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Echoes from History: Women, Drug-use, and Cultural Shame

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Abstract

Women who use drugs continue to be mostly overlooked in research or are depicted as promiscuous and licentious.[31] The legacy of a patriarchal past and moralistic societal attitudes still features heavily on the pathways to recovery for women. This project will focus on the structural barriers faced by women in accessing supports for alcohol and/or drug use. The aim is to explore the potential harm caused to women due to the structural and often patriarchal barriers they experience in accessing supports. Historically, drug treatment and policies have emerged from knowledge produced by a 'male-based society', for what was perceived to be, predominantly a 'male problem'.[4,34] Lorde[17] asserts the 'master's tools will never dismantle the master's house' thus male-based knowledge production will not serve women as well as it does men. The dominant culture has valued a punitive ideology of addiction that dismisses the needs of women who use drugs and fails to address the abuses perpetrated against them. Challenging this ideology, through viewing this as a feminist and human rights issue, will be the core argument within this project.

Keywords: addiction, women, shame, feminism, recovery.

Introduction to the Research

This project will use a feminist lens to critically analyse responses to - and treatment of - women who use drugs. The conceptualisation of womanhood and the often-patriarchal responses to their addiction will be the central focus. Being cognisant of the Irish state's historical treatment of, and its failures to protect women, there will be an exploration of how the past may resonate in the present. My PhD research project will be undertaken through a feminist methodology and utilise 'hauntology' as a conceptual framework. Through the framework of 'hauntology', the ideologies, cultural factors and state responses to women who use drugs will be examined. Derrida[6] presents the theory of Hauntology through a metaphorical 'spectre' or 'ghost'- a

haunting presence of the past that hovers over the present as an invisible force that informs the present and prospective future.[15] This conceptual framework will analyse the 'ghosts of Ireland's past' and their presence today. Such a conceptual framework creates space for a critical analytic re-narrativisation and a telling of alternative stories[7] and to make visible how social, political, and economic policies impacted on women in addiction.

Background to the Research

Women have been subjected to unrealistic expectations based on their gender with little support for those who veered from this moral status-quo of a patriarchal society.[23] Recent research that explored barriers to help seeking for women who are mothers experiencing addiction[18] indicates that gender remains a significant factor for women when accessing basic supports. Historically, much of the research conducted in the area of addiction has been informed from a male-based perspective,[34] and often conducted by men and about men. Those who veered from the patriarchal moral status quo of Irish society were met with the full weight of collective societal shaming.[23] They were deemed unworthy of support and undeserving of appropriate resources.[9] While Irish society is progressing, this moral status quo of the past is still very much present for those in addiction. Some punitive ideologies are still embedded deep within the collective psyche and can be a deterrent to seeking supports.[29] Irish society has made great strides in recent years in relation to women's rights and gender equality through the advocacy of various waves of feminism; however, many women are displaced within the feminist movement.[3] Many feminists do not understand or fail to appreciate the struggles of those with intersecting identities and the patriarchal and systemic challenges they face when it comes to addiction. Shame and gender-based expectations on women is a barrier to seeking support.[18] Ultimately, access to supports in a timely and sensitive manner is central, however, many women are reluctant to engage with services given the accompanying stigma. My PhD research project will explore if the perpetuation of stigma and shame may impact the lives of women who use drugs; an area that is under-explored in an Irish context. The research will explore the potential harm this may have on women's health, welfare, and safety. Furthermore, there will be an exploration of how this may be influenced by attitudes originating from Ireland's patriarchal past.

Historical Overview

The Anglo- Irish Treaty was signed in 1921 and twenty-six counties of this 'new-state' gained independence from Britain. Later, in 1948, this 'new-state' left the British Commonwealth having declared Ireland a Republic. Following political freedom, the state was more concerned with defining itself as a 'moral society' whilst less consideration was shown for individual liberties.[2] Following independence, the Church and state became increasingly entwined, leading to detrimental consequences for many.[23] The ideals of a 'moral society' were primarily based on the doctrine of the Catholic Church. The social and moral teaching of the Catholic Church entailed the control of the body and sexual morality.[2] Male clerics were endorsed by the state to

act as 'primary definers', enunciators and articulators of social policy'.[11] Ireland subsequently became a 'Catholic' state for a 'Catholic' people.[23]

Ó hAdhmaill[23] asserts that almost the entirety of society including education, health care and social services were controlled by the Catholic Church. Irish society fostered a pronatalist view and promoted motherhood within a limited and idealistic sphere. O'Connor[24] argued that 'being female in Irish society is very closely tied up with the bearing of children while the 'pram with the child was seen as a badge of something achieved'.[1] Within the Irish Constitution the words 'women' and 'mother' are interchangeable[30] however, women were often left unsupported in this role both in policy and culture.[13] Rich[28] was critical of such ideals of womanhood and challenged the notion that the roles of wife and mother should be central to a woman's life.[33] Despite significant societal progression, motherhood remains encouraged and even expected in Irish society.[5]

