

A Brief Historical Perspective on Jews, Women and Addiction

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“There have been Jewish alcoholics (and addicts) right along. Addictions in the Jewish community have been there all the while. Whether there are more of them or less of them is less important than the recognition that it is there, and getting prevention and treatment to the community.”

Sheila Blume, M.D

The Bible Tells Us So

From ancient times through recent history, the conventional wisdom was that “Jews Don’t Drink,” “Shikker is a Goy (a Drunk is a Gentile) and “There’s No Such Thing as a Jewish Alcoholic or Drug Addict.” Moderation in the drinking of wine and alcoholic beverages, according to Marcia Cohn Spiegel, is “a constant thread running through Torah, Talmud and later codes and commentaries... Biblical passages point out the perils of excessive consumption of wine and strong drink: loss of judgment, loss of wisdom, inability to rule or make decisions, sexual promiscuity and loss of control over one’s behavior.”(1)

She also points out that “from the story of Noah onward, there is a close association of drinking and sexuality...While drunkenness was considered evil for a man, it was much worse for a woman...Sometime later the Babylonian Talmud (Ketubot 65a) stated: ‘One glass is good for a woman, two are a disgrace, with three she opens her mouth (in lewdness); with four she solicits in complete abandon even an ass on the street.’”(2)

When Immanuel Kant commented that “women, ministers and Jews do not get drunk, as a rule, at least they carefully avoid all appearances of it because their civic position is weak and they need to be reserved...”(3) he served to hermetically seal the notion of Jewish “cultural immunity” and female abstinence for well over a century.

Women Are Not Men

According to William L. White, who has chronicled the history of alcoholism and addiction in women in America, the 18th century marks the period when addictions in women begin to grow, in part, due to the use of alcohol and opiate laced patent medicines prescribed for women’s ‘troubles.’ By the 19th century, the atmosphere becomes one of neglect, disinterest, moral condemnation, and lack of services. Religious based temperance groups and rescue missions try to develop ‘gender

specific' treatment for women. But the concept backfires. Rather than help the cause of addicted women, it hinders and stigmatizes them by emphasizing the need to address their 'degradation.' The services go underground until they ultimately collapse in the early 20th century and "*addicted women lived and died in a shroud of silence*" until the birth of AA. (4)

The revolution that comes in the treatment of alcoholism occurs in 1935 when Bill W(ilson) and Dr. Bob (Smith) come together in Akron Ohio to form Alcoholics Anonymous. The simple program, of one alcoholic helping another stay sober day by day, using 12 suggested steps of recovery as their guide, along with attending meetings, sponsoring or mentoring others, and giving back service will change everything for alcoholic and addicted men and women forever. AA begins to grow across the country.

Women, however, are not eagerly welcomed at first. This 1946 letter, which appeared in the AA's newsletter, *Grapevine*, tells why. (5)

"Why Women Should Not Be Allowed in A.A."

- * The percentage of women who stay in AA is low.
- * Many women form attachments too intense – bordering on the emotion.
- * So many women want to run things.
- * Too many women don't like women.
- * Women talk too much.
- * Women are a questionable help working with men and vice versa. Sooner or later, a woman on-the-make sallies into a group, on the prowl for phone numbers and dates.
- * A lot of women are attention demanders.
- * Few women can think in the abstract.
- * Women's feelings get hurt too often.
- * Far too many women cannot get along with the non-alcoholic wives of AA members.

