Toward a Grounded Theory
of Lesbians’ Recovery from Addiction

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SUMMARY. This article presents the results of a qualitative study on lesbians’ recovery from addiction. The study involved semi-structured interviews with 20 lesbians in recovery from addiction and was analyzed using grounded theory method. The central theme that emerged was self-acceptance, both as a lesbian and as a recovering alcoholic/addict, with considerable interaction between the two. Categories that contributed to this theme were learning to recover, relationships with other people, and relationship with something bigger than self. The discussion addresses how this information can be used to assist lesbians trying to recover from addiction.

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Although it is difficult to get an accurate estimate of the rate of alcohol abuse and alcoholism in the lesbian population, the existing literature does suggest that the rate of alcoholism among lesbians is greater than the rate among heterosexual women, that use does not decline with age as it does among heterosexual women, and that lesbians experience more problems associated with drinking than do heterosexual women (Abbott, 1998; Bux, 1996; Cabaj, 1996; McKirnan & Peterson, 1989). Fourteen percent of the lesbians in Bradford, Ryan, and Rothblum’s (1994) national lesbian health care study reported being worried about their drinking. In a review of three large studies of lesbian health concerns, Cochran, Bybee, Gage, and Mays (1996) reported rates of alcohol problems among lesbians ranging from 13.7% to 18.7%.

Despite evidence that lesbians experience rates of addiction and associated problems that are higher than among heterosexual women, there is very little research on how they recover from addiction. The small amount of information that is available tends to address barriers to recovery for lesbians (e.g., Bushway, 1991; Hall, 1994; Nicoloff & Stiglitz, 1987). Although this is important as it speaks to unique concerns that should be addressed in addiction treatment, it is equally important to explore the factors that are facilitative of recovery for lesbians. The purpose of this qualitative study is to examine, in an in-depth and narrative fashion, the factors that women who self-identify as lesbian and in recovery from addiction have found helpful in their recovery from addiction. The ultimate goal is to be able to provide better, more informed addiction treatment for this population.

**METHOD**

*Procedures*

Because there is so little existing empirical research on how lesbians recover from addiction, we chose a qualitative approach. Qualitative research is especially appropriate for exploratory work that is inductive, aimed at gathering rich, descriptive information for theory building (Merriam, 2002). Participants were recruited through purposeful sampling, which is characteristic of qualitative research (Patton, 1990). The
criteria for participation were that individuals be at least 18 years of age, self-identify as lesbian, and be in recovery from alcohol and/or other drugs for at least a year. The one-year minimum time in recovery was established to allow enough time for participants to be able to reflect on the process and to insure that recovery was well enough established that participation in the study would not disrupt it.

Recruitment notices were posted on listservs likely to be read by lesbians and sent to lesbian, gay, and bisexual community or health centers, including some gay Alcoholics Anonymous groups. Women who responded to the announcement were sent a Letter of Informed Consent, which described the study in more detail and allowed participants to formally indicate their consent. Along with the letter was a Background Questionnaire for participants to complete, which asked basic demographic information and length of time in recovery. Once the signed consent form was returned, one of the researchers contacted the participant to schedule a telephone interview, which was audiotaped with the participant’s permission. Although telephone interviews can sometimes be limited due to less natural conversational context than face-to-face interviews, lower response rates, and greater participant caution with respect to sensitive material, they are also more resource-efficient and allow for greater uniformity in delivery (Shuy, 2002). The material in this study was sensitive; however, all participants volunteered to be involved, so response rates and sensitivity of material were less pressing concerns and conversational rapport can be improved with adequate preparation (Rubin & Rubin, 1995). Thus, the ability to substantially increase the number and geographic diversity of the sample made telephone interviews the preferred approach for this study.

A series of open-ended questions was used to prompt discussion; however, participants were encouraged to add to or expand upon any topic. Prompt questions encouraged participants to talk about the experiences, people, or situations they believed were helpful to them in their recovery efforts. We asked about such things as formal treatment, involvement in twelve-step programs, role of family and friends, and advice for counselors, as well as other lesbians trying to recover. The interviewers also pursued areas that seemed meaningful as they arose. Interviews began and ended with very broad questions that gave participants an opportunity to address whatever they thought was important. A question about spirituality was added to the protocol after several initial participants spoke of its importance to them in response to the opening question. One of the strengths of qualitative inquiry is that it is an emergent process (Armino & Hultgren, 2002).
The audiotapes of the interviews were transcribed by a professional transcriptionist. To verify the accuracy of the transcription, an individual not otherwise connected to the project reconciled each of the written transcriptions with the audiotape. In addition, the written transcription was sent to the participant for review to be sure that her comments were accurately recorded.

