Old Dominion University
ODU Digital Commons

Psychology Theses & Dissertations | Psychology

Summer 1990

Perceptions of Women and Substance Abuse

Marla Harrison
Old Dominion University

Follow this and additional works at: https://digitalcommons.odu.edu/psychology_etds

Part of the Psychology Commons

Recommended Citation
Harrison, Marla. "Perceptions of Women and Substance Abuse" (1990). Master of Science (MS), Thesis, Psychology, Old Dominion University, DOI: 10.25777/g8jb-ze05
https://digitalcommons.odu.edu/psychology_etds/600

This Thesis is brought to you for free and open access by the Psychology at ODU Digital Commons. It has been accepted for inclusion in Psychology Theses & Dissertations by an authorized administrator of ODU Digital Commons. For more information, please contact digitalcommons@odu.edu.

Perceptions of Women and Substance Abuse

by

Marla Harrison
B.A. May 1986, Norfolk State University

A Thesis Submitted to the Faculty of
Old Dominion University in Partial Fulfillment of the
Requirements for the Degree of

MASTER OF SCIENCE

PSYCHOLOGY

OLD DOMINION UNIVERSITY
August, 1990

Approved by:

Barbara Winstead (Chair)

Perry M. Duncan

Janis Sanchez-Hucles

Abstract

Perceptions of Women and Substance Abuse

Marla Harrison
Old Dominion University, 1990
Director: Dr. Barbara Winstead

Sixty-five male and female substance abuse counselors were administered hypothetical scenarios and corresponding questionnaires regarding two types of substance abuse, one separately describing a male and a female cocaine abuser, and the other separately describing a male and a female heroin and alcohol abuser. Differences in perceptions of male and female substance abusers in regards to treatment recommendations and contributing factors among male and female counselors were predicted. Counselors perceived emotional and relationship problems as contributing more to female substance abuse, and male counselors were more likely to recommend group counseling and to perceive character problems as a contributing factor more for female substance abusers than male substance abusers. Further explanations for the research findings are discussed.

Acknowledgments

I would like to thank the chair of my thesis committee, Dr. Barbara Winstead, for her help and guidance in preparing this manuscript.

Many thanks are also extended to the other members of my thesis committee, Dr. Janis Sanchez-Hucles and Dr. Perry Duncan, for their helpful comments.

I would like to also express my appreciation to the Community Services Boards of Chesapeake, Norfolk, Portsmouth, and Virginia Beach whose substance abuse counselors participated as very cooperative subjects.

TABLE OF CONTENTS

Page

LIST OF TABLES iv

INTRODUCTION 1

METHOD 10

RESULTS 12

DISCUSSION 19

REFERENCES 26

APPENDIXES

A. SCENARIO A 30

B. SCENARIO B 31

C. SCENARIO C 32

D. SCENARIO D 33

E. QUESTIONNAIRE 34

DEMOGRAPHIC INFORMATION 34

SCENARIO QUESTIONS 35

LIST OF TABLES

TABLE PAGE

1. Significant Main Effects for Type of Stimulus Person 14

2. Multivariate Analyses of Variance for Sex of Stimulus Person and Sex of Subject 16

3. Multivariate Analyses of Variance for Counselors' Perceptions of Overall Treatment and Contributing Factors 17

Perceptions of Women and Substance Abuse

It has been suggested in many research studies that women substance abusers are perceived differently simply based on their sex (Levy & Doyle, 1974). If women substance abusers are perceived differently than men substance abusers, this could affect their success in substance abuse treatment. The onset and pattern of female drug and alcohol abuse has also often differed from that of males (Marsh & Miller, 1985; Colten & Marsh, 1984; Jeffer & Baranick, 1983).

The difference in their drug and alcohol use may affect the probability of a positive treatment outcome. It has, within the last decade, been recognized that female substance abusers have a better prognosis for recovery when treated in female only substance abuse treatment facilities (Marsh & Miller, 1985). Doshan and Bursch (1982) went as far as suggesting that women who abuse drugs should be considered a unique population with treatment plans designed especially for women based on their special needs and problems.

This study will attempt to answer the following questions: (1)In what way do clinicians perceive female substance abusers to be different from male substance abusers, and (2)Do clinicians make different recommendations for women in regards to treatment?

