UNIVERSITY OF LONDON

CULTURE, FAMILY AND ALCOHOLISM
IN
SOUTH KOREA

THESIS PRESENTED FOR THE DEGREE OF DOCTOR OF PHILOSOPHY IN THE UNIVERSITY OF LONDON

BY

JEOUNG - NAM, YANG

GOLDSMITHS COLLEGE

NOVEMBER, 1997

BIBL.
LONDIN.
UNIV.

Abstract

The purpose of this study is to explore how culture, family and gender factors cause and contribute to maintaining alcoholism within the family in South Korea. Forty alcoholics and fifty three families were interviewed in-depth for the study. In order to meet the test of reliability, data was compared with national surveys on family and alcoholism together with other secondary sources.

S. Korea's recent socio-economic changes have caused conflict between generations, their traditional concepts of alcohol use, together with an increased availability of alcohol has been linked to an increase in alcohol consumption.

Tolerance of male drinking, social acceptance of drunkenness, and discrimination and stigma associated with alcoholism, acted as major disincentives for alcoholics to seek help. The high prevalence of alcoholism among eldest males was linked with traditional family system as they carry special family responsibilities.

Traditional family dynamics had an adverse affect on the alcoholic and his/her family because when alcohol problems emerged within the family system, families tried to conceal the problems in order to preserve family honour. These factors enabled the alcoholic interviewees to abuse alcohol within the confines of the family circle, free from outside pressures.

Men's power over women in marriage and women's fundamental vulnerability inside the family adversely affected alcoholics and their families. The more closely members of an alcoholic family identify with traditional gender roles, the more likely the family is to accept the alcoholic's dysfunctional behaviour and so the alcohol problems tended to remain unresolved. Female alcoholics experienced greater discrimination and shame compared with male alcoholics. This reflects the extent to which patriarchal power is institutionalised in modern S. Korean society.

This study's findings have social policy implications for prevention and treatment strategies which reflect the Korean culture.

Contents

Abstract		2
List of Abbreviations		5
List of Tables		6
Introduction		7
Chapter 1	**Understanding the problems of alcoholism**	11
Chapter 2	**Families and alcoholism in a changing Korea**	35
Chapter 3	**Research methodology**	59
3.1	Theoretical framework and hypotheses	
3.2	Research methods	
Chapter 4	**Social changes and drinking patterns**	81
4.1	Social changes and alcohol related problems	
4.2	Cultural changes and generational conflict	
4.3	Conflict between traditional and modern ideologies about drinking customs	
4.4	Conflict associated with modern life	
4.5	Availability of alcohol	
Chapter 5	**Societal attitudes toward alcohol use and misuse**	106
5.1	Pressures to drink on individuals	
5.2	Stigmatisation against alcoholics	
5.3	Misconceptions about alcoholism	
5.4	Prejudice against psychiatric hospitals	

Chapter 6 Family factors and alcoholism in a cultural context 134

6.1 Drinking culture in alcoholic's family of origin
6.2 Responsibility and cultural pressures on the eldest son
6.3 The eldest son and family conflict

Chapter 7 The functioning of alcoholic families 155

7.1 The relationship between society and alcoholic families
7.2 The relationship between extended and nuclear families of the alcoholic
7.3 The relationship within alcoholic nuclear family

Chapter 8 Alcoholism and gender roles 179

8.1 Marriage patterns
8.2 Domestic violence
8.3 Family ideology and the role of women
8.4 Women and their coping mechanisms
8.5 Gender roles and choice of treatment
8.6 Treatment and gender issues
8.7 Gender roles and female alcoholics

Conclusion 230

Appendix 244

1. Code numbers of interviewees
2. Interview schedule
3. Consent form
4. Field work acceptance letters

Bibliography 253

Abbreviations

AA	Alcoholic Anonymous
AMA	American Medical Association
APA	American Psychiatric Association
AWA	Asian Women's Association
GNP	Gross National Product
KINDS	Korean Institute of Newspapers Development Studies
KWDI	The Korean Women's Development Institute
NIAAA	National Institute on Alcohol Abuse and Alcoholism
OECD	Organisation for Economic Co-operation and Development
OPD	Out Patient Department
UNDP	United Nations Development Plan
WHO	World Health Organisation

List of Tables

2.1	Changes in Average Family Size	47
2.2	Marriage and Divorce Rates	47
2.3	Gross National Product (GNP) Per Capita in Korea	54
4.1	Alcoholic Interviewees by Age	86
4.2	Fathers of Alcoholic Interviewees by Age	86
4.3	Alcoholic Interviewees by Previous Occupation	86
4.4	Alcoholic Interviewees by Present Occupation	87
4.5	Fathers of Alcoholic Interviewees by Occupation	87
4.6	Alcoholic Interviewees by Number of Years in Education	87
4.7	Fathers of Alcoholic Interviewees by Number of Years in Education	88
4.8	Alcoholic Interviewees by Types of Drink	92
4.9	Alcoholic Interviewees by Age of First Drink	103
5.1	Alcoholic Interviewees by Number of Admissions to psychiatric and medical hospitals	127
6.1	Alcoholic Interviewees by Family History of Alcoholism	136
6.2	Alcoholic Interviewees by Birth Order	141
6.3	Alcoholic Interviewees by Number of Years of Alcohol Use	149
6.4	Alcoholic Interviewees by Length of Marriage	150
6.5	Alcoholic Interviewees by Mode of Admission	150
7.1	Alcoholic Interviewees by Number of Children	174
8.1	Alcoholic Interviewees by Age of First Marriage	182
8.2	Wives of Alcoholic Interviewees by Age	199
8.3	Wives of Alcoholic Interviewees by Number of Years in Education	200
8.4	Male Alcoholic Interviewees by Marital Status	200
8.5	Wives of Alcoholic Interviewees by Occupation	205
Figure 1:	Causal and Contribuiting Factors of Alcohol Abuse	66
Figure 2:	Summary of Causal and Contribuiting Factors of Alcohol Abuse	236

Introduction

This study is rooted in personal and professional experience of working with alcoholics and their families in South Korea (here after Korea). My experiences of alcoholism in Korea has been gained in psychiatry over fifteen years. My initial training was in general and psychiatric nursing. I then worked as a nurse counsellor at St. John of God Psychiatric Hospital in Kwang-ju, Korea. While working at this hospital, a growing number of alcoholics were admitted. It became evident from the number of alcoholics requiring a service that a special programme needed to be set up. The Order of St. John of God offered me the opportunity to take up an alcohol counselling course at their hospital in Dublin, Ireland as there was no course of this nature available in Korea. After gaining experience in Ireland, I returned to Korea and was appointed a member of the committee which set up the organisation's alcoholic centre. I was assigned as senior counsellor to the new alcoholic centre and was responsible for devising its programmes, based on the Minnesota model which I had learnt during my training in Ireland.

Implementing the Minnesota model raised serious questions for me about the applicability of this Western treatment method and its use within a Korean cultural context. My position as a female alcohol counsellor working with Korean male alcoholics using Western methods of treatment represented a challenge to Korean cultural norms and values. There was great reluctance by Korean doctors and paramedics to accept that a social worker should work independently as an alcohol counsellor and even more so, as a woman. Not only were professionals reluctant to accept me as an independent counsellor, but so were the alcoholic patients. They argued that it was not an area of work that a woman should be involved. Furthermore, male alcoholic patients had difficulty in admitting to a woman therapist that they had an alcohol problem. Nor would male alcoholic patients accept female alcoholic patients in a therapeutic group as they tried to patronise and make fun of them. One male patient stated, "I have never learnt from a woman in my life. What is there to learn from a woman?"

I felt few people shared my understanding of the problems and what I was trying to achieve. Because of this, I felt isolated and struggled alone. Increasingly, I became critical of the Minnesota method and felt that I needed to review the programme in order to take the Korean culture into consideration.

At this time, the Irish Brothers with whom I worked, asked me to publish a book on alcoholism as a means of public education. I gratefully accepted and did so in my free time outside work. When it was ready for publication, I was told that a person with a higher medical professional status than me should be the author as it would render the

book more credible and promote its sale. In fact, the doctor with whom I worked had no involvement or interest in writing the book.

My work experience and writing this book motivated me to pursue studies in the field of alcoholism. I went on to study a Masters degree in social work where I chose to look at a family system approach towards alcoholism as my research subject. As this was a part-time course, I continued to work at St. John of God Psychiatric Hospital. The university accepted my full-time work with alcoholics as my fieldwork experience. This enabled me to link academic studies with my professional practice.

However, the family system theory and its application in the alcoholic unit did not explain all the issues, especially gender differences. I became more determined to find answers to questions arising from my work and research. This background of research and professional work experience led me to pursue Ph.D. studies in alcoholism.

The aim of this research is to explore how cultural, family and gender issues might explain the behaviour of alcoholics and their families in Korea. I set out the following objectives:-

(1) To examine the effects of social change on alcohol consumption;
(2) To consider societal attitudes towards alcohol use and misuse;
(3) To investigate family factors and alcoholism in a cultural context;
(4) To analyse family systems and to assess the effectiveness of family involvement in the overall treatment plan;
(5) To examine gender roles and their impact on alcohol problems;
(6) To consider the policy implications of my research findings.

Recently Korea has developed rapidly due to industrialisation and urbanisation. Socio-economic changes have been accompanied by an increase in the production and distribution of alcoholic beverages. These factors have contributed to the increasing consumption of alcohol. During the past three decades, the consumption of alcohol has increased rapidly. For example, alcohol consumption per person was 1.0 litre in 1960 but rose to 7.0 litres in 1980 (Kim, J.W., 1988). This parallels the increase in national income per capita (Kim, K.I., 1992a). Evidence suggests that drinking habits have changed and are now more similar to Western patterns of consumption, including an increase in drinking among young people and women. In addition, social problems related to alcohol abuse, such as traffic accidents, violence and crime, are also increasing (Lee, H.Y., 1992). This implies that even if diagnosed alcoholics are excluded, there still remains a high rate of alcohol consumption which leaves the general public increasingly at risk.

However, heavy alcohol consumption and consequent misbehaviour is accepted in the Korean culture. Traditional perceptions of alcohol and the stigma attached to alcoholism have created a series of difficulties from conceptualising and defining to understanding the problems of alcoholism. In addition, strong traditional family ideology and gender roles contribute towards maintaining alcoholism within the family by accepting an alcoholic's dysfunctional behaviour.

In the West, there have been several different approaches to explain the causes of alcoholism. Anthropological and sociological studies of family culture and alcohol have provided important insights. Several researchers have laid the groundwork for a holistic perspective which unites psychological, sociological, and cultural dimensions providing a framework for understanding the relationship between family, culture, and alcoholism (Ames, 1989; Ablon, 1980).

Family system theory has been adopted in the West in an attempt to understand alcoholics and their families. According to this approach, alcoholism is a 'family disease' (Steinglass et al., 1971; Ablon, 1989). It explains how a key function of excessive drinking is to maintain an unhealthy family system. It also suggests that, "drinking patterns might express culturally-learned attitudes towards alcohol" (Steinglass et al., 1971). Drinking habits are also associated with customs, rituals and a way of life in society. Evidence shows that drinking patterns are associated with socio-economic factors and that socio-economic changes can affect the levels of alcoholism (Grant & Ritson, 1983).

In looking for explanations, I focused on a socio-cultural approach rather than a biological explanation. I also considered aspects of the family environment, including gender roles and family systems. In considering family organisation, the strong emphasis on traditional family ideology and recent socio-economic changes in Korea provide important variables in the search for a more in-depth understanding of the problems of alcoholism.

Although the socio-cultural approach has offered a valuable way of treating the problems of alcoholism in the West, there has been little progress in dealing with these problems from this perspective in Korea. Treatment of alcoholism in Korea has received very little attention amongst medical professionals and the Ministry of Health. Consequently treatment facilities and service provision are inadequate for alcoholics and their families. However, to tackle the growing problem of alcohol abuse and consequent family problems in Korea, there remains an urgent need to research these problems and to develop treatment and prevention programmes which would be more appropriate to the Korean culture.

The purpose of this study is to look in more depth at family dynamics and to consider various options for rehabilitation and prevention programmes. I intend to focus on the relationship between culture and family and how gender issues are involved in alcohol-related problems in Korean society. Looking back on my professional work experience and feelings, it is essential that the following questions need to be answered:-

What are the effects of social changes on alcohol consumption?
How far have individuals and families' attitudes towards alcoholism been shaped by wider cultural factors?
What specific cultural factors in family systems contribute to alcohol problems?
How does the family itself function when alcoholism emerges in the family system?
How far do gender roles affect alcohol consumption and family problems?

My study is divided into two sections. The first section consists of two chapters which provide a critical review of relevant literature. The second section, comprising five chapters, deals with the research methodology adopted for this study, followed by a presentation and analysis of the data collected.

In chapter 1, I examine current perspectives in the theories of alcoholism and issues in understanding the problems. I attempt to locate issues of culture, family and gender in relation to causes and contributing factors of alcoholism. Chapter 2 provides a critical analysis of families from different perspectives. This is followed by exploring cultural, family organisation and gender inequality issues in a changing Korean society. In chapter 3, I outline a theoretical framework and hypotheses, based on my literature review and professional experience of working with alcoholics. This chapter also discusses details of the research methods used to collect my data and analysis. Chapters 4,5,6,7 and 8 consider the results of my data analysis. The final chapter provides a summary of my main findings, assesses their significance for prevention and treatment policies, makes policy recommendations, and suggestions for future research.

Chapter 1

Understanding the problem of alcoholism

Introduction

In this chapter, I will discuss the major theoretical debates in understanding the problems of alcoholism. I will also explore how Korean society copes with the increasing levels of alcoholism and problems with implementing Western treatment models. The following case history conveys the importance of cultural aspects and the various issues which confront Korean society.

An alcoholic in Korean society

Mr. So is a 40 year old man, married with two children. This was his first admission to a psychiatric hospital (12.6. 1995, at St. John of God Alcoholic Treatment Centre).

> *When I was five, I started to taste alcohol. My nanny used to give me 'dan-sul' [sweet rice wine]. I never thought it had alcohol in it. It is very filling when you are hungry. There was always home-made rice wine in our house and I often drank it. My drinking habit developed when I was about 10 or 11. My nickname at school was rice wine barrel. When I used go out to the toilet my friends would said, 'oh there goes rice wine barrel.'*
>
> *While I was in middle school I drank continuously. When I started working I had more money so I was able to drink more. Since I worked in a family business I had to lift heavy boxes so I drank soju* [a spirit with 25% alcohol] *to give me energy. I drank soju from a large rice bowl and often took it direct from the bottle.*
>
> *I felt I was beginning to drink too much, so I tried to stop. Having stopped drinking for three days, I could not sleep and developed a terrible cold sweat. I felt something was wrong with me but I did not know the cause so I started drinking in the morning to cure my hangovers.*
>
> *After a few years, I was admitted to a medical hospital about 10 times. I was given intravenous infusions. I was told it would wash out my system. But I drank in the hospital and nobody stopped me. I was not told I had a drinking problem. As soon as I was discharged from the hospital I started drinking again and my drink problem became worse. I drove while I was under the influence of alcohol*

and I had no interest in my family. I often wished to have a car accident to give me an incentive to stop drinking.

I do not know how my wife found this psychiatric hospital, but she said I should be admitted here. I ignored her advice, as usual, so she asked my mother to help me. My mother went to a shaman to find out what was wrong with me. The shaman told her that I had evil spirits in my body and that I needed an exorcism on a mountain in order to expel them. I did not want to go, my wife and mother cried as they pleaded with me. I had no choice but to go, but on the way home from the exorcism I drank again.

I knew I had to be locked in a psychiatric ward in order to stop drinking but I was scared. My parents would not agree because of the stigma attached to psychiatric illness. I thought if my neighbours knew I was in a psychiatric hospital because of my alcoholism it would really jeopardise my children's future.

This story highlights some of the key issues and the problems of alcoholism in Korean society. Alcoholism has become a serious public health issue in most industrialised societies. In response to this recognition, much research has been produced and considerable advancement has been made in terms of treatment and prevention in the West. Like other industrialised countries, Korea's socio-economic changes have brought about an increase in alcohol production and distribution. Koreans have a greater opportunity today to buy a wider range of alcohol. There are fewer social constraints in relation to drinking due to recent socio-cultural changes. People have been more exposed and encouraged to drink by its availability within a more affluent society (Lee, C.K., 1992). Consequently, alcoholism and alcohol-related problems have become serious social issues (Kim, K.I., 1992a). However, as the above case illustrates, the traditional concept of alcohol use and the stigma attached to alcoholism have created difficulties in conceptualising and understanding the problem of alcoholism. The seriousness of the problem has not been fully recognised. There are few policies in place on the control of alcohol and appropriate treatment programmes for alcoholism. In addition, Korea's unique culture and family ideology has also contributed to the gravity of the problem in contemporary Korean society.

The biological, psychological, and socio-cultural variations in drinking patterns have a number of theoretical and methodological implications. In order to understand the problem of alcoholism, it is important to place the subject in the wider framework of alcohol use in society. In this chapter, I will discuss how the problem of alcoholism has been defined and how people respond. I will also examine what causal factors are

involved and what methods have been used to resolve the problem. The following four areas will be discussed:-

1. The historical use of alcohol;
2. Problems in defining alcoholism;
3. Conceptual models of alcoholism and their implications for intervention;
4. Studies on alcoholism in Korea.

1.1 The historical use of alcohol

Historical analysis has contributed to our knowledge about the causes of alcoholism and our understanding of alcohol consumption patterns, the effects of alcohol and social reactions to alcohol-related problems.

In Korea, heavy drinking has been closely related to rituals and traditional celebrations since ancient times. For example, Koreans drink for several days during harvest festivals and the New Year. They have used alcohol as a source of energy, especially peasants and those involved in heavy manual work. Alcohol was also traditionally used for promoting health and was called 'medical liquor' (Kim, K.I., 1992a, p.122). This custom is still practised today in Korea. However, since Korea began to industrialise alcohol consumption has increased and alcohol-related problems have become public health issues.

Taking a historical view on alcohol production and consumption, man initially produced alcohol from natural substances. Since the discovery of alcohol, many societies have deliberately produced alcohol (O`Brien & Chafetz, 1982). Alcohol has retained an important role in most societies and has been used for social and religious ceremonies. Distillation was discovered around the seventh century in Arabia and India. This technique made the manufacturing of stronger alcoholic beverages possible. The use of the distillation technique soon spread to other countries (Levin, 1990).

Western societies initially used alcohol for religious ceremonies and over the centuries, it has remained a favoured drink among Europeans. It became part of their socio-cultural fabric and acquired defined roles and functions which evolved over the centuries (Mohan, 1991).

In many societies alcohol use is familiar to most people from an early age and continues to be part of their social context as they grow older. People learn about drinking in different ways, often changing both their beliefs about alcohol and their mode of using it at different stages in their lives (Plant, 1979). Drinking is positively reinforced by many social and psychological pressures. In the West, drinking has been encouraged through such pressures. For example, the media has directed its advertising towards young

people, reinforcing how drinking is a symbol of being successful and of masculinity or femininity (ibid).

Today, the consumption of alcohol has increased world-wide as more countries have become industrialised. The alcohol industry itself has developed into multinational companies and marketing of alcohol has become global (Room, 1997). Many nations are now aware that rising levels of alcohol consumption and alcohol-related problems are threats to public health and have a negative effect on economic development and the quality of life. Despite these known negative effects, the production and consumption of alcoholic beverages continue to increase throughout the world (Saxena, 1997).

The history of alcohol use and abuse is interrelated. Over the centuries, controls have been introduced in many countries on the production, distribution, and consumption of alcohol. The onset of the temperance movement and prohibition of alcohol emerged as a response to alcohol and its problems.

> "The code of Hammurabi of Babylonia, which dates from 1700 B.C., contains a variety of restrictions on the sale and consumption of alcohol. The code also documents the early existence of public drinking houses, which it regulated with laws that sometimes called for the execution of offenders. The original temperance movement also dates from pre-Christian times." (O`Brien & Chafetz, 1982, p.9)

Alcoholics were executed as a demonstration to the public of governmental disapproval of alcohol in the reign of the Chinese Emperor Chung K`iang. Emperor Tei-Tsung is known to have licensed the number of places where the sale of alcohol was permitted (ibid). In Egypt, Caliph Hakim prohibited imports of drink and had all vines uprooted in accordance with Koranic teaching. In neither country did the authorities decide to incorporate these rules into a long standing-practice (Sournia, 1990).

In Europe, as drunkenness became more apparent and problems increased, temperance regulations were introduced. The temperance movement was created by those who were concerned about moral weakness and social order in a period of rapid economic and political change. However, the temperance movement developed in different forms and had different goals in each of the countries where it was adopted (Roberts, 1984). In 1226, Switzerland was the first country to introduce closing-time laws and in 1285 England followed. The first formal temperance societies started in Germany (O'Brien & Chafetz, 1982).

Early temperance organisations in the United States were closely linked with Evangelical religious groups. Evangelical religion promoted a tradition of social

activism and was concerned with a wide variety of humanitarian reforms and social issues, from anti-slavery to feminism (Roberts, 1984). This movement began to spread to other countries. Temperance movements emerged aiming to reduce problems of drunkenness in society, often by legislative restriction or prohibition (Baumohal & Room, 1989).

There was an association between the temperance and anti-slavery movement and feminism in Britain and United States in the 1870s. Feminists made the connection between alcohol and sexual promiscuity as alcohol affected an individual's judgement and sexual morality. Women recognised drunkenness as bringing a family into poverty or causing physical abuse. In the urge to reform and improve the morals of society, many pioneering feminists became involved in the temperance movement and they were also allied with purity campaigners as they shared the same ideology. Temperance movements and the purity campaign attempted to improve the middle class way of life. This emphasised domestic virtues encouraging an alliance between feminists and the working classes. However, this created conflict between those who emphasised individual self-control and those who argued for state intervention as a means of social control (Banks, 1981).

Due to the temperance movement in the 1930s, alcohol use and related health problems dropped to their lowest levels in US history, but the prohibition law proved unpopular and difficult to enforce (Hester & Miller, 1989). Heavy drinkers were unaffected as an illegal production of alcohol replaced the regulated and taxed trade (O`Brien & Chafetz, 1982). This led to the 21st. Amendment to the Constitution in 1933, which legalised the use of alcohol (Hester & Miller, 1989).

With the decline in religious and moral influences and socio-economic changes in North America and several European countries, prohibition broke down and controls became less strict. Increasing production and marketing of alcoholic beverages added to the pressure to liberalise the laws (Grant & Ritson, 1983). The main assumption of the temperance movement was that the cause of alcoholism was alcohol itself. Alcohol was seen as a dangerous drug. This is similar to the way in which heroin and cocaine are currently viewed (Hester & Miller, 1989). Given this, it is argued that social legislation can be enacted to control the cost, availability, and promotion of alcohol to the general public (ibid).

In Asia and Africa, where control of alcohol has had no religious roots, the temperance movement was an imported movement. For example in India, even though prohibition was never fulfilled, the objective of achieving prohibition became a direct principle set out in the Constitution of India after Independence (Mohan, 1991). Prohibition is still in

practice in Saudi Arabia and several other Arab states, whereas in Bahrain, for example, production and consumption by Moslems is prohibited but use of alcohol by foreigners is permitted (Walsh & Grant, 1985). Although substantial alcohol-related problems have been highlighted in Africa, the alcohol consumption rate is lower than in developed countries. Africans mostly consume home brewed alcohol and use it for religious practice as part of a traditional culture (Mohan, 1991).

In China, besides the major religions of Buddhism and Taoism, Confucianism (551-479 B.C.) played an important role. The code of Confucianism strongly condemned aggressive and disorderly conduct while drinking, thus promoting the idea of moderate alcohol consumption. In the 16th century, a Jesuit priest brought Christianity to China. Their main concerns became opium rather than alcohol (Mohan, 1991). WHO (1987) reported that China had a very low level of alcohol consumption per capita. However, concern was expressed about possible increased levels of consumption associated with its current industrial development and the vast potential market (Wang et al., 1992).

In Korea, due to unsociable drinking habits, prohibition was implemented in the Choson dynasty (1392-1910). Prohibition was also encouraged by early Christian missionaries who banned their believers from drinking and smoking. Such behaviour was regarded as sinful. However, unlike some countries, prohibition and the temperance movement did not lead to legislation on alcohol use in Korea (Yoo, 1986).

In the West, the failure of prohibition discredited the moral approach to alcohol problems and introduced scientific investigation into alcohol consumption. Dr. Benjamine Rush began his pioneering work on the pathological process of alcoholism in 1785. His particular innovation was based on a scientific assumption that alcoholism was a disease (O`Brien & Chafetz, 1982). Since that time many studies have attempted to explain the problem of alcoholism.

1.2 Problems in defining alcoholism

Cultural practices in relation to alcohol range from drunkenness to total abstinence. Varied social patterns of drinking and the different functions which alcohol plays are central to everyday life in most societies. As I have argued, alcohol is widely used and fully available in most societies. Given that alcoholism is defined in many ways reflecting cultural, religious and historical factors, it is therefore difficult to define. Alcohol is a cultural artefact and alcohol-related problems are culturally defined (Robinson, 1979; Room, 1997). Yet definitions have a critical influence on diagnosis and treatment programmes.

As outlined earlier, alcohol has been used as a food, as medicine, and for traditional and religious rituals in Korea. These traditional concepts of alcohol still remain. Consequently, tolerance of male drinking has led to a widespread social acceptance of drunkenness. It is not unusual for males to be drunk and for this to be regarded as desirable in terms of masculine behaviour (Kim, K.I., 1992a). This reflects cultural concepts of alcohol use and misuse. Alcoholism has recently become an issue in Korea. The Korean general public as well as for professionals face difficulties in understanding and defining the problems of alcoholism. The case illustrated at the beginning of this chapter reflects the fact that there has been little change in Korean traditional attitudes.

Lee, H.Y. (1992) found that Koreans do not perceive alcohol as a 'drug'. They refer to alcohol as food and say that they 'eat alcohol' rather that 'drink it'. He also found that the concept of 'loss of control' does not apply to Koreans, because they drink 'in order to lose control'. 'Alcohol abuse' is another concept that can not be translated directly into Korean language. Koreans are of the opinion that 'tolerance' is something desirable for men. If a man develops a tolerance for alcohol he is looked upon as being strong and he becomes proud of the amount of alcohol he can tolerate. Those who drink to excess are called "choo-dang" or "choo-ho", which means heavy drinker. These terms have a positive connotation but do not relate to "alcohol abuse or alcoholism" (Cho & Faulkner, 1993 p.691). They found that Korean's definition of alcoholism was,

> ". . . restricted to the physiological consequences of long-term abuse of alcohol, while Americans accept a definition which is couched largely in social and behavioural terms." (Cho & Faulkner, 1993, p.681)

It has been argued that Korean psychiatrists see alcoholism as a less serious problem compared to American psychiatrists. General practitioners, traditional herbal doctors and the general public do not consider alcoholism as a mental illness or a disease. Rather general practitioners focus on physical complications of alcoholism. The Korean public and even medical professionals have a tolerant attitude towards drinking and scarcely recognise it as a psychiatric or social problem (Kim et al., 1973; Kim, K.I., 1992a).

In contrast, following the repeal of prohibition in the 1930s, the concept of alcoholism as a disease developed in the West. Jellinek was one of the key scientists promoting this concept. He made this concept of alcoholism scientifically creditable. He began by restricting the concept of alcoholism to physical and psychological pathology and divided alcoholism into five types: alpha, beta, gamma, delta and epsilon (Jellinek, 1960). The World Health Organisation (WHO) defined alcoholism as follows,

> "Alcoholics are those excessive drinkers whose dependence on alcohol has attained such a degree that shows a noticeable mental disturbance or interference with their body or mental health, their interpersonal relations, and their smooth social and economic functioning or who show the prodromal signs of such development." (WHO, 1951)

This definition emphasises cultural deviance and damage to the drinker. The American Medical Association (AMA) defined alcoholism as, "an illness characterised by significant impairment that is directly associated with persistent and excessive use of alcohol" (AMA, 1977). The established medical definitions of alcoholism through the mid-1970s emphasised the notion of a progressive disorder with defined bio-medical consequences.

The American Psychiatric Association (APA) provided a different definition of alcohol dependence. The DSM-III (Diagnostic Statistical Manual of Mental disorders) attempted to differentiate situations in which both behavioural and physiological effects of excessive alcohol and behavioural consequences of excessive drinking were present. Two separate diagnoses for alcoholism were listed.

> "Firstly, alcohol abuse is a pattern of pathological use for at least a month that causes impairment in social or occupational functioning. Secondly, alcohol dependence is a pattern of pathological alcohol use or impairment in social or occupational functioning due to alcohol, and either tolerance or withdrawal." (APA, 1980)

It is widely accepted that alcoholism in itself is not a personality disorder nor is it a manifestation of another psychic condition. Rather it is a "primary disorder" that consists of drinking to the point where the drinker and his or her environment are seriously damaged (Meyer, 1988, p.70).

1.3 Conceptual models of alcoholism and their implications for intervention.

There have been many attempts to provide an explanatory theory to answer the questions: Why do people drink? Why can one person use alcohol socially without exhibiting ill effects whereas others experience difficulties as result of their drinking? Yet there is no single explanatory model to answer such questions. Each model offers its own definition and solutions. In this section, I will examine a developmental history of alcoholism and what approaches have been used to resolve the problems of alcoholism.

The moralistic model

The oldest model is the moralistic model which determines the functioning of human systems under the influence of alcohol. Drunkenness has long been viewed by religions as sinful behaviour (Hester & Miller, 1989). According to this model, there are strictly

defined norms about what is socially acceptable behaviour in consuming alcohol and these are determined by place, time, age and occupation (Lazic,1992). The moral perspective assumes that the individual is responsible for his/her deviant behaviour and should be held up to community standards. This model is compounded by long-standing public prejudices and moral attitudes about excessive alcohol use (ibid).

According to the moralistic model, the treatment of the drunkard should be based on enforced abstinence and moral discipline rather than on 'visionary medical theories'. The lunatic asylum has been seen as a treatment model. The drunkard is seen as suffering from a failure of will power, and treatment has taken the form of moral therapy in asylums (Wiener, 1981). Since the individual is seen as making a choice and decides to use alcohol in problematic patterns, civil and criminal courts continue to show a reluctance to hold defendants blameless for actions committed under the influence of drink (Hester & Miller, 1989). This perspective emphasise a spiritual aspect. Hester and Miller suggested that,

> ". . . the logical change agents would be the clergy or other representatives of the religious community. When seen as volitional violations of social codes, punishment becomes the appropriate intervention, with law enforcement personnel and systems being the agents of such intervention." (ibid, pp.4-5)

Lazic (1992) argued that the moralistic model does not explain the process of drinking which leads to alcoholism. Nor does it enable us to understand the epidemiological data, the rise in consumption, or provide us with sufficient possibilities for creating adequate preventive and therapeutic programmes.

In Korea, the general public and even professionals still consider alcoholism as an individual's choice. Alcoholics are considered to lack will power and shame is attached to alcoholism. However, the moralistic model cannot explain the problems of alcoholism in Korea, as it fails to understand cultural factors and family interactions. Nor does it explain gender differences in patterns of alcohol abuse and public attitudes in Korea.

The medical model

The disease theory of alcoholism arose following the repeal of prohibition in the United States. It developed during the first part of the twentieth century and the rediscovery of this idea was labelled, 'the new approach to alcoholism'. This theory was inspired by Dr. Benjamin Rush and other scientists. They investigated the sense in which 'inebriety', chronic drunkenness was seen as a disease (Meyer, 1988). According to this model, excessive consumption of alcohol is assumed to be a disease of the addictive type. Jellinek argued that 'disease alcoholism' should be confined to addiction or loss of

control over drinking behaviour. Jellinek's addiction theory was adopted by a new alcohol movement in America. It argues that an alcoholic drinks involuntarily and, therefore, cannot be criminally punished for intoxication because it is a disease (Wiener, 1981).

This model assumes two basic features. First, alcoholism is seen as a 'pre-existent physical abnormality' and as a by-product of the metabolism. After ethyl-alcohol is absorbed into the body system, it is metabolised in the liver into a toxic substance called 'acetaldehyde'. It produces compounds known as 'tetra-hydro-isoquinolines' (TIQs). The hypothesis is that alcoholics are addicted not to alcohol but to the TIQs, which result from the breakdown of alcohol in the body. This disease concept of alcoholism continues to influence theory and practice in the field. Alcoholism is seen as progressive, so continued drinking can only lead to further deterioration and ultimately, death (Heather & Robertson, 1985).

Second, alcoholism is seen as a mental illness or psychopathology. Psychodynamic explanations assume that alcoholism results from unconscious impulses which have been repressed but which find symbolic expression in heavy drinking. Freud suggested that as a consequence of defects in the relationship between parent and child, the alcoholic was fixated at the earliest stage of his or her psycho-sexual development namely, the oral stage (Levin, 1990).

The disease view of alcoholism has improved the position of the problem drinker. The chief aim behind the new disease approach to alcoholism was to obtain a better deal for the suffering alcoholic in terms of legitimate access to treatment services and health insurance. This concept was assumed to be the most powerful therapeutic tool to help alcoholics (Wiener, 1981).

However, there are major problems associated with the disease model. Heather and Robertson (1985) argued that once an individual is persuaded to accept a self-definition as an alcoholic, the person then undergoes changes in identity which may aggravate the deviant drinking. First, the diagnosed alcoholic may take on 'the sick role' in return for an exemption from normal social obligations. The main advantage to the alcoholic is that he/she is not held responsible for their deviant actions. At the same time, excessive drinking is legitimised and reinforced.

Second, the concept of alcoholism as a disease can stigmatise alcoholics. An alcoholic individual may come to adopt a "career as an alcoholic patient", which may last for the rest of his life (Wiener, 1981). Following this theory, abstinence is the only solution to a drinking problem. There are circumstances where total abstinence is necessary for

recovery, but there are other circumstances when it is not. The disease theory unnecessarily restricts the overall treatment response to problem drinking (Heather & Robertson, 1985).

Third, the disease theory raises legal confusion because it has enhanced the position of the alcoholic by persuading society that they are not responsible for their drunken behaviour and therefore should not be punished for it. As a consequence, the disease concept was increasingly accepted by the courts in the West and used as a defence against various wrongdoings (ibid).

Finally, the disease theory has been challenged as alcoholism was seen as a medical problem rather than a social problem (Wiener, 1981). The medical profession and policy makers attempt to improve facilities for treatment but place less emphasis on prevention (Heather & Robertson, 1985).

According to the disease model, alcoholics have no responsibility for the development of their alcohol problems. They are incompetent of making rational decisions, warranting social intervention to compel them into treatment. The therapy consists of detoxification, education about the disease and medical treatment to alleviate related physical problems (Milam & Ketcham, 1983). Psychotherapy is not seen as a relevant form of treatment but referral to Alcoholics Anonymous (AA) is seen as helpful for follow-up support.

In Korea, 'the disease model' of alcoholism is not fully understood by the general public or even by professionals (Kim, K.B., 1992). The general consensus appears to be that alcoholism is caused by long term alcohol abuse and carries implications of being weak-willed (Kim, B.H., 1989). As alcoholism was recognised as a self-inflicted condition it was therefore not covered by medical insurance until recent years. This reflected a social disapproval of alcoholism. It is believed that alcoholism can be cured and that a person suffering from alcoholism can return to drinking following a physical treatment without further professional help (Cho & Faulkner, 1993). However, this model is not sufficient to explain alcohol problems in Korea, as it does not take into account cultural aspects, family dynamics, gender roles and symbolic meanings of alcohol.

The consumption harm model

Ledermann challenged the traditional view of alcoholism which focused on individuals by suggesting there was a correlation between the average per capita level of alcohol consumption and the level of alcohol misuse in a population. He debated that changes in the overall consumption of alcoholic beverages had a significant effect on the health of the people in society. Alcohol control measures can be used to limit consumption;

thus control of alcohol availability becomes a public heath issue. This theory made a considerable contribution towards alcohol policy as it focused on prevention (Berridge & Thom, 1996).

The Ledermann hypothesis is now part of the conceptual and ideological framework of policy-making. In this approach to prevention, a reduction of total volume of consumption is seen as the major target of a primary prevention strategy. Per capita consumption is regarded not only as an indicator of harm but as a principle factor in the epidemiology of alcohol-related problems (Lemmens, 1995).

However, the debate on Lederman's theory is not over as it has been criticised by other scientists. Many scientists would not accept Lederman's hypothesis, arguing that it is problematic because the consumption of alcohol by the total population is not an index of the number of alcoholics. The total alcohol consumption in a population only explains a fragment of the variation of negative effects of alcohol (Lemmens, 1995). Another criticism is that there may be inaccuracies not only in the per capita consumption data, but also the degree and type of inaccuracy are likely to vary from country to country (Helzer & Canino, 1992). For example, in Korea, a considerable amount of alcohol is produced illicitly in private homes (Lee, C.K., 1992).

The socio-cultural model

The socio-cultural model postulates a relationship between various factors in society and the incidence of alcoholism. Different cultures have different attitudes towards alcohol, set different standards for alcohol use and provide greater or lesser environmental support for drinking problem (Sournia, 1990). This model acknowledges the responsibility of the larger environment for the actions of individuals (Hester & Miller, 1989). Therefore, social control of alcohol availability becomes a key consideration. For example, the availability of alcohol might be restricted by increasing taxation on alcohol and discouraging intoxication and drink-driving. Advertising which encourages alcohol consumption may also be prohibited. Such policies are often enforced through law (ibid).

On the other hand, anthropologists have increasingly contributed to the understanding of cultural differences in relation to drinking patterns. Anthropological perspectives highlight the importance of understanding the linkages of family life to other cultural factors in relation to their drinking patterns (Ames, 1989). Mead argued that where there is a breakdown of old cultural traditions, this often leads to social disorganisation. In this situation, drinking activities may be seen as allowing the people to achieve feelings of power, to satisfy dependent needs, or to cope with anxiety and psychological stress (Hill, 1984). Merton viewed drinking as a response to economic deprivation, so

heavy drinking is seen as a sign of social strain. Drinking patterns are passed down from one generation to another. As a result, patterns may continue even though the conditions that originally led to drinking have been eliminated (ibid).

Ablon (1989) highlighted the importance of socio-cultural factors in shaping family behaviour and interaction. She argued that excessive drinking may be an effective and culturally acceptable way of coping with unhappy marital relationships where divorce is not permitted. However, these perspectives support the family system model.

The family system model

Family system theory states that every organism may be seen as part of one system, where a dynamic relationship obtains between its parts and processes which are in constant interaction (Steinglass et al., 1987). This theory helps one to understand the needs of the alcoholic person. Alcoholism is seen as a consequence of family relationship difficulties. The attitudes, structure and function of the family system can be crucial variables in determining treatment. Family system theory can be particularly relevant in explaining problems of alcoholism in Korea.

In traditional Korean society, the family has been the most valued unit within its social system, as the family group has been inseparably identified with the clan. Traditional values associated with the family have deeply influenced people's daily lives and in the education and the legal systems. The most important function of a family member has been to maintain the family name (Cho'e, 1986). There is no individuality in the Western sense. Everyone has always been taught to uphold the family name, known as '*Kamun*' and family honour for the sake of collective prosperity rather than individual advancement. Shame and crime have also been family concerns and ways were developed to preserve order within the family and the village community (Chang, 1978). The family has played a major role in social control in Korea (Choi, 1993). Welfare and health care is still provided primarily by family members. Due to Confucian family ideology and traditional gender roles, women tend to accept the alcoholics' symptomatic behaviour and try to hide the problem. Extended family members often interfere in treatment because of the shame alcoholism brings on the family.

Koreans may agree that a family member suffering from alcoholism is in need of treatment, but they fail to see that the problem affects the family as a whole and that they themselves also require help. Any approach to the treatment of alcoholism gives little consideration to family involvement in the overall treatment plan and, as a result, the family system remains unchanged and the alcoholic returns to the same counter-productive environment. Alcoholics are confronted with considerable difficulties in readjusting to society. Even though the Korean society encourages people to drink

more, if a person has a drinking problem, he/she is stigmatised. Family system therapy can be an important treatment method as it helps both individuals and families cope with change. Without changes in the family system, rehabilitation programmes rarely succeed. This type of therapy can also prevent the transmission of the problem to the next generation, but in order for such a therapy to be successful, family members need to co-operate.

However, as outlined earlier, alcoholism has been seen as an individual problem, even in the West. It is only during this century that it has become recognised more as a family and a social problem (Steinglass et al., 1971; Ablon, 1989). Many theories have explained the role of the family in the aetiology and treatment of alcoholism. First, the understanding of the interaction between alcoholism and the family was drawn from a psychodynamic perspective. This emphasised the psychological conflict between spouses. Futterman and Bailey argued that there is a common personality type in wives of alcoholics. They described wives of alcoholic men as 'neurotic' and 'sexually repressed'. According to these theories, strong and assertive women are attracted to weak, submissive men whom they can dominate. In addition, they were thought to have poorly controlled aggressive impulses and latent hostility towards men. This psychopathology was presumed to precede marriage and account for the choice of an alcoholic spouse (Jacob et al., 1978). Second, in the 1950s, sociological stress models were introduced. These viewed the problems of spouses of alcoholics as stress symptoms, induced by the chronic stress of living with an alcoholic partner (Edwards et al., 1973).

