


Female accounts: gender and perceptions of chemically dependent women

Female Contações femininas: gênero e percepções de mulheres dependentes químicas

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Abstract

Science understand chemical as a complex, multifactorial, and controversial phenomenon. The consumption of psychoactive substances and the problems arising therefrom are common to individuals of different genders, age groups, economic classes, and social groups; however, these constructs have different weight according to their role in the structuring of subjectivities and their relationship with the social environment. This study sought to understand the relationship between gender issues and chemical dependence from the perception of women who sought healthcare for substance abuse. This qualitative research consisted of interviews conducted with women dependent on psychoactive substances, either legal - such as alcohol, tobacco, and drugs - or illegal - marijuana and cocaine. Data was analyzed according with Bardin's content analysis, based on studies on gender and chemical dependency. The results demonstrate that gender issues strongly mark how women perceive themselves, the mean through which drug abuse movements reproduce female roles, and how society validates their behaviors. These findings suggest that gender issues permeate the experiences linked to chemical dependence, singularizing the relationship between women and the drug.

Keywords: Gender; Woman; Drugs; Chemical Addiction.

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Resumo

A dependência química é entendida pela ciência como um fenômeno complexo, multifatorial e polêmico. Embora o consumo de substâncias psicoativas e os problemas dele decorrentes sejam comuns nos diferentes gêneros, faixas etárias, classes econômicas e grupos sociais, esses constructos atuam de modos diferentes considerando seu papel nas estruturações das subjetividades e relação destas com o meio social. Buscou-se, nesse estudo, compreender a relação entre questões de gênero e dependência química partindo da percepção de mulheres que buscaram acompanhamento em saúde por adicção. Trata-se de pesquisa qualitativa realizada com mulheres dependentes de substâncias psicoativas, sendo estas lícitas - como álcool, tabaco e medicamentos - e ilícitas - como maconha e cocaína. A análise das entrevistas teve como base a análise de conteúdo de Bardin, embasada por estudos sobre gênero e dependência química. Os resultados demonstram que as questões de gênero marcam fortemente as percepções femininas de si, da forma como os papéis de mulher são ou não exercidos no movimento da dependência química e de como a sociedade valida seus comportamentos. Evidências deste estudo permitem inferir que as questões de gênero perpassam as vivências atreladas à dependência química, singularizando a relação da mulher com a droga.

Palavras-chave: Gênero; Mulher; Drogas; Dependência Química.

Introduction

Although drug use dates from ancient times, the relationship of the individual and society with psychoactive substances has made this a complex phenomenon in contemporary times. While the use of so-called licit drugs, such as tobacco, alcohol, and medications, has a social seal of approval, the use of illicit drugs remains stigmatized, either by the pathologizing aspect, or as an element of public policies welcome to “tackle” such drugs in the criminal sphere (Melo; Maciel, 2016).

The legality of the substance used is one of the points associated with stigma, but not the single one. After all, given gender-based issues are structural in our society, this becomes a relevant construct in the ways of stigmatizing people who use drugs. For a long time, drug use was a phenomenon socially read as restricted to men, having its imagery tied to virility and violence (Mejía et al., 2015). Changes in the social structure unveiled that the penetration of psychoactive substance use, as well as the problems arising from it, are common to all genders, being, however, experienced in different ways among them, a relevant point to understand the user-drug relationship (Silva; Lyra, 2015).

Women drug users deal in their daily lives with the consequences of breaking with the stereotype of femininity associated with passivity, domestic care, and modesty; experiencing a moral condemnation crossed by gender issues (Sharma et al., 2017; Medeiros; Maciel; Sousa, 2017). Based on this assumption, this article aims to discuss the relationship between gender issues and chemical dependence from the perception of women who sought health care for addiction, intending to recognize how gender issues singularize the use of psychoactive substances.

Methodology

This is a qualitative research (Minayo, 2010), conducted with chemically dependent women. Due to the pandemic caused by the SARS-CoV-2 coronavirus, we used the WhatsApp application to conduct remote interviews.