Female and male substance abusers may differ on psychological and sociological variables. Various studies have examined these variables. Some have studied only women substance abusers. For example, in terms of the psychological aspects, Colten and Marsh (1984), suggested that the expectations related to the female sex role can serve either to precipitate drug and alcohol problems or protect women from problems of use and misuse. The problems that may precipitate their drug abuse are feeling more distressed, suffering more from low self-esteem and more isolation. DiMatteo and Cesarini (1986) and Washton (1986) hypothesized that the stress women experience stems from the responsibilities of work and family as well as being over-whelmed by the expectations of being a perfect worker, wife, and mother. Doshan and Bursch (1982) reported death in the family, severe illness, or "empty nest" to be precipitating factors leading to substance abuse. Being female, itself, seems to produce a separate set of problems for women addicts in addition to the problems of addiction (Christenson & Swanson, 1974). In a study focusing on women addicts (Levy and Doyle, 1974) participating as subjects, during interviews, reported bad feelings about their body,

suicide attempts, and not feeling smart. Several studies have reported findings of emotional problems (i.e. depression, isolation, low self-esteem) and relationship problems with men and family to be common among women substance abusers (Marsh & Miller, 1985; Colten & Marsh, 1984; Doshan & Bursch, 1982; Moise et al., 1982). Several other factors have also been reported to be common among women substance abusers. Women substance abusers were found to have difficulty maintaining employment status and marital status (Colten & Marsh, 1984; Moise, Kovach, Reed, & Bellows, 1982; Eldred & Washington, 1975), and with functioning as the caretaker and moral standard-bearers of society (Colten & Marsh, 1984). DiMatteo and Cesarini (1986) and Murphy and Rollins, (1980) found female substance abusers in need of more vocational counseling and job-skill development. The lack of financial assistance and having at least one or more children was also found to be common among female addicts (Moise et al., 1982; Eldred & Washington, 1975). Colten and Marsh (1984) found that many female substance abusers were welfare recipients as well.

The influence of sex roles and sex role norms may significantly affect this population (Colten & Marsh,

1984; Bowker, 1977). Colten and Marsh (1984) suggested that substance abuse among women constitutes a violation of traditional femininity in American society. Most importantly, Christenson and Swanson (1974) stated that such unique difficulties of the female addict in our society must be emphasized if drug treatment is to be effective.

Patterns of substance abuse among women have also been explored. For example, Colten and Marsh (1984), reported that during the 1970s, heroin addiction increased at a much faster rate among women than among men. In addition, a study examining women addicts only by Cuskey and Wathey (1982) found that fifty percent had been addicted to marijuana and hashish by age fifteen, 76.5 percent were addicted to heroin by age nineteen, 35 percent were addicted to cocaine, 33.8 percent had been addicted to barbituates. Furthermore, many of these women addicts also reported at least one sibling who was a drug abuser. Generally, in comparison to men addicts women addicts tend to be involved in difficult interpersonal relationships, mostly with men, in that they are often separated or divorced (Vaglum & Vaglum, 1987; Marsh & Miller, 1985; Moise et al., 1982; Eldred & Washington, 1975), have more problems with maintaining

relationships, have often experienced molestation and incest with family members or other relatives, and reported frigidity with men (Doshan & Bursch, 1982). Many more women addicts than men also participate in the practice of prostitution as a means of supporting their drug abuse habit (Colten and Marsh, 1984; Doshan & Bursch, 1982; Rosenbaum, 1981; File, 1976; James, 1976). It has also been discussed from gathered research that women addicts have reported being involved in stealing and hustling to support a drug habit as well (Washton, 1986; File, 1976). It was also found that female addicts were often introduced to drugs by someone of the opposite sex (Smithberg & Westermeyer, 1985; Prather & Fidell, 1978; Eldred & Washington, 1975). More specifically, Washton (1986) and Eldred and Washington (1975) reported from gathered research that female addicts indicated being provided with their drugs by a spouse or boyfriend, as well as some females admitting to being able to persuade other females to use drugs (Jeffer & Baranick, 1983).

Studies comparing females and males have found significant sex differences. Colten and Marsh (1984) reported that female alcoholics suffered more depression and were less assertive than male alcoholics, which resulted in

these females "feeling" worse overall. According to Bowker (1977), results from various studies regarding substance abuse indicated females were believed to tend to prefer to use drugs to modify moods whereas men tend to use drugs to accomplish social tasks such as peer pressure. These findings are clear indicators of the differences in drug use among males and females. It was also found that women addicts suffer from the feeling that their sense of identity has become diffuse in comparison to men addicts (Cuskey & Wathey, 1982). One of the sociological components affecting female substance abusers, according to research comparing male and female substance abusers, is that more female addicts report being raised in a broken home than male addicts (Marsh & Miller, 1985; Cuskey & Wathey, 1982; Moise et al., 1982). In investigations of alcohol abuse, it was found that alcoholic women were more likely than men to have an alcoholic spouse and to drink along with that spouse (Vaglum & Vaglum, 1987; Colten and Marsh, 1984), as well as to drink secretly at home more frequently (Doshan & Bursch, 1982).

