health problems such as low self-esteem due to societal discrimination. Their speculation supports the hypothesis of other researchers that emphasize the associations between marginalization and stigmatization and the incidence of alcohol use and abuse amongst lesbian and bisexual women (Bux, 1996; Diamond & Wilsnak, 1978; Hall, Stevens, & Meleis, 1994).

The following articles have been identified as having a core critical social paradigmatic philosophy. Although not always directly identified by the authors, the following articles, qualitative in nature, demonstrated a direction toward the call for system change. The change that is called for is either within the health care system in general, or within the universally accepted, traditional, 12-step model of recovery.

In 1990, Hall wrote two articles discussing alcoholism recovery in lesbians (1990a, b). One article directly included a critical perspective within her discussion (1990a). She stated that “western norms are androcentric, and against such standards, women are assigned an abnormal status” (p.94). She went on to state that lesbians are not

viewed as real or normal women by many in western society and those lesbians who are also alcoholics are even more marginalized.

In 1994, Hall published two articles based on secondary analysis of her 1992 ethnographic study. One article focused on the negative health care experiences creating an oppressive environment reported by lesbians recovering from alcohol abuse (1994a). She found that open communication with health care providers was pivotal in order for lesbian and bisexual women recovering from alcohol problems to have a positive experience. Participants in Hall's study commonly offered accounts of health care providers who negatively changed their demeanor following women's disclosure of their sexual orientation.

Hall's (1994a, b) analysis also focused on the tensions that exist within the AA or 12-step model experience. She wrote that confrontational styles by the therapist were common in the substance abuse treatment field and were perceived as relatively unhelpful by the women in her study. She learned that there were three areas in which polar viewpoints create tensions or areas of anxiety for lesbian and bisexual women who participate in AA (1994b). These tensions include the strains caused the opposing forces of assimilation versus differentiation, authority versus autonomy, and false consciousness versus politicization. In other words, lesbian and bisexual women in her studies struggled to maintain their uniqueness or distinction as a sub cultural group. They found the AA philosophy to be heavily authoritative and not supportive of self-directive recovery models.

Hall's participants reported oppressive ideologies within AA including hierarchical member acceptability by gender, race, class, and sexual orientation (1994b).

She called for an overall societal/environmental change to a more welcoming health care setting and therapeutic environment for lesbians in recovery in order for them to be able to experience validation and openness regarding their life experiences and realities.

Hall's work contributed to an ongoing theoretical critique regarding the disease model of recovery (1992). Her subjects' discussed critically the use of the disease model as purported by AA and the 12-step model as recovery tools for lesbian and bisexual women. Other authors have contributed to the body of theoretical work collected concerning this issue. They collude with Hall's suggestion for needed change in the therapeutic milieu regarding recovery from alcohol addiction (Amico, 2003; Deevey & Wall, 1992; Heyward, 1992; Reyes, 1998).

Deevey & Wall (1992), self identified lesbian alcoholics in recovery, concentrated their efforts on critiquing the disease model of recovery. They proposed a theoretical model of recovery to guide treatment of lesbians instead of the traditional AA 12-step recovery model.

Heyward (1992) also identified herself as a lesbian in recovery from alcoholism, focused on the contributing issue of internalized homophobia, and wrote a theoretical paper, critiquing the traditional use of the AA 12-step model for recovery for lesbians. She targeted the perceived contradictory messages promoted by mental health professionals in the recovery milieu. Specifically, the AA 12-step tradition emphasizes the development of clear interpersonal boundaries and yet at the same time, most mental health professionals that support this model also emphasize a need for a feminist based, therapeutic, interpersonal connection between these women in recovery in order for them to achieve intimacy, solidarity, and compassion. Women in recovery have reported that

they clearly receive this as a mixed message regarding how to conduct themselves in every day life as they interact with others.

Summary

Provided in this chapter was background information to better understand historical and current issues for lesbian and bisexual women who use and abuse alcohol. The framework by which this chapter was written consisted of four main sections that included related historical aspects of the phenomenon and three separate philosophical approaches most fitting the literature reviewed. It was evident that only certain aspects of alcohol use amongst lesbian and bisexual women have been examined while other aspects remain minimally explored if at all. Most research has been performed with relatively young, white, socially privileged, urban women.

In 1990, Hall (1990b) identified the need for a Grounded Theory study of lesbian and bisexual women who use and abuse alcohol (1990b). A review compiled eleven years later by Roberts (2001) further emphasized the need for more qualitative inquiry into the lives of lesbian and bisexual women.

As of this date, Hall's (1990b) suggestion for the creation of a Grounded Theory that would illuminate the experience of lesbian and bisexual women who use and/or abuse alcohol has not been adopted by any researcher. It is the intention of this author, through this particular research endeavor, to pursue Hall's invitation to utilize Symbolic Interactionism to develop a Grounded Theory that emerges specifically from midlife and

older lesbian and bisexual women who harbor concerns regarding their past or present consumption of alcohol.

Using a Grounded Theory approach, a theory can be generated from the stories of the women themselves. Hence, midlife and older lesbian and bisexual women who harbor concerns regarding their past or present consumption of alcohol can have their realities be heard and potentially understood.

In the next chapter, the methodological principles underlying the current study will be discussed.

CHAPTER III

Methodology

The theoretical framework utilized for this explorative, grounded theory study is Symbolic Interactionism (SI). An overview of Grounded Theory Methodology (GTM), deeply rooted in SI, is provided in this chapter. GTM research methods including sampling, procedures, and analysis specific to this study are also provided. The chapter concludes with information, including the demographic background of the participants interviewed.

Symbolic Interactionism and Grounded Theory

Historically, Symbolic Interactionism (SI) provided the philosophical framework for the development of Grounded Theory Methodology (GTM). SI originates from the traditions of social psychology and sociology (Benoliel, 1996; Blumer, 1969; Chenitz & Swanson, 1986; Mead, 1962). It was particularly useful as a framework to use for this study because it focused on the meaning life events hold for people in their everyday lives. The life event of interest to this study was the use and abuse of alcohol amongst midlife and older lesbian and bisexual women.

One central principle of SI is that beliefs define events or reality in peoples' lives as well as how they act. Bowers, (1988) stated that a main tenet of SI is concerned with social interaction (interaction with others in a social setting). An individual creates the reality or meaning of a situation as he/she interprets how others perceive him/her in society. A feedback mechanism is created that leads to and from action and consequences of action. Feedback from the perception of society can be either positive, negative, or a mixture of both.

The self is created through social interaction. According to the tenets of SI, individuals, when interacting with others in society, subconsciously take on the role of other (Mead, 1962). They consciously or subconsciously look back at themselves, and develop a sense of self through this interaction (Annells, 1996; Blumer, 1969).

This theory fit nicely with regards to the phenomenon of alcohol use and abuse within the sub-population of midlife and older lesbian and bisexual women. Over their lifetimes, these women had, in part, achieved and developed a sense of who they were by the feedback they have received from society as a whole. When viewing the phenomenon from an SI perspective, the feedback these women received from social interaction in heterosexist and homophobic societal settings (along with environmental and genetic influences) contributed to the actions they chose to take that led to their alcohol consumption. This does not discount their freedom of choice and personal responsibility for their self-care or lack thereof, but it does explain, in part, a possible contributing factor to their problems with alcohol use, abuse, and addiction.

The grounded theorist uses SI as a framework to determine what is primary to the social reality of a given population. The grounded theorist finds out what is most important (or primary) when individuals in that population tell the researcher what is most important to them (Glaser & Strauss, 1967a). Meaning guides behavior for the symbolic interactionist, and a stage of deliberation or definition of the situation precedes action (Jordan, 2002). An assumption from the SI perspective is that the social climate that surrounded these women on a daily basis, along with the various input from media sources, served as a feedback mechanism that helped them create their own sense of self.

Thus, the strong link to SI provided a framework for the utilization of GTM in order to create a grounded theory that serves as a communicative link between a unique population of individuals, health care professionals, and the lay public. This approach is useful in helping health care professionals and the lay public, in general, to understand unresolved social problems like alcohol use and abuse within the relatively invisible population of midlife and older lesbian and bisexual women. Applying a theory that emerges from the women themselves is conducive to the development of empathy amongst those who may not now understand the phenomenon.

Research Design

GTM is an explorative, highly systematic approach to inductive research that provides a measure of openness for key data to emerge from the responses of participants (Chenitz & Swanson, 1986). The goal of the researcher is to develop a substantive theory from the patterns and relationships that become evident from the data set. The grounded theorist attempts to stay clear of detailed descriptive work and makes an effort to stay more within an abstract, conceptual realm (Glaser, 2001). The theory produced is 'grounded' in the specific data created by inductively originated concepts from the interviewees (or participants). Benoliel wrote that it is a particularly useful research design by which to study "passages and processes of vulnerable people" (1996, p.421). Therefore, specific theory produced by this work can be used amongst health care professionals and lay people alike in order to better care for and understand a particular subgroup of individuals.

GTM was first discovered and used by two sociologists, Glaser and Strauss (1967a). Following the customary research praxis of using data to test theory did not

make sense to them. They instead found it much wiser to use inductively created data from their participants in order to develop theory (Glaser, 1998). They took the position that the reality that is produced inductively through research is more accurate than any theory produced in a strictly deductive manner, especially if that deductively produced theory does not fit the reality experienced by the participants.

Since the origin of GTM by Glaser and Strauss in the 1960's, there have been varying trajectories by multiple researchers of the methodology who were not always in agreement with each other regarding specific methodological steps (Benoliel, 1996; Lincoln & Guba, 1985; Schatzman, 1991; Strauss & Corbin, 1998). The originators of GTM, Glaser and Strauss, also parted ways by the 1980's, taking differing positions regarding their work with GTM. Among a variety of issues, their most prominent disagreement regarded the level or depth of 'probing' the researchers should involve themselves in when questioning their interviewees. Charmaz has described Strauss and Corbin's questioning guidelines as "didactic and prescriptive rather than emergent and interactive" (2000, p. 524). Glaser has commonly used the term 'forced' to describe some of the data produced in later years by some of his colleagues.

This particular study followed primarily a Glaserian approach (Glaser & Strauss, 1967a; Glaser, 1978, 1992, 1998, 2001). Specifically, this approach involved using multiple sources of data, open coding, selective coding (theoretical coding), theoretical sampling, and memoing. These particular steps in turn lead to theory emergence, integration, and write-up.

One area which this research did diverge from the Glaserian approach regards the use of a literature review. Glaser's (1998) conviction was that if the researcher reads the

literature before initiating interviews, the researcher will become “contaminated” and not be able to be as free and open-minded as possible regarding the concepts that emerge from the participants. He believed that the analyst will be entering the research endeavor with preconceived notions that are impossible to ignore. He stated that, “the researcher will likely become ‘awed out’ by other authors, especially the pundits in the field, which detract from one’s own self valuation as a creator of a theory” (1998, p. 68).

Glaser did support the use of a literature review after the research is almost complete. Glaser encouraged the literature review to commence during the final steps of data collection, when finding what other researchers have to say about similar concepts is valuable (Glaser, 1978; 1998).

Chenitz and Swanson (1986) wrote that the researcher must demonstrate that she is well-informed about the phenomena and that a literature review is essential to perform when writing a proposal for doctoral dissertation work. This particular research study deviated from Glaser’s approach as it was necessary to determine whether GTM has already been used regarding the investigation of this subpopulation of individuals on this particular subject. Chenitz and Swanson emphasized that the literature review assists the researcher in identifying the “scope, range, intent, and type of research that has already been done” (p.44). It is evident that other GTM researchers such as Strauss and Corbin (1998) supported that familiarity with relevant literature is important as it can enhance the researcher’s sensitivity to subtle nuances that may be identified in the data.

Another area in which this research study diverged from the Glaserian technique regards the utilization of audio tape recording. Glaser believed that “theoretical completeness only requires those notes written down after an interview to be later used

for constant comparisons” (1998, p. 107). He believed that if something is relevant to the research, the researcher will remember it. He stated that audio taping gives the interviewer a false sense of security and may cause him/her to mentally ‘switch off’ (Glaser, 2001).

For this particular research endeavor, the potential for interviews to last over an hour was great and indeed, some lasted nearly two hours. This created the possibility that valuable data could be lost. Without the use of an audio tape, there was great risk for the researcher to remember the interview as she wished it would have gone, not how it actually went.

Glaser did counter this idea by stating that the researcher is a type of human ‘sieve’ in which unimportant information will be naturally filtered out (2001). Contrarily, however, the human ‘sieve’ can too easily be tempted to filter out what she does not want to hear. For example, Strauss and Corbin made clear that the initial steps of coding must involve line by line analysis of the initial interviews (1998). Line by line analysis would be impossible without a verbatim transcript of the audio taped interview. Therefore, the extra effort involved in transcribing the entire interview verbatim guarded against the chance that significant data was missed.

Multiple Sources

Other than the literature review and audio taping issues, this research followed a Glaserian approach more than any other historical contributor to GTM. As stated previously, this research involved the use of multiple sources of data. The most prominent source of data used was interviews from audio taped and transcribed from each participant. Other sources acceptable when utilizing the Glaserian approach

involved an exploration of various available current media sources such as newspapers, magazine clips, and the internet. According to Glaser, those less prominent sources of data are important to include, as they are the sources of information about the particular subject in question that the participants are currently exposed to and influenced by in their current social context.

GTM allowed this researcher to recognize the varying social contexts and processes that influenced the participants as they lived their lives. The social context of the acceptance/non-acceptance of homosexuality and the experience of lesbian and bisexual women who have lived over multiple generations of this changing social context can be better understood by the grounded theory in this study that illuminated their experience.

Glaser and Strauss (1967a) both emphasized that generated theory continues to unfold, even after it has been reported. This authenticated the necessity to be socially current by utilizing the media. Theory is considered, by Glaser and Strauss, to be an ever-developing entity, not a perfected, completed, or finished product. Theory is viewed as a process that reflects the reality of social interaction and the feedback it provides. This concurs strongly with the main tenets of the theoretical framework of SI as society and the social context is also a fluid, ever changing entity.

Regarding the use of current, popular, publications and media sources, they were considered to be a momentary product that reflected the current societal climate at the time simultaneous to data collection. Incorporating data from media sources permitted the researcher to consider potential theoretical codes that helped illuminate the developing substantive theory. It is important to note, however, that use of current media

sources was one of the final steps regarded as the researcher utilized the Glaserian approach to GTM. Glaser emphasized that the researcher must not enter into the research process with any preconceived ideas regarding the emergent theory or contributing codes.

The key informant group that was used for this GTM study was midlife and older lesbian and bisexual women who harbor concerns regarding their past or present alcohol consumption. The type of analysis used by Glaser, and for this particular study, was a circular, analytical process called constant comparative analysis. It was a process by which inductive questioning was followed by deductive guidance from the data that was then followed again by induction. Glaser described this particular circular method of simultaneously utilizing data collection with analysis as a process of “double back steps” (1978, p. 16).

Coding

The process of constant comparative analysis began after the second interview and continued throughout the entire process of data collection until the final write-up of the report was completed (Glaser, 1978; 1998). Each interview began with a broad, open ended question that contained no probes to elicit any specific information. Each interview was then transcribed from the audio taped interview and open codes (or conceptual descriptors) were highlighted.

