THE EXPERIENCE OF BEING THE WIFE/ PARTNER OF A MALE PROBLEM DRINKER

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This paper explores the experiences of the wives/partners of male problem drinkers. Qualitative data was derived from semi-structured interviews with four women who have at some time lived with a problem drinker. A thematic analysis of the interviews was carried out and the dominant themes of "blame" and "responsibility" were identified, among others. The cultural and gender discourses that were employed to mitigate the men's responsibility for their drinking behavior were examined and deconstructed, with current research drawn upon to support the identified themes and discourses.

. . . one Christmas Day he was drinking and I had to go to my other daughter's place for tea that night, Christmas night. And um he was drinking and drinking and then I couldn't find him, and then I went to the car and luckily I didn't drive out in anger because he was lying behind my car with smashed beer bottles, blood everywhere, and so I had to ring up the ambulance. And luckily, this man had a father who was an alcoholic and he said 'don't apologize for anything. Don't you try and lift him' and they took him to hospital. And I thought I'm going to have a wonderful Christmas Day, no drunk Reggie! Anyway, I was ready to go down and my granddaughter said 'Hello Nan, Reggie's here'. I said 'Reggie's there?' She said 'He's sober'. Anyway I went down and he was there and sober as a judge. The hospital paid for a taxi for him to go and he went down to my daughters' cos he knew we were going there for tea. And they thought it was a great joke, Reggie walking out of a taxi in his yellow dressing gown and his slippers on Christmas Day. He was sober! How did

they get him sober? They must have given him oxygen. Because we heard from a nurse that oxygen's good for hangovers . . . I thought I was going to have a wonder-ful free 'no having Reggie drunk' on Christmas Day. Every Christmas Day he was . . . I hate Christmas.

(Extract from Pam's Transcript - she was married to her problem drinking hus-band for 56 years.)

INTRODUCTION

Historical Context

There have been a number of reviews of literature on the partners of problem drinkers (Watts, Bush, & Wilson, 1994; Loughran, 2006), which highlight that the views on this topic have changed markedly over time. Both Watts et al., (1994) and Loughran (2006) found that there have been several phases of research and that these include the disturbed personality model (1950's), the process-focused model and family systems model (1960's and 1970's), the co-dependency model (1980's onwards), and the stress and coping model (2000's). They state that the "disturbed personality model" of wives was fueled by a report by Whelan (1953), who suggested that the wife's personality is as responsible for the dysfunction in the marriage as is the husband's drinking, and that the wives dominate their hus-bands. This early psycho-dynamically orientated position espoused the view that women subconsciously chose heavy drinkers as partners, and then stayed in these relationships, due to their own personality deficits. Despite no evidence found for this view (Watts et al., 1994), this view still has some currency in the cultural per-ceptions of the female partners of problem drinkers.

The "process–focused model" concentrates on the patterns of communication in the marriage (Watts et al., 1994) and was the forerunner to the concept of co-dependency (co-dependency is a term largely used and accepted among helping professionals and self-help groups, and suggests that the female partners of alco-holics engage in behaviors that reinforce problem drinking). The "family systems model" gives a role to the family rather than places the entire responsibility with the problem drinker, and Wiseman (1980) favored this model. Her research re-produced ideas that responsibility for stopping the behavior lies with the wife, and she concluded that the "futile attempts" of the wives to stop their husbands' drinking could be less stressful if wives attended counseling at an earlier stage of his "drinking career" (p. 549). The responsibility was placed with the wife/part-ner and the very use of the word "career" suggested that the task of "fixing" could last a life-time. It is of great concern that there seems to be no consideration for the "life" of the wife in this conceptualization of the role of partners.

The disease concept of "co-dependency" has been strongly criticized by Harper and Capdavila (1990), who assert that the concept has benefited alcoholics by

serving to reduce their sense of responsibility by sharing it with a partner. At the same time, this concept imposes an undeserved stigma and label on "female" partners, and as such is at odds with the helping professions "mantra" of "first of all, do no harm." Co-dependency enables responsibility to be shifted from the drinking male community to female family members, yet despite criticism by some researchers (Holmila, 1994; Rychtarik & McGillicuddy, 1997), this model continues to be widely used in the alcohol field.