The medical problems experienced by female substance abusers are an additional issue of concern among researchers.

Cuskey and Wathey (1982) reported female addicts having medical difficulties from venereal diseases, menstrual irregularities, infertility, and other gynecologic problems. There is also special health care that pregnant female addicts need, but many treatment programs cannot provide (Prather & Fidell, 1978). Overall, female substance abusers have generally reported more health concerns than male substance abusers (Marsh & Miller, 1985).

The current study examined the perceptions of treatment staff and counselors concerning women substance abusers. Some researchers found that women are viewed as implicitly "sicker" than men (Cuskey & Wathey, 1982; Christenson & Swanson, 1974). Such a perception may have a significant impact on females' prognosis and subsequent treatment. Colten and Marsh (1984) found that female addicts, as well as men, admitted that they will look down on female addicts more than they do on male addicts. One possible explanation for this perception can be attributed to the female drug user often being seen as deviating from the traditional feminine role (Prather & Fidell, 1978; Christenson & Swanson, 1974). In general, people have indicated that they find it more acceptable for a man to be

drunk than for a woman (Colten & Marsh, 1984). Such attitudes concerning female substance abusers are often demonstrated by staff members and counselors in drug treatment facilities. Particularly among male staff members, female substance abusers in treatment have experienced a lack of emphasis on the problems unique to women that can be beneficial to their treatment (Washton, 1986; Cuskey & Wathey, 1982; Prather & Fidell, 1978; Levy & Doyle, 1974). Cuskey and Wathey (1982) reported that staff members develop biased views toward female addicts by labeling them as a bad mother and, therefore, fail to support their efforts to expand their skills or develop competence in new areas. For example, staff members were found to have lower expectations of female drug abusers' job skills and achievement (Cuskey & Wathey, 1982; Sutker, Archer, & Allain, 1980; Prather & Fidell, 1978). One possible explanation reported by Murphy and Rollins (1980) suggested that men generally do not view women as competent for leadership, decision making, or as equals. As a result, females in treatment have felt that treatment is somewhat harder for women (Levy & Doyle, 1974). Therefore, fewer women enter treatment and women have a lower retention rate and experience a lower success rate than

men (Prather & Fidell, 1978). Nonetheless, the more progressive attitudes found among both female staff members and female residents regarding female roles (Sutker, Patsiokas, & Allain, 1981; Murphy & Rollins, 1980) have lead to special treatment programs for women which offer services addressing the treatment needs unique to female substance abusers (such as educational and vocational training and career development skills) and appear to be more beneficial to women than the more traditional co-ed treatment programs where services tend to be de-emphasized (Marsh & Miller, 1985).

The present study examined the perceptions of staff members toward women addicts and their appropriateness for treatment. A recent study by Rice and Shaw (1984) found that differential attitudes toward women did exist among alcohol treatment staff personnel in which staff members indicated less favorable judgments for women being desirable for counseling in evening outpatient clinics, inpatient alcoholism rehab units, and daytime outpatient clinics, therefore, making women's access to treatment more difficult. These judgments were made in response to reading hypothetical vignettes and answering questions related to the vignettes on a rating scale.

Based on the research evidence, it was hypothesized that counselors would perceive male substance abusers as more likely to benefit from treatment and more likely to remain drug free. Character problems and social environment were predicted to greatly contribute to males' substance abuse and emotional problems and relationship problems to greatly contribute to females' substance abuse. It was also hypothesized that differences in perceptions of male and female vignettes will be greater for male counselors than for female counselors.

Method

Subjects

Sixty-five male and female substance abuse counselors employed at residential and outpatient treatment programs participated in the study. The programs were all public treatment facilities located in Southeastern Virginia. Subjects were limited to only those who have direct contact with clients.

Materials

Subjects read one of four clinical vignettes. Two described the identical cocaine abuse history, one of a male and the other of a female; and two described the heroin and

alcohol abuse history of a male and the other of a female. The questions that followed each scenario asked the subject to rate on a scale of 1 to 5, 1 being the most negative response and 5 being the most positive response, each substance abuser's likelihood of benefitting from residential treatment, outpatient treatment, individual counseling, group counseling, detoxification, methadone maintenance, job skills training, educational training, alcoholics anonymous (AA), narcotics anonymous (NA), and family therapy. Each subject also rated the substance abuser's likelihood of remaining drug-free for one year, how rewarding the substance abuser would be to work with, and the degree to which family problems, social environment, emotional problems, character problems, or relationship problems may have contributed to the individual's substance abuse (see Appendixes A-E).

