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# Women in Drug Abuse – Potential Pathway to Release: Part 1

ANUPAMA SANJEEV

*Assistant Dean - Student Affairs and Counselling, Presidency University, Bengaluru,  
Karnataka, India 560097*

*Email: anupamasanjeev@presidencyuniversity.in*

This paper examines and discusses the reasons for drug addiction, consequent repercussions and subsequent coping techniques for young women based on case study experiences of the author in the socio-cultural context of South Asia. The experience indicates towards applicability of Cognitive Behavior Therapy (CBT) developed by Dr. Aaron Beck as a path to enhance self-efficacy as a self-regulatory agency in order to empower the affected women with adequate coping skills.

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## 1. INTRODUCTION

Understanding substance abuse or addiction is no simple task. It has existed for millions of years and while the APA (**price2008**) reports that: (a) about half of a person's susceptibility to addiction can be linked to genes, and (b) there are many different types of genes all working together that can influence whether someone starts using, likes to use, continues to use or feels a few consequences due to use of addictive substances like drugs; we must remember that humans are a social species and easily influenced by the people around them. Also, environmental risk factors or characteristics in a person's surroundings can increase their likelihood of becoming dependent on drugs.

In one sense, all human beings have a genetic predisposition for addiction as when we find something in our environment that creates pleasure (such as food, relationships, drugs or alcohol, and so on), we learn to prioritize these substances or interactions because they bring temporary feelings of comfort or security. The brain and the nervous system work together to strategize and obtain experiences that reduce physical discomfort, emotional distress, and mental obsessions and addiction then can be viewed as an overactive survival strategy (**verweij'zietsch'lynskey'medland'neale'martin'boomsma'vink'2010**).

## 2. WOMEN AND DRUG ABUSE – A LITERATURE REVIEW

Drug abuse and the havoc it creates has been a source of great concern for many years now across the world. Much of it centered on men initially, particularly in South Asian socio-cultural context, but for at least a decade now the number of female victims has become significant. Moreover a murkier connection with social

ills which provoke a woman to resort to drugs as a means of coping has also emerged in the course of research.

Women may not intend to develop an addiction, but their genes might spark the pleasure or comfort in addiction. Their environment might make an addiction easier to sustain than it might be where there is a different nurturing environment around that person. More specifically, while it has been established in many ways that nature and nurture have a very close relationship, what if nurture corrupts nature? (**kreek'levran'reed'schlussman'zhou'butelman'2012**)

Baumrind's (**baumrind1966**) research indicates that children who are raised by parents adopting the authoritative model (praising children for accomplishments, while providing guidelines and encouragement to improve on successes) of parenting tend to be more successful than their peers, when measured for self-image, academic success, or substance abuse (or lack thereof). The findings from Baumrind (1966) also indicate that the key reason why the authoritative style is so effective is because children who grow up in that structure learn important approaches to problem-solving, and how to regulate and express their emotions, to where they can develop skills and strategies against the harmful thought patterns that often come before substance abuse.

Many addicted women in treatment report that they began using drugs regularly after a specific traumatic event in their lives (**doshan'bursch'1982; kane-cavaiola'rullo-cooney'1991; reed'1985**). Incest and rape are commonly cited precipitating events for drug use among women (**Volpe**), and rates of sexual and physical abuse reported by women in treatment run as high as 75 percent (**jahn1992; root'1989; Roshenow, Corbett, & Devine, 1988**).

Women may face unique issues when it comes to

drug abuse, influenced by sex differences based on biology and gender differences based on culturally defined roles for men and women. Scientists who study substance abuse have discovered special issues related to hormones, menstrual cycle, fertility, pregnancy, breastfeeding, and menopause that can impact women's struggles with drug abuse. In addition, women themselves describe unique reasons for using drugs, including controlling weight, fighting exhaustion, coping with pain, and self-treating mental health problems (**national'institute'on'drug'abuse'2015**).

Hien et. al., (2005) have shown that women who are on drug abuse are likely to experience ongoing traumatization, associated with severe problems in self-regulatory behavior: regulation of affective impulses (e.g., difficulty modulating anger), cognitive processes (e.g., disruptions in attention, memory and consciousness), and relationship with others (e.g., problems with intimacy and trust). All these problems may in turn reinforce the difficulties in the social environment of the woman in drug abuse.