We selected the participants referred by health professionals linked to primary care and CAPSAd in a municipality of Picos, in the Piauí state. It is noteworthy that the research took place during a period of strict social distancing in the municipality, a health control measure for the pandemic associated with covid-19. Thus, the referral was by convenience, considering the interviewees' relationship with the care facility, their accessibility, and the possibility of contact during this period. Before the referral, the main researcher informed the professionals about the research objectives, and the inclusion and exclusion criteria to guide referrals. Inclusion criteria were a minimum age of 18 and access, in the last 12 months, to health services motivated by chemical dependency and/or its consequences. Women without access to the internet and WhatsApp were excluded.

After introducing the researcher and the research to the women, we scheduled the interviews. The semi-structured script consisted of four broad questions that sought to characterize their subjectivity, the beginning, and trajectory of their lives as users of psychoactive substances and chemical dependents, the effects of drugs on their lives and health, and their perception of the relationship between gender issues and chemical dependence. In addition, we sent them a brief questionnaire on their sociodemographic profile. We instructed them to answer the questions through audio messages, free to do whatever digression they deemed appropriate after receiving the script.

The questions intended, in addition to the research, to allow the participants to reflect on their experiences from the organization and listening to their own speeches. The interviews took place in June, July, and August 2020, with responses ranging from 5 minutes and 24 seconds to 79 minutes and 57 seconds of audio, later transcribed in full by the researcher. After each interview and its transcription, the researchers

immersed themselves in the material, recording their individual analyses, then compiled into themes and pre-categories. These, in turn, were organized in tables, allowing the visual verification of saturation (Fontanella et al., 2011) and, consequently, the interruption of recruitment in the eighth interview. Thus, eight women participated in the research.

For organizing, interpreting, and analyzing the narratives, we chose Bardin's thematic content analysis (2011), based on national and international studies on chemical dependency and gender aligned with the perspective of post-structuralist theorists, having Tereza de Lauretis (1994), Guacira Louro (1997), and Joan Scott (2005) as the theoretical lenses. Thus, our assumption was that confronting gender inequality requires us to dodge the trap of the Manichean male-female binarism and focus on the deconstruction and re-signification of hegemonic gender stereotypes (Scott, 2005; Louro, 1997) instead, which are structured on the discourses of the distinct social technologies (Lauretis, 1994).

The study had the consent of the Municipal Health Office, and was approved by the Universidade de Fortaleza Research Ethics Committee, under the no. 3,773,409 dated December 16, 2019, following the ethical guidelines of Resolutions no. 466/2012 and 510/2016 issued by the National Health Council.

Results and discussion

We organized the results into three thematic categories: self-perception, drug perception, and perception of society. We used the initial P to name women, followed by the number in the order of their interview. Their race was emphasized in the presentation of the reports, considering the heterogeneity of the category woman and for the standpoint and social context of each one to be clear, respecting intersectionality.

Chart 1 – Profile of women participating in the research. Piauí, Brazil, 2020

	Age	Race	Religion	Profession	Marital Status	Children	Drug of choice	Time of use
P1	49	Black	Protestant	Janitor	Married	3	Tobacco	30 years
P2	54	Black	Protestant	Housewife	Married	2	Alcohol Tobacco	20 years
P3	52	Brown	Not informed	Self-employed	Common-law marriage	2	Tobacco	35 years
P4	47	White	Spiritist	Hairdresser	Not in a relationship	1	Alcohol Tobacco Cannabis Cocaine	33 years
P5	48	White	Not informed	Housewife	Common-law marriage	1	Tobacco	20 years
P6	60	Black	Catholic	Housewife	Not in a relationship	1	Tobacco	30 years
P7	34	White	Not informed	Housekeeper	Not in a relationship	No	Medications	14 years
P8	48	Black	Theist	Public servant	Common-law marriage	2	Alcohol Tobacco	27 years

Eight women, presented in Chart 1, aged between 34 and 60 years, participated in the study. Four self-declared to be Black, three white, and one brown; two were protestants, one was a Catholic, one was a spiritist, one was a theist, and two had no religion; five were in the labor market, in the following positions: janitor, self-employed, hairdresser, housekeeper, and public servant; five were in a heterosexual marital relationship, and one had no children.

Self-perception

This category presents how the participants expressed their perceptions about themselves and their personal relationships, permeated by discourses that refer us to gender issues.