Procedures

Subjects were given a questionnaire asking demographic information, program information, and information about the subject's career in the program. Each subject was presented with one clinical vignette and several questions concerning the treatment recommendations and perceptions of the client in the vignette.

Results

Multivariate analyses of variance were used to analyze the 2(sex of counselor) X 2(sex of vignette) X 2(type of vignette) between-subjects design. Due to the percentage of missing data among responses to certain questions, three-way univariate analyses of variance were used to analyze questions 6-11. MANOVA results for questions about residential and outpatient treatment yielded a significant effect for type of stimulus person (multiple $F=4.55$, $p<.05$). Heroin and alcohol abusers were more likely to be recommended for outpatient treatment (univariate $F=8.71$, $p<.01$). MANOVA results for questions regarding individual counseling, group counseling, family therapy, and NA did not yield significant effects, but according to the univariate Fs, heroin and alcohol abusers were more likely to be recommended for individual counseling (univariate $F=5.89$, $p<.05$) and group counseling (univariate $F=4.37$, $p<.05$). Results from the ANOVAs indicated that heroin and alcohol abusers were more likely to be recommended for detoxification ($F=4.77$, $p<.05$), antabuse ($F=30.06$, $p<.001$), and AA ($F=3.83$, $p=.05$) than cocaine abusers. ANOVA results also indicated that vignettes describing a cocaine abuser were more likely to be

recommended for job skills training ($F=51.11$, $p<.001$) and educational training ($F=16.16$, $p<.001$) than heroin and alcohol abusers (see Table 1).

Insert Table 1 about here

Subjects were asked to rate factors that may contribute to substance abuse. MANOVA results for questions about family problems, social environment, emotional problems, character problems, and relationship problems yielded a significant effect for type of stimulus person (multiple $F=9.31$, $p<.001$), as well as a significant univariate effect for family problems (univariate $F=36.66$, $p<.001$) as a contributing factor. Vignettes describing cocaine abusers were rated higher for family problems ($M=4.09$) than heroin and alcohol abusers ($M=2.72$).

MANOVA results for questions about residential treatment and outpatient treatment yielded a significant effect for sex of stimulus person (multiple $F=3.15$, $p<.10$), and there was a trend for sex of stimulus person to affect recommendations for residential treatment (univariate $F=3.71$, $p<.10$). Female vignettes ($M=3.93$) were more likely to be recommended for

Table 1

Significant Main Effects for Type of Stimulus Person

	MEANS		
Method of treatment	Cocaine	Heroin & Alcohol	F
Outpatient treatment	2.41	3.35	8.71**
Individual counseling	3.34	4.06	5.89*
Group counseling	3.76	4.35	4.37*
Detoxification	3.44	4.26	4.77*
Antabuse	1.56	3.35	30.06***
Job skills training	3.78	1.35	51.11***
Educational training	3.83	2.00	16.16***
Alcoholics anonymous	3.16	3.87	3.83*
Contributing factors			
Family problems	4.09	2.72	36.66***

Note. *= $p < .05$. **= $p < .01$. ***= $p < .001$.

residential treatment than male vignettes (M=3.36) (see Table 2). MANOVA results for questions concerning remaining drug free and rewarding to work with did not yield a significant effect for sex of stimulus person, however, female vignettes

---

Insert Table 2 about here

---

were rated as more rewarding to work with (M=3.77) than male vignettes (M=3.37), (univariate F=4.80, p<.05). For ratings of factors contributing to the substance abuse problems, MANOVA results did not yield a significant effect for sex of stimulus person, however, there was a significant univariate effect for emotional problems (univariate F=7.67, p<.01) and a trend for relationship problems (univariate F=3.41, p=.07). Females' substance abuse was more likely to be attributed to emotional problems (M=3.80) than males' substance abuse (M=3.22); and females' substance abuse was somewhat more likely to be attributed to relationship problems (M=3.83) than males' substance abuse (M=3.35) (see Table 3).