The initial open codes identified in the data were compared to additional incidents in the following interviews and more codes were added as necessary. Also, during this entire process, memos were written to assist the researcher toward the progression of sorting out the theoretical concepts that existed. Patterns began to develop as re-occurring concepts took place and those patterns of concepts were used in developing

more broad and/or abstract categories. The researcher eventually began to see certain concepts emerging from the data that most, if not all, of the interviews had in common.

This circular process directed the researcher to eventually selectively code only the data that fit into the developing theory. The final stage of selective coding is also known as theoretical coding. During this final stage, theoretical sampling occurred in which the researcher chose only those participants who had the potential to add more detailed information to the key concept that was identified from the data that was already collected (Glaser, 1978).

The Process of Theory Development

The ultimate goal of coding was to find a core category that captured a foundational concept that was represented by much of the data. Glaser used the term “basic social processes” (BSP) to describe patterns of concepts that eventually appear from the data which all relate to this core category (Glaser, 1978, p. 94). As the circular process of interviewing, analyzing data, and memo exploration continued, the researcher began to discuss possible theoretical drafts with each new additional participant. Not only were discussions about the possible grounded theory with the participants a part of the methodological process, but those discussions also add to the trustworthiness of the research. Sandelowski refers to this process that supports the trustworthiness of the current research as member checking (1993, 1998). It was particularly important for this research endeavor, as there was an agreement made with the IRB that no names or phone numbers of the interviewees would be recorded. This eliminated the possibility of a second interview for the purpose of performing a member check.

The researcher eventually stopped coding new data and only included and coded the data which 'fit' into the developing theory. This was the stage of selective or theoretical coding. Theoretical saturation and theoretical completeness eventually occurred as categories with distinct properties become evident and no new related categories emerged. The researcher experienced a phenomenon that Glaser described as going from a feeling of dissonance to a feeling of satisfaction with the data (1978, p. 125). He described a phenomenon in which the theorist became saturated along with or as well as the data.

Evaluation of the Grounded Theory Produced

The notions of 'fit' and 'grab' are important criteria by which Glaser and Strauss claim were necessary in evaluating a well constructed grounded theory (1967b; Glaser, 1978, 1992, 2001). A conceptual 'fit' helped prevent the researcher from infusing preconceived ideas into the emerging theory. 'Grab' infers that the theory describes the phenomenon in an interesting and understandable way. Therefore, utilizing 'fit' and 'grab' supported the principle that the theory which eventually emerged came only from the data collected and not from the researcher's preconceived notions.

The theory was also evaluated by how it 'works'. In other words, it not only captures the phenomenon that is explained by the participants, but it is able to predict what would happen within similar people in similar circumstances (Glaser, 1992).

The resultant grounded theory is relevant (usable), and modifiable (Glaser, 1978; 1992). According to SI, the participants in the research and society as a whole are

continually changing, thus the need for modifiability. As society changes, replicability of this study, as with many other qualitative studies, may become unlikely.

The research practice utilized in the discovery of this particular grounded theory was made visible to the dissertation committee Chair throughout the research process and therefore was made auditable as well. The attributes of visibility and auditability, according to Sandelowski, along with the previously mentioned process of member checking, also add to the trustworthiness of the research (1993; 1998).

As with other forms of qualitative research, movement has been made away from a question whether the research is generalizable to a question of whether it is transferable (Guba & Lincoln, 1994). Transferability of the grounded theory produced, according to Guba and Lincoln, comes from a theory described as 'dense' or 'thick'. This is much like what Glaser portrayed when he evaluated a grounded theory by how it 'works' (Glaser, 1992). The theory produced that is 'dense', 'thick', and that 'works', is able to withstand the scrutiny of the participants during member checks and also is able to capture the phenomenon that is explained by many if not all of the participants. A 'dense' or 'thick' theory also has the ability to predict what would happen in the future if the social environment remained the same.

Sample

The population of mid life and older lesbian and bisexual women is a seldom researched subpopulation of the gay, lesbian, bisexual and transgendered (GLBT) population. Mid life and older lesbian and bisexual women that identify as harboring

concerns regarding their past or present alcohol consumption is an even more rarely interviewed group. Little, if anything, is known or understood regarding the life experiences of these women. Following the tenets of the SI theoretical framework, it is important to recognize that some of these women have lived the majority of their lives within a homophobic and heterosexist social context. The sample of women interviewed for participation in this study was recruited in a variety of ways. Inclusion criteria for participation were that they must have:

- 1) Self identified as a lesbian or bisexual woman over the age of 40 at the time of the study;
- 2) Self identified as harboring concerns regarding their past or present alcohol consumption;
- 3) Spoken and understood English (no one was illiterate);
- 4) Demonstrated the ability to understand an information statement.

The women who participated in this study were recruited in a variety of ways. All of the following methods were employed:

- 1) An invitational flyer was be posted in Seattle's GLBT Community Center ladies' room stalls;
- 2) An invitational flyer was posted in Seattle area gay and lesbian bars ladies' rooms;

- 3) Advertisement in Seattle Gay News (SGN) newspaper;
- 4) Advertisement in Seattle's Stranger newspaper;
- 5) Word of mouth advertising, however, the researcher herself did not approach potential subjects.

All interested women were instructed to call a local, private, voice mail number. Demographic information was collected after the audio taped interview was completed in order to avoid any unintentional influence on the interview (probing). The women were instructed to skip any portion of the demographic collection they did not wish to complete.

Non-Participants

There were a total of 19 women who called to volunteer for the study. Saturation occurred around the 11th or 12th interview. Thirteen women in total were interviewed. The other six were not interviewed due to either scheduling conflicts, multiple cancellations on the part of the interviewees, or transportation challenges/issues on the part of the interviewees.

Data Collection

Consistent with the Glaserian approach regarding theoretical sampling and data collection, multiple sources of data was utilized for this study (Glaser & Strauss, 1967a; Glaser, 1978, 1992, 1998, 2001). Specifically, the most prominent source of data was the audio taped and transcribed interviews from each participant. Other sources included

were published, written narratives, and available, current media sources such as newspaper, magazine clips and the internet.

Interviewing Procedure

Human subjects review and informed consent.

This study was reviewed and approved by the Institutional Review Board (IRB) of the University of Washington. Modifications to the original proposal were made as the researcher had to agree not to keep any identifying information such as names and phone numbers for future member checks. The researcher also had to agree not to record the participants' names or signatures on an informed consent. Instead of an informed consent, an information statement was utilized. See appendix D. All suggestions for modifications were followed and all procedures accepted in their final form were adhered to.

After the University of Washington's Human Subjects Committee approval was received, the study was reviewed by all required personnel at the sites suggested for involvement in the recruitment of subjects. Those sites include the GLBT Community Center, Seattle area gay and lesbian bars, and the SGN and Stranger newspapers.

Prior to all interviews, an Information Statement was offered to and read by the participant and signed by the researcher. The participant was then given the opportunity and time to ask any questions regarding the Information Statement or the study in general. The Information Statement was then given to the participant to keep to provide information and following up contact information that may be needed about the study in the future. The researcher was required by the IRB to protect the privacy of the interviewees by withholding their names and other identifying characteristics from any

and all persons not directly associated with the transcription of this particular research study audio tapes. The transcriptionist was required not to transcribe any names onto a hard copy Word document. The researcher was required to destroy the audio tapes as soon as possible following the transcription of the interviews. The researcher was only able to use information from this research project for doctoral dissertation purposes, educational purposes, and potential publications that may follow. No identifiable features of the interviewees' identities were ever or will ever be included in future work. The original transcripts are regarded and kept as confidential data in a locked file. Each of the transcriptions are identified by a code letter and number only.

Compensation to participants.

Each participant was given two movie passes to a local theatre in the metropolitan Seattle area immediately after the Information Statement was signed. No additional follow up interviews were allowed to be conducted by the IRB.

Audio taped interviews.

The researcher audio taped each interview. Each interview was then transcribed by a professional transcriptionist who was instructed not to transcribe any proper names. A software program by the name of N6 was initially utilized to code the data. The use of the software program N6 was eventually abandoned as the researcher found it less useful to use for Grounded Theory than anticipated. The location of the interviews varied but all took place in a safe, private, secure location agreed to by both the participant and the researcher. Only the researcher and participant were present at each interview. Each interview location was planned and agreed upon during the initial phone contact made by the volunteering participant. All attempts were made to provide an interview in a setting

that was comfortable, private, and safe, both for the participant and the interviewer. After reading, agreeing to, and accepting the Information Statement, the interviewee was asked if it was now acceptable to begin the audio taping. Each interviewee agreed to be audio taped after receiving the Information Statement and the audio taping began at that time. One participant also brought her own audio tape recorder and tape in order to be able to use her own interview for her own personal potential future “freelance writing”.

An open ended, non probing, request began each interview. Each participant was reminded that she was chosen for this research because she self identified as a mid life lesbian or bisexual woman who harbors concerns regarding her past or present alcohol consumption. She then was asked to begin her story in the manner in which she chose. The request made by the researcher was, “Please tell me about your life experience regarding the consumption alcohol.”

The researcher only asked questions or made comments regarding the information that was directly offered by the participant. The first two interviews were openly coded. As more participants were interviewed, selective (or theoretical) coding began as the circular process of data analysis continued. After the first two interviews, the interviewer began to mention specific responses that emerged from previous interviews. This allowed the researcher to pursue additional information from the new participants regarding categories that had emerged from previous interviews.

Data Analysis

Transcription of Interviews

A transcriptionist was used to transcribe the audio taped interview onto a Word document. All interviews were typed verbatim. The transcriptionist was instructed not to

transcribe any proper names as per agreement with the IRB. Each interviewee was given a code letter and number known only to the researcher before the tape was given to the transcriptionist.

Coding and Constant Comparison

As mentioned, the research began with open coding of the first two interviews. Specifically, this is “the analytical process through which concepts are identified and their properties and dimensions are discovered in” the data (Strauss & Corbin, 1998, p. 101). Glaser coined the term “running the data open” (Glaser, 1978, p. 56). A major goal, especially during the open coding process, was to use a method that promoted a high degree of sortibility as well as flexibility.

The first two interviews were openly coded, meaning that anything and everything that could have possibly become a category relating to lesbians and alcoholism was highlighted. After the first two interviews were openly coded, selective coding began, but some of the data continued to be openly coded as well. There was not a clear and finite line between when open coding ended and selective coding began. It became more of a blurred boundary in which eventually, by the fourth and fifth interviews, transcripts were selectively coded only.

Glaser offered generic questions to assist the researcher when freely labeling the components of the initial interview/s (1978). The following general questions were utilized to guide the researcher while analyzing the data line by line:

- What are these data a study of?
- What category does this incident indicate?
- What is actually happening in the data?

Coding simultaneously took place with memoing. The researcher consistently kept track of ideas or “exhausted the momentary ideation” that was stimulated during the coding process by recording memos (Glaser, 1978, p. 84). As certain codes began to emerge and be repeated, selective coding (theoretical coding) took place in which only the data that related to the potential core category/ies were considered for analysis.

Utilizing constant comparative analysis, the researcher delimited the data to one core variable or basic social process (BSP) or condition by the seventh and eighth interview. There were actually two very strong concepts that seemed to be competing for the BSP, but as the interviews continued, it became evident to the researcher and to the dissertation chair that the most generally dominating and overarching BSP that emerged was “Disconnecting from Authentic Self”. At this stage of the analytical process, the memos became more focused and the data began to look more integrated. At the same time, gaps in the information gathered began to be illuminated. This is the point at which the researcher began the process of theoretical sampling in order to attempt to fill in those gaps.

Saturation

Saturation occurred when no new categories related to the BSP was developed. It is important to note that the same sampling techniques that ensure the quality of a quantitative study are not used with GTM (Morse, 1989; 2001b). The number of interviews required in order for the goal of saturation to be achieved varies greatly from one grounded theory study to another. Research reviewed by this author varied from n=12 to n=127 (Beck, 1993; Hutchinson, 1984; May, 2001). The mode, or most frequently occurring sample number in GTM studies, was 12. It was the goal of this

researcher to accomplish saturation in a timely manner, while at the same time remaining conscious of the temptation to force or hurry the process.

The phenomenon that Glaser described as “going from a feeling of dissonance to a feeling of satisfaction with the data” was heavily relied upon (1978, p.125). Glaser described that the theorist will attain saturation along with or as well as the data. The researcher for this grounded theory study trusted in this process as outlined by its originator and eventually, this phenomenon did occur around the 11th or 12th interview. The researcher did conduct one more interview for a total of 13; ensuring that saturation was truly reached.

Demographic Background

The following demographic information is provided to assist the reader in understanding some of the relevant characteristics of the women who participated in the interviews for this study. All of the information provided was directly obtained via self-report from the interviewees. The average age of the participants was 49 years, with a range of 43 to 62 years. The average amount of years the participants consumed alcohol was 22 years, with a range of 10 to 35 years. Most of the women (N=12) stated that they were in recovery from alcohol addiction with the average time spent in recovery being 14 years, with a range of 4 to 26 years. One half of the women who were in recovery (6) have been in and out of recovery multiple times, experiencing varying times and lengths of relapse. All of the participants identified as lesbian but one woman, who identified as bisexual. The woman who identified as a bisexual, however, was presently in a committed, monogamous, lesbian relationship at the time of her interview. The age at which each individual identified as a lesbian varied greatly from 13 years of age to 49

Table 1: *Demographics*

Demographic	Range		Mean	Median	Mode
	Min	Max			
Age	43	62	49	47	44
Age Self as Lesbian ¹	13	49	30	29.5	29, 39
Years of Alcohol Consumption	10	35	22	21	25
Years in Recovery ²	4	26	14	14.5	15, 21
# of Relapses ²	0	20	4	0.5	0

¹ One woman self identified as bisexual, now in lesbian relationship

² One woman reported she was presently abusing alcohol

years of age. Most (11) of the participants presently live within a major city limit in the northwest United States. Suburban living was the experience of 9 of the participants, while rural living was the experience of 6 of them. Most of the participants described themselves as totally or partially Caucasian. Two women described themselves as being from mixed Native American heritage, and another described her mixed ethnicity to include Japanese descent. All were at least high school graduates and their level of education ranged from some college courses completed to one woman who earned 2 PhDs and 2 Master's Degrees. Seven women considered themselves to be in a long term, same sex, intimate relationship, five were not presently in one, but were at one time, and

two of the five women who were not presently in one wanted to be. Most (N=12) had experienced sexual abuse by a relative/family member as a child or adolescent. Nine reported taking drugs recreationally in the past. Finally, 10 women reported that someone in their immediate family is presently or has been addicted to alcohol.

About the Interviews

All 13 interviews took place between October 31, 2004 and January 23, 2005. The interviewer arranged to meet each participant at the earliest time and date that was available to both the interviewer and the participant. Most interviews were conducted in a timely manner, that being within two weeks of the participant's first phone call to the interviewer. All of the interviews were conducted privately and in person, in a safe and secure location, with only the participant and the interviewer present.

The time it took to complete each of the taped portions of the interviews ranged from 45 minutes to 105 minutes with the majority taking approximately 85 minutes. The interviewer remained sensitive to the emotional nature of the stories being told and made sure to discuss any ideation of suicide with those that mentioned it, reported a history of it, or were emotionally upset by the telling of their story. A specific five step protocol for use in de-escalating suicide ideation was available at the interview site for the interviewer to use with any individual who may have needed it. The suicide de-escalation protocol contained a step by step outline that was approved by the Human Subjects Review Board at the University of Washington. This protocol never had to be used, but can be found in Appendix E.