The current model that has had increasing support is the "stress and coping model." Watts, Bush, and Wilson (1994) recognized that wives and partners of problem drinkers experience huge stress when demands on them exceed their body's physical and psychological resources. Other researchers also found that female partners constitute a group that are at particularly high risk for mental and physical ill-health due to this high stress load (Moos, Cronkite, & Finney, 1990; Holmila, 1994; Epstein & McCrady, 1998; Tempier, Bayer, Lambert, Mosier, & Duncan, 2006). That some researchers are finally advocating the exploration of coping strategies that assist female partners to enhance the quality of their *own* lives rather than exclusively that of their partners, will be helpful to both female partners of problem drinkers and health professionals.

Aims and Objectives

The main objectives in the study were, firstly, to expand the current knowledge of the long-term psychological and physiological impacts experienced by women who have lived with problem drinkers, and, secondly, to inform health professionals what sort of help, if any, might be needed for these women. The main aim was to identify the dominant themes that characterized the women's experiences and to explore the similarities and differences in the impacts on different women.

POSITIONING STATEMENT

I have been married to my partner for twenty-seven years. For the first twelve of those years, he was a problem drinker. Neither of my parents is, or ever was, a problem drinker and none of my pre-university friends ever had much money to spend on alcohol, like many of us who had come from a working class background. It was not until I moved away from home to university at the age of eighteen that I witnessed male students (one of whom was my future husband) regularly drinking pint after pint of beer on most nights of the week. My lack of knowledge and experience of problem drinking precluded me from anticipating any problems arising from getting involved with one of these men.

Although my husband drank regularly at university, it was not until after the birth of our first child that he began to drink quite heavily. In all the years my husband was drinking, friends and family were unsupportive, often describing my

husband as "laid back" and "so funny when he's had a few too many," and I was often told to "lighten up" and "stop nagging him." The fact that my husband was a corporate employee and that we were relocated both interstate and overseas many times in that period meant that my friendships were often transient, and this instability left me feeling quite alone with this "problem." After twelve years of marriage, my husband suddenly stopped drinking without any intervention; I am still unsure why he decided to stop at this time. As a result of so many years of emotional abuse, I had become mentally fragile, and shortly after his "breakthrough" came my "breakdown." It seemed to me that my body had managed to cope all those years because there had been no choice. I was alone, had been culturally programmed to take full responsibility for my small children single-handedly, and believed it was my duty as a "mother" to cope.

This paper is important because the voices of wives/partners living in this stressful situation need to be heard, having for far too long been viewed as either being a part of the problem or being as "sick" as the male drinker (Beattie, 1987; Holmila, 1994; Watts et al., 1994, Tempier et al., 2006).

METHODOLOGY AND METHOD

Reinharz and Chase (2001) argue that qualitative interviewing is particularly important for the study of women because "this way of learning from women is an antidote to centuries of ignoring women's ideas altogether or having men speak for women" (p. 222). Although this study is not generalizable due to the very small sample, it is highly respectful to the participants involved; these women are not merely statistics.

Initially I considered using autoethnography as a methodology for my qualitative study, as this method would have allowed me to be an active participant and on equal terms with the others (Alvesson, 2003). However, I decided against this methodology, as I did not want to put my own experiences at the center of the study at the expense of privileging the voices of the participants. As an alternative, I decided to include my "voice" in a "positioning statement" and then in a short "afterword" after the conclusion to the thesis. This decision was made easier after I found myself becoming progressively angry at the problem drinking behaviors while analyzing stories that so closely mirrored my own; I realized I needed some distance.

A sample of four women who have lived with a problem drinker was sought and criterion sampling was employed to recruit volunteers from the Dial-A-Mum (DAM) organization; I only recruited participants that were not in a current relationship with a problem drinker. I chose to recruit from DAM because I understand that many women join this volunteer organization because they have undergone past traumatic experiences and feel they can pass on empathic and respectful understanding to others who may find themselves in similar situations. To recruit par-

ticipants, I wrote a letter to the organization requesting their permission for me to recruit via a letter of "invitation to participate." Although I recruited two women from the organization, two other women were recruited via snowball sampling, as I was told that these women were particularly interested in having their stories heard and participating in the research.

I first asked the participants to read and sign an information and consent form, which described the form of the interview, its confidential nature, and that the participant could withdraw at any time. Semi-structured interviews of approximately sixty minutes duration were conducted with each participant and open-ended narrative questioning was employed. I permitted participants to tell their stories with minimal interruptions, to allow them to structure their own stories, although I was somewhat agenda-driven in that I turned my questions to areas that I was curious about; narrative therapy helped shape the analysis.