Insert Table 3 about here

Table 2

Multivariate Analyses of Variance for Sex of Stimulus Person and Sex of Subject

	MEANS				F	
SXSP	Male		Female			
SXS	Male	Female	Male	Female	SXSP	SXSP X SXS
Method of treatment	(n=16)	(n=18)	(n=15)	(n=16)		
Residential treatment	3.00	3.74	4.07	3.81	3.71†	
Outpatient treatment	2.56	2.82	3.14	3.00		
Individual counseling	3.20	4.06	3.86	3.73		
Group counseling	3.33	4.50	4.64	3.80		16.47***
Family therapy	3.07	3.75	3.71	3.27		
Detoxification	3.69	4.10	4.63	3.40		
Methadone Maintenance	2.08	1.90	2.38	2.20		
Antabuse	2.46	2.80	2.88	2.20		
Job skills training	2.38	2.20	2.38	2.70		
Educational training	2.77	2.30	3.25	3.00		
Alcoholics anonymous	3.14	3.75	3.69	3.58		
Narcotics anonymous	3.67	4.06	4.21	3.87		

Note. SXSP=Sex of stimulus person

SXS=Sex of subject

*=$p < .05$. **=$p < .01$. ***=$p < .001$. †=p .10.

Table 3

Multivariate Analyses of Variance for Counselors' Perceptions of Overall Treatment and Contributing Factors

	MEANS					
SXSP	Male		Female		F	
SXS	Male	Female	Male	Female	SXSP	SXSP X SXS
Overall treatment	(n=16)	(n=18)	(n=15)	(n=16)		
Drug-free	2.47	2.35	2.40	2.47		
Rewarding	3.33	3.41	4.13	3.40	4.80*	
Contributing factors						
Family problems	3.47	3.50	3.27	3.53		
Social environment	3.80	4.12	3.80	3.93		
Emotional problems	3.13	3.31	3.87	3.73	7.67**	
Character problems	2.87	3.31	3.67	3.00		4.34*
Relationship problems	3.27	3.44	4.07	3.60	3.41†	

Note. SXSP= Sex of stimulus person

SXS=Sex of subject

*=$p<.05$. **=$p<.01$. †=$p<.10$.

MANOVA results for questions about individual counseling, group counseling, family therapy, and NA yielded a significant interaction effect for sex of stimulus person X sex of subject (multiple $F=4.59$, $p<.01$). There was also a significant univariate interaction found for group counseling (univariate $F=16.47$, $p<.001$). T-tests for simple effects indicated that male counselors recommend group counseling more for female vignettes ($M=4.60$) than male vignettes ($M=3.44$), $t=3.59$, $p=.001$. Female counselors recommended group counseling more for male vignettes ($M=4.39$) than female vignettes ($M=3.87$), but the difference was not significant. MANOVA results did not yield a significant effect for questions about contributing factors to substance abuse, but a significant univariate effect was found for character problems as a contributing factor (univariate $F=4.33$, $p<.05$). T-tests for simple effects indicated that male counselors rated character problems as contributing more to female vignettes ($M=3.67$) than male vignettes ($M=3.00$), $t=1.68$, $p=.10$. Female counselors rated character problems as contributing more to male vignettes ($M=3.41$) than female vignettes ($M=3.00$) (see Table 3); however, this difference was not significant.

ANOVA results indicated significant interactions for sex of stimulus person X type of stimulus person for methadone maintenance ($F=4.762$, $p<.05$). For cocaine abusers, females ($M=2.50$) were more likely to be recommended for methadone maintenance than males ($M=1.30$), $t=2.38$, $p=.05$. For heroin and alcohol abusers there was no significant difference for sex of stimulus person.

Discussion

There were several significant differences in treatment recommendations based on the type of abuse. Cocaine abusers were more likely to be recommended for job skills training and educational training, however, heroin and alcohol abusers were more likely to be recommended for outpatient treatment, individual counseling, group counseling, detoxification, antabuse, and AA. These findings suggest that counselors took the time to carefully read and comprehend the details of the vignette that was presented and did make recommendations in reference to the problems presented.

Although it was hypothesized that counselors would perceive male substance abusers as more likely to benefit from treatment and likely to remain drug free, no support was

found for this prediction. Female substance abusers were recommended more for residential treatment than male substance abusers. A significant interaction effect for sex of stimulus person by sex of subject indicated that male counselors recommended group counseling more for female substance abusers than male substance abusers. There was also a significant interaction for sex of stimulus person by type of stimulus person. Cocaine abusing females were significantly more likely to be recommended for methadone maintenance than male cocaine abusers. Male substance abusers were also not more likely than female substance abusers to be perceived as remaining drug free.