A list of counselors for future reference was also offered to any individuals interested in follow up by a professional who specializes in substance abuse issues. This

list can be found in Appendix E. An information statement was used in place of a signed informed consent in order to have no record of the participant once the interview was completed. This statement can be found in Appendix D. It was made clear to each participant in the information statement that the researcher was not financially responsible for any future appointments made with any of the counselors listed, should the participant choose to enter a therapeutic relationship with any of them. The participant read the statement, it was signed and dated by the researcher, and the participant took possession of the statement for any future reference that may have been needed. Those that accepted the list of counselors expressed gratitude for the referrals and were heartened to know that there were therapists available locally that were particularly sensitive to their sexual orientation issues as well as their issues relating to their alcohol use.

Each participant was reminded at the beginning of her interview that she could end her story at any time. They were also told that they were free to not answer any of the questions asked on the demographic sheet that followed the interview. They were offered a trip to the ladies' room before and after the interview, were provided with two movie passes as indicated on the original flyer before they began to tell their story, and were offered bottled water to keep by their side throughout the interview.

As previously mentioned, the interviewer was instructed by the Human Subjects Review Board to maintain no link and or any identifiable connection (such as a name or phone number) with the subjects after the interview was completed. No follow up phone calls or conversations took place with any of the interviewees. In order to utilize the

method of trustworthiness produced by “member checking”, the interviewer brought the emerging substantive theory to new participants as theoretical sampling began.

Each audio taped interview was transcribed by a professional transcriptionist. As per agreement with the IRB, the transcriptionist was instructed that the transcription needed to be completed in a timely manner and the audio tapes needed to be destroyed within a two week period after transcription. The transcriptionist returned all audio tapes to the researcher with the transcribed interview intact. The researcher immediately erased the tapes. This was also in accordance with the IRB instructions to the researcher. No names, either referring to the interviewee or others, were ever transcribed. The researcher assigned each interviewee and corresponding tape a code letter and number combination. No connection of any interviewee’s name to any of the coded interviews has been maintained or stored.

One interviewee requested that she tape her interview along with the researcher, for her possible future recollection. This interviewee is the only one who potentially still has possession of her particular interview on audio tape.

Summary

Provided in this Chapter III was a discussion regarding the explorative study design of this grounded theory research. The rationale supporting the foundational philosophic framework of SI was also presented. Demographic background of the interviewees was presented as well as a description of the interview methods. Specific findings of the study performed are reviewed in Chapter IV.

CHAPTER IV

FINDINGS

Within this chapter are the findings from this explorative, grounded theory study of midlife and older lesbian and bisexual women who harbor concerns regarding their alcohol consumption. There were 13 women interviewed, 12 of whom identified as lesbian and one who identified as bisexual. The bisexual interviewee was in a committed, long term, lesbian relationship at the time of the interview, thus behaviorally, she was a lesbian. For ease of discussion and protection of anonymity, data from the bisexual interviewee will be incorporated into the rest of the data collected from the lesbian interviewees. From here forward all interviewees will be referred to as lesbian. The substantive grounded theory is presented followed by the main body of this chapter which contains the specific study findings.

There were 13 women who responded to a request to share their experiences of being a midlife lesbian or bisexual woman who harbored or harbors concerns regarding her alcohol consumption. What I learned from them was that the expression of feeling “disconnected from their authentic selves” was a term that captured and encapsulated the experiences they had while abusing alcohol and identifying or attempting to identify as a lesbian woman. Therefore, the grounded theory that emerged from the data collected from this research is as follows: When midlife and older lesbians abuse alcohol, they are disconnecting from their authentic self. In the following paragraphs, I will clarify what is meant by “alcohol abuse”, “disconnecting”, and “authentic self”.

Regarding the term “alcohol abuse”, when they called to volunteer for an interview all of the women self identified as having concerns about their alcohol

consumption. During each interview session, all of the women identified further that they indeed went beyond what would be considered as “having a concern” about their alcohol consumption to acknowledging that they abused alcohol. All of the women interviewed were in various stages of recovery from alcohol addiction except for one who admittedly was still abusing alcohol as well as other substances. This woman did state, however, that she was clean and sober for more than the last 24 hours before her interview.

The term “disconnecting” was chosen to encapsulate all other synonyms because it was directly used by some of the interviewees and clearly captured the meaning of additional terms used by others. The most dominating disconnect for most of the women, was a disconnection from their identity as a lesbian. Each of the women offered that they identified as lesbian and for some of them, part of their identity included various other roles such as wife, partner, and mother. Alcohol abuse was the common substance used and method by which each of the women disconnected. Other parts of the authentic self that were not as socially marginalized as their lesbian identity were described differently by various women from different stages of their lives. In other words, besides being disconnected from their lesbian identity while abusing alcohol, they also experienced disconnection from their other identities or roles such as student, wife, business woman, and mother.

Concerning the term “authentic self”, the authentic lesbian self identity was the most prominent disconnection women felt as they abused alcohol. There were other areas descriptive of their authentic self that did not exclude their lesbian identity. Those areas included the authentic self that identifies as an emotionally available person who is a

valuable, contributing member of society. Other various ways that described authentic self included a self that attempts to operate from a high level of moral integrity and self worth. In contrast, the interviews were fraught with terms used by the women to describe themselves like “ashamed”, “sexually abused”, “homophobic”, “unconscious”, “self-loathing”, and “suicidal”. Alcohol was the common denominator as the substance abused by each of these women. It was the substance used either to initiate the disconnection from their authentic selves or it was the substance used because of their already present experience of disconnection.

As mentioned in Chapter III, Glaser used the term “basic social processes” (BSP) to describe patterns of concepts that exist within the data and relate to a core category (Glaser, 1978, p. 94). The core category in this study is represented by the umbrella term, or overarching BSP, that was identified in each of the participants’ stories. That core category was “Abusing alcohol to disconnect from an authentic self whose life and identity is lesbian”.

After all of the interviews were completed, there were a total of six major categories that were captured under or summed up by the umbrella term of “Disconnecting from Authentic Self”. Those categories were as follows: Getting Married, Having Children, Disassociating, Demoralizing, Emotionally Blacking Out, and Living a Lie. Living a Lie contained within it the following two sub-categories: Keeping the Closet Door Shut and Keeping the Closet Door Open.

In the remaining sections, the letter and number in parenthesis following a quote indicates the interviewee’s coded identity. This is included at the end of a quote in order to demonstrate similar responses provided by a variety of respondents.

Disconnecting from Authentic Self

The women referred to disconnection or synonyms for disconnection more than any other concept. They gave multiple and varying examples of disconnection as it related to aspects of the self, their families, their partnerships, other roles they played in their lives, characteristics of integrity, a variety of valid emotions, and their sexual expression. The actual term “disconnecting” was used by a few of the women. At times, other “d” words were used which curiously were synonyms of disconnecting such as disappearing, detaching, dissolving, disjointing, dissociating, dividing, demoralizing, and disengaging. The term “disconnecting” was chosen as the key concept in this study because it was the most appropriate BSP that represented the description of a separated self which also was a valid description of all other terms used by the respondents.

One example in which an interviewee used the term “disconnect” is as follows;

Alcohol would help me disconnect from who I was and not just that I was a lesbian having sex with a man, but that I had been abused as a child and now having sex with a man, it helped me have sex...and I wasn't present. I have memories of seeing myself floating on the ceiling watching myself have sex with this guy and it's not me...alcohol let me, gave me the ability to do those things. (S-13)

Disconnecting from authentic self was conceptualized on a continuum ranging from no disconnection to severe and paralyzing disconnection. There was a variety of disconnecting experiences reported in their stories. For example, one woman reported having a history of a psychiatric diagnosis, Multiple Personality Disorder, representing one extreme end of disconnecting from the authentic self. The other extreme of

disconnection was the least troublesome. It was represented by a woman who reported not relating her alcohol abuse whatsoever to her identity as a lesbian. She stated, "I did not ever have those conscious thoughts...I just drank because I was addicted to alcohol and I wasn't trying to cover up anything other than covering up drinking with my drinking." (D-9). She stated she was born an alcoholic of alcoholic parents, and being a lesbian had nothing to do with it. Of interest is that this woman was an outlier in more than this aspect. She was also the only woman that did not report sexual abuse by a relative or family member in her early developmental years.

Causes for Disconnection from Authentic Self

Lesbian Identity

In this study, the most centrally prevalent concept at the core of each of the interviewee's disconnection from their authentic self was their lesbian identity. One woman stated, "I would have sex with people and be a million miles away. The hardest part for me sexually was staying present in my body and conscious and having sex." (K-8). For all but one lesbian questioned, this disconnect was a result of a feeling of incongruence with who they were inside and how they were supposed to feel and act outwardly.

At 13 is when I had my first drink. My first drink was my first drunk...I drank not to feel...there was confusion...I always knew that I was different. I knew that there was an attraction to women that wasn't...I just knew that I felt different. As I got older the drinking wasn't anymore really about the sexual abuse, it was about being lesbian and being in a

straight society...with a lot of my drinking I started to numb out...I did it so I didn't feel. (S-13).

One woman's description went like this, "I was out inside, but not outside because where I grew up, you best not say anything, or act upon anything, but you feel inside I am different." (R-11). Another woman said, "All through high school there was like, I lived like a dual life, and there was like this battle going on inside of me." (A-4).

Another stated, "What I found out is that when I had sex with men...I had power...I'm not getting married to anyone because I'm so not interested in guys in that regard at all." (C-1). She eventually did marry one of those men and stayed married in a tumultuous relationship for 11 years, drinking, drugging, and having sex with women the entire time.

Another woman shared, "...my self esteem plummeted...I didn't even like him and I got totally involved with him, got very sexual with him, and ended up marrying him six months later." (M-10). She eventually divorced this man after she fell in love with her minister's wife.

One woman reported drinking to kill the emotional pain of falling in love with a woman while being married to a man;

I found out alcohol helped...I was deliberately squelching feelings by drinking. I didn't address matters of sexuality...I didn't tell my therapist...I felt things for grade school people (in fifth or sixth grade)...and it's just that there was no framework for it then, and I'd credited my disinterest for the boys in high school to my being this brain...a nerd...I had come to terms with my feelings for women because

it was sort of like this light that went on...I have been drinking a lot more ever since...I started acknowledging this and it was really hard...a lot of very strong protest against it from my own part. (M-7).

For 10 out of 13 women, disconnection was a norm they grew up with because they grew up in alcoholic families. They reported that **not** expressing themselves genuinely was what was rewarded in their parents' home and conversely, they were punished for communicating honestly and authentically. Even before one of the women knew she was a lesbian, her parents had feared she may be one as they identified her "tomboy tendencies". They took every opportunity they could to teach her to **not** express herself authentically, **especially** if that meant being a lesbian;

I was 14...we were walking down the street and...my parents came after me and said, 'those are lesbians, they are really bad people'...my parents started accusing me of being a lesbian, well, my dad in particular. I had a girlfriend, you know, innocent, in high school...I would spend the night over at her house, trying to get out of my house. She never stayed over at my house because it was a little too crazy, although both her parents were alcoholics too. My dad accused me of sleeping with her and...I was very upset like why was he sexualizing this relationship that was just friends? And he read sex into everything and he went into this crusade to make me straight and so he started showing me pornographic films and he would show them when I had a date with a guy, like, let's go ahead and look at pornographic films before you go out on a date with my daughter. (D-6)

Regarding the few women who did not grow up in an alcoholic family, their lesbian identity and internalized homophobia remained the most dominant reason for disconnecting. Religion seemed to play just as harmful a role as alcoholism in some of the women's lives;

I grew up in a large family that was very religious, and it was a serious problem when I started liking girls. It was a real serious problem for my family and they really tried to change me and get me to change and get me to see that that was very harmful and wrong...it wasn't consistent with the Bible teachings and so on and so forth. And so it kind of began a series of this really self-loathing. I began to really start not liking myself. (S-5)

One woman shared, "I started drinking...specifically to kill pain, emotional pain...I had decided to leave the convent...I was suicidal at that point because it was so painful to me...I found out that alcohol helped." (M-7). Another spoke of a "Very, very strict Christian upbringing...so there was a lot of guilt on top of all that." (S-13). One lesbian reported that she went to a private Christian school all the while acting out sexually with her best girlfriend at 13. She stated she was involved in fundamental Baptist churches most of her life;

I led a dual life, and there was this battle going on inside of me... I became aware that there were things happening in my body that I never experienced before and it just scared the hell out of me...we regularly heard that homosexuality was a sin and you were going to hell...I was also sexually abused by my pastor. (A-4)

Effect of Alcohol Use

Another reason women gave that they felt disconnected was directly connected to abusing alcohol because it altered their perception of reality. It was a chemical substance that disconnected them in a very real and physical way. Many described times in which they were completely “blacked out”. They could recall nothing from these periods and lost blocks of time because of it. They woke up next to people they did not know, male and female. They woke up in places they did not know and did not know how they got there (or how they were going to get out). “I blacked out and two hours later I found myself literally on the railroad tracks in the industrial district and waking up going what the hell was that?” (K-8). Another woman describes a black out while she was married and having an affair with a woman;

When my family came home I was on the bedroom floor, I’d thrown up, defecated in my pants, I had broken the shower glass door, there was blood on it from crashing into it...and ended up in my bedroom on the floor and I ‘came to’ the next day. (D-9)

One woman describing herself as a heavy user stated:

My partner of 12 and 1/2 years... said that when I drank, she said I would disappear and she said that she would try and make me aware that I was drinking too much. And she said I would only drink faster. So I would always drink to the point of blacking out. (S-12)

Another woman describes her first drink that initiated a disconnecting pattern of blacking out whenever she would drink:

I know from the very first time that I started drinking it that I loved it. I loved the feeling. I loved the effect. That night I made an ass of myself, so I heard, obviously I blacked out the very first time I drank. On the dance floor I threw up, and I know that because I had vomit all over my outfit and I lied about what I had done. (C-1)

Another woman said, “When I moved back to Seattle I had started having blackouts and waking up in my car...my car was bashed in and I couldn’t remember it happening, my neighbor’s fence would be in a ditch, that kind of thing.” (K-2).

Some spoke of the irreparable damage done to themselves and others because of their drinking. The harms done included both health challenges for themselves and relationship challenges with others that linger to this day. One woman spoke of the distress she caused her children because of her disconnection from them while she was drinking. Another recalled her children running around wild for years without any guidance and without her conscious presence;

We were up on the roof drinking, and somebody said ‘whose kids are those down there?’ and it’s like nobody even cares about them. They’re running around like little banshees and I looked down and of course they were mine and I just went ‘time to have another drink’. (C-1).

This is an excellent example of how this woman was not only disconnected from her children and responsibilities in an emotional way because of her alcohol abuse, but as she sat on the roof, she was also physically disconnected from the main party going on in the house and the celebration that was going on with other lesbians.

Family of Origin/Childhood Issues

A third major cause for disconnection was family of origin/childhood issues. As previously stated, only one participant in this study did not report some form of sexual abuse by an immediate relative or family member. Most (10 out of 13) of the women came from alcoholic parents. One woman described part of her childhood experience involved being her mother's caregiver. She described her mother as a "practicing alcoholic". She went on to portray her entire family as very dysfunctional. She reported that her older sister and brother were emotionally and mentally abusive to her. She depicted herself as her mother's object. "I had no identity, I had no self worth, and I had no coping mechanisms or tools...and basically not anyone to turn to. I had raised my mother and I've always said I did a really lousy job." (M-3). She continued to tell the story of her family of origin that was wrought with abandonment, rejection, sexual, mental, and physical abuse. She started drinking at age four and learned early on, "that it was OK to drink and drink heavily...it seemed to relieve a whole lot of pain." (M-3).