It is noteworthy here the intersectionality between gender and race. The fact that half of the participants are Black elicits reflections about discriminatory events that are still present in the current historical moment. For being Black and women, their vulnerabilities intersect one another (Louro, 1997; Garcia, 2011). When talking about themselves,

these women recalled relationships with their families of origin and the contexts of their childhood and adolescence. Their reports express anguish related to the absences (real or from the exercise of socially assigned roles) of reference figures and the effect of these on their lives.

I was raised by my great-grandmother, I do not know my father, my mother she gave away, you know, and I never had, like, affection from a mother, or father, or anything. (P7, white woman)

My mother raised me on her own [...]. My father separated from my mother and I was... what? Was I? There were five children and she was six months pregnant of the youngest. So, I was a person who was raised with a lot of suffering. (P3, brown woman)

When I was 14, in fact, when I was 13, 12 to 13, she [mother] and my father separated. Ever since they separated, there was me in the house, me, in fact all of us. We are seven children of the couple. (P8, Black woman)

Six women grew up in single-parent female households, having the mother (or other female figure, as in the case of P7) fully responsible for supporting the household and the large family. These issues, historically linked to the phenomenon of the feminization of poverty (Cavenaghi; Alves, 2018), are associated with the conception of care as a female and maternal responsibility, giving men a position in which caring is optional, rather than an obligation (Silveira et al., 2016). Thus, social attributions differentiate the expectations that accompany men and women in the exercise of parental roles. The man who escapes the exercise of parenthood will not be existentially defined by this abandonment, unlike the woman, who will be at the mercy of a strict moral judgment (Zanello, 2016).

Another finding of this study refers to heterosexual marriage as a rite that strongly marks women's experiences, in which they hope to find protection and social approval in terms of decency and salvation:

I have two children, whom I raised on my own. I have had several marriage-like relationships. And for two years now I have been living with my husband, the one who married me, who gave me his name and who treats me like a princess [...]. Today I have a home, I have a house, I have a husband, I have a decent life. (P8, Black woman)

The idealization that accompanies the myth of romantic love associates it with stable and lasting relationships, along the lines of the bourgeois family ideal, which, by defining the roles of men and women in the relationship, reiterate gender stereotypes and the power relations that accompany them (Perez; Palma, 2018).

Five of the eight participants were engaged in paid work during the research period:

Cinco entre as oito participantes exerciam atividade remunerada no período da pesquisa:

I have a work, I am a manicurist, and Natura sales rep, I work is... hawker. (P3, brown woman)

I found myself in the beauty sector, I found myself because I did not have a profession. But I found myself

in the beauty area, I like to do hair, nails, skin cleaning, make-up, massage, waxing. Oh, well, I love the beauty area. massagem, depilação. (P4, white woman)

And since then I have a job. I took the exam and passed 20 years ago, I passed 22 years ago, and I started to work and have a fixed income.. (P8, Black woman)

In this research, women identify work as a relevant constituent in their perceptions of themselves, reflecting the historical changes in the category gender and its surrounding aspects (Scott, 2005; Lauretis, 1994). By assuming, however, the role of family provider, either alone or with a partner, maintaining almost exclusive responsibility for household functions and childcare, these women are often tied to low-paid jobs. Thus, in addition to perpetuating the cycle of feminization of poverty (Cavenaghi; Alves, 2018), they are at risk of developing or worsening mental disorders - including licit and illicit drug abuse - due to the large amount of simultaneous responsibilities assumed (WHO, 2005; Trindade; Bartilotti, 2017).

Drug perception

This category presents how women experienced/ experience the context of drug use and those from experimentation to dependence, as well as the benefits of abstinence, recognized especially by those who are abstinent.

It is worth noting that, among the participants, all of them use licit drugs, with a prevalence of smoking, and only one assumes the use of illicit drugs. The time of use varies between 14 and 35 years, with the shortest time belonging to the youngest participant. Five women, at the time of the survey, were abstinent, while three continued to use the substance. This fact is relevant considering that the use can affect the perception of women about themselves and their relations with drugs.

Some participants associate the beginning of drug use with their childhood family contexts.