Research has moved away from focusing on the marital partners towards the consideration of the family as a system, such as the families of origin, the consequent life-style of children from alcoholic families and the extended family. During the 1930s, Von Bertalanffy formulated the general system theory as a working hypothesis. A basic concept of general system theory is that in order to understand individual behaviour, it is essential to understand the significant group in which a person lives, relations within his/her group and any specific individual behaviour to maintain the group or system (Paolino & McCrady, 1977).

> "General system theory focuses our attention on the role of each family member in the genesis and maintenance of behavioural dysfunction within the family and takes account of the nature of the cultural variables impinging on the family. The system movement is a discipline that spans the boundaries of the social and natural sciences, fostering communication and linking and integrating much fragmented contemporary theorising and research." (Vetere, 1987, pp. 31-32)

Family system theory developed and fostered forms of family therapy. It assumes that, "all important people in the family unit play a part in the way family members function in relation to each other and the way the symptom finally erupts" (Bowen, 1978, p.259). Steinglass et al. (1971) outlined the system model in relation to families of alcoholics. They explained how a key function of excessive drinking may be to maintain the family system. They also suggested that drinking patterns were related to culturally learned attitudes towards alcohol (ibid). Alcoholic families are characterised as having rigid boundaries and are isolated from the community. Alcoholic behaviour itself often contributes to this sense of isolation and makes such families less willing to respond to treatment (Steinglass, 1982).

Conflict or distance between two family members is automatically displaced or projected on to a third party, such as an in-law, lover or child: this Bowen called '*triangulation*' (Bowen, 1974, pp.115-121). He argues that such family structure and family systems are prone to alcoholism. On the other hand, Collins et al. (1990) argued that the alcoholic protects or stabilises the functioning of all members of the family unit through the expression of his/her excessive drinking.

Family system theory argues that the individual's alcoholism represents coping strategies within the family structure as a whole. If the individual is treated alone, the family may still resist change. From this perspective, family therapy is a key therapeutic strategy in solving the complex interactions underlying alcoholism (Hester & Miller, 1989). The role of the therapist is to make treatment available for the whole family, to redefine the problem as a family issue and to increase the family's awareness of the problem, cutting through their denial and increasing their motivation to change (Usher et al., 1982). Techniques of changing an alcoholic's family dynamics involve reconstructing boundaries in a way that will allow the alcoholic to be accepted and reintegrated back into the family (Dulfano, 1982).

Alcoholism treatment therapists have shown considerable interest in this approach, because it is adaptable for working with alcoholics and their families (Pearlman, 1988). Despite these developments, there remains a number of limitations concerning family system theory and its application to alcoholism. First, it does not purport to be an aetiologically-oriented theory. As Pearlman pointed out,

> ". . . the theory clearly does not lend itself to detailed, comprehensive formulations concerning the origin of problematic behaviour, the early manifestation of such behaviour, or the manner in which the family's interactional behaviour became transformed and rigidified to accommodate the behaviour." (Pearlman, 1988, p.305)

Second, it does not encompass or adequately deal with all of the variables thought to be associated with alcoholism, such as personality factors and psychopathology. Third, the pharmacological effects of alcohol as a drug are beyond the scope of the model. Alcohol-related phenomena, such as lose of control and tolerance are not directly covered by the system theory. Finally, demographic and socio-economic factors are not directly incorporated into this perspective (Pearlman, 1988). So, gender, race, class and other key variables are not considered.

As discussed earlier, family system theory provides a framework which helps one to understand alcohol problems from a wider perspective. But it does not fully explain cultural differences. In terms of the Korean culture, Confucian ideology provides the basic framework for personal relationships, but it has caused an extreme form of the patriarchal family system. Heavy drinking among males in Korea is widespread and abusing their wives and children is accepted.

Nor does the theory explain gender inequalities within the alcoholic family. Women are expected to care for their alcoholic husband and accept their irresponsible behaviour because separation and divorce are not accepted by society in Korea. Due to traditional gender roles, women try to hide the alcohol problem in order to keep family honour.

Feminists have argued that the family is subject to gender inequality where women are oppressed and exploited (Maynard, 1987). They are concerned with the relationship between the individual and social structure as well as with men's power over women (Abbott, & Wallace, 1990). In relation to clinical practices on family therapy, feminists argued that current family therapy models are gender blind.

> "The two influential models - the psychodynamic and system approaches - are both marked by gender bias. Whereas psychodynamic theories exaggerate gender differences (the alpha prejudices), the systemic approach ignores them (the beta prejudice)." (Perelberg, 1990, p.37)

Feminist therapy is based on the theory and philosophy of consciousness-raising. It is distinct from other non-sexist therapy because feminist therapists analyse the forms of social, economic and political oppression that affect women as a group as well as individually. This analysis helps the therapist's understanding how women function in society and of how change may occur (Humm, 1995).

Feminist perspectives provide some of the answers as to why Korean wives of alcoholics continuously experience inequalities and how these affect their family system as a whole. These issues will be discussed more fully in chapter 2.

The feminist perspective on women alcoholics

In recent years, evidence has suggested that the prevalence of alcohol problems amongst women is on the increase in the West (Shaw, 1980). There is also a growing number of female alcoholics seeking help (NIAAA, 1983). In Korea, changing social norms and expectations of women's role have created situations where women are increasingly uncertain about their identity as individuals and as a group. It has been shown that the number of female alcoholics are increasing (Lee, 1987) and alcohol problems among women are likely to become a social issue (Bae, 1993).

In the West, the arguments are based on two observations. First, there has been an increase in the number of women presenting themselves for help and treatment for alcoholism. Second, existing facilities are unable to meet the needs of women alcoholics, because services have focused on male alcoholics (MacGregor et al., 1993; Thom, 1994).

Feminists have challenged the traditional concepts of alcoholism. They have argued that many sociologists concerned with alcoholism have been either 'sex-blind', because they ignore women's experience of alcohol, or 'double-blind', because they ignore the complex dynamics between 'gender and social practice' (Ettorre, 1992). From a feminist perspective, Ettorre argued that,

> ". . . within the field of addiction, the centrality of the notion that men are socially dominant and active participants in the drug-using culture and women are socially subordinate and relatively passive participants has meant that the situation and needs of women were largely unacknowledged and unrecognised within both the treatment and the research world." (Ettorre, 1992, p. 17)

Peluso and Peluso (1988) argued that the disease model of addiction is for men and not for women and that this model does not therefore explain alcohol problems among women. In comparing male and female drinking, much has been made of the 'double standard' in Western culture that implies women should drink less, and not become drunk in public (Heath, 1993). The stereotype is clear: a woman who has deserted her feminine role to the extent that she has become an alcoholic is considered to have abandoned her respectability (Litman, 1980). Clearly, women alcoholics tend to experience a stigma that is more distressing and destructive than that experienced by men. Ettorre argued that,

> ". . . women alcoholics can be linked with women's experience of what has been referred to as patriarchal pain: the distressing ordeals women experience both publicly and privately in the gendered system of domination. Whether she is a substance user or not, any woman will experience this pain consciously or

> unconsciously. By the very fact that she is a woman, this pain is unavoidable for her." (Ettorre, 1992, p.153)

The feminists' arguments emphasise both the importance of equal opportunities for men and women and the uniqueness of women's experiences. An extensive literature review on treatment effects on women alcoholics show that women alcoholics should be excluded from being viewed in a negative light. Duckert (1988) argued that women have been reluctant to undergo official treatment because of the stigma attached to being in treatment and separated from their children. Developing 'women-friendly' services may imply the need to consider exclusive treatment facilities for women.

Current treatment and prevention issues on alcoholism

In recent years increasing attention has been given to the importance of research on alcoholism treatment outcomes in order to evaluate and develop programmes. Even though research on alcoholism treatment outcomes are improving, it has been recommended that research methods need to be improved (Floyd et al., 1996). For example, Gallant (1987) highlighted that problems of efficacy of treatment programmes have resulted from differences in treatment goals and definitions of treatment success. Floyd et al. (1996) also argued that this field of research has remained male-dominated in terms of researchers and those who are researched. It has been argued that the research field of alcoholism ignores the voice of victims and is insensitive to the pain of those who are suffering (O'Neill, 1996).

In a recent comprehensive review of evidence, it was suggested that treatment approaches should be broadened. Treatment refers to the broad range of services including identification, brief intervention, assessment, diagnosis, counselling, medical and psychiatric services, social services and follow-up care services. This review also suggested the need for a wide range of primary care services which emphasise prevention (Hodgson, 1994).

In terms of prevention policies, Saxena (1997) argued that substance abuse problems have a "global dimension" so require a co-ordinated response in order to achieve effective prevention.

> "Even though we do not have an international regulatory authority for alcohol, this should not stop us from developing co-operation with the aim of preventing alcohol-related health and social problems all over the world." (ibid, p.47-48)

I will now briefly discuss how prevention and intervention strategies have been used in the West. Prevention measures have been addressed to large populations, including those who do not drink - "population-based" prevention policies. Intervention strategies

are targeted at more specific groups or individuals to obtain early treatment and to eliminate the risk of self-harm and harm to others - "individual-based" strategies (Babor, 1995).

In terms of prevention strategies, the WHO has played a key role in the initiation of policies and activities to counteract alcohol misuse. For example, the Action for Europe programme notes four priority areas: national alcohol policies; co-ordination through European inter-governmental organisations; activity at community and municipal level; and increased health and social welfare services. Saxana argued that the European Action Plan aims to reduce the alcohol consumption rate by up to 25% within a definite time frame. Although alcohol policies in different countries need not be identical, developing countries may benefit from the above policies in Europe (Saxena, 1997).

The plan further designates nine particular strategies:-

"- Legislative means, including a minimum drinking age, fiscal processes, and controls on availability and marketing;
- Intergovernmental consensus;
- Self-regulation within the alcohol and hospitality industries, supported by restrictions on advertising;
- Promotion of safer attitudes in homes, schools, workplaces and health-care establishments;
- Community programmes;
- Education and mass-media programmes emphasising the benefits of reduced consumption rather than the harmful consequences of heavy drinking;
- Training of social workers;
- Intervention by primary health care;
- Training within the criminal justice system, including support for its role in community education." (Madden, 1994, p.231)

Any consideration of treatment for alcoholic problems needs to take into account the socio-economic setting and organisational framework within which the service operates (Ritson, 1991). With regard to treatment programmes in the West, the need for more comprehensive services is widely accepted as giving more choice of treatment (Hester & Miller, 1989; Hodgson, 1994). Because different types of individuals respond better to different treatment approaches (Hester & Miller, 1989), there is no single approach to treatment for individuals.

1.4 Studies on alcoholism in Korea

In contrast to the development in the West, most Korean psychiatrists and other professionals have been under the impression that there were no serious alcoholic problems in Korea, as reflected in the extremely low hospital admission rates. Consequently, research and treatment of alcoholism have been largely ignored and the

problem denied. They attributed these low rates to 'racial hypersensitivity' (a flushing body reaction to alcohol among Orientals) and drinking behaviour, such as a preference for light alcoholic beverages served with abundant side dishes (Hahn, 1971; Chang & Kim, 1973). These assumptions have proved to be faulty. First, regarding the high prevalence of alcoholism in Korea, there are interesting research findings: the flushing response and *aldehyde dehydrogenase isoenzyme*. The flushing response is a transient reddening of the skin related to a deficit of the *aldehyde dehydrogenase isoenzyme*. Unlike Europeans, Asians with this biological deficit do not metabolise alcohol and suffer from symptoms due to the build-up of *acetaldehyde*. In a study concerning flushing in Taiwan and Korea, Park, J.Y. et al. (1984) found that there were many more 'flushes' among Chinese people than among Koreans. These findings suggest that Koreans are less protected by this biological response and the isoenzyme. Second, it was found that the low admission rates to treatment centres are a reflection of both public ignorance and the tolerance of alcohol and its associated problems (Kim et al., 1973). They also result from financial difficulties which prevent patients from seeking admission (Kim & Kim, 1973).

However, in recent years a number of epidemiological studies have been carried out in Korea. The result of these studies surprised the Korean general public and medical professionals. Their findings showed that alcoholism in Korean is very high (Kim, K.I., 1992a) and that the problem is on the increase (Kim, J.K., 1986; Korean statistics, 1991). These issues will be discussed more fully in chapter 4.

Researchers have taken special interest in Korea as Koreans have a higher rate of alcohol consumption and incidence of alcoholism than other Asian countries (Chi et al., 1989). Weatherspoon et al. (1994) found that Korean Americans have a higher rate of alcohol consumption than Chinese Americans. They argued that homeland Koreans have a higher rate of alcohol consumption than Korean Americans. This provides important information concerning socio-cultural influences on alcohol use of men and women.

Research has also been carried out to identify drinking patterns in Korea. Results show that Korean drinking is highly associated with social drinking, pressures and/or family problems (Kim, J.K., 1986; Oh & Yun, 1980; Cho et al., 1975). Another reason suggested to explain Korean drinking problems is the lack of public knowledge and attitudes towards drinking. Kim, K.I. (1992a) argues that in Korea, social drinking is strongly encouraged. For example, business and social intercourse usually starts with drinking in the pub. It is a common custom to drink with co-workers for problem-solving and mutual support. The person who can not drink is regarded as timid, thus making social relationships problematic. Thus drinking becomes a way of life.

Furthermore, a heavy drinker is esteemed as a hero (Kim, K.I., 1992a). Cho and Faulkner highlighted how in Korean culture, heavy alcohol consumption is considered normal. Drinking is seen as masculine and is positively reinforced. Misbehaviour is accepted and easily forgiven because drinkers are not considered responsible for disorderly conduct occurring under the influence of alcohol (Cho & Faulkner, 1993).

However, Cho and Faulkner have described how and when a person is diagnosed as an alcoholic, he/she is stigmatised and rejected by the community. Similarly, Clarke et al. argued that, "Asian society carries greater stigma about alcoholism than British society" (Clarke et al., 1990, p.10). Caetano pointed out that in many research studies there is a widespread acceptance that alcoholism is a disease among whites, blacks and Hispanics in the U.S. population. So too the notion that abstinence is necessary for recovery to take place (Caetano, 1989). In contrast, alcoholism in Korea is hardly regarded as a disease by the general public. A survey conducted between 1974 and 1977 found that only 10% in the rural community and 20% in Seoul recognised alcoholism as a mental illness. That rate is similar to the 1955 rates in the Unites States and Canada (Kim, K.I., 1992a). A similar survey was carried out in 1989, which showed an increased awareness of 30% in rural areas and 39% in Seoul (Kim, B.H. et al., 1989, p.123).

In relation to family factors, family cohesion and life satisfaction of alcoholic families were significantly lower than those of 'normal families' (Kim, J.U. et al., 1989). Cheong and Yeon (1982) argued that wives of alcoholics as compared to the wives of 'normal couples' showed significantly higher scores of anxiety, depression, hostility and somatisation. Son and Kim (1994) reported that alcoholic wives showed weaker and more dependent personalities than non-alcoholic wives. Choi et al. (1994) found that wives of alcoholics experienced more stressful life events in the areas of marital, sexual, and financial problems than the control group. On the other hand, Choi, S.S. (1995) argued that the degree of 'co-dependency' in alcoholic families is higher than that of 'normal families' but the degree of life satisfaction in alcoholic wives is lower than that of 'normal families'.

Although these studies compared the relationships between families with an alcoholic member and families with no alcoholic member, and focused on characteristics of wives of alcoholics, most research has been limited to identifying socio-demographic data. Little research has been done on wider socio-cultural perspectives and gender roles in alcoholic families.

Alcoholism has only recently become an issue on the public agenda in Korea. Consequently, general public as well as medical professionals are struggling to find solutions to resolve these problems. As I discussed earlier, the concept of alcoholism,

diagnostic tools and treatment methods are imported from the West. But the applicability of Western diagnostic criteria and screening tests among medical professions have been found to be problematic within the Korean culture (Choi et al., 1989; Chang & Jun, 1985). Lee H.Y. (1992) also argued that various concepts and terms on alcohol-related issues must be clarified and a new set of diagnostic criteria devised which are applicable to the Korean culture.

With regard to studies on treatment in Korea, little research has been carried out on how alcoholics are treated and on treatment outcomes, particularly family focused treatment. This is due to traditional concepts of alcohol and the lack of information not only for the general public but also for professionals. In terms of the treatment of alcoholism Kim argues that,

> ". . . alcoholism is next in importance after schizophrenia and manic depressive illness in a psychiatric department. In Korea, the treatment method of schizophrenics has often been through involuntary admission to hospitals. Psychiatrists use tranquillisers as the main method of treatment. The same method is used in the treatment of alcoholics. Although alcoholism and schizophrenia are totally different illnesses, the two were not categorised differently due to the lack of experience as well as the lack of information and man-power." (Kim, K.B. 1992, p.178).

Kim, J.H. (1992) argued that psychiatrists and medical personnel in general share a pessimistic view in relation to the treatment of alcoholism and that there is a sense of hopelessness among muti-disciplinary teams. Kim, K.B. (1992) further argued that conventional treatment of alcoholism leads to a failure of treatment outcomes.

In terms of treatment programmes, only one comment was made by the treatment team of the National Mental Hospital in Seoul. The hospital adopted a Western treatment model and Kim reported that education of the alcoholics and their families was beneficial (Kim, K.I., 1992a). However, Kim recently highlighted that,

> "Looking at the percentage of alcoholics who fail to sustain a life of sobriety proves that the conventional methods of confinement as a model of treatment have not worked. Having put a great deal of thought and energy into formulating a programme and to see it fail left the team with a sense of hopelessness." (Kim, K.B., 1992, p.178)

In the private sector, St. John of God Services where I worked as a senior alcoholic counsellor, were the first to adopt the Western treatment model in Korea. The following gives an outline of the Minnesota model programme structure. Initially the patient followed a detoxification regimen for a period of 7 days (no visitors or telephone calls were permitted). Then, an intensive programme under the guidelines of the Minnesota

Model which included group work, written assignments, individual counselling sessions and lectures. This programme was implemented by trained alcoholic counsellors, all of whom were trained nurses. Patients commenced attending AA meetings as in-patients. Attendance at weekend family groups was also encouraged. On completion of the programme, there were follow-up facilities available where patients attended groups every week for one year and were also encouraged to attend AA meetings.

In the West, with abstinence as a measure of outcome of the Minnesota in-patient treatment programmes, it has been reported that approximately 50% of alcoholics abstained from alcohol for one year (Cook, 1988; Ellis & McClure, 1992). By contrast, at St. of John God Alcoholic Unit where the Minnesota Model was adopted, only 20% of alcoholics were abstinent after 6 months. In the Naju Psychiatric Hospital there were no official studies of treatment outcomes, but nurse therapists informed me that 90% of their patients returned to hospital within 6 months seeking re-admission. The therapists expressed a great deal of disappointment and helplessness in relation to the treatment of alcoholism (Field note, 17.8.1995). This shows that Korean alcoholic treatment programmes are in need of evaluation and development.

In the management of psychiatric disorders, it is necessary to take into account cultural aspects in order to pursue successful treatment models. However, a culturally relevant therapeutic model of alcohol treatment has yet to be devised in Korea due to a lack of clinical experience (Kim, K.I., 1992a). Lee argued that,

> ". . . it can not be overemphasised the importance of educating psychiatrists on the contemporary concept of alcoholism, and they should take on the responsibility to treat alcoholism itself. The public should be informed of the seriousness of alcoholism, not only as an individual health issue but as a social problem. It is imperative that various concepts and terms on alcohol-related issues should be clarified, and new diagnostic criteria on alcoholism should take into account Korean culture." (Lee, H.Y., 1992, p.130)

With regard to policy on alcohol, the Korean government's reply to the WHO inquiry in 1985 stated that, "there is no explicit alcohol policy yet" (Ritson, 1985). Consequently, there is no control over the production, distribution, advertisement or pricing of alcohol and there are no fiscal measures to help reduce alcohol-related problems.

Conclusion

Since 1980, the Korean public and professionals have begun to take the problem of alcoholism more seriously. It is widely accepted that alcoholism is on the increase and is becoming a serious social problem. The following questions need to be asked:- Why

is the problem of alcoholism on the increase? Why are Korean people drinking more in recent years? What action should be taken to resolve the problem?

Research carried out by medical professionals has mostly focused on epidemiological studies. Consequently, socio-cultural and familial perspectives on alcoholism have been largely omitted in research, treatment and prevention programmes. However, there is no appropriate explanatory solution for the Korean problems of alcoholism. Korean professionals struggle with problems of diagnosis and treatment. There is no clearly defined social policy on alcoholism. Korea needs its own diagnostic criteria and treatment approach which takes into account cultural aspects. Yet very little research has been carried out in Korea to take into consideration treatment methods which are appropriate to Korean culture. There is also a lack of research on treatment outcomes. With the absence of a clearly defined policy on alcohol and workable diagnostic and treatment models, it is not surprising that many professionals report that they have become pessimistic and frustrated (Kim, K.B., 1992).

Having reviewed the literature both in Korea and the West, I have become convinced that socio-cultural factors need to be explored and culturally appropriate treatment models need to be developed. My research attempts to illuminate some of the gaps identified from this literature review. I aim to explain the views of alcoholic interviewees, both male and female. I will also help the views of female carers to be heard. In the next chapter, I will discuss some of the reasons why the family system and gender inequalities are important to the understanding of alcoholism in Korea.

Chapter 2

Families and alcoholism in a changing Korea

Introduction

This chapter assesses the various debates about the family and gender inequalities. It covers the Korean culture, the traditional family system and gender issues in relation to understanding the problems of alcoholism. The following case history conveys how traditional family ideology and gender inequalities affect alcoholics and their families.

Family ideology and the wife of an alcoholic

Mrs. Lim is a 37 year old woman whose husband is an alcoholic. She has been married for 15 years and has 2 children. She works in a public bath house during the day and delivers milk early each morning. Her husband is 43 years old and has been drinking heavily for 25 years. He was admitted to a medical hospital on several occasions prior to his admission to a psychiatric hospital (7.8.1995, at Naju National Psychiatric Hospital).

> *When I was growing up our family was unhappy because my father had a problem with drink and gambling. My mother had to work hard to look after seven of us. My mother and my brothers and sisters ended up living in a hut because of my father's gambling debts. I felt sorry for my mother. She never left my father, but tried very hard to keep our family together.*
>
> *Before I married I had never been out on a date. When I was 23, a match-maker told my mother about my husband-to-be. My mother told me to go out for 'masson'* [arranged meeting] *to see him. I had no feeling for him. I just thought if a man wanted me I should accept him. After meeting him only once, my mother and brother told me I should marry him. I just followed their decision. Within three months the marriage was arranged and I had only seen the man on two occasions. He was working as a car mechanic and I felt at least there would always be food on the table.*
>
> *When I got married I noticed he drank a lot. When he had money he did not come home after work. Sometimes I had no money to buy food for a week. If I said anything he would say, 'you do nothing, so you do not deserve food'. After a few years, he started to beat me, and life became very difficult. I contacted my mother-in-law for help but she said it was not serious. I knew after 5 years of marriage that something was seriously wrong with his drinking. I started work as*

a cleaner in a public bath house. My job not only entailed seeing to the general hygiene of the bath house but I also had to wash rich women when they came for a bath. This was the only way I could gain extra income, because my husband had given up work. He began to watch pornographic films all day at home. When I returned home after a hard day's work he only wanted to have sex. When I refused he would accuse me of having an affair and beat me. He could not perform and this frustrated me all the more. He even suggested that I work as a prostitute to buy drink for him.

My children were afraid of him as he often threatened to put a scissors in their eyes. He constantly hurled abuse at them. When they came home from school he would always be in bed drunk or fighting with me. He had no shame or respect for himself or his family. He even urinated in front of my teenage daughter. All the children were affected very badly because of his drinking and his abusive behaviour. I heard from my neighbours that when I was at work my son would challenge him and the girl was heard crying out for help. I told my children never to challenge his behaviour, no matter how bad, as he was still their father and they should respect him.

Up until recently, I was very patient with him. He even beat me with a metal pipe which he used to fix the car, and also threatened me with a knife. Recently I had to work until three in the morning in the public bath house and had to go out at 4 am to deliver milk. When he heard me going out he would say, 'where are you going, you crazy woman?' I never complained to anyone. I endured it and just cried by myself. I had never thought of divorcing him, but life became unbearable and one day I left him. I took the children, but we had nowhere to live. I asked my sister-in-law to put us up for a few days, but when I was coming from work I discovered my sister-in-law had locked the door and my children were wandering in the street. I was very upset and I had no option but to return home. When we went home my husband became more difficult and violent.

I asked my mother-in-law to give me permission to send him to a psychiatric hospital. She abused me on the phone and accused me of being the cause of his drinking. She also said if he was sent to a psychiatric hospital he would be beaten to remove his evil energy, which might make him mad. I rang my brother-in-law for help but he said it was not his responsibility to send him to hospital. One day my sister-in-law brought me a tablet [Antabuse] *which was supposed to cure his alcoholism. I heard it could kill people if it was not used properly. When I put the tablet in his soup secretly my hands were shaking with fear. My in-laws always blamed me for my husband's drinking. Everything I did for my husband*

was wrong in their eyes. For instance, I used to give him high protein food to improve his liver function but my mother-in-law said it would only damage it. She accused me of trying to kill him.

Prior to his admission to hospital he would not allow me to sleep. One night he kicked me constantly, so I had to go outside. It was raining, so I developed a bad cold. Despite all my difficulties and lack of sleep I had to go to work next morning. When I returned he threatened to kill me. I was very frightened so I took a taxi to my friend's house. When I returned home that night he threatened to kill me again. This time he had a pair of scissors, so I ran away with my children. I asked my mother-in-law to look after my children, but she said she would rather look after my husband, which meant my children and I had nowhere to go. I had to go back to my sister-in-law's house again, but it was terrible.

Over the last few years he has had to be admitted to a medical hospital a number of times because of physical ill health. Relatives of other patients in the hospital told me that my husband was an alcoholic and he should be admitted to a psychiatric hospital. This reinforced my conviction that he was an alcoholic in need of treatment. I picked up courage and decided to send him to a psychiatric hospital against the wishes of the rest of his family. They refused to help me to take him to the hospital, so I asked the police whom I knew. They took him to this hospital in a police car.

My in-laws were furious when they discovered that I had had him admitted to a psychiatric hospital. When I rang my mother-in-law she said, 'I do not want to hear or see you again. Do you realise what you have done? You are a bad woman to have taken your husband to a crazy place, and you are enjoying your life'. Then she hung up the phone. She often said to me, 'your father-in-law had a more severe alcohol problem than your husband. I endured all the hardship and I never gave up hope'. I told my children that he was in a medical hospital because I knew they would be upset and feel that his admission to a psychiatric hospital would affect their future because of the stigma.

Following my husband's admission I visited him every week, even though I felt tired after my day's work. My husband never appreciated the fact that I was looking after the children and taking care of all the bills. Whenever I visited him, he abused me and threatened to divorce me. I felt very sad and hopeless. I wanted to be loved by my husband and was hoping we might still have a chance of being happy again.

I was influenced by my mother not to break up my family and, 'to put my children before myself'. She had seven of us and we lived in a hut but she never divorced but endured the hardship. If my family knew my troubles they would be very upset. I often felt like shooting him but in fact I would prefer to be beaten by him.

Last week when I visited my husband the doctor told me I should take him home because he had requested to be discharged. I was scared and I did not know what to do. I did not wish to divorce him but I could not live with him if he drank again. So I decided to kill myself. Before I came for this interview this morning I organised everything for my children's future. I made a decision that after seeing my husband for the last time, on the way home I would drown myself. [Her story continues]

As this case history illustrates, the family plays an important role in terms of prevention and treatment of alcoholism in Korean society. In traditional society the family was the basic socio-economic unit in the village community and individual values were subjugated by the supremacy of family values (Chang, 1978). The family still remains an important social control in an individual's life today.

However, recent socio-economic changes have caused serious family problems. Most Korean families are facing conflicts between traditional family values and those of modern ideology, which in turn have presented problems of role confusion (Um, 1994). These changes have contributed towards increased alcohol consumption and alcohol-related problems (Kim, K.I., 1992a).

Alcohol consumption is influenced not only by cultural and familial factors but also by socio-economic changes (Ritson, 1985; Grant & Ritson, 1983; Edward et al., 1994). Smart argued that advanced economic development caused an increased level of alcohol consumption (Smart, 1991). Simpura (1995) further argued that industrialisation is an underlying factor influencing alcohol consumption. Industrialisation together with the consequent cultural changes, or changes in morals and attitudes, provide important explanations.

As I discussed in chapter 1, alcoholism is culturally defined and drinking patterns are closely associated with tradition, family and current lifestyles. Kaufman (1985), Steinglass (1982), McCrady (1989) and others show how drinking and alcoholism are both the cause and effect of family dysfunction. A consideration of cultural factors associated with family drinking patterns presents another dimension to the family system theory. These cultural factors show that wider society influences an individual's drinking pattern and a family's response to drink (Ames, 1989). Since cultural factors

influence family life and play a significant role in the development of drinking patterns, it is vital to understand the culture of alcoholic families. To understand Korean alcoholic families, it is necessary to explore those socio-economic factors which put a family at risk and maintain alcoholism within the family.

This chapter deals with two main questions: how do recent socio-economic changes affect the Korean family and how does gender ideology influence women's lives and the wider society? In order to explain these issues the following areas will be explored:-

1. Concepts of family;
2. Tradition, culture and families in a changing Korea;
3. Confucian ideology and Korean women;
4. Moving towards a welfare state.

2.1 Concept of family

Since there are many definitions of family and the essence of family life is constantly changing, the family is difficult to define. Kinship refers to the ties which exist between individuals who are seen as related, through birth and marriag. However, membership of the family embraces kin which is socially defined (Edholm, 1982). Giddens defined the family as,

> ". . . a group of persons directly linked by kin connections, the adult members of which assume responsibility for caring for children." (Giddens, 1989, p.384)

Lieberman is committed to a model of a trans-generational family and argues for the recognition of three or four generations. He defined the family as, "those individuals bound by blood or marriage who, through their cultures, make up a kinship" (Lieberman, 1979, p.13). A more broader definition of the family is given by Dulfano as, "a group of people with a history of life in common" (Dulfano, 1982, p.21). Ablon defined the alcoholic family as,

> ". . . the significant person or group of significant persons with whom the alcoholic primarily relates emotionally. Therefore, the family might include persons living in the same household, significant other individuals living elsewhere, and/or a network of significant persons." (Ablon, 1989, p.384)

One of the main concerns of sociological studies of the family has been to examine the relationship between the family structure and the processes of industrialisation. It was generally assumed that in pre-industrial, traditional peasant societies, the family structure was patriarchal and extended. The head and authority of the family was male and property was passed down via the male line. The family worked as a unit of production producing the necessary goods for the family's survival. With industrialisation, the extended family and kinship ties broke up and the nuclear family

emerged (Goode, 1963). Parsons argued that due to the economic division of labour, the extended family is not suited to an industrial society, which is ideally served by the nuclear family. There is a functional 'fit' between the nuclear family and the needs of an industrialising society because a small family unit is more geographically and economically mobile and able to respond to a changing industrial economy than an extended family (Giddens, 1989).

However in the UK, historical evidence has questioned this assumption as research has shown that the structure of the pre-industrial family may have been nuclear prior to industrialisation (Laslett et al., 1972). Furthermore, sociological research has shown that the emerging extended family of the new industrial working class played an important role in providing family welfare and support. What is clear is that kin is essential to families as a form of mutual obligation and support, especially in times of major socio-economic changes (Finch, 1989). Finch argued that,

> "These ideas still reflect quite strongly the two principles which have been used historically to allocate family obligations through the law and public polices: the principle of mutual support within households, and the concept of liable relatives, focusing principally upon the mutual responsibilities of spouses and of parents and children." (ibid, p.140)

In Korea the family structure is changing from an extended to a nuclear type as a result of industrialisation and urbanisation. Traditionally Korean society was rooted in an agrarian culture with the family as the basic unit of economic production. The individual was part of a complex clan and kinship organisation that extended beyond the nuclear family. Confucianism has influenced Korean political culture and has seen the family system as the basic unit of society based on patriarchal power. The family was a closed system but always overruled other social institutions. The traditional family was therefore large, multi-functional and hierarchically orientated, closely resembling a clan. Korea had a semi-communal family-clan system in which the eldest male had the responsibility of overseeing its members' welfare, including marriage issues. Almost all family-clan activities were collective, whether activities were economic, educational or religious. The family was also responsible for disciplining its members (Seekings, 1982).

From 1910 to 1945, Korea was occupied by the Japanese, but the traditional family system continued. From 1945, Western culture began to take root. This process quickened during and after the Korean war in 1949-1953. The late nineteenth and twentieth centuries have seen a breakdown of the old Confucian norms and the creation of new classes. Complex kinship and family structures began to weaken and were increasingly replaced by new forms of family. For the first time in its 5000 years of

history, Koreans saw a radically different form of family, namely a nuclear, smaller, more democratic institution where conjugal roles appeared to be more equal between husband and wife. As in the West, the individual, not the family or family head, is the centre of focus. More Koreans are increasingly stressing the importance of the individual in determining marital and family matters. This is in direct conflict with more traditional attitudes (Yu, 1993).

In seeking to understand the impact of social changes, Durkheim argued that as societies urbanise and develop industrial economies, so the division of labour becomes more complex. People migrate increasingly from the rural to urban areas so they outgrow the mechanical solidarity of the agrarian economy. He argued mechanical solidarity was no longer relevant to the norms and values of the industrial economy. This process gives rise to the decline of traditional social controls, for example, the family, education and the church. During the period of transition from an agrarian to an urban industrial economy, a state of 'normlessness' exists. He called this state 'anomie', where the traditional moral order is eroded while new forms of moral controls have yet to be established. Some have used this analysis to explain the growth of social problems of industrial urban societies, arguing either in terms of inadequate socialisation, parents failing to bring up their children properly or the need for stricter social control (Giddens, 1978). This concept of anomie partly explains why social problems have grown in Korea, having experienced major socio-economic changes. The need for new moral guidelines for the Korean society and individuals appears necessary.

In terms of a sociological understanding of the family, both functionalists and marxists have also provided significant explanations. Functionalists emphasise the importance of the nuclear family for the stability and continuity of society. According to this viewpoint, for a society to function efficiently the relationship between the family and the social system as a whole requires a certain degree of integration and harmony. The functions which are performed by other institutions influence the family and its individual members and vice versa (Elliot, 1986). They suggest a close degree of 'fit' between the modern conjugal family and the industrial urban economy, irrespective of culture (Goode, 1963). Goode argued that,

> "The job demands of the industrial system move the individual about, making it difficult for him to keep his kin ties active. . . The low-strata families are more likely to be "conjugal" and to serve the needs of industrial system." (Goode, 1963, p.13)

The term conjugal family refers to a family system in which the nuclear family unit is more or less independent of kin and in which the main emphasis is on the marital relationship (ibid).

In contrast, marxist analysis emphasises it is not industrialisation in general but industrial capitalism that is crucial. Marxists assume that all social life is shaped by the forces and relations of production. From this perspective, the family is seen as a unit which produces labour for capitalism. The family is a source of cheap labour, particularly by women who are not paid for producing and rearing children. The family propagates values supportive of the capitalist system and prevents the working class from challenging the capitalist order so the family socialises and moulds their children into a capitalist ideology (Elliot, 1986).

Radical theorists have also challenged the positive views of functionalists. For example, Laing (1971) argued this type of family was oppressive. As a psychiatrist, his views were based on clinical experiences of working with schizophrenic patients. He argued that their problems were not just individual problems but reflected wider family dysfunctions. He emphasised the way in which images of the family and the social world are produced and reproduced within the family interaction.

However, all these analyses have been seriously questioned by feminists for having failed to take into account women's experiences. They have challenged the equality of the conjugal role by showing how the persistence of gender inequalities within the wider society impact on the marital relationship. A number of theories have been put forward to explain sexuality, male dominance and the family. The concept of inequality between men and women and women's dependence on men has become an important issue (Gittins, 1985). Feminists identify women as oppressed and repressed by the family ideology. They argued that the family is not equal but is a set of power relationships. They pointed to the differences in power and economic status between men and women within families. For example, violence against wives is shaped by inequality between men and women both within the family and within the wider society (Morgan, 1987). They emphasised that the family is ideologically and socially constructed. Feminists have been concerned about how familial ideology conceals these inequalities, as reflected in domestic violence, child abuse and male control over resources and decision-making (Segal, 1995).

Friedl (1975) provided an explanation for the sexual division of labour and male dominance. She argued that the degree of male dominance is a consequence of men having greater rights than women to distribute goods outside the domestic group. Thus, men are dominant because they control the exchange of valued goods beyond the family. This activity brings men prestige and power. The greater their control of the exchange of valued goods outside the family, the greater their dominance. Oakley (1974b) examined the position of women in industrial society. She argued that one of the main

reasons for their subordination in the labour market is the institutionalisation of mother-housewife role as 'the primary role for all women'. This makes paid employment a secondary consideration for most women.

From a marxist-feminist point of view, the economic position of women is crucial to their oppression. Women's position in the family is a target for capitalist exploitation. It is assumed that as women are financially dependent on their husbands, so they can be given poorly paid, low status, part-time jobs. This assumption has remain unchallenged because both husband and wife, as well as the employer, regard the woman's primary role as that of unpaid home-makers (Maynard, 1987). Delphy argued that marriage is a labour contract between husband and wife which is a patriarchal mode of exploitation.

> "It is because of the particular nature of the contract which ties the female worker - the wife - to the household of her 'master'." (Delphy, 1984, p.88)

In her view, women are in an oppressed class position under capitalism. She further argues that,

> ". . . women will not be liberated unless the patriarchal system of production and reproduction is totally destroyed." (ibid, p.75)

Radical feminists see that the social construction of sexuality and male violence against women are linked and as such oppresses women. They argue that the current views of sexuality degrade women and encourage men to view them as sexual objects. Men use violence against women to maintain their dominant position. In exploring the links between sexuality, violence and social control of women it has been argued that rape is significant in men's control of women because it reinforces their power and dominance (Maynard, 1987).

Black feminists are critical of the general feminists' view as they argue that black women's oppression is different, subjectively and objectively. Their analysis shows how the state treats different groups of women in different ways. They argue that Black women's oppression not only reflects the sexual division of labour but should be understood in terms of racism, imperialism and the international division of labour (Williams, 1989).

One of the cultural characteristics of Western, as opposed to Eastern societies, is the lack of unconditional security and support from the family and clan which the individual receives in his conflict with others. This, it is argued, is due to the loss of ties within the family, neighbourhood and other small sub-groups (Groen, 1971). However, it is generally assumed that in non-Western societies, industrialisation, modernisation, and

Westernisation creates social disorganisation that leads in turn to an increase in social problems, such as crime, delinquency, substance abuse, and domestic violence. Social change is seen as altering traditional family structures, dynamics and values, placing additional stress on the individual and the family and destroying social support networks in which the family is embedded (Levinson, 1989). In the next section, I will examine how the Korean society is changing and how this is affecting family life.

2.2 Tradition, culture and families in a changing Korea

Korean culture evolved along very different lines from that of Western countries. Although observers differ on how change in attitudes and values have occurred as a consequence of modernisation, in many aspects Koreans think and react differently to Westerners (MacDonald, 1990).

Over the centuries, Korean culture has been strongly influenced by its own indigenous tradition, by the philosophy of Confucianism from China, by the Japanese occupation and by Christianity from the West. The Mongols, who had established themselves in China as the Yuan dynasty, invaded Korea in 1231 and gained a degree of sovereignty over the country. Peace was concluded only on condition that the Korean Kingdom would agree to acknowledge them as masters. With the fall of the Yuans in China, the Mongols' grip on Korea loosened. After a period of civil confusion, a Korean general named Yi took power in 1392 and founded the Yi (Choson) dynasty which reigned until 1912. This dynasty introduced economic reforms and its officials used Confucian values to maintain and reproduce its ideology (Jayawardena, 1986).

Confucius was born into an agrarian society (551-479 BC). He expounded his moral and political philosophy to maintain, propagate, and deify 'the natural order'. Confucius considered all individuals to be linked to others in a web of 'inter-relatedness' (Kim & Choi, 1993, pp.167-168). According to Confucian ideology, the family is considered the prototype for all relationships (Lee, 1990). The primary relationship is the parent-child relationship defined by 'filial piety'. This relationship involves more than two individuals: with parents representing their ancestors and children representing their progeny. Society is seen as an extension of the family. Like a father, an ideal ruler is a person who utilises his authority for the welfare and common good of the people and not for his own interests (Kim & Choi, 1993).

An inevitable consequence of the reinforcement of Confucian values was a tightening of control over women. In 1432, the *'Samgang haengsil-to'* (The three Principles of Virtuous Conduct) was compiled and published. According to this, a woman of true Confucian virtue had to follow certain rules of conduct (Kim, 1976) which I will discuss in section 2.3.