One woman stated that her parents had a lot of cocktail parties in which she and her brother were assigned the task of collecting the empty glasses during those parties. She reported that she started drinking during these parties at the age of seven. Her brother-in-law sexually abused her from the age of 12 until she was 15. She never received any emotional support from her family, even after she told her dad of the sexual abuse by the brother-in-law. She recalled that no one in her family ever told her that they loved her. At the age of 15 she found refuge in and was drawn to what appeared for her to be loving support from a local Baptist church and it is at that time in her life that she described beginning to live a "dual life". (A-4). In order to receive this loving support

from her surrogate church/family, she needed to disassociate from the part of her that was recognizing the emotional and physical connections she desired to make with her same sex relationships. As time went on, the incongruence grew because by day she was a woman who appeared to follow the tenants of a strict fundamental Baptist church, and by night she was a lesbian looking for validation through sexual relationships with other woman, drinking in excess the entire time.

One woman told her story that included growing up in an abusive alcoholic family where drinking was the norm. Her dad came home from a night of drinking and undoubtedly, “weird stuff would happen” (M-10). She described incidences of her dad abusing her, her siblings, and her mom. She portrayed that her family life was like living in a tornado, in a constant atmosphere of fear. She told of recurrent childhood nightmares and terrors in which everything would be silent and peaceful and then all of a sudden a tornado would blow through and blow everything away. Her earliest memory of drinking was at the age of two.

Another woman described her family of origin as, “extremely abusive in all manner of speaking. My brother and my father were perpetrators...I was the idiot of the family and my mother made that quite plain...I would sneak alcohol.” (R-11).

There was another woman who stated she “fell into” a very “legalistic, fundamental church” in order to be a “normal” Christian woman and have a surrogate family that would love her. At the same time she was feeling that she was very different inside and would not be accepted by this surrogate family if they knew about her “difference”.

One woman remembered her dad making wine at home and having her squish the grapes with her bare feet. Every night he would come home from work and have her make him a whiskey and water and she had to make it “just so”. She took pride in being able to make it “just so” and he gave her whiskey and water to drink as a reward before the age of 10. (S-12).

One woman described her older brother and her uncle as her sexual abusers at the age of 10. At first, she drank not to feel the psychic pain caused by the sexual abuse. As she got older, she drank not to feel the psychic pain of being a lesbian. She described her drinking as a “survival technique” (S-13).

Categories of Disconnection

Getting Married

A few of the women interviewed had previously been married in heterosexual relationships either before, after, or during the time that they identified as lesbian. All of the women interviewed were over 40 years of age. The reason this age group was chosen for this particular study is that those who are 40 years old or older grew up at a time in which being a lesbian may not have been as acceptable a “choice” for them as it may be for some younger women today. As one 57 year old woman, referring to her attraction to girls in her junior high school stated, “There was no framework for it then” (M-7).

Embracing homosexuality as an orientation rather than a choice is still not universally accepted in the United States. It was much less common and accepted when these women were first discovering and dealing with their own sexual identity, intimacy needs, and emotional desires.

The majority had been married to a man at a previous time in their lives; one woman was still married. This was a major area of disconnect. They described the need to be disconnected from their authentic selves in order to do what was expected of them by their families and/or society, to be married to a man. They did what was anticipated for them as an automatic response, without the desire to do so themselves. Eventually they realized that they were in a marriage in which they experienced no connection to their partners or to themselves on multiple levels. One woman admitted;

The first night I went out with him I called my mom and said, 'mom, I have met the perfect man for you and I'm going to marry him.' It is so sad, because I mean in hindsight it is so evident that I was doing it because I was in my senior year and, what am I going to do? I don't have a career, I am not going to graduate...I really upped my drinking every night. (C-1)

One woman stated that the norm in her family was to start drinking around noon. She found it helped her not to be so withdrawn and shy. She was able to be more extroverted and found this worked well for her. She reported having "no clue" about her sexual identity, that she;

just wanted to fit in, so I eventually married a man when I was 20. He encouraged my drinking because one of his major statements was, 'I know you're shy, other's don't'. So he'd always give me at least two drinks before we'd have to go to one of his social business things. So I would proceed to get pretty drunk at almost every thing...I stayed married for 13 years, I had two children. I knew my drinking was out of control and at times I'm amazed I did not die from alcohol poisoning. I would drink up

to a half a case of beer a day and then in the evenings almost half of a fifth of scotch...I was dysfunctional and my marriage was disintegrating. (M-3)

Another woman told her story of the continuing struggle with her sexual orientation and the condemnation of it according to the bible and the people she chose to associate with in her past. She continued for years experiencing disconnection, then connection, then disconnection again from her authentic lesbian self identity. She went back and forth from proclaiming her homosexuality proudly to renouncing it with shame and stating publicly that she was “delivered” from it by God;

So I decided I wanted to start dating men. I joined...Equally Yoked. It's a Christian dating service. I went out with every single guy that gave me an invitation...I met this guy who was very charismatic, he was very loving and we got married...in Las Vegas...he bought a six pack, and he sat and he drank the whole thing...Immediately his behavior changed...and we actually lived together after being married for 28 days. He would come home drunk...he got violent on the 28th day and I had to leave. (A-4)

She eventually left the fundamental Christian Church and the friends and counselors that went along with it. Her struggles continue as she recently has joined the Catholic Church, hoping to find acceptance. She stated that she is presently realizing that she is experiencing verbal affirmation of acceptance, but feels on some level that it is expected that she not act upon her sexual identity behaviorally.

One woman who is still married spoke of a “multi level identity crisis” and her inner conflict which involved her commitment to her husband;

thank goodness there is that complicated model we have—identity, behavior...you know, understanding my responses to people, the only place that I felt that powerful response where all of the love songs make sense, it has been my response to women...I've never fallen for men in that way. I am married to the same man, the boy next door when I was 9 years old, and we share a lot of family history and stuff like that, and he's completely supportive of whatever...he just wants to stay in my orbit. (M-7)

Another woman described the circumstances under which she decided to marry; I had more experiences with women but it wasn't really long relationships, it was enamored infatuations, stuff like that. Then I dropped acid and met my husband. That was our first date, we dropped acid, we were married two weeks later...and we drank and drugged for 10 years. (K-8)

One woman describes how she ended up marrying a man that raped her during a black out;

I think I freaked my friends out to the point that they didn't now what to do and I couldn't even remember what had happened so I don't even think I realized I'd been raped until much later...he said to me you better marry me because nobody else is gonna marry you...I grew up in a small rural town where...all the girls except for maybe two or three, and I was one of them...were either married, had a baby, were in a committed relationship, or all three by the time they graduated high school. (M-10)

Another woman spoke of her years in a fundamental Christian church and the pressure to conform that she felt was expected of her. The disconnection she described during the actual marriage ceremony was so severe that she had to look at the pictures of the ceremony and reception to later remember any part of the event. She described herself as experiencing a high degree of dissociation;

I was not prepared in any way, shape or form. I was in shock...being married was hell...It took me almost five years...the light went on in my brain saying I need to leave or I'm gonna die...during the time that I was married I did attempt to take my own life...I left, I started drinking more
(R-11)

The last example of disconnection as it related to a lesbian getting married to a man comes from a woman who had attempted suicide multiple times in her life. She described a time in her life when she;

Pushed back that I was gay and it wasn't gonna be that way and I was gonna go on with my life and be straight. And so I did and I drank throughout...I was an alcoholic, but that wasn't even in my mind at all...I'd go to therapy drunk all the time...I slept at the bar...so I'd go and I'd be drunk and we wouldn't talk and I'd sit there and look at the therapist half the time and I didn't get a whole lot accomplished...I was pretty screwed up. I wasn't being who I was so I was drinking over that,...so I went on my way...met a guy, a black man...he was a wonderful man, he still is...and we ended up getting married...I got so drunk at the reception that we had to pull over on I-5 so I could throw

up...so drunk...I married, this is what you're supposed to do...oh I drank and drank and drank...we're having sex on a regular basis because that's what you do when you're married and I'm not enjoying this one bit at all...but I'm a lesbian, I'm with a man, this is not working and probably a year into the marriage it starts to get really evident...I'm with a man, I should be not in this marriage, I should never have gotten married...I drank to have sex, I drank to be able to sleep with the man, I drank to be able to do it...I hated sex with him, hated it...and he was a fabulous...he would make some woman just totally happy I'm sure. (S-13)

Having Children

The women who had children reported that when they drank, they were disconnected from the reality of their emotional attachment to their children and their responsibilities as a mom. This was what could be described as a maternal absence or disconnection. Some stated that it was a miracle that their children grew up relatively healthy and others stated that their children are still affected by their maternal disconnection of the past. Some are still trying to make it up to them.

One of the women stated that from the start, her motive for having children did not come from her own maternal instincts or desires, but because of her love for her girlfriends. It was her girlfriends who wanted her to have children. In addition, she was so disconnected from her authentic self that her priority during pregnancy was to justify how she could continue to drink while being pregnant;

My two best girlfriends wanted me to have kids because they love babies. So, I had three of them for them. And that's when I realized how bad my

drinking was...I read everything I could get on if you could drink when you were pregnant...I wanted to find out how much I could drink...I remember obsessing about it a lot. (C-1)

One woman stated that she had two children. They were both affected physically by her drinking while she was pregnant. Also presently, there continues to be emotional challenges amongst them because of her coming out as a lesbian and their homophobia;

I had two children...our daughter was born with some birth issues...my children were distressed and I had nowhere to turn for help...he left me with the two kids, still drinking. I had no identity, I had no self worth, and I had no coping mechanisms or tools and basically no one to turn to. I detoxed myself...I had nowhere to go...I had to talk to the kids and let them know what I was doing...My son poured vinegar in the scotch I had. Now here was a 10 year old little boy trying to help me. (M-3)

Another woman who is a mother of three reports times of severe maternal disconnection;

I would drive the car with my children in itdrunk, very drunk. I remember at times I would have my kids drive my car home when they were only like eight or nine years old from a party I'd been to or something. I'd drive with other children in the car, and I was totally unable to stop that awful feeling every day like what am I gonna do, what am I going to do? (D-9)

One woman portrayed a similar disconnected time in her married life while drinking and being a mother. She was depressed and drinking alcohol, her liquid

depressant. She describes time spent being married as being akin to being asleep and she came dangerously close to physically hurting her son;

We had this weird relationship for 10 years. We had two kids out of this relationship and I remember not having the inkling, I mean I was pretty like 'asleep' most of my life I think just to deal with it...I had post partum depression really bad, to the point that I just could not handle the kid at all...I mean I remember one time I took him and I just bopped him in the bed, and it could have hurt him, but at that point I was so crazy with my life. (M-10)

Disassociating

Some women described the disconnected times during their drinking as being dissociating or disassociating. It was a term they related to the compartmentalizing and fragmenting they did within their lives. Some described living different lives simultaneously without intersect. It was a word they used that depicted a disconnection from their authentic self as a lesbian as well as other roles in their lives. During these disassociating times, most of them described an atmosphere of chaos and turmoil. One woman depicted that the most disassociating time in her life was when she was drinking heavily while married and living with her husband, her children, and her girlfriend/lover, all under the same roof. Her lover wanted to get pregnant so she decided she would use her husband's sperm to inseminate her. Her lover became pregnant and she started having an affair with another woman. She proclaimed that she had a husband, a wife, and a mistress all at the same time. She expressed that her life was totally unmanageable and out of control and she illustrated her disconnected, fragmented self as follows;

I'm out at the leather and lace bars, I'm totally into the lesbian world, but still living this faux world of being the vice president of the parent's club. So I'm living these two lives, I mean two completely different lives...and so I'm sitting at this parents' club meeting while at the same time thinking about the previous night at the bar and thinking, oh god, did I kiss that woman? And it was so disassociating, or some word like that, I mean it was like bizarre. But of course alcohol was the common denominator all the way through this, in all my worlds. (C-1)

Another woman portrayed disassociation specifically from her spiritual self as she struggled with her lesbian identity and her abuse of alcohol. She stated she was; so disconnected from God that I couldn't even pray anymore and it was frustrating because you know I'd been through this bible college, I went to Christian schools through the eighth grade, I mean I was pretty educated as far as my faith, or at least I thought I was. And I could not sit and pray. I was angry with God...not understanding why I was like this and I wish I were dead and why would God do this to me and it's very clearly outlined in the bible that this is a sin, but I can't help...(A-4)

One woman used the term dissociation when describing how she felt as a result of the incest she experienced in her life and her abuse of substances as a coping mechanism;

I moved to Seattle...everything fell into place...before the divorce, one lady "came out" to the group and it was just like well, of course! And it wasn't long after that that I "came out" to the rest of the group...this was a group for women that have a high degree of dissociation. (R-11)

Demoralizing

As part of some of the women's stories, demoralizing events took place that caused them to disconnect from their authentic selves when they were abusing alcohol. They would do things that caused them great embarrassment and for most of them, remorse. Some of them believed that they either subconsciously or consciously cut themselves off from relating to a part of themselves as a result of being so humiliated by their actions while they were drinking. Some expressed how hard it was for them to admit to themselves the lows that they had reached. For most, it was those very demoralizing lows that brought them to sobriety and the eventual connecting with their authentic selves.

One woman acknowledged that her bottom was reached when she got audited by the IRS and they padlocked her restaurant, closing it down. It was the public humiliation and inner demoralization of this experience that brought her to her first AA meeting. "I started going to meetings and I started hearing my story, the incomprehensible demoralization, and that it comes in so many ways" (C-1).

Another woman described the demoralization she created as "crashing through life...all the money I spent and how irresponsible I was...I would sleep with men" (K-2). Her demoralizing bottom that brought her to sobriety was an incident where she and her lesbian lover had an argument and;

I just started pounding my head against the wall until it went through.

And the next day I get up and go to work, I make up some story about getting hit with a boom on a sailboat, really needing some help. So I called a friend, who suggested a therapist that she knew, and I went to her

and she said that she thought that she could help me but I needed to agree not to drink while she was seeing me. And I remember saying, 'oh, you mean like that day? No problem.' She said no, while we're working together. And I agreed, but then I found it extremely difficult to do. (K-2)

Other examples of demoralization offered by a few of the women included being admitted into psychiatric hospitals. For one woman, this included losing custody of her children. She lamented;

Without alcohol I was just a raw nerve ending. And I didn't know how to connect with people...I lived with the shame of what was going on...I was connected to Parents Without Children...it was so shameful to have your kids reject you too. (M-3)

One woman's "devastating" demoralizing bottom occurred while she was still married, after a distressing drunken night out with her married boss. Her memory was not completely intact about every event of the evening, but she did recall;

He was the big boss...his car had two flat tires. We found my car, we got a tow truck and I brought him home. And he asked to pull over and he tried it again...I'd been drunk a lot and had a lot of experiences with guys drunk, but I really felt taken advantage of...anyways, and so that pretty much blew apart my life, you know, I came home at four in the morning and my husband was in law school...I had no idea what happened....when I found out through going to the emergency room that I had had intercourse, I was just completely devastated because I couldn't quite remember. Anyway, so that was the beginning of the end of that kind of

life, I never went back to my job...I never read it, but it hit the front page of the paper. (K-8)

Another woman described her demoralizing bottom occurring when her husband and children came home to find her and the woman she was having an affair with drunk and passed out. After being caught by her husband and children, she had no thoughts relating to protecting or preserving her children's sense of security, she only had thoughts of obsession for this woman. She stated that her lover;

was awake, she was drunk, she was walking around the house naked, and they all, all my kids saw this and my ex-husband and she told him what had been going on with us. He had no clue or else he didn't want to believe it, and the kids heard that too. And so he made her leave, and so when I 'came to' she was gone and the only thing I could think about was oh my God, I've got to find her. (D-9)

Emotionally Blacking Out

Another major category of disconnection was a common experience articulated by many of the women. One woman used the term "emotionally blacking out" to describe a common and frequent experience of emotional disconnect. This phenomenon included more extreme examples they gave when they either absolutely did not remember certain events like incest, or they consciously emotionally disconnected from a scenario because it was too hard for them to stay present. They expressed evidence of emotional disconnect relating to multiple suicide attempts as well. Emotionally blacking out was described in a variety of ways by a few of them.