I started smoking when I was 20 years old, my grandmother smoked, so she kept telling me to get a fire for her to light the cigarette, and I ended up

lighting it sometimes, "Grandma, let me smoke" and she kept encouraging me to smoke. (P1, Black woman)

The one and only person who encouraged me to drink, who made me get to know alcohol and all the defeats of life was my mother. [...] She turned me into a drunken little whore [crying]. She gave me no choices for me to be a different person than what she experienced. (P8, Black woman)

We notice that, although the use of drugs by their role models outlined an influence, this is perceived differently among women. Relatives who use drugs are a risk factor for drug use, considering the naturalization of this use and the facilitation of access, initiated by curiosity or admiration for the relative who used the drug - a common factor for men and women. This aspect marks the experimentation by women (Coelho; Paz, 2020), as is the case of P1, whereas P8 reveals induction linked to a situation of intense pain and suffering, showing the reproduction of self-destructive behaviors.

For other women, the beginning of use occurred through the influence of friendships:

My first contact with marijuana was a friend of mine, we went to the pool, and when we got there, she introduced me to marijuana, there are pressed and loose marijuana, but I could not tell one from another in the game [laughs]. So I tried it and I liked it, because we looked at each other's faces and burst into laughter, just like that. It was good. (P4, white woman)

I started smoking because of friends' influence. I mean, air-quotes, because you only use something when you want to. (P5, white woman)

Silva and Lyra (2015) found similar results in the women in their research, who started using alcohol in bars, parties, clubs, motivated by groups of friends, whose intent was to socialize and have fun, but also to relieve sadness and tension.

It is common in women's reports to perceive drug use as a refuge for their own emotions, a not very assertive way of dealing with themselves and their own issues (Silva; Lyra, 2015). They find in the

substance a kind of acceptance that is often not perceived as possible in other contexts.

I had a lot of anxiety, things to solve, worrying about business, things being hard and I worried a lot. I would light one cigarette after another; smoke one cigarette after another. (P3, mulher brown)

I will tell you something, I found in cigarettes a sort of refuge. So, the cigarette for me was like this, something I was letting off steam. (P6, Black woman)

The use of the substance as a shelter from the experiences of frustration, especially in interpersonal relationships, also stands out in other statements by the participants, such as the follow statement:

Just until one day this person left saying that he was going to work and never came back. Then it was another relapse, very heavy for me. I drank three times as much again and smoked a lot, a lot, one cigarette after another, one cigarette after another. (P4, white woman)

Sharma et al. (2017) found evidence that drug use puts women into chaotic lifestyles that negatively affect their interpersonal relationships; and Laureano, Gomes, and Ferreira (2018) add that women who get involved with drugs commonly have poor repertoire of social skills, this being a risk factor for both initiation and relapse.

Two participants reveal prostitution associated with drug use, related either to sexual exploitation or as a strategy to accessing drugs, crudely exposing particularities of gender-related drug use.

She told me, very clearly, that I was going to stay there [her mother's house], but, for that, I had to drink, I had to prostitute myself, that it was to be able to buy things for my son, that she did not want a vagrant woman in the house [...]. Then I stayed at her house, pregnant, prostituting myself, and drinking a lot. (P8, Black woman)

A man manages so many, many ways to get drugs, get, I am talking all kinds of drugs. A woman

either steals or prostitutes herself. [...] Men always have friends to share, right? Women do not. I do not think women are as united as men, you know, they are each on their own, at least in the drug world it is like that, each one on her own. (P4, white woman)

Sharma et al. (2017) list as reasons for the involvement of women with prostitution the need to finance their drug use or to provide for their livelihood and children after the abandonment of the partner. These reasons match the situation presented in these statements of P8 and P4 and emphasize, among the risks inherent to the practice of unprotected sex, in addition to exposure to trauma, episodes of direct and indirect violence.

Still on vulnerabilities, greater threats to women and male supremacy in the drug environment are other findings from the following statements.

If you are with a colleague and she leaves, you are alone and there comes a user, he wants then to take advantage of you. He just wants to take advantage of the money you have, he gets it, he grabs your pocket and gets it out of your pocket, because this has already happened to me, taking money out of my pocket, taking my cell phone and then he runs away, and then you are left there, you know, unable to do anything. (P4, white woman)

Men always prevail over women, because most illicit things are controlled by men, and also women only serve as mules, like, they serve as users, you know? Because most of them do these things just to get the drugs and use them. (P7, white woman)

Women suffer distinct risks for the simple fact of being a woman, just as men are assigned and naturalized domination. Scott (2005) theorizes that these power differentials established between men and women are precisely what make women a minority, even though they are the quantitative majority of the population.