During the Choson dynasty (1392-1910), there were seven types in the social status systems namely, *'the royal family', 'yang ban', 'hyangban', 'jung in', 'so ol', 'sang min'* and *'chon min'*. The status-orientated *'yang ban'* strictly followed Confucian norms in the social life of their family and kinship more than the other social status systems. This status discrimination was very rigid and there was little social mobility outside the group (Lee, 1982, p.8). The individual was part of a network of family and kinship relations that extended beyond the household not only to people in the village and beyond, but also to people in the distant past who were the clan and lineage ancestors. Membership of these broad kinship groups left the individual with little room for spontaneity or self-determination. On the other hand, it provided security, a sense of community and gave the individual a strong sense of identity. Each person saw his or her interests as identified with the collective group. Every generation had an interest in perpetuating the rituals and cohesiveness of the kinship and family groups, since future generations would take care of the spirits of past generations through ritual (Seekings, 1982).

Confucian philosophy has reinforced the importance of the family. This philosophy was maintained and accepted by Korean society in the fifteenth century and in doing so created a male dominant society. Marriage was seen as,

> ". . . the affectionate union of two persons bearing a different clan name for the purpose of attending the ancestral temple on the one hand, and of continuing the genealogical line on the other." (Chang, 1978, p. 287)

The union of two families in a marriage was more important than the happiness of the individual. To ensure prosperity, it was necessary to have as many children as possible, particularly males, because they had to carry on the family line. Patriarchal kinship regulated the marriage of offspring. It was common practice to get married at a young age in order to ensure a "successor". Parental intervention was necessary because the child was not mature enough to select a partner. In marriage, the purpose of sex was to be procreative, while social sex was designated for enjoyment (ibid). Men tended to go outside marriage for social sex, and still do. Whereas women never have had the option of 'social sex', and many still do not.

Patterns of authority and expressions of emotion were different to those of Western society. Affection was almost irrelevant to the relationships in the family. For example, the father-son relationship was based on respect and fear. "The father had obligations to his son because of obligations handed down from his ancestors" (Lesile, 1979, p.97). The husband and wife relationship was weak. The wife was seen as an outsider. Affection in a marital relationship was thought to threaten the family. The mother-in-law and daughter-in-law relationship was strong, but often troublesome. The

mother-in-law's power over the daughter-in-law was almost absolute. She could require that her son repudiate the marriage and send his wife back to her family if she was not satisfied with her as a family member (Lee, 1990). Most social relationships were conceived in terms of a hierarchical order between unequal pairs, and still are. The senior pairs were responsible for the behaviour of family members and also for their welfare; whereas the junior pairs had to respect and be obedient. Traditional feelings of mutual responsibility among family members is still held today (MacDonald, 1990).

In order to ensure family continuity, a strong paternal family system emerged and spread throughout traditional society. The status and role of women weakened with the expansion of paternal power. To maintain a patriarchal family system it was necessary for all family members to accept its power structure. For example, principles of morality were made for women, such as *"Sam-jong-ji-do"*, meaning that women must serve three males: father, husband, and son (Lee, K.K., 1986, p.233). This has given rise to sayings such as, *'the household will perish if a woman's voice is heard outside the middle gate and nothing will go well if the hen cries'.* Or *'a woman's fate is a bucket's fate'* which means that the life of both women and buckets depends on the attitudes of their husbands or their masters (Kim, O.Y., 1986, p.757). There were a number of other rules which subjected women to male power. For example, *"Chil-go-ji-ak"*, means that women must not be guilty of the seven evils: disobedience to parents-in-law; inability to have children; adultery; jealousy; bad illness; talkativeness and stealing. *"Pul-kyong-yi-bu"* means that women must not have two husbands (Lee, K.K., 1986, p.233).

Confucianism's authoritarian relationship between a father and his children is probably the most persistent of traditional norms in Korean society (Lee, 1982). It was the man's duty to ensure the continuity and prosperity of the family. His success was their success, his failure their failure, his shame their shame. Social responsibility beyond the family extended to the community. In today's Korea, family ties remain a more important component of attitudes and behaviour than in most Western countries (MacDonald, 1990). Yet, at the same time MacDonald argues that Koreans today have an individualistic, ambitious element that clashes with Confucian norms (ibid).

Since Korea began to industrialise and urbanise in the 1960's, individuals have become more mobile geographically and socially. As a consequence, family life is changing. Health conditions have improved dramatically between 1955 and 1960. Life expectancy has risen from 51.1 years to 67 for men and 54.2 years to 73.5 for women. In 1981, it was 62.7 years for men and 69.1 years for women. In 1991, it was predicted to be 67.4 for men and 75.4 for women (Korean National Statistic Office, Trend of Population Projection, 1991).

The average family size has drastically reduced within half a century. The figures show that the average family size has dropped from 5.7 in 1960 to 3.8 in 1990.

Table 2.1: Changes in The Average Family Size

1952	1960	1970	1980	1990
5.2	5.7	5.4	4.4	3.8

Source: Korean statistics: Socio-demographic Department, 1994

The socio-economic changes have weakened the concept of family ties and the importance attached to kinship. With increasing social and geographical mobility people are less dependant on family and kinship ties. Crime and delinquency rates are rising, as have the rates of mental illness, suicide, and other forms of family disintegration, such as drug abuse, alcoholism and prostitution. These are already recognised as key social problems (Chang, P.W., 1986; Research Institute of Korean Women and Society, 1995). Juvenile crime has increased at an annual rate of 11.6% since 1965. Many researchers in Korea interpret this phenomenon as related to social pathology and family disorganisation. The overall crime rate, including violence, robbery and rape has increased 2.5 times (Research Institute of Korean women and society, 1995). Divorce has increased continuously over the last 20 years (Korean Statistics, 1994).

Table 2.2: Marriage and Divorce Rates

Year	No. of Marriages	No. of Divorces	Percentage
1955	230093	5851	2.53%
1960	222627	9482	3.81%
1965	170640	12272	7.19%
1970	484023	21018	4.34%
1975	385778	23326	6.05%
1980	753007	43529	5.78%
1985	711967	74556	10.47%
1990	769828	90411	11.74%

Source: Jeoung, J. (1993) as quoted in Research Institute of Korean Women and Society, (1995).

In the Choson period, divorce was strictly prohibited but Table 2.2 shows the divorce rate in Korea has continued to increase since the Korean war, with a dramatic increase in the 1980s. Many argue that this has been due to changing values and morals (Research Institute of Korean Women and Society, 1995).

Modern Korean families are experiencing a period of transition from traditional to modern values. This has created conflicts and difficulties. Intellectually, people accept modern values but their behaviour reflects traditional values. Externally the family

structures appear secure and stable, while internally family members experience psychological conflicts (Lee, 1981). Korean researchers on the family report that traditional family values are not likely to change dramatically in the near future (Lee, 1972; Um, 1994). The family structure is gradually changing to a nuclear family structure, but the authority and role structures have been slow to change. This reflects the strength of traditional family values (Cho'e, 1986).

In relation to family power, the husband still has great power over the wife. Furthermore, reports show that families still prefer to give birth to a boy-child rather than a girl-child, even among younger women. The government's small family policy has reinforced this traditional male preference (Lee & Choe, 1982). This male preference ideology gives rise to other problems, such as abortion when it is known the baby is a girl; rejection by in-laws when a girl is born; an imbalance in the ratio of male and females; and conflicts over dowries. 54% of the female respondents in a survey by the Consumer Protection Board in 1990 claimed that the giving of ritual silk (dowry) was the most burdensome feature of their weddings (Korean News Review, 27.3.1991). Although the small family policy has been beneficial to the extent that people live a more healthy, fuller and longer life, it has become a burden on the social welfare system because now the government has to find a budget to care for the elderly as there are fewer children available to care for their elderly family members (Kim, 1994).

2.3 Confucian ideology and Korean women

The oppression of women in society is an issue of growing concern, both in academic circles and everyday life. Feminists view the family as the key source of male domination and female oppression. They argue that 'patriarchy', which means 'rule of the father', forces male domination over women in all areas of their life. Feminists in the West have rejected the idea that patriarchy is either inevitable or natural (Morgan, 1987). They have developed a variety of theories to show that patriarchy is man-made, a physical and ideological force used by men to keep women in their place. Feminist movements have contributed towards making women more conscious of their subordination and their rights within the home and in society (Maynard, 1987).

In recent years, family problems arising from sexual inequalities are now seen as critical social problems in Korea. In addition, sexual inequalities are beginning to be recognised in all social institutions. The family as a basic institution of society has been slow to adapt to social changes because of its conservative characteristics (Kim, S.C., 1992). As in the case of Mrs. Lim, in Korean society alcoholics are mostly male and their wives are the key persons to detect alcoholism and become the main carer within the family. Due to traditional gender roles and family ideology, women accept the abusive behaviour of their alcoholic husbands and take responsibility for their drinking

problem. In addition, if women ask for help they are blamed for the problems. It is necessary, therefore, to examine gender roles within Korean society.

Korean traditional society is considered to be an extreme form of patriarchy, strongly influenced by Confucian ideology. According to Confucian ideology, all relationships were within the sphere of the family and so conditioned the role of women in society. Attention was given to separate functions: the husband's responsibility was outside the home and the wife's within it. While Confucianists argued that this envisaged the equality of man and woman, each being supreme in his or her separate area of activity, in reality it ignored the existence of double standards for men and women (Jayawardena, 1986).

Confucianism also stressed the hierarchical order of human society, so that each person had to recognise his or her proper position in society. As far as women were concerned, this meant that males had precedence over females. This concept was sanctioned in cosmological terms: as heaven (yang) dominates earth (yin), so does man prevail over woman. The inferiority of woman was thus seen as part of the law of nature and social practice was developed on this basis (Deuchler, 1977). As Wolf argued, "patriarchy is not only a domestic ideology but a social ideology as well". It pervaded all societal institutions (Wolf, 1985). A man could have more than one wife, could divorce and remarry, but similar rights were denied to women. Rigid codes were laid down for women in the name of moral integrity. They were required to protect their chastity under all circumstances and to swear loyalty to their husbands (ibid). Marriage was exclusively a family matter determined by those who regarded a potential bride as source of labour and among elite families, a prestigious matrimonial alliance. A woman's labour was vital to the success of a family enterprise (Kendall, 1996). The Korean word *'kyul-hon'* explains that in the past there was no individual contract, but it was a contract between families (ibid). Even today, Korean women are seen as 'a commodity' to be chosen by men with a high social status. This reflects Korean history and culture (Kim, 1991). However, the stakes in matrimony are not the same for women as for men. Man's worth is defined by his career and a women's future is defined by the man she marries (Kendall, 1996).

Given that the woman was subject to render obedience to her father, husband and son, it was not only to ensure her subordination in the domestic sphere but also in the public sphere. Yet, the woman was expected to exert her authority and assume leadership in the domestic sphere. The Confucian image of woman was therefore a double one: she had to be modest and submissive, but also strong and responsible. As Mrs Lim described her relationship with her mother-in-law, a daughter-in-law should have submissive attitudes and behaviour towards her in-laws. This means the woman is

BIBL LONDIN. UNIV

forced to deny her own identity. For example, there is an old saying, *"once the girl marries she has to live as if she is blind for three years, dumb for three years and deaf for three years"*. She is not allowed to voice her opinion or pass judgement in any circumstance and never to show her anger at irrational behaviour of her in-laws. In other words she belongs not just to her in-laws' physical environment but is also a subject of their authority with no personal identity (Lee, K.K., 1986). Yet she was considered responsible for he husband's alcoholism.

Women only have a social status as a member of their husband's family. Once a woman leaves her husband's household, she also loses her children. If women are divorced by their husbands, they tend to blame themselves and accept it as their ill-fate. This reflects the customary sense of obligation and duty felt by women but does not take into account their equal rights as human beings. Mrs Lim's case is an example of the personal pain that this ideology causes women. Her history shows that she would rather die than get divorced. With regard to social control over sexuality, prostitutes (called *'wha-ru-kue'*) are those women who fail to adjust to a male dominant society. Korean men restrict these women from formal marriage in order to control their wives and satisfy their own sexual life (Deuchler, 1977).

Confucian scholars denied that women had a right or a claim to property, their objection being based on the fear of women gaining importance. They argued that deviation from handing property down along patrilineal lines could undermine the whole family system and thus reduce the authority of senior males (Ebrey & Watson, 1991).

Discrimination against women under Neo-Confucianism was more severe in Korea than in China (Chung, 1995). However, at the end of the Yi dynasty (19th century), this subordination of women was increasingly challenged by the introduction of the concept of equality for all, reflecting the new Christian concept that all people are equal in the sight of God. This philosophy developed as the Roman Catholic church became more influential in Korea (Kim, 1982). In 1894, the laws prohibiting women remarrying were changed and their offspring were permitted to apply for government examinations and become public officials (ibid). Christianity also brought about new attitudes with regard to sexual morality. For example, the church denied membership to non-monogamous males (Jayawardena, 1986).

A significant example in women's resistance to their subordinate role in Confucianism was the defiance shown by Catholic women in the early 19th century. Since these converts rejected traditional domestic life, they were seen as a threat to social order. As a result, they were persecuted and repressed. In the 1830s, a massacre of Catholics took place in Korea where over 100 people were beheaded or burnt alive (Ruizde-de-Medina,

1991). Two thirds of the victims were women. This was the symbolic beginning of the Korean women's movement (Park, 1977).

In the 1930s, both the Catholics and Protestants opened schools for girls as 90.5% of women were illiterate (Beck, 1981). The provision of women's education provoked fear that family life might be disrupted. However, Korean women became involved in social issues under Japanese colonial rule. Koreans realised that they needed to be independent economically from Japan and fund-raising commenced to pay off the national debt. Women were actively involved in this movement and they established voluntary associations. In 1945 after liberation from Japan, Korean women gained the right to vote. This was followed in 1948 by women's right to participate in politics. As the demand for higher education for women increased many universities opened their doors to women (ibid).

The Korean women's movement continued to develop in other ways. For example Women's Help Line, Korean Women's Associations and Asian Women's' Association (AWA) were established. AWA was set up to seek compensation from the Japanese as a result of their war-time prostitution of Korean women. The numbers involved are an estimated 200,000. These young Korean women were forcefully recruited and retained as prostitutes for Japanese soldiers. The AWA took the Korean war-time prostitutes and the present day sex-industry and has made it a political issue. This issue had never been openly discussed in Korea before because it was considered too shameful (Matsui, 1995). Nevertheless, there is controversy over the women's movement in Korea. Some argued that unlike in the West, the Korean women's movement has no history of active campaigning and has made little progress (Beck, 1981).

However, despite these developments the ideology of the subordination of women still remains. In recent years it has been debated whether women have in fact gained from industrialisation in Korea. Some analysts have argued that economic development has created new opportunities for women, providing job openings in industries and occupations where previously females were not employed. Others have argued that industrialisation has reinforced historical patterns of sex discrimination, as female employment has been skewed towards 'declining' industries, such as agriculture and low status jobs, such as cleaning. In contrast, men have tended to work in 'targeted growth' industries like heavy manufacturing and in higher status jobs, such as salaried work (Fuess & Lee, 1994). This was reflected in Mrs. Lim's case. She had to work as a cleaner and deliver milk, working long and unsociable hours. Furthermore, research has shown that wife abuse, house wives' stress, sexual violence and rape remain typical family problems, reflecting the extent of sexual inequalities in the home and patriarchal power in wider society (Kim, S.C., 1992).

In some respects, women's lives have improved. The level of education has risen, with girls spending on average a total of 9 years in school. For women, this increase has offered new opportunities and raised their expectations. So, younger women today have higher expectations of their future. Their economic role is valued more as they participate in the cash economy, but they are still seen as necessary for running the household. As there has been no fundamental change in the sexual division of labour, sexual segregation still persists. There are different expectations in lifestyles between men and women. A double standard of morality works against working women in two important ways. First, the pervasive sex-segregation in the labour market acts as a stumbling block for women moving into traditional male areas. The surplus supply of women in women's work causes lower wages, exploitation and competition amongst women. Second, as in the West, women carry a double burden as they are primarily responsible for the domestic and childcare responsibilities, but receive little or no help from their male family members. Unlike male breadwinners, whose needs at home are provided for, the female breadwinners do not receive the equivalent support from their husbands (Chang, P.W., 1986).

Korean women are experiencing unprecedented role confusion and conflicts. Choe (1992) found that Korean women's actual labour force participation was bound to be affected more by the perceived attitudes of family members, such as a husband or parent-in-law, than by their own attitudes. These results suggest that recent increases in female participation in the labour force have probably not been driven by attitudinal changes (Choe et al., 1994). Similarly, according to a 1983 survey carried out in Korea, the degree of marital satisfaction is higher among husbands than among wives. Role expectations of wives as parents and house managers are higher than for emotional or sexual satisfaction. This shows a strong 'family-centred' characteristic (Lee, D.W., 1986).

The psychological conflicts that Korean women experience are likely to be more serious than those of women in Western societies. For example, Hahn (1964) found that Korean women suffered from hysterical neurosis three times higher than that of American women. He argued that the causes were related to the male centred society, the large family system, the privilege of the first born son and disadvantages of females, the strong tendency to keep 'face' and the conflict between daughter-in-law and mother-in-in-law. Medical research shows that the rate of diagnosed depression among women proved higher in Korea than in Western countries (Lee, H.J., 1986). Although these women's circumstances may involve other factors, male doctors label them as depressed. Kim, K.I. (1992b) suggested that the tendency towards expressing somatic disorders is more prominent in Korea than in Western countries. Similarly, the Ministry of Health

found that the incidence of psychiatric illnesses among Korean women is twice that of men, especially among those suffering from depression and psychosomatic diseases (Ministry of Health, 1989). The phenomenon of somatisation seems to be a core traditional defence mechanism for Korean women to use in coping with internal and external stresses. This can be attributed to the principles of traditional herbal medicine in which emotional problems are projected on to the body. Given the milieu of large families, outward expressions of emotion are discouraged. This has been the traditional way of conducting interpersonal relationships in which emotional outbursts are suppressed (Kim, K.I., 1992b). Many Korean proverbs reflect that women should repress their emotions for the sake of family stability. For example, *'if a woman cries, the family would not have good luck for three years'* (Mattielli, 1977). My findings show that among the female carers of the alcoholic interviewees whether wives or mothers, they all suffered at least one psychological and physical symptom (see chapter 8).

Another area of feminist concern has been the welfare system in Korea. Feminists argue that welfare laws for women reflect a deep-rooted sexual discrimination, which they have endured for centuries, reflecting a patriarchal culture. Welfare policies have been based on the principle that men should support their families and women should undertake domestic work free of charge, remaining economically dependent on their husbands. Policy makers ignore divorced and single people and even working couples. According to the National Pension Law, pensions are not paid directly to women upon termination of employment. If they are married, they are subject to payment through their husband's pension programme. Widows and divorced women are not covered by this programme. This indicates that the law takes into account only traditional family types which are characterised by a family-supporting husband and a woman as a housewife. The law considers women to be economically dependent and neglects the economic value of women's household labour, their self-reliance and skills. The welfare system also stresses the traditional female role in relation to child care and the care of elderly relatives (Korean Woman's Today, 1994).

2.4 Moving towards a welfare state

The economy of Korea has changed greatly over the last 25 years. Table 2.3 shows the Gross National Product (GNP) per capita was only $57 in 1953, and increased to $7,007 in 1992.

Table 2.3: GNP Per Capita (Current Prices-in US dollars)

1953	1986	1988	1992
$57	$2,568	$4,295	$7,007

Source: Korean Statistics Yearbook, 1994

The aim of past national development strategy was to overcome the economic difficulties of moving from an agrarian to an industrialised capitalist economy. This strategy for the nation's economic growth was pursued with little regard for social justice or public welfare (Suh, 1995). However, widespread corruption and social conflict have been, and still are, obstacles to democracy and national development, as is the case in most developing countries (Research Institute of Korean Women and Society, 1995). This has been especially true in Korea where social changes and development have been so rapid. As discussed earlier, Durkheim's concept of 'anomie' is relevant to what is currently happening in Korea, where the increasing rate of inter-generational conflict, marital problems, crime among adolescents and problems in relation to elderly care have created a social crisis in Korean society (ibid).

Although many argue that this social crisis is related to fast socio-economic changes and a consequent breakdown of the traditional family system (ibid), others have argued that military influences have had an equal bearing on the current crisis in Korea. The characteristics of the military influence on political culture has lasted for more than three decades since 1960. Any method, legal or illegal, has been used to attain political power. In particular, economic activity was equated with a scramble for profit in collusion with political power. Special favours and money given to government officials were means of achieving one's goals in business. This corruption led to greater conflicts between different classes, regions and industries. Korean society was further fragmented and public morals declined. It is generally accepted that all spheres of Korean culture have become tainted by corruption (Kim, D.R., 1993).

Another key issue in Korea is the relationship between South and North Korea. The two Koreas, South and North were at war from 1949-1953 resulting in the division of the country. This was followed by a period of estrangement with occasional North Korean commando raids across the De-Militarised-Zone. A major breakthrough in inter-Korean relations occurred in 1990, when South and North Korea signed the Agreement on Reconciliation, Non-Aggression Exchanges and Co-operation (Lim, 1992). However, difficulties remain as the North faces the dilemma of maintaining its political system to reunite with the South. Although both governments have agreed non-aggression exchanges, peace is not guaranteed and each state allocates a considerable budget for national defence (ibid). Even if reunification takes place many problems are predicted

because of considerable socio-economic differences between North and South (Research Institute of Korean Women and Society, 1995).

In terms of social welfare issues, the South Korean government is under increasing pressure to provide welfare. Traditionally in Korea, the state was responsible for social regulation rather than social welfare, because social welfare was seen as primarily the responsibility of the family and the community. Family responsibility is still the main basis for the individual's social security. Governmental and private responsibility for the welfare of those individuals who have no family is a very new concept and is only beginning to develop (MacDonald, 1990). It has been argued that the present government family policy encourages traditional family values and does not take into account recent socio-economic changes, in particular for women (Yu, 1993).

Korea's social welfare programme is still in its infancy. It basically emphasise emergency relief work funded mainly by foreign voluntary agencies (Lee, 1993). The structure of the social welfare system can best be seen from its financial structure. Even though social welfare expenditure per capita has increased considerably from 200 won (20 pence) in 1965 to 54,100 won (54 pounds) in 1987, and despite the provision of various social welfare programmes established during the 1980s, social welfare is still underdeveloped. In particular institutional care and welfare facilities are greatly under-resourced (Lee, 1993). Choi, K. (1995) argued that since 1960 social welfare policy has been exploited by the government for economic development and to justify their political position. The new government in 1993 set out to privatise the welfare system and to pass on the responsibility of welfare to the private sector. For example, government policy encourages private organisations to take responsibility for their employees' welfare (Choi, K., 1995).

In terms of health insurance policy, Korea implemented health insurance coverage for the whole population in 1989. The way health care is financed is through the Medical Aid Programme for the poor and a Health Insurance Programme for the remaining population, who pay a proportion of medical bills. Despite the implementation of an insurance programme for health care, many issues have been raised both by the general public and by service providers. Problems for the general public range from high costs and difficulties in obtaining the services to managerial inefficiency. In both public and private sectors, the high co-insurance rate (service consumer has to pay a proportion of medical bills) is a critical issue. This high co-payment has become a great burden, especially on low income groups, and particularly on chronic alcoholics (Park, 1980). The provider faces problems of how payments should be administered and how medical bills should be paid (Kim, H. J., 1993).

There are also problems in the current health delivery system. Drug stores are the most common source of treatment. They can sell any kind of drugs without prescription, including antibiotics, narcotics, and steroids. More than 80% of providers belong to the private sector, whose interest is to maximise profit. Consequently, the distribution of public health resources has shifted to urban areas. A significant amount of treatment for acute illness is provided by non-physicians, such as pharmacists, herbalists, acupuncturists and even shamans. Shamanism is a contemporary religious phenomenon that tries to solve the problems of life and control happiness by borrowing the power of the spirit through direct communication with spirits by attaining a state of ecstasy through singing and dancing (Yu, T.S., 1986). Finally, in relation to the treatment of alcoholism, it has only been partly covered by medical insurance in the past few years. With regard to policy on mental health, the government enacted legislation in 1995, but this did not provide appropriate provision for the prevention of alcoholism or the rehabilitation of alcoholics (Korean Mental Health Act, 1995).

Family welfare and women's position in society are increasingly seen as social concerns. Yet family welfare services are at an early stage of development. The concept of feminist family therapy has yet to be introduced. Feminism is a word which is increasingly used by many Korean women, but because of the strong Confucian tradition it is a struggle for this ideology to be translated into reality. For example, the United Nations Development Plan (UNDP) devised a grading system to highlight gender inequality. According to this report, Korean women's life expectancy, literacy, income and school attendance in relation to men is rated 37th in the world. This shows that Korean women's position in society is considerably low and even lower than in China and North Korea. Women's participation in political, economic and policy making processes is 90th among 116 countries in the world whereas Japan is 8th and Hong Kong is 17th. By 1995, out of 299 members of parliament, only 6 members were women, reflecting how male preference is still strong in Korea (Kwangju Daily, 19.9.1995). Korean women still suffer from significant gender discrimination in most social institutions.

Conclusion

In this chapter, I have argued that Korean society and families have been undergoing changes very different from those experienced within Western industrialised societies.

Korean society has had a historical tradition of absolute monarchy, a centralised, authoritarian bureaucratic culture and a well-established hierarchical social order. From colonial dependency and two major wars, Korea has emerged from a backward state into a position commanding respect internationally. The transition from an essentially peasant, rural society to a modernised, urbanised, industrialised society has been very

rapid. Inevitably, Korea is experiencing considerable socio-economic upheavals and social disorganisation. It is widely accepted that social reform is now urgent (Kim, D.R., 1993). As Kim argued, the goals of the Korean government should be to provide a welfare state embodying "humanisation, democratisation and social cohesion" (ibid).

In many industrial countries, the increase in alcohol consumption and alcohol-related problems has created pressure to tackle these problems. However, the Korean government still views alcoholism and alcohol-related problems as the individual's responsibility. The government is not prepared to take this responsibility away from the family. But social policy needs to focus on the growing incidence of alcoholism and consequent family problems. In terms of treatment, policy needs to address the responsibility of the state and the need to provide a comprehensive service, including legislation on alcohol and its use.

In Korea, gender and family issues need to be considered within the welfare system. The welfare state has always been closely connected with the position of women in society and family policy (Wilson, 1977). Sociologists in the West have argued that the major limitation of mainstream analysis in social policy is the neglect of gender issues. In contrast, feminist research has brought women and gender into the analysis of the welfare state. They have addressed inequalities between men and women with regard to welfare benefits. Feminists also point out that the role of family and gender ideologies should influence the state provision of benefit and services (Sainsbury, 1994). Segal argued that,

> ". . . most feminists have recognised the extent of social, economic and political change which would be needed for there to be any profound change in the existing problems the majority of women face juggling family lives and employment." (Segal, 1995)

Korean ideology of welfare assumes that the family will provide care. However, in the process of industrialisation and urbanisation, the family and community support networks have broken down but with no replacement of the care and support once provided by them. Even in Korea today, the family is expected to provide care for the old and infirm and this burden falls on women. The state has not interfered in family affairs but has expected families to resolve their own social problems. This reflects the present provision of social welfare and how services depend on women (Research Institute of Korean Women and Society, 1995). Therefore, in formulating welfare policies, sensitivity to the role of women is essential to ensure that the burden of providing welfare services should not fall totally on women (Suh, 1995). It is also important to pursue and publicise alternative policies in relation to women's rights.

Current service provision for people suffering from alcoholism is inadequate for families. Women are left without either professional help or financial assistance. The treatment policies fail to reflect the family's needs or take into account gender issues.

By the time I completed my field work, Mrs. Lim had not killed herself or left her husband but was still struggling to overcome her difficulties. Her husband was insisting on being discharged from hospital even though he had not completed his treatment. Her in-laws constantly blamed her for her husband's drinking and pressurised her to have him discharged from the psychiatric hospital. She was also under pressure to protect her children from the stigma of her husband's alcoholism. Furthermore, she had to provide for her children, working and living on a low income without support from social services. Her attitude towards alcoholism and her feelings towards her husband had changed very little because she received inadequate support and education during the course of her husband's treatment. Consequently, when her husband is discharged from hospital he is highly likely to drink again. This is not just Mrs. Lim's story, but the story of most wives of alcoholics in Korea, who have to carry a similar burden.

In the following chapters, I will argue how culture, family and gender issues are key variables in understanding the problems of alcoholism in Korea.

Chapter 3

Research methodology

Introduction

This chapter provides a description of my theoretical frame work and hypotheses. It also provides details of the methods adopted and field work process of this research.

3.1 Theoretical framework and hypotheses

I reviewed various perspectives on the family and alcohol problems in chapters 1 and 2. It is necessary to draw on a number of perspectives to understand the complexity of alcoholism. However, each perspective has its own limitation. Sociology and anthropology help to make sense of the variations in family living in different cultures and the impact of social and economic changes on institutions. Studying various models of alcoholism has enabled me to gain a greater insight into the problems of alcoholism. A literature review has also helped me establish the significance of culture, family and gender issues associated with alcoholism. If I had not reviewed the various conceptual frameworks, I would not have understood the broader perspective of the problems of alcoholism and gained insight into the issues.

Having considered different perspectives in the literature review on both Korean and Western sources, as well as on my professional experiences of working with alcoholics in Korea and the West, I came to the conclusion that culture, family and gender issues are important variables in determining the causes and contributing factors of alcoholism in Korea.

The purpose of my study is to test various hypotheses and in doing so to explore cultural and family dynamics in relation to alcoholism in Korea. Given that the field of alcoholism in Korea is at an early stage of development and is beginning to adopt Western treatment methods, it is important to consider treatment models which are culturally acceptable. In this section, I will attempt to formulate a theoretical framework and hypotheses in order to consider solutions and to suggest appropriate methods of treatment and policies.

Family system theory is based on the observation that individual people affect one another and the family system exists within other systems, from the extended family to the wider community (Usher et al., 1982; Steinglass, 1982; Callan & Noller, 1987). A central concept of family systems theory is that, in order to understand individual behaviour, it is essential to understand the significant group or system in which a person

lives (Paolino & McCrady, 1977). This theory provides a framework for understanding which parts of the system are dysfunctional. The interrelationship between culture, family and alcoholism is complex. My study is focused on trying to understand the relationships between culture, family dynamics, gender roles and individual drinking patterns.

Traditional Korean society was rooted in an agrarian culture influenced by Confucian ideology. Patriarchal power within the family has been dominant. Korea began to industrialise following the Korean war in 1949-53. The rapid expansion brought about unbalanced social and economic changes which have not occurred smoothly, nor have they been fully approved by all social strata in Korea. Korea has been, and still is, in the midst of major socio-economic upheavals. People are under considerable pressure to cope with these changes. In addition, these changes have modified family structure and functions, but at the same time, traditional family ideology remains strong. Modern Korean families are experiencing a period of transition from traditional culture to modern values which are influenced by Western culture. As a result they are also experiencing more family conflict and difficulties (Lee, 1981; Research Institute of Korean Women and Society, 1995). Consequently, social problems such as alcohol abuse, violence and crime continue to increase (Kim, K.I., 1992a; Lee, C.K., 1992). Socio-economic changes have also brought about an increase in the production, advertisement and distribution of alcoholic beverages. It has been argued that industrialisation, together with cultural changes and changes in morals and attitudes have contributed towards an increase in alcohol consumption (Simpura, 1995). Moser (1985) highlighted that fast socio-cultural changes also lead to an increased alcohol consumption.

Drawing on a cultural approach, I propose the following hypothesis:-
Hypothesis 1: The level of heavy drinking is likely to be determined by the degree of conflict experienced by an individual associated with recent socio-economic changes and also by the individual's position within the family and the society.

In order to test this hypothesis, I will attempt to show a link between generational conflicts and alcohol consumption patterns. This will include conflict between traditional and modern ideologies about drinking customs. In looking for connections between economic growth and alcohol consumption patterns, I will draw on my data as well as other secondary sources to support my assumptions. These issues will be illustrated in chapter 4.

In using the family systems theory, a number of anthropologists have highlighted key areas in understanding the cultural factors of alcoholism. The American anthropologist

Ablon found that Irish-Americans have the highest incidence of alcoholism compared with German-Americans and Italian-Americans (Ablon, 1980). She argued that heavy drinking amongst fathers was the cultural norm which met with little family resistance. Family adaptation to the fathers' drinking reflected culturally defined patterns related to personal social networks and employment situations. This study emphasised the importance of looking at the complex social and cultural factors rather than focusing on individuals. Ames and Janes (1987) studied blue-collar families in California. They focused on the relationship between multiple factors including drinking patterns of husbands in the workplace, family of origin and social networks. They found that families with fathers who had light to moderate drinking problems tended to take part in community affairs and did not cut themselves off from their wider community. In contrast, those families with fathers with heavy drinking problems were unlikely to be as 'connected' to their wider communities. Instead these fathers tended to be involved in heavy drinking social networks. This research emphasised that heavy drinking had become symbolically important for these fathers. In turn, it reflected that heavy drinking was the norm of most of their work colleagues. In relation to mothers who were heavy drinkers, Ames (1989) explored the cultural and social aspects of stigma and its effects. She examined the behaviour of family members in relation to their mother's drinking and suggested that behaviour and boundary changes were developed by the family to hide the maternal drinking behaviour and to cope with a stigmatised status.

Traditionally, Korean people have used alcohol as food. Heavy alcohol consumption and its consequent unsociable behaviour are accepted. Even today drinking in Korea is considered manly; it is romanticised and positively reinforced (Cho & Faulkner, 1993). In addition, Korean society encourages people to drink more and attitudes towards male drinking are permissive. However, if a person has a drinking problem he/she is stigmatised. This leads alcoholics to attempt to conceal their problem. The general public as well as professionals are finding it difficult to understand and come to terms with the problems. Problems range from conceptual issues to those of definition and treatment.

Again drawing on a cultural approach, I propose a second hypothesis:-
Hypothesis 2: The greater the social prejudice alcoholics experience with regard to drinking, the less likely they are to disclose their problems and seek help at an early stage of their illness.

I will test this hypothesis by attempting to show a link between drinking practices in the wider community and the effects on individuals' alcohol consumption patterns. This includes examining the relationship between individuals' concepts of alcoholism and

help-seeking behaviour. I will also explore how the alcoholic copes with social prejudice and its implications. These issues will be discussed in chapter 5.

Ablon (1980), and Ames and Janes (1987) address how cultural norms influence drinking behaviour and the importance of socio-cultural factors in shaping drinkers' attitudes, while others have focused on family interaction within the system. Steinglass et al. (1971) consider the family as a confined social unit with its own internal system of balance in interpersonal relations. The conclusions from experimental research show that alcohol use in a family is not just an individual problem, but that alcohol use and the consequential behaviour are dynamically related to events in the family system. Thus, the use of alcohol is purposeful, adaptive and meaningful (Davis et al., 1974; Steinglass et al., 1971). Several researchers have also found that there are key characteristics that would suggest the psychological transmission of alcoholic patterns across generations (Penick et al., 1978; Wolin et al., 1979), similar patterns of alcohol misuse among kinship systems (Jones, 1972) and the choice of marital partners vulnerable to alcoholism based on experience with alcoholic parents (Paolino et al., 1978). Bowen (1974) argued that alcoholics' marriages are highly competitive: the one who 'gives in' most loses his sense of self and is vulnerable to drinking.

As discussed in previous chapters, one of the major differences between Western and Asian orientations towards self is that the West's emphasis is on individualism. The opposite is found in Asia where the emphasis is on group membership and family dependence. In the Korean family, the line of descent from father to son to grandson has traditionally been taken to be the core of the family. Obligation to ancestors, family property, and family names have all been transmitted along the patrilineal line. Therefore, the eldest male has special responsibility to continue the family line and family honour. The parent-child relationship is viewed as central to personal happiness and social order. Thus, the emphasis on the parent-child relationship in theory gives women ample opportunity to build satisfying lives as mothers, although this may also contribute to creating conflict and disruptive domestic relations, especially between mother-in-law and daughter-in-law (Lee, 1990).

From the family system theory perspective, I propose the following hypothesis:
Hypothesis 3: Individuals with alcohol problems are more likely to be found among eldest male than among other siblings, reflecting the key role the eldest male plays in the traditional family.

In order to test this hypothesis, I will try to show a link between alcoholics' drinking patterns and their early living environment. This will include examining the incidence of alcoholism among eldest males and the pressures on them. I will also attempt to

show the link between alcoholics' drinking patterns and family conflicts. The conflict between mother-in-law and daughter-in-law and its effects on eldest males are also considered. These issues will be discussed in chapter 6.

As discussed in earlier chapters, most Koreans are highly family-oriented and uphold traditional values. To them the family is important as it is valued as the basic unit in society. They also view good family relationships as the ideal social relationship (Cho'e, 1986). It is accepted that the Korean family has been a patrilineal institution from ancient times, in which the group is inseparably identified with the clan. The most important function of members has been to maintain and preserve the family honour within the traditional system (Sohn, 1986). These traditions are still strong in Korea. Because of traditional Confucian family ideology, great shame is attached to alcoholism, and so family members try to hide the problem. The family tends to protect the alcoholic and keep the problem a secret within their family system.

From the family system perspective, I propose a further hypothesis:-
Hypothesis 4: The more closely an alcoholic family identifies with traditional family ideology, the more likely the family function will be damaged by alcoholism.

In order to test the hypothesis, I will try to show a link between family ideology and openness to the wider community. This will involve examining the relationship between the extended and nuclear family of alcoholics. I will also look closely at the role of husband and wife and how they function as parents. These issues will be discussed in chapter 7.

Family system theory is relevant to understanding the interrelationship between culture, alcohol and the family. It provides a wider framework of understanding an individual alcoholic and helps to develop models for treatment. However, this theory fails to explain gender inequalities.

Western feminists argue that the family is the site of inequality where women are subordinated and women's inferior role perpetuated. The family is seen as a major institution which reproduces, maintains and transmits gender differences from one generation to another. Family and notions of family obligations remain a major source of resistance to trends towards equality between men and women (Morgan, 1987; Barrett, 1980). The family system oppresses women and they are exploited and subordinated within it. Feminists argue that because of economic dependency and patriarchal family ideology, the women's position in the family as 'wives/mothers' results in a position of subordination to 'men/fathers' (Maynard, 1987).

In Korea, where women's lives were once traditionally confined within the walls of their homes, the introduction of democratic ideology and other Western values has led to a constitutional acknowledgement of sexual equality and to a range of options in women's roles in the public sphere. However, the norms and values that guide gender relations in daily life continue to be based on the Confucian ideology of male superiority. The concept of sexual equality is fundamentally alien to the Confucian view, which regards society as an "ordered inequality". The Koreanisation of Confucius' teaching further stressed inherited social status and roles determined permanently at birth over individual will and freedom of choice.

Although the degree and character of inequalities between sexes varies considerably across cultures, most societies are patriarchal. Feminist movements have had an impact in many spheres on women's lives in Western countries. Feminists in the Third World are also fighting indigenous patriarchal institutions as well as pressure from Western women to represent them in other cultures. For example, they have encouraged the efforts of Western activists to end female circumcision. Many Muslim women have been put back in purdah with the rise of fundamentalism, they have made it clear that they accept their position as part of Koranic teaching (Jaschok & Miers, 1994).

African women face many problems arising from socio-cultural changes. Women remain excluded despite these changes and do not have full access to resources and power. Women are seeking greater control of their own lives. Women's organisations and women-specific development projects have been set up to help them achieve their objectives (Waruhiu, 1995).

It has taken the rise of feminism among Asian women to bring the issues of "comfort women" to the attention of the world. Feminists in Asia linked wartime exploitation of prostitutes and the contemporary exploitation of women in sex tourism in Asia including Korea (Hicks, 1995). The Asian Women's Association is actively campaigning for the Japanese government to acknowledge the problems and to compensate the victims of wartime prostitution (Matsui, 1995).

Patriarchy in traditional Chinese culture was responsible for the exploitation of women. Foot-binding, concubinage, prostitution, female infanticide and the sale of females were all institutionalised and reinforced by powerful ideological mechanisms. The sale of women into prostitution and domestic slavery still continues today (Momsen, 1991).

In relation to studies on gender issues and alcoholism, Homila (1987) investigated changes in Finnish society with regard to alcohol use and the role of women in the family. She found that Finnish wives do not control their husbands' drinking, especially

in the current generation, because couples are more likely to drink together. When women begin to drink with their husbands, they become less likely to adopt the traditional feminine role of an external agent of control.

In Korea, traditionally women received recognition and social standing in society only through marriage, so the threat of being expelled from her husband's lineage was an effective way of keeping her obedient and submissive (Deuchler, 1977). This traditional male-dominant ideology is forced upon wives of alcoholics and they have to accept the males' irrational behaviour. Women are blamed for their husbands' drinking and are expected to care for their welfare. Similarly, women abandon their rights because they are economically dependent and lack self confidence. Korea does not yet have a system in place to address women's rights. In addition, people believe that family problems ought not to be subject to state intervention. These factors impose on women responsibilities which oblige them to care for their sick husband without support of social services. As a result, alcoholism is kept within the family and problems remain unresolved, thus contributing to the continuance of the alcoholic's dysfunctional behaviour.

Drawing on a feminist approach, I have hypothesised:
Hypothesis 5: The more closely families identify with traditional gender roles, the more likely the family is to accept alcoholic's dysfunctional behaviour and the problems to remain unresolved.