Eventually women are "allowed" in AA. Soon Bill's wife Lois, begins a companion program, Al-Anon to help families and friends of alcoholics which uses the same steps and principles of AA. Mrs. Marty Mann, becomes the first woman member of A.A. She goes on to become an alcoholism pioneer in her own right, as founder of the National Council on Alcoholism and co-supporter with R. Brinkley Smithers of E.M. Jellinek's watershed study which introduced the "disease concept" to alcoholism treatment. The fate of women alcoholics improves as more and more get sober through AA, "go public" about their alcoholism, and are helped as women physicians like LeClair Bissell, M.D. and Sheila Blume, M.D. enter "the front lines of

alcoholism treatment” and “recovery advocates” promote the development of services for women. (6)

In the mid 1950’s, one of the first women to ‘go public’ about her alcoholism is Lillian Roth, a Jewish theatre and film actress (who had appeared in “*Animal Crackers*” with the Marx Brothers). Her biography, “*I’ll Cry Tomorrow*” captures the attention of the world and is credited with helping Americans to view “*alcohol addiction as a disease, not a vice or simply a bad habit resulting from lack of willpower.*”(7). The book is eventually translated into 18 languages, made into an Academy Award nominated popular film and Roth herself is cited for influencing the development of AA groups in Australia. The fact that she is a Jewish woman alcoholic, however, is no more than an afterthought.

It takes another two decades until the next ‘revolution’ when First Lady Betty Ford publicly admits her addiction to prescription drugs and alcohol. It is a “stunning moment’ and a turning point in public perception and attitudes. It helps to ‘destigmatize addiction’ and begets a new term “chemical dependency” to describe addiction to mood altering chemicals whatever the form. (8) It challenges old notions of who is an addict and alcoholic. Addicts, it seems, are as likely to be your neighbor’s mother as they are the junkie on the corner. Mainstream America now begins to look at alcoholism and chemical addiction in a new way and the Jewish world begins to do the same.

Whatever scientific and scholarly literature starts to be developed either ignores Jews who drink or drug or focuses on moderation, cultural and genetic factors that “protect” Jews, enable them to “avoid” alcohol problems and result in low incidence rates. This changes... very very slowly over time.

Research on women and addiction doesn’t fare much better. Says Sheila Blume, “20 years ago (I) couldn’t find a published paper on sex difference in treating alcoholic men and women. It was just assumed that there only men were alcoholics.” (9)

As Dr. Blume and others begin to study addiction in women, they become a “suitable’ area of study. These studies begin to characterize the nature of women’s addictions. They:

- are more likely to be solitary abusers and isolated from family and community.
- tend to become addicted more quickly and suffer addiction’s consequences sooner.
- are more vulnerable to physical and sexual abuses, and

- more prone to have high risk emotional problems such as depression. (10)

As a result, this *“prevents their disease from being identified... (and) contributes to the belief that women alcoholics are rare”... (and) because they do not resemble social stereotypes... drug or alcohol problems in women fail to be diagnosed.”(11)* **The same can be said for Jewish addicts and alcoholics as well.**

The Ostrich Stance in the Jewish Community

Perhaps the best description of the Jewish community’s traditional attitude toward alcoholism and addiction was written in 1973 by Rabbi Gilbert Rosenthal in the Preface to *JUDAISM AND DRUGS*.

“Regrettably the Jewish community has for two long ignored the danger (of addiction), trusting that it would simply go away. Some Jewish leaders chauvinistically refused to acknowledge that Jews use drugs or alcohol. Others were simply too ashamed to concede that we have a dilemma....Other lay and professional leaders, rabbis and communal officials have adopted the ostrich stance.

But, as Abba Eban once declared, ‘when an ostrich buries its head in the sand to avoid facing unpleasant facts, it not only presents an undignified spectacle but it also constitutes an irresistible target...’“the American Jewish community has finally shed its reticence and is prepared to do battle. And do battle we must. For the crisis of drugs (and addiction) is an American problem; ... a rich man’s problem as well as a poor man’s problem...And, a Jewish problem too.” (12)

The book, the first of three seminal volumes on addiction was published by the Commission on Synagogue Relations of UJA/Federation of Jewish Philanthropies of New York, under the direction of Rabbi Isaac Trainin. With each successive volume, the veil of secrecy was lifted a little higher. To this day, the three books produced by the Federation Task Forces, *JUDAISM AND DRUGS (1973)*, *ALCOHOLISM AND THE JEWISH COMMUNITY (1980)* and *ADDICTIONS IN THE JEWISH COMMUNITY (1986)* remain *among the* definitive publications on Jews and chemical dependency.

