

Overcoming Denial

As members of the American Jewish community explode myths about female substance abusers, more treatment services are being offered.

by BARBARA TRAININ BLANK

More than 30 years after the Federation of Jewish Philanthropies of New York's Commission on Synagogue Relations published a book on Jews and drugs and established a Task Force on Jewish Alcoholism — eventually leading to the formation of the organization called JACS (Jewish Alcoholics, Chemically Dependent Persons and Significant Others) — many in the Jewish community still say: “Shikker iz a goy. Jews don't drink or do drugs. Certainly Jewish women don't.”

Another myth many subscribe to is that drinking was something Jews didn't do until they began to assimilate and become upwardly mobile. “But the truth is,” says Marcia Cohn Spiegel, founder of the drug and alcohol program of Jewish Family Service of Los Angeles, “that when we read about the shtetl, we realize everyone knew who was drunk and who beat his wife. It was confined. It was only when Jews moved here and lived in apartments with closed doors that we began to buy our own propaganda. Why is it so important for us to pretend?”

The facts don't support the myths. Alcohol and chemical dependency don't discriminate, affecting Jews and non-Jews alike, and women as much as men. Addiction and alcoholism can be found in every socioeconomic and religious segment of the Jewish community.

Blanche Klein* leads a full life today — happily married to her second husband, with several children and stepchildren and a satisfying career. But years ago, she was a “precocious youth with particular wiring” for trying risky and dangerous things. “All kids have it,” Klein

**Names have been changed to protect privacy.*

says. “But once you pick up whatever it is, it activates something in your system — physical, psychological and spiritual.”

In her case the “it” was drugs. Klein smoked cigarettes in middle school and marijuana in high school. She took amphetamines and other pills to suppress her appetite and developed an addiction to pain medication.

“It became a challenge to find all the pills I needed, so I forged prescriptions and got arrested,” Klein says. “But that wasn't enough to stop me from using or trying to get drugs illegally. I was very resourceful.... I lied, cheated and stole doctors' prescription pads and took pills from other people's medicine cabinets. The last 10 years of my addiction I tried to stop, every day. The shame and remorse went on for years. But an addict cannot not use.”

After the death of her father and of a friend's child, Klein finally sought help from JACS, which since 1992 has been a program of the Jewish Board of Family and Children's Service (a beneficiary of UJA-Federation) and a core service of its Rita J. Kaplan Jewish Connections Programs. Though headquartered in New York, the grassroots, volunteer-driven organization serves Jews through affiliates across the United States and internationally.

JACS encourages and assists Jewish alcoholics and chemically dependent individuals and their families, friends and associates to explore recovery in a nurturing Jewish environment, explains Vickie Griffiths, administrative coordinator. It is an information and resource center on the effects of the disease of alcoholism and chemical dependency on Jewish family life.

“JACS offers meetings, retreats and opportunities to network with others facing the same problems,” she says. “Our meetings are held in conjunction with Alcoholics Anonymous and other such groups. We don't tell people to stop going to those, but we provide a Jewish spiritual component. At our retreats, a rabbi in a black hat might sit next to a tattooed motorcycle rider. Every Jew is welcome.”

There are many, alas, to welcome. Klein eventually reached out for help, but it is unknown how many girls and women out there have the same problems but don't seek help or don't even know where to look. Often addicts struggle alone, because on top of whatever dependency problems they have, they also have to face communal denial, especially about women.

Because of the intensity of the shame female substance abusers feel, they're usually “farther along in the addiction before seeking help,” observes Linda Gringras, head of the Drug and Alcohol Action Program at JFS of Los Angeles, which focuses on education, prevention and some treatment referral. “They come later, and in bigger trouble.” Of those who do seek help, males are more likely to self-refer. Women come into the system often indirectly, after seeing a counselor for depression. “It becomes apparent to that counselor that there's a substance abuse problem,” adds Gringras. “Or the woman may go to a doctor for anxiety or a sleep disorder. In other words, she tries to treat her problem another way.”