A previous study by Rice and Shaw (1984) found that alcohol treatment staff members rated women as less appropriate for counseling in evening outpatient clinics, inpatient alcohol rehab units, and daytime outpatient clinics. The difference in results between these studies may be attributed to counselors in the present study providing treatment for drug, as well as, alcohol abuse. The treatment of poly-substance abuse is, of course, more complex. Furthermore, counselors indicated that female vignettes were significantly more rewarding to work with than male

vignettes. However, counselors did not expect better results from treatment for females than males. While there were sex differences for three of the treatment recommendations, there were no sex differences for the remaining nine which suggests that there is evidence indicating similar treatment recommendations and perceptions of treatment success for female and male patients. In contrast to Cuskey and Wathey (1982) counselors' responses did not indicate more biased views toward female addicts, and in fact rated them as just as appropriate for job skills training as male addicts.

A second hypothesis predicted that character problems and social environment would be seen as contributing to males' substance abuse, and that emotional problems and relationship problems would be seen as contributing to substance abuse among females. There were no sex differences for social environment as a significant contributing factor to substance abuse. As predicted, counselors did perceive emotional problems and relationship problems as contributing more to female substance abuse than male substance abuse. There, is research evidence indicating that female substance abusers do experience more depressive and emotional disorders (Christenson & Swanson, 1974) than male substance abusers.

Perhaps counselors are using information gained from their experience with female and male clients to make predictions about these clients' problems. However, since information about the female and male substance abusers was identical, they are clearly going beyond the information given.

Male counselors also perceived character problems as a contributing factor more for female substance abuse than male substance abuse. In other words, gender stereotypes are affecting male counselors' perceptions of female substance abusers which may have an effect on the treatment process. Chesler (1973) argued that therapists often adopt a "double standard of mental health" when diagnosing mental disorders. This involves therapists typically not perceiving males as "sick" when they do not act within the male role, but women are often perceived as sick when they do not act within the female role. Similar conclusions regarding gender stereotypes have also been found in other research (Abramowitz, Abramowitz, Roback, Corney, & McKee, 1976; Broverman, Vogel, Broverman, Clarkson, & Rosenkrantz, 1970; Fabrikant, 1974; Matlin, 1987).

Among contributing factors, a significant main effect was also found for type of stimulus person. Counselors

perceived family problems as contributing more to vignettes describing the cocaine abusers than the vignettes describing the heroin and alcohol abusers. Such a conclusion may be attributed to the construction of the vignettes describing the cocaine abusers. The cocaine abuser vignettes discussed family issues such as lack of a father figure and a brother currently in jail on drug related charges. Being a member of this kind of dysfunctional family seems to be perceived by the counselors as having an influence on the individual's substance abuse. On the other hand, the vignettes describing the heroin and alcohol abusers stated that the individuals were from supportive nuclear families.

The third hypothesis stated that the differences in perceptions of male and female vignettes would be greater for male counselors than for female counselors. There were two sex of stimulus person by sex of subject interactions. In both cases, simple effects showed sex of stimulus person differences for male counselors but not for female counselors. Male counselors were more likely to recommend group counseling for female substance abusers than male substance abuse, and male counselors were also more likely to perceive character problems as contributing factor to

substance abuse among females than males. Although for most questions there were no sex of counselor X sex of stimulus person interactions, when these did occur they indicated more gender stereotypes among male counselors. Previous research also supports these findings (Hare-Mustin, 1983).

Although the clinical vignettes were completely hypothetical, subjects' remarks suggest that the vignettes were perceived as realistic cases. For example, counselors often made comments that certain vignettes were very similar to clients that they currently or previously carried on their caseload. There is also speculation regarding character problems as a contributing factor to substance abuse. A specific definition for character problems was not clarified in the vignette, which may have had an additional influence on the counselors' responses. Future research clarifying specific character problems as a contributor would limit any ambiguous perceptions.

The present study attempted to find evidence of differences in treatment recommendations among counselors for male and female substance abusers. Perhaps more simply there are differences in perceptions of what contributes to male and female substance abuse problems. Counselors have

different explanations or theories about substance abuse for males and females. For example, counselors indicated general explanations for their perceptions such as lack of commitment to treatment, client's ability to blend into treatment programs, whether the client had hit "rock bottom", and client intellectualizing treatment. In future studies of sex differences in content of therapy may be linked to therapists' perceptions of contributing factors. Also, future research should be continued in order to gather evidence to assist counselors in making appropriate treatment recommendations based on the client's diagnosis and not on gender.

References

Abramowitz, S. I., Abramowitz, C. V., Roback, H., Corney, R., & McKee, E. (1976). Sex-role related countertransference in psychotherapy. Archives of General Psychiatry, 33, 71-73.

Bowker, L. H. (1977). Drug use among American women, old and young: Sexual oppression and other themes. San Francisco: R and E Associates, Inc..