In order to test this hypothesis, I will attempt to show how gender inequalities affect gender roles and marital relationships. I will look at marriage patterns, the incidence of domestic violence and the attitudes of alcoholics' wives. Equally, I will explore the relationship between female alcoholics' drinking patterns and their gender role performance. Finally, I will attempt to show an association between gender inequalities and treatment provision. These issues will be discussed in chapter 8.

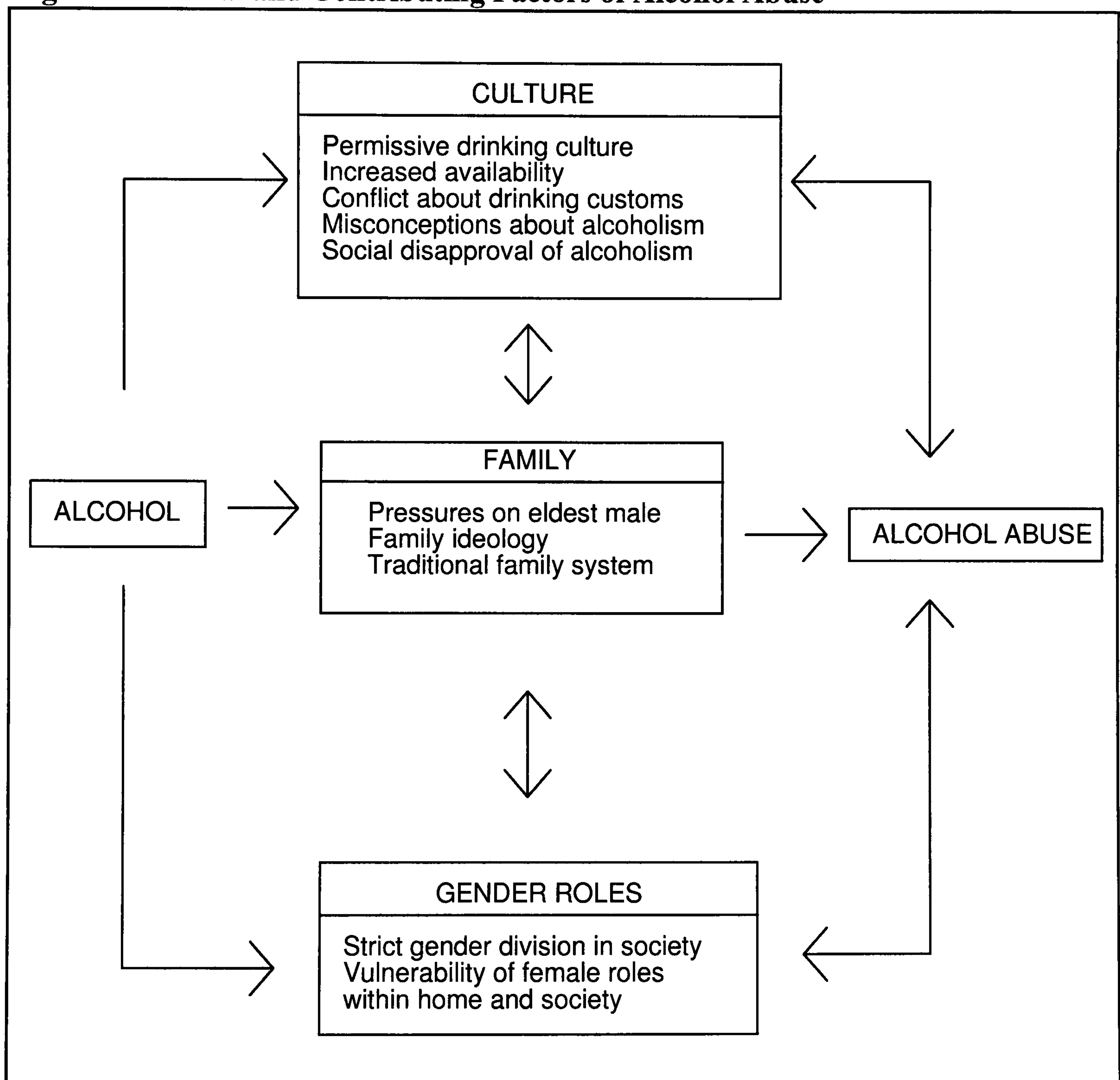
In order to support the links I have hypothesised and to explore the complexities of the relationship between alcoholism and culture, family and gender issues in a changing society, I have drawn not only on my research data from in-depth interviews but also from many secondary sources. I will discuss this issue further in section 2. Since my main method was a qualitative one, it was not possible to explain fully some of the factors. However, to help me analyse these factors, I cross-checked interview material with the clinical charts of interviewees. Then I tested my hypotheses from the transcripts of the interviews, the clinical charts, my field work notes and evidence from secondary sources. Following this, I analysed a number of variables. These processes helped to establish the validity of the information given by interviewees. I compared my

data from the in-depth interviews with secondary quantitative evidence, such as national surveys on family and alcoholism, governmental statistics and relevant independent research findings.

I have tried to represent the views of alcoholics and their family members as faithfully as possible. So, I have used extensive quotations from my interviews and used Korean language as some of the words would not convey the real meaning if translated into 'standard English'.

The following diagram presents an outline of my framework.

Figure 1: Causal and Contributing Factors of Alcohol Abuse



3.2 Research methodology and field Work

This section focuses on the research methods I used and my field work. First, the methods adopted will be discussed in the light of both qualitative and feminist methodology. Second, the reason why and how these groups were chosen for my study and a brief description of the research field is explained. This is followed by an account of the procedures and the processes in analysing the data, and concludes with a discussion of the limitations of my study.

Data for this research was collected through fieldwork carried out in S. Korea at St. John of God alcoholic treatment centre in Kwangju, Naju national psychiatric hospital and Konju national high security hospital from June 1995 to September 1995.

Methodology

I mainly used qualitative methods for this research. Both alcoholism and family-related problems are complex social phenomena and potentially sensitive areas of research. My research focuses on exploring the socio-cultural factors of alcoholism, the relationship between family dynamics and alcohol use and the symbolic meaning of alcohol. It is also concerned with the impact of gender roles. Qualitative methods are more suitable in research situations which focus on discovering individuals' experiences, perceptions, attitudes, beliefs, views and feelings rather than the rigorous testing of hypotheses. The advantage of this approach is that an interviewer can ensure a higher response rate, especially if sensitive material is sought, as well as ensuring the validity of the information observed. It is not just a matter of asking questions, but also of assessing the response and probing where necessary (Moser & Kalton, 1971). Face to face interviews offer the possibility of modifying one's line of enquiry, following up interesting responses and investigating underlying motives in a way that postal and other self-administered questionnaires cannot. Non-verbal cues may additionally give messages which help in understanding the verbal responses (Robson, 1993).

In-depth interviews enabled me to gain rich data. In contrast, a quantitative approach may have constrained the extent to which this complexity and richness could have been drawn out. It might have imposed a structure which may not have tallied with the experiences and views of interviewees. My background in psychiatric nursing and social work studies, with many years of professional practice, enabled me to interview in depth.

In this study, family and relatives are crucial to assessing the validity of the information given by interviewees. The researcher needs to be sensitive to the dual role the informant plays, who is both informant and an observer for the researcher (Hughes, 1976). Observation is important to assess the accuracy of information gained from in-

depth interviews. Hence, the reason why non-verbal communication was observed and documented. My personal reaction to each interview was noted and logged daily.

In-depth interviews may meet the test of validity, but they do not necessarily meet the test of reliability. A key criticism of qualitative methods is that the findings may not be reliable, and that a small number of respondents cannot be taken as representative, even if great care is taken to choose a fair cross-section or type. Critics of qualitative research argue that although intuition and creativity may generate insight, the study itself is neither *'predictable'* nor *'replicable'*. Thus, it is argued, qualitative methods rely on *'non-observable'* and *'non-measurable'* processes and are therefore *'non-scientific'* (May, 1994). According to Bulmer, the proper role of inquiry must take place, "under controlled conditions in which precision, reliability and validity are guaranteed by use of scientific procedures" (Bulmer, 1984, p.60).

The social survey has dominated empirical social research in Western industrial societies as the findings of the sample can be generalised to the survey population as a whole. Most post war social research has used social surveys based on random sampling. However, although such survey findings have made important contributions to social policy, there have been increasing criticisms about quantitative methods. Even though they may meet the test of reliability, they do not necessarily meet the test of validity.

> "By validity is meant the success of a scale in measuring what it sets out to measure, so that differences between individuals' scores can be taken as representing true differences in the characteristic under study." (Moser & Kalton, 1971, p.355)

Hughes argues that no matter how fully such techniques as questionnaires are used there remains the question of validating the theoretical assumptions upon which survey methods depend, namely the correspondence between verbal and overt behaviour (Hughes, 1976). Bryman has also argued that,

> ". . . the application of a 'scientific approach' - in the form of surveys and experiments - fails to take into account the differences between people and objects of the natural science." (Bryman, 1988, p.3)

Others view surveys as generating large amounts of data of dubious value because of their quantitative nature. Survey findings are seen as a product of largely uninvolved respondents whose answers owe more to some unknown mixture of politeness, boredom and/or desire to be seen in a good light than their true feelings, beliefs or behaviour (Robson, 1993).

Another powerful criticism made is that quantitative methods have tended to omit or distort the experience of women (Stanley & Wise, 1993). This criticism is equally applicable to theory and practice within social science as a whole. Oakley argued that sociology is sexist because it is concentrated on the activities and interests of men (Oakley, 1974b). Feminist research is conducted by women on women with the objective to empower women (Stanley & Wise, 1990). Feminist theorists challenge both positivist and naturalistic traditions in social science (Stanley & Wise, 1979), and reject the notion that there are universal answers to social questions by pointing out that gender, class and race will always shape any individual's understanding of the world. Feminist postmodernists attack the 'false rationality' and 'objectivity' of contemporary social science (Harding, 1986). Stanley and Wise argued that,

> ". . . the dichotomy between objectivity and subjectivity is false, because these are artificial constructs based upon essentially sexist thinking. But now a further distinction seems to be made by many feminists between the 'subjective' use of the personal and the 'objective' use of it in producing 'scientific' theoretical knowledge." (Stanley & Wise, 1993, p.74)

I also considered a feminist perspective in the research method and process. Feminist methods allow conscious subjectivity where women study women in an active process without the artificial object and subject split between researcher and researched (Klein, 1983). Stanley and Wise argued that the presence of the researcher's self should be central (Stanley & Wise, 1983) and research must start with the experiences of the researcher as a person (Bowles & Ranate, 1983). Feminist research is consciously 'reflexive' (Stanley, 1990), or 'self-conscious' (Stacey, 1988, p.5). Reflexivity is defined as a source of insight and critical examination of the research process (Fonow & Cook, 1991).

The topic of this study was chosen because of my personal and professional interests in finding out family factors of alcoholism and gender issues which influence the alcoholic family in Korean society. As I come from a country which upholds Confucian ideology, I was very much aware of many Korean women's unhappiness due to traditional family ideology and gender roles. I experienced a great deal of personal struggle prior to undertaking an alcohol counselling course in Ireland. As I discussed in chapter 2, this is an experience every Korean girl has to endure when she reaches the age of marriage. To see a female professional alcohol counsellor returning with Western methods for the treatment of alcoholism proved a challenge for my Korean fellow professionals and clients. Working with Korean alcoholic males as an independent professional and studying for my Masters degree, I was exposed to 'cultural ideology' and 'gender issues'. I had no-one to act as a role model or to share my interests and I received little guidance. This research is, therefore, not only a personal intellectual journey but also an approach

to the production of academic knowledge as a result of my own desire to learn how cultural differences influence the concept of alcoholism and gender issues in an alcoholic family.

Oakley showed how interviewees "ask back" as a result of discussion of the question and sometimes ask for help or advice (Oakley, 1981, p.42). In my experience, both family and alcoholic interviewees asked for advice in relation to their problems after the interview. I shared my views and difficulties as a Korean woman, especially with wives of alcoholic interviewees. When they discovered I was not married and was studying abroad they were surprised because of the social pressure they had been under to marry. They expressed their sorrow and disappointment that they were married and having a difficult life. They gave me great encouragement in relation to my research, offering to share their problems and feelings. Because of my unmarried status, interviewees regarded me as a neutral observer. I often heard them remark, '*I have never talked to anybody else about my problem*'. They regarded my interest in alcoholism as a sign that someone was prepared to speak out on their behalf with an understanding of their difficulties, especially from a women's point of view. From their awareness of my overseas work and studies and also my involvement in alcoholism in Korea, they felt reassured that a woman could be their advocate. Many of my female interviewees said to me,

> *"When you complete your study we would like you to tell the world that women are not responsible for their husbands' drinking because we are always accused of being the cause of men's alcohol problems."*

Negotiating my own role as interviewer involved a two way process of interaction and sharing between myself and my interviewees. In particular, I have tried to encompass both the professional and the personal elements of their lives in my research. As Greed stated, "I need to be willing to give as well as take" (Greed, 1990, pp.145-146).

During the time I was interviewing, I encountered many situations which involved gender issues. For example, initially, male alcoholics were reluctant to talk to me about their problems as a female researcher. Nevertheless, as it is more acceptable for men to drink heavily, they were more willing to talk about their drinking problems than female alcoholics. Female alcoholics were more reluctant throughout the interview process to talk about their problems because they felt greater shame and guilt than their male counterparts. Initially, wives of male alcoholics were hesitant to discuss their feelings because of a sense of shame and guilt, but once they started to tell me their story, they gave me far more interesting and sensitive information beyond the points outlined in my interview schedule.

I also noted a difference between the three hospitals. Patients in the high security hospital which is most remote from the city, had more damaged family and personal histories than those from the other two hospitals, one being public and the other private. There seemed to be a link between patients with damaged personal and family histories and admission to a secure hospital, reflecting their disturbed behaviour, their crime and their families' inability to cope.

In order to ensure research is conducted successfully, both qualitative and quantitative methods should be used. Denzim argued that triangulation, as a combination of multiple data sources, research methods and theoretical schemes, should be used if the tests of reliability and validity are to be met (Denzim, 1971).

In this study, qualitative data from in-depth interviews was used extensively as the main method, but given the above arguments and limitations of qualitative methods, the following techniques were used to collect the data:-

a) An in-depth interview of 40 alcoholics and their family. The interview was based on an interview schedule of open-ended questions, supported by appropriate probing.

b) Group participation and observation of patient and family interaction.

c) Medical documents on the physical and mental state of interviewees written by doctors. Social workers' reports on family and social history together with nursing care planning and evaluation provided me with socio-demographic information. This enabled me to cross-check the information I had received from alcoholic patients and their families.

d) Staff interviews, discussions and field notes were used to ascertain an objective perspective.

In order to meet the test of reliability, I compared my data with national surveys on family and alcoholism and also with other secondary sources such as government statistics and relevant independent research findings in the field of alcoholism. These were intended to substantiate my findings.

The Participants

The subjects of this study consisted of 35 male and 5 female in-patients who were hospitalised for alcoholism at St. John of God alcoholic treatment centre, Naju national psychiatric hospital and Kongju national high security hospital in S. Korea. The families of these patients were also involved in this research. 40 alcoholics were interviewed individually and 40 family members, which included 25 spouses, 9 mothers, 5 sisters, 1 daughter-in-law and 13 others. In 9 families, both the spouse and other family members were interviewed. Therefore, a total of 93 subjects participated in the research.

I had originally intended to carry out my research at St. John of God Alcoholic Centre. While preparing my field work in England, I wrote to the Director of St. John of God Hospital, requesting permission to undertake my research at the hospital. In reply, I received a letter of invitation and acceptance. When I began my field work at the hospital, I discovered that there were only a small number of patients being treated for alcoholism. I decided, therefore, to choose further samples from other hospitals. I made contact with Naju and Kongju hospitals.

By involving these three hospitals, it gave me a wider base from which to draw a sample as they belonged to different sectors of the insurance system and therefore served people from different social classes. In relation to their admission procedures, each institution had a different policy and therapeutic approach. The location of these hospitals served both rural and urban communities.

As I outlined in chapter 2, in Korea there are two types of insurance policy: the Medical Aid programme, which offers a totally free service to 7% of the population within the lower income bracket and the National Medical Insurance programme, which covers 93% of the population who contribute through the Pay As You Earn (PAYE) system. Kongju and Naju hospitals both belong to the public sector and are covered by the Medical Aid and the Medical Insurance programmes.

However, St. John of God Alcoholic Centre operates in the private sector. People under the Medical Aid programme are not accepted under St. John of God policy. The catchment areas of St. John of God and Naju psychiatric hospitals incorporate Kwangju city and Chunnam province. Kwangju is the fifth largest city in the country with a population of one million. The province of Chunnam is situated in the South West of South Korea and incorporates five cities with a total population of four million. Kongju high security hospital is approximately 25 miles from Kongju city. It is situated in a remote rural area. It provides a service for people with mental illness who have been convicted of criminal activity. The facilities are administered within a high security regime and in many aspects it operates in a similar way to a prison.

St. John of God psychiatric hospital

This hospital is administered by an Irish Roman Catholic religious group known as the Hospitaller Order of St. John of God. The Alcoholic Rehabilitation Centre provides a service for both male and female alcoholics. The service has been in operation since 1990. It was initially set up as an independent alcoholic rehabilitation unit and patients had to be detoxified prior to admission to the Centre. The Centre operated successfully for two years but the numbers of alcoholic patients began to decline and the service was no longer financially viable. Policies changed and psychiatric patients were integrated

with those seeking treatment for alcoholism. When the unit opened with a new approach for the treatment of alcoholism, it attracted a great deal of attention from the media. The publicity brought many referrals but referrals reduced when media attention declined. One further influential factor in the decline of admissions was the opening of an alcoholic unit in a public psychiatric hospital in the area. This hospital's programme involved detaining patients for six months. The service is cheaper than the private sector.

During the three months of my field work, there were twenty two alcoholics admitted to the Centre. Out of this group sixteen male and two female alcoholics and their families were interviewed for my study. They had been through a detoxification programme prior to interview. This group of patients participated in the rehabilitation programme and were screened by the following procedure:-

First stage: Patients and their families are assessed by the alcoholic counsellor at the Out Patient Department (OPD). The outcome of the assessment may result in either a referral to a general hospital, if presenting physical symptoms warrant it, or a referral to a National Psychiatric Hospital, if the patient needs long term care.
Second stage: If the patient is motivated to stop drinking he/she is referred to a psychiatrist and admitted for detoxification.
Third stage: Following detoxification, the therapist meets the patient and family to decide whether he/she should attend the rehabilitation programme.

Criteria for admission to St. John of God Alcohol Centre:-

1. patients should be admitted on a voluntary basis;
2. patients should have no overt psychiatric symptoms and no mental handicap;
3. patients should have been through a detoxification programme;
4. patients should have no criminal record;
5. patients should agree to family involvement.

70% of alcoholics attending St John of God Alcohol Centre are referred to general hospitals either because they lack the motivation to change and/or because they feel it is a stigma to receive treatment in a psychiatric hospital. If alcoholics are at a more chronic stage, they are cared for by their family at home or are sent to a sanatorium.

Characteristics of alcoholics who attend St. John of God Alcohol Centre:

(a) those who seek treatment at an early stage of their illness, present fewer physical and mental complications and are generally of a younger age group and better educated;
(b) those who are willing to participate in a rehabilitation programme;
(c) alcoholics who receive support from their families and tend to be more motivated towards rehabilitation;
(d) those who can afford to pay medical bills which amount to approximately 400 pounds per month, half the average person's monthly income. Under the medical insurance system, the lower income groups are treated in the public sector but

approximately 10% of them use St. John of God services and pay according to their means;

(e) those who have completed a detoxification programme. As I will discuss, due to lack of awareness of the illness, many alcoholics discharge themselves or drop out during the course of detoxification.

This screening process further affected my sampling frame. However, my samples from Naju and Kongju hospitals were opposite to the private sector. Naju and Kongju hospitals are operated by the public sector and provide a service for the lower income groups and more severe cases, than the private sector. This gave me a wider range of interviewees and a sample which was a reasonably representative of Korean alcoholics.

Naju national psychiatric hospital

This psychiatric hospital is run by Kwangju and Chunnam local government. It has 600 beds for psychiatric patients and 30 for male alcoholics. It does not provide a service for female alcoholics. The service provides both long-term and short-term care. The average period of hospitalisation is approximately 6 months, including those suffering from alcoholism.

During the three months of my field work, there were 30 alcoholics admitted to the alcoholic unit. Seventeen male alcoholics in this unit were interviewed and two females alcoholics from the psychiatric ward. The multi-disciplinary team referred those patients who had recovered from physical complications as a result of alcoholism. This group were referred because they demonstrated increased self-awareness and showed a desire to stop drinking. They also had family support and family members who were willing to participate in this research.

Admission procedure at Naju psychiatric hospital - alcoholic unit:-

Referrals are made by the courts or by the police but in some cases people are referred by their family or are self-referred:-

(a) alcoholics who are willing to accept treatment are admitted to the alcohol unit;

(b) alcoholics presenting physical symptoms or overt psychiatric symptoms are generally admitted to psychiatric closed wards. Following assessment, they are referred to the alcoholic unit;

(c) in the case of female alcoholics, admission is to a psychiatric closed ward as there is no provision for them within the alcoholic unit.

Kongju national high security hospital

Kongju high security hospital is run by the National Criminal Affairs Department. It is the only one of its kind in S Korea. It was set up in 1987 with 500 beds for psychiatric patients convicted of criminal offences. During the course of my field work, there were 40 people being treated for alcoholism in the hospital. There was no special unit for

alcoholics and they were treated alongside psychiatric patients. Only a few education sessions were in operation and they were conducted by a social worker. From this group, three alcoholics and their families were selected by the social worker for my study. These patients were selected because they were well-motivated, had family support and family members who were interested in participating in my research. Due to their criminal convictions, the majority of alcoholics in the hospital had lost contact with their family.

Criteria for admission to Kongju high security psychiatric hospital:

1. Psychiatric patients with a criminal record-:
People convicted of criminal offences punishable by imprisonment can not be imprisoned due to psychiatric illness, yet they can not be left in the community because of the risk of re-offending (Korean Criminal Law, chapter 8, article 1, verse1)
2. People suffering from drug and alcohol addiction with a criminal record:
People convicted of criminal offences punishable by imprisonment can not be imprisoned because of their addiction problems and the risk of re-offending (Korean Criminal Law, chapter 8, article 1, verse 2).

Process of referral to a high security hospital:

(a) Following court proceedings, the prosecutor presents the case recommending that the person be referred for treatment to a high security psychiatric hospital;
(b) In cases where a person with a mental illness receives a prison sentence, psychiatric treatment in a high security hospital would be given priority;
(c) The case is assessed and reviewed every six months by a committee consisting of a judge, prosecutor, solicitor and doctor. The case may be reviewed at any stage at the request of the prosecutor;
(d) Once the patient is admitted, a physical and psychological assessment is made.
Following an assessment, the patient is placed in an appropriate group, such as curable, severe, mild mental illness or mentally handicapped. Curable and mild cases are admitted to an open ward. Severe cases are admitted to a closed ward and mentally retarded cases are placed in a special unit.

I interviewed patients in the Rehabilitation Centre who had been screened by a therapeutic team because *the family system treatment approach* was not considered suitable for the alcoholics, who either had severe complications due to alcoholism or had no immediate family. Physical complications included liver disease, TB, and other infectious diseases. The psychiatric symptoms included brain damage, depression, psychosis and a lack of motivation to aspire towards sobriety. My interviewees consisted mostly of middle class males, who had family support and who were well enough mentally and physically to participate in the interview.

Procedures

Before I carried out the interviews, I visited the three hospitals to meet with the staff involved in direct care in order to hear their views and concerns about the problems of alcoholism and current treatment methods. They in turn shared their experiences of working with alcoholic patients and their families. I spent time discussing these issues not only with those staff in contact with alcoholics and their families but also with others involved in the treatment of alcoholism, such as AA members, Al-Anon members, the therapist in the field of alcoholism, the women's help-line project and social workers. With each group, I was requested to share my knowledge and experience. This was also a learning experience for me.

Being a woman researcher proved a disadvantage for me in gaining access to the hospitals not only because of gender issues but also because of my social status, as I was not a medical doctor. In Korea, health research has been dominated by medical doctors. As I discussed in chapter 1, studies in alcoholism are at an early stage. When I requested to undertake my research in Naju hospital, I was reluctantly accepted. I had to be interviewed by the deputy director and the doctor directly responsible for the alcoholic unit. They told me that my research, "should not interfere with their research", which was focused on biological factors. They also asked me not to "disrupt their patients". During the course of my field work, I rarely saw them on the ward. In Kongju High security hospital, the doctors seemed concerned that their treatment approach and models of service provision for alcoholism would be revealed and criticised as a result of my research. However, my knowledge and experience and the fact that I was studying for a Ph.D. in England influenced the doctors' decision. Despite their uncertainty, the experience of having carried out my field work in those hospitals gave me a wider range of interviewees.

My next concern was whether or not I would gain consent from the interviewees, given the shame and stigma attached to alcoholism in our society. I prepared a consent form for the interviewees to sign. The hospital staff's response was that the form was too Westernised and official. They felt it would be more appropriate to explain informally my proposed study and to give potential interviewees the option of participating. It was agreed that the therapeutic team would tell interviewees about my research and explain the procedures. I was introduced to each interviewee by a member of their team. Only one potential interviewee refused to participate. He was a patient when I was working at St. John of God Hospital. He was resentful towards the therapists and the hospital because he had not been cured, even though he had received treatment for some time and had spent a considerable amount of money. He also expressed his lack of confidence in hospital therapists.

I gave interviewees information about my study to encourage them to participate. However, taking into account the level of deference towards authority in the Korean culture, I offered them the opportunity to refuse in order to maximise freedom of choice. I assured them that the information they gave would be treated in the strictest confidence.

In relation to ethical issues involved in my study, I obtained ethical approval from the college committee at the University of London. However in Korea a similar policy was not applicable and I followed the local procedure as explained above.

Interviews were conducted on a one-to-one basis. Alcoholic interviewees and family members were interviewed separately in order to explore their different experiences and perceptions of one another. Family researchers are encouraged to consider questions involving more than one family member in the research process (Gilgun, 1992). Even though the interviewees were reassured that what was said would be treated confidentially, it was clear that they and their relatives were suspicious about what each other might say at their respective interviews, each in turn requesting that I did not inform the other party about the content of their interview. The interviewees were asked to tell their life stories in their own words. As a researcher-participant, I provided sub-questions or occasional prompts (Merriam, 1991). Interviews were undertaken in quiet interview rooms in their respective hospitals. Each interview took between 45 and 90 minutes.

With the interviewees' permission, I recorded the interview by audio tape and later transcribed it. Only one patient and one family member refused to have the interview recorded. They said they were nervous and their story was too shameful to have recorded on tape, but agreed that I could write it down.

Prior to carrying out the interviews, an interview schedule was drawn up as a guide (see Appendix 1). This was not intended to provide a rigid framework. As the interviewing progressed, some topics not originally included presented themselves, and others which were originally included proved less important. For example, it was not essential to ask about family living arrangements because the information was available in clinical charts. Most interviewees were enthusiastic to talk about themselves and wanted to be heard. As I indicated earlier, there was a great lack of information on alcoholism and support services available. During the final stage of my field work, I was asked to conduct a family group therapy session in Naju psychiatric hospital. It was beneficial both for interviewees and my research to observe alcoholic interviewees and family dynamics in the group. It was also a means of gaining information in relation to their problems.

However, the social position of the interviewer does have an impact on the interview. I believe it was to my advantage to be a woman interviewing the families, especially female interviewees. I have never had an alcohol problem or an alcoholic husband but I was able to empathise with alcoholics and their families' anger, frustration, pain and helplessness. When I worked previously in the alcoholic unit, I tried to carry the message that excessive drinking and abusing one's family is not normal and in such cases intervention was necessary but my voice was not heard. Equally, the wives of alcoholics tried to say that there was something wrong with their husbands' drinking and it was not just a marital quarrel but their voice was also ignored. The wives and the therapist often felt helpless and hopeless, an emotion expressed by many in tears within group sessions.

I could also identify with women's oppression, as the medical profession and in some instances male patients, were reluctant to accept a female alcohol counsellor as a therapist. This is due to traditional expectations of gender roles and also to the fact that the position of 'alcohol counsellor' is still not recognised in Korea. My former medical director reported at an International WHO conference that, "the programme at St. John of God Alcohol Centre is run by an alcohol counsellor" (Moon, 1992). However, it is rare to find in Korea a member of the medical profession openly recognising the role of a professional other than a medical doctor. During my field work, the female therapists in three hospitals said it was very difficult to work with male alcoholics not only because of the nature of the disease, but also because of traditional gender roles. I observed how male alcoholics sat turned away from the therapists during the group sessions and showed cynical reactions. After completion of their treatment, some alcoholics informed me that even though they knew the therapist had been right it was too shameful to admit this in front of female therapists. Due to a lack of information and resources, wives of alcoholics are left to struggle alone, confused and isolated. Similarly the alcoholic counsellor, due to a lack of overall direction and support, was under great pressure to provide a service without the necessary resources.

Most of my interviewees said the interview had been a valuable experience. Families volunteered information on how they had got married and how they felt about their in-laws. They also shared other difficulties they had experienced. They shared far more personal and interesting information than I had anticipated. In telling their stories, most women were gaining a recognition of their suffering, sometimes needing time out during the interview. Aware of their distress, when the interview concluded, I tried to focus on more positive aspects of the women's lives. In the final stage of my field work, I was asked to give my interviewees an education session on family aspects of alcoholism to enable them gain a deeper understanding of alcohol problems.

Data Analysis

The data analysed for my study consisted of field notes, responses to the in-depth interview and documents from each hospital. All the interviews except one were recorded on audio tape, which were then transcribed and the transcription checked against the tape.

I analysed each question separately by reading through the transcripts and identifying categories within each transcript. For example, in response to the question, "How did you start drinking?" I wrote down all the factors that each interviewee stated as having influenced them, one transcript at a time. Later, after identifying categories for each question separately, I read through my lists of categories, identifying themes or connections across each transcript. This was the technique adopted by Merriam (1991). The broad framework was to some extent determined by the original interview schedule outline, but interviewees talked about certain issues relevant to their own experience which had not been initially addressed by me.

A second level of analysis was a comparison of the themes of my own experience and reflection on what the data meant to me as the researcher. The researcher as the investigative instrument is an important assumption in qualitative research (Merriam, 1991). Following each interview, I wrote down my observations, reflections, and general impressions of what I learnt from the interview. For example, having completed ten interviews, one of my main observations was that all the interviewees were ashamed of their relatives' alcohol problem. Most of them were afraid of their relatives returning home from hospital.

Note on percentage

Comparison between groups of different size can only be made through the use of percentages. As the groups are small, percentages have been expressed as whole numbers, rounded up or down (appropriately) as determined by the first place of decimals. No attempt has been made to adjust the total of a percentage distribution to 100%, as this would involve unacceptable errors in individual percentages.

Limitations of the study

In using qualitative methods and a small sample group, I was conscious of the limited generalisability of my research. I was aware that using survey methods could have given a more reliable statistical analysis of the problems encountered by alcoholics and their families which could then be generalised to the wider population of alcoholics and their families in Korea.

Secondly, the majority of the interviewees were selected by therapists because they had family members who were willing to co-operate in the research. This is likely to have excluded interviewees and their family members whose views may have been substantially different.

Using survey methods would have given me greater scope to explore the overall situation with regard to alcohol-related problems. It would also have given me a wider view of social problems in relation to alcohol consumption patterns and a greater understanding of the relationship between socio-economic changes and alcohol consumption patterns. Finally, it could be argued that my research findings fail to show strong causal relationships because there is no control group.

However, since my aim was to explore in more depth sensitive areas which alcoholics and their families experience, it would have made it more difficult for me to meet the criticism of validity of data collected if I had used survey methods. Without an ethnographic analysis, certain patterns would not have emerged so clearly, like the important areas of family dynamics and gender issues in 'alcoholic families'. Valid data relating to alcoholism as socially stigmatising and a source of shame to families would have been especially difficult to gain through a survey approach.

I was aware of the personal and professional vulnerability associated with feminist research (Fonow & Cook, 1991; Stanley, 1990; Stanley & Wise, 1979). To abandon the subject-object distance can lead to charges of essentialism, or not being scientific. Being personal in one's approach can be interpreted as being too personal (Allan & Baber, 1992). However, my past personal and professional experience, together with my Korean cultural background enabled me to develop 'sensitising concepts', because I already had an awareness and empathy with the issues. Equally, in my study I drew on my professional skills which included not only a degree of objectivity but also my experience of working in the field of alcoholism from a three-dimensional perspective. 10 years psychiatric nursing experience in Korea and an intensive training course on alcoholism in Ireland helped me develop a greater insight into the field of alcoholism. Implementing what I had learnt in Ireland in Korea reinforced the need to take socio-cultural factors into account. Prior to carrying out my field work in Korea, my studies in England offered me the opportunity to re-evaluate and develop a deeper insight into the issues with a sense of objectivity, especially in relation to gender issues.

Chapter 4

Social changes and drinking patterns

Introduction

This chapter examines the relationship between socio-economic changes and alcohol consumption patterns in Korea. The basic hypothesis tested in this chapter is that the level of heavy drinking is likely to be determined by the degree of conflict experienced by an individual associated with recent socio-economic changes and also by the individual's position within the family and society.

I tested my hypothesis by using quantitative and qualitative evidence. In considering the link I have hypothesised between socio-economic changes and alcohol consumption patterns, I highlighted epidemiological evidence from national surveys and other secondary sources. In order to show the link I also analysed data from the alcoholics who experienced generational conflict and then supported it with qualitative evidence drawn from my interviews. I related the alcoholic interviewees' experience of conflict between traditional and modern ideologies about drinking customs to their alcohol consumption patterns. This included examining conflict associated with modern social life. Finally, I attempted to show an association between the availability of alcohol and alcohol consumption patterns.

4.1 Social changes and alcohol consumption patterns

As outlined in chapter 1, alcohol not only plays an important role in shaping personal health, but also influences occupational performance and social and family interactions. Problems associated with alcoholism influence family relationships and the general welfare of the community. Even though experts differ, evidence shows that there is a strong positive correlation between the average level of alcohol consumption in a population and the incidence of damage to people's health. In particular, prolonged use of alcohol has been shown to have a harmful effect on health (WHO, 1980). Similarly there is a positive relationship between the annual alcohol intake and alcohol problems. This includes both social consequences and alcoholism (Lemmens, 1995). Ledermann hypothesised a relationship between overall consumption in a population and alcohol abuse. Per capita consumption is regarded as an indicator of harm and as an important factor in the epidemiology of alcohol-related problems. The above issues are important areas which need to be considered by those formulating prevention policies (Midanik, 1995).

In the West, post 1945, there was an increase in alcohol consumption in the industrialised countries until the 1970s. Since the 1970s, the rate of alcohol consumption slowed down in most industrialised countries (Edwards et al., 1994). Over the past two decades, some European countries such as France, Italy and Sweden have experienced a continuing decrease in alcohol consumption. During the periods of post 1945 and the mid 1970s, the increase in alcohol consumption reflected in part new groups of drinkers, new drinking situations, and a change in individual drinking habits (Simpura, 1995).

The developing world is experiencing the same trends as Western industrialised countries. Some have argued that Japan, where alcohol consumption is increasing, explains what is happening in the other rapidly industrialising countries of South-East Asia (ibid). Smart (1991) argued that many developing countries showed large increases in alcohol consumption from 1970 to 1980. Saxena suggested that excessive alcohol consumption in developing countries has substantial negative effects on health and quality of life. Alcohol in developing counties is also becoming a major contributing cause of violence against women and children (Saxena, 1997).

In Taiwan, for example, the process of industrialisation and urbanisation has changed from a traditional, conservative society to a modern democracy with economic prosperity. Alcohol intake has become increasingly popular in social intercourse. Excessive drinking has become socially accepted or even encouraged. From 1952 to 1984, the annual total consumption of alcoholic beverages increased almost tenfold (Yeh & Hwu, 1992).

Wang et al. argued that in China drinking may be associated with the concept of power and social privilege. Among male heavy drinkers, those whose level of education is high or whose occupation is more prestigious appear to have a greater chance of becoming an alcoholic. They further argued that in socialist China which underwent modernisation in the 1980s, the individual businessman has become a socially desirable profession. In order to demonstrate his newly acquired economic power and social status, he has to indulge in heavy alcohol consumption. A greater incidence of public intoxication appears to be associated with socially prestigious occupations (Wang et al., 1992). Kitano and Chi's (1985) findings support the generalisation that those most likely to drink are men under 45 years of age who have higher social status, are college graduates holding professional jobs and live in large cities. Among this group, personal attitudes towards alcohol are permissive and friends are tolerant of drinking.

In Korea, studies show there is a link between increased GNP and alcohol consumption. For example, the average annual per capita alcohol consumption in Korea was 1.0 litre

in 1960 and 7.0 litres in 1980 (Kim, J.W., 1988). This increase is proportional to the increase in national income per capita (Kim, K.I., 1992a). The GNP in 1995 was $8483, a dramatic increase since 1953 when it was only $57 (Kwangju Daily, 11.8.1995). National production of alcohol is increasing every year (Jung-ang Daily, 14.2.1994). The drinking population is also increasing. For example in 1986, 48.3% of the total population drank. This had increased to 57% by 1989 (Chosen Daily, 29.12.1989).

Present alcohol consumption in Korea makes it one of the higher alcohol-consuming countries in the world (Kim, K.I., 1992a). The annual per capita of consumption people aged 15 years and over in Korea was 9.05 litres of pure alcohol in 1988, whereas the annual consumption per male adult was 18.4 litres. The consumption of alcohol has speedily increased during the past three decades (Kim, J.W., 1988). Consumption per capita by males in Korea is the highest in the world (Walsh & Grant, 1985).

During the 1950s, the hospital admission rate for alcoholics was only 1.39% of all admissions to psychiatric hospitals (Nam & Kim, 1963). The rate rose to 1.7%-2.8% in the 1960s (Oh et al., 1973) to 2.9-5.3% in the 1970s (Lee & Lee, 1975) and to 5.2-10.0% in the 1980s (Kim et al., 1983). The recent rate is over 10% (Kim, K.I., 1992a, p.119). Formerly, only psychotic cases were admitted to psychiatric hospitals because of their behaviour, but in recent years families have become more intolerant of alcoholic behaviour and have begun to refer their alcoholic family members to psychiatric hospitals (ibid).

Further evidence shows that the increase in alcohol consumption is related to changing lifestyle and industrialisation in Korea. The Engels Coefficient, which indicates the average monthly household expenditure on food, shows that it was 63.4% in 1965 and fell to 29.7% by 1994. Korean people spend more money on leisure and social activities compared with the 1960s (Kwangju Daily, 11.8.1995). In research carried out by Economic and Social Commission of Asia and Pacific (ESCAP) in 1992, life-styles in 11 countries were analysed. It showed that Korea had the highest financial expenditure on alcoholic beverages. Korea spent 1.91% of their household expenditure on alcohol, Japan spent 1.29% and Thailand 1.47% (Mudong Daily, 11.8.1992).

In relation to the prevalence of alcoholism in Korea, a nation-wide epidemiological survey reported that the life-time prevalence of alcoholism was 21.98% in the mid 1980s (Lee, 1987). This figure was higher than that of the United States of America where it was found to be 13.5% (Robins et al., 1988). It is particularly high among male adults. Yet the 1980s has seen an increasing number of women turning to alcohol. In 1987, 2.63% of alcoholics in Seoul and 1.57% in rural areas were female. This suggests

that the more developed the area in socio-economic status, the more prevalent alcoholism is among females (Lee, 1987).

Historically, public policy has been used as a tool to reduce problems involving alcohol and protecting the individual and family from the risk of heavy drinking. Many countries in the West have implemented strategies aimed at controlling and reducing the overall consumption of alcohol (Baggott, 1990). It has been argued that developing counties face greater difficulties in controlling alcohol problems than Western industrialised counties because traditional social and cultural controls have been eroded in recent years and new controls have not yet been found (Moser & Rootman, 1984). Moser argued that,

> "Such social forces are considered in some parts of the world to be the strongest deterrents to the use and abuse of substances likely to have harmful consequences for the individual and the community. Rapid and widespread socio-cultural changes are leading in some areas to the breakdown of such regulatory forces. There may now be an urgent need for a careful investigation of the means of arresting such breakdown and reinforcing cultural controls" (Moser, 1985, p.32).

In conclusion, the evidence shows that there is a link between increased alcohol consumption and recent social changes in Korea. There are now fewer social controls at a time of rapid increase in the availability of alcohol. Despite economic development, Korea has failed to adopt appropriate social policies to cope with rising levels of alcohol problems. Although the experience of other countries may be helpful, effective solutions to these problems will have to be based on the specific cultural contexts of Korea. In the next section, I will focus on how recent social changes have impacted on the family and individuals and how they have influenced alcohol consumption patterns, the evidence for which was drawn from my interviews.

4.2 Generational conflicts

In relation to understanding an association between social changes and alcohol consumption patterns, Field (1962) argued that there is a relationship between lack of social structure and drunkenness. Levin (1990) highlighted that societies whose traditional cultures have been undermined by more technologically advanced societies, such as some American Indian tribes, have high rates of alcoholism. Within the context of the family the different values held by parents and children are aspects of subsystem relations (Minuchin, 1974) and thus become the focus of conflict.