Rabbis and other professionals working with female substance abusers note issues particular to women:

Their problems are often exacerbated by an obsession with beauty and the body that drives some to destructive behavior. Women are affected by alcohol more rapidly because they tend to have a higher proportion of body fat than men; women also metabolize alcohol more quickly than men. Mothers who are alcoholic or drug-addicted may have children born with fetal alcohol syndrome or drug addictions. And since mothers are usually the primary caretakers of the children, the disruption of this function because of the debilitating effects of alcohol abuse can have serious consequences for the psychosocial development — not to mention the safety — of their children.

Are Jewish women drinking and doing drugs more than before? “We have no statistical data but do know observationally that addictions among Jewish women have absolutely grown,” Griffiths says. “We see more women at JACS meetings and retreats, both in terms of numbers and percentages. Some of them are family members active in Al-Anon, the organization that supports the friends and family of problem drinkers.”

Sometimes the problem starts with another person in the addict’s life, coupled with the addict’s low self-esteem. The husband of Valerie* verbally and physically abused her, calling her “ugly” — even though they had met at a Purim party where she was named runner-up in the Jewish American Princess Pageant. Her husband threatened to take their son away, and the violence escalated. For solace, she turned increasingly to alcohol until, as Valerie puts it, the faith in God she thought she had abandoned saved her and brought her to an A.A. meeting.

Valerie’s story is one of 20 first-person memoirs of girls and women with addiction problems (or family members who have them) that appear in a book JACS published in 2007, with the help of a grant from the Jewish Women’s Foundation. *Jewish Sisters in Sobriety* was a “real labor of love,” says Valerie, one of the coeditors as well as a contributor.

The book introduces the essence of 12-Step Programs, originated with Alcoholics Anonymous, which are the guiding principles of recovery for addictions and other compulsive behaviors. Among the A.A. steps are admitting one is powerless over alcohol and that one’s life has become unmanageable; making a searching and fearless moral inventory of oneself; deciding to turn one’s will and life “over to the care of God *as we understand Him*,” and making amends to people one has harmed.

The book includes a glossary, checklists to help the reader determine whether he or she has a significant substance abuse problem, and a resource list. Jewish addiction experts point out that the guidelines to teshuva dovetail with the 12 Steps. In keeping with Jewish tradition, the book reflects the core values of *tikkun olam* (repairing the world), *teshuva* (repen-

tance and return) and *chesed* (caring for others). It also features contributions by experts such as Rabbi Abraham Twerski, a psychiatrist and Hasidic rabbi who founded the Gateway Rehabilitation Center in Pittsburgh and who has always emphasized the consonance of the 12 Steps and Judaism.

Valerie, who now runs a crisis line for JACS, says that admitting “you’re a woman, you’re a Jew, and you’re an addict” helps break the isolation and “terminal aloneness” Jewish women with addictions often face.

And being in a Jewish context also helps the recovery process. “You could be sitting next to a woman with a sheitel or someone with a halter top and belly button ring,” says Valerie. “Nowhere else would their worlds connect. But at JACS, all barriers are wiped away. One thing we all had in common was that no matter how unaffiliated we may have been with Judaism formally, we expressed discomfort with churches, where many A.A. and similar meetings were held. We were uncomfortable with the recitation of the Lord’s Prayer at the end of meetings. We felt we didn’t belong. So rather than attend, many of us felt we’d keep our secrets — and die.”

When Rabbi Isaac Trainin launched the Federation Task Force

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on Alcoholism in 1974, it was in response, to a large extent, to Jews who felt uncomfortable in the churches where A.A. and similar meetings were held. Today, some counselors see such discomfort as just another form of denial and resistance. While calling on the community to establish Jewish locations for A.A. and JACS groups, they emphasize the consistency of the 12 Steps with Judaism and urge that recovering substance abusers at A.A. and other meetings recite whatever prayer they want.

