Alcohol And Seniors

Seniors Speak Out... About Being Stigmatized
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In the Fall and Spring of 2001-2, we had the opportunity to ask seniors from across Canada for their views on stigmatization, a common phenomenon in the lives of many people who are experiencing alcohol problems. This was part of Seeking Solutions (a national project on seniors and alcohol issues funded through Health Canada and the National Population Health Fund).

This document provides a summary of those focus groups. We thank the seniors for their insights and candor.¹

Introduction

Ancient Greeks used the word "stigma" to refer to brands or body marks exposing people to be avoided. Today, the term refers to being different in some undesirable way.

When a person is stigmatized, he or she is often perceived as having a character blemish, viewed and treated as socially undesirable. For example, mental illness has been a highly stigmatized issue.

For a very good discussion of stigma and mental illness, see the Canadian Mental Health Association, Ontario Division, "CMHA" article.² CMHA notes

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² Online at: www.ontario.cmha.ca/content/about_mental_illness/stigma_and_discrimination.asp?cID=2795
"When someone appears to be different, we attach a stigma to them, we do not do it to be cruel, we simply do not understand their differences."

However, that may be putting it too gently. People sometimes react to the stigmatized person with discomfort or even hostility. A stigmatized person often internalizes these feelings, and feels this as shame.

Stigmatized persons are frequently viewed as less than fully human because of their condition. They often treated in ways that would be considered totally inappropriate ways to respond to other people.

Academics describe stigma as a "master status". By that they mean, it eclipses all other aspects of stigmatized persons, their talents and abilities. In other words, you always see the stigma first and foremost (a mental or physical disability, the drug addiction, the "problem", such as HIV positive or AIDS, being poor, being on welfare), and not the person.

They also point out that stigma is a social construct. People are stigmatized only within the context of a particular culture, historical events, or economic, political or social situations.

In other words, stigmas do not have to exist.

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Seniors, Alcohol, and Stigma

In the focus groups that we held, seniors were very clear that stigmatization commonly occurs towards of older people who have alcohol problems. Seniors dealing with an alcohol problem are shunned in many different ways.

Those who do not have a problem with alcohol reported seeing it happen to people they know, and in some cases having done it themselves.

Stigmatization is closely connected to people's perceptions about how a particular problem or condition develops, and who is responsible for the results. (See Weiner, Judgments of Responsibility)
Seniors discussed the shame and stigmatization of having an alcohol problem:

- "There is a social expectation for a man that he can do it himself ('fix the alcohol dependence problem'), and if you can't, 'you are a sissy'."

- "They worked whole lives; and did it on their own; [no wonder they feel] 'damned if [I] need someone's help now' ."

When we asked, "And what would happen if you let someone know you have (or had) an alcohol problem?" their responses were:

- "You would be criticized like crazy."

- "People are very judgmental- and seniors worry about being judged."

- "If not they are not like you, they do not understand you."
Because of the stigmatization of alcohol problems in Canada, seniors explained it is a risky business for a senior to acknowledge the problem (to oneself or to others):

- "A senior, family member or friend may not know if a problem exists - there is also both pride and denial."

- "Too proud; too private; it's terrifying-- you lose face."

- "Part of it is the perception that seniors are 'beyond all that'- dignified'.

- "The stereotype is that person [with the alcohol use problem] must be 'on the floor'."

Negative stereotypes are very common when a person is stigmatized.

There are many inaccuracies about alcohol problems in both popular media and professional education. Among the many common stereotypes in this area, is that the person is weak, lazy (lacks "willpower"), unproductive, dirty, immoral, and/or violent.

As a senior in one focus group noted:

- "The stereotypes are hard to understand."
Seniors who are experiencing alcohol problems explain that they can face two types of stigmas:

a) the stigma of having an alcohol problem and  
b) the stigma of now being a non-drinker ("recovering alcoholic").

Their comments illustrated, time and again, just how isolating and stigmatizing their situation can be. A one woman explains:

"You are supposed to say 'I'm an alcoholic', and that is supposed to do something for you...Sure it does, it makes you lose your drinking friends and your non-drinking friends."

**a. Dealing with alcohol dependence.**

"If you say to a non-drinker or a person who does not have a problem, 'I'm a recovering alcoholic', their response is often 'I don't want to be bothered (with you)'."