The generational conflict between parents and children is also heightened with different values which emigrant Asian children in America are struggling to adopt. Mass and Yap argued that the Asian custom of unquestioned obedience to authority and loyalty to

the family is in strong contradiction to 'American values of egalitarianism and individualism'. This in turn gives rise to many family conflicts (Mass & Yap, 1992). As already argued in chapter 2, from the onset of industrialisation in Korea, social norms and values have changed from those of traditional society. Rapid social transformation has brought about changes in the family as well as in lifestyle. For example, families have become more nuclear and geographically mobile, and family functions have changed. The older generation of men have gradually been losing their importance in the world outside the family because the new dynamic society does not require their experience and knowledge of tradition (Sohn, 1986). Industrialisation has led to the disintegration of the self-sufficient peasant economy which in turn has deprived the family of its role as a productive unit. Consequently, the man as family head has lost his position as leader. This in turn has weakened the control of the family over its members (Cho'e, 1994).

These unplanned and radical changes have imposed more stress on the already burdened family, creating many complex difficulties, including alcohol-related problems. Many argue that generational conflict has become a serious problem as Korea is still in the midst of socio-economic changes. Han, W.S. (1991) argued these radical social changes have brought about a considerable gap between generations in values, behaviour, language and lifestyle. As a result, family members are experiencing serious conflict and isolation. Park argued that men in leadership positions for example, father, government official, husband or boss prefer to follow the Confucian tradition of leadership which means that their leadership is rarely challenged. Yet, younger generations are adopting a more egalitarian philosophy and in so doing, creating inter-generational conflicts and role confusion (Park, 1990). As discussed in chapter 2, Durkheim argued that traditional moral controls and standards are largely broken down by modern social development. This can leave many individuals in industrialised societies with the feeling that their day-to-day lives lack meaning - a state of anomie (Giddens, 1978).

In considering the link I have hypothesised between alcohol consumption patterns and social changes, my findings show that there is a link between generational conflicts and alcohol consumption patterns. There were significant differences between the alcoholic interviewees and their parents generation by age distribution, occupation, education and marriage.

Out of 40 cases, 34 alcoholic interviewees (85%) had one or both parents alive while only 6 (15%) had lost both parents. Among the former, 26 (76%) reported that they experienced serious conflicts with their parents. 8 (23%) did not experience these generational conflicts.

Table 4.1: Alcoholic Interviewees by Age

Age	No. of Alcoholics	Percentage
20 -29	2	5%
30 - 39	15	38%
40 - 49	17	43%
50 - 59	4	10%
60 - 69	2	5%
Total	**40**	**100%**

Table 4.1 shows that over 43% of alcoholic interviewees were in their 40s and 38% were in their 30s. Only 10% were in their 50s and 5% in their 60s or in their 20s. The average age was 41 years.

Table 4.2: Fathers of Alcoholic Interviewees by Age

Age	No. of Fathers	Percentage
40-49	1	3%
50-59	1	3%
60-69	14	35%
70 and above	24	60%
Total	**40**	**100%**

Table 4.2 shows that three-fifth fathers of the alcoholic interviewees were aged 70 or over and over a third were in their 60s. Only 6% were under 60 years. The average age of the alcoholic interviewees' parent group was 65 years.

Parents were born in the 1930s when the economy was a peasant agrarian one and the culture was traditional. Most alcoholic interviewees were born in the 1950s when the country was in the process of industrialisation and urbanisation following the Korean War in 1949-1953.

Table 4.3: Alcoholic Interviewees by Previous Occupation

Occupation	No. of Alcoholics	Percentage
Civil Service	1	3%
Farming	5	13%
Factory	21	53%
Business	12	30%
Army	1	3%
Total	**40**	**100%**

Table 4.3 shows that 53% of alcoholic interviewees were involved in manufacturing and 30% were in business prior to their present job or before they became unemployed. 3%

were involved in the civil service and a further 3% were serving in the army. 13% were involved in farming.

Table 4.4: Alcoholic Interviewees by Present Occupation

Occupation	No. of Alcoholics	Percentage
Civil service	1	3%
Unemployed	24	60%
Farming	6	15%
Business	6	15%
Factory work	2	5%
Self-employed	1	3%
Total	**40**	**100%**

Table 4.4 shows that 60% of alcoholic interviewees were unemployed while 15% were involved in business, 3% were self-employed, 3% were civil servants and 5% were factory workers. Only 15% of alcoholic interviewees were involved in farming prior to their admission to hospital.

Table 4.5: Fathers of Alcoholic Interviewees by Occupation

Occupation	No. of fathers	Percentage
Farming	31	78%
Teaching	1	3%
Business	5	13%
Civil service	3	8%
Total	**40**	**100%**

In contrast, Table 4.5 shows that 78% of fathers of alcoholic interviewees were involved in farming, whereas only 13% were in business, 8% were civil servants and 3% were employed in teaching. These tables show dramatic changes in occupations during one generation from a pre-industrial society to an industrial one.

Table 4.6: Alcoholic Interviewees by Number of Years in Education

Years in Education	No. of Alcoholics	Percentage
0 - 5	4	10%
6 - 10	18	45%
11-15	13	33%
16 - 20	5	13%
Total	**40**	**100%**

Table 4.6 shows that nearly half (46%) had 11 years or more of education and 45% had between 6-10 years. Only 10% had 5 years and under. The average number of years

spend in education for alcoholic interviewees was 9.6 years. The number of years spent in education by wives of alcoholic interviewees will be discussed further in chapter 8.

Table 4.7: Fathers of Alcoholic interviewees by Number of Years in Education

Level of education	No of fathers	Percentage
0-5	25	63%
6-10	10	25%
11-15	2	5%
16-20	3	8%
Total	**40**	**100%**

Table 4.7 shows that in contrast nearly two thirds (63%) of fathers of alcoholic interviewees had less than 5 years formal education, whereas 38% had 6 years or more. Only 13% had 11 years or more. The average number of years spent in education for fathers of alcoholic interviewees was 2.4 years. There was very little public education available in that period of traditional Korean society. Most mothers of alcoholics had no formal education.

In relation to marriage patterns, 95% of the parent group had arranged marriages. In contrast, 20 of the alcoholic interviewee group (57%) had arranged marriages. In relation to living arrangements, 13 (33%) lived with their extended family, composed of two or more nuclear families. The family structure was made up of parents and their married children living in the same household. When a man marries, it was customary for his wife to move to his family household. My research reveals that only one case was noted where the husband married into the house of his wife's parents. The remaining 27 families (68%) lived as a nuclear family. Some families of this group lived with their extended family when they married and after a few years lived independently. Their family structure was nuclear, but their life style was based on traditional family values.

My findings show that the shift from an agrarian economic system to an industrial economy within one generation has caused conflicts. The parent generation believed in a traditional ideology and were from rural communities with a farming background. As discussed in chapter 2, the Korean family had been living in accordance with the traditional principles up to the time of industrialisation. In the kinship-orientated communities, the ideology of filial piety was a combination of respect for the aged and ancestor worship based on Confucianism. Children were seen only as an extension of their parents, hence the independence and autonomy of the individual was not recognised. However, since industrialisation started in the 1960s, traditional family ideology has been changing. Although the authority and role structure of Korean

families has shown very little change compared with enormous external changes in society, to a degree traditional values are still maintained (Cho'e, 1986). The younger generation in my study seemed to question the traditional values and family system, causing inter-generational conflicts. These conflicts related to cultural, moral and financial values.

Case 0024: My father never took a drink but he is very old fashioned. He had many women besides my mother so they were always fighting. I never saw them sleep in the same room. I remember when they fought I could not sleep. He was good to others but he did not accept his own children's mistakes. When I was 14, he expelled me from home because I did not do what I was told. I ran away and hid in the mountain and I was only in my underwear. It was extremely humiliating and I was really angry because I expected him to discuss things with me rather than force me, because I was old enough. I felt he never trusted me. I hated staying at home and I often stayed in my friend's flat. At that time I started to smoke and drink. When I got married we lived together with my parents. My father never let my wife go out. Nor did he give her money. He believed a woman's place is in the home. I felt really sorry for her but I did not have enough courage to say anything at the time. I do not accept my father's attitude or his way of treating women.

With the onset of industrialisation, education has been the most effective way up the social ladder (Research Institute of Korean Women and Society, 1995). The case below describes the different concepts and values between generations. Fathers are very strict in controlling their sons' education and career choices. Furthermore, because of traditional Confucian teaching, sons are expected to follow the elders' wishes, in accordance with the principle of filial piety. It is obvious that the fathers' generation struggled to survive because of economic problems but the sons' generation has different needs and values. They both experienced great difficulty in communicating and bridging the generation gap.

Case 0033: When I was very young, my parents ran a business so I was reared by my grandmother. I think my grandmother spoiled me because I was the eldest son. My parents had been working very hard looking after my grand parents as well as my brothers and sisters. I rarely saw my parents because they were so busy. I remember my father always said, "I regret that I could not study because my parents had no money. So I have to work hard to give you a good education. I want you to become a government official and become a man with power". I was not interested in what my father wanted me to study. I failed the entrance exam for university but he sent me to a special school to prepare for the following year,

but I failed again. He applied to a less prestigious university the next time and I was accepted but I gave up after a few months. The next year he arranged for me to go to another university. I wasted four years of my life because of my father's ambition. I had great difficulty communicating with him because we had different values. Even now I need a drink to talk with him as I am afraid of him.

Many traditional values, like obedience and self denial, are in opposition to the modern values of self-expression, freedom and individualism expressed by the younger generation. The case below illustrates the hierarchical nature of the Asian family system. As discussed, the father is the ultimate authority in the Asian family. The self-righteous grandfather appeared to have had never considered the possibility that his idea could be questioned by younger generations. It is clear that the younger generation does not wish to follow in the footsteps of the old generation whilst the older generation continuously emphasises the importance of family.

Case 0040: I have been living with my parents all my life. My father is 80 years old now but he still interferes in my family affairs. But I have never challenged him because I was taught Confucian ideology. I think my son's generation is different. For example, I am caught between my own family, my son's family and my parents. My father believes my first son's wife should be involved more in family matters. Last month it was my second son's wedding and my father scolded my first son's wife because she did not contribute enough money for the wedding, so she became very angry and changed their phone number and refused to speak to us. This incident upset me a great deal, and it is one of the reasons I took so much drink.

The following cases suggest that the conflict between generations exists not only between father and son but also between mother-in-law and daughter-in-law. Women of the older generation are old-fashioned and their behaviour and attitudes have remained unchanged. In such families, the mother-in-law has a serious rival in her contemporary daughter-in-law, who is no longer the obedient slave as she was in olden times. I will discuss this issue further in chapter 6.

Case 0007: All my friends say we are the most unlucky generation because we are expected to serve our parents-in-law but we will not receive the same respect from our children's generation. I do not intend to pressurise my daughter-in-law like my mother-in-law treated me.

Case 0010: My parents-in-law do not understand that our society is changing. They do not agree with the way I do things. For example, they believe girls

should be encouraged to remain at home and take care of household affairs rather than studying. But I want my daughters to concentrate on their studies and have a career. My mother-in-law always complained that I did not teach my daughters housework.

My findings suggest that when the elders extended and enforced traditional authority in their family, it resulted in conflict, stress, disagreement, and tension. This type of generational conflict is an adaptation process that families undergo as they struggle through change. The conflict within families and between generations can be interpreted as a clash between modern and traditional values within a changing community. My interviewees said these generational conflicts were not discussed openly. This reflects Confucius' teaching on appropriate filial behaviour concerning obedience and respect for elders. Discussion of family conflict outside the family was seen as shameful under Confucianism.

Even though my research does not specifically show that generational conflict is a direct cause of alcoholism, it does show however that it is a contributing factor. I found that heavy drinking was likely to have been used to cope with difficulties caused by the conflict between Confucian teaching and modern ideology.

4.3 Conflict between traditional and modern ideologies about drinking customs.

In relation to drinking patterns, it has been argued that a drinking pattern is an important predictor of alcohol problems (Midanik 1995). Sociologists have pointed out that there is a relationship between 'sacred ritual drinking' and 'secular ceremonial drinking'. For example, Jews have a very low rate of alcoholism which can be argued is attributed to their religious ritual drinking customs (Levin, 1990). Similarly, the French drink with and without food. They drink wine and spirits. They drink with, and away from the family. They do not strongly disapprove of drunkenness, but they consider it an insult to refuse drink. The Italians, on the other hand, drink mostly with meals. They drink mostly wine but they do most of their drinking with the family. They strongly disapprove of drunkenness but they do not assert social pressure on people to drink. Consequently, France has a higher rate of alcoholism than Italy (ibid). This explains how drinking customs in a society are important factors in determining the level of alcoholism.

Odejide et al. argued that in developing countries fermented beverages which contain low alcohol and high nutrients changed to a more 'refined', high alcohol content and little nutrients. These new alcohol beverages have replaced the traditional beverages and have contributed towards an increased alcohol consumption (Saxena, 1997).

In considering this link, my findings show that there were misconceptions as to how new types of alcohol should be taken. 75% of my alcoholics interviewees experienced conflict and confusion between traditional and modern drinking customs.

Table 4.8: Alcoholic Interviewees by Types of Drink

Types of Drink	No. of Alcoholics	Percentage
Beer	2	5%
Spirit	31	78%
Rice wine	3	8%
Mixed	4	10%
Total	**40**	**100%**

Table 4.8 shows that the main type of drink was spirits (78%). Only 5% drank beer and 8% rice wine and a further 10% drank a mixture.

My findings show that alcoholic interviewees' preference of alcohol has changed. 78% of interviewees started drinking rice-wine with the traditional idea of drink being a source of energy or medicine. By the time they were diagnosed as alcoholics, 77% of them drank mainly spirits.

The following cases illustrate how my alcoholic interviewees used alcohol. As discussed in chapter 1, they did not consider alcohol as a 'drug'. Rather, they perceived it to be a source of rich food with a high nutritional value. Alcohol was also thought to have a high calorific content giving strength and energy, and was referred to as something one 'eats' rather than something one 'drinks' (Lee, H.Y., 1992), thus reflecting a traditional concept of alcohol.

Case 0009: At the age of 20, I learned to drink from rice-wine left over after my father and his friends. I never knew what alcohol was, I just drank it as a refreshment.

Case 0010: When I married I worked on a farm. The farmers drank rice-wine or spirits for refreshment. It is said that rice-wine gives you energy. I did not like the taste of rice-wine so my colleagues put sugar in my drink. Then I moved to the city and worked in a factory. After work I began to drink stronger spirits with my friends. Since then my drinking problem has developed.

The following cases show that alcohol is still considered a food even though the type of alcohol most commonly consumed has changed from rice wine to distilled alcohol. It seems that my alcoholic interviewees did not realise the differences.

Case 0002: My drinking habit is really bad. I pour drink in a large rice bowl and drink it at once. Sometimes I drink early in the morning before I go to work in the field instead of my breakfast, as so-ju [spirits] *gives me energy and strength for the day.*

Case 0039: My husband always complained that he had no appetite. Therefore as he had to go to work, I bought two or three bottles of so-ju [spirits] *everyday for him to take to work in order to give him energy.*

The following case examples illustrate how alcoholic interviewees were not aware that 'soju' (spirits) contains a higher level of alcohol than rice-wine. They drank this 'new strong spirit' (soju) in a large glass as they had been used to drinking rice wine in a large rice bowl. They were influenced by past customs in a changing culture.

Case 0032: Whenever we go out for a drink we never use a small glass. We believe that is for women. We prefer to use a beer glass or a soup bowl to drink 'so-ju' as we used to drink rice-wine.

Case 0029: I was socialising with friends in their home and when drink was produced as whiskey is my drink I was given a full glass as if it were beer or rice-wine.

The following case illustrates drinking customs in contemporary Korean society. As outlined in chapter 1, alcohol is strongly encouraged and a heavy drinker is considered something of a hero (Kim, K.I., 1992a).

Case 0022: I learned to drink through peer pressure. My friends came from Seoul and they offered me a drink as they felt sorry for me because I worked on a farm. My friends were proud of themselves as they were working in a big city. They took me to the pub and poured so-ju [spirit] *into a pint glass. I drank two full pint glasses of so-ju and I became very sick.*

The following cases indicate that there are conflicts between traditional and modern ideologies about drinking customs which often leads to an increased alcohol consumption for many individuals. The drinking custom of taking food with alcohol is also changing.

Case 0019: When I was working in the field as a farmer I used to eat a lot of 'anju' [food taken with alcohol] *with my drink. But since I moving to the city, I have never eaten 'anju' because it is too expensive.*

Case 0001: I always drink at work because it gives me more energy as I have to lift heavy boxes. I just drink 'soju' [spirits] *from the bottle without 'anju' but I always make sure I have chewing gum in order to prevent others from smelling the alcohol.*

In conclusion, my findings show that the interviewees' choice of drink has changed from light rice-wine to strong spirits. Drinking patterns have changed from the old practice of taking food with drink to consuming alcohol without food. In the past, alcohol was taken as a food which was thought to give energy, but now alcohol is used as a coping mechanism for stress and a means of socialising. However, awareness of alcohol has not changed as strong alcohol continues to be consumed in the same manner as light rice-wine was taken in the past.

It has been argued that Korea has had a low rate of alcoholism because Koreans drank light rice-wine together with food (Hahn, 1971). This pattern does not seem to be the case in modern Korean society. It has become normal for the average drinker to consume stronger spirits and the pattern of taking food with alcohol has become less common (Choi et al., 1988). Evidence suggests that drinking habits have changed and that they now resemble Western alcohol consumption patterns (Lee, 1987).

Other research findings showed that in Korea today, preferences of alcohol are changing from light rice-wine and beer to stronger spirits. These have only come on the market in the past 20 years. For example in 1980, 44% of alcoholics admitted to hospital consumed spirits (Oh & Yun, 1980). This had increased to 59% in 1988 (Choi et al., 1988). According to a report from the National Tax Administration in 1993, the sale of beer decreased by 3.7% and rice-wine by 11.3%. In contrast, the sale of other spirits increased by 4.3% and whisky by 6.6% within a year (Jung-ang Daily, 14.2.1994). My findings support the suggestion that drinking customs are changing, which are likely to contribute to heavy alcohol consumption.

4.3.2 Confusion about negative effects of alcohol

I have argued that rapid socio-economic changes in Korea have caused conflicts which have contributed to increased alcohol consumption. It seems that although my alcoholic interviewees' choice of drink and their drinking patterns have changed, their understanding of the negative consequences of alcohol have not changed from traditional ideas.

Alcohol-related problems affect other people as well as the individual alcoholic. In an industrial democratic society, the negative effects of alcohol are far greater than in the peasant agrarian society. Examples are: unintentional trauma, traffic accidents, burns and fires, violence and poor work performance (occupational injuries, absenteeism and unemployment). As regards psychological consequences, alcohol impairs many aspects of psychomotor and cognitive functioning. Impairment of emotional control can result in violence to others (Romelsjo, 1995). As Moser and Rootman (1984) argued the problems will be more serious in developing countries because socio-economic changes have weakened social controls and new controls have yet to be established.

As shown in my study, alcoholic interviewees had positive attitudes towards alcohol. They considered alcohol as nourishment, medicine and a means of enjoyment. The word 'alcoholism' is a new concept for Koreans and they are finding it difficult to understand. My findings indicate that alcoholic interviewees were confused about the effects of alcohol, especially the negative aspects. As far as the above group of alcoholic interviewees were concerned, alcohol was part of social functioning. If one refused an offer of a drink it would offend the other person, given the highly collective nature of Korean culture. I will discuss this issue further in my next chapter.

> *Case 0014: I have never had a row even if I have drunk a lot because I always go to bed after taking a drink. How can you say I am an alcoholic? If I am, then all Korean men are alcoholics.*

> *Case 0021: Alcohol is a kind of food. How can one be expected to stop taking food!*

The following case illustrates how my interviewees experienced difficulty in understanding alcoholism being a problem because drinking is the norm in Korean society. As discussed in chapter 1, in the West alcoholism has been an important public health issue from the 1930s. Since then, considerable progress in prevention and treatment has been made. In contrast, alcoholism in Korea has not yet been recognised as a serious issue even though more people are acknowledging that it is a problem.

> *Case 0027: At the age of 7, I used to deliver drink to people working on the farm. When I saw people drinking I was curious to know what it tasted like. One day on my way home I took some which my uncle had left over. I must have taken too much because I fell into a drain. When I left school, I started drinking stronger spirits with my workmates. I used to be called 'ai-ju-ka'* [a person who loves drink].

Case 0003: People used to say I was a man of ambition because I was able to drink so much.

Excessive alcohol consumption is related to an increased risk of cirrhosis of the liver, cancers, blood pressure, stroke and coronary heart disease (Anderson, 1995). Alcoholic interviewees and their families in my study had very little knowledge of these negative effects of alcohol. This is also related to societal attitudes towards alcohol use and misuse in the wider community. I will discuss this issue further in the next chapter.

Alcoholic interviewees in my study also had little awareness of potential social complications as a result of heavy drinking. Heavy drinking is related to social harm. In terms of the negative affects of alcohol in contemporary society, it is widely recognised that drinking and driving is a danger to the general public. In order to combat these dangers, the government has put in place appropriate legislation. Most countries have introduced strict regulations to counteract this problem. In Korea, between 1950 and 1994, the number of cars on the road increased 1251 times (Kwangju Daily, 25.8.1995). Although the Korean government has implemented regulations on drink-driving, the traffic accidents related to drinking and driving offences are increasing every year. In 1995, 69% of car owners admitted to drinking and driving. This figure increased by 27% compared to 1994 (Kunghyung Newspaper, 11.2.1995). The mortality rate from traffic accidents in 1995 was 38.2/10.000, the highest in the world (KINDS, 28.2.1995).

My findings show that 7 out of 40 alcoholic interviewees (18%) had cars. This figure is higher that the national average of car ownership which stands at 11% of the population (Kwang-ju Daily, 25.8.1995). All of them had been implicated in drink-driving incidents and 6 out of 7 had been involved in car accidents. 4 who did not have cars had been victims of road traffic accidents as a result of their drunken condition. They had little awareness about the danger of drinking and driving and the negative effects of alcohol.

Case 0014: Whenever I drank I always wanted to drive myself home and I could not accept when told by others that it was too risky after taking drink. One day I went out with my young daughter to buy a drink and on the way home I had a big row with my neighbour. When he saw me driving on the wrong side of the road, he told me to leave the car and walk home. He accused me of being drunk and I became very angry at his accusation. Following an argument, he called the police.

Case 0001: I often drive under the influence of alcohol. I drive really fast and enjoy overtaking. I have often driven on the highway at great speed without thinking of the dangerous consequences. It is a miracle I never have had any trouble with the police or become involved in an accident. Sometimes I wished I had a car accident because it would have been an incentive to stop drinking.

In 1995, the crime rate in Korea increased 4.4 times compared to 1963 (Kwangju Daily, 11.8.1995). My findings show that 50% of alcoholic interviewees were involved in legal offences in terms of violence, crime and driving under the influence of alcohol.

Case 0038: I have been involved in car accidents three times because of my drinking problem. I remember I nearly killed two people. Apparently I was so drunk that I fell asleep while driving. It was a small quiet road and I hit two people on the street. My wife had to pay 30.000 pounds in compensation as I did not have any money. Since then I have started driving again and have had two bad accidents.

In relation to conflicting concepts of alcohol use, alcoholics and their families in my study did not appear to understand the negative consequences of alcohol use. The lack of education and information on alcohol contributed to the seriousness of the problem. So the level of drinking was influenced by the conflict between 'old concepts of alcohol use' and 'new drinking customs'. My findings show that the older and less educated group of alcoholic interviewees experienced more conflict than the younger, more educated group. It seems the older age group found it more difficult to understand and accept the new scientific knowledge that alcohol is a drug and can become addictive.

My findings are similar to other research carried out in Korea. For example, Cho et al. (1975) found that drinking is appreciated by the public for facilitating social contact in 46% of the population, for emotional relief in 32%, for relief of physical distress in 11%, and for creative thinking in 5%. In contrast, 75% of people living in rural areas acknowledge advantages of drinking. A similar study conducted by Lee and Kim (1975) found that 26.5% of people agreed that alcohol was a source of energy for physical labour; 22.1% accepted it was an 'inter-personal and social facilitator'; 13% used alcohol for emotional relief; and 6.3% for medicinal purposes.

4.4 Conflict associated with modern social life

In Korea, the working environment has changed from an agrarian system to a heavy industrial one. My findings show that heavy alcohol consumption was related to conflicts associated with the complexity of modern life.

As discussed in chapter 2, the fall of the Japanese Empire in 1945 liberated Korea. The country was divided into two by the occupying armies of the Unites States and the Soviet Union which led to the Korean War (1949-1953). For the following two decades, Korea remained essentially a rural society, and was further impoverished by war. In the 1960s, industrial employment began to develop and draw many migrants from the countryside who provided a cheap and initially domicile labour force. This contributed in making Korean products competitive (Kendall, 1996).

The majority of my alcoholic interviewees were male and in their forties. Most came from the countryside and started drinking light rice wine when they were in their teens. When they moved to the city in search of employment, their drinking habits changed. They drank more with the pressures of work. This suggests that their drinking in part was associated with the relief of stress which in turn adversely affected their job performance. Eventually many lost their jobs, as 60% of them were unemployed.

> *Case 0013: I was working in a shoe factory. Most of the workers came from a rural area and had to live away from home, which many found difficult. The working environment was very bad as there was so much dust from the fabric. After work we all felt thirsty and had to go to the pub. The pub became part of our daily routine.*

My alcoholic interviewees reported that they felt free when they left their family and lived independently, but at the same time felt they lacked self-discipline. In the past, their families had controlled their lives and they had been obliged to live up to the norms of the community. The following cases illustrate how these forms of social controls weakened with adverse consequences on individuals' lives.

> *Case 0008: It was my first time leaving home for work in the city. I was very lonely being away from family and friends. After work I always went to the pub with my new friends for a drink and often went without my meals. Unlike living at home I did not have anyone to advise and support me.*

> *Case 0029: When I first went to Seoul I felt a great sense of freedom being away from home. I did not have to be conscious of what I did and how I lived. I enjoyed my freedom as there was no one to interfere in my life and complain about my drinking.*

The following case illustrates social instability and its effects on peoples' lives during a time when Korea was experiencing political, economic and social changes.

Case 0035: I am a victim of the Kwang-ju riots [In 1980 there was a political crisis and riots broke out in Kwang-ju which left over 200 people dead. The riots were suppressed by a former president who was trying to hold on to power]. *During that time I was shot and spent 3 months in hospital. Since then I have suffered from psychological and physical pain. It was as a result of this that my drinking problem developed. I can not lie down because I have a big lump on my back, so I have to sleep on my stomach. From then I became involved with an anti-government group which consisted of the families of victim of the Kwang-ju riots. Whenever we organised demonstrations, we had to drink to give us courage to lead people in the demonstrations. We were all scared because the police were always very harsh on us. Last year we went to Seoul to protest and organised a demonstration in front of the President's House. We threw stones at the Presidents House and we were all arrested by the police. I think all the group involved were alcoholics.*

It has been argued that many working class people in Korea believe that alcohol is one of the best ways to cope with stress (KINDS, 24.2.1995). Lee, C.K. (1992) noted that drinking sessions mostly take place after work. Rounds of drinks or 'exchanging glasses' are encouraged. The drinking party often involves changing pubs for each round. This pattern of moving from place to place and drinking heavily at each location often lasts until some of the members become deeply intoxicated. The group usually insists that everyone has to drink their maximum. Any latecomer who joins the party has to drink three full glasses of alcohol in order to catch up and they are proud to meet the challenge. The issues of this drinking culture will be discussed further in chapter 5.

Additional evidence shows that there is a link between increased alcohol consumption and stress which is associated with social changes. According to WHO reports, the incidence of liver cancer in 1992 in Korea was the highest in the world. It is 18 times higher than in the UK. Medical professionals found that smoking, drinking and stress are precipitating factors (KINDS, 28.2.1995). 26 of my interviewees (65%) had had previous admissions to medical hospitals and were diagnosed as suffering from liver diseases. Most of them had been admitted to hospital at least twice due to liver or other medical problems related to drink and/or accidents.

Korea's rapid pace of development has brought about a breakdown in social and family support networks. It has also influenced a decline in the social norms and values. As yet appropriate policies have not been formulated to address these problems. My findings suggest that alcoholic interviewees used alcohol as a way of coping with the complexity of modern life.

4.5 Availability of alcohol

Epidemiological studies show that the overall prevalence in drinking problems was determined by the overall level of alcohol consumption. Those societies with the highest consumption of alcohol reported the highest number of alcoholics and deaths due to cirrhosis of the liver (De Lint & Schmit, 1971). The availability of alcohol is an important factor in the general level of alcohol consumption (Osteberg, 1995).

There is increasing recognition of the damage to health caused by the use of alcohol and other substance abuse. In most industrial societies, governments have outlawed or limited the private production of alcohol. The production and outlet of alcohol has become subject to government supervision (Holder & Edwards, 1995).

However, different counties have different policies ranging from raising the price of alcohol, raising the minimum age to purchase and use alcohol, limiting hours and days of sale, and restricting the number and types of alcohol outlets (Holder & Edwards, 1995). For example, as outlined in chapter 1, the temperance movement originated and developed during the 19th century as it was an important moral and social issue. In the former Soviet republics, the impact of public policy has been visible as a consequence of the 1985 anti-alcohol campaign. After the discontinuation of the anti-alcohol policy, alcohol consumption began to grow again. This reflects the importance of public policy on the level of alcohol consumption (Simpura, 1995). In Sweden, the production, importation and distribution of alcohol are largely controlled by a state monopoly. Strict licensing laws govern the total trade, whilst the advertising of wines, spirits and strong beers is prohibited. In addition, alcohol is heavily taxed, in a conscious attempt to prevent drink prices from falling in real terms (Baggott, 1990).

In relation to policies, Saxena (1997) argued that in order to reduce alcohol related problems and introduce an effective prevention programme, a global co-ordinated effort is required. However, most developing counties have not followed a consistent policy on alcohol. Many of these countries derive substantial revenue from alcohol manufacturing and retailing. In addition, the alcohol industry supports a large number of jobs. The industry often perceived to be essential for the development of tourism. These factors mean that many developing countries have failed to develop policies to tackle alcohol-related public health issues. Saxena further argued developing counties should adopt the 'European Action Plan' on alcohol policy which I discussed in chapter 1, in a way that suits their culture.

In considering the link I have hypothesised between the availability of alcohol and alcohol consumption patterns, my findings suggest that in most cases there were two main contributing factors: the increased availability of alcohol and inadequate social controls over alcohol consumption.

The following cases illustrate how alcohol is readily available. Even though Korea has implemented age restrictions in pubs, alcohol is sold in shops regardless of age. My interviewees had access to alcohol at a very early age. Young people had no knowledge or information from their parents or their schools about the effects of alcohol.

> *Case 0016: When I was in primary school, I used to take messages for my father. It was my job to take a container to the shop and collect rice-wine. On the way home I used to drink the wine and top up the container with water.*

> *Case 0017: At the age of 8, we had a small restaurant and a rice-wine distillery. I used to eat the residue which was separated from the rice-wine. It made me drunk, which made people in the restaurant laugh.*

Further evidence shows that alcohol was sold to very young children as the majority of alcoholics interviewees asked their children to buy alcohol for them.

> *Case 0038: When I felt too sick to go out for a drink I used to send my child (6 years old) to buy alcohol for me.*

> *Case 0025: I often felt too embarrassed to go to the shop to buy alcohol so many times in the one day so I sent my children to buy it for me.*

One of the key issues with regard to the availability of alcohol is the illegal production of alcohol. The law prohibits brewing alcohol at home, but a considerable amount of unregistered (and untaxed) alcohol production takes place in private homes for personal consumption (Lee, C.K., 1992). Many of my alcoholic interviewees reported that they brewed alcohol at home.

> *Case 0009: My mother was an expert at making rice-wine at home. We always had a barrel of rice-wine and I used to drink it as a refreshment.*

> *Case 0014: Whenever I visited my mother-in-law's house she gave me 'home-made wine'* [made from all kinds of fruit mixed with spirits]. *One time I went to the garage where she kept the wine. I drank one big jar and refilled it with water. After that instance she concealed her home-made wine from me.*

Additionally, my alcoholic interviewees had very little difficulty buying alcohol as it is sold 24 hours a day in local supermarkets. It is even available from carts on side streets. This free availability of alcohol contributes and encourages the public to indulge in alcohol.

Case 0026: I went out jogging every morning. Whenever I passed the cart on the street the temptation to have a drink was very strong. Some mornings I dropped in to the shop and had a drink to warm me up.

Case 0006: I never had any problem in acquiring alcohol. Whenever I was drunk and wanted more alcohol I only had to go out to the local shop where it was available 24 hours a day.

Finally, my findings show a link between economic prosperity and alcohol consumption among individuals. Alcoholic interviewees in my study reported that their drinking increased when they worked and earned money.

Case 0028: At the age of 20 when I was working on the farm my father brought home-made rice-wine for refreshment. From then on I took an occasional drink, but when I took up my first job I had money and I began to drink more.

Case 0001: I started to drink rice-wine, then I changed to beer and other wines. After some time I started to drink a local spirit [soju] *because it was cheaper and stronger. I just need 6 bottles of so-ju per day and it only costs 4 pounds* [UK currency]. *I like to take a drink in a covered-in cart at the side of the street. Drink is cheaper there as there is no service tax, and it is available at these carts twenty four hours a day.*

As a result of free and increased accessibility of alcohol, alcohol problems have become serious issues. For example, the average age of my interviewees taking their first drink was 18.7 years. This represents a downward shift from the age of 20 when Kim carried out his survey in 1988 (Kim, J.W., 1988). Table 4.9 shows the breakdown of age distribution of those taking their first drink.

Table 4.9: **Alcoholic Interviewees by Age of First Drink**

Age of first drink	No. of Alcoholics	Percentage
0 - 9	3	8%
10 - 19	24	60%
20 - 29	10	25%
30 - 39	3	8%
Total	**40**	**100%**

60% of alcoholic interviewees first started drinking between 10 and 19 years. A further 25% started in their 20s. Only 8% started in their 30s, but 8% started under 9 years.

Additional evidence shows a link between the availability and the increased consumption of alcohol. The average age of alcoholic patients admitted to psychiatric hospitals has decreased over the years. For example, the average age in 1989 was 44.9 years (Choi et al., 1989). My study shows that the average age was 40 years.

In relation to the availability of alcohol, research carried out by the Department of Education in Seoul showed that adolescent drinking has become more serious. in 1995, 72.1% of high school male students and 65.1% of female students in Korea had experimented with alcohol (Donga Daily News Paper, 23.2.1995). Kim, D.S. (1994) argued that stimulants, tranquillisers and inhalants were widely used among adolescent because of their legal availability. In contrast, there is strict control over hard drugs. The Korean government does not recognise drug users are in need of help but rather consider them as criminals. The government has however, an Institute for drugs within the criminal justice department and is also a member of the International Narcotics Central Board (Lee, 1994). As yet there are no similar facilities in place for alcohol. Consequently, there is no legislation to prevent young people from buying alcohol over the counter in Korea. This free access to alcohol, together with the lack of information on the implications of its abuse, exacerbates the problem.

A further indicator in relation to the availability of alcohol is the influence of the media. The alcohol advertisements were shown to have significant impact on both consumption levels and alcohol abuse in contemporary society (Strickland, 1983; Slater et al., 1996). Even though it is not shown in this study, Korea's alcohol consumption is likely to be influenced by the media as there are no regulations on advertising alcohol (KINDS, 28.2.1995).

In conclusion, it is only in the last 20 years that alcohol has been mass-produced in Korea. In the past, light alcohol was produced at home and was available in the local shop. It was available only during the day and sold to regular customers, which in turn

influenced the control of alcohol consumption for the village people. Up until the 1950s, the family and community functioned as guardians of the norms of society and played an important role in controlling the level of alcohol consumption. In addition, Confucian ideology condemned drunken behaviour and emphasises individual responsibility. However, these social controls have weakened in the modern democratic capitalist society of Korea. As is the case in other industrialised countries, the state needs to provide appropriate regulations on alcohol consumption, but Korea has not implemented such policies.

As this study did not use random sampling, my data can not prove that there is a strong correlation between economic growth and increased alcohol-related problems. It is clear, however, that alcohol is more available and that more people are exposed to drink. This has contributed to an increase in alcohol consumption and alcohol related problems.

Conclusion

This chapter has shown the impact of socio-economic changes on alcohol consumption patterns in Korea. The basic hypothesis tested in this chapter was that the level of heavy drinking is likely to be determined by the degree of individual's conflicts associated with recent socio-economic changes and also by the individual's position within the family and society. My findings can not show hard evidence to prove links between social changes and increased alcohol consumption but my analysis does support the link and indicate trends in that direction.

The epidemiological evidence which I examined confirms that alcohol consumption has increased as Korea industrialised. Evidence from my interviews shows that the majority of parent groups came from a pre-industrial generation whereas the alcoholic groups came from an industrial generation. This shift from an agrarian economic system to an industrial one has caused conflicts between the two generations. These conflicts appear to contribute to the increased levels of alcohol consumption. For individuals alcohol is often used to cope with the increasing stress levels of a society undergoing rapid socio-economic change.

The conflict between traditional and modern drinking customs to contributed towards an increase in alcohol consumption in Korea today. My alcoholic interviewees' notion of alcohol use has not changed. They continue to take strong alcohol in the same way as traditionally they did with light rice-wine. Lack of education and information on alcohol contributes to the seriousness of the alcohol problem.

As a result of industrialisation and urbanisation, life has become more fragile and complex for more people than life in the traditional rural society. My findings suggest that my alcoholic interviewees' heavy consumption of alcohol was a way of coping with these increasing levels of stress.

Recent economic growth has given rise to increased alcohol production and distribution. Moreover, these changes have brought about the increased availability of alcohol in Korea. This increased availability appears to have contributed to increased alcohol consumption and alcohol-related problems, which has had a negative effect on Korean society. Easy access to alcohol, together with the lack of information on the implications of its abuse, have exacerbated the growing problem of alcoholism.

Holder & Edwards (1995) argue that even though the available time series are too short or too inaccurate to provide long term trends in alcohol consumption patterns, some industrialised countries in the West show a declining curve after a peak in consumption around 1980. It might be too early to predict long term trends in alcohol consumption in Korea as the country is still in the process of industrialisation and undergoing major socio-economic changes.

However, Korea's concept of alcohol and approach to alcohol-related problems have been different from that of Western countries where controls have long been in place. As discussed in chapter 1, alcohol use and misuse have been seen as an individual's responsibility and the state has never legislated for the control of individual's consumption of alcohol in Korea. The notion of alcoholism, diagnostic tools and treatment methods are concepts adopted from the West which Koreans have difficulty implementing in their own culture. Although my study does not prove Korea's socio-economic changes have caused an increase in alcohol consumption, it does however show a consistent link between recent socio-economic changes and increased alcohol consumption. This trend is likely to continue. Therefore, it is an important issue which needs to be urgently addressed by the government.

Chapter 5

Societal attitudes towards alcohol use and misuse.

Introduction

This chapter considers societal attitudes towards alcohol use and misuse and its effects on alcoholics' help-seeking behaviour. My second hypothesis predicted that the greater the social prejudice alcoholics experience with regard to drinking, the less likely they are to disclose their problems and seek help at an early stage of their illness.

I tested my hypothesis by using both quantitative and qualitative evidence. In order to consider the link between societal attitudes and the alcoholics' help-seeking behaviour, I analysed the following areas: 1) the alcoholic's experience of social pressure to drink; 2) discrimination against alcoholics; 3) misconceptions about alcoholism; 4) prejudice against psychiatric hospitals.

In relation to the linkage between social pressure to drink and help-seeking behaviour, I examined how my alcoholic interviewees' help-seeking behaviour differed from those who experienced pressure to drink compared with those who did not experience such pressure. The same method was applied in analysing the three other factors above.

As outlined in chapter 1, drinking behaviour has close associations with traditions, customs, rituals and the contemporary lifestyle of a society. For example, ethnic and cultural differences in the use of alcohol suggest that society plays an important role in the development of alcoholism. Ritson argued that,

> "It is important to recognise that our perception of what constitutes an alcohol-related problem requiring some societal response will vary markedly between and within countries. In some situations alcohol problems are viewed as evidence of moral weakness or sin, in others as evidence of sickness or mal-adaptive learning." (Ritson, 1991, p.230)

Mohan also highlighted that each culture has different attitudes towards alcohol, setting standards and defining its use and abuse (Mohan, 1991). In support of the cultural explanation for drinking behaviour Li and Rosenblood (1994) argued that,

> ". . . cultural factors significantly influence alcohol consumption patterns. It is that alcohol consumption behaviour may be better understood through a social and psychological rather than a biological and medical approach. To effect changes of alcohol consumption behaviour, cultural interpretations of alcohol use should be examined. By incorporating certain cultural values and norms, such as anti-

alcoholism and moderation in alcohol use, drinking behaviour may be significantly modified." (Li and Rosenblood, 1994, p.43)

As I discussed in chapter 1, since ancient times in Korea (Buyo and Kokuyo - 12AD) heavy drinking has been closely related to rituals. In any celebration, alcohol was available and consumed in large quantities (Yoo, 1986). This tradition still remains part of the Korean lifestyle today. Kim argued that social drinking among men is strongly encouraged and solitary drinking is discouraged by the public. The man who can not drink is regarded as timid and has to confront social relationships with considerable difficulties. As drinking is essential for the male ego, it becomes an integral part of social life. Furthermore, a heavy drinker is esteemed as a hero (Kim, K.I., 1992a).