Broverman, I. K., Vogel, S. R., Broverman, D. M., Clarkson, F. E., & Rosenkrantz, P. S. (1970). Sex-role stereotypes and clinical judgments of mental health. Journal of Community Psychology, 34, 1-7.

Chesler, P. (1973). Women and madness. New York: Doubleday.

Christenson, S. J. & Swanson, A. Q. (1974). Women and drug use: An annotated bibliograpy. Journal of Psychedelic Drugs, 371-414.

Colten, M. E. & Marsh, J. C. (1984). Sex roles and psychopathology. New York: Plenum Press.

Cuskey, W. R. & Wathey, R. B. (1982). Female addiction. Lexington: Lexington Books.

DiMatteo, T. E. & Cesarini, T. M. (1986). Responding to the treatment needs of chemically dependent women. Journal of Counseling and Development, 64(7), 452-453.

Doshan, T. & Bursch, C. (1982). Women and substance abuse: Critical issues in treatment design. Journal of Drug Education, 12(3), 229-239.

Eldred, C. A. & Washington, M. N. (1975). Female heroin addicts in a city treatment program: The forgotten minority. Psychiatry, 38(1), 75-85.

Frabrikant, B. (1974). The psychotherapist and the female patient: Perceptions, misperceptions, and change. In V. Franks & V. Burtle (Eds.), Women in therapy: New psychotherapies for a changing society. New York: Brunner/Mazel.

File, K. N. (1976). Sex roles and street roles. The International Journal of the Addictions, 11(2), 263-268.

Hare-Mustin, R. T. (1983). An appraisal of the relationship between women and psychotherapy: 80 years after the case of Dora. American Psychologist, 38, 593-601.

James, J. (1976). Prostitution and addiction: An interdisciplinary approach. Addictive Diseases: an International Journal, 2(4), 601-618.

Jeffer, E. K. & Baranick, M. (1983). Drug abuse, the U.S. Army Europe: Women and substance abuse. International Journal of the Addictions, 18(1), 133-138.

Levy, S. J. & Doyle, K. M. (1974). Attitudes toward women in a drug abuse treatment program. Journal of Drug Issues, 4(4), 428-434.

Marsh, J. C., & Miller, N. A. (1985). Female clients in substance abuse treatment. International Journal of the Addictions, 20(6-7), 995-1019.

Matlin, M. W. (1987). The psychology of women. New York: Holt, Rinehart, and Winston, Inc..

Moise, R., Kovach, J., Reed, B.J., & Bellows, N. (1982). A comparison of black and white women entering drug abuse treatment programs. International Journal of the Addictions, 17(1), 35-49.

Murphy, L. & Rollins, J. H. (1980). Attitudes toward women in co-ed and all female drug treatment programs. Journal of Drug Education, 10(4), 319-323.

Prather, J. E. & Fidell, L. S. (1978). Drug use and abuse among women: An overview. International Journal of the Addictions, 13(6), 863-885.

Rice, C. G. & Shaw, J. S. (1984). Male and female applicants for alcoholism treatment: A study of differential staff attitudes. Journal of Drug Issues, 4, 677-686.

Rosenbaum, M. (1981). Women addicts' experience of the heroin

world: Risk, chaos, and inundation. Urban Life, 10(1), 65-91.

Smithberg, N. & Westermeyer, J. (1985). White dragon pearl syndrome: A female pattern of drug dependence. American Journal of Drug and Alcohol Abuse, 11(3-4), 199-207.

Sutker, P. B., Archer, R. P., & Allain, A. N. (1980). Psychopathology of drug abusers: Sex and ethnic considerations. International Journal of the Addictions, 15(4), 605-613.

Sutker, P. B., Patsiokas, A. T., & Allain, A. N. (1981). Chronic illicit drug abusers: Gender comparisons. Psychological Reports, 49, 383-390.

Vaglum, S. & Vaglum, P. (1987). Partner relations and the development of alcoholism in female psychiatric patients. Acta Psychiatrica Scandinavica, 76(5), 499-506.

Washton, A. M. (1986). Women and cocaine. Medical Aspects of Human Sexuality, 20(3), 57.

Appendix A

Scenario A

Megan is a 28 year old alcohol and heroin abuser. She has abused alcohol since she was an undergraduate in college and has secretly been an IV heroin user for the past five years. She has admitted that her use of heroin has increased to everyday after work and that she drinks too much alcohol whenever she attends social functions. She is a practicing attorney for a small law firm and has been reprimanded a couple of times for not performing her job satisfactorily. She is single and has no children, and sees her alcohol and heroin abuse as part of the single life. She comes from a supportive nuclear family. She describes herself as basically never having to want for anything. She comes to treatment as a result of having been arrested for drunk driving and is required to seek treatment as part of her penalty. Although she is required to seek treatment, she has been aware of her increasing drug use and is willing to participate in treatment because she feels that she has a lot to lose if her problem continues.