Participants

Thirty women responded to the recruitment announcement and were sent a letter of informed consent and a background questionnaire. Nine women did not return the completed forms and one failed to respond to attempts to schedule an interview, leaving a final sample of twenty participants. Ages ranged from 25 to 55. In response to a question about ethnicity, the majority (16) self-identified as Caucasian, White, or European American; two identified as African American; and two identified as Jewish. Eleven participants reported being in recovery from both alcohol and other drugs; eight reported being in recovery from alcohol alone; one reported being in recovery from other drugs but not alcohol. Participants lived in seven different states, representing the west coast, midwest, mid-Atlantic, and northeast regions of the United States.

Researchers

The research team consisted of three White women, two of whom identify as lesbian and one of whom identifies as heterosexual. All three identify as feminist. None of the researchers is in recovery from addiction; however, the first two authors worked in the addictions field for a combined 27 years prior to moving into academia.

RESULTS

Data Analysis

A grounded theory approach was used to analyze the written transcripts. The goal of grounded theory is to build theory inductively from data that is anchored in people’s experiences (Merriam, 2002). The focus is discovery. We began with open coding (Strauss & Corbin, 1998). All three researchers independently read through the transcripts to determine what themes would emerge from the data. We met to compare
themes and to generate tentative categories. Then, using constant comparison, we went back to the transcripts to determine the degree to which the categories continued to hold together and to begin defining the properties of the categories. As we did that we began the process of axial coding (Strauss & Corbin, 1998), or finding sub-themes within the categories and the interrelationship between sub-categories and categories. Again, we continued with constant comparison, moving between the data in the transcripts and discussions with each other. We continued this process until we reached consensus on the categories and theory that were emerging. We generally agreed on the concepts that emerged; however, in our independent work we sometimes used different language to explain what we found. We would discuss this until we all three could agree on the labels and definitions that we used to describe the data. This brought us to selective coding (Strauss & Corbin, 1998), or pulling together the categories into meaningful relationships with each other.

Categories That Emerged

*Central Phenomenon.* The overarching category, or central phenomenon (Strauss & Corbin, 1998), to emerge from the data was the importance of self-acceptance, both as a lesbian and as a recovering alcoholic and/or addict. This was a theme that ran throughout the transcripts, even though there were no prompt questions that addressed it. The women repeatedly indicated that learning to accept themselves was fundamental to their ongoing recovery. At the same time, recovery was necessary in order for them to develop this self-acceptance. The progression appears to be that recovery must come first, that this is a prerequisite for the openness and self-reflection necessary to explore issues related to sexual orientation and one’s history as an addict. Without recovery, such exploration tends to lead to increased use of chemicals as a coping mechanism. “. . . No matter what you face by way of homophobia the recovery has to come first. We [other lesbians and gay men in recovery] can give you the strength to face and deal with that stuff. . . .” Thus, the journey begins with recovery. At the same time, self-acceptance is fundamental to maintaining recovery over time. One participant described it this way: “But since I have been in recovery I have gotten a lot more comfortable with who I am. . . . My coming out and my sobriety are so directly linked . . . intertwined and they feed off of each other . . . and that is a big part of who I am today.” Another participant advised lesbians working toward recovery to do “everything that one can do to help
you feel good about yourself and who you are . . . and keep trying to build your toolbox of available tools to help you feel good about yourself.” Self-acceptance was clearly the most critical factor in long term recovery, cutting across all of the themes.