In support of a cultural explanation on drinking behaviour, Kim and Choi (1993) argue that Koreans need to drink because of the conflict between self-assertion and group expectation. For example, even though an individual does not wish to take a drink, he feels he has to indulge because of group pressure and lack of individual choice. If he did not drink, he would be considered an outsider and could not share a group identity which reflects a highly collective culture. Lee (1981) analysed the Korean character from a medical and psychological perspective. He argued that Koreans fail to distinguish public interests from private emotions.

5.1 Pressures to drink on individuals

In my findings, 30 alcoholic interviewees (75%) reported that they had experienced pressure to take a drink prior to admission and 10 (25%) reported that they had not experienced such pressure. Those alcoholics who experienced pressure to drink were more likely to have had difficulty admitting to their alcohol problem than those who had not experienced such pressure.

The pressures that the alcoholic interviewees were under, I classified into four groups according to their main reasons and situations, namely *'food/medicine type'* (33%), *'entertainment type'* (27%), *'masculinity type'* (27%), and *'business type'* (13%).

As shown in chapter 4, Koreans have used alcohol as a source of 'good food and medicine'. This *'food/medicine group'* believed that alcohol was necessary to maintain their health and enhance their physical strength, as cases 0010 and 0039 described in chapter 4. The following cases further highlight this issue.

Case 0040: I used to drink home made rice wine. It is called the 'farmers' drink'. When I was working in the village people always offered me drink, even in the

mornings. It was a kind of greeting and a way of showing your appreciation. If I refused the offer people would say I was rejecting them.

Case 0035: My grandmother said she used to give me a drink of spirits to cure a pain in my stomach when I was about three years old. I became drunk and danced. The onlookers enjoyed seeing me drunk.

The *'entertainment group'* explained that they were under pressure to drink because most social activities involved alcohol. The following cases show how strong an influence alcohol has on an individual. They also show that for a person to become part of the group, he/she is expected to drink.

Case 0023: I worked as a tour guide. I had to provide music and dance for my customers. The customers and my male colleagues used to force me to drink. I hated it so I used to hide myself under a big couch.

Case 0024: I believed that if one was in good humour or had something to celebrate it was natural to have a drink. I also believed that people use alcohol as a means of celebration, and one has to accept a drink in order to be sociable and participate in the celebration.

The following *'masculinity group'* illustrates typical concepts of alcohol use in Korea. A man who is able to consume a large quantity of alcohol is seen as being strong. As discussed in chapter 1, alcohol consumption is considered a sign of virility and masculinity, a significant indicator of gender identity in Korean society. It is also thought if a man does not drink, his life is uninteresting and he is therefore excluded by the group.

Case 0014: When I was able to drink a lot I felt proud of myself because my friends admired the fact that I could tolerate so much drink.

Case 0015 : My friends used to called me "a real man" because I was able to drink more than them and had the courage to fight with gangsters.

Case 0024: I used to believe if a man could not take a drink, he was an idiot.

The following *'business group'* reflects the function of alcohol in Korean society. My interviewees were of the view that alcohol is a necessary means of showing their support or appreciation. My findings also show that alcohol is used to socialise, to entertain and make relationships with business associates.

Case 0004: I was running a rice mill. After I finished a customer's work, they always bought me a drink as an expression of their gratitude.

Case 0002: I believe if a man runs a business, he has to drink with his customers.

The above evidence shows how society has a strong influence on an individual's drinking habits. My findings indicate that this positive attitude towards alcohol and the pressure on the individual to drink in turn affects the alcoholic's recovery.

The first group of interviewees who had experienced pressure to drink said that they had had difficulty admitting to their problem and wished to conceal it. These findings concur with the results I discussed in chapter 4, which showed that most alcoholic interviewees had positive attitudes towards alcohol, based on traditional concepts of alcohol. The following cases from this group who experienced such pressure show the difficulties which confront alcoholics in society. This group explained that even though they tried to refuse drink, people did not accept they had a problem with alcohol.

Case 0031: I have no confidence in myself. I am anxious and depressed when I think of my future. This is not my first admission to a psychiatric hospital. When I was discharged from hospital, my friends pressurised me to drink. I was not able to say to them that I was an alcoholic. I did not attend AA either because I was so ashamed. I am under pressure to resolve my problem and avoid being re-admitted to hospital.

Case 0013: The last time I was discharged from hospital, my colleagues encouraged me to drink. I could not say I was an alcoholic. I did not have the courage to say no either. Whenever we went out for a meal I had to leave the group as they went on to the pub. I felt really lonely and isolated.

The following cases show how the general public appears to lack understanding about the problem of alcoholism. The fact that alcoholics in many cases are unable to admit to their family and friends that they are an alcoholic seems to exacerbate their problem in the community.

Case 0014: Whenever I visited my mother-in-law's house, she always gave me home-made wine. She never accepted that I had an alcohol problem and that I should not drink. She used to say, "show me a man who does not drink! Go on, just have one drink". Even my own mother is the same. She wants me to drink with her and does not seem to understand I have a drinking problem.

Case 0025: I am really worried. My friends always encourage me to drink and say if a person who is fond of drink stops drinking he will die. I do not know how to cope with this situation. It is a constant pressure on me.

My findings confirm Kim's description of Koreans' drinking customs (Kim, J.H., 1992). He argued that in Korea, the customary form of drinking makes it difficult to refuse a drink and to control one's consumption. The routine is usually for a person to offer a drink to another, and that person is then obliged to return the compliment.

Case 0035: I always find it difficult to refuse when a customer offers me a drink. Some will even pour drink over my head if I refuse.

Case 0003: I believe if one's boss offers a drink it is very difficult for one to refuse. To refuse a drink is considered bad manners and may offend your senior. The refusal can be interpreted that you are holding a resentment.

It is obvious from the following cases that alcoholics are misunderstood by the community. This arises from the fact that there is a great lack of knowledge and understanding of alcoholism among the general public, and even among alcoholics themselves.

Case 0029: I am really depressed to think that my family and friends do not understand I have a problem with alcohol. They think I can just stop any time I wish and do not appreciate it is a problem which I cannot control if I have just one drink.

Case 0006: I am worried because when I host the ceremony of worship for my ancestors I will be expected to drink, as this is the custom. If I do not have a drink, my relatives will find it strange and ask what is wrong. I will not be able to say I am an alcoholic. If do not give a reasonable excuse I will be considered disrespectful to my ancestors.

As a result of the lack of understanding and support, most interviewees had an overwhelming sense of shame and wished to conceal the fact that they were suffering from alcoholism. They also expressed that they were concerned about their careers. They feared that they would lose their jobs and so be rejected and isolated from society. One other aspect that concerned them was the effect it would have on their children's prospects of marriage. I will discuss this issue in section 5.4.

The second group of alcoholic interviewees, who had not experienced pressure to drink, said they were confident and ready to change and abstain from alcohol. They were generally unaware of the nature of alcoholism. Some held the view that they could just stop drinking following discharge from hospital without any further help. The others said they would not stop drinking.

Case 0026: I always drank on my own because I did not like people drunk and arguing over silly matters. No one pressurised me to drink prior to admission, so no one will force me to drink when I am discharged.

Case 0031: When I go out for a drink I like to visit a few pubs. I do not like mixing with people.

This group of alcoholics also appeared to lack insight, as can be seen in the following cases. They did not even realise what was involved in treatment or the implications of remaining sober.

Case 0028: I never knew I was an alcoholic. That was why I kept on drinking. Since I have been receiving treatment and have come to the realisation that I am an alcoholic, I now accept it and because I have had treatment, I will not drink again.

Case 0022: I can stop drinking. No problem. Whatever I want to do, I can do it. That is my personality. I am a man of strong will power.

With regard to the social pressure to drink, I found that the first group, who had experienced pressure to drink, had friends or colleagues who were heavy drinkers. In contrast, those who had not experienced such pressure tended to have had friends who showed less evidence of heavy drinking.

As indicated above, most alcoholic interviewees had negative feelings towards their future following discharge from hospital. They reported that this was due to the social pressure to drink. My findings indicate that out of 40 interviewees, 32 (80%) had had one or more previous admissions to a medical and/or psychiatric hospital. In 8 cases (20%), this was their first admission (Table 5.1). Only 10 of my interviewees (25%) disclosed that they were suffering from alcoholism.

My findings are supported by other research findings. For example, Walsh and Grant (1985) argued that the Korean attitudes towards alcohol showed a greater degree of permissiveness towards male drinking. Chi et al. (1989) pointed out that Koreans and

Japanese were more likely to be heavier drinkers than the Chinese (Chi et al., 1989). Their findings also indicate that Asian drinking is gender-specific: male Asians are more likely to be encouraged to drink with their friends and socialise in bars and night-clubs, while female Asians are discouraged from drinking.

It was interesting to observe that those who realised they had become alcoholic were very anxious and lacked confidence, but those who had little understanding of their problem denied their difficulties. This reflects the social pressure on the individual in relation to drinking customs. This phenomenon can be explained by cultural differences. Kim highlights Korean group interdependence, where individuality is suppressed because of the Confucian emphasis on collectivity. For example, even if individuals know that they are right, they tend to refrain from pushing their point of view in order to save 'face' and not to offend others (Kim, 1991). In relation to characteristics of Asians, Mass and Yap argued that,

> ". . . self-esteem is primarily determined by others rather than oneself. Strong concerns about self-esteem or self-respect are very much tied to how one is viewed by family members, how one's family is viewed by the community. By trying to act in a way that brings honour to the family, by fitting into the norm of the group, and by avoiding conflict and confrontation, one is constantly aware of and sensitive to what others are thinking." (Mass & Yap, 1992, p.115)

They also argued that criticism or adverse judgement is perceived as losing dignity. Asians are therefore particularly sensitive to attitudes and judgements of others and are consequently vulnerable to hurt emotions (ibid). These views help to explain why my alcoholic interviewees felt under pressure to drink and found it difficult to refuse alcohol. As shown in my case examples, refusing an offer of a drink is considered impolite and can offend the other person. Many of my alcoholic interviewees said that this was one of their difficulties in remaining sober. In conclusion, my findings suggest that permissive societal attitudes towards alcohol and pressure to drink on individuals is a negative influence on the alcoholic who is trying to remain sober. It is paramount that public education programmes address these issues.

5.2 Discrimination against alcoholics

In relation to societal attitudes towards alcohol use and misuse, lack of confidence in the treatment of alcoholism, stigmatisation and denial were identified as significant obstacles to seeking help and treatment (Grant, 1997). In the West, many argue that it is necessary to develop highly specialised community education and information programmes in order to reduce social stigma about alcoholism. These programmes are concerned with helping people to become aware of conflicting cultural attitudes about alcoholism as well as the signs and symptoms of the condition and techniques for

encouraging alcoholics to seek treatment at an earlier stage of their condition. Anderson highlights the importance of these programmes in relation to the treatment of alcoholism.

> "This new awareness of widespread community ignorance, denial and resistance is known as 'the rejection-enabling system'. All the expression means is that it is typical of significant others to reject the behaviour manifested by alcoholic persons. However, and at the same time, that very active rejection enables most practising alcoholics to continue their dysfunctional drinking behaviour without interruption. Since this phenomenon was found to be widespread, it now seemed to be obvious that practising alcoholics could never be identified and motivated to seek help without an extensive community educational programme." (Anderson, 1982, p.9)

Lee, H.Y. (1992) argued that Koreans have permissive attitudes towards their own drinking and consequent mis-behaviour. Yet, if others exhibit drunken behaviour or exceed a certain limit, they experience discrimination. Clarke et al. (1990) argued that Asian society carries greater stigma about alcoholism than Western society. I have discussed this issue in chapter 1.

My findings show a link between social stigma and alcoholics' help-seeking behaviour. Of the 40 alcoholics I interviewed, 28 (70%) said they had experienced rejection and discrimination as a result of their drinking problem. Only 12 (30%) said they had not experienced discrimination. My findings show that those interviewees who experienced discrimination because of their drinking were more likely to conceal their problem than those who did not experience discrimination.

The following cases from those who experienced discrimination reported how the general public were prejudiced against or ignored their problem of alcoholism.

> *Case 0025: One day I had a row with my neighbours. I heard them say "whenever he drinks he goes mad. Take no notice of him". I was really angry with them and with myself.*

> *Case 0014: People at work used say, "whenever this man drinks he goes mad". They treated me as if I were crazy. They never understood I had a drinking problem. They never offered to help. I felt really rejected and misunderstood.*

The following cases give examples of how my alcoholic interviewees were treated by society who did not know where they should seek help. The interviewees also expressed feelings of being ignored and isolated.

Case 0001: My nick name has been rice wine-barrel since I was young. People used to make fun of me but they never told me I had a problem. I wanted to resolve the problem but I did not know what to do .

Case 0038: People pointed a finger at me and said I was evil.

As argued in chapter 1, Koreans have difficulty in differentiating between the use and abuse of alcohol. My findings showed that there is a contradiction between heavy alcohol consumption and alcoholism, as drunken behaviour is accepted but alcoholism is considered shameful and rejected. Even though my analysis does not show a clear boundary as to what extent drunken behaviour was accepted or rejected, my alcoholic interviewees reported that if one was guilty of the following behaviour repeatedly they became the subject of local gossip about their drinking. Examples given were: violence in public, forgetting business appointments, staggering, sleeping rough and being intoxicated at work and causing their wife and children to leave home. An admission to a psychiatric hospital compounded their problem and confirmed people's speculation. Once labelled as alcoholic, they were rejected by society. The situation became one of great shame to the family and their children's future was likely to be adversely affected. The families and the alcoholics themselves felt their lives were doomed to failure. Consequently, they were constantly hiding their problem and making excuses.

In considering the link I have hypothesised between societal attitudes and alcoholic's help-seeking behaviour, my findings indicate that prejudice against alcoholism made my alcoholic interviewees feel ashamed of their problem. This in turn contributed towards them concealing their difficulty. Those interviewees who experienced discrimination and wished to conceal their problem, I classified into three groups, *'the shameful type'*, *'the self-hate type'* and *'the depressive type'* according to their feelings about alcoholism. The *'shameful'* group of 14 alcoholic interviewees (50%) said they felt ashamed of being an alcoholic. The *'self-hate'* group of 10 alcoholic interviewees (36%) said they felt stressed by alcoholism and angry with themselves. The *'depressive'* group, comprising of 4 alcoholic interviewees (14%) said they had feelings of helplessness about coping with their alcoholism.

The following interviewees from the *'shameful'* group illustrate the difficulties that many alcoholics encounter in the community. They appeared to worry more about what other people thought rather than their own recovery. They reported that they experienced further distress because of the stigma and shame they had brought on their family.

Case 0006: I feel ashamed of my behaviour because even an animal knows what they should and should not do. Unfortunately, I have not acted appropriately. I have made a fool of myself.

Case 0039: If my neighbours discover I have been in a psychiatric hospital they will think I have gone crazy. This will bring shame on my family and descendants forever.

The following cases from *'self-hate'* group reported that though they experienced stress and considerable pressure to resolve their problem, at the same time they had to cope with the stigma attached to alcoholism.

Case 0013: I am really angry, I wish I was dead. Why did I live like that? It was terrible. I have wasted all my life.

Case 0010: I feel really embarrassed: I am a woman with an alcoholic problem, unable to face people. Even at AA meetings, I held my head down in case I would be recognised.

Subsequent cases from the *'depressive'* group highlight how alcoholics felt rejected and depressed. They also seemed to be ashamed of their behaviour and admitted that they had failed to recognise the symptoms of their illness.

Case 0008: I feel depressed. I should not have let myself go this far. People will say I am like a beggar.

Case 0029: I did not tell anyone I was in a psychiatric hospital. I wished to hide it from the public. I am really worried about my future.

My analysis shows that it is less likely that drunkenness is accepted for females or adolescent males and elders, but it is more acceptable for middle class and middle aged males. The former three groups appeared to feel shame more than the latter group. Female drunkenness is considered immoral and adolescent drunkenness is looked upon as being rude to their elders. For an elder to become drunk is viewed as a source of embarrassment to the family and community. Solitary drunkenness is less acceptable compared to group drunkenness. In contrast, it is acceptable for young soldiers and workers to become drunk after work. There are certain areas of town where their behaviour is accepted, such as the neon and red light districts.

While I was carrying out my field work, I observed these groups of alcoholic interviewees did not wish to be seen entering the hospital, but tended to use the back entrance in order to avoid meeting people [Field note, 7.6.1996. St. John of God Hospital].

By contrast, the group of interviewees who did not experience discrimination said they were not ashamed to disclose their problem to their friends and relatives.

> *Case 0026: Oh no! I never felt ashamed of my drinking problem. My wife did not want people to know I was in a psychiatric hospital but I told everybody and they all visited me, which was very nice.*

> *Case 0028: I think it is acceptable that a man will make a mistake and become drunk. So why should I feel ashamed and try to conceal it?*

In considering societal attitudes towards alcoholism, I also examined the families' experiences. My findings show that families experienced discrimination alongside their alcoholic family members. Families expressed feelings of shame and anger and had difficulty accepting the problem. They wished to conceal the fact that their husband or family member was an alcoholic. This in turn enabled the alcoholic to continue drinking without pressure to change. I will discuss this issue further in chapter 7.

In relation to societal attitudes towards alcoholism, my findings show similar results to Kim's study in 1989 which stated that 20% of the public viewed alcoholism as a mental disorder or disorder of some kind and 78% of people viewed alcoholics as feeble-minded, lacking responsibility and with corrupt morals (Kim, B.H., 1989).

As argued in chapter 4, the consumption of alcohol has increased due to socio-economic changes. It is clear that people are encouraged by society to drink more. My findings showed that in cases where people develop a problem with alcohol, society fails to acknowledge the problem of alcoholism and also fails to offer appropriate assistance. This is true of those companies that produce and advertise alcohol. At the same time, when a person is diagnosed as alcoholic, he/she is stigmatised and rejected by the community.

During the course of my interviews, shame and confusion were powerful and recurring themes. Potter-Efron (1989) found that the alcoholic in early recovery has a complex mixture of guilt about past behaviour, shame about his/her identity as an alcoholic and pride at having attained sobriety. However, he suggested that shame is appropriate, enabling the alcoholic towards recovery and helping towards changing his/her

behaviour. Therefore he argued that alcoholics need support and encouragement to confront their shame. In the West, AA meetings are designed to reduce shame, as they emphasise confidentiality (Potter-Efron, 1989).

However, it has been argued that the AA programme attracts socially stable binge drinkers in Anglo-Saxon countries (Babor, 1995). Makela (1991) found that AA activities are very limited in Africa and Asia. These are likely to be related to cultural differences and the lack of awareness of alcohol problems. Many of my alcoholic interviewees informed me that they did not want to attend AA because within the group it was too shameful for them to admit they were an alcoholic. Therapists in the three hospitals where I carried out my field work also informed me that it was a struggle to persuade their alcoholic patients to attend AA. In Japan, there is another type of self-help group other than AA which appears to be popular. This group is known as the Danshu-kai (the sobriety party) for alcoholics. Danshu-kai was started in 1964 and now has forty thousand members nation-wide. This meeting is not based on anonymity which is the main tenet of AA (Saito, 1992). Rather Danshu-kai is a Japanese style with a hierarchical structure and members meet regularly to overcome their alcoholism (McDonald, 1994). This type of self help group may be more effective in Korea than AA.

In relation to cultural differences, Kim argued that like Japanese culture, Korean culture is a 'culture of shame'. He found that Koreans tend to over-emphasise moralistic ideals. Koreans find themselves most ashamed when they fail to adjust to the collectivity or group, when they fail to act properly or are not treated appropriately in accordance with their status (Kim, 1991). MacDonald (1990) stated that, unlike in the West, 'chemyun' (face) has high priority for Koreans in social intercourse. Social relationships are seen as an extension of family (Kim & Choi, 1993). This collective and group dependent culture exerts pressure on the individual and influences his/her behaviour.

Ho (1987) also argued that in the Asian family, the concept of shame was used traditionally to reinforce familial expectations and appropriate behaviour within and outside the family. If family members behave improperly, they not only 'lose face' but also bring shame on the family and community. Therefore society withdraws confidence and support from the family member who has brought shame on the family. In this sense, shame is a powerful method for controlling individual behaviour (Mass & Yap, 1992).

Braithwaite (1989) argued that shaming is a powerful means of social control which can be used to enforce appropriate behaviour. He argued that the use of alcohol, tobacco and drugs cannot be controlled in Western societies because it attracts little or no shame.

He suggested that shaming is also a valuable tool for maintaining social control in other cultures. For example, the low crime rate in Japanese society supports the notion that shaming is an effective way of controlling an individual's behaviour. According to his theory, shaming is more likely to be effective when used by a loved one because it would be more painful to lose their respect and affection. The more loving the family, the greater possibilities for shaming to take over completely from more explicit forms of discipline. My findings suggest that the concept of shaming can be used to control alcoholics' drunken behaviour and prevent excessive alcohol use in Korea by making their offences public. Pressure can also be brought to bear on the alcoholic by the family. In order for this approach to be successful, it is necessary for the family and community to co-operate.

My analysis shows how alcoholics suffer from discrimination in Korean society. They are considered to lack morality and will power. The perceptions of alcoholism that are held by society militate against the alcoholic interviewees accepting their problem and inhibit them from seeking help in the early stage of their illness.

5.3 Misconceptions about alcoholism

In the previous sections, my alcoholic interviewees had different interpretations of alcohol use and misuse. My concern in this section is how the interviewees see an alcoholic. What symptoms do they recognise as those of an alcoholic? Why do alcoholics feel shameful and find it so difficult to accept that they are alcoholic?

It has been argued that most problem drinkers experience social pressure to seek help. In the West, Kaskutas et al. (1997) found that long-standing social consequences play a key role in the decision to seek help for problem drinkers. They also argued that AA attracts the largest number of help-seekers compared to other alternatives. Consistent social pressure to stop drinking and to seek help from the community is important in promoting treatment and reducing barriers to treatment. George and Tucker (1996) showed how the social network influences help-seeking for alcoholics. They also argued that early intervention in the community could reinforce social pressure for help-seeking and recovery.

A similar result was found in some other Asian countries. In Taiwan for example, Yeh and Hwu (1992) argued that more than half of the alcoholics considered themselves to be 'excessive drinkers' rather than alcoholics. Taiwanese and Chinese alcoholics seldom seek help for their drinking problem. When they do, they tend to visit physicians who use Western treatment methods. Their inability to seek help at an early stage of their illness accounts for the high rate of alcohol-related physical symptoms. In these countries, alcoholics prefer to treat themselves with Western drugs. The incidence of

alcohol problems is higher in the cities than in the villages. More cases of those seeking help from local herbal medicine practitioners for alcoholism are reported to be from villages than the cities.

In the West, it has been argued that programmes, such as AA, AL-Anon and AL-Ateen, continue to provide critically needed, community-based support for alcoholics and their families. While AA is a programme for alcoholics, AL-Anon is a programme for spouses, parents, adult children, siblings and others concerned persons whose lives are closely involved with alcoholics. AL-Ateen is a programme for the teenage children of alcoholics (NIAAA, 1987).

AA was started in Korea in the 1970s by an Irish Catholic priest. Yet the general public are still largely unaware that voluntary help like AA and Al-Anon is available. In the course of my research, I noted that in Korea, with a population of forty three million, there are less than twenty AA groups, less than ten Al-Anon and only two Al-Ateen groups (Korean AA Address book, 1994). My findings show that only 12 alcoholic interviewees (30%) knew about AA prior to admission. Only 10% of relatives were informed about AL-Anon. This reflects the lack of awareness of the problems within the community.

In order to clarify the alcoholics' perception of alcoholism, I questioned my alcoholic interviewees on the subject of how they recognised symptoms of alcoholism. My study shows that they held four different views which I refer to as *'skid row'*, *'physical symptom focused'*, *'weak-willed'*, and *'insightful'*. The *'skid row'* group of interviewees, 20 (50%) considered those people to be alcoholic who were at a late stage of the illness and were a risk to the community. The *'physical symptom focused'* group of 8 interviewees (20%) only focused on physical symptoms which were due to complications of alcoholism. The *'weak-willed'* group of 6 interviewees (15%) were of the opinion that the cause of alcoholism was due to the alcoholic's weak-will. The *'insightful'* group of 6 interviewees, (15%) recognised alcoholics as people who had lost control over alcohol. Alcoholics who recognised only chronic and physical symptoms about alcoholism were less likely to seek help at the early stage of their illness compared to those who recognised early symptoms and had information about alcoholism.

The *'skid row'* group of interviewees illustrate how alcoholics recognise symptoms of chronic alcoholism and their perception of an alcoholic as that of one on 'skid row'.

> *Case 0030: When I was admitted to a psychiatric hospital it seemed to me that other patients looked mentally unwell and lacked personal hygiene. After twenty*

days in hospital and having seen the condition of all the people around me, I became convinced I was not an alcoholic because I did not look like them.

Case 0022: In our village there is a man who drinks from morning to night and is always looking for somewhere to have a drink. His favourite place is on the farm because he can get drink free. He is unconcerned about who is present. He just pours his drink into a bowl and drinks. He could not marry because of his drinking problem. I thought to myself, he has to be an alcoholic but I am not.

The *'physical symptom focused'* group of interviewees described an alcoholic as a person who presented with medical complications as a result of alcohol intoxication, for example liver disease or hand tremor. Some were of the opinion that alcoholics' dysfunctional behaviour originated in the brain. They presented themselves to their doctor, requesting for example, a skull x-ray.

Case 0029: Even though I drank a lot I did not have a tremor in my hands. My perception of an alcoholic was someone who had a bad hand tremor so that he could not hold his glass and had to consume his drink from the counter in the pub without using his hands.

The *'weak-willed'* group of interviewees strongly believed that if 'men' did not control their behaviour, they were un-manly and weak-willed, bringing shame on their family.

Case 0011: I had never heard the word 'alcoholism' before I was diagnosed as an alcoholic. My impression of an alcoholic was a person who couldn't control his behaviour and lacked will power.

The *'insightful'* group of interviewees, who had more information about alcoholism, showed less concern about social prejudice. This group of interviewees were more educated and from a higher socio-economic background. They were admitted for treatment at an early stage of their illness and were treated in the private sector. These interviewees stated they had learned about alcoholism through TV programmes and books.

Case 0014: My wife bought me a book on alcoholism. She said she had heard about alcoholism through the Catholic church. When I read it I realised I had a real problem so I decided to come to hospital.

Case 0005: I knew if a person lost control over drink he/she was an alcoholic. I learned it from a TV programme by accident. I was really surprised that I knew

so many people with the same problem as me but they never thought it was a problem.

As Table 6.5 in chapter 6 shows, most alcoholic interviewees were referred by family members for treatment. This finding suggests that it is important to provide public education in order to enhance early detection and treatment. However, as shown, only the minority of cases seek help at the early stage of their illness.

In the former three groups of alcoholic interviewees *'skid row', 'physical symptom focused',* and *'weak-willed',* they recognised only chronic psychiatric symptoms and physical complications as a sign of alcoholism. 'Hand tremor' appeared to be an important indicator. They appeared to accept when one had a hand tremor he/she had a problem with alcohol. They did not understand that dysfunctional behaviour and psychological symptoms were significant signs of alcoholism.

In contrast, 'delirium tremens' appeared to be a key indicator for the family as a sign of alcoholism. When my alcoholic interviewees had stopped drinking as a result of an accident or physical illness, they developed delirium tremens which included auditory and visual hallucinations. This motivated families to send the patient to a psychiatric hospital. However, families did not realise this was caused by alcoholism before they were informed by the psychiatrist.

My research is supported by other findings (Kim, 1974; Won et al., 1977; Kim, K.I., 1992a) which show that Koreans still have little understanding of alcoholism. My analysis of interview transcripts indicates there is still a great deal of ambiguity in alcoholic interviewees and their families' minds whether alcoholism is a disease or a sign of moral weakness. Alcoholism and alcohol-related problems have come to the forefront in Korean society in recent years. People were not prepared for the reality of the condition that confronted them. In the past there was a great deal of myth and ignorance in relation to alcohol use and mis-use. My findings suggest that this has changed little, despite advancements in other areas in Korean society.

My findings indicate that Koreans' misconceptions about alcoholism influence people suffering from alcoholism to the extent that they deny and conceal their problem. This in many cases prolongs the problem, causing more suffering to the alcoholic individuals and their families.

5.4 Prejudices against psychiatric hospitals

Public attitudes are one indicator of societal reactions towards alcoholism. These attitudes often shape the implementation of alcohol prevention and treatment policies.

In order to draw up more effective treatment policies and programmes for alcoholism, it is necessary to consider how treatment resources are established and implemented (Wiener, 1981). This section focuses on examining how my alcoholic interviewees and their families perceive treatment services and what methods were used to solve their problems.

Traditionally Korean people hold strong negative views about the mentally ill. These attitudes have not changed through the years and they are still evident today. In 1993, the Institute of Korean Health Research examined public attitudes towards mental illness. They reported that the general public were of the opinion that mental illness could not be cured and that patients and their families tended to conceal the illness because of the stigma attached. Their study also revealed that strong negative feelings were expressed with regard to services available to the mentally ill. It was generally felt that the mentally ill were not in need of treatment but should be isolated from the community. The general public viewed psychiatric hospitals as institutions for the 'mad'. They were unaware that the service was there to help people suffering from anxiety and the stresses of daily living (Korean Health Research Institute, 1993).

Kim raised a concern about why there are so many long term admissions and why the mentally ill are so isolated in Korean society. He argued that prejudices against the mentally ill have been used to justify the long-term isolation of patients in psychiatric hospitals or mental asylums. The general public views mental patients and alcoholics as deviant. Therefore society's way of coping with mental illness is to isolate them from the community. These long term admissions and subsequent isolation adds to the pain and stigma that mentally ill patients and alcoholics experience (Kim, K.I., 1992a).

In most Western industrialised countries, the treatment of alcohol problems has become a speciality within or closely associated with the mental health services. These services traditionally have been based on residential in-patient facilities and outpatient clinics in the community (Ritson, 1991). However, the trend in many of these countries has been to take alcoholics out of psychiatric wards and treat them in special units as psychiatric wards were seen as inappropriate for patients who are not mentally ill but suffering from alcoholism. Furthermore, the emphasis on group therapy for alcoholism suggests that it is more advantageous if alcoholic patients are treated in a separate unit than in psychiatric wards (Edward, 1982).

In Korea the mental health services are underdeveloped and there is a great lack of facilities for mentally ill people including alcoholics, as discussed in chapter 1. Naju and St. John of God Hospitals, where I carried out my field work, provide services for

alcoholics but their alcohol units are within the psychiatric hospital. Kongju high security hospital has no separate unit for alcoholics.

As discussed in chapter 1, in Korea most psychiatric patients are admitted involuntarily because of social prejudices about psychiatric illnesses. My findings also showed a high rate of involuntary admissions. Of forty interviewees, 32 (80%) had been admitted to psychiatric hospitals involuntarily and 8 (20%) voluntarily.

In considering the link I have hypothesised between social prejudice and help-seeking behaviour, my findings showed that 30 alcoholic interviewees (75%) were prejudiced against psychiatric hospitals. Among those, two thirds reported that they had a fear of psychiatric hospitals. This group felt that if they were admitted to a psychiatric hospital they would be subjected to abuse and would be locked up. A few of my alcoholic interviewees had experienced abuse in sanatoriums. Today in Korea, physical and psychological abuses are still reported in these institutions.

> *Case 0016: I am really resentful towards my family, especially my sister-in-law. Last year she put me in a sanatorium against my wishes. It was hell living there. They did not give me enough food and I was confined in a small room. The staff were constantly watching me in case I ran away. I saw patients beaten many times, it was worse than a prison. My family never visited me. I was furious and I built up resentment towards them and society because of the way they treated me. So, after eighteen months I managed to escaped from the sanatorium. Unfortunately, I started to drink again and became involved in crime.*

> *Case 0003: I have heard so many horror stories about psychiatric hospitals. For example, I heard that if someone is admitted to a psychiatric hospital they have their feet chained and are starved.*

> *Case 0029: I believed in psychiatric hospitals the patients were abused by beating, restraint, and strong medication which takes Ki* [energy] *out of the patient's system.*

Of the remaining one third (5 cases) said they believed that psychiatric hospitals were only for 'mad' [severely mentally ill] people. This group also believed that if they were treated in a psychiatric hospital they would be stigmatised. They reported that they were worried because they would have to live with the stigma of having had treatment in a psychiatric hospital for the rest of their life. It would also adversely affect their children. Koreans believe that psychiatric problems are genetic and once you have the disease

there is no cure. If anyone is admitted to a psychiatric hospital, people assume that he/she is suffering from chronic schizophrenia.

Case 0039: I am concerned about my children. They are all grown up. If it is known that I am an alcoholic and have been treated in a psychiatric hospital a match-maker will not be interested in helping my sons and daughters find a partner.

The other 5 cases thought psychiatric illnesses were infectious and feared they would become mentally ill themselves.

Case 0025: I saw many people who received psychiatric treatment deteriorate because they were abused and learnt strange behaviour from other 'mad' patients.

On the other hand, 10 of my alcoholic interviewees (25%) said they did not have any prejudice towards treatment in a psychiatric hospital they had some knowledge of mental illnesses. They also had some insight into their own problems, not only their alcohol problem but also their psychological needs. They were younger and of a higher social background than those in the first group. They also appeared to be at an earlier stage of their illness.

Case 0033: I always wanted to talk to someone about my family conflicts and my own emotional problems. I knew people had prejudices about psychiatric hospitals but I did not mind because I wanted to get better. [This alcoholic interviewee told me that he had never discussed his problem before and he said my interview had helped him].

Case 0005: My parents were very upset due to the fact that I had to be admitted to a psychiatric hospital. But I knew my problem would not be resolved if I was admitted to a medical hospital. I decided I wanted to be treated in a psychiatric hospital, even though my mother and my wife did not agree. I am very happy as I believe I made the right decision.

In considering an association between prejudice against psychiatric hospitals and help-seeking behaviour of alcoholic interviewees, those who had prejudices towards psychiatric hospitals were more likely to seek help through alternative means such as medical treatment, herbal medicine and shamans, rather than receiving treatment in a psychiatric hospital.

Among these alternatives, the medical hospital appeared to be the most common. Of 40 alcoholic interviewees, 29 (73%) were receiving treatment in a medical hospital. The idea of being admitted to a general hospital is far more socially acceptable than being admitted to a psychiatric hospital.

Case 0031: I could not sleep. I could see snakes and rats. I did not realise at the time I had delirium tremens. I was terrified. I called my mother, asking for help and she took me to a medical hospital. She did not realise I was suffering from alcoholism.

The following case illustrates that alcoholics may want help but such help is limited to dealing with physical symptoms only.

Case 0011: I was aware that I was drinking too much and I complained of being tired and had no energy. I decided to have it investigated, so I went to a general hospital and had a liver function test done. The doctor told me I was an alcoholic but I did not believe it at the time. When I returned home I started drinking again. After some time what the doctor had said worried me, so I decided to seek help .

Case 0040: It never crossed my mind that I was an alcoholic. Nor did my family realise it. I just thought I drank too much. When I realised I had a problem, I decided to get rid of the toxins from my body. I asked my friends where I should go but nobody seemed to know where I could get help. After several months I found out about this hospital from a taxi driver.

Korean society's disapproval of alcoholism is reflected in Korean language which I discussed in chapter 1. The term of heavy drinking has a positive connotation that does not relate to alcohol abuse or alcoholism. However, those who misbehave under the influence of alcohol are labelled 'choo-jeong-bang-yee' (Cho & Faulkner, 1993). The word 'alcoholism' is translated into Korean language as 'alcohol-chung-dok'. The words 'choo-jeong-bang-yee' and 'alcohol-chung-dok' are related to being 'crazy' and are humiliating descriptions (Lee, H.Y., 1992).

The second approach to treatment is shamanism or exorcism. As I have discussed, the alcoholic interviewees in my study preferred to seek help from medical hospitals. By contrast, having failed to resolve the problem, families (especially mothers) turned to shamanism and/or exorcism as preferred options. This issue will be discussed further in chapter 8.

The third choice of treatment is traditional remedies. My alcoholic interviewees told me that when they were suffering from delirium tremens, the family's idea of treatment was to give them more alcohol because they believed that, if an alcoholic stopped drinking, he would die.

Case 0002: I wanted to go to hospital because I had not been able to eat for a month. I felt poor physically and I had a tremor in my hands. But I did not relate my problem to alcohol and I used to drink in the morning to cure my hand tremor.

Case 0017: My friends used to say I was an alcoholic as a joke but when they saw me with delirium tremens they rejected me. They believed I was mad. They advised me that I should drink in the mornings to cure my symptoms. I was very hurt by their lack of understanding and support.

Those who were treated at home with traditional remedies also tended to self-medicate with Western drugs. In Korea, most medication is sold over the counter in pharmacies without prescription.

Case 0014: I always take tablets to protect my liver from the effects of alcohol. I was told by my pharmacist that the tablets would also remove toxins from my body.

Case 0024: We usually mixed this liquid medicine [Antacid] *with Soju* [spirits]. *We believed it would prevent indigestion and hangovers.*

The general public is under the impression that 'Antabuse' is a drug which is supposed to cure alcoholism. In Korea, 'Antabuse' is readily available without prescription. In some circumstances where an alcoholic shows disturbed behavioural problems, the family puts 'Antabuse' into their meals secretly, on the assumption that it will help to cure the behavioural problems. 'Antabuse' with alcohol can cause serious physical and psychological side-effects, even death. Many of my interviewees and their families were ignorant of this fact.

Case 0026: My wife bought me a tablet [Antabuse]. *She said it would cure my alcoholism. I took it but I also drank alcohol. I had a terrible headache and vomited. I heard from one of the therapists that it could have killed me. I never knew the tablet was dangerous.*

Case 0039: When my husband came home drunk and violent, I had to take my five children out on the street for safety. Neighbours felt so sorry for us and a

local pharmacist suggested that I should give him a sleeping tablet. He told me to give him two tablets every night. They had no effect so I tried three tablets and some nights even more. Prior to his admission I was giving him up to five tablets per night for five years. [In this case the alcoholic interviewee did not know he was taken sleeping tablets with alcohol].

Some alcoholic interviewees believed that if they completed their medical treatment programme and the toxin of alcohol was cleared out of their system, they were cured of alcoholism. It was clear from this idea that there was confusion in the minds of many interviewees between detoxification and the treatment of alcoholism. There is little understanding of the psychological, social and family problems which are associated with the disease.

In relation to the link I have hypothesised between social prejudices and help-seeking behaviour of alcoholics, further evidence shows that as a result of prejudice and lack of confidence about psychiatric hospital treatment, my alcoholic interviewees and their families did not follow the professional advice of the therapeutic team. They insisted on admission and discharge at their own discretion.

Table 5.1: Alcoholic Interviewees by Number of Admissions to psychiatric and medical hospitals

No. of admissions	No. of Alcoholics	Percentage
1	8	20%
2-3	12	30%
4-5	13	33%
more than 5	7	18%
Total	**40**	**100%**

Table 5.1 shows that 51% of alcoholic interviewees had experienced four or more previous admissions to a medical and/or psychiatric hospital. A further 30% had experienced two to three admissions. Only 20% had been admitted once. The average number of admissions to both psychiatric and medical hospitals was 3.4. Interestingly, my data shows that most of those who had more than two admissions discharged themselves before completion of treatment.

My findings also showed that despite being in the process of their treatment programme, 32 of the people interviewed (80%) wished to be discharged from the hospital without agreement from the therapeutic team. Those who wished to leave the treatment, I classified into 3 types, which I refer to as *'excusers', distrusters'* and *'refusers'* The *'excusers'* group (45%) complained that they had not given their consent to be admitted

to a psychiatric hospital in the first place. They also said there was a lack of communication between them and their family and therapists. The *'distrusters'* group (25%) said that they did not trust medical professionals because of their past treatment experiences. The *'refusers'* group (30%) reported that they had no confidence in the treatment programmes which they had been given.

The *'excusers'* group of interviewees related that they were given very little information prior to admission about their treatment. The majority of alcoholics reported that they were not given any alternative but to submit to their families' wishes and be admitted to hospital against their will. They were resentful towards their families and the therapeutic team over this issue. This appeared to have had a negative influence on their rehabilitation following discharge from hospital. These feelings were more common in the public sector where involuntary admissions were more prevalent than in the private sector.