I recorded the interviews, transcribed each interview within three days, and destroyed the tapes immediately after transcription. I used pseudonyms for the participants and others they mentioned in the course of the interviews, and also removed any other identifying information. After this was done, I sent a copy of the individual transcripts to each participant for review, along with a final consent form. When they were satisfied with the final transcript, they were asked to sign the final consent form and return it.

ANALYSIS AND DISCUSSION

This section firstly describes the participants, then goes on to analyze some of the multiple discourses that problem drinkers use to mitigate their responsibility. Two main themes emerged from the data: "cultural discourses" and "blame discourses." I have focused on three dominant cultural discourses and two blame discourses.

The Participants—Marion, Lynne, Pam and Therese

Marion is a 48-year-old softly spoken, highly articulate, and intelligent woman who was born and raised in New Zealand, where she met and married her first husband who she subsequently found to be a problem drinker. She was only married to her first husband for one year before she left him. She is now married to her third husband who, like her second husband, is not a drinker.

Lynne is an intelligent and vivacious 58-year-old woman who was born and raised in New Zealand. She has been married and divorced twice and is now living with her partner Derek. She described her first husband, John, as a problem drinker and her second, Tim, as a heavy drinker.

Pam is a warm and lively 78-year-old woman who was married for 56 years to her husband, Reg, a problem drinker (Reg passed away shortly before this interview). The youngest of seven children, Pam has survived in extremely difficult

circumstances. Pam had no idea that Reg was a problem drinker before she married him; she had no experience of living with drinkers.

Therese, Pam's youngest daughter, was married for 17 years to a problem drinker, Scott, and was brought up in an environment where her father drank heavily. Therese has suffered greatly from her exposure to life in a family where alcohol has had devastating consequences.

Themes

Cultural discourses.

Several cultural discourses that seemed to be "taken for granted" were identified, including:

1. Normative drinking and masculinity;
2. That alcohol problems are genetically driven;
3. Masculine power and entitlement—the right to make decisions and "privilege."

1. Normative drinking and masculinity.

Smith (1992, 1997) and others (eg., Anderson & Unberson, 2001; Halford, Price, Kelly, Bouma, & Young, 2001) argue that cultural discourses support heavy drinking and identify drinking with masculinity, acceptance, and identity. Early in their relationships with problem drinkers, the participants in this study had considered these discourses as "taken for granted." Marion told me that she was brought up in a family situation where her father, a commercial traveler, would drink regularly. However, she did not regard her father as a problem drinker, as drinking was an accepted part of the culture at that time. She suggested that this societal acceptance was the reason it took her so long to realize her husband had a problem:

> I didn't realise it was a problem to start with. I think it was the culture . . . he came home from work and he would have a beer or two before dinner . . . I didn't consider there was anything unusual or abnormal about it.

Even her husband drunk-driving seemed acceptable at first; "yes, he used to get drunk, and part of that was the driving home thing but I mean, that was still within normal bounds"; until she began to feel unsafe. Lynne described a similar scenario:

> In New Zealand at that time boys drank a lot. You know, it was just part of the thing . . . I thought this was a really nice guy, you know, like as he gets older he'll stop that excess drinking and it'll be a bit different.

As stated by Smith and Winslade (1997), alcohol use for many young men becomes caught up with masculine identity and the "socially conferred status of

manhood" (p. 18); in other words, it is a rite of passage. Of her own son, Lynne said ". . . he's grown up in a world where people drink a lot. In New Zealand, Australia, that's what they do. They drink a lot." Lynne flagged that nothing seems to have changed; the drinking culture is alive and well right now.

> My son said to me once 'Mum, you've got to do the hard yards if you really want to be able to drink'. He said 'you've got to throw up and then start again and that's the only way you can build up your resistance.'

Despite his experience of living in a family where alcohol had played such a destructive role, her son had nevertheless wholeheartedly accepted the powerful societal drinking culture.

Like Lynne, Pam too disclosed that nothing much has changed in terms of the cultural acceptance of problem drinking husbands:

> P: "But they think it's the done thing today, to go to the pub all the time. It's terrible."
> T: "Well, my girls drink and if anyone should have learned a lesson it should have been them down in their generation watching their father and grandfather destroy their lives really . . . watching our family break down."