Since 1983, referendums on abortion and divorce had been marked by intense debate and often deep division. The abortion referendum of 1983 became referred to as 'the second partitioning of Ireland'.[2] These issues of 'moral principle' coincided with a growing use of intravenous drug use during the 1980s which promoted concern for the prevalence and transmission of HIV/AIDS.[27] This forced a new public health lens on the issue of drug use which partly influenced a harm- reduction element to drug policy.[2] These issues of 'moral principle', a philosophy of abstinence was emphasised in relation to drug use.[27] It is argued that the development of Irish drug policy was conducted covertly to avoid further intense national debate in addition to what was already taking place in relation to divorce and reproductive rights.[27] Whilst there was extensive public debate on issues perceived as 'moral principles', drug policy was legislated for discretely and was undisputed publicly.[2] Randall[27] asserts that there was 'no formal announcement of this shift from the traditional abstinence philosophy to one of harm-reduction'. This is in keeping with Leonard and Windle's[16] assertion that 'since the 1980s, Irish drug policy has walked a line between harm reduction and a relatively conservative prohibitionist stance'. Presently, those who use drugs problematically are generally criminalised and marginalised within society.[16]

Stigma and Shame

The criminalisation and marginalisation of people who use drugs perpetuates stigma and shame. Stigma is well understood to be an adverse perception that no one wants attached to them. Its function is to uphold social standards and to keep people conforming to the expected norms.[31] This may be the understanding of stigma in today's terms; however, its origins are more sinister. The concept of stigma comes from a Greek term that refers to the markings that were burned into the skin of people who were enslaved, incarcerated as criminals or viewed as deviant. This was done to visibly brand people as 'morally corrupt or polluted'.[31] While this practice may not happen today, the experience of stigma continues to leave deep wounds and scars. Women in addiction continue to be mentally, physically, emotionally wounded; systemically

harmed by the stigma they endure and often internalise. Campbell and Ettorre[3] argue that all forms of 'respectable womanhood' are withheld from women who engage in what is perceived to be 'deviant social behaviour' and socially accepted norms. Hari[8] asserts that 'the opposite to addiction is connection', yet society continues to ostracise people who use drugs. Often abandoned in the margins, both literally and figuratively, out of sight on the peripheries of society when criminalised, oppressed into homelessness and/or sexual exploitation.[12]

'Sacrificial Mothering'

For women in addiction, the stigma and shame can be exacerbated by the patriarchal expectations of motherhood. O'Reilly[26] describes the ideology of 'sacrificial mothering' that promotes unrealistic expectations of 'perfect motherhood' through the denial of 'selfhood'. O' Reilly asserts that mothers are designated all the responsibility of mothering but are often not afforded the power or resources to meet these responsibilities. Many women, when seeking support, are met with the full weight of judgement and responsibility motherhood but are too often left powerless to change their circumstances. Skeggs[32] described how women are not always 'the originators of their identities but are located in temporal processes of subjective constructions'. For women who are mothers in addiction, they are continuously put back in their assigned space of failed motherhood[21] or 'failures as women'.[3] When women use drugs, it can be viewed as a threat to her 'alleged primary purpose: to bear and raise children'.[31] Access to treatment and recovery is often more about 'what women need to do for others' and this projection of womanhood presents a barrier to supporting the woman outside of the frame of motherhood.[3]

Women Left Behind?

Women deemed different to the perceived norm of our time are often omitted from the women's rights movements agenda and discourse.[35] There is an issue with the failure of the feminism to deal with the question of diversity.[20] Many women's voices are going unheard in our society as they experience 'intersectional discrimination'. Mayock, Cronly and Clatts,[19] describe how some feminist readings can sometimes portray women who are drug-using as 'emancipated consumers seeking pleasure'. Sanders[31] explains how the emancipation hypothesis of the liberal feminist agenda was one of gender-neutrality, and consequently be constructed as women 'simply exercising a form of liberation', however, the emancipation or liberation ideal of feminism fails to address the ill effects of addiction.[31] Descriptions of drug-use as 'emancipatory' is unconvincing as women in addiction have been invisible to the women's health and reproductive rights movements.[3] Campbell and Ettorre,[3] argue that, even within the women's movements, women in addiction were viewed as 'failures as women'. When drug-use becomes addiction, the women are no longer viewed as 'epistemologically credible' within the movement, according to Campbell and Ettorre.

Women in addiction are often viewed as inadequate, deviant and immoral by society[14,25] and are often met by a 'reservoir of distaste'.[14] Feminist theorists such as Lorde and Crenshaw,

promoted a more expansive form of feminism which highlighted the multiple oppressions of marginalised groups, a feminism that could be extended to include the multiple oppressions of women in addiction. Crenshaw[36] through her concept of intersectionality, argues that there needs to be recognition of the 'interaction of exclusionary positions and identities'.[33] The theoretical insights provided by intersectionality contribute to avoiding an analysis of addiction that is 'asocial' or 'desocialised'.[37]

Conclusion

The dominant culture in Ireland has dismissed the needs of women in addiction and has failed to address the abuses perpetrated against them.[3] This project has political framing and may contribute to current social scientific knowledge for a better understanding of the structural contributors and consequences of addiction, such as poverty, inequality, intergenerational trauma and intimate partner violence. Addiction among women is on the rise in Ireland[22] and there is a gendered distinction to the challenges women face.[3] Changing the narrative of individualised personal liability and taking account of the external factors at play can contribute to dismantling the cycle of blame and stigma associated with addiction. If we ignore structural failures and do not question why some women are left behind, we will continue to reap the same outcomes of the fourth highest record of drug-related deaths in the EU, with more than two people losing their lives daily.[10]

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