> *Case 0009: I was at home drunk that day. I did not know what was happening. My wife must have rung the police. The police arrived in a white car and took me to hospital. I was furious. She had never asked me to go to hospital before or even discussed my problem. When I arrived in this hospital two men dragged me to the closed ward.*

> *Case 0004: My daughter advised me to have a physical examination. I agreed but I had no idea she was taking me to a psychiatric hospital. I felt conned into being admitted.*

Social disapproval of alcoholism affects female alcoholics more than males, because drinking is seen as inappropriate behaviour for females in Korea. Moreover, drunkenness among females is not accepted by society. All female alcoholic interviewees in my study had been admitted involuntarily following violence from their family. They all said they had not wanted to come for treatment because of the stigma associated with psychiatric hospitals and alcoholism. They also said they could not relax in hospital because of their sense of shame. The following cases illustrate how women alcoholics were admitted to psychiatric hospitals. They seemed very resentful that their opinions were ignored and they did not have a say with regard to their admission. They also expressed feelings of rejection and fear of being isolated from their family.

> *Case 0021: The day I came to hospital, my husband suggested we should go out for lunch. At the meal he gave me a bottle of rice wine which I drank. After the meal he said he was taking me for a spin but he took me to the psychiatric*

hospital. It was obvious he had planned my admission with the doctor. I was shocked but speechless.

Case 0010: I could not go home because I knew my husband would beat me if he knew I had been drinking. Next day when I returned home he beat me and told me to go to hospital. I did not want to, but he beat me with a stick all the way to the hospital. [The therapist wrote in her record the following: "It was like a farmer trying to put a pig into a pen. Her husband had a stick wrapped in paper pretending he had a newspaper. He used it to force his wife into the hospital. People in the waiting room were watching and some visitors were laughing at them." From case 0010's clinical chart]

Since drunken behaviour is not acceptable within society, female alcoholic interviewees and their families were very reluctant to seek help. While I worked at St. John of God Hospital, I noted that alcoholic women came for treatment at a much later stage of their illness compared to male alcoholics. This appeared to be related to a social disapproval of alcoholism for women. Staff reported that women alcoholics were locked in their room at home or had their feet tied in order to prevent them from going out to buy alcohol. One female patient reported that when she succeeded in going out she took rice with her in order to exchange it for alcohol. Records at St. John of God Hospital confirm that families of female alcoholics seek advice by telephone rather than direct contact with hospital staff [Field note, 17.7.1995].

The '*distrusters*' group of male alcoholic interviewees reported that they had had negative experiences about the medical services in general. As a result they did not trust medical professionals.

Case 0026: I never knew I was an alcoholic until I had a car accident. Following the accident I was admitted to a medical hospital and I had to have surgery. After the surgery I could see insects coming out of my wounds [delirium tremens]. *But the doctor did not inform me I was an alcoholic. He just told me I should cut down on my drink. I did not think it was serious and I started to drink again.*

My interviewees said they were very angry about the medical payment. Their families were responsible for part payment, with medical insurance covering half the treatment except in cases where people were covered under the medical aid programme. Many families were under pressure to provide care for their alcoholic family members without financial assistance.

Case 1001: We have spent an enormous amount of money on treatment since my husband started drinking. On many occasions he had to go to a general hospital for treatment. He received intravenous infusions every day for one hundred days to wash out the toxin of alcohol from his system. It cost thirty pounds a day [English currency]. *On some days when returning home he had a drink again. We felt we had wasted a great deal of money and were becoming despondent, but our family decided to give him one further opportunity to amend his drinking habits.*

The *'refusers'* group of alcoholic interviewees said they did not have confidence in treatment programmes for alcoholics. This group reported that when they were discovered to have taken a drink while on leave from hospital, they were subjected to restraint in bed for 24-36 hours, and were not even allowed to go to the toilet. This is one of the alcohol unit regulations in the public sector hospital.

Case 0029: When I was allowed to go out on leave I did not go home because I did not have the courage to face my neighbours, so I visited my aunt's house. I was very uncomfortable with her, and that night I stayed in a motel. Unfortunately, I started to drink again. When I returned to hospital the therapist was informed by my aunt that I had taken a drink. My four limbs were tied and I was left in the room on my own because I had taken a drink. I felt I was being treated like an animal and I wanted to kill myself.

Case 0006: When I hear other patients saying that many alcoholics were sent to special islands in order to isolate them from their family and society in our country it really scared me. We are told we have a disease, so why do people reject us like that? I feel sorry for myself.

These cases reflect how care practice was based on a moral model. In terms of the hospital therapeutic policy, especially in the public sector, the staff informed me that they found it very difficult to manage alcoholic patients. It is the policy of the hospital that security takes priority over rehabilitation. Consequently, the patients' rights are largely ignored (Field note, 11.6.1995).

The lack of confidence in treatment was more significant in the public sector than the private. Even in the private sector, only 25% of those admitted to the alcoholic unit completed their treatment programme (Moon, 1992).

The therapist in the hospitals where I carried out my field work informed me that there are many traditional remedies for the treatment of alcoholism in Korean society. For

example, the bones of a dead person are used as a 'cure' for alcoholism. The bones are taken either from a crematorium or a graveyard. Tigers excreta is also used in medicine. The therapist also said the modern 'cure' is to encourage an alcoholic to obtain a driving licence because it is believed if an alcoholic has a driving licence he/she will stop drinking. This reflects people's simplistic views of how to treat alcoholism. The hospital staff also told me that the therapeutic team have difficulty with a shamanistic approach. For example, in many cases families arranged shamanistic rituals for alcoholics secretly while they were in the process of medical treatment. When families were refused permission to take the alcoholic out for shamanism treatment, they discharged them. [Field note, 8.8.1995]

In relation to lack of confidence in the treatment of alcoholism, my findings are supported by other research findings. For example, a study carried out in Korea in 1993 revealed that out of a hundred alcoholics, only 20% were diagnosed to be alcoholic by medical doctors. These patients were old and at a chronic stage. Departments other than medical did not detect any patients with alcoholism. This study emphasised the importance of education in the area of alcoholism in medical training. Since the medical profession plays an important role in the diagnosis of alcoholism, their lack of training in alcoholism means that many alcoholics go undetected (Cho et al., 1993).

In the management of psychiatric disorders, it is necessary to take into account relevant cultural factors in order to enhance successful treatment models. However, Kim argued that a culturally relevant therapeutic model of alcohol treatment has not yet been developed due to a lack of clinically experienced personnel (Kim, K.I., 1992a). My findings support this viewpoint. The percentage of alcoholics who have failed to sustain a life of sobriety suggests that the conventional method of confinement as a model of treatment has not worked.

My findings also suggest that in terms of treatment services for alcoholism, community education programmes play a significant role in helping alcoholics and their families. Anderson (1982) argued that treatment begins in the community. Without the involvement of family and friends, without their awareness, understanding, and encouragement to act, they would never be able to motivate most alcoholics to seek treatment.

Conclusion

Hypothesis 2 predicted that the greater the social prejudice alcoholics experience with regard to drinking, the less likely they are to disclose their problems and seek help at an early stage of their illness. The results of my data analysis support this hypothesis and

indicate that societal attitudes towards alcohol use and misuse significantly influence alcoholic interviewees and their families' help-seeking behaviour.

Alcoholic interviewees who experienced pressure to drink were more likely to have had difficulty admitting to their alcohol problem than alcoholics who did not experience pressure. Most alcoholic interviewees felt they were under pressure to drink because of positive attitudes towards alcohol use in Korean society. Tolerance of male drinking and social acceptance of drunkenness is wide-spread. Heavy drinking is regarded as desirable in terms of appropriate masculine behaviour. As a result of this culture, male alcoholic interviewees had difficulty admitting they had an alcohol problem.

Alcoholic interviewees who experienced discrimination because of their drinking were more likely to conceal their problem than those who did not experience discrimination. Secondly, drinking among male alcoholic interviewees is encouraged. Yet once their behaviour was seen as problematic as a result of their drinking, they experienced discrimination. The stigma and shame attached to alcoholism are added burdens which acts as major disincentives to sufferers seeking help. Alcoholism is seen as a moral rather than a medical problem and it therefore carries implications of being 'weak-willed' which inhibits a person from seeking help at the early stage of their illness. This factor is also likely to influence the alcoholic's recovery.

Alcoholic interviewees, who recognised only chronic and physical symptoms of alcoholism, were less likely to seek help at the early stage of their illness compared to those, who recognised early symptoms and had information about alcoholism. My findings show that there is still a great deal of ambiguity in minds of alcoholic interviewees and their families as to whether alcoholism is a disease or a sign of moral weakness. Society colludes with alcoholics by accepting their behaviour and denying the problems of alcoholism. This lack of public awareness about alcoholism is likely to militate against the alcoholic's acceptance of the problem.

Finally, alcoholic interviewees who held prejudices against psychiatric hospitals were more likely to seek help through alternative medicine or medical hospitals and were reluctant to be admitted to a psychiatric hospital. My findings showed that as a result of prejudices towards psychiatric hospitals and lack of confidence in care practice, alcoholic interviewees were reluctant to seek help to the extent that they denied and concealed their problems. This in many cases prolonged the problem, causing more suffering to all concerned.

In conclusion, societal attitudes towards alcohol use and mis-use are crucially important, not only in terms of understanding alcoholism in Korea but also in terms of drawing up effective rehabilitation and public education programmes.

Chapter 6

Family factors and alcoholism in a cultural context

Introduction

This chapter considers family factors of alcoholism from a cultural perspective. My third hypothesis predicted that individuals with alcohol problems are more likely to be found among eldest males than among other siblings, reflecting the key role the eldest male plays in the traditional family system.

I tested my hypothesis by using quantitative and qualitative evidence. I examined the drinking culture in the alcoholics' family of origin. Then I related the incidence of drinking problems among eldest males and the cultural pressures on them. In considering the link I hypothesised associated with the high incidence of alcoholism among eldest males, I also highlighted the conflicts between mother-in-law and daughter-in-law and their effects on alcohol problems. This involved examining the power struggle between mother-in-law and daughter-in-law over the treatment of alcoholic interviewees.

Research has shown that problem drinking runs in families. The children of alcoholics have been shown to have up to eight times a greater chance of developing alcoholism than the general population, and are often termed a "high risk" group (Goodwin, 1979). Cotton (1979) argued that an alcoholic is more likely than a non-alcoholic to have a mother, father or relative who is alcoholic. However, Segrin and Menees (1996) argue that children of alcoholics may exhibit undisturbed psycho-social functioning despite having an alcoholic parent.

There is controversy as to how alcoholism is transmitted from one generation to the next. Some studies argue that the mode of transmission of alcoholism is cultural, whereas others contend that it is physiological. Research has carefully defined the psychological transmission of alcohol abuse from parents to children in several generations. Hoffman & Noem (1975) argued that there was a connection between family tradition, parental example and environmental factors. Li and Rosenblood (1994) found that cultural norms rather than physical symptoms were significant predictors of alcohol consumption patterns. Recent examination of the impact of alcoholism indicates that children of alcoholics experience problems in their relationships with others. These problems may have their origin in experience while growing up in the family (Jones & Houts, 1992).

As discussed in chapter 1, family system theory considers the family of origin, the lifestyles of children from alcoholic families, and the kin structure of the extended family system. According to Kaufman and Patterson, alcoholism may not be just an individual problem, a problem of marital disharmony, a problem of the nuclear family system, but it may be due to a larger family system (Kaufman & Patterson, 1981). This perspective provides a much broader view of alcoholism as a family problem. In this chapter, I will argue that familial factors are important variables which cause and contribute towards alcoholism in the Korean culture.

An understanding of the Korean family system and its problems is not possible without reference to Confucian ideology. This ideology was adopted as a state religion in the Choson Dynasty (1393-1910) and was widely accepted from the later period of the 17th century. Despite economic development and Western influence, traditional Confucian ideology is still maintained and embraced in behavioural culture in Korea (Choi, 1993).

Confucian philosophy has reinforced the importance of family. As already argued Koreans emphasise duty and obligation to parents and place greater priority on the parent-child relationship than on the marital relationship (Chun & MacDemid, 1997). Individuals have found their identity not so much defined by themselves as in their relationships and mutual obligations within their extended families and in their relationship with their parents. In today's Korea, the family has a stronger influence on individuals' attitudes and behaviour than in most Western countries (MacDonald, 1990). The family has been a powerful means of social control. As I discussed in chapter 5, shame and crime are seen as family problems and not just problems of the individual. Ways have always been found to preserve and maintain family honour (Chang, 1978). The state has also encouraged the family to provide care and welfare for their sick members. Seeking help outside of the family has been seen as 'losing face' and bringing shame on the family (Lee, 1990).

In relation to parental influences and drinking practice, Chi et al. (1989) found that Korean males' drinking is particularly influenced by their parents' behaviour compared to other Asians: if parents drink, the Korean male is more likely to drink. They also outlined distinguishing features of Korean males who drink. For example, parental opposition to drinking and frequenting bars or night-clubs is less common among parents who drink than those who do not (Chi et al., 1989).

6.1 Drinking culture in alcoholic's family of origin

In considering an association between family environment and the cause of alcoholism, I questioned alcoholic interviewees and families about their family of origin. 30 fathers of alcoholics (75%) drank and in 5 cases (13%) both parents drank. However, 33

alcoholic interviewees (83%) reported that their family life was problematic and only 7 families (13%) reported no major problems in the home. I categorised the alcoholic interviewees who had an unhappy childhood into two groups. The first group of alcoholic interviewees 25 (63%) said they had a family history of alcoholism. The second group of alcoholic interviewees 8 (20%) said they were unhappy because of damaged family relations as a result of divorce or separation, or because their father had died when the they were very young.

Table 6.1: Alcoholic Interviewees by Family History of Alcoholism

Relationship	No. of Alcoholics	Percentage
Grandfather	2	5%
Father	21	53%
Mother	2	5%
No relative	15	38%
Total	**40**	**100%**

Table 6.1 shows that 53% of fathers of alcoholic interviewees had alcohol problems, while 5% had alcoholic grandfathers and 5% had alcoholic mothers. 38% had no alcoholic relatives.

The first group of families who had an alcoholic family member reported that they were affected by alcoholism. However, they said when they looked back on previous generations, they had failed to recognise the problem of excessive drinking as a disease. They realised there had been something wrong but they had not been familiar even with the word 'alcoholism'. Until recently, it was a word rarely used except by professionals. Families in my study seemed to have had little knowledge that their problems were treatable. Only 2 families out of 25 reported that their alcoholic fathers had been admitted to a psychiatric hospital. The immediate family members accepted the disturbed behaviour of the alcoholic. They had no support from anyone outside the family, not even social services.

> *Case 1029: The grandfather seems to have had a drinking problem. He had a tremor in his hands and other symptoms and is said to have died of alcoholism. The father was an alcoholic too and received psychiatric treatment. The son beats his wife and is destructive about the house. He does not take any responsibility for his family. Four generations of our family live in the same house. His mother had to take responsibility for the family. He is the eldest son and every family member treated him like a King because he is the heir and the one responsible for carrying on the family name and tradition. He was spoiled.*

He never had any difficulties when he was young. [This case was reported by the aunt].

In relation to the above case, I met the alcoholic's mother in the later stage of my field work. She did not seem to understand the cause of her husband's problem. I observed that she was very reluctant to talk about her husband and son's alcoholism and was devastated that her son had been admitted to a psychiatric hospital (Field note, 8.8.1995).

Case 1005: My parents choose my husband for their son-in-law because he was not an eldest son. They felt that if I married an eldest son I would be under more pressure during my life. My mother-in-law constantly interfered in our marital relationship. I was not allowed to express any emotions towards my husband and I had to work long hours. I could not talk to my husband about all my difficulties and my unhappiness because I knew he would take his family's side. As a result I suffered from insomnia. When I went to my doctor he just told me to take a drink before going to bed. My in-laws are all fond of drink: whenever we have a special meal, they have to have a drink. I think my husband is an alcoholic but he never admits he has a drinking problem. When I stopped drinking I felt sick. I know it was a sign of alcoholism. I think all my family members have a drinking problem.

In this case, I noted that the family did not report to the therapists that they had other alcoholic members in their family. The mother of the alcoholic seemed very confused about the nature of alcoholism and appeared to be at the denial stage. She said she thought that her son's lack of judgement was caused by a head injury. This was later proved by the medical team to be unfounded.

The second group of families were those who had no evidence of alcoholism but showed the family structure was damaged by divorce, promiscuous activities or by death of one spouse. According to other research, damaged relationships in the family through the loss of a parent when the child is very young is a crucial factor in a child's personality development (Chung, 1994). As discussed in chapter 2, children who have no fathers are discriminated against because of traditional family ideology in Korea. The following case illustrates this issue.

Case 0008: My parents died when I was only 6. I lived with my brother and I never went to school because he had no money. I left home when I was only twelve with nobody to support me [I checked his medical chart and the record showed that he was illiterate].

The following case highlights difficulties where a man lives with his wife's family. This is uncommon because families are usually patrimonial. If a married man has to live in his wife's house, it is considered shameful. He is also considered to have lost his status and power. As a Korean proverb states, "If you have even only one cup of barley, you do not live with your wife's family" (Kim, 1976).

> *Case 1020: My father came from North Korea and has no other family. When he married my mother, he was single, but my mother was a married woman with two children* [she was a widow]. *For some reason my mother had to look after her family. Apparently my father was not happy living with his in-laws. Whenever he drank he beat my mother. My sister* [alcoholic] *was never happy at home. When she was about twelve, she left home and became involved in juvenile crime.*

In other cases, interviewees expressed how their relationships with their parents were unfair, inconsistent, and involved harsh discipline, while other alcoholics saw themselves as overprotected and spoiled by family members.

> *Case 0039: My mother became a widow with two children when she was only twenty nine years of age. Apparently my father took advantage of my mother and she had to accept him because she had no money and he was rich.* [She was his mistress]. *When I grew up I looked upon my father as a thief even though he was dead. I remember when I was young he used to give me money and I would give it to my mother because I felt sorry for her. When he was drunk he used to beat me. He died when I was 13 but he did not leave any money for us. I had to give up school and look after my sister. I am still very angry with my step family because my father's first wife and children did not give us any financial support.*

Given that theoretical and empirical evidence showing the importance of parent-child relationships, unhappy childhood experiences and resentment towards parents may lead to difficult adolescent behaviour, including alcohol abuse, illicit drug abuse, and delinquency (Barnes, 1990). I observed that if a father had a history of alcoholism, a son started drinking earlier than those patients with no family history of alcoholism. This would suggest that early learning with regard to alcohol use may have long-term effects on an individual's drinking behaviour. My findings also show those who have a history of alcoholism are more likely to present with violent behaviour in their nuclear family in later life compared to alcoholics where there is no history of alcoholism. This issue will be discussed further in chapter 8. In Korea, Yoo et al. (1989) similarly found that alcoholics who had a family history of alcoholism were shown to be of a lower age group with an earlier onset, and more frequent hospitalisations, compared to alcoholics

who had no family history of alcoholism. The following section will look at other factors which contribute towards alcoholism in the family system. Song et al. (1971) also noted that alcoholics' family relationships were problematic compared to other families and that there was a history of marital disruption in their parents' generation. Lee and Kim (1994) found that the offspring of alcoholics were significantly more associated with the risk of alcoholism than the non-alcoholic's offspring. They also found that offspring of alcoholics reported a lower level of parental protection and a higher level of anxiety and depression than non-alcoholics' offspring. Similar results were found in the West. Harburg et al. (1982) found that parents' drinking and teenagers' drinking patterns were similar. Chassin et al. (1993) also found that the adolescent offspring of alcoholics show an earlier age of onset and higher frequency of drinking compared with the adolescent offspring of non-alcoholics.

However, my findings show higher rates of repeated alcoholism within the family than research findings in the West. For example, in America, 5.3% of men and 10.9% of women reported maternal alcoholism, while 28.6% of men and 40% of women reported paternal alcoholism (McKenna & Pickens, 1981). Other researchers indicated that 11.1% of men and 25% of women reported maternal alcoholism, and 35.8% of men and 50% of women reported paternal alcoholism (Glenn & Parsons, 1989). In Korea, Shim et al. (1989) found 51% of alcoholic patients admitted to psychiatric hospitals had a family history of alcoholism. Jeon and Chang (1984) reported that 56% of alcoholic patients had a family history of alcoholism. My findings are slightly higher than other studies carried out in Korea for three reasons. First, a different research approach was used. For example, the above researchers used a survey method and analysed hospital records whereas I used in-depth interviews. During the course of interviews I observed that alcoholic interviewees and family members interviewed separately admitted that there was a history of alcoholism in their family. Yet this information was not in the records taken by hospital staff. This situation arose where both spouses were interviewed together during the admission process. As discussed in chapter 5, staff in psychiatric hospitals found families failed to reveal the full facts of their history as they were ashamed of their family history of psychiatric illnesses (Park, 1992). Second, families of my sample may be more aware of alcohol problems and were better informed due to their family member being hospitalised. Third, another influential factor was that my own in-depth and sympathetic interviewing might have helped families discuss their difficulties at a deeper level. However, my study does not answer to what extent biological factors affect transmission of alcoholism in Korea.

The next section will provide some of the answers as to why Korea has higher incidences of familial alcoholism than the West. This will include family

responsibilities for eldest sons and conflicts between mother-in-law and daughter-in-law and their effects on drinking problems.

6.2 Responsibility and cultural pressures on the eldest son

Clinical work and research have noted the importance of birth order among siblings in understanding alcoholism. In the West, Wegscheider (1981) characterised birth order positions of children of alcoholics, suggesting that each birth position carried a particular risk of psycho-social development. In a review of birth order and alcoholism, Blane and Barry concluded that in families with two or more children, there were consistently more youngest sons than first born who became alcoholic (Blane & Barry, 1973).

In contrast, the positions of the eldest son and the youngest daughter have been associated with the highest rates of psycho-pathology in Chinese culture, reflecting that their social roles may be highly stressful (Kleinman & Lin, 1981). The eldest son is the most desired and respected child among siblings in most Asian families. Accordingly, he carries more responsibilities than the rest of the siblings in the family. He is expected to be a model for his sisters and brothers not only when they are young but also throughout their adult lives. It is the oldest son who inherits the family authority and leadership role upon the death of his father. Conflict among siblings arises when the eldest son fails to fulfil his responsibilities, including other sibling's expectations of him (Ho, 1987).

As discussed earlier, in Korea, the family line from father to son to grandson has traditionally been taken to be the centre of the family. Obligations to ancestors, inheritance and family name were all transmitted along the patrilineal line (Lee, 1990). It is through the stem family of the eldest son that is the main line of descendence traced from generation to generation, and the weight of tradition bears most heavily on him and his wife. He is responsible for rituals in honour of his ancestors which take place on the anniversary of their deaths, while his wife is responsible for producing the male heir who will carry on the family line (Bunge, 1982). The role of the eldest son is also reflected in Korean language. For example, the eldest son's household, the stem family, is known as the 'big house' while that of each of the younger sons is called the 'little house'.

Given the importance of the male heir, many customs reflected the desire for sons. For example, the pressure to produce a son led women to rituals such as praying for a son, or traditional worship, and herbal remedies. The preference for sons was reflected even at the birth of the baby. A woman could not qualify as a midwife unless she had had at least three sons herself. In Korea when a baby boy is born it is traditional to hang a rope

outside the house with red peppers attached symbolising the penis. The birth rope was left up for three weeks if the baby was a boy, and a week if it was a girl, but instead of red peppers black ash was used for a girl. In many cases, a baby girl was dressed in boy's clothes and given the name of a male as parents lived in hope that the next child would be a male (Cha et al., 1977).

Having no male heir in the family often gave rise to severe emotional strains and conflicts. It is the wife rather than the husband who suffers most from the ordeal of not producing a son, because culture tends to blame her rather than her husband. Therefore, he would be justified in having extramarital relationships or taking concubines to produce sons under the approval of his relatives and society (Cha et al., 1977). Adoption was a certain method of ensuring posterity. However, there were many rules which limited this choice. Any man lacking an heir could only adopt a son from his own brothers. Male children could not be given in adoption to families of a different surname (Cho, 1993).

In considering hypothesised linkage between family factors and alcoholism, my findings indicate that alcoholism was prevalent among eldest male offspring due to cultural pressures and the traditional family system.

Table 6.2: Alcoholic Interviewees by Birth Order

Siblings	No. of Alcoholics	Percentage
Eldest son	17	49%
Only son	4	11%
Second eldest son	7	20%
Third, Forth	7	20%
Total	**35**	**100%**

Among the 35 male alcoholic interviewees, Table 6.2 shows 49% were the eldest sons. 20% were second eldest sons. Further 20% were the third or fourth eldest son in the family. Only 11% were only sons. This highlights the extent to which the role of the eldest son is at risk of alcoholism.

The following cases illustrate how the eldest sons carry special responsibility and more are expected of them compared to the rest of the family. They are under pressure to achieve and to hold the family name in high esteem. These pressures were so great that they lived in fear of failure and were under pressure to succeed because of the sacrifices their parents have made for them.

Case 0033: When I was young I lived in the red light district of town. I used to see drunken men with prostitutes in the street. I am an eldest son like my father. My father worked very hard looking after his extended family as well as my brothers and sisters. His business was very successful. He wants me to hold a job as a government official in order to achieve power for our family. He has been interfering in every aspect of my life from choosing my career to my future wife because he believes I have to carry on the family honour as a heir of the family.

Case 0029: I am an eldest son and received a great deal of attention when I was young. I feel I should return my gratitude by looking after the rest of my family. Unfortunately I became an alcoholic which is a great cross for me to carry.

The following case illustrates a typical example of the traditional family system and shows how the man coped with family pressure. He seemed very angry about his family situation and resented responsibilities which he had to undertake. However, he never expressed how he felt because of traditional family ideology.

Case 0040: I am officially my uncle's son because I was adopted into his family. But I have been living with my biological parents all my life. I am sixty five. Up until recently I had no authority to make decisions on any important family matters. I am resentful because I feel I have been treated as a servant by all my family including my parents. But having been brought up with 'So hak' [Confucian ideology], *I can not say anything to my parents.*

The following cases clearly show that the eldest male was overprotected, which created further family conflicts. Traditional Confucius' teaching emphasised the importance of both filial piety toward parents and benevolent relations between brothers and sisters but conflict between siblings was inherent in the practice of primogeniture, where the main resources were transmitted to the first-born male. This practice created potential problems between siblings (Tseng & Hsu, 1991).

Case 0024: My father was the eldest son with responsibility as head of the clan so he had to marry when he was in high school. When he was eligible to be drafted into the army, his brother was sent in his name because my grandmother was afraid he would be killed and she did not wish to lose her first son. At that time soldiers were sent to the war in Vietnam. The result of this decision was that my father became known as a draft dodger. The pressure of being isolated and not being able to take a respected place among his peers became too much for my father and he turned to alcohol.

Case 1036: I lived with my in-laws all my life. When I got married my mother-in-law was longing for a grandson. When my son [alcoholic] *was born, she took him away from me. She was overprotective of the baby. She would not allow her own daughter to touch the baby. She said the baby was too precious. I did not agree with the way she was educating my son, so we often argued. She never gave the boy proper discipline. She spoiled him. When he was an adolescent, he took to drink and my mother-in-law gave him money to buy drink.*

In the following examples eldest male alcoholic interviewees, with alcoholic fathers, explained that they had been responsible for protecting their mother, brothers and sisters from their father's disturbed behaviour, when he was under the influence of alcohol. They were also subjected to his violent outbursts. This dysfunctional environment left the individuals scarred. It had a devastating effect on their lives. Such factors may have contributed to why they started drinking and acting in a similar way to his own family.

Case 0011: My father has an alcohol problem and when he drinks he becomes very violent. I remember on many occasions when he become violent I felt it was my responsibility to protect my mother and my brother. I would send them away and I would stay with my father at home. On one occasion, he threw an ashtray, cutting my forehead. It bled severely, but he never sent me to hospital. I also remember occasions when my mother ran away from my father. I used to carry my brother on my back and walk miles looking for her. It was very sad. [While he was talking about his father he seemed very upset and tearful].

Case 1038: My mother-in-law was a concubine. So my husband grew up in his grandparents' house. They did not like him. After his father died [believed to be from alcoholism] *they abused him because they believed that his mother had brought bad luck. On many occasions, when my husband came to see his mother with his little brothers and sisters, she beat him with a stick and told him go back to his grandparents` house. After my father-in-law died she had a pub and she employed a prostitute. I think she also has a drink problem. As far as I know my father-in-law was an alcoholic and he was very violent. My husband said he had never loved his parents* [wife of an alcoholic].

The above analysis shows that the eldest male has the highest incidence of alcoholism among siblings and the link between cultural and family pressures on eldest sons was prevalent. My findings are supported by other Korean research findings. For example, Lee (1984) found 37% of alcoholics were eldest sons/daughters or only sons. Choi et al. (1988) found 42.2% of alcoholics were eldest males. Shim et al. (1989) found 55%

were eldest sons. They argued that because of a dysfunctional father, the family has high expectations of the eldest son from an early age, and that this factor left the eldest male prone to alcoholism. However, one of the reasons why my findings show a higher level of alcoholism among eldest males may be due to the nature of my sample as it was taken from both the private and public sector. In contrast, Choi et al. (1988) and Lee (1984) drew samples from the public sector only. Shim et al. (1989) took their sample from AA groups. As in-patient treatment in the private sector is expensive, the family might have only sent the eldest male for treatment because of his key role in the family.

6.3 The eldest son and family conflict

In the previous section I showed that how eldest males are more vulnerable to alcoholism than other siblings. I also attempted to provide an explanation for this phenomenon by referring to tensions and pressures inherent in the family system. In this section I will explore to what extent the conflict between mother-in-law and daughter-in-law influences alcohol problems within the family.

As shown in the previous chapters, traditional values no longer hold such strong influence on contemporary family life. However, they are still present in Korean society today. Research on the conflict between mother-in-law and daughter-in-law has developed since 1980 in Korea. Several studies suggest that the conflicts between mother-in-law and daughter-in-law are more likely to increase after industrialisation due to changes in social and family structure in Korea (Kim, J.U., 1989; Ko, 1989). According to KINDS (3.5. 1990), one mother-in-law physically abused her daughter-in-law ten times because she did not bring more than 100,000 pounds (UK Currency) in a dowry. This is similar to Hindu customs which have driven many an innocent women to commit suicide. 'Dowry-deaths' especially are increasing due to the rising expectations of the husbands' family. When the new daughter-in-law's dowry fails to fulfil the expectations of her in-laws she may find herself burnt to death in a kitchen 'accident' (Momsen, 1991). The conflict between mother-in-law and daughter-in-law is seen as a major social issue in Korea. Other research has suggested that power conflicts, emotional conflicts, conflicts of interest, and discrepancies between expected roles and performance of roles are seen as major sources of conflict (Choe, 1992).

It has been argued that the conflict between mother-in-law and daughter-in-law is related to traditional patriarchal family system in Korea. One of the characteristics of patriarchy is the position of married women within the family system. Unlike males, females are not accorded any social status until they marry. When a woman marries she enters into a position with status first as a daughter-in-law, second as mother and housewife, then as a mother-in-law. Marriage was not seen as an institution creating a new family but women were seen as a member of their husbands' extended family.

Within this system, the daughter-in-law's position was the lowest within the family until she produced a son (Lee, 1990). The most important task of a daughter-in-law has been to produce a son in order to maintain the family line. She had to adjust to a life within the structure of her family-in-law. With the birth of a son, a woman was then fully connected to her in-laws through her son and adopted the role of housekeeper. From the daughter-in-law's perspective, once she had produced a baby boy to becomes successor to the clan, she was recognised as a member of her in-laws' family. Her son was her mediator who communicated with the rest of his family on her behalf. Given that raw emotional expression was prohibited and women were isolated from society, having a son gave them a sense of pride and importance. Consequently, a son-mother relationship was special and the bond was strong (Lee, 1990). When her son married, many conflicts were created. From a mother's point of view, the son was hers and the only male she could ever claim as her own. Even though he married she struggled to maintain her claim on him. The mother-in-law saw the daughter-in-law as a competitor and felt threatened by her. She felt it was her right to control and enjoy her power as an elder and parent (Yu, 1984).

In relation to the power of the mother-in-law, as a woman became older and elevated to a senior position in the family, so her influence grew. In the home she was in control. Even if her husband died and she came under the authority of her sons, her age and relationship with her sons enabled her to hold authority. If she was the most senior in generation and age in the family she would be treated as the family head. Her son would refer to her on most matters, and especially so in the domestic sphere (Baker, 1979). At this stage, she would retire from everyday house work and enjoy her position as a senior within the family. Normally when a woman became old she was seen as a 'transcendent female', full of wisdom and as the 'neuter gender'. She was respected and held power within the family as well as within the community (Lee, 1990). A similar custom was found in Thailand, where the culture is based on Chinese customs. Hutheesing (1993) found that there are great advantages of being an elder. For example, a wise old woman would be addressed with respectful 'old people's language' and would be given much 'face'. Having a 'face' in this context means that one is knowledgeable. It is not seen as an intrusion into a man's world but it signifies honour given to women. Elderly women move through a 'genderless' stage. These elderly women have the power to carry out traditional rituals. A female elder was expected to voice her opinion and to be consulted on family matters.

The power of mother-in-law within in the Korean family also reflected the structure of the household. In traditional Korea three generations of one family lived under one roof. The head of the family lived in the outer section of the house and his wife lived in the inner section. When their son married he occupied the remainder of the house with

his wife and family. Assuming he was successful, his parents retired, at the age of sixty. When his parents retired his mother vacated her quarters and handed over her keys to her daughter-in-law. On retirement, families celebrated with relatives and neighbours. This was considered the official hand over of family responsibility to the son's generation (Lee, 1990).

Consequently, even though women's public lives were restricted, they were in a more powerful position within the family system because a male's position in the family was preserved in isolation from mundane matters of livelihood. The Confucian gentleman was proud and preoccupied with propriety. In some cases, especially in families of government officials or scholars, the ideology was related to the division of labour within the household. Men adopted the role of the noble businessman while women looked after the more mundane business of 'earning money'. This reflects the idea that it is unseemly for respectable gentlemen to be engaged in such business (Kim, M.H., 1992). There are many anecdotes told about the power of mothers and their rewards when their sons are successful. In the Choson Dynasty, if a son passed a state exam to become a government official and achieved a high position in government, his mother was rewarded by the government (Cho, H.J., 1988). Korean women were responsible for bearing male children and ensuring their ultimate success in life. If their children were unsuccessful or died at an early age, the blame was largely placed on the mother (Koh, 1983).

This 'life passage' suggests the older woman, having suffered abuse under the authority of her-mother-in-law, assumes the same role over her young-daughter-in-law. According to documented evidence, there were serious conflicts between mothers-in-law and daughters-in-law in Japan and China. In China, there was a policy to prevent this conflict. For example, the girl was brought up by the family of her future husband where she learnt to care for her mother-in-law. This practice also existed in Korea at that time (Lee, 1990). Another way that they tried to prevent these conflicts was to arrange marriages between close relatives. Compared with China and Japan, Korea has been unsuccessful in implementing policies to reduce these conflicts. Where the traditional patriarchal family system exists today, it continues to causes conflicts between the mother-in-law and daughter-in-law. Although Confucian ideology has been weakened, no alternative ways have been found to prevent these conflicts. In modern society, these conflicts have a more serious impact. Where a daughter-in-law is unable to produce a dowry, she would be constantly under stress (ibid).

In considering an association between family environment and the cause of alcoholism, my findings showed that of 31 married male alcoholic interviewees, the majority of their wives 27 (87%) experienced conflict with their mothers-in-law. Those wives who

experienced conflict with their mothers-in-law 14 (52%) were wives of eldest sons. This highlights that eldest sons and their wives experience greater conflict compared with other siblings.

As I discussed in chapter 4, the generation gap was an important issue in the conflict between mother-in-law and daughter-in-law. The two generations have different values and life styles, as the mother-in-law's generation came from a pre-industrial society where values were based on traditional family ideology, while the daughter-in-law grew up in the period of transition from an agrarian to an industrial economy where values were changing. My findings also indicated that there was a difference in education, as shown in Table 8.7 chapter 8. Most mothers-in-law had no or very little formal education, whereas their daughters-in-law had an average of 8 years formal education.

Within the context of the family system, it has been argued that the different values held by parents and offspring are an aspect of sub-system conflict and often create marital disharmony (Minuchin, 1974). The following cases are typical examples of these conflicts. The first case shows that the mother-in-law's adherence to traditional family ideology caused her to be embarrassed by her daughter-in-law's inability to produce a son. The daughter-in-law was happy with her two daughters but it was clear that the mother-in-law's preference was for a grandson. This reflects the differences in outlook between both generations.

> *Case 1014: My mother-in-law has been giving me a hard time because I could not produce a grandson, only granddaughters, and she is embarrassed by this. She believes it is my fault that we have not had a son. She also believes that my husband drinks because he has no son. She is resentful towards my husband because on many occasions she said it was very painful for her to see my husband just looking after me and the children, not caring about her any longer.*

> *Case 1040: I have been living with my parents-in-law all my life. I am not allowed to talk about family matters, not even about my own children's education. Sometimes I feel really angry but I cannot say anything to my parents-in-law, so I give my husband a hard time by complaining about the situation. My husband finds it more difficult to get on with his parents, more so than I do. When my husband is upset with them, he starts drinking because he cannot communicate with them.*

The following case the alcoholic husband had some understanding about his wife's position.

Case 1001: When I got married nobody took care of me. All my in-laws were very cold and even though I did not understand the Chinese language they did not make any effort to bring me into the conversation. As my mother-in-law takes care of the finance for the business, she gives us living expenses. My parents-in-law have never trusted me. I kill myself working in order to please them but they do not show any appreciation. When I talked about my husband's drinking problem my mother-in-law said I was too hard on him. On one occasion when my husband urinated in the sitting room I called my mother-in-law to see it. She was horrified.

The woman showed strong resentment towards her in-laws, especially her mother-in-law, as she felt they blamed her for her husband's drinking problem. Her husband seemed to agree with his wife but he could not express his feelings due to family ideology. He reported the following:

I feel really sorry for my wife. She has been working so hard but nobody gives her any credit. Our family has a problem over who is to inherit our parents' money. My wife wants money to open a Chinese restaurant in town but my sister-in-law wants it as well. My parents cannot decide and I am in the middle of the conflict. This is a very difficult situation for me. The only thing I can do is to go out of the house and avoid the conflict and have a drink to calm my nerves.

As discussed, the daughter-in-law was supposed to be most directly under the authority and supervision of her mother-in-law, who organised and controlled 'women's work' within the household. The mother-in-law felt she had the right to regulate her labour and activities according to family needs.

Case 1007: My mother-in-law was a concubine with only one son who is my husband. After I married I had to live with her. My husband and mother were so close. I felt isolated because they always talked to each other but when I entered the room they stopped the conversation. On many occasions I saw my mother-in-law working in the kitchen but when she saw me she pretended she was not doing anything. I did not understand why my mother-in-law tried to hide everything from me. I was so stressed that I drank to relieve my anxiety, but my husband beat me. My mother-in-law encouraged him to beat me more and more. She never tried to stop him. She even brought a stick for him to beat me with. I was very resentful towards them because of the way they treated me. [In her clinical record, the social worker noted that the alcoholic woman mentioned above had tried very hard to develop a relationship with her mother-in-law. But when her

mother-in-law started to show symptoms of senile dementia their relationship deteriorated: Clinical record].

During the course of my interviews, most daughters-in-law reported that they did not agree with their mother-in-laws' old-fashioned ideas. The majority of daughters-in-law had negative feelings towards their in-laws, expressing the feeling that they were isolated and exploited by their mothers-in-law. It was interesting to note that in the family where the mother-in-law had died, conflict existed between the alcoholic's wife and her eldest sister-in-law who took over the role of mother-in-law. However, as discussed in chapter 4, it is not acceptable for a Korean to openly discuss family conflicts with outsiders because of traditional family ideology. In the above cases, when women talked about conflicts with their mother-in-law, they seemed very uncomfortable and guilty. They spoke in a low voice, reflecting their difficulty in relating family problems to an outsider [Field note, 7.7.1995].

6.3.2 Power struggles over the alcoholics' treatment

In considering an association between family environment and the cause of alcoholism, my findings show that the power struggle between mother-in-law and daughter-in-law was linked with the eldest male's alcohol problem and influenced the decision-making process about his treatment.

As discussed earlier, my alcoholic interviewees had started drinking on average at the age of 18.7 years and had been drinking for an average of 21.9 years. Given that the alcoholic interviewees had been married for an average of 16 years, I questioned wives of alcoholics as to why alcoholics interviewees or their wives or other family members had not sought help during the initial years of the alcohol problem. Some who had sought help, but treatment failed as they began to drink again.

Table 6.3: Alcoholic Interviewees by Number Years of Alcohol Use

Length (Years)	No. of Alcoholics	Percentage
1-9	3	8%
10-19	25	63%
20-29	10	25%
30-39	2	5%
Total	**40**	**100%**

Table 6.3 shows the irrespective of whether they had received treatment earlier, 63% of alcoholic interviewees had been drinking between 10-19 years, 25% between 20-29 years, and a further 5% between 30-39 years. Only 8% had been drinking 1-9 years. The average period of drinking was 22 years.

Table 6.4: Alcoholic Interviewees by Length of Marriage

Length (years)	No. of Alcoholics	Percentage
0 - 9	8	23%
10 -19	11	31%
20 - 29	7	20%
30 - 39	4	11%
Divorce/separation	5	14%
Total	**35**	**100%**

Table 6.4 shows that the majority had been married for 10 years or more. 20% between 20-29 years, and a further 11% had been married for 30-39 years. Only 23% had been married under 10 years. The average duration of marriage was 16 years. 14% were divorced or separated.