This discourse is extremely powerful at shaping the understandings and behaviors of those in the community, and Pam, like the other participants, felt powerless against it. Pam told me that even when Reg had been "off the beer for a long while," there was no understanding of the nature of the problem by others:

> . . . and my daughter had her twenty-first birthday party and [Reg] said 'I'm not making any speeches' and I said 'You don't have to' and this silly friend of mine, she said 'Come on Reg, make a speech', handed him a whisky and that was it, he was back on the grog again . . . so heartbreaking.

The preceding excerpts illustrate the ways that discourse normalizes male drinking, constructing it as manly and entertaining, thus making it difficult for these women to find support when their partner's drinking behaviors started to impact negatively on their lives. The pain that Pam had felt at her friend's small yet very dangerous act of encouraging Reg's drinking was evident in her voice. Her friend was unknowingly accepting society's tacit approval of male drinking being "normal."

2. That alcohol problems are genetically driven.

Research carried out by Dick and Foroud (2003) found a gene that suggests that *some* people are more at risk of alcoholism than others, but that there is no one gene that directly *causes* you to become alcoholic. The etiology of alcoholism is extremely complex and although much research suggests that genes explain 40%

to 60% of the variance of "risk" for alcohol abuse (Schuckit, 2000; Köhnke, 2008) it seems that problem drinker's "choices" are also an important factor in continuing drinking. When I asked Therese to explain what it was like for her when she finally realized her husband suffered from a drinking problem, her answer disclosed the commonly accepted cultural discourse that alcohol problems are entirely genetically driven:

> . . . looking at his family background, I didn't think he was a true alcoholic. I thought he'd be able to give it up because his father wasn't a drinker and I had always presumed that you must come from . . . you know, father that was an alcoholic or a mother.

The cultural discourse that "true" alcoholics are genetically determined is one that Therese had accepted unquestioningly. Kalsi, Prescott, Kendler, and Riley (2008) state, "[c]ompelling evidence indicates that positive family history of alcoholism is a strong predictor of becoming alcoholic," but that "[p]ositive family history could mean shared environment or shared genes" (p. 49). That alcoholics are "born" has no real evidential basis, and as Devor (1994) rightly argues, the "crucial role of individual responsibility can never be overemphasized" (p. 1113).

3. Masculine power and entitlement—the right to make decisions and "privilege."

Jenkins' (1990) assertion that husbands have traditionally been regarded as "superior" to wives, and so have been seen as entitled to power and privilege, was supported by many of the participants in this study. The discourse that the male has the right to make decisions is clearly evident in Marion's assertion that she did not have "the right" to take the keys to the car, even though she was feeling unsafe:

> . . . he was a strong man, which is why I was frightened, which is why there was no arguing with him. When he said I couldn't drive his car it was just this male 'loss of face' thing. I didn't have the right to drive it.

The concept of male power and entitlement was accepted by Marion because it would have been unsafe not to. Marion suggested that her husband would have felt that his "rights" would have been breached if she had driven the car against his "orders" and that she was frightened he may have enforced his "rights" through violence. The concept of male power was raised again when she said:

> He was just like his mates, and basically, 'just shut up and stop moaning, it's nothing to do with you.' But him always having to drive [drunk] and never allowing me to drive home . . . Just a man . . . It would have been a sign of weakness for him to let me have the car keys.

Traditionally, a man's voice is one which is "heard" and a woman's "suppressed" (Smith, 1992), and it is clear that Marion's voice was regarded as unimportant in

the scenario described despite the fact she was feeling unsafe and vulnerable. Marion's husband was also physically very strong and so his emotional power was augmented. The discourse of natural entitlement advocates that men be entitled to dominate women because that is the way they are designed (Adams, Towns, & Gavey, 1995). If a female tries to help "fix a problem" (a male's traditional domain), then the hierarchical gender framework is threatened (Anderson & Unberson, 2001), as was evidenced by Marion's situation in the previous excerpt. Lynne also illustrated how her partners demonstrated a sense of power and entitlement. Of her second husband, Tim, she stated: "He seemed to drink in order to be impressive. It was like he never wanted to be outshone . . . wanted to take credit for everything."

She described John's drinking in a similar vein: "It was like a defiance thing, like 'up you,' you know?" And this:

> I had such little sense of entitlement. And of course, he's a man. I found with men in general, perhaps less with John, more with my second husband, is the kind of resentment if I show . . . more intelligence, more capability with anything.