It was now clear - the genie was out of the bottle – as Jews were getting into bottles – of alcohol and drugs. As Rabbi Trainin put it, “Whereas in the early 50’s major hotels in New York were not over anxious for Federation fund-raising functions, the picture changed dramatically over the years.... By the 1970’s banquet managers in major hotels solicited our business because as one banquet manager stated to me, ‘now your people drink as much as Gentiles.’”(13)

At about the same time, the spiritual leader of one of the three synagogues in New York which hosted AA meetings, Rabbi Sheldon Zimmerman, told the Commission that there were “a large number of Jews” at the meeting, and “*exhorted the Commission to establish a Task Force to look into the problem.*” (14) Simultaneously, more calls started to come in to the Jewish information and referral hotline from parents concerned about their teens’ use of marijuana. And, Jewish “baby boomers” of the Sex, Drugs and Rock ‘n’ Roll “Woodstock / Vietnam” generation began ‘experimenting’ with all types of substances.

Jewish members of AA, as “horrible examples” were invited to join professional and religious leaders on the recently established Task Force on Alcoholism. They were able to put “a name and a face” to the disease in a way that the Jewish community hadn’t seen before. Alcoholism and chemical addiction was no longer an abstraction. It was a disease - primary, predictable and progressive which could cripple and destroy a life – a Jewish life – as much as any other. But, it was also a disease that could be arrested and its victims could find recovery.

The Task Force had an ingenious idea – hold a weekend retreat for recovering alcoholics, addicts and family members – a kind of “spiritual homecoming” -a unique blending of Jewish tradition and 12-step recovery philosophy together, for the first time, anywhere. That weekend in 1978 marked the birth of JACS (*Jewish Alcoholics, Chemically Dependent Persons and Significant Others*) and the start of a new self help movement of recovering Jewish people, empowering themselves, talking to their communities and advocating for services on behalf of addicted Jews and families.

That first retreat would also capture the special anguish of the Jewish addicted woman: “*I attended a Bar Mitzvah last week and I was ashamed to touch the Torah. I feel a triple stigma, in that I am a female, and Jewish and alcoholic.*”

As alcoholism and addiction began to slowly make its way onto the agenda of Jewish communal institutions, JACS, with the guidance of Federation, played a leadership and catalytic role. A quarter of a century ago, you could literally count on one hand the number of rabbis informed about addiction. Through a formal course in Chemical Dependency and Spiritual Counseling, certified by the major theological seminaries and, by enlisting rabbis, cantors and seminary students to provide spiritual leadership at JACS weekend retreats, today, more than 500 rabbis are now knowledgeable about alcoholism and addiction. For many it was clearly an eye-

opener. As one overwhelmed cantorial student observed *“learning about chemical dependency at this retreat is like learning to bowl by being the bowling pin.”*

Federations took on roles as conveners of community efforts; Jewish service agencies, with JBFCS in the forefront, trained staff in addiction and established links to 12-step programs; Jewish schools and Yeshivas developed curricula to begin to create awareness among youth; knowledgeable rabbis began to take their rightful place in addressing the spiritual needs of recovering Jews and in creating 12-step oriented spiritual literature.

Public awareness was heightened significantly when Dr. Sheila Blume (along with Dee Dropkin), in 1980, conducted a groundbreaking research study on Jews and addiction. They found, contrary to popular opinion, *“there was no real evidence to substantiate the claim that assimilation breeds alcoholism, and that Jewish alcoholics abandon traditional religious customs, values, and their Jewish identity...“Whatever the family history in other groups, we found very similar things in our Jewish alcoholics. These were not isolated people who drank in some way different from the people around them”* (15).

It would take another 20 years, however, before there would be another major research study on Jews and addiction. In 2001, the JACS Study I, under the direction of Susan Vex, a JACS member, and Dr. Blume was published in the prestigious Journal of the American Society of Addiction Medicine and presented at the American Psychiatric Association.