One woman related the color lime green in her life to disconnection from her emotions. She stated that whenever she saw the color lime green, she felt a sense of emotional separation. She remembered that lime green was the color of a room in which she was sexually abused as a child. Now, in recovery, and in therapy, she is exercising opportunities in which she is learning to embrace the color, but she describes her original disconnect as follows;

I had cut myself completely off from my emotions pretty much the whole time I was drinking and drugging and so it wasn't until I had that art therapy and really started getting in touch with all the abuse that I even had any emotions at all, and I remember a therapist saying to me we're gonna teach you how to get out of your head and into your emotions and she said your emotions are so young because you've never used them, they're eventually gonna come out...(M-10)

One woman described how disconnected emotionally she was when the insanity in her life became so unmanageable that she found herself in an in-patient alcohol and drug rehabilitation center without knowing how she got there. She stated that;

things just started getting more and more crazy...my God I've got to get out of this life...I know now what an emotional blackout is because it was two days later that I looked out the window and I saw my car...and I thought God somebody must be visiting me, maybe my wife or my girlfriend or my husband drove up to see me. And I'm looking and I'm thinking who, and they said 'no, you drove'. And I go 'no I didn't, I didn't

drive up here.’ And they go ‘yeah, you did’. I had no memory of the drive except being in the phone booth calling for directions. (C-1)

At one time or another and in varying degrees, most of the women described times of emotional disconnection while drinking as they recalled the experience of internalized homophobia. For some of the women, the experience of their own inner torture related to internalized homophobia was the main reason for their need to emotionally disconnect. For example, one lesbian described a time she was “self medicating” during a long period of binge drinking. She described her relationship with her lover as one she continued to emotionally dismiss because she could not identify herself as a lesbian. She dismissed the relationship as one in which she merely became “enmeshed in an unhealthy way” with another woman. She stated she would drink to distract her from what she was coming to terms with about her sexual identity and behavior. “I wanted to numb it out, I didn’t want to deal with it” (A-4).

One woman described her emotional disconnect as a repeated unhealthy behavior within her pseudo intimate relationships in which she was just not allowing herself to feel. She equated it to her mom modeling this emotional disconnection when she was a child. She reported that her mother didn’t believe her when she told her about her father sexually abusing her. Her mother remained emotionally unavailable to her, to her siblings, and to herself throughout her life. This emotional disconnect was the norm that she grew up to emulate (S-5).

Another woman described her emotional disconnect as coming from a place where she was “emotionally beaten down”. She described a time in her alcohol abusing life where being treated in a demeaning manner was the norm. She reported that basically

got used to it. "It's hard looking back at it to even think how awful it was, but it had turned into a pretty grim existence" (D-6).

Suicide ideations and suicide attempts were common among many of the woman. Some did not get past the ideation; others made multiple unsuccessful attempts, but harbored scars reminding them of how close they came. The suicide ideations and attempts came during times of heavy drinking and emotional disconnection. They described these times, in particular, were times in which they would deliberately squelch feelings and emotions by drinking.

One woman described times of emotional disconnect as equivalent to times of "going unconscious" while remaining conscious;

I do think that my drinking and drugging so made me unconscious that there was no way to know...I do remember actually at a point saying I was attracted to her...I just wasn't conscious. So that when I sobered up, the most difficult part for me was being more comfortable in my body, being present. I would have sex with people and be a million miles away. So the hardest part for me sexually was staying present in my body and conscious and having sex. (K-8)

Living a Lie

The last major category of disconnection is living a lie. This type of disconnection includes two very distinct and what would seem to be opposite categories. Of interest is that many of the women experienced living a lie in both of the categories at different times. Both categories involved each lesbian living a lie while drinking, not being authentic about who they were. One category describes events in which the women

would drink alcohol in excess in order to keep the closet door shut. In other words, they felt as if they identified as a lesbian and were attracted to women sexually, but suffered from such intense internalized homophobia that they could not behave sexually as a lesbian and needed to remain closeted about this aspect of self. They drank in order to have sex with men, to keep the closet door shut.

The other category was what would seem as it's opposite; they drank in order to keep the closet door open. In other words, they felt they needed an artificial chemical substance in their body to make it easier for them to overcome their internalized homophobia and be able to express themselves in identity and behavior as a lesbian.

Drinking to keep the closet door shut.

One woman reported that she did not recognize that she was living a lie, disconnected from her authentic self, until she reached sobriety. When she got sober, she was still married to a man and she came to a place in her life in which she was able to look at herself and say;

I'm an alcoholic. I bawled. I was not done with the insanity because what happened then is now I'm like oh my God I'm an alcoholic...and I start looking at my life with sober eyes and I'm like dear God, I am living a lie...my whole life is a lie...I mean, just the whole thing was like so out of control. (C-1)

From that moment forward, this woman began to eliminate the things in her life that were not congruent with her authentic lesbian self.

Another woman told her story of struggling with her internalized homophobia through out her entire life. She was one that was nurtured by Christian fundamentalist

surroundings and belief systems. She described a variety of times in her life when she went out of the closet, went back into the closet, then came back out of the closet again. She used alcohol for both purposes, depending on who she was with and who she was being at the time. As of the date of her interview, she was still struggling with her sexual identity and internalized homophobia, but remained out of the closet and sober. "I'm getting to the core of who I am and part of me is really glad about that, but part of me is really terrified about it...I am a lesbian and I don't want to start drinking or drugging" (A-4).

One woman described how "conflicted" she had been most of her life. She was married to a childhood friend, drinking to keep her closet door closed. She stated she was always using it (alcohol) to keep the door "slammed shut" and to be "acceptable". She stated that the price of her sobriety was recognizing and coming out to herself. She affirmed that she was trying to be honest on all levels. Abusing alcohol kept her sexuality "squelched down" (M-7).

Another woman who stated that she "knew she was different" from a very early age used alcohol in order "not to feel". She used it to keep the closet door shut in order to have what was considered a "normal life" and to have sex with men. She said as she got older, she knew she was a lesbian living in a straight society and drank so she couldn't feel;

Nobody was out back then...I drank to keep the closet door shut...because it wasn't the way I was brought up and it was wrong and I was going to hell and I can't be gay, I can't do this to my folks, to everybody. And it was never really a conscious thing, but I look back and that's exactly what

it was, I didn't want to be gay, I still, to tell you the truth, I don't want to be gay. I would prefer to have been straight and be able to walk down the street holding hands with my partner no matter where I go, or kiss and not be looked at...it's hard...alcohol would help me disconnect from who I was and not just that I was a lesbian having sex with a man but that I had been abused as a child. (S-13)

Lastly in this subcategory of keeping the closet door shut, one woman stated that alcohol kept her in the closet sexually, period. It did not matter whether she was having sex with a man or woman. If she was having sex, she was drinking heavily because it was what she needed to keep any type of sexual expression closeted. "Drinking and drugging just kept me completely mindless in my sexuality and I would use it to be close to people, sex, but not present at the same time...I did not know how to be consciously close" (K-8).

Drinking to keep the closet door open.

One lesbian told of her struggle within a Fundamental Christian milieu. She fought self condemnation for most of her life and she fought to get out of the closet without the use of alcohol;

I think that I felt that drinking was evil. I really felt that every time I drank it was really, really a bad, bad thing. I was harming myself in a great way...but it did make me more comfortable in my own skin to have relationships with women where I wasn't constantly judging myself all the time. (S-5)

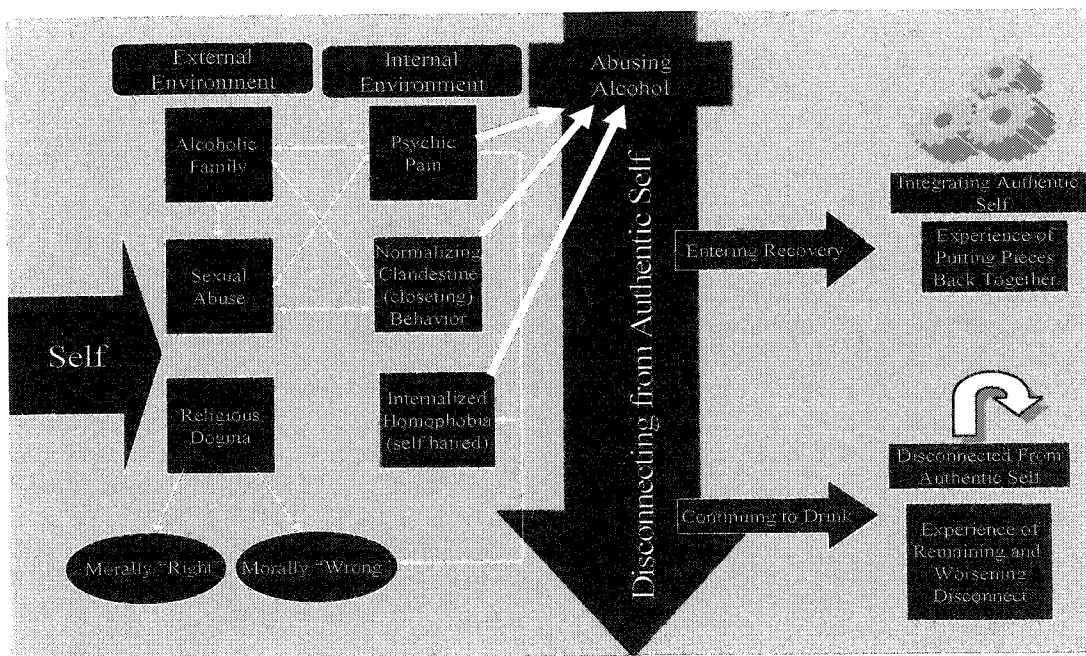
The lesbian that I would describe as the most closeted presently about her sexual identity confessed to me that she still was homophobic. During the interview, she never volunteered to utter the word “lesbian” when describing herself. She talked of her female partner and regarded herself as being “gay”, which was obviously an easier word for her to use. She told me that when she was drinking, sexual intimacy with another woman always involved alcohol. It helped to her to be OK with herself and to come out of the closet. Perhaps she remains so closeted to this day in sobriety because she no longer has alcohol to help her loosen the closet door.

There were others who told their stories of drinking heavily while exploring their homosexuality. They didn’t always use the term “closet”, but their stories conveyed a similar message that alcohol indeed was a type of emollient that made it much easier for them to be open about sexually expressing themselves with someone of the same sex. Most of them, when they were not drinking, were living closeted lives.

Ultimately, the goal of this research was to generate a theory that would account for a particular pattern of behavior among lesbian women. That pattern of behavior was abusing alcohol. The BSP which was salient to the experiences of all participants was that every one of them abused (or still abuses) alcohol either a way to disconnect or as a consequence of their disconnection from an authentic lesbian self identity. Only 1 of the 13 women reported she was still drinking. Twelve out of 13 were in a process of recovery from alcoholism in which they were no longer abusing alcohol in order to disconnect or because of their disconnection. They were all at varying levels of self acceptance regarding their lesbian identity. Their level self acceptance was inversely proportional to their level of internalized homophobia. All of them were evolving in the same direction

toward the positive goal of increasing their level of self acceptance and struggling to get past their internalized homophobia. As a result, they all were moving toward an improved connection with their authentic lesbian self.

Presented below, is a Model of the Substantive theory. The diagram illustrates in visual form, the concepts common to the participants' stories and the literature, and suggested hypothetical relationships among the concepts identified.



Model of Substantive Theory- Midlife and Older Lesbians Abusing Alcohol: Disconnecting from Their Authentic Selves

Figure 1 Model of Substantive Theory

Each woman enters into individual life experiences and is influenced by her external and internal environment. The model demonstrates the common experiences expressed by the interviewees as well as concepts identified in the literature. The various arrows represent the influences each concept has on the other and eventually directs the viewer to the woman abusing alcohol as she disconnects from her authentic self. The woman chooses to enter recovery or continue to abuse alcohol which determines both the

degree of disconnections that she experiences and her potential to experience integration of her authentic self.

Summary

Chapter IV began with the study findings from the 13 participants interviewed. Six major concepts were presented that related to the identified Basic Social Process of Disconnecting from Authentic Self. The detailed research findings and examples provided the bulk of the information for this chapter and were followed by demographic information provided in table form. In Chapter V, the purpose and specific aims of the study in relation to the findings will be reviewed. Also provided will be a discussion of the findings from the current study and the social reality lived by the interviewees as reflected by current literature, publications, and forms of communication from current, popular media.

CHAPTER V

DISCUSSION

This final chapter begins with a discussion of the purpose and aims of the dissertation, followed by a review of both Glaser's criteria for evaluation of a grounded theory as well as other criteria for evaluation of a theory generated through qualitative research. Recent and relevant research published while the study was taking place is incorporated into the discussion. Also, evidence of the societal milieu in which each participant lived is included in the form of examples of relevant media sources and popular publications. This evidence of the social climate is provided as a means of confirmation for what may have contributed to the interviewees' general feelings of alienation and disconnection. The bulk of the chapter will present the relationship between the categories of disconnection and findings from other studies, popular literature, and media forms. Finally, the chapter will close with a discussion of the limitations of the study, implications for nursing, recommendations for future research, and concluding remarks.

A Review of the Purpose and Aims of the Study

As stated in Chapter I, the purpose of this study was to develop a substantive theory of the life experience of midlife and older lesbian and bisexual women who harbor concerns regarding their past or present alcohol consumption. The first aim of this study, to obtain information directly from midlife and older lesbian and bisexual women with self-identified concerns regarding their past or present consumption of alcohol, was described in detail in Chapter III. The second and third aims were to identify concepts common to the participants' stories and the literature, and to suggest hypothetical

relationships among the concepts identified. A detailed discussion of how these two aims have been met is described in Chapter IV. Contextual information from the literature and media that reflect the social milieu are offered in this final chapter. The fourth and last aim, to explore the use of grounded theory methodology with this population of women, is also discussed in this final Chapter.

Criteria for Theory Evaluation

As stated in Chapter III, the concept of 'fit' was an important criteria that both Glaser and Strauss believed necessary when determining whether a grounded theory was well constructed (1967b; Glaser, 1978, 1992, 2001). A conceptual 'fit' helps prevent the researcher from infusing preconceived ideas into the emerging theory. The fit of the data from this study to the identified BSP and eventual grounded theory of "Disconnecting from Authentic Self" and its related subcategories was demonstrated in Chapter IV. Evidence of this fit was provided by the supporting quotations from various interviewees. The subcategories of different types of disconnections represented both the wide range and the common experiences of disconnection that the participants reported.