**Contributing Categories.** Three broad categories contribute to the development and maintenance of self-acceptance. These are learning to recover, relationships with other people, and relationship with something bigger than self. Learning to recover refers to those situations, people and things that helped the participant learn what she needed to develop a healthy recovery. Several concepts emerged. The most prominent was the role of Alcoholics Anonymous (A.A.), with a few also mentioning Narcotics Anonymous (N.A.). Learning the program and working the twelve steps offered a new way of living one’s life without chemicals. “. . . People that aren’t alcoholics or not addicts think A.A. is all about drinking but it is really not. . . . It is about how you live your life.” This also provided an avenue for making connections with people who were sober, people they could learn from. “I think the identification is helpful to be around people who have more clean time than me and they are an example and a sort of source of wonderment . . .” “What was probably most helpful to me was I was actually twelve-stepped by another lesbian.” Participants mentioned limitations of A.A., but overall they found it crucial to getting sober. Most of the participants had some involvement with women’s and/or gay meetings. Values they saw in these specialized meetings primarily centered on being with people who were like themselves. “. . . Being with other women, we all seem to understand each other and it is a different kind of fellowship, like sisterhood. . . .” They also provided a means for connecting with the lesbian or women’s community in ways that did not involve alcohol or other drugs. In some instances, gender had more salience and in some instances sexual orientation was more important. Sometimes it was a matter of availability of meetings. There was a range of personal preferences with respect to whether an individual woman preferred women’s, gay, or mixed meetings. They seemed to get something different from each and seemed drawn to what they needed most. Several women also mentioned the importance of sponsors providing one-on-one connection. “. . . The biggest help to me has been at many meetings working with my sponsor and . . . the twelve steps. It has really helped me get to know myself.” There were also a few comments about the inherent heterosexism of A.A. in requiring same sex sponsors to alleviate sexual attraction. However, this was something participants seemed able to work with.
Two other concepts that were important in learning recovery were working with therapists and engaging in self-care. Although many of the participants had worked with a therapist, the focus on therapy was clearly secondary to the focus on A.A. When the women did work with a therapist it was important that the therapist both understand and accept their sexual orientation. “I think it is important that you don’t have a counselor who still thinks about being homosexual as some kind of deviant DSM classification.” It was likewise important that the therapist both understand and accept her addiction. “When you are first starting out in recovery . . . you want a therapist or a counselor that knows the deal because it is such a bizarre disease.” Because the interaction of sexual orientation and addiction was such a fundamental part of self-acceptance, if a therapist was to be helpful she or he had to be able to effectively address both issues. Some, although not all, participants found it helpful if the therapist was either a lesbian, in recovery, or both. “. . . The counselor I am seeing now is a lesbian and she is in the program, so I think that helps me feel like she can understand.” Another important concept of learning recovery that was directly linked to self-acceptance was engaging in self-care. This concept took on different meanings. Sometimes it involved finding other activities to fill one’s time; sometimes it involved re-channeling survival skills learned in addiction to promote recovery; often it involved addressing a co-occurring mental illness, frequently with medication. Learning to value appropriate medication, as opposed to self-medicating with alcohol or other drugs, seemed to be an important piece of this. This also meant finding A.A. meetings that would respect this.

A second major category related to self-acceptance involved relationships with other people. The need to renegotiate the relationship with the family of origin was addressed frequently. This pertained as much or more to the addiction as to sexual orientation. Although we made a point when asking about family to address family broadly as “however you define that,” participants went immediately to family of origin in responding. Some spoke of their family’s support, especially in remembering or celebrating sobriety milestones or attending meetings; however, others spoke of ongoing addiction in their family that had to be negotiated. Sexual orientation was also something that had to be negotiated with families. Some participants reported that their families were more accepting than not of both their recovery status and their sexual orientation, but that this acceptance seemed based on not talking about either. “My mom and dad are really good about watching my daughter while I attend meetings . . . although they don’t particularly
care to hear the details about the A.A. program.” The same participant later commented about her sexual orientation, “They would prefer to hear nothing about that, but . . . they are not . . . completely unaccepting. . . . They are just so Donna Reed [1950s U.S. television star who portrayed the perfect wife and mother]. . . . They would just prefer not to deal with it.” Some participants included their partners when addressing family. When this occurred they made a point of indicating whether or not the partner was also in recovery. Most partners were supportive of them in their recovery, although in some instances this was something that had to be worked out as a couple. A few participants mentioned leaving relationships that seemed detrimental to their recovery.

Another important concept in this category was the importance of making connections with friendship networks. Creating support networks was an important part of recovery. Some specifically mentioned the importance of having a social network of people who did not use chemicals. Some addressed the centrality of the gay bar to that community and the need to find other avenues for connection. “I mean unfortunately even today the bar culture is still alive and well . . . where a lot of people still think they have to go to meet somebody. . . .” These social networks had a family-like quality to them. Participants often referred to them as family, even though they did not address them when asked about family. “. . . We develop our own families . . . support networks. If you ask people questions about their family you have to be able to understand that that may not mean families of origin, that it is probably a network that is there that has to be recognized.” The women spoke of building relationships of trust and ways in which people in these networks helped each other. A.A. was often a mechanism for creating these networks and this was an area where gay meetings or women’s meetings sometimes played a role. “. . . The lesbian meeting was more intimate. We developed a lot more informal supports, too, because I think we were minorities and we had . . . a lot of friendships and stuff, not just around A.A.”

Another concept associated with relationships with other people had to do with managing multiple identities. These women were not simply lesbians or recovering addicts; they were both. Each identity influenced how they experienced the other. Furthermore, they were women. Thus, gender was salient. Some also spoke of racial or ethnic influences. To a large extent, this concept referred to participants being both lesbian and in recovery. Participants spoke from two different perspectives. Some were comfortable with the A.A. teachings that stress focusing on the similarities (as alcoholics) rather than on the differences. “. . . It doesn’t
really matter if you are gay, straight, Black, White, you still have the same disease, so try not to think of yourself as so unique.” Others needed to be able to address sexual orientation and/or gender along with the addiction. “I really don’t know what I would have done without the gay meeting. . . . I have met other gay people and I can bring my gay issues to this meeting where I can’t bring my gay issues to any other meeting.” At the same time, the concept of managing multiple identities seemed to be most salient to those individuals who also had yet another aspect to their identity that they wanted or needed to address. Specifically, the Jewish women spoke about the emphasis on Christianity that is present in many A.A. meetings and the African American women spoke of the racism that they experience. “I don’t know why that [The Lord’s Prayer] was there because they always said it was not a religious program, but yet this prayer—that was clearly something that wasn’t . . . part of the Jewish or even Muslim people or anybody that didn’t go to church.” It is important to stress that in finding self-acceptance and maintaining sobriety, these were things the women were able to overcome; however, they are issues that they did need to address.