The trouble is, says Valerie, only “one in a million” people know about JACS, and many who know don’t acknowledge there is a problem. “If I go to speak at a JCC, I may get 10 people out of thousands who need it. There’s so much denial. When I spoke at one shul in Long Island, a parent said to me that her son knows nothing about drugs. But the kids there know who all the dealers are.”

Overcoming communal denial can begin in the school system. Gringras says that through educational efforts with area schools, the JFS drug and alcohol program tries to shed light on and “destigmatize” the issue.

The resistance can be strong. For two years, one school wouldn’t allow the program because of parents’ objections. “They were afraid people would think there’s a drug problem,” Gringras explains. “Finally, a few years ago, after a worker convened all the rabbis for an Awareness Day, there was some easing of the attitude. Our goal is to decrease the shame. Sometimes parents resist, but kids often embrace treatment,” despite peer pressure to drink or use drugs — and the sense of “immortality” teenagers tend to have.

Part of overcoming the denial in the Jewish community depends on rabbis and leaders becoming more involved — not only opening their synagogues to A.A. and JACS meetings but attending such meetings themselves.

Tehilla Steiner* had little experience with addictions except for a brief stint with Overeaters Anonymous. Even when she treated patients with those issues as a health care professional, she didn’t fully understand what they were going through.

But then Steiner underwent rab-

binical training, during which time she was invited by JACS staffers to a retreat. “People could talk about all their issues and find out they weren’t alone,” Steiner says. “It was a profound shock to find out about incest and family violence as well as the ravages of drug and alcohol addiction. We have to provide a place where people in a spiritual recovery program can experience it in a Jewish context.”

Since 2000, Steiner has returned repeatedly to JACS retreats and meetings and has been called a “JACS rabbi” because of her frequent attendance. “I can’t cure, but I can listen,” she says. “I can affirm that people are worthwhile, and I can help save lives. Denial runs deep in the Jewish community. If people know who you are, your whole family may be tainted. They may not marry you or do business with you.”

Ezra Bloom* describes himself as a regular run-of-the-mill ultra-Orthodox pulpit rabbi until about 15 years ago when members of his congregation identified one of the pillars of the community as an alcoholic. Bloom had been aware of the congregant’s problem, but didn’t know what was expected of him. He called Rabbi Twerski, who advised him to do an “intervention.” It didn’t work. “I called Rabbi Twerski again,” says Bloom. “He said to me, ‘I forgot to tell you that if you want to help an addict, you’re in it for life. You have to work the 12 Steps yourself.’”

That summer another congregant came to his attention, this time a woman, who was “stoned out of her mind” and was responsible for driving around kids. “I got her into rehab,” Bloom recalls. “When she left, she tried to commit suicide, and we got her into Gateway, Rabbi Twerski’s facility, as an outpatient. That’s when I started working the 12 Steps myself. I saw that there’s a lot of good stuff in it — not just for alcoholics and addicts.”

After years of involvement in JACS, Bloom has come to believe all Jews should be in 12-Step recovery. “They need to be taught the steps of spirituality, of self-improvement,” he says. “Just because someone goes through the outside part of religion doesn’t mean he’s not assimilated. So much of Orthodoxy feels empty to people. They go for the homriut, the stringency, rather than the

spirituality. It’s not just about putting down a drug but about being able to address the hell inside the soul and change to a nobler soul. It means acceptance and turning things over to God.”

“The Jewish community has institutionalized the concept of denial with regard to alcoholism and addiction,” says Rabbi Nahum Simon, a Certified Addiction Professional and educator who co-founded Rodfei Shalom Fellowship, Inc. RSFI is a nonprofit dedicated to providing meaningful spiritual and educational experiences for men and women in recovery. Simon also directs the Techiya Program, Behavioral Health of the Palm Beaches in Florida.

While JACS focuses primarily on alcohol and drug recovery, RSFI is open to other addictions, including gambling, eating disorders, sex and relationships. “When I was growing up in the 1950s, women were using tranquilizers,” he says. “It was an acceptable addiction. So was gambling. Since then, there’s been an increase in the use of street drugs.... Often Jews have multiple addictions. Teens tend to suffer from disordered eating and body image problems.”