Substance-abusing women in particular also experience higher levels of guilt, shame, depression, and anxiety about their addiction than men (**reed'1985; underhill; Volpe; winokur**). In addition, like women in general, women who are chemically dependent report more negative feelings about their bodies than their male counterparts; they are also at higher risk for eating disorders (**marsh'simpson'1986**).

In spite of the above, women often have difficulty acknowledging their problems with substance-use disorders, and professionals are reluctant to ask women about drug or alcohol use (**Hecksher2009**). Since the turn of the century, scientists have found that, while half of a person's susceptibility to addiction can be linked to genetic factors, the other half is the result of poor coping skills (**prescott'kendler'1999**).

### 3. CASE STUDIES

Resorting to drugs in the pre-teens, using a wide variety to almost complete dependence, women too have experienced it all. This article is based on the experience of the author as a therapist and counsellor while dealing with two individuals who have moved into doing drugs as a coping mechanism because of extremely disturbing experiences. The individuals who are currently in therapy are hesitant with sharing details in a public space such as this article in a journal due to fear of social stigma as can be expected in these cases. Hence the broad similarity in these cases has been taken as the context to present the scenario in a sequence of social/family setting, circumstances and actions which have led to drug abuse. In one case the individual has a single parent (mother) who is running a business, while the family comes from a wealthy lineage and in the other case the individual is from a middle class nuclear family set up with a homemaker mother

and employed father. In both cases, though the family structure is nuclear, there is very regular interaction with the extended family and relatives who also play a significant role in decision making with respect to the lives of the individuals in question. Both individuals are from a peri-urban set up from South Asia. Being first born is also an attribute shared by both the individuals.

Since the individuals had consented to embark on intervention therapy with the author – the path, and the rationale behind it, as based on existing therapy techniques is also presented in detail. Personal details are kept anonymous in compliance with the applicable research ethics and privacy policies.

Young women between the ages of 18 to 23 attempt to escape from a past that stifles them. They have been unable to talk about it till recently and at the time of starting the therapy were using coping mechanisms that pushed them further into a circle of abuse and social isolation.

What started as a visit completely out of curiosity have now become regular sessions with the therapist where the women are now able to speak of the various ugly events of the past that has made them fear trusting people and stay away from deep relationships, and sometimes shun people completely. The past which includes molestation by a trusted family member or even a trusted friend has left several negative impressions on them, especially on what they think about their bodies and as individuals.

Drugs had become a coping mechanism to get through the day. Work or academic performance had dropped drastically and sleep became rare and drug induced. A craving for sugar, chocolate and anything that gave a temporary feeling of well-being or a "sugar high" as described by them had become a large part of the regular diet which would definitely lead to issues that result from too much refined sugar in the diet.

Pronounced circles under eyes, cold hands, and severe shaking of the body in panic are some of the physical manifestations of the mental turmoil that the two women have had to deal with. They discovered that it helps when two similarly suffering people are able to share their experiences and support each other, and did arrive at the understanding that their coping mechanism was only pulling them down further.

Research has shown that poor coping skills often result in an underdevelopment of emotional regulation and social skills, for example: becoming easily upset, blaming others, having difficulty taking praise or criticism, social isolation, relationship enmeshment, and social anxiety. Without a healthy set of coping skills, addicts often find themselves stuck in the repetitive cycle of drug use, which is the habitual strategy that they have developed to cope with the stress of daily living. A potent factor that influences women's help-seeking behavior is stigma associated with being a woman and an addict. Together, these are elements that affect women's inclination or willingness to seek

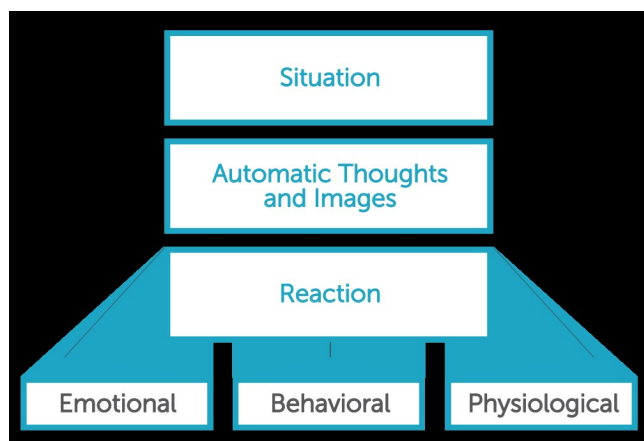


FIGURE 1. CBT Model (Beck, 1967)

help and by that initiate change of behavior.