For the other participants, these differences are clear, and the false association of women with a fragility conditioned to gender draws attention:

In the case of a woman, she is more affected! She has the emotional, she has the character, and all of this affects the woman. [...] She is more affected than men are because she is more fragile, her health suffers the most effects because a woman's system is dependent differently than that of a man. (P2, Black woman)

The life of a woman user of any kind of drug, even just drinking, is decadent. That is the right word, because they say "a drunk man is fun, a drunk woman is disgrace A vida de uma mulher usuária de qualquer tipo de droga, mesmo só a bebida, é decadente. Essa é a palavra certa, porque já dizem "um homem bêbado é graça, uma mulher bêbada é desgraça". (P8, mulher negra)

These discursive phenomena, naturalized and normalized in culture, seek to legitimize the supposed female inferiority through biologizing arguments - a more fragile female body - sustaining sexist power structures (Louro, 2013). To perceive these elements still in force in women's perceptions of women is to recognize that the place of women in today's society remains distinct and subordinated.

In women's accounts, abstinence is associated with feelings of gratitude and happiness. Agreeing with the findings by Nascimento et al. (2017), women draw the resumption of control of their lives.

After I quit smoking, everything changed in my life. I am no longer the person I was almost two years ago. I changed! I gained weight, I am well with life, let's say. Today I am sure that I can get close to anyone with the smell of lavender water [...]. My skin improved. Everything changed. So, for the better, of course. (P6, Black woman)

I am happy for I came out of this in time to realize, to ask forgiveness to all of them [family members] and that today I have my children [...]. My happiness is to say that I am no more, that I sleep and wake up taking medications, but none is for alcoholism. (P8, Black woman)

By overcoming drug use and the practices associated with it, women experience a new freedom

reflected in calmness and the possible rescue of lost roles, thus, expectations of academic and professional achievements, trust, and affection from family and social acceptance are reborn. The recognition of overcoming the condition of dependence is an important factor for abstinence to last (Nascimento, 2017).

Perception of society

This category presents and discusses how the women interpret how their families and society look at their relationship with drugs. They refer to their families' concerns about their addictive behaviors, as we noticed in the speeches:

Then my daughter would always ask, "Mom, for God's sake, quit that cigarette! Mom, you're killing yourself, all of it!" She called on me a lot, a lot, a lot! (P3, brown woman)

So, and I even lost my husband in that period. I got to the point where I drank a lot and my husband left home. (P2, Black woman)

On this, Silva and Lyra (2015) state that women remain less socially encouraged to experimentation and regular consumption when compared to men, but are much more charged to abandon the use when dependence sets in. In addition, men have less tolerance to female dependence, as P2's statement makes explicit.

In other statements, the discrimination felt by women, especially Black women, from their own family members stands out.

And my brothers, who looked at me with such indifference, who are very polite, would say "good morning" to me in public as a matter of politeness. Then it was a good morning and they would immediately give me an excuse to leave, like, "Oh, I am sorry you're here but I'm leaving because I have something to take care of." I knew it was my presence that bothered them. (P8, Black women)

My children, a couple, they hated my behavior! Sometimes people would recognize them as my

children and they would say that unfortunately they were my children, because of the behavior that alcohol, you know, alcohol motivated. (P2, Black women)

Trindade and Bartilotti (2017) state that the use of drugs interferes significantly in the quality of the bond between mother and child, given this use impairs mutual affective investment, weakens the relationship, causes estrangement, and alters the exercise of mothering.

Gender issues, based on stereotypes of men and women, generate psychological suffering for both, however, although both are subject to disciplinary power, men are valued by virility and work, while women are valued by devices that submit them to men, such as the loving and maternal devices, culminating in the perpetuation of power relations between genders (Zanello; Fiuza; Costa, 2015).