"It is like AIDS, people are so judgmental. If you say 'I'm HIV positive', people say 'I don't want to be with you.'"

Another woman elaborated on the risk of publicly acknowledging an alcohol use problem. She explained how her grown children were proud of her accomplishments (e.g., 3 years of sobriety). However, when they mentioned to their friends "Ma is a recovering alcoholic", the friends tended to hang around very briefly. [In stigmatization theory, this is referred to as 'fear of contagion' or 'fear of contamination'].
b. The stigma of now being a non-drinker.

In Canadian society, consuming alcohol is the norm among adults, generally. It has increasingly become the norm among older adults. According to the 1998-9 Statistics Canada figures, 62% of women and 72% of men aged 65 to 74 were current drinkers, as were 61% of men and 45% of women aged 75 and over.

- "Drinking friends also do not want to be bothered, and 'they feel uncomfortable... It is so cruel."

- "My sister called me up and asked 'Are you still on the wagon'. When I said 'Yes', she said 'Well, I was going to invite you to a good party, but I don't think you'd want to associate with us.' People assume that if you do not drink, that you are a party pooper."

- "We need to get past the idea that others have of 'no drinking, no fun' (It makes it harder for us to quit)."

Seniors noted that part of stigmatization may come from other people's insecurities.

- "They try to make themselves feel better than you are. They build themselves up by tearing you down [by thinking] 'I'm not part of that'. They try to distant themselves... It's that 'Holier than thou' business."
**Social Expectations about Being a Non Drinker**

- "My daughter and her husband don't even ask any more, they just assume I'll be the designated driver, that I'll drive them to the party, that I'll go home and wait until they are ready to come home, and call. 'We're drunk, come and get us'."

- "You are damned if you do (stop drinking), and damned if you don't."

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**What Reinforces the Stigma?**

Seniors' observations suggested that some of the stigmatization may reflect stereotypes and common messages the public hears espoused (such as in disease model approaches). As one senior noted:

"People are told, if you have that drink, you'll never be able stop."

Stigmatization can often reflect lack of knowledge, misconceptions, or simplistic generalizations.
People are often unaware of the range of diversity of alcohol problems among seniors, how alcohol problems develop, and what causes/does not cause "relapse". For example, one senior explained how her family worried that if they consumed any alcohol at all around her, that would start her drinking again.

People who drink may also feel uncomfortable being around a senior who has decided not to drink. As one woman explained, she had to let her family know "Go ahead and drink, it doesn't bother me."

Seniors found that the stigmatization of people with alcohol use problems can also be reinforced by former drinkers:

"The attitude of some people who have stopped [can be harsh]... For example, there is nothing worse for a smoker than a reformed smoker."

In other instances, family will monitor a senior's drinking, anticipating failure. For some this may reflect past experience, but for many it may reflect other elements such as the public portrayal of substance use problems in the media.

Another senior gave the example of her sister (who she describes as a "controlled alcoholic" consuming a bottle a day,) who actively criticizes her drinking:

"They worry about your problem, when their own level of drinking is more a problem."

Seniors also find that the popular terminology being used is also stigmatizing - "Oh you know, like, 'on the wagon'"; or "clean and sober". (Does that mean you are dirty if you drink, or if you are not sober?)
Stigmatization and Gender

Older women noted they felt stigmatized more than men did.

- "I was told at an AA meeting (by a young man), 'You are not supposed to have problem, you are a woman.'"

- "You are supposed to be little ladies, prim and proper... ruffles, lace."

- "When we grew up (and our parents), women left the room when men had their cigars, drinks."

- "I remember my father saying to his five daughters, 'I don't care how much you drink, just don't show it.'"
Effects of Stigmatization

The stigmatization of alcohol use problems often makes it unsafe for the senior to talk about alcohol concerns, or to accurately report how much she or he is drinking. The person is often fearful of being judged. Stigma affects people's willingness to disclose.

- "I have lied to my doctor about how much I was drinking. But after a certain point, you just can't hide it any more."

Seniors also expressed surprise (and dismay) at the fact their doctors often did not ask about them about whether they drank or omitted to ask how much, even in light of other evidence that alcohol was becoming a problem in their lives. Stigma affects people's willingness to ask.

This creates an environment of denial and invisibility: "Don't ask, don't tell."