Lynne pinpoints why it is so very difficult for a female to alter her male partner's problematic drinking behavior. Marion said "just a man" and Lynne said "he's a man," which were the only justifications for their husbands' domineering and patriarchal behaviors. These things were "taken for granted" by the participants in this study, as they were drawn into the very powerful societal discourse of a man's entitlement.

Research has shown that the most common reasons for natural recovery from problem drinking are health and finance related (Sobell, Ellingstad, & Sobell, 2000). This research is supported by the following statement from Therese: "he [Scott] did give up drinking when he left me cos he knew that he would die if he didn't."

It was always within Scott's power to give up drinking, it was his choice "alone," and Therese finally recognized this when Scott's doctor informed him that his drinking was killing him. The discourse of problem drinkers having "choices" is constrained, however, by cultural discourses such as normative drinking and masculinity, as well as the seemingly more influential genetic discourse. The latter might be more acceptable to the male problem drinker and society, as the responsibility for the drinking behavior can be believed to be out of the drinker's "control."

Research has also found that female partners of problem drinkers have far higher levels of psychological and physical symptoms than partners of non-problem drinkers (Brennan, Moos, & Kelly, 1994; Rychtarik & McGillicuddy, 2005; Tempier et al., 2006). It is quite possible, therefore, that Therese's sense of powerlessness to change her husband's behavior could have been a factor in her developing agoraphobia and panic attacks shortly after she married. Despite her lack of power to change her husband's drinking, Therese did not fall into the trap of taking on the

responsibility for Scott's drinking, but rather, placed responsibility for problem drinking where it belongs: "I feel angry that people let themselves become alcoholics. I could easily become alcoholic if I wanted to but you don't for other people's sake."

What Therese was asserting here was that problem drinkers have choices like anyone else and that the choices they are making are entirely selfish ones. This, of course, is an alternative discourse to the one that implies that alcohol problems are genetically driven. This alternative discourse was further exemplified by the following statement from Pam: ". . . but I remember him saying to someone, 'It's not my alcoholism that worries me, it's my gambling'."

Jenkins' (1990) assertion that "the abuser's sense of entitlement overrides his responsibility for the welfare and needs of the victim" (p. 37) helps to explain why Reg may not have been overly worried by his drinking behavior. In a review of literature on alcohol and relationship functioning by McCrady and Epstein (1995), they argued that alcoholic husbands are "less aware of their wives' complaints" (p. 159) than non-alcoholic husbands; this could support the fact that Reg may have been relatively unaware of the impact of his behavior on his wife. However, despite his seeming indifference to his family's feelings, Pam, and, to some extent, Therese, nevertheless tried to balance their response to Reg's behavior; Therese said, "He was naughty." Pam said, "But not all the time. I mean he didn't physically abuse me all the time. It was more mental abuse . . ."

Janoff-Bulman (1999) argues that people generally assume the world to be benevolent and meaningful and that it is these beliefs that shape a world view where we "assume" that people are basically good, caring, and helpful. Consistent with Janoff-Bulman's argument, the women in the previous excerpt were trying to assimilate their traumatic experiences within their "selves" in order that they may be able to better "cope." Therese used the word "naughty" to describe her father's behavior, a word that would normally be used in relation to a mischievous child (and far from threatening), and Pam attempted to reduce the seriousness of Reg's actions by suggesting he wasn't abusive "all the time." The possibility of a worse outcome (that Reg could have abused her "all" the time) provided Pam with a "psychologically more useful comparison, one that . . . facilitates coping" (Janoff-Bulman, 1999, p. 316) because the problem was minimized.

The preceding excerpts all demonstrate how cultural discourses support male problem drinking. A sense of entitlement and privilege was established for the men while the female partners in this study were placed in a weak and powerless position within their relationships as a result of these normalizing discourses.

Blame Discourses.

Many of the blame discourses were embedded in the cultural discourses, and were drawn on to support positions that mitigated the responsibility of men in making

the choice to drink, and placed it elsewhere. The types of blame analyzed were mother blame and self-blame/blame by others.