Thus, surveillance - especially those based on moral discourses - focuses more strongly on women, which increases the stigmatization of drug users:

The neighbors, married ones, in this case, looked at me in a certain way, as if: "Gee, she is a drug addict, she might come into my house, she might want to get close to my husband, or steal." [...] While a man who uses drugs, that these same people know and know, they even call him for odd jobs, like "Ah, come here, take this, this little bush here, weed this little bush here in front of my house". (P4, white woman)

Not to mention that the woman, in society, she is more demanded, for being seen, for being a mother and even for not being a mother, but for being a woman she is more affected than the man, right. It's as if the man was free to do such a thing and for the woman it would be more than restricted, it is as if it wasn't for her. (P2, Black woman)

The most deplorable scene anyone can see is a drunk woman, especially her making a scene in the popular, in bars, on the streets, it is horrible. It is horrible. It is really decadent, deplorable. (P8, Black woman)

The social relations of people who deviate from socially imposed behaviors are branded by stigmatization, which contributes to the

construction of their social identities (Camargo et al. 2018). Thus, since social demands are different between genders, stigmas - although they apply to all - are also structured differently between genders. The social relations of chemically dependent people are, therefore, gender-based. Chemical dependent women are called perverts, with inappropriate behaviors and renouncers of feminine roles - labels that often drive women away from seeking treatment (Silva; Lyra, 2015).

For Scott (2005), the feminist struggle is non-linear, so that the next generation faces the same paradoxes as the previous generation, with a repetition of struggles. This is what we see in the participants' statements, which reproduce gender stereotypes and power relations exerted by men over women, which they themselves try to break by intensifying their sufferings.

Speaking specifically about alcohol consumption, the gender issue becomes even more evident:

I was in a tight spot precisely because I was a woman, because I was drinking. There is something worse in society, in the life of a human being, as a WOMAN to be in a state like I used to live, as I totally drank from Monday to Monday? Do you understand? Is there a more terrible state in society than an alcoholic woman, completely in the middle of so many things? It's sad! So, and few escape alive. (P2, Black woman)

The moral rules of alcohol consumption by men and women are not the same. While they are encouraged to use the substance, women suffer frequent social sanctions, and alcohol consumption is culturally used to legitimize different types of violence - including sexual violence -, which can culminate in lethal outcomes (Brilhante; Nations; Catrib, 2018).

All this discussion emphasizes how gender issues are placed not only as expectations, but as impositions to those who form a society, and women are greater hostages of these determinations by the simple fact of being women.

It is noteworthy that the process of referring of possible participants presented difficulties that transcended the socio-sanitary context in force in

the period. Health professionals, from both CAPSad and Primary Care, had difficulties in identifying chemically dependent women within the established profile. This difficulty is partly associated with the fact that women with chemical dependency still go unnoticed in the health services, as we can identify in the dialogues with the professionals during the recruitment period.

It is also worth reflecting on the profile of the women remembered by these professionals: cis people, heterosexual, mostly religious, mothers, characteristics that bring them closer to the socially valued feminine standards. The silencing of diversities, evidenced in the non-identification of other women - lesbian, bisexual, trans, - is, therefore, in itself a significant data for this analysis and launches us to questions to be sought in subsequent research: to what extent does universality include all people, including those who escape the Matrix of Intelligibility (Butler, 2006)? How much do we - health professionals - manage to escape moralistic judgments in caregiving actions? We suggest, therefore, the realization of subsequent studies that contemplate other women and that transpose the Gender Intelligibility Matrix, to include a more diverse group of participants, unveiling other structural issues beyond those evidenced here.

Final considerations

Evidence from this study allows us to infer that gender issues permeate and mark the experiences related to chemical dependency. Men not only remain free to access drugs, consented to since the beginning, but are also encouraged to use them even when the problems of this relationship already exist. To chemical-dependent women, peculiar stigmas are reserved, which associate them with inappropriate behavior, abandonment of family and home, prostitution, shame, and lack of morals, adding to the vulnerabilities to which they are already exposed by the simple fact of being women and by the exercise of male power, increasing the risks of being raped and killed. When intersectional aspects that singularize each woman in this relationship are considered, more exclusion arises, for, in addition to being a woman

and a chemical dependent, she may be Black, poor, indigenous, etc.

Considering the positive effect of making gender inequities more evident for public health and other fields of knowledge and practice, we suggest other studies on the subject, especially those that give voice to those who are silenced in social contexts, as women have been and still are.

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Authors' contribution

Gomes performed the survey presented in the article, oriented by Brilhante. Gomes and Brilhante are responsible for the elaboration and final writing of the article.

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