The study identified characteristics of chemically dependent Jews and their families from the JACS data base. Their findings were consistent with Dr. Blume’s first study:

- **“alcohol was found to be the most prevalent drug of both primary (54.7%) and secondary (24.5%) dependence.”...**
- **“rather than having an immunity to alcoholism, chemically dependent Jews tend to choose alcohol as (their) drug of dependence.” and**
- **participants had “positive family histories” of dependence, in prior generations. (16)**

Moreover, in contrast to national studies and AA surveys which showed a 2:1 ratio, male to female, there were an approximately equal number (1:1) male to female ratio (where alcohol was the primary drug of choice).(16)

Who says Jewish girls don’t drink?

Healing and Empowering for the Future

Over the past half century, things have changed for alcoholic and addicted men and women, Jewish and non-Jewish. Today, there is more readily available information, as well as better identification by professionals. There are more treatment resources and greater awareness of how to find them. There is greater community involvement and participation by religious leaders and faith based groups. There are more 'notables' publicly acknowledging their addictions and more media attention to the exploits of those not yet in recovery.

And while we have come a long way, we haven't come far enough for women alcoholics and addicts as a country, or for Jewish women alcoholics and addicts as a community. One only has look at the recent study conducted by the National Center on Addiction and Substance Abuse (CASA). Their report, *Women Under the Influence* found that many of same issues that prevented women from seeking treatment in the past are still preventing them from seeking it in the present.(17)

They report that nationally:

- 6 million women abuse or are dependent on alcohol
 - more than 7.5 million girls and women misuse or abuse prescription drugs.
 - 92% of women do not receive treatment for their alcohol and drug problems
 - only 38% of treatment facilities have special women-only programs.
- (18)

And, how have Jewish alcoholic and addicted women fared? According to the sources, they don't even exist. The CASA study makes no reference to Jewish women. Neither does 'our own' periodic National Jewish Population Survey. It makes no mention of alcoholism or addiction.

After all these years, addicted Jews and family members continue to remain largely invisible in much of the public eye by omission, and invisible in the eyes of much of the Jewish community by intention.

Clearly, however, there has been some movement. 20 years ago, a book like this one on Jewish Women in Recovery would have been unheard of. Today, Jewish alcoholic and addicted women and family members are eager to share their stories of recovery to help their Jewish sisters find sobriety. As these brave Women of Valor come

forward to lift the veils of secrecy, shonda (*shame or disgrace*) after shonda comes spilling out of the closet - incest, physical and sexual abuse, domestic violence.

It is a sad irony that the joy and freedom they feel about breaking through the wall of denial about one shonda, is tempered by the pain of knowing how many are still hidden behind even higher walls. But there is no turning back. Yes, the genie is out of the bottle – but she is a different genie – no longer passive and shy. She is strong, determined and resilient, coming out of the shadows, coming forward to take charge of her life, eager to join together with others to empower themselves and make themselves whole.

As a community of Jewish women we have indeed learned, as Marcia Cohn Spiegel says “to survive, to recover, to heal ourselves.” (and) “to find a place in Judaism that does not require us to separate into parts, woman, Jew, survivor, addict, alcoholic.” (19)

And as we do, in the distance, an Ostrich stands upright and smiles!

NOTES

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3. Spiegel, op cit.

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5. AA Grapevine, (1946, October)3(5):1:6. Quoted in White, W.L. (1998), Slaying the Dragon: The history of addiction treatment and recovery in America. Bloomington, IL: chestnut Health Systems / Lighthouse Institute.

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8. White, “Women Addiction and Recovery: A Historical Review.” op cit.

9. Blume, Dr. Sheila, R.J. Frances and S.I. Miller (Eds). Clinical Textbook of Addictive Disorders (2nd ed), New York, Guilford. pp 413-429.

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14. IBID.
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18. IBID.
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Jewish Sisters in Sobriety: Untold Stories of Alcoholism, Drug Addiction, Co-Dependence and Recovery in Jewish Women. Published, 2007. by JBFCS and JACS.