1. Mother blame.

McPhie and Chaffey (1998) found that when they worked with young women who had experienced sexual assault, some at the hands of their fathers, they often found that the abuse "paled into insignificance against the rage some of the young women felt towards their mothers" (p. 33). They found it is a common dynamic in families where the daughter has been sexually abused that the mother is blamed and the mother/daughter relationship undermined. Many of the participants' understanding of their experiences unwittingly drew on the "mother blame" discourse. For example, Marion's mother attempted to leave her "womanizing" husband when her two daughters were quite young, but was forced back into the marital home by her own parents; she had no other choices at that stage because "there was no real help for single parents and no government benefits." Marion turned to her mother for support when her husband's drinking behavior became problematic and was shocked when her mother told her that she had "made her bed and would have to lie in it." The statement "of all the women in the world she should have been the most supportive of me" clearly demonstrates how upset Marion was at this lack of support by someone she had clearly believed would help her. This "mother blame" permeated Marion's interview:

> . . . my mother's not very good at communicating. She never talked about sex, love, marriage, guidance, boundaries . . . I always thought she was it. That she supported me and put no limitations on me but it's only a matter of years that I realized she did me no favors.

The discourse of "mother blame" prevails in our culture and can serve to absolve fathers from any responsibility concerning their children. It was clear in the interview that Marion's relationship with her mother had been undermined by her father's abusive behavior. Even though her father "wasn't good to mum, he didn't care for her or value her," the blame was placed squarely on mum, who Marion said "did my sister and me no favors by keeping the marriage going." Attention needs to be drawn to this accepted societal discourse that informs expectations of relationships and roles that family members fulfil and that many of us draw on. Commenting on the hidden ideology in popular teenage fiction such as Robin Klein's *Hating Alison Ashley*, Heather Scutter (1999) states that "Klein pays little attention to the absent father figures but reserves hostility for the women left behind who fail to cope in the prescribed fashion: certain mothers are sitting ducks, available or visible targets" (p. 99). Klein, like many of us, unknowingly reproduces a societal discourse that implies that it is "taken for granted" that a mother, and not a father, is solely responsible for the nurturing and well-being of their

children (Jenkins, 1990), and this ideology is unknowingly being passed on to our children.

While married to her first husband, Lynne did not feel she was able to ask for support, as she felt "that would have been saying there really was a problem" and that "it was risky to seek help." As was the case with Marion, Lynne would have turned to her mother for support if she had felt she could have: "When someone just talks about my mother . . . it's taken for granted how supportive mothers are . . . it's still a shock for me that you can have a mother who cares and loves you, worries about you."

Lynne put blame on her mother and not her father despite the fact that she said "I think the messages I got from my father were worse for me actually," and "my father had this very Irish temper . . . something little would happen and my father would be so angry and he'd belt us." Lynne also confirmed the traditional role in which society places mothers, and the subject position into which she had been unconsciously positioned in the following extract:

> I've always felt just so much guilt about the marriage with John splitting up because the last thing I wanted to do to my child was to . . . you know, broken marriage . . . and you know, I was the one who had to deal with it, he was only three and a half, he cried for his father, oh it was just horrible.

Sampson (1993) argued that dominant discourses function to keep women and men in their "proper places" by keeping the sexual boundary closely linked with reproduction, and ensuring the continuing advantage of men. In the preceding excerpt, Lynne had been placed in a subject position that had been selected for her by the traditionally accepted societal discourse that mothers alone should be responsible for their children's welfare. The discourse that a mother and a father are equally responsible for their progeny is one that is heard too softly.

2. *Self-blame and blame by others.*

Discourses of "perfect love" (Towns & Adams, 2000) restrain attributions of responsibility to the male drinker by inviting the female into the position of being responsible for changing her man, and seem to account for the strong self-blame that Marion felt: "I wish I had tried a bit harder . . . I wish I could sit here and say to you I exhausted every avenue there was . . . but I don't know if I put in that extra . . . that extra effort."

Here, the reiteration that she felt she did not do everything humanly possible to keep her marriage together shows just how little responsibility Marion put on her alcoholic husband and how much she took on herself. Even when I asked if she had forgiven her first husband she said, "Yeah, I have more resentment towards his parents and my mother and my doctor." Blame is spread between herself and others but does not extend to her husband, her "perfect love": "He was my first

love, my special love. He was a very special guy." Although Towns and Adams (2000) argue that perfect love discourses may prevent change in a relationship, this was not the case with Marion. She refused to take up the subject position offered to her by the "perfect love" discourse (which was one of submission), and this showed great strength.