As the interviews progressed, women continued to verbally provide support and evidence for the emerging BSP and the various subcategories. This method was consistent with Glaser's descriptions of constant comparative analysis (1978; 1998). It was also consistent with what Sandelowski refers to as member checking (1993, 1998). 'Grab' is another method by which a grounded theory is evaluated (Glaser, 1978; 1992; 2001). It infers that the theory describes the phenomenon in an interesting and understandable way. While utilizing the circular method of constant comparative analysis, and bring the emerging categories to the participants, there was evidence of an

elevated level of enthusiasm from the participants as they were able to relate their life experiences and their stories to the succinct terms and language that others interviewed before them had used. This evidence of ‘grab’ supported the principle that the theory which eventually emerged came only from the data collected and not from the researcher’s preconceived notions.

This grounded theory produced also fairs well in the realm of how it ‘works’. In other words, it not only captures the phenomenon that is explained by the participants, but it is also able to predict what would happen with similar women in similar circumstances (Glaser, 1992). As time goes on, it is anticipated that evidence of how it ‘works’ will continue to be supported by women who share similar life experiences.

The resultant grounded theory of “Disconnecting from Authentic Self” is relevant (usable), and modifiable, which are two additional items by which a grounded theory is measured (Glaser, 1978; 1992). According to SI, the participants in the research and society as a whole are continually changing, thus the need for modifiability. As society changes, hopefully in a more progressive, accepting, and evolving manner, replicability of this study, may eventually become unlikely and/or unnecessary.

As another criterion for evaluation of this theory, the research process was made visible to the dissertation committee chair throughout data gathering and analysis. This is evidence of the evaluative methods of auditability and visibility. Therefore, in addition to member checking during constant comparative analysis, auditability and visibility also added to the trustworthiness of this research (Sandelowski, 1993; 1998).

In addition to evaluating this grounded theory of “Disconnecting from Authentic Self” in terms of how it ‘fits’, ‘grabs’, and ‘works’, a final mode of evaluating the rigor of

the inquiry is to assess its transferability (Guba & Lincoln, 1994). According to Guba and Lincoln, transferability comes from a theory that can be described as 'dense' or 'thick'. As mentioned in Chapter III, the theory produced that is 'dense', 'thick', and that 'works', is able to withstand the scrutiny of the participants during member checks and also is able to capture the phenomenon that is explained by many, if not all, of the participants. This grounded theory meets these criteria. If the present social environment remains the same, this 'dense' or 'thick' theory should also help guide understanding of what it might be like for others whose life circumstances are similar to those who provided data to this study.

Current Social Contexts

New Relevant Research

A second literature review was performed after completion of data collection for this study. No new research exclusively specific to the population of midlife and older lesbians who abused alcohol was evident. However, there was a National Lesbian Health Conference held at the University of Illinois at Chicago in May 2004. I was not able to attend the conference, but requested and received a relevant Power Point presentation. The presentation, given by Parks, was entitled, "Alcohol use and alcohol-related problems among lesbians: Age, cohort and racial/ethnic differences" (2004). The author divided the lesbian cohorts by pre-Stonewall era, gay liberation era, and gay rights era lesbians. This presentation graphically illustrated that there was a significant difference in the life experiences of lesbians who abused alcohol, depending on their age. For example, while lesbians from the pre-Stonewall era experienced much oppression and penalization for being homosexual, those from the gay liberation era experienced more

visibility and freedom to speak up for themselves. Those living in the gay rights era grew up with much earlier and more frequent exposure to gays and lesbians as a defined minority group. This presentation confirmed the importance of acknowledging and studying cohort differences regarding lesbians' experiences.

A research article which highlighted lesbian identity work among elderly lesbians was indirectly related to findings from this current research study (Rosenfeld, 1999). The author divided the generations of participants into two major categories; those who considered their prime of life to be dated before or during the 1970's and those whose prime of life came after that. She discussed the concepts of being lesbian as a stigma vs. being lesbian as a status. The "coming out" experience played a significant role in the lives of both categories of the generations she studied. She noted that the older individuals whose prime of life dated before the 1970's experienced more stigma regarding their lesbian identity. They struggled with the coming out process in that the stigma they experienced discredited their identity in their own eyes and in the eyes of others in society. Those that were younger experienced their lesbian identity more as a status which one could eventually become proud of. Her findings regarding attitudes about coming out and internalized homophobia were congruent with those that emerged from this research endeavor. Regardless of age, "coming out" plays a significant, dominant, and difficult role in development of a lesbian's self identity.

The "coming out" experience was also highlighted in the research of Gramling, Carr, and McCain (2000). They reported on the difficult task of choosing to disclose or not disclose self-as-lesbian to family members. Their study participants were not

recruited based on alcohol use or abuse, they did, however, experience “coming out” struggles quite similar to those reported in this grounded theory research study.

In another tangentially related research study (n=416) lesbian, gay, and bisexual older adults were interviewed about their experience of lifetime victimization based on their sexual orientation (D’Augelli & Grossman, 2001). The sample was significantly older than the women in this research study and they were not necessarily substance abusers. There were, however, similar findings that 68% experienced verbal and/or physical abuse. There were also common themes of low self-esteem, loneliness, poor mental health, and suicide attempts.

Hughes, Johnson, and Wilsnack surveyed and compared lesbians (n=63) and heterosexual women (n=57) about their experiences with sexual assault and alcohol abuse (2001). Sexual assault was a common experience among both the lesbians and heterosexuals in their study. There were differences, however, in the age at which the two groups of women experienced abuse. Lesbians interviewed in their study reported more childhood sexual abuse while the heterosexual women in their study experienced more sexual abuse as adults. Both forms of sexual abuse were related by both groups of women to be associated with their abuse of alcohol. As reported in Chapter IV, childhood sexual abuse and experiences of incest were also dominant factors in the lives of the midlife and older lesbians in this dissertation study where women reported being sexually abused as a child. It is important to note that participants in this project made it clear that the abuse was directly connected to their abuse of alcohol but not at all to their identity as a lesbian.

Finally, Nawyn, Richman, Rospenda, and Hughes described workplace sexual harassment among lesbians and gays (2000). They used data from a university based study of workplace harassment and the abuse of alcohol (n=2492). They wanted to bring attention to the difference between the occurrence of sexual harassment among lesbians and gays in the workplace and that experienced by their heterosexual counterparts. They also wanted to study the relationship of the harassment experience and the abuse of alcohol. They found for the lesbians in their study, sexual harassment, coupled with their lesbian identity, significantly predicted higher scores than heterosexual women on the Michigan Alcoholism Screening Test ($F=5.97; p \leq 0.05$). A higher score on the Michigan Alcoholism Screening Test (MAST) indicated a higher level of alcohol abuse and/or dependence.

Current Media

According to SI, the self is created through social interaction with other individuals and groups in society. As this interaction takes place, individuals subconsciously take on the role of other (Mead, 1962). They consciously or subconsciously develop a sense of self through this social interaction (Annells, 1996; Blumer, 1969). If there are constant and consistent sources of negative feedback that supply daily information to individuals about their identity, it is exceedingly possible that the individuals receiving this daily information will struggle with issues of self esteem and self worth. This was indeed the case for all of the interviewees in this study. All interviewees used alcohol as a method or tool to disconnect from their authentic selves. Their struggle with low self-esteem presented itself in a variety of ways, but all of their struggles with disconnection involved alcohol abuse.

According to Glaser and in accordance with the theoretical framework of SI, popular media sources of data are important to include as well as published research studies. Media sources reflect the current social context that the interviewees interact with and are influenced by on a daily basis. This research incorporated the use of multiple sources of data. The most prominent source of data used was from the audio taped interviews of the interviewees themselves. Other sources used include academic literature and various available current media sources such as newspapers, magazine clips, and the internet (as in electronic mailing lists). Popular media is one of the main sources by which the interviewees receive feedback as to how they are perceived by others in society.

There are countless sources available that would serve as prime examples of the current social milieu which made up the contemporary environment that influenced the interviewees on a daily basis. I was interested in how the interaction with society provided the interviewees with feedback within the context of their lesbian identity. It is not difficult to perceive how the concepts of shame, internalized homophobia, and suicide ideation became common themes among these women. A few sources will be highlighted in this section. For ease of discussion and the purpose of clarity, prime examples of significant societal events are chronologically presented.

1999-2000

In the winter of 1999, the American Civil Liberties Union (ACLU) proclaimed that the struggle of LGBT people for equal rights moved to center stage. It highlighted that there was no protection under federal law to prevent a person from being fired or refused a job based on their sexual identity. It referred specifically to the U.S. military,

which is the nation's largest employer, and which openly discriminates against gays and lesbians. Also cited were cases of child custody losses and denials of the right to marry. The ACLU stated that as guaranteed under the fifth and fourteenth amendments, if equal protection under the law is for all people, and if marital status is the basis by which many of the laws in this country are based, then by denying gays and lesbian the right to marry, they are being denied equal rights. For example, some of the rights denied include the rights to obtain partner health insurance coverage or pension benefits, who is next of kin in times of crisis, who is allowed to make crucial medical decisions, who gets to take family leave, who is their legal heir...the list went on and on (American Civil Liberties Union, 1999).

2001

During the immediate post 911 era, an article by Lee, published in Curve magazine in 2001, and illuminating words from women speaking about peace and war, reflected a tone from society when emotions were running high. Especially poignant were the narratives offered by lesbians on active duty in the U.S. armed forces. The U.S. had temporarily lifted the ban on gays and lesbians in the military as the U.S. was entering a period of "active wartime" and needed as many active duty soldiers it could get. Though one soldier did decide to come "out" to everyone in her unit, she was understandably nervous about eventually losing her job, not knowing when the ban would go into effect once again and knowing that once she came "out", she could no longer go back "in". Another soldier in the National Guard was mistrustful of the lifting of the ban saying that she thought it would be a way for the military to make a list of all the lesbians and then kick them all out once the war ended. History supported this soldier's fears as the ban

was also lifted in 1990 during the Gulf War, but reportedly once over, the “witch hunts” began once again (Lee, 2001, p. 35).

In this same article, Lee reported on RAWA, the Revolutionary Association of the Women of Afghanistan who were fighting back against the Taliban in their country on the other side of the world. They reported that if they were caught, the women of RAWA were subject to a painful form of execution because one of the ways in which the Taliban criticized their group was to claim that they were a lesbian organization. In Afghanistan, it was and still is legal for lesbians to be stoned to death.

2002

In an article in *The Stranger Newspaper*, during gay pride week (celebrated in major cities across the U.S. in June every year), one author wrote about what she knows about “coming out” (Ready, 2002). She was 28 years old at the time she “came out” as a lesbian and was married to a university professor. Her story sounded much like the stories provided by women in this grounded theory study. She regarded her “coming out” as an arduously complex time in her life. She stated she used every trick available to her to cope with her newly proclaimed lesbian identity including abusing alcohol, changing homes, changing jobs, relationship hopping, and overworking. She used words that were common to the women in this study such as “shame” and “self-hatred”, which were, according to the SI perspective, an accurate indication and reflection of what society was reflecting back to her.

2003-2004

The Michigan House passed a bill that would allow physicians and other health care providers to refuse care to patients on the basis of the patient’s sexual orientation or

gender identity. The bill, Michigan HB-5006, states “A health care provider may object as a matter of conscience to providing or participating in a health care service on ethical, moral, or religious grounds.” The bill directs employers to keep the provider’s written objection on file, and forbids employers from refusing “employment or staff privileges to a health care provider who has exercised his or her right to assert an objection to providing” care to individuals to whom they object (GLMA, April 26, 2004).

Three months later, other states passed or were attempting to pass similar legislation allowing for outright discrimination by health care providers toward GLBT patients (GLMA, July 23, 2004). Those states were Mississippi, Illinois, Minnesota, Vermont, Virginia, and finally Washington (the site of this investigation).

As an additional indicator of the societal climate, in May, 2004, the Seattle Times published an article accenting six biblical passages that refer to homosexuality (Tu, 2004, p. A-10). The passages were highlighted as the six “clobber passages” traditionally used by some churches to condemn homosexuality. The article ended by listing five major religions and their beliefs about homosexuality. They ranged from Reform and Reconstructionist Judaism which allows for ordination of gays and lesbians and supports their rights to marry, to the Catholic Church which considers homosexual acts to be an “objective disorder.”

That summer, the first newsletter from an organization called “Rainbow Train” became available. The organization offered elder LGBT cultural competency training for health care providers. Their mission is to ensure that older LGBT people are treated with respect and dignity by all health care providers. They attempt to achieve their mission

through educating healthcare providers about the unique needs and issues of older LGBT people. The vision of this group was to have:

a society in which older LGBT people receive health care and social services from providers who are supportive of and knowledgeable about the unique needs of this community. In this society, providers would acknowledge, honor and respect the individuality of all people. (Rainbow Train, 2004, p.3)

The year 2004 also proved to be very interesting as the lesbian and gay marriage debate and presidential election were headed on a crash course. Republicans were attempting to link their opponents to the hot issue of gay marriage and Democrats were finding themselves having to choose sides on an issue that not all of them cared about before entering the race. High voter turnout to ban the possibility of same-sex marriage was accounted for by many sources (Thomma, 2004).

After the results of the presidential election were in, here are some excerpts from this interesting and polarizing social phenomenon;

Wednesday was not a good day to wake up gay in America. It was not a good day to be a same-sex couple hoping to marry in any of 11 states...But it was a great day for...Bible study group(s)...Polls showed three-fourths of white voters who described themselves as born-again Christian or evangelicals voted for President Bush...Their top issue? Moral values. More important than terrorism or the food on their plates. It's a hard thing to wrap your mind around when you're...a friend of gays, some of whom have married in Canada...and I saw no way to bridge the

divide that splits America not only along party lines, but in our very hearts and souls. (Brodeur, 2004, p. B-1)

Evidence of this polarizing social phenomenon was found in articles and letters to the editor in the Stranger newspaper as well. One of the articles included the following quote;

Liberals are staring into the red belly of this country with incomprehension and fear. They are wondering how one even begins to talk to the huge percentage of voters who told exit pollsters last Tuesday that “moral values” guided them in choosing president Bush...For too many gay Americans, the homophobic wing of the “moral values” voting block includes mom and dad, the ones who disowned their child simply for being queer. (Savage, 2004)

Within the last month of this polarizing year, the New York Medical College (NYMC), a private school in Valhalla, New York which is affiliated with the Catholic Archdiocese of New York, decided to ban a student group for the inclusion of LGBT students (GLMA, December 21, 2004). The LGBT group, previously called the “Student Help” organization, changed its name to the “NYMC Lesbian, Gay, Bisexual, and Transgender People in Medicine.” After changing their name, NYMC revoked the group’s charter, which means that unlike other student groups in the College, this particular group will not receive funding, may not use space on campus for its activities, and may not use the college’s email system. NYMC believed that among other issues, the group’s planned activities involved in “coming out day” were in direct conflict with the Catholic Church.

And Finally, 2005

Particularly of interest to lesbian mothers, the Public Broadcasting System (PBS) banned a children's show that featured lesbian mothers in a healthy, interactive, parenting role. The U.S. Department of Education stated that featuring lesbian mothers "hurts children and families" (GLMA, February 3, 2005). The particular show was an episode of "Postcards From Buster". In previous episodes, a variety of families were represented in the form of single-parent families, Mormons in Utah, a family of five living in a trailer in Virginia (all sharing one room), as well as American Indians, Hmong, and fundamentalist Christians and Muslims. Stigmatizing lesbian parents and their children, sends a message that they are somehow less desirable or less appealing. This attitude not only perpetuates societal homophobia, but hurts the children and families headed by same sex couples.