In relation to the status of admission, 80% of alcoholic interviewees (32 cases) were admitted involuntary to hospital. Only 20% (8 cases) were admitted voluntary.

Table 6.5: Alcoholic Interviewees by Mode of Admission

Source of referral	No. of Alcoholics	Percentage
Self-referral (family)	26	65%
Police (family)	9	23%
Counselling office	1	3%
Court	3	8%
Employer	1	3%
Total	**40**	**100%**

Table 6.5 shows that 65% of alcoholic interviewees were admitted due to family pressure. 23% were taken to hospital by the police under instruction from the family or were tricked into admission by a family member. 8% were referred by the court and 3% were referred by the alcoholic counselling office. Only 3% were referred by their employer. These findings suggest that the family acts as an important mediator in motivating alcoholic interviewees to seek treatment.

My findings show that of 31 married male alcoholic interviewees, most wives 25 (81%) experienced conflict with their mother-in-law over treatment issues. My findings appeared to be more serious in the cases of eldest sons which was 15 (60%). This conflict was a contributing factor preventing alcoholic interviewees and their wives from seeking help at an earlier stage of the illness.

Within the traditional family system, the mother-in-law has the power to decide in which direction to go to receive help. Yet the daughter-in-law is often more educated and aware of the alcoholism than her mother-in-law. She wants to seek professional help for her husband but her mother-in-law objects because of her own experience with her husband's drinking or resentful feelings towards her daughter-in-law. Since the majority of fathers-in-law had a problem with alcohol, the mother-in-law had to cope with the problem without any professional help or understanding from family or friends. The following case illustrates how the mother-in-law expected her daughter-in-law to manage the problem just as she had done in her time when her husband presented with a drinking problem.

> *Case 1025: When I told my mother-in-law my husband had been drinking too much she did not agree he had a problem. She also said her husband's drinking was much worse than my husband's. She did not realise her husband and son had a drinking problem and needed help.*

As the following cases indicate, when there was a conflict between mother-in-law and daughter-in-law, the daughter-in-law was always portrayed to be in the wrong. This dynamic was necessary to keep order in the family system (Cho'e, 1994). The following case illustrates how mothers of alcoholics enabled their sons to drink and protected their unsociable drinking behaviour. This created conflict between the mother-in-law and daughter-in-law which in turn gave the alcoholic an excuse to drink.

> *Case 1019: When my family visits my mother-in-law's house she always gives my husband a drink. If I objected she would say, "my son likes a glass of beer, one will not do any harm". I am really angry that she does not accept my husband has a drinking problem.*

> *Case 1030: I told my in-laws about my husband's drinking, but they only blamed me. My mother-in-law is very possessive of my husband. She always supports him, even times when he is at fault. I am very angry with her but I have to be patient because she is my husband's mother and more senior than me. In relation to his treatment, I left the decision to my mother-in-law this time. On the previous occasion she blamed me, saying that I had not sent him to the right hospital because he started drinking after he was discharged.*

Another issue is the extent to which mothers-in-law have strong negative feelings with regard to services available to the mentally ill and lack confidence in the services provided. As the case example illustrated in the beginning of chapter 2, mothers-in-law were of the opinion that if their sons were admitted to a psychiatric hospital they would

be liable to be beaten, starved and given injections to release negative energy. However, the majority of wives said they were afraid to make decisions with regard to their husband's treatment because they feared their in-laws would blame them if the treatment was unsuccessful.

To attempt to understand the power of a mother-in-law over her alcoholic son, I questioned male alcoholic interviewees as to who had influenced them most to seek treatment. My findings showed that of 31 married male alcoholics, the majority 20 (65%) said their mother was the only person from whom they took advice. Of these, 11 (55%) were eldest sons. This highlights that mothers of my alcoholic interviewees played an important role in the treatment of their sons.

It is interesting to note from the following cases how readily an alcoholic responds to his mother's advice to seek treatment. In Korean culture if a man follows his wife's wishes he is considered weak, but it is more acceptable for a man to take advice from his mother. As Baker (1979) argued, these cases suggest that mothers-in-law were considered head of the family.

> *Case 0001: My mother heard that the neighbours were saying that I was going crazy and my wife explained to my mother what was happening at our house. I did not listen to my wife when she recommended I should go to hospital. I could not refuse when my mother pleaded with me as she cried saying, "you must take care of your health."*

> *Case 0003: My mother was worried that I would die from drink. She could not do anything only bring me more drink. If she did not bring me a drink, I would stagger out for one. She was ashamed of me. I felt out of respect for her I should go to hospital and seek help.*

Mothers of alcoholic interviewees played an important role in relation to the treatment of alcoholism. Mothers in these cases had the power to decide if their sons needed help and where to go for assistance. However, my findings have shown that most mothers-in-law preferred to receive help from other sources rather than seek professional help. This issue will be discussed further in chapter 8.

> *Case 0031: I could not sleep, I could see snakes and rats. I did not realise at the time I had delirium tremens. I was terrified. I called my mother and asked for help. She took me to hospital.*

Case 0033: I had been spending up to 3000 pounds (UK currency) a month on drink. The day before I was admitted I took 1000 pounds out of the cash box from our business. I spent it all and returned home drunk. My wife was angry and she called my mother. She asked her to persuade me to go into hospital.

My findings suggest that the conflict between mother-in-law and daughter-in-law contributes towards preventing alcoholics from seeking help at an early stage of their illness. In most cases the mother-in-law was the main person who supported alcoholic interviewees drinking behaviour and enabled the them to conceal their problems. This was because of the fear of losing face. Mothers-in-law had no confidence in psychiatric treatment and would prefer to try traditional methods, such as shamanism or exorcism. Most wives of alcoholics in my study reported that they had no right and/or courage to make decisions with regard to their husbands' treatment. Decisions were mostly made by the mother-in-law or with the permission of in-laws. It was interesting to observe that wives of alcoholics were expected to be the main carer for their alcoholic husbands. Yet the in-laws continued to have greater authority. Just as Kaufman and Patterson (1981) argued, so my findings suggest that alcohol use in a family is not just an individual matter. The use of alcohol and consequential behaviour of drinking is dynamically related to events in the family system.

In support of the arguments which draw a connection between the conflict between mother-in-law and daughter-in-law and alcohol problems within the family, my results are supported by other research findings. Lee (1978) and Kim and Kim (1973) also found that the most difficult problem in implementing psychotherapy in Korean society is family interference and resistance. According to research conducted by Nam, the conflict between mother-in-law and daughter-in-law was not found to be the direct cause of mental illness but a contributing factor (Nam, 1984). Much evidence has shown that the conflict between mother-in-law and daughter-in-law has a very strong impact on family relationships, especially between husband and wife, and between parent and child within the nuclear family (Choe, 1992). According to Lee, K. J. (1992), the relationship between mother-in-law and daughter in-law is the most influential factor in a developing marital relationship. She also suggested that conflict between mother-in-law and daughter-in-law has a negative influence on family stability. Similarly, Yoon found that the relationship between grandson and mother are closest within the family, while the grandfather and son-in-law are the opposite. The fact that the concept of grandson is perceived as the closest reveals the significance of the grandson in the eyes of elderly people. This significance reflects the expectation and role of the grandson who has the responsibility of ensuring the succession of the family line. The daughter-in-law is seen as a distant member of the family compared with her son who is seen as the closest to the grandparents (Yoon, 1987).

Even though it is difficult to conclude from my own research that the conflict between mother-in-law and daughter-in-law is a direct cause of alcoholism, it does show that this conflict contributed to maintaining alcoholism within the family. Alcoholics in many cases suffered because of the conflict between their mothers and their wives and found themselves caught between them, not wishing to take sides. In some situations the alcoholic took advantage of the conflict and blamed it for his drinking.

Conclusion

In this chapter, I have examined to what extent cultural and familial factors were the cause of or contributing factors of alcoholism. The basic hypothesis tested in this chapter was that individuals with alcohol problems were found more among the eldest male offspring than other siblings, reflecting the key role he plays in the traditional family system. My findings appear to support the hypothesis.

My findings showed that the availability of alcohol, widespread cultural acceptance of heavy alcohol use and pressures on eldest males were likely to have combined and contributed towards the cause of alcoholism. In particular, there was a constant link between eldest males' pressure and heavy drinking patterns, reflecting conflict associated with their roles within the traditional family system.

Another major significant finding is the conflict between mother-in-law and daughter-in-law. The majority of wives of alcoholics had experienced conflict with their mother-in-law. Mothers of alcoholic men enabled the alcoholic's drinking. They were also reluctant to encourage their sons to seek professional help. Due to this conflict and power struggle, the alcoholic's dysfunctional behaviour remained unchallenged. This in turn contributed towards the alcoholic's failure to seek help at an early stage of the illness.

Drinking raises fundamental issues with strong moral dimensions not only for public issues, such as road safety and national productivity, but also for those issues in the private sphere, such as power relations between the genders and family obligations (Room, 1997). One of the main objectives of my study has been to examine the problems of adapting Western treatment models and to evaluate systems which would be more applicable to Korean alcoholics. Having reviewed cultural and family factors of alcoholism, my study suggests that the family environment is an important variable which can cause and contribute towards heavy alcohol consumption. The conflict between mother-in-law and daughter-in-law is an important factor which should be taken into account in treatment programmes and strategies.

Chapter 7

The functioning of alcoholic families

Introduction

This chapter assesses how a family functions and what coping mechanisms are adopted when it is confronted with alcoholism. My fourth hypothesis proposed that the more closely an alcoholic family identifies with traditional family ideology, the more likely the family function will be damaged by alcoholism.

I tested my hypothesis by using both quantitative and qualitative evidence. In considering the link I have hypothesised between traditional family ideology and functioning of the alcoholic family, I analysed the families who concealed their family member's alcohol problem and isolated themselves, and those who disclosed their problem to society. Then I compared these two groups according to their perception of family ideology. I also examined the level of dependence between the extended and nuclear family and related it to traditional family ideology. This included examining the role performance between husband and wife.

As discussed in chapter 1, the family systems theory views each member of the family as an element in the larger system, and the family itself in turn as an element within a larger system (Callan & Noller, 1987). Within the family, formal roles are assigned and expected to evoke behaviour that will meet the family needs. Family rules and strategies determine how tasks, responsibilities are distributed and carried out among its members (Holman, 1983). One important principle in relation to the family system theory is that any given system is in a continuous process of interaction with other systems. From this point of view,

> ". . . a family system is seen within a broad context that calls attention to systems outside the family itself that have a significant impact on the way it functions. The family system interfaces with a social and physical environment made up of other systems." (Thorman, 1982, p.174)

Minuchin outlined three types of family boundaries which he called *'clear', 'enmeshed'* and *'disengaged'* (Minuchin, 1974). He stressed the importance of *clear* boundaries within families. Some families develop an *enmeshment* characterised by excessive closeness and lack of differentiation of function within the family. At the other end of the continuum of family boundaries is the family with inappropriately rigid boundaries, which is called *disengaged.* In this disengaged family, there is no responsible parent

with demonstratable concern for the problems of their children (Minuchin, 1974). With respect to the family's link to society as a boundary issue Garbarino argued that,

> "Family-society relations can be a problem when walls are too high and rigid, as the family is isolated from neighbours, institutions, and social supports. Social isolation is a correlation of many family problems, such as child abuse and family violence. The other extreme can also be a problem. If the family has no demarcation apart from society and is defenceless against outside influences, it may not provide adequate identity, support, and guidance for its members." (Garbarino, 1982, pp.71-72)

Callan and Noller (1987) argued that in a closed system, the family members interact primarily between members and little contact is made with non-family members. In contrast in open families, members have a relatively high level of interchange with people and groups outside the family. Masson and O'Byrne argued where family boundaries are too rigid, families are cut off from outside involvement in the neighbourhood. Rigid boundaries between members will cause more difficulties in adapting to changing circumstances, with family members becoming preoccupied with preserving the status quo, and so they become defensive. Sharing their feelings and ideas would in most cases be too threatening for them (Masson & O'Byrne, 1984). Potter-Efron (1989) suggested that as family members of alcoholics often feel shame, they are likely to isolate themselves from the community. He also argued that family shame is often transferred to spouses of alcoholics because other family members blamed them for the problem. Consequently, spouses of alcoholics become critical of themselves and feel they should sacrifice their lives in order to save their families.

Confucian principles are based on the assumption that stable families ensure a stable society. Consequently, family welfare and family honour are considered more important than individual members' goals. For example, the use of drugs or divorce is not only seen as failure of the individual but it also brings shame and dishonour to their families (Mass & Yap, 1992).

Given the importance of family ideology, there is reluctance among Asian families to seek professional help for emotional or mental problems outside of the family network, because it is seen as bringing shame or 'loss of face' on the family. Furthermore, sharing negative aspects of family life with outsiders would also be considered in their view a betrayal of loyalty to other family members (ibid).

'Kajok' (family) in Korean refers to two levels of kin groups: the nuclear family, the extended family and members of a larger kin group beyond the extended family (Cho, 1992). This large kin group has had a major influence on the individual's life. Even

today in Korea, the family is an important means of social control. Choi argued that this ideology has been often used by politicians. Politicians expect the public's filial piety, a non-questioning respect and submission, as Koreans give to their parents. This ideology is reflected in election campaigns. Candidates use their family background and community to enhance their position to get elected, in many instances resulting in corruption. Similarly, when university students were involved in anti-government demonstrations, parents were contacted and their jobs threatened if their children participated in demonstrations. In addition, family background plays a key role in determining employment, promotion and marriage partner (Choi, 1993).

Um (1994) argued that Korean culture is focused on family honour and that it is difficult for one to be accepted once he/she has brought disgrace on the family. Family honour takes priority over the needs of the individual.

7.1 The relationship between society and alcoholic families

In considering a connection between family ideology and family functioning, I examined the extent of the alcoholic family's openness to the wider community. This included examining three generations of the alcoholic's extended family, including his wife and children.

My findings indicated that when a family member developed an alcohol problem, denial was the first reaction. As shown in chapter 6, when wives of alcoholic interviewees informed their extended family about their husbands' alcohol problem, the family either denied or blamed the wife for the problem. Eventually when the alcohol problem was exposed to the family members, they tried to conceal it within the family. The majority of families 33 (82%) kept the problem secret within three generations. 3 (8%) said only the alcoholic's wife and mother knew their family member was in a psychiatric hospital.

Those who concealed their family member's alcohol problem, I classified according to the main reasons they gave for doing so as the follows: *'traditional', 'transitional'* and *'modern' types*. The *'traditional'* families (60%) reported that they feared that family honour would be destroyed if they disclosed the facts. In this group, the family members remained close and supported one another but withdrew from society and were not prepared to seek professional help. The *'transitional'* families (22%) reported that they remained isolated from society because of prejudice against alcoholism. These two groups of families tried to contain family shame as much as possible within the family. They also tried to resolve their family members alcohol problem within the family rather than seek help from outside. The *'modern'* families (18%) disclosed to people other than family that their family member was in a psychiatric hospital being treated for alcoholism. My findings suggest that the more closely a family identifies with

traditional family ideology, the more likely the family is to conceal the problem and isolate itself from the wider society.

The following cases drawn from *'traditional'* group illustrate how the families of alcoholic interviewees reacted as a unit and how it coped when confronted with alcoholism. At an early stage of the illness, family members, especially women, failed to recognise the alcoholic interviewee's dysfunctional behaviour as an illness. They did not relate to it as a disease which needed treatment. Although family members failed to recognise the symptoms associated with alcoholism, they were ashamed of the drunken behaviour and tried to conceal it. Furthermore, when alcoholic interviewees were referred to psychiatric hospitals, their families became apprehensive about the stigma related to the admission and the shame associated with alcoholism. As discussed in chapters 4 and 5, lack of awareness of alcoholism in society added a negative influence on detection and early intervention.

> *Case 1002: I used to feel so embarrassed when my husband returned home staggering and singing in a loud drunken voice. When he arrived home, he banged on the door and shouted at us to open it. All my neighbour's knew when he was drunk. Sometimes he went to our neighbours house and asked for alcohol. On other occasions he just brought home a bottle from the shop.*

> *Case 1035: I feel really ashamed that my husband is an alcoholic. I do not want to tell anybody. Nobody knows I was beaten. I know if I tell someone about my difficulties it would only become gossip for my neighbours. I did not even use my insurance card just in case others found out. Having not used my insurance card, I had to pay three times more than the normal price.*

The following case 1034 is a typical example of the traditional family ideology in Korea. The parents felt their alcoholic son was their responsibility even though he had his own family. They also felt ashamed of their son. The case 1014 illustrates how families concealed their problems. As a result, alcoholism is not exposed and so intervention from the community is prevented.

> *Case 1034: I can not face my neighbours and relatives because of my alcoholic son. People would say it was my fault that my son became an alcoholic because I did not give him proper discipline. We do not visit anybody or entertain visitors. Even my married daughter does not visit us as she is afraid of her in-laws knowing.*

Case 1014: When my husband takes a lot of drink he becomes very aggressive and we often have arguments. As we are aware of our neighbours' gossip we move house nearly every year.

In some cases wives of alcoholic interviewees received help from extended family members. Even so they kept the problem secret and enabled the family to remain in isolation. As discussed in chapter 6, the option of divorce is strongly discouraged by both families because it is considered to bring shame on the family. In the following case, the alcoholic's sister seemed very angry and could not understand why his wife had left him. She strongly criticised her and said that her sister-in-law was immoral. All the alcoholic family members were concerned about the family reputation but they did not consider the wife's feelings as an individual human being or her right to decide what she wanted to do in the situation.

Case 1003: Our family has been trying very hard to support my sister-in-law because we do not wish to see her divorce my brother [alcoholic]. *My uncle and I met my sister-in-law several times and pleaded with her to return to her family but she would not give a decided answer. If we could only help to maintain their relationship for a few years, she would be too old to remarry, then she could not divorce. Our family is hoping that they will be reconciled.*

The following cases show that because of the traditional family ideology and cultural beliefs, family members were under pressure to hide the problem, especially those wives who were forced to remain silent in order that the family image would not be destroyed.

Case 1024: When I told my parents-in-law and my own parents that I intended to leave him, they said if I sacrificed my life, I would save both families.

Case 1014: When I married my husband, I did not socialise because our marriage was not approved by our family. I used to spend all day at home on my own. My husband always came home late and every other day he was drunk and abused me. I could not tell anybody, only cry. My second baby was born premature because I was so disturbed by my husband's drinking. I was also disappointed my baby was a girl. My husband and mother-in-law resented me because I did not produce a boy. My husband threatened to kill my second daughter as she is not important to him. Once he suggested we should send her to an orphanage. When I told my mother, she advised me to divorce but I did not want to. When I told my husband, he threatened to kill me if I talked to anyone about our family problems any more. I had no alternative but to keep silent.

The *'transitional'* families reported that they had asked for help but had failed to receive appropriate support and as a result, they had remained isolated. As discussed in chapter 6, Korean people tend to believe that if women take good care of their husbands, they will stop drinking. Wives of alcoholic interviewees isolated themselves, fearing shame if their alcoholic husband's problem became public. They also feared rejection and accusations of not caring for their spouse from their family and community. As Koreans believe drunken behaviour is manly or brave, people tend to deny the problem or collude with the alcoholic. The general public is inclined to blame women for the problem. This issue is related to gender inequality, which I will discuss in chapter 8.

> *Case 1028: When I asked for help from my neighbours, they said 'how can a man survive without drink in our society?' 'You should change your attitude towards your husband's drinking'. After this incident I never asked for help again.*

> *Case 1008: When I talked about my husband's drinking problem, people laughed at me, saying I should try harder to make my husband happier in bed. I have tried every way to make him happy so he would stop drinking.*

The *'modern'* type families disclosed that they had an alcoholic family member. They discussed their problem mainly with relatives, friends, and church associates. It was interesting to note that some alcoholic interviewees who were admitted to St. John of God Hospital had been referred by the Catholic church. It suggests that leaders in society need to be educated about alcoholism in order to recognise the problem and encourage the alcoholic to seek treatment. This group of families were prepared to use resources and seek help at an early stage of the illness.

> *Case 1014: I discussed my husband's drinking problem with a priest in my local church. I did not know my husband was suffering from alcoholism. I thought he was weak-willed. The priest advised me I should seek professional help.*

> *Case 1027: When I had a row with my husband over his drinking, I rang my friend. She told me I should ring the women's help line where I would obtain information about alcoholism.*

Since the families of alcoholic interviewees concealed the problem of alcoholism from society by avoiding neighbours, friends or other relatives it often resulted in delaying professional intervention. These findings concur with the results in chapter 6. Discrimination against alcoholism in society contributes towards concealing the problem within the family.

The experience of isolation in families was more obvious in the public sector, especially in Kongju high security hospital, where I carried out my field work. The social worker there informed me that many patients had lost contact with their families. Their families were ashamed not only because of the alcohol problem, but also because they had been involved in criminal acts which had been a major factor in their admission to this hospital. In many cases, families were unable to find the courage to maintain contact [Field note, 15.8.1995].

7.1.1 Social activities

In considering my hypothesised linkage between family ideology and family functioning, I examined the families' social activities. 35 families (86%) reported that they had never been out for a meal or leisure activities following the onset of the problem with alcohol. Only 5 (14%) said they went out with their alcoholic family member.

Most alcoholic interviewees lost their job and friends due to their drinking problem. In addition, keeping the problem of alcoholism within the family circle in fear of family shame added to their isolation. This was more evident in the older and more traditional families.

> *Case 1027: We used to go out for a meal but I gave it up because we only ended up arguing about his drinking. My children do not want to go out either. They said they do not feel relaxed and fear he will start drinking.*

> *Case 1028: I do not want to socialise with my friends and neighbours because I feel they only are interested in gossip. I try to avoid them as much as possible.*

The following group reported that they socialised but without their alcoholic member. They also said that even though they went out socially, they did not have quality time as a family unit because of the alcohol problem.

> *Case 1001: I feel sorry for my children. They never go out for a picnic or a meal. All the family are preoccupied with my husband's drinking. Every weekend he says, 'Oh I am tired I will have one drink and then have a nap.' But he does not get up until evening. Last year I started taking our children out without my husband.*

> *Case 1005: Even though I feel uneasy when our family goes out socialising, I still go out with him, because it is better to go out rather than be alone worried how much he is drinking.*

As Steinglass (1982) argued in chapter 1, alcoholic families have rigid boundaries and isolate themselves from society. Families of alcoholic interviewees in my study suggest that their boundaries were rigid, creating a barrier between society and themselves.

7.1.2 Alcoholics confined within their home

In connection with traditional family ideology and family functioning, my findings showed different strategies were adopted between the more traditional and the less traditional families. In more traditional families, families members, especially mothers and wives, supplied alcohol in order to protect the alcoholic interviewees from neighbours' gossip. This group of families believed they could control the habit of alcoholic interviewees and did not need to seek outside help. They used traditional remedies and diet rather than challenging the alcoholic member to seek professional treatment. Wives in this group used strategies to control their husbands' drinking by confining their consumption of alcohol to the home. They coerced their husbands to control their drinking as they were ashamed of the problem and tried to isolate their husbands from friends and neighbours.

> *Case 1018: I prefer to buy him a drink myself because if I did not he would ask the children. I feel embarrassed when he goes out without any regard for his appearance, smelling of alcohol.*

> *Case 1017: I used to buy alcohol for my son and tell him how much he was allowed to drink each day. But this did not work.*

These families tried to assist their alcoholic member themselves without seeking outside help. Children were discouraged from seeing their parent intoxicated. The wives tried to contain the adverse effects of alcohol as much as possible within the home.

> *Case 1001: I did not want my children to see their father lying on the floor drunk. I always make sure he is not seen over intoxicated. But sometimes he is too heavy to carry to the bedroom. I feel really angry when he is drunk.*

> *Case 1039: I try very hard to take care of my husband's health. Every day I make a special diet and traditional remedies for him. I do not wish to be left a widow and my children fatherless.*

I found this group of families were more reluctant to talk about their problems than the alcoholic interviewees. Some of them did not like having their interview taped. This reflects their family ideology where family shame is contained within the family as

much as possible. It was also evident that they were very hesitant to seek help from outside their family circle. [Field note, 8.7.1995]

In contrast, different strategies were used by the less traditional families, where both spouses drank socially. The more educated and younger group of wives were less likely to be blamed for their alcoholic husbands' drinking than the less educated and older wives. The former wives were more likely to keep tabs on how much their husbands drank and when problems arose, were more willing to consider outside help. As this led to an early detection of the problem, the alcoholic interviewees were referred for treatment at an earlier stage of the illness than the older, less educated group of interviewees.

> *Case 1005: Whenever I went out with my husband I noticed his drinking pattern was different from that of his friends. He did not seem to enjoy company but was only interested in drink. When he took a lot of drink he became very aggressive. I was aware there was something wrong with his drinking. My nurse training also helped me to persuade my in-laws to seek help.*

> *Case 1033: I like to go out with my husband and have a drink. But he always wanted to have a second and third round, after which we ended up arguing. I knew he was drinking too much, so I complained to my mother-in-law.*

In considering the link between family ideology and family functioning my findings showed that alcoholics and their families in many cases become totally estranged from their social networks. Many reported that the shame that alcoholism brings on families is one of the main reasons why they isolate themselves from society and are reluctant to seek treatment. As a result, the alcoholic interviewees were able to continue to abuse alcohol within the confines of the family circle, free from outside pressures. My findings indicate that the isolation of families is also related to gender roles. I will discuss this in more depth in chapter 8.

7.2 The relationship between extended and nuclear families of the alcoholic

As discussed in chapter 2, the traditional Korean family system appears to be more patriarchal and hierarchical than in the West. Structurally, the father-son relationship takes priority over the husband-wife relationship but emotionally the mother-son relationship takes priority. In this section, I will examine the problems of the relationship between extended and nuclear families.

A central concept of the family system theory is that in order to understand individual behaviour, it is essential to understand the significant group in which a person lives, the

relationships within that group, and the importance of any particular individual's behaviour in maintaining the group or system. Therefore, the target for change is the whole system, not any individual member of a system (Paolino & McCrady, 1977).

It has been argued that if the extended family interferes with the management of family functioning in ways that undermine the marital and particularly parental sub-systems, it gives rise to conflict (Masson & O'Byrne, 1984). However, cultural differences influence inter-generational relationships over a life cycle. For example in the West, Silverstein and Rashbaum argued that remaining close to one's mother after marriage is more acceptable for a daughter than for a son. To remain distant from one's mother is seen as achieving autonomy for a man (Meyerstein, 1996).

By contrast, in Korean middle class families, the relationships between husband-wife and father-child are distant, while the mother-child relationship is close. This phenomenon was found to be stronger in troubled families than non-troubled families (Um, 1994). Um's findings also showed that among functional families husbands and wives communicated best, in contrast to dysfunctional families where communication was mainly with the extended family. In terms of family problem solving strategies, in non-troubled families tend to solved their problems within the nuclear family system and clear boundaries are maintained between the extended and nuclear family. In contrast, dysfunctional families refer more to the extended families for solutions (ibid).

7.2.1 Economic support and lack of independence

In considering hypothesised linkage between family ideology and family functioning, my findings show a link between family ideology and economic dependence within two generations.

In Korea, there is no unemployment benefit or any other means of financial support available from social services. It is built into the health insurance policy that a patient must pay a portion of the bill. The average number of admissions for the alcoholic interviewees was 3.4 times, as Table 5.1 showed in chapter 5. I examined how they afforded drink and how the nuclear family managed to pay hospital expenses, as 60% of my alcoholic interviewees were unemployed.

Out of 40 cases, 6 (15%) had lost both their parents, while 34 (85%) had one or both parents alive. Among the latter group, 22 parents (64%) gave financial support to their son's family. In families with stronger traditional family ideology, parents of alcoholic men were more likely to provide financial support for their alcoholic son's family. Among those interviewed in the extended families, it was mainly mothers who said that they paid for the drink for alcoholic interviewees and they also picked up the hospital

bills. Some of these alcoholic nuclear families also received other financial support from their extended family and many of them lived with their parents. The parents felt that as their son was the heir to the family line they were obliged to ensure that he was successful in life. In many cases, this attitude had an adverse effect on both the alcoholic interviewees and his family.

Case 0034: I have spent a considerable amount of money on my son's hospital bills and his business. Some years ago, he wanted to open his own health club but the business collapsed as a result of his drinking problem. On one occasion he was involved in violence and I had to compensate for the damage he caused. I am now very determined to see that a 'cure' is found for his drinking problem. I am willing to sell my house to pay for his treatment. I do not even mind if I have to rent a room as long as my son gets better.

The following cases illustrate the role of traditional family ideology and its impact on family relationships. The parents had chosen a wife for their son and took control over their son's family when he developed a problem with alcohol.

Case 1024: My father-in-law said he feels obliged to help me because he chose me for his daughter-in-law. He sends me money every month for living expenses. When I left my husband he pleaded with me to come back and look after his grandchildren. I think my husband does not feel any responsibility for his own family because, whenever I leave him, my parents-in-law ring asking me to come back.

Case 1005: I feel very sorry for my daughter-in-law because of my son's drinking. She comes from a good family background. I chose her as my daughter-in-law and I feel responsible for her. I have been giving her financial support because my son is not working. I have also been giving pocket money to my son. But I did not tell my husband or my daughter-in-law. I discovered that my other son used to give him money as well. It was my decision to take my son to this hospital. I did not tell anybody. I did not even tell his father.

Equally when alcoholics depend on their parents for financial support, they are less likely to take responsibility for their own family than those who do not receive such support. The dependence on the extended family is not just financial but also emotional. Even where alcoholics had been married for an average of 16 years, the majority of alcoholics in my study, especially those among eldest sons, appeared to be of the opinion that they had a right to use their parents' resources and finances. The eldest son

saw it as his inheritance by right, failing to distinguish between his nuclear and extended families.

As discussed in chapter 2, assistance from the extended family can be important for mutual support, but my findings indicate that it often causes further complications. The alcoholic interviewees appeared less likely to take responsibility for their own actions because of their dependence on their extended family.

7.2.2 The alcoholic's relationship with his parents

As discussed in chapter 2, industrial capitalism in the West is seen to have encouraged more egalitarian and conjugal based forms of marriage. Conjugal family refers to a family system in which the nuclear family is more or less independent of kin and the main emphasis is on the marital relationship (Goode, 1963). In the Confucian model of the Korean family, family obligations and family honour are all tied up with the concept of patrilineage. The most important relationship is between father and son, not between husband and wife. Filial piety is the most important duty that a child owes its parents, and in a woman's case, parents-in-law (Ho, 1987). The father's power over his son, in principle, is absolute (Cho, H.J., 1988). Therefore, a good father-son relationship is important to the individual's self-confidence and the family's stability.

In relation to the link I have hypothesised between traditional family ideology and family functioning, my findings showed that the more closely a family identifies with traditional family ideology, the more likely the father will reject his alcoholic son and be isolated from his extended family system.

Out of 40 alcoholic interviewees, 18 (45%) had fathers who were alive. Of these, 13 male alcoholic interviewees (72%) expressed negative feelings towards their father. Most of them said they felt guilty and rejected because they had ruined their family image. They also feared that their failure would affect their father's status. Among this group, only two fathers attended interview and expressed interest in their son's alcohol problem during the process of my field work. I found it difficult to interview them as they were very defensive. They were also very reluctant to use the word 'alcoholism'. When asked if they considered their son an alcoholic, their response was, *'if you say so he must be'* [in an angry voice]. The following case illustrates how one father of an alcoholic interviewee failed to understand his alcoholic son.

> *Case 1005: I believe that my son lacks will power. I drink myself but I never get into trouble. I did not need to be admitted to a psychiatric hospital either.*

Among my alcoholic interviewees, there were 3 whose fathers did not even know their sons were in a psychiatric hospital. Mothers of alcoholics protected their alcoholic sons because of their own insecurity and traditional family ideology. Many of my alcoholic interviewees shared with me their concern that their fathers did not understand the problems of alcoholism.

> *Case 1033: I have not told my husband that our only son is in a psychiatric hospital. If he knew he would be very disappointed with him. This is a particularly important time for my son because he is setting up a business and his father has promised him financial support. If my husband found out he had been drinking, I doubt if he would risk supporting him. I think it would destroy their relationship.* Equally her son was in fear of his father learning that he was in a psychiatric hospital being treated for alcoholism and he would lose faith in his ability to run the business and bring discredit on the family. He reported that,

> *Case 0033: I feel guilty about being in a psychiatric hospital. My father will be really disappointed and upset with me.* [He asked me not to inform his father that he had been diagnosed an alcoholic]

The following case also illustrates how some alcoholic interviewees related to their fathers. They experienced guilt about the fact that they had become alcoholic and had brought shame on their family.

> *Case 0031: I feel I have never been accepted by my father. He always criticises me and pressurises me to do things his way. He thinks I am an idiot.*

These results concur with the findings in chapter 4. Most alcoholic interviewees experienced a generational gap with their parents. It was clear that when a son developed an alcohol problem, his father tended to reject him. Most alcoholic interviewees showed hostility or fear towards their fathers.

In contrast, the mother-son relationship remained close. Mothers in the traditional family system relied on their son for their security. Therefore, when an alcohol problem emerged within a family, mothers supported and protected their alcoholic son from pressure and enabled him to continue drinking. As discussed in chapter 6, mothers of alcoholic men played a key role in the decision making process in relation to treatment. Male alcoholic interviewees were also dependent on their mothers, both psychologically and economically.

This relationship was likely to create conflict between mother-in-law and daughter-in-law. Wives were more educated and informed about alcoholism than their mothers-in-law. They tried to seek professional help at an early stage but in many cases mothers-in-law did not agree and blamed them for the problem. Due to this conflict, wives were resentful not only towards their mothers-in-law but also towards their husbands. They reported that the relationship with their mother-in-law was damaged due to their husband's drinking. However, my findings show that it is important for wives to maintain a close relationship with their mother-in-law in order to preserve their self-image and family stability, as discussed in chapter 6. Female alcoholic interviewees, however, showed that mothers were the main carer but this relationship was not as strong as that of their male counterpart.

7.3 Relationship within the alcoholic nuclear family

In the previous section, I discussed how the alcoholic family as a unit coped with alcoholism and the relationship between the extended and nuclear family. This section focuses on how the alcoholic nuclear family functions, and in particular, the marital relationships.

7.3.1 Husband and wife relationship

In considering the link between family ideology and family functioning within the nuclear family system, I questioned my male alcoholic interviewees about how their drinking had affected their marital relationship. Out of 31 married alcoholic men, 25 (80%) said that the relationship with their partner had not been seriously damaged because of their drinking. 6 (20%) said their marital relationship had been seriously damaged by alcoholism. My findings showed the opposite result among the wives of alcoholic interviewees. I asked these wives how their husbands' drinking problem had affected their marital relationship. 27 of them (87%) felt their marital relationship had been seriously damaged by their husbands' drinking problem. Only 4 (13%) said their relationship had not been affected.

It is obvious that most male alcoholic interviewees saw marital problems as less serious compared to their wives. This reflected a discrepancy between the husbands' and wives' expectations of their respective roles. My findings indicated that the more a husband identifies with traditional family ideology, the less likely he is to see his marital relationship as a serious issue. The following cases drawn from the *'traditional'* group said their relationship had not been seriously affected. Husbands appeared to think that as they had provided food and shelter for their families, their behaviour was therefore justified. They also believed that the woman's role is to look after the children and take care of the house work. They failed to appreciate that women have a right to a quality of life.

Case 1004: My father never loved my mother. He thought she was not pretty and referred to her as being ignorant. As far as I remember, he never took my mother out anywhere socialising. When I asked my father to be kinder to her, he said 'what have I been doing wrong? I've never hit her or caused her pain'. My mother has been very unhappy all her life because my father had several affairs and he gave very little attention to her. [Alcoholic interviewee's daughter]

Case 0030: I am very angry with my wife because she has not visited since I have been in hospital. I admit that it was my fault that I drank too much, so I apologised to her. What more can I do to please her? [While he was in a medical hospital for detoxification, he had an affair with a female patient. When he was fighting with his wife over the affair he tried to choke her. She kicked him in the chest and broke his two ribs - (Medical record). His wife told me she did not wish to meet him. After the interview, she left without seeing her husband.]

Case 0019: When I have had too much to drink I always go to bed, so it does not hurt my family because I sleep it off.

The less traditional group of alcoholic interviewees showed that they were more interested in a quality conjugal relationship than maintaining a close relationship with their parents. They also appeared to be more aware of the harmful affects of alcohol and showed some insight into how families can be affected by their alcoholism.

Case 0005: I feel really sorry for my wife because I have neglected her. I know it is not right to upset her and make her life difficult. I want to stop drinking because I care about her.

Case 0033: I love my wife very much but I have never shown that I love her. She always wanted to enjoy our life together but drink took over our relationship.

In relation to the link between traditional family ideology and the functioning of alcoholic families, my study shows that the more traditional, less well educated, older age group of alcoholic interviewees who were at an earlier stage of their treatment, saw themselves as head of the family with the right to drink as they wished. Their drinking was accepted as long as they were able to support their family financially. By contrast, the group of alcoholic interviewees who had less traditional family ideology and were in treatment for longer periods expressed remorse and took the family problem more seriously.

7.3.2 Father and child relationship

My findings suggests that most of the alcoholic interviewees undervalued their marital relationship which in turn adversely affected family functioning. They also emphasised more the relationship with their children than their marital relationship, reflecting the traditional Korean patriarchal family system.

In order to assess the marital relationship, I further explored the motivating factors which influenced my alcoholic interviewees to stop drinking. Out of 35 cases, 25 (71%) reported that the motivating factor for recovery was their family. Of these, 18 (72%) said it was their children. 5 (20%) said it was because of their mother and only 2 (8%) said that it was their wives. Even though male alcoholic interviewees did not successfully perform in their role as father, the children were seen as important towards their recovery. The following cases illustrate how the family, especially children, were significant in motivating them in their treatment and rehabilitation.

> *Case 0002: My children are all grown up. They have to marry soon. I feel obliged to be at their weddings. If I die due to alcoholism it would be a cause of embarrassment for them.*

> *Case 0009: I was not a good father or husband. I want to have a new life again so that when I die, I want people to say "He was a good father!"*

I noted that during the process of my interviews, most male alcoholic interviewees became emotional when they talked about their children and their mothers whilst they were resentful towards their wives.

> *Case 0014: I am embarrassed about what I did in the past. When I was drunk I became very violent. I threw things about and broke many of them including the phone, statues and a rice cooker. I am frightened I may injure my children.*

> *Case 0001: I want to stop drinking because of my children. I never take them out at the weekend. I feel so sorry for them and my wife has a hard life but I never express my affection and love for her.*

The above cases show how families were seen by most alcoholic interviewees as the most important factor influencing their treatment and recovery. It is interesting to note that just as the mother was the most influential person responsible for the male interviewee's admission, the children especially the sons, motivated them the most and encouraged them to stop drinking. It also reflects that the family was the motivating force behind hospital admissions. It is possible to argue, on the basis of these findings,

that the alcoholics' family system is child focused. It suggests that children are often an important mediator in motivating alcoholics to stop drinking. These issues should be considered as important factors in developing healthier family boundaries.

However as a result of the traditional family system and Confucian ideology, my alcoholic interviewees, whether husband or wife, tended to undermine their own marital relationship. Since an alcoholic husband undervalues his role as husband, his wife became closer to her children. As a result, there was a strain on their relationship, which in turn affected their children. This often contributes towards a dysfunctional family in the next generation. The issues of the female alcoholic interviewees' family dynamics is discussed in chapter 8.

7.3.3 Wife and husband relationship

As shown earlier, most wives of male alcoholic interviewees considered their marital relationship was seriously damaged by their partners' alcoholism, while male alcoholics considered this was not a serious issue. My findings also showed that the more traditional wives tended to accept their husbands' irresponsible behaviour more readily than the less traditional wives. The following examples illustrate how wives perceived their relationships. The majority were resentful and had negative feeling towards their husbands.

> *Case 1005: I have lost respect for my husband. He promised he would stop drinking and change his behaviour but he never kept his promises. I try to take no notice of him but he keeps hurting me* [tearful]. *I would rather spend time with my child than have to listen to him.*

> *Case 1001: I am very disappointed with my husband. I have no positive feelings towards him now. Whenever I want to talk about family problems, he just wants to go to bed and avoid the issues. I have no respect for him and I do not trust him because of his drinking. So I watch him all the time. Even when I am having a bath, I leave the door open to watch him in case he drinks. But in a way I am hoping he recovers and looks after us because I am lonely and worried about my children's future.*

The following case shows how one wife did not fully appreciate the symptoms of alcoholism. It is clear that the emotional bond of care and love was lost, giving rise to a lack of trust, poor communication and the likelihood of increased violence.

> *Case 1002: I am fed up with my husband. We have no time to talk about matters because he drinks from early in the morning until late at night. When I try to talk*

to him he says it is none of my business and turns the music up very loud. When I become frustrated, I scream at him. When I start arguing with him he says, "I do not need you any more. Get out of my house." After verbal arguments, physical violence follows. He throws things at me and kicks me. My daughter has often witnessed his behaviour. I am so ashamed of my husband. The arguments have been going