Towards the end of her interview, Pam indicated that she felt partly to blame for her daughters' dysfunctional upbringing: "And they were such good girls. I mean if anyone should have gone off the tracks, they should have, with an alcoholic father and a highly strung mother, but they didn't."

Pam appeared to be normalizing the alcohol problem and discounting the effects of her partner's alcohol abuse on her. She was putting herself in the same basket as her husband when it might have been more appropriate to see herself in the same basket as her girls. When I questioned her about where the term "highly strung" had come from, and whether she might have just been trying to cope, Pam disputed this:

> No, I was always highly strung. I remember when my mother sent me away to my cousins during the war. I remember her saying, 'Now, be careful. Watch Pam, she's very highly strung' (laughs). Always have been nervous and on the go all the time . . .

Pam seemed to be discounting her "self" for being the guiding and stabilizing influence over her girls. Pam did not make the connection that the girls were "such good girls" because they had a supportive and protective mother who gave her all to ensure they had as "normal" an upbringing as possible. Rather, Pam shared the responsibility for their negative experiences and Pam's mother's assertion that she was "highly strung" had been privileged above all other voices. Society does not value someone who is "highly strung," since this is a term almost exclusively reserved for females (Spender, 1980; Campbell & Ungar, 2004). Had Pam's mother used the words "excitable and sensitive" (which closely defines the phrase), then I cannot imagine that Pam would have thought these highly valued characteristics might have been considered in any way to "blame" had her girls "gone off the tracks."

Marion said that she could not get support from anywhere, even from the local doctor: "I don't go to male doctors any more. I don't trust them." At one stage she hoped that her husband's parents would support her, but she found out that ". . . everyone thought I was bad to leave him" and ". . . as far as [his parents] were concerned I was responsible for ruining the marriage." Beattie (1987, p. 5) deduced from her research that partners of alcoholics "felt responsible for so much because the people around them felt responsible for so little; they were just taking up the slack." This seems to be what happened for Therese, and just as with Marion's experience of the health professionals she approached, the psychologist whose job it was to "help" her, was not "on her side." Therese was bombarded with people who were blaming her for the dysfunctional marriage: "Well I went

to a psychologist . . . and he said it was my problem because if his . . . if Scott's parents thought that he was okay then he must be okay."

Therese was very pro-active in seeking out support but she was let down badly by those who were in a position of authority. When asked how she felt about this lack of real help Therese said,

> I felt totally out of control. You just go on with life, you can't do anything about it. You just put up with it. That's why I'm very cynical now . . . I remember when mum would ring up the police and say 'come and help me' and they'd say 'oh, no, we can't do anything' . . . It's always the woman's fault, she's enabling him to drink. You know? We're enabling our men to drink . . . even when dad was drunk, a few months before he went into hospital, the ambulance guys turned to us and said 'Who gave him the drink?'

The ambulance officers were participating in an accepted cultural discourse here; the responsibility must be owned or at least shared by the female partner or the woman will be in a position of power, which is just not acceptable in our society. An alternative discourse was not privileged by the officers and an accepted cultural discourse was again placing responsibility in the wrong place.

CONCLUSION

The real needs of the female partners of problem drinkers have largely been neglected, as is evidenced by the large number of studies that have concentrated on how partners can better help the alcoholic (e.g., Wiseman, 1980; Yoshioka, Thomas, & Ager, 1992). Given the level of distress in this small sample as well as in other larger samples (e.g., Halford et al., 2001), it is clear that these women need support and if they wish to remain with their partners then they might be helped by attending trauma counseling. This should include psycho-education in order that their feelings can be "normalized," but at no point should these women feel pathologized in any way.

Masculine discourses are privileged and reproduced in Western societies, and alternative discourses are heard too softly and infrequently to become mainstream in our culture. In a society where men's voices are valued over the voices of women, the female partners of problem drinkers in this study reported feeling powerless and unsupported. To have "voice" means that one's voice needs to be heard and properly considered (Sampson, 1993). However, as argued by Sampson (1993), defining "voice" in this way without changing the terms of discourse gives people permission to speak, but only within the dominant discourse; the female voice is merely accommodative and not transformative. As expected, some of my interviewees mentioned that they had been accused of "nagging" by their partners. The phrases "nagging wife" and the "concerned husband" are interchange-

able, but in a world where our language privileges men one is far less offensive than the other (Spender, 1980). The unpacking of these dominant discourses is necessary to help shift the current state of affairs.