The following day, the Seattle Times reported that the Department of Education (DOE) went one step beyond merely telling PBS not to air the show, but they also disinvited the executive producer of "Postcards from Buster" from speaking at a children's television conference that the DOE and PBS were co-sponsoring (McFadden, 2005). The removal of the episode wasn't enough. "Apparently, witch-burnings are next on Secretary of Education Margaret Spellings' agenda" (February 4, 2005, p. E-1).

Three days later, president Bush claimed in a press conference that, "Studies have shown that the ideal is where a child is raised in a married family with a man and a woman...children being raised by gay or lesbian couples are worse off than those raised by heterosexual parents" (GLMA, February 7, 2005). There were no studies showing evidence to support this statement. Concerning the statement's impact on the social

climate, the televised damage was done. It was a clear example of ideology trumping science.

Finally, at the time of this writing, Federal Administration at SAMHSA (Substance Abuse and Mental Health Services Administration) notified the Suicide Prevention Resource Center (SPRC) in Portland, Oregon, that a SAMHSA representative would not be allowed to attend a SPRC conference unless the words “gay”, “lesbian”, “bisexual”, and “transgender” were removed from the workshop title (Vanderburgh, 2005). Thus, it remains evident that discrimination and intimidation is alive and well in present day U.S. society and that bias and prejudice continues to provide feedback to gay and lesbian individuals that they are second class citizens and should be hidden if not ashamed of their identities.

Categories of Disconnecting

As mentioned in Chapter IV, the six categories of disconnecting in this study are Getting Married, Having Children, Disassociating, Demoralizing, Emotionally Blacking Out, and Living a Lie. Glaser (1978) presented 18 theoretical coding families to help the grounded theory researcher organize thoughts while theoretically coding the data. This particular research endeavor provided codes that fit into what Glaser called the Dimensions Family (p. 75). The Dimensions Family considers the theoretical codes as divisions of a whole into parts. In this research, the whole is the BSP which became the basis of the grounded theory, and the divisions are the six categories. All six categories are dimensions or elements of disconnection that many of the interviewees experienced. Although the following section will provide information about how some of the categories have been described or alluded to in other studies or theoretical papers, there

has not been any other study that has described all six dimensions of disconnecting from authentic self as one comprehensive unit.

Getting Married

At one time in their lives, getting married was the experience of most of the women interviewed. Some of them were disconnected from their authentic lesbian self before they married a man. Others married a man as part of an attempt to disconnect from the lesbian identity they were running away from, denying, or trying to hide. Using alcohol helped these women to control the psychic pain and discomfort they felt in the midst of their disconnection. Research and other sources such as women's studies/lesbian self help literature in the popular press describe a similar phenomenon regarding lesbians marrying men (Abbott & Farmer, Eds., 1995; Cassingham & O'Neil, 2002; Jensen, 1999). Frantz, (Abbott & Farmer, Eds.) for example, writes;

all of us heard nonstop social messages...marry, and you'll get a bundle of heterosexual privileges...These bribes, warnings, prohibitions, constraints, sanctions, assumptions pressed upon all of us from all sides with extraordinary power and did the work they were intended to do: they sent many of us into denial, causing us to hide our own feelings from ourselves, leaving us afraid, confused or uncomprehending, or trapped, or full of internalized homophobia. (1995, p. 5)

On the subject of this particular generation of women and time in which they grew up, some of them believed the notion that they did not have any other options when partnering, and were basically forced by society to disconnect from this part of their sexual identity. Cassingham and O'Neil (2002) published a book in the popular press

about previously married women's journeys into lesbian relationships. Women included in this book described similar feelings about the time in which they were entering adulthood. In a variety of ways, they describe a general belief that "things would have been different if" they would have come out a generation earlier (p.133).

One researcher who also conducts psychotherapy/support groups for women who have experienced "gender dysphoria" explored the question, "Why DO these women marry men?" (Jensen, 1999). Through interviews with 24 women she explored the issues of identity development and gender orientation. Evident in her research were the many difficulties experienced by women who discover and reveal their lesbian identity after marrying a man. She stated that at one time in the lives of these women, they believed that they had no choice in life but to marry a man. The experience of marriage to a man seemed to be an inevitability, not a life option. Most of her respondents shared multiple experiences of encountering implicit societal expectations and receiving pressures from family that they enter into a heterosexual marriage.

Having Children

The preconceived notion of having children was reportedly a disconnecting experience for one of the interviewees of this study. There was, however, a more common experience of disconnection as it related to having children. The other women in the study who had children experienced the disconnection because of their alcoholism, they did not experience disconnection from motherhood because they were lesbian. In other words, only one woman reportedly had children not out of her own desire, but from the desires of her girlfriends. The other women interviewed implied that their children were wanted and they embraced motherhood. The disconnection they experienced from

their children occurred mainly as they struggled with their alcoholism or as their older children struggled with their own homophobia. The disconnection, as it pertains to this research, was either initiated by the interviewee as they abused alcohol, or if it was present after they became sober, it existed between the lesbian mother and her own child. The origins of this latter struggle was more tied to the child's own emerging identity issues and internalized heterosexist views of 'normal'.

One interviewee in this research study stated that her children had to be taken away from her because of her alcoholism. Once she got clean and sober, she fought to get them back and eventually succeeded. The interviewee now lives a clean and sober life as a lesbian woman and to this day, her daughter is still struggling with her mom's identity as a lesbian. This phenomenon is evident in literature that reflects the current social climate. For example, one woman wrote of her daughter waiting for the time when she was going to return to "normal" (Cassingham & O'Neil, 2002). Another literature source offered similar insights from another daughter struggling with her mom's identity. The daughter stated that all she wanted in life was her "normal family"; she only wanted her natural mother and her natural father (Arnup, 1995, p. 324).

One researcher specifically examined the experiences of stigma and lesbian mothers (van Dam, 2004). Her results from a study of 360 lesbian mothers are supportive of the experience of some of the families in this research study. She reported that children who were not born into the "alternative" family unit, but instead had mothers that came out later in life, experienced more stigma than children who were born into the family of two moms.

Disassociating

As outlined in Chapter IV, some lesbians described the disconnected times during their drinking as being dissociating or disassociating. It was a word they used that depicted a disconnection from their authentic self as a lesbian and other roles in their lives. During these disassociating times, most described general feelings of disorder and confusion in their lives. One interviewee reported having different selves called by different names.

Earlier studies have also represented aspects of the lesbian experience as a dissociating, disconnected, or chaotic experience (Bradford et. al, 1994; Diamond & Wilsnack, 1978; Greene et. al, 1999; Lehman et. al, 1998; Perry, M. 1995). In this study, for most women alcohol was either used to cope with the disassociation or caused the disassociation. McNally and Finnegan published their joint dissertation study 13 years earlier and found that similar to most women in this study, some of the women in their study drank to deny fears about sex and to deny fears about the possibility of being a lesbian (1992).

Many women in this study reported a dual diagnosis of alcoholism and a psychiatric illness, mostly depression. Suicidality was a common thread amongst participants. As mentioned in Chapter IV, one woman reported her experience of dissociation to be very extreme and stated she was diagnosed with Multiple Personality disorder. She referred to parts of her self as her "alters". Evidence of dual diagnosis as a contributing factor to the lesbian experience of disconnection from self can also be found in the literature (Alexander, 1997; Anonymous, 2000; Hellman, 1992; Ries, 1995). There

is often a loss of self and feelings of shock, alienation, depersonalization, dissonance, depression, grief, or suicidality (Hall, 1990a).

For many in this study, growing up in an alcoholic family helped them to feel that denial of reality, disassociation, and chaos was normal. As one interviewee put it “living in a tornado” was what was expected. Rothberg and Kidder’s clinical experience affirm the findings in this study (1992). In their clinical paper, they describe what they call “Double Trouble”, meaning that not only must they treat the internalized homophobia of their alcoholic lesbian clients, but they must also address the complex issues that arise from being raised in an alcoholic family (p. 77). Treatment of lesbians that grow up in alcoholic families is multi faceted. They describe varying levels of disassociation experienced by their clients as a result of an alcoholic family environment. This is congruent with experiences of women in this study. “In an atmosphere of instability and chaos... these children internalize guilt that they are in some way responsible for their parents’ dysfunction. Guilt pervades their lives, and these children begin to feel that they are inadequate, unlovable, and undeserving” (p.79). As a result, the women in their clinical practice and the women raised in an alcoholic family in this study all report that they experienced shame, secrecy, loneliness, isolation, the feeling of being broken up into different parts, playing multiple and differing roles, and abandonment.

Demoralizing

As described in Chapter IV, demoralizing events took place that led interviewees to disconnect from their authentic selves when they were abusing alcohol. If one were to walk into any AA meeting and listen to the stories being told of women “hitting bottom”, one would hear similar stories of demoralization, whether they were lesbian or not. What

is unique to the women in this study, is that the struggle with their lesbian identity in addition to their struggle with alcohol added to the complexity of the demoralizing lows that they reached. In Chapter IV, examples were offered by some of the interviewees of the humiliation they experienced because of the way they acted when they were inebriated. One woman woke up naked, bloody, with a broken shower door next to her. Her lover was walking around naked also as her husband and her children walked in.

Literature is full of accounts that include tales of demoralization, chronicles of when an alcoholic finally reaches bottom, most of which eventually bring the storyteller to sobriety (Alcoholics Anonymous World Services, 1976). The complexity of lies that must be incorporated when trying to cover up demoralizing events because of their alcoholism, in addition to the lies to cover up the added complication of their lesbian identity, only led these interviewees to experience further disconnection from their authentic self. One woman had to hide her intimate relationship with her female “roommate” from her conservative superior at work. She described the lies she told that made her feel like she was living two lives as two different people. The lies included telling her boss that she hit her head on the boom of a sailboat when in reality, she had a fight with her girlfriend and put a hole in the wall with her head.

Emotionally Blacking Out

Most of the women in this study who described incidences of emotional black outs, related those experiences to their disconnection with sexual expression and behavior. For a few women, the alcohol caused them to black out physically as well. Many believed the reason for their emotional disconnection was because of their earlier life experience with incest. Twelve out of 13 women interviewed in this study were

victims of sexual abuse by a family member. This rate is much higher than what has been reported in the literature (Hughes & Wilsnack, 1997).

Documented evidence of this phenomenon exists in the literature concerning not only lesbians but also heterosexual women (Hall, 1996; Hughes and Wilsnack, 1997; Parks, 1999b). Women in this grounded theory study did not believe they were lesbians because of their sexual abuse, but they did believe that the sexual abuse contributed to their alcoholism. They believed they were inherently born lesbian, that it was not a choice they made, and it certainly was not a choice made because they were sexually abused by a man. They claimed to use alcohol as a tool to help them separate mentally and emotionally from their bodies and have sex with a partner, be it male or female.

Living a Lie

As mentioned in Chapter IV, this last major category of disconnection describes a type of disconnection that includes two very distinct and what would seem to be opposite categories; keeping the closet door shut, and, keeping the closet door open. Many women experienced living a lie in both of these categories. All women suffered from varying degrees of internalized homophobia. Some would drink alcohol in excess to keep closeted and others would drink to come out of the closet and express themselves sexually with another woman.

McNally and Finnegan stated, “Some drank to deny fears about sex and the possibility of lesbian feelings; some drank to be *not* lesbian; some drank to *be* lesbian (p.94, 1992). Other resources in the literature refer to this phenomenon of “living a lie”. Beatty et. al (1999) explained that substance abuse is a major concern in the coming out

process, especially with lesbians that are older than 55. Older women are the most closeted, most homophobic, and least connected to the organized lesbian community.

Limitations

Theoretical Sampling Issues

As the study progressed, theoretical sampling was employed to confirm aspects of the emerging grounded theory. Women who were theoretically sampled included one who was still drinking, another who was socially isolated (the most homophobic of all), one who was still married, and three who were ethnic minorities (two Native American and one Japanese). While the researcher intended that a relatively equal number of women in recovery as well as those still abusing alcohol would participate, only one woman admitted to still abusing alcohol. This was unexpected since recruitment included placement of advertisements in local Seattle gay/lesbian bars.

Each interviewee agreed to be sober for at least 24 hours before her interview and that indeed was the case for all. The majority, however, had not had a drink in years and recalled their stories from memory. This may contribute hindsight bias (recalling details from their past as they told stories of their past). Potentially there may have been a change in how stories were recalled over time.

Saturation of the data occurred before all of the women were interviewed. The inclusion of the theoretical samples did not change or alter the data in any significant way, but did add to the richness and variety of experiences reported.

While an attempt was made to advertise to all education levels, only those with a minimum of some college courses called to volunteer. This may be because those that have some form of formal education may have been exposed to or value research more

than those with less formal education (Bloomfield, 1993). There also may be a level of intimidation or mistrust that may be felt by women with less formal education when they volunteer to speak to someone they know to be a health care professional or researcher.

Other Grounded Theory Issues

An agreement was made with the IRB that no names or phone numbers would be recorded or kept for future use after the interviews. This prevented any future follow up of the 13 interviewees for a final member check.

The response to the multiple sources of advertising was overwhelmingly rapid. The IRB required that interviews occur within two weeks of the volunteer's phone call. This resulted in many interviews occurring over a short period of time which made it particularly difficult to keep up with simultaneously coding the data while performing other interviews. Therefore, adherence to the method of constant comparative analysis was particularly challenging and exhausting. It quickly became evident that doing grounded theory research could be done much more easily if it was conducted by a research team and not one person.

Participants wanted to tell all of their stories. An attempt was made to focus their stories on specific issues that were already selectively coded. This attempt to limit what they shared quickly became futile as it became evident that the interviewees desired that their entire story be heard. Therefore, they were allowed to speak until they were through. Extra time was later taken to selectively code the interviews after they were transcribed. It is anticipated that the "extra data" the women offered will eventually be valuable for future analysis.

Implications for Nursing

The health care environment in the United States has been less than welcoming to lesbians. Those who eventually enter the health care system for any reason must be able to depend on nurses to be pivotal point persons in delivering and directing them to the health care that they need. The specific call for nursing is twofold. First, lesbians must be able to trust that their primary provider understands and non-judgmentally accepts their sexual identity and all of the issues that come with their unique life experience. Second, nurses may be the first provider to become aware of the patient's need for help concerning their alcoholism and sensitively direct them to a psychiatric nurse practitioner or chemical dependency counselor who specializes in sexual minority recovery issues.

Nurses in a variety of settings as well as other health care professionals would benefit by understanding more clearly the disconnection these women experience on multiple levels as a result of or resulting in their abuse of alcohol. It is possible that more empathetic attempts could be made to help lesbians in recovery to connect or reconnect with their authentic selves. For example, psychiatric nurse practitioners and chemical dependency counselors can provide specific counseling and therapy to lesbians with unique recovery needs.

Multiple sources have documented the hesitancy and resistance that lesbians, for decades, have expressed toward seeking health care. Sixteen percent of lesbians report that they have delayed obtaining health care because they were concerned that they would be discriminated against (Buhl, 2005). Buhl also reports that an even higher percentage (27%) of lesbians have experienced prejudice-laden encounters with health care providers. Hence, many do not receive the health care they need until their health

deficit is more advanced (DeBold, 2005). Lack of lesbian-focused health education programs and heterosexism/homophobia among health care providers and their staffs have all contributed to this conundrum.