Seniors also offered examples of trying to let their physician know they were worried about alcohol becoming a problem, and the physician was not listening to what he or she was trying to say.

Most felt this reluctance of physicians to ask and talk about alcohol reinforced the stigma, because it conveyed that it was socially wrong. It ignored the effects that the alcohol was having on the senior's health and treated an alcohol as a moral problem.

The result of this stigmatization is often late recognition of the problem. It often means a damaged social life or career, a broken family, increased risk of poor health, and diminished independence or an early death. (Simerson et al., 1983)
We have found that stigmatization also leads to older adults being denied fundamental services in emergency wards, hospitals, as well as being denied admission to supportive housing or long term care facilities when their health needs are clearly evident. Stigmatization leads to overt discrimination.

Stigmatization, the stereotypes associated with alcohol or medication use problems, as well as the lack of understanding about the nature of substance dependence can create almost inhumane and professionally indefensible responses at times.

Consider for example, the real life situation of an older woman who did not have an anesthetic during her dental and her stomach surgeries. She had a past history of alcohol use problems. A nurse told her if she had an anesthetic, she would become addicted to the drugs.

This is a common fallacy that shows up in many different forms. It is a fundamental mischaracterization of the research on risk of substance use dependence.

Supports Groups and Stigmatization

Peer support groups can be very helpful for many seniors in helping to deal with stigma.

Directly and indirectly, support groups carry out the important functions of providing members with information that can help seniors cope with stigma and its effects.

Researchers on stigma find the salience of the stigma itself is greatly reduced in some kinds of support groups. Psychologists and others social scientists researching stigma explain that the support group is a good place to share the stress of being stigmatized. In the group, the person also sees evidence of effective coping strategies and finds people coping successfully.

At the same time, it is important to understand the feelings of the older person who does not want to join a support group -- being a member of the group puts the label and stigma of "alcoholic" right in his or her face.
"A Rose by Any Other Name"

According seniors, the name of a program or support group is very important in normalizing and destigmatizing their situation. Many programs specifically designed for seniors experiencing alcohol problems use acronyms or non-stigmatizing names, such as COPA, LESA, Age-Wise, VISTA, SWAP, OPUS-55 or SAILL.

As one senior noted:

- "It is much more socially acceptable to have a name like LESA*. Saying to other people 'I'm going to LESA' is better than [saying] 'I'm going to an AA meeting'."

* (Lifestyle Enrichment for Senior Adults, which is an Ottawa outreach program with support groups for seniors)

Combating Stigmas

Other social and health issues have been heavily stigmatized in the past. For example, divorce, disabled children, diseases such as cancer, and living common law or having children without marrying carries much less stigma now than it did 40 or 50 years ago. For example, in previous generations, people whispered about cancer in the family and referred to it only as the "C" word, and certainly no one talked about women developing breast cancer.

The seniors in the focus groups were asked "How did these changes in attitudes happen? How did these other issues become less stigmatized?" Here are some the elements which the seniors noted:

- **Frequency of the matter**: "Divorce is very common now- that makes it less unusual."
- **Lessened effect of the church**: "Lessened effect of the church- casting fear on their parishioners."
- **Availability of resources**: "There are more resources around to help handicapped people now."
- **Social Change**: "Women's liberation, it was another big social change."
- **Changes in social structure**, as shown in popular music and its effect on people's thinking. "The caste system lost its effect-- 60s and 70s as the hippie generations 'let it all hang out'-- a lot of things became less secret, secretive."
- **Visibility**: Having high profile examples of other people dealing with the issue (e.g., "the Kennedy's with their retarded child").
- **Education**: "People are better educated now. They have a better understanding of why certain things (like cancer) happen."

The seniors' observations closely parallel what the researchers have found. Destigmatization in some areas has resulted from better information, positive role models, changing norms and values, and people actively addressing the stigmas.
10+ Ways to Fight the Stigma of Alcohol Problems*

Having an alcohol problem and being a senior who is trying to deal with an alcohol problem can be very stigmatizing. In particular, the label “alcoholic” plagues the lives of many seniors. The stigma and stereotypes that go with it can negatively affect many things, such as

- the treatment that seniors receive from health care providers and community services,

- whether the person will be considered for a seniors’ apartment,

- the way the person is treated by coworkers, current and potential friends, and members of the family.

The stigma can feel so oppressive that seniors can often feel overwhelmed by its extent and persistence.