It is important to note that there has also recently been acceptance by some researchers that "spontaneous recovery" of alcoholics without treatment is not only possible but that some recent surveys have found that most individuals who had recovered from an alcohol problem for one year or more did so without outside help or treatment (Sobell, Cunningham and Sobell, 1996). The growing acceptance by "experts" that most alcoholics recover without professional help will be helpful to the female wives/partners of problem drinkers in this study, as this may further encourage them to accept that the responsibility for stopping the drinking lies with the problem drinker alone.

Community education could be extremely important in helping to reduce the stress levels and increase the support base of the women in this study. Towards the end of their interview, Pam and Therese talked about how "good" they felt when they heard people on radio and TV discussing the negative aspects of alcohol:

> T: I think it's good when I hear talk back radio, and people talk more about alcohol . . . I'd see these trucks delivering huge amounts of beer to these hotels and I'd think how it ruins so many lives. And nothing's said about it too much,
> P: But this morning on TV for the first time, they said 'Let's start on alcohol like they did on cigarettes, do you realise how much damage is done by this alcohol and all this advertising for sport?' They said something's gotta be done about it.

Both women seemed excited at the prospect that something might finally be "done" at the community level. The community must challenge the traditional cultural discourse that heavy drinking is just a "bit of fun" and start to acknowledge that this behavior is negatively affecting the lives of so many. Effort from the government and community via the media would likely be the most successful way of unpacking some of the currently accepted discourses and placing the responsibility for problem drinking where it belongs.

This study has supported the assertion that male problem drinking behavior is supported by multiple discourses, which mitigate the men's responsibility by distributing blame across others, particularly their female partners, or by accounting for their drinking as being due to restraints beyond their control. Dominant cultural discourses support an alcohol lifestyle and so the discursive world in which people construct their relationship with alcohol needs to be challenged in order to help female partners (Smith, 1992). According to Smith (1992) the discourse of alcoholism has stressed chemical and biological restraints through emphasizing addiction and a genetic disposition, yet research has suggested increased "risk" of heavy drinking only. Cultural and blame discourses also suggest responsibility should be placed outside the problem drinker, which has resulted in the female partners in this study "taking on" responsibility that did not belong with them.

The quotation situated at the beginning of this paper described a Christmas Day experienced by one of the study participants, Pam. For most people in a predominantly Christian society, Christmas Day has connotations of family, warmth, love, and happiness; for Pam, the day brought fear, anxiety, dread, and even hatred. The situation for Pam and for other women living with a problem drinker must change, and it can only change when their voices are heard and their experiences are not minimized. The help they are looking for is that others recognize their plight and begin to understand that they are under huge stress and coping the best way they can. Most important of all, society must recognize that the drinker is the only one responsible for his problem; then, and only then, can the female partner stop blaming herself and start to live an empowered life with a strong sense of identity and without shame.

AFTERWORD

This study brought up many memories for me, as I have shared similar experiences to the participants in this sample. Like some of the other participants, I adhered to the societally accepted discourse that I alone was responsible for my family, including being responsible for helping my husband stop drinking. Had I known that more than three quarters of problem drinkers stop without help, by choice, and only when they feel ready to, I may have saved myself from consequent psychological damage and pain. Female partners need to be educated regarding this finding to protect their mental health.

Like some of the other women participating in this study, I spent many years trying to place the responsibility for the problem drinking behavior with others. I placed most responsibility with my husband's mother, when it is now very clear to me that this was misplaced. I knew that my husband had been seriously affected by being placed in boarding school from a very young age and assumed that this process was responsible for my husband becoming a problem drinker in the first place. Whether or not this had anything to do with initiating the problem drinking, there was no reason for me to "blame" his mother for her husband's choice of pursuing an international career in countries where there were inadequate schools. The discourse of "mother blame" is pervasive in our culture and it was not until I was well into this study that I discovered it was one that I, and the other participants, had heard far too loudly.

Although my husband no longer drinks, a few years ago a family member commented "surely you'll let him drink on your daughter's twenty-first?"; "let him" are telling words here, as he incorrectly assumed that I was the one controlling my husband's drinking, and therefore responsible for him. Sadly, we live in a culture where discourses like this continue unabated, and where women are still placed in a subject position where it is "taken for granted" that they share responsibility for their partners' destructive problem drinking behaviors.

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