Deevey (1990) stated that “Nurses who specialize in gerontology need to become more sensitive to the concerns of older lesbian clients” (p.39). Awareness of lesbians’ unique experiences with alcohol abuse and the needs of these particular women are of utmost importance, especially for those nurses specializing in gerontology. It is vital that older lesbian women no longer remain an invisible and misunderstood minority, especially those with special needs regarding use and abuse of alcohol.

Recommendations for Future Research

This exploratory, grounded theory research represents one step taken in understanding an extremely unique group of women. Additional questions for future research are plentiful. Each of the categories of disconnection calls out for more detailed investigation, possibly in the form of interpretive, phenomenological work. In this way, researchers can work toward promoting a deeper understanding of these women’s unique experiences and life situations.

Future research could be focused on specific subgroups of women such as lesbian alcoholics who were once married to a man, or women who struggle in recovery with children who are homophobic. Participatory action research could incorporate group sessions with lesbian alcoholics in order to brainstorm about their specific therapy and recovery needs.

Within this study, women became engaged in discussing their issues and experiences with AA. Most shared experiences of a heterosexist, rigid and boundary

laden, male dominated, Judeo/Christian value system at most of the meetings they attended. On one hand, their need for some type of group support and spirituality in their lives was made evident, and yet on the other hand, there existed a generalized feeling of non-satisfaction with the options of recovery groups that were currently available. As one author stated;

Many therapists do not seem to comprehend why, and how, focusing on boundaries can be so damaging to addicts. This reflects the extent to which the therapeutic tradition remains, uncritically, a product of patriarchal capitalism's preoccupation with the ego of the individual (white heterosexual male) as normative in determining mental health. (Heyward, 1992, p. 12)

Intervention research as it pertains to this population of women is needed in order to best find out what works for them in keeping their sobriety and authentic self connection in a world that has not understood their recovery needs or welcomed them with open arms. Women in this study have demonstrated that recovery is not about becoming separate selves. It is more about recognizing and putting their disconnected parts back together. This is what is missing in most 12 step programs. This is what nursing can bring to the table for these women...a caring aspect of autonomy that does not focus on boundaries, but one that honors interconnectedness and community. Specifically focusing on healing common areas of disconnection they experience could be extremely valuable to midlife and older lesbians in recovery.

Investigational tools or questionnaires need to be developed to be able to quickly screen women who may be at risk. When they come in for a typical primary health care

visit or when a home health nurse makes her initial admission assessment, intervention can begin immediately and women at risk can be directed to receive the specialized care they need.

Finally, sexual abuse issues must be a priority for research for it has been made evident in this study and others as a significantly troubling history in so many of these women's lives. Perhaps if a better understanding of this unfortunate phenomenon can be obtained, it then can be addressed, treated, and hopefully someday prevented.

Concluding Remarks

Women in this study expressed a variety of ways in which they disconnected from their authentic selves. Lesbian identity and alcohol abuse were factors related to their experience of disconnection, with attempts at suicide representing, for some of them, the ultimate expression of disconnection. Deevey and Wall reported a suicide rate for lesbians seven times greater than that of heterosexual women (1992). Multiple attempts at suicide and even more expressions of suicidal ideation were reported by a number of women in this study.

Nurses and other health care providers can utilize the stories told by these women to better understand their struggles with alcohol and their lesbian identities. Their heartfelt expressions of disconnection from their authentic selves, can better inform health care providers about how they can more sensitively care for and better understand this unique cohort of women.

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APPENDIX A

FLYER TO RECRUIT PARTICIPANTS

TELL YOUR STORY

Study Participants Wanted

Lesbian and bisexual women over the age of 40, who presently or in their past have harbored concerns regarding their use of alcohol, are invited to tell their stories for a study being done by a nurse from the University of Washington. The purpose of this study is to learn more about your experiences and needs. The information may then help health care professionals to provide better care for other lesbian and bisexual women.

Women who agree to participate will be asked to tell their stories in private, at a convenient time and location. Conversations will be audio taped, will take about 1-2 hours, and will be kept strictly confidential. No one except the nurse researcher will know who was in the study and who said what.

Women who are in treatment, have completed treatment, or are still drinking, are all invited to participate. Participants will get a free pair of movie passes to a local theatre.

If interested, please call Maria at (206) 718-2841 at your earliest convenience. Leave a message on the voicemail, and Maria will return your call as soon as she can.

Please take this sheet for yourself or for you friends.

APPENDIX B

NEWSPAPER AD

TELL YOUR STORY-Study participants wanted. Lesbian and bisexual women over the age of 40 who in the past or present have had concerns regarding their consumption of alcohol are invited to tell their stories for a study being done by a nurse from the University of Washington. Conversations will be audio taped, will take about 1-2 hours, and will be kept strictly confidential. Participants will be given a free pair of movie passes to a local theatre. If interested, call Maria at (206) 718-2841.

APPENDIX C
PHONE SCRIPT

1. "Hello. Is (name) there?"

If "No", then.....

"May I leave a message for (potential participant) ? "

If permission granted, leave the following message.

" (potential participant) called me on date & time and I am now returning her call. Please ask her to call Maria from the University of Washington at (206) 718-2841. Thank you very much."

If person answering is not able to take a message then:

"What would be a good time for me to call back?"

If "Yes", (and that person is not who answered the phone), then.....

"May I speak with (potential participant) ?"

If "No", then.....

"What would be a good time for me to call back?"

If "Yes", this is (potential participant), then.....

"This is Maria, returning your call regarding the Lesbians and Alcohol Study. Is this a good time to talk?"

If "No", then.....

"I'm so sorry, when do you think would be a good time for me to call you back?"

If "Yes", then...

"OK, great. The purpose of this study is to learn more about your experiences as a lesbian or bisexual woman who now or in the past has had concerns about her alcohol consumption. The information may then be used to help health care professionals to provide better care for other lesbian and bisexual women."

Are you still interested in participating?

If "No", then.....

"Thank you for your time. I appreciate your calling to ask about the study."

If "Yes", then...

"If you agree to participate, you will be asked to tell you story about your concerns regarding your alcohol use in private at a convenient time and location for you. Our conversation will be audio taped, will take between 1-2 hours, and will be kept strictly confidential. No one except me will know you were in the study and what you said. If you agree to meet with me, you will receive a free pair of movie passes to a local theatre."

"Do you have any questions about the study?"

"Are you interested in being screened to see if this study is right for you?"

If "No", then.....

"Thank you for your time. I appreciate your calling to ask about the study."

If "Yes", then.....

"I need to ask you a few questions to determine whether this study is right for you. These questions are about things such as your age and ability to understand English. You are free to not answer any questions you do not wish to answer. Is it all right with you if I ask you these questions?"

If "No", then.....

"Thank you for your time. I appreciate your calling to ask about the study."

If "Yes", then....

"In order for this study to be right for you, you must be 40 years old or older, you must identify as a lesbian or bisexual woman, and you must now or in the past say that you identify as someone who is or has been concerned about her use of alcohol. Do all of these characteristics describe you?"

If "No", then...

"I'm sorry but it seems that this study is not right for you. Thank you so much for your time. I appreciate your calling to ask about the study."

If "Yes", then...

"OK, great, just a few more questions then"...

"Do you read and understand English in order to understand informed consent?"

"Are you able to transport yourself to a site where we both will agree to meet"?

"Can you commit to a 1-2 hour interview?"

(Eligible if over age 40, a lesbian or bisexual women who can read English, who identifies as harboring concerns about their use of alcohol presently or in the past, is able to travel to an agreed upon location, and can commit to a 1-2 hour interview.)

If not eligible, then:

"I'm sorry but it seems that this study is not right for you. Thank you so much for your time. I appreciate your calling to ask about the study."

If still eligible, then:

"Based on your answers, it seems that this study would be right for you. I would like to now schedule a time and place for us to meet for the interview. Would you like to come to the Clinical Studies Unit at the University of Washington or would you rather meet in a park or library?" (Schedule the time and place).

"I will present to you the consent form for the study when we meet. The study procedures are described in more detail in the consent form. You can take your time reading it and I will review the procedures and go over the consent form before you are asked to sign it. I will give you the movie passes at that time."

"If you have any questions about the study at any time please feel free to call me at (206) 718-2841. If you still drink alcohol or use drugs, please refrain from using at least 24 hours before the scheduled interview. Thanks so much"

APPENDIX D

UNIVERSITY OF WASHINGTON
MIDLIFE AND OLDER LESBIAN AND BISEXUAL WOMEN WHO HARBOR
CONCERNS REGARDING THEIR ALCOHOL CONSUMPTION
INFORMATION STATEMENT

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University of Washington, Seattle

Researcher's statement

I am asking you to be in a research study. The purpose of this consent form is to give you the information you will need to help you decide whether to be in the study or not. Please read the form carefully. You may ask questions about the purpose of the research, what I would ask you to do, the possible risks and benefits, your rights as a volunteer, and anything else about the research or this form that is not clear. When I have answered all your questions, you can decide if you want to be in the study or not. This process is called 'informed consent.' I will give you a copy of this form for your records.

Purpose and Benefits

The purpose of this study is to learn about the experiences of mid life and older lesbian and bisexual women who now or in the past have harbored concerns about their use of alcohol. It is hoped that by sharing your story as a participant in this study, I can learn more about the experiences of women such as yourself and use that information to teach nurses and other health care providers how to better serve the needs of women who have stories similar to yours.

Procedures**1. Interview**

A. You will be asked to tell your story about your life experience with drinking alcohol. What you tell is up to you. I may suggest several topics, such as;

- your feelings about your history with or current use of alcohol,
- your support network (people who have been of help to you),
- any treatment you may have received regarding your alcohol use,
- your feelings about that treatment,
- what you think could have helped you or other lesbian and/or bisexual women.

Instead of asking these questions one by one, I am mostly interested in learning from you what it has been like for you to consume alcohol and how it has fit in the past or fits now into your life. It is totally up to you to choose what you want to share about your experience. The interview can take from 60 to 120 minutes, depending on how much you want to say.

I will be recording your story on an audio tape recorder.

B. You will be asked to fill out a two page information sheet after the interview is completed. I will be present while you fill it out in case you have any questions. A special code known only to me will connect

this information with your interview. The main reason for collecting this information is so that I am able to describe the group of women who participate in the study. I will also use this information to better understand your story. The requested information will include such items as your age, your alcohol usage, your treatment history if applicable, your sexual identity, the age at which you identified as a lesbian or bisexual, type of area in which you live (urban, suburban, or rural), and the ethnic group or groups you most closely identify with. Completion of these two pages should take about 10 to 15 minutes and you may choose not to answer any of the questions.

Risk, Stress, or Discomfort

For some women, talking about their life experience with alcohol use may make them feel better. For others, talking and thinking about it may cause them to feel sad or distressed in some way. Some women may think about actually using alcohol to help get rid of any uncomfortable feelings. I do not wish for this to happen. That is why I will make available a list of professional references who can be contacted for further discussion of any stressful issues presented because of participation in this study. I cannot, however, be responsible for the costs of any services you may receive in the future related to this distress. Each professional reference provided will accept payment on a sliding scale basis.

You may reveal personal and sensitive information about yourself. All of the information that you provide will be kept confidential except if abuse or neglect of a child, elder, or vulnerable adult, or threat of harm to self or others is revealed. I am mandated by law to report this information to authorities.

Other Information

Participation in this study is voluntary. Participants are free to withdraw from the study at any time without any penalty.

I will be recording your story on an audio tape. Within two weeks of the interview, I (and possibly a paid transcriptionist) will listen to the tape and type up parts of it. In order to prevent anyone except the researcher (and the transcriptionist) knowing who said what, your name and anyone else's name you might happen to mention will not be transcribed from the tape to the typed sheets. The tape will be kept in a locked file for no more than two weeks after the interview, after which it will be destroyed.

The information collected from the interviews and forms will be looked at to see what they may have in common. Quotations from the interviews may be used in professional talks, educational lectures, or publications (professional magazines). At no time will your name or other identifying information ever be given to anyone. Only I will be able to determine who said what. The tapes will be erased within two weeks of the interview and the typed interviews will never have a name on them. If you say anything on the audio tape that could help identify you or another person or place, the transcriptionist will remove that information.

You can decide at anytime to stop the interview or stop answering the questions. You will be given a pair of movie passes for your participation in the interview.

If you have questions later on about the research, you can ask one of the investigators listed above. If you have questions about your rights as a research subject, you can call the Human Subjects Division at (206) 543-0098. You will receive a copy of this form.

Date

Signature of researcher

Copies to: ____ Participant

____ Researcher's locked file

APPENDIX E

SUICIDE DE-ESCALATION PROTOCOL

Step by step suicidal ideation de-escalation protocol is as follows:

A. If participant demonstrates a suicidal ideation, researcher would ask about their specific thoughts such as their plan, method and means. If they have a specific plan that is lethal and/or available.

B. The researcher would then encourage a problem solving and positive action. The researcher would also encourage the participant to refrain from making any serious, irreversible decisions while in a crisis.

C. The researcher would listen to the participant with a respectful and caring attitude and would say to the participant, "I don't want you to die."

D. The researcher would develop a no-suicide contract and safety plan for the participant. If the crisis is acute, the researcher would treat it as an emergency and call 911.

E. If the situation is not acute, the researcher would offer the suicide prevention hotline number 1.800.882.3386 for possible future need. The researcher would also encourage the participant to seek counseling with her own mental health professional or one of the counselors listed as follows:

Alliance Counseling Seattle- www.alliancecounselingseattle.com

Michael R. Cunha, MS- 206.624.2935

Laura L. Keim, MC- 206.624.1305

Mac Partlow, MA- 206.624.5806

King County Mental Health- www.metrokc.gov

Stephanie Lane, MSW- 206.205.5775

Residence XII Chemical Dependency Treatment for Women-
www.residencexii.org

Wendy Clark, MA, CDP- 425.823.8844

Soaring Eagle Counseling- oneilcas@whidbey.com

Sally M. O'Neil, PhD- 206.714.0440

Unlimited Potential- TTY 206.287.2669

Karen L. Lynch, MA, CDP- 206.850.5904

VITA

Maria Pettinato, RN, PhD

EDUCATION:

- | | |
|------|---|
| 5/78 | Associates Degree in Business
Keystone College, LaPlume, PA |
| 5/90 | Bachelor of Science in Nursing (Summa Cum Laude)
Marywood University, Scranton, PA |
| 5/93 | Master of Science in Nursing
Binghamton University, Binghamton, NY |
| 6/05 | Doctor of Philosophy, Nursing Science
University of Washington, Seattle, WA |

DISSERTATION FUNDING:

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| 2005 | Hester McLaws Dissertation Scholarship |
| 2003 | Predoctoral Fellowship,
Institutional Grant through School of Nursing
University of Washington, Seattle
National Institute of Health
Women's Health Training Grant |
| 2000 | Predoctoral Fellowship,
Institutional Grant through School of Nursing
University of Washington, Seattle
National Institute of Drug Abuse
Grant # DA 07257-0 |

RECENT PUBLICATIONS:

- | | |
|------|---|
| 2005 | Pettinato, M. Predicting, understanding and changing:
Three research paradigms regarding alcohol use
among lesbians, <i>Journal of Lesbian Studies</i> , 9(3),
(in press). |
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