As a community and as individuals, we must “start to eliminate the confusion, open up the lines of communication, and breakdown the secrecy barrier that exists before it can expect society to treat it with a more positive, less condescending attitude.” (Kubinski, 1985)

1. Identify the myths and mis-information.

Recognize and challenge the myths, such as the belief "Well it's his last little pleasure, why bother?", or the misconception that older adults rarely develop alcohol problems. (In reality, anywhere from 6-20% of seniors may have an alcohol problem, depending on the setting). Alcohol use problems affect over one quarter million seniors in Canada.

There is a lot of debate at present about the nature of alcohol use problems, and whether an alcohol use problem can be considered a "disease." We do know the alcohol problems have psychological components and physical components. We know that some people may be predisposed to developing alcohol problems. We know that gender, age and social environment makes a difference. We are learning more and more about the bio-chemistry of alcohol problems.
2. Go beyond the stereotypes of alcohol problems.

Recognize that a label like "alcoholic" tells us little about what to expect from the person. These labels do not tell us that the senior is aggressive or incompetent or an unreliable volunteer. They do not tell us about the senior’s capacity for friendship or creativity or accomplishment. They do not tell us clearly about his or her specific symptoms or potential for recovery.

3. Learn more about alcohol problems in later life.

The better informed we are, the better we are able to evaluate and resist the inaccurate negative stereotypes of alcohol problems that are so common.

We also know that waiting for older people to "hit bottom" is disastrous, because many will simply die first.

A common assumption is that all people with alcohol problems should use a particular resource, such as A.A. Or people may erroneously believe that the best way to handle a problem is for a group of people to confront the person about the alcohol problem ("hold an intervention").

We are learning that confrontational approaches are not likely to work for older adults, but supportive approaches showing caring are. We are learning that a broad range of approaches work, and the focus generally need to be individualizing an approach to the person's needs. Some older adults will decide to stop drinking completely; others are able to reduce the harm of the alcohol with completely stopping.
4. Learn more about stigma and discrimination.

It is very common for older adults who are experiencing alcohol problems to face discrimination in housing and health services. They are often treated as burdens on services, or simply are refused admission to key services. Alternatively, all their health or other problems are attributed to the alcohol problem without looking to determine the real cause.

5. Listen to seniors who have experienced alcohol problems.

They are in the best position to tell us how alcohol problems and stigma affect their lives.

6. Monitor media and respond to stigmatizing material.

Changing the typically negative ways in which those with alcohol problems are portrayed in films and television shows that reach millions of people on a daily basis is necessary if stigma is to be reduced. Write a letter or e-mail the editor, TV sponsor or movie producer.

7. Speak up about stigma.

When someone you know misuses a term, tactfully let them know about the inaccuracy. Educate them about the correct meaning.

When someone disparages a senior with an alcohol problem, tells a joke that ridicules an alcohol problem, or makes disrespectful comments about a person who has an alcohol problem, we can let them know that this is hurtful and that as people with alcohol problems or advocates we find such comments offensive and harmful.
8. Watch our language.

Most of us, including health professionals, health advocates and consumers use terms and expressions related to alcohol problems that may perpetuate stigma. We depersonalize the people by referring to them generically as "alcoholics".


The more alcohol problems remain hidden, the more people believe it is shameful and needs to be concealed.

Letting others see real people with alcohol problems - people who are resourceful, articulate and creative, who are familiar already as valued friends or coworkers, people who do not fit the stereotype is a powerful way to fight stigma.

10. Provide support for organizations which fight stigma.

The influence and effectiveness of organizations advocating for better treatment and greater acceptance of alcohol problems depend, to some extent, on membership size and adequacy of finances.

11. Demand changes from your elected representative.

Policies that perpetuate stigma can be changed if enough people let the appropriate politicians know that they want this change. Keep informed on key alcohol related issues and policies. Know the names of government officials to contact.

Adapted with permission from Telling is a Risky Business: Mental Health Consumers Confront Stigma by Otto F. Wahl, © 1999.
References and Readings

Stigmas have primarily been researched during the 1980s.


Canadian Mental Health Association, Ontario Division, Stigma and Mental Illness Fact Sheet, online at: www.ontario.cmha.ca/content/about_mental_illness/stigma_and_discrimination.asp?cID=2795


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