The first few sessions were all about getting the pent up feelings out. They cried more than they spoke. They lamented at not being able to do anything about the experiences or the ugly hold it has on them, as the memories hurt them harder every day due to which they sank deeper into the whirlpool.

#### 4. DISCUSSION

Bandura ([doi:10.1111/1467-9280.00138](https://doi.org/10.1111/1467-9280.00138)) says perceived self-efficacy is the foundation of human agency. Unless people believe they can produce desired effects by their actions, they have little incentive to act. Self-efficacy beliefs promote desired changes through cognitive, motivational, affective, and choice processes. Perceived self-efficacy exerts its effects on every phase of personal change—the initiation of efforts to overcome substance abuse, achievement of desired changes, recovery from relapses, and long-term maintenance of a drug-free life.

Cognitive Behavior Therapy (CBT) developed by Dr. Aaron Beck ([beck\\*2003](#)) is offered as a path to heighten self-efficacy as a self-regulatory agency in order to enhance coping skills in people. The way an individual feels and behaves is influenced by the way s/he structures her/his experiences. When applied in the context of overcoming drug abuse, the therapy focusses on the experiences that have generated- what can be termed dysfunctional thinking or feeling – about themselves and the environment.

Figure ?? shows the General Cognitive Model that describes the cognitive process in three simple steps – of how a situation leads to certain thoughts which then result in reactions that could be emotional, physical and/or psychological.

The cognitive process when seen in the context of Beck's cognitive triad (Figure ??) involves "automatic, spontaneous and seemingly uncontrollable negative thoughts about: the self, world or environment and the future" (Beck, 1967).

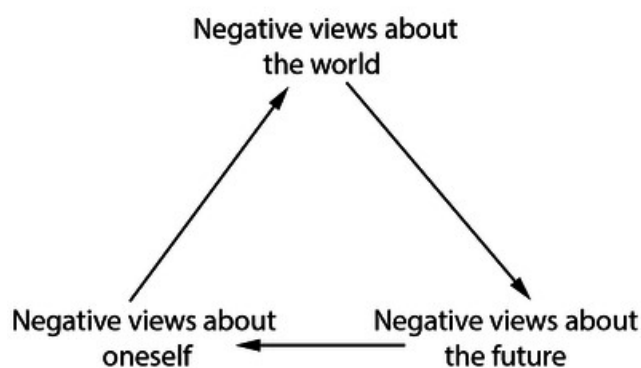


FIGURE 2. Beck's Cognitive Triad (Beck, 1967)

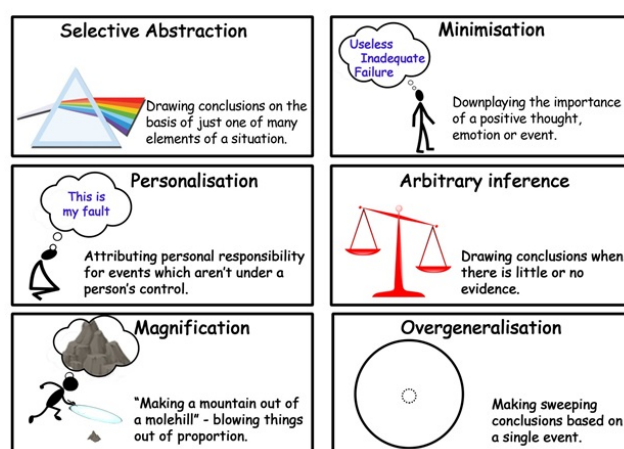


FIGURE 3. Unhelpful Thinking Styles / Cognitive Distortions. (Based on: <https://psychologytools.com/unhelpful-thinking-styles.html>)

Thinking for the individual primarily focusses on negative aspects and includes thought patterns that define the self as "I'm worthless and ugly" or "I wish I was different", the world view as "No one values me" or "people ignore me all the time" or the future as "I'm hopeless because things will never change" or "things can only get worse!" This leads to certain identified biases (Gross, 2015) which clients are taught how to identify and alter as a part of therapy.

CBT, Process and Techniques - The process involves identifying and changing maladaptive thoughts through recognition of biases in thinking or cognitive distortions. The therapist introduces the notion of negative cognition (Beck's triad) in the first couple of sessions followed by the biases that can occur in thinking (??). The therapist and the client are "fellow scientists in therapy" who jointly identify less threatening alternatives that can replace the current biases in thinking, solidify gains and focus on prevention of recurrence.