A final concept related to relationships with other people addressed geographic issues. This did not seem to be a major concept but was one addressed by a number of women. Some of the participants spoke of the advantages of living in a place where they had access to a lesbian community and/or where being lesbian was more accepted by the general population. “. . . Where I live there is a fairly large lesbian community, so that is a great resource.” Others spoke of the lack of such access or the greater stigma attached to being lesbian because of where they lived.

The third major category interacting with self-acceptance was finding a relationship with something bigger than self. There were two concepts related to this, a struggle with traditional religion and redefining spirituality. The former was generally discussed in conjunction with the latter. “I pray differently. I look at God differently. I have more of a relationship with God rather than fearing God like I did growing up.” This was a very important concept to the women in this study. “You can’t stay sober without it [spirituality]. You can’t do the tough stuff without it.” It was an area that was added to the interview questions after the early respondents repeatedly and poignantly addressed it without us asking. The women were clear in separating spirituality from religion. Indeed, it was this distinction that was important. Some participants referred to God; others did not. Many spoke of a period of separation from any sense of spirituality due to the homophobia and sexism present in the religions in which they were raised. “. . . It is kind of a surprise. I
guess I never really thought I would be like this. I never thought I would be spiritual. . . . It has been a great thing and it has been a huge gift.” Being able to redefine spirituality and draw strength from accepting something outside of themselves helped their journeys to self-acceptance, which in turn helped them on their spiritual journeys. The A.A. concept of higher power helped some women with this process, although some also struggled with what they perceived as an emphasis on Christianity in some A.A. groups. One woman defined her spirituality as more of an “inner power” than a higher power. “. . . Not necessarily a higher power but an inner power is what I should be calling it . . . more of an inner voice or inner spirit that if I listen to things usually turn out okay.”

**DISCUSSION**

Although we did not address the issue directly in our interview questions, the theme to emerge as the central phenomenon in this study clearly was self-acceptance. Closely linked to this was the interrelationship between sexual orientation and addiction. The women in this study reported an ongoing and somewhat complex relationship between their addiction and their sexual orientation. Struggles with accepting their sexual orientation fed their addiction, as they used chemicals as a means of coping with something they could not face. At the same time, the consistent message was that sobriety was necessary to face and accept their sexual orientation. Equally consistent was the realization that self-acceptance was crucial for ongoing sobriety.

This relationship makes sense when one considers the role of shame in both processes. Shame has long been associated with addiction (Potter-Efron, 2002). Working toward overcoming shame is an important aspect of addiction treatment and involvement in twelve-step programs (Brown, 1991). This may at least partially explain why A.A. played such a large role in early recovery for these women. Likewise, shame has also been linked to the internalized homophobia that is a product of heterosexism in society (Neisen, 1993). Addiction treatment programs typically cover the shame associated with addiction, yet for lesbian women this addresses only part of the problem. It is equally important that programs address the shame associated with internalized homophobia if they are to be effective in helping lesbian addicts become fully self-accepting.

Closely linked to both the development and maintenance of self-acceptance for the women in this study was redefining spirituality. It was
important to them to be able to draw strength from something beyond themselves, which they may or may not refer to as God. At the same time, religion that felt punishing exacerbated shame rather than supporting recovery. A.A. and many treatment programs incorporate spiritualility into the process of recovery. When this was truly an open and flexible concept of “higher power” it facilitated the process of rediscov-ering and redefining spirituality. When “higher power” was interpreted as a/the Christian God, the participants were more apt to struggle. This is something that addiction counselors must address if they are to help lesbians to acquire self-acceptance and recovery.

Likewise, it is vital to help lesbians make connections with support systems that will respect and honor both their sexual orientation and addiction. This is particularly critical given the role of the gay bar and other alcohol and drug related functions in the lesbian/gay/bisexual community. Because lesbians in recovery often have multiple personal identities, it is important to pay attention to which identities seem most salient at any given time. For the women in this study, that sometimes was gender, sexual orientation, ethnicity, and addiction. Rather than make assumptions as to which this might be, it is important to assess this individually. There are multiple levels on which lesbians in recovery must overcome stigma and discrimination. It is vital that the complexity of these interactions be incorporated into treatment.

REFERENCES