Appendix B

Scenario B

Richard is a 28 year old alcohol and heroin abuser. He has abused alcohol since he was a undergraduate in college and has secretly been an IV heroin user for the past five years. He has admitted that his use of heroin has increased to everyday after work and that he drinks too much alcohol whenever he attends social functions. He is a practicing attorney for a small law firm and has been reprimanded a couple of times for not performing his job satisfactorily. He is single and has no children, and sees his alcohol and heroin abuse as part of the single life. He comes from a supportive nuclear family. He describes himself as basically never having to want for anything. He comes to treatment as a result of having been arrested for drunk driving and is required to seek treatment as part of his penalty. Although he is required to seek treatment, he has been aware of his increasing drug use and is willing to participate in treatment because he feels that he has a lot to lose if his problem continues.

Appendix C

Scenario C

John is a 28 year old cocaine abuser. He has been free basing cocaine on a daily basis for the past ten years. John has also admitted to stealing to support his drug habit and later advancing to selling cocaine in the local neighborhood, which allowed him to live a more comfortable lifestyle. He is currently serving a two year probation sentence for possession of cocaine and is required to participate in a drug treatment program for the duration of his probation. He also admits that he does not want to go to jail. He grew up in a family without a father and currently has an older brother in jail serving time for drug related charges as well. He also has two children from a previous relationship. He has a tenth grade education and is currently seeking employment. At this time, he is not sure that he wants to stop using cocaine and, therefore, is resistant to drug treatment.

Appendix D

Scenario D

Susan is a 28 year old cocaine abuser. She has been freebasing cocaine on a daily basis for the past ten years. Susan has also admitted to stealing to support her drug habit and later advancing to selling cocaine in the local neighborhood, which allowed her to live a more comfortable lifestyle. She is currently serving a two year probation sentence for possession of cocaine and is required to participate in a drug treatment program for the duration of her probation. She also admits that she does not want to go to jail. She grew up in a family without a father and currently has an older brother in jail serving time for drug related charges as well. She also has two children from a previous relationship. She has a tenth grade education and is currently seeking employment. At this time, she is not sure that she wants to stop using cocaine and, therefore, is resistant to drug treatment.

Appendix E

Questions

Demographic Information

1. Sex:
   a. Male b. Female

2. Age:
   a. 20-30 b. 31-40 c. 41-50 d. 51 & over

3. Race:
   a. Afro-American b. Caucasian c. Hispanic d. Asian
   e. other

4. Type of counselor:
   a. residential b. outpatient

5. Number of years of experience as a counselor: ____________

6. Are you a recovering counselor?
   a. yes b. no

7. Highest educational degree earned:
   a. B.S. or B.A. b. M.S. or M.A. c. PhD. or PsyD.

8. Are you licensed by the state?
   a. yes b. no
   If yes, what type of license do you hold?

   ____

9. Are you a certified substance abuse counselor?
   a. yes b. no

Directions:
Please indicate your response to the following questions by circling the rating (1-5) you choose.

What is the likelihood of _______ benefitting from the following types of interventions:

	very unlikely				very likely	not applicable
1. residential treatment	1	2	3	4	5	N/A
2. outpatient treatment	1	2	3	4	5	N/A
3. individual counseling	1	2	3	4	5	N/A
4. group counseling	1	2	3	4	5	N/A
5. family therapy	1	2	3	4	5	N/A
6. detoxification	1	2	3	4	5	N/A
7. methadone maintenance	1	2	3	4	5	N/A
8. antabuse	1	2	3	4	5	N/A
9. job skills training	1	2	3	4	5	N/A
10. educational training	1	2	3	4	5	N/A
11. A A	1	2	3	4	5	N/A
12. N A	1	2	3	4	5	N/A

13. What are your three main reasons for your recommendations?

14. What is the likelihood of _______ remaining drug-free for one year following treatment?

very unlikely				very likely
1	2	3	4	5

15. How rewarding do you think it would be for you to work with _______?

not at all rewarding				very rewarding
1	2	3	4	5

To what degree do you believe the following factors contributed to _______'s substance abuse:

	no contribution				very great contribution
16. family problems	1	2	3	4	5
17. social environment	1	2	3	4	5
18. emotional problems	1	2	3	4	5
19. character problems	1	2	3	4	5
20. relationship problems	1	2	3	4	5