Potential techniques include a self-monitoring record ([jaffe1988](#)) to record the craving for drugs as given in Table 1.

Trigger (What sets me up to use?)	Thoughts and Feelings (What was I thinking? What was I feeling?)	Behavior (What did I do then?)	Positive Consequences	Negative Consequences

TABLE 1. Self-Monitoring Record proposed by Jaffe et. al.

Statements with words like “everyone”, “never”, and “always” are pointed out in the course of interaction as exaggerations and the client is facilitated to re-attribute or distribute responsibility for an event like an argument which could involve negative connotations. “What if?” scenarios are designed by the therapist to explore actual events and de-catastrophize them. Scaling or putting an event on a continuum for example rating oneself between ‘Most disturbed’ (10) to ‘Not disturbed’ at all (0) for a particular event is used as a means to move away from dichotomous thinking. Positive mental rehearsals of future events are also encouraged to build confidence in the client.

5. CONCLUSIONS

Women often use chemicals to cope with what appear to be unsurmountable stressors.

Chemical use may actually succeed as a coping mechanism for a period of time. At some point, however, the negative effects of drug use outweigh its benefits (woody2009). Having realized that this method of coping is no longer reliable or effective, the chemically dependent woman is often at a loss for productive alternatives. When viewed from this standpoint, it is clear why drugs become an integral part of some women’s lives. Life can be perceived as successive experiences which overpower the individual, or a journey of discovery wherein experiences can be used as means to strengthen one-self. And for the latter to happen, one has to be able to first cope with the experience. Models understanding drug use as a coping mechanism are central to understanding the root cause of drug use for women (bepko’1991).

The coping technique that one uses depends not only on the individual but also the life skills one imbibes from one’s parents (baumrind1966). Given this scenario, as an adult the appropriate coping technique may not be used and combined with the scarring effect of negative experiences, one’s belief in oneself to take corrective action decimates and the downward spiral begins. However, the lessons learnt from the two case studies indicate that Cognitive Behavior Therapy or

CBT as given by Dr. Aaron Beck (beck’2003) is an option in such a situation and works on the premise of the client playing an active part to walk the road to freedom from abuse.

Techniques that move away from the traditional ones reflect a philosophy that focuses on the strengths of each individual and uses her experiences, both past and present, as learning tools rather than as sources of grief and shame (bepko2’1991). Women identify components of their own mental make-up and the environment that are unhealthy and oppressive and that trigger the use of drugs. Having identified these sources of struggle and stress, women can then be helped to develop and use effective, safe, and nondestructive alternative coping strategies (doi:10.3109/00952998709001513; woodhouse).

For women who choose to take this path, it could be a long journey ahead but the difference here is that they will be active decision makers with their therapist. This gives a sense of power to them, on the lines of Bandura (doi:10.1111/1467-9280.00138) who emphasizes human capacity rather than human failings and dysfunction. The line of therapy that was followed in the reported case study is based on Bandura’s explanation of how self-efficacy can be influenced and developed, and how it positively affects all facets of human experience.

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## ABOUT AUTHOR

**Anupama Sanjeev** is the Assistant Dean, Student Affairs and Counseling at Presidency University and is currently engaged in conceptualizing, organizing, and executing - (a) psychological and behavioral counselling and (b) all non-academic student related activities on a campus with 4000 students pursuing both undergraduate and graduate courses and (c) Design and execution of psychometric survey tools for student feedback. She has more than 9 years of experience in counseling, psychometrics, training, and content writing, apart from teaching and research. Her recent projects include created and providing a framework and content for a mobile app related to counselling, conceptualization and creation of an assessment battery for assessing the influencing patterns on children between the ages of 11 to 18 years, to be administered to school children across India, and successful alleviation of chronic psychosomatic severe, function impairing headache in a 17-year-old female, through a blend of non-directive counselling – both the patient and family, with lifestyle and dietary habits. Anupama is currently working with several young people in the areas of managing emotions, career path setting and successful relationships. Anupama holds a Ph.D. in Psychology, Organisational Behaviour (2013), M.Sc. in Human Resources (2006), Diploma in Counseling (2006), and B.Sc. in Math, Statistics, Computer Science (1993).