There is also the growing problem of geriatric addiction, points out Simon. “People come down [to Florida], and when their partner passes, they may become lonely and drink. There’s also overmedication in the senior population. They become addicted to prescribed medications.”

The scope of the substance abuse problem among Jews has led to the establishment of Jewish residential centers. Tova House for women is one of two halfway houses in Baltimore. Collectively called Jewish Recovery Houses, Inc., the facility was founded in 1996 due to the realization that all Jewish men being released from prison were alcoholics or drug addicts. Four years later, the women’s facility was added, and shortly after, the facility — initially run by volunteers — was professionalized. Tova House can accommodate nine women, 18 and over.

Executive director Martha Meehan has seen an increase in both the numbers of females using alcohol and drugs as well as in the percentage of women

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among the total population of addicts. "As the community gets past denial, we'll have more," she says. "I have a full house — and a constant waiting list. If two women move out, I can fill their beds the same day." She adds: "Women are starting younger. And they get sicker than men and hit bottom faster."

Tova House has a monthly Shabbat dinner that is required for residents and open to the wider community. They also hold a Passover seder and celebrate the High Holidays. "We integrate Judaism into the program," says Meehan.

The inclusion of Jewish spirituality can be an important part of recovery. "We're always getting criticized for taking only Jewish clients," says Meehan. "But that's what makes the difference, that the clients have common spiritual and cultural backgrounds. They all work together in a therapeutic community. Though the Jewish backgrounds differ, they all have a common background and understanding. As part of recovery, they reintegrate their Judaism."

Harriet Rossetto founded Beit T'Shuvah in Los Angeles in 1985, and co-directs it with her husband, Rabbi Mark Borovitz. At any given time, Beit T'Shuvah houses some 120 people in different stages of recovery, age 18 and up, men and women. Some residents live there six months; others work and pay rent for years in the independent living division. Some even marry each other and have children. "I don't believe in a cookie-cutter solution," Rossetto says.



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Previously, Rossetto had worked with jail populations and mental health patients, noting that many people who were incarcerated had alcohol and drug problems as well as other compulsive behaviors. Women prisoners also tended to have relationship problems. Because people coming out of jail often had nowhere to go, Rossetto decided to establish a place of her own with a one-time Federal grant. This "healing community" has housed addicts as well as sex offenders and wheeler-dealers. "I took the idea from Rabbi Twerski, to integrate Judaism, the 12 Steps and psychotherapy," Rossetto says. "We added other things, in the creative arts."

Recently Rossetto has seen an increase not only in addictions but in eating disorders, self-mutilation and body dysmorphia. "A lot of women use drugs to manage their eating because of the emphasis on being thin in this culture. People become obsessed with their bodies." Rossetto has also seen more affluent young people who have been given "everything but opt out of life. They need stimulation to feel alive."

Rabbi Meir Kessler, a Chabad rabbi, directs the Jewish Recovery Center in Boca Raton, Florida, which incorporates a halfway house for men and another for women. He has found that areas with geriatric populations

are "meccas for recovery." The center emphasizes the importance of the Jewish spiritual component in recovery through Shabbat dinners and Jewish classes. "Surrendering to the Higher Power mentioned in the 12 Steps is parallel to Torah and mitzvot," he says. "We take the 12-Step program and bring Torah into it to make it Jewish."

Kessler sees the need for an additional element in the recovery of girls and women. "They need a place where they can be with other Jewish females," he says. "They need more protection, a sense of comfort. They need a clean place. Young girls, in particular, are more impressionable and vulnerable than boys. Even if she's an addict in recovery, a girl is still a girl, needing love and tender care. Women can't wing it like men. I know feminists say there's no difference, but to me, women need love, care and protection as they go through recovery."

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Jewish Sisters in Sobriety can be ordered from: JACS/JBFCS, 120 West 57 Street, 6th Floor, New York, NY 10019. Phone: 212-397-4197; Web site: www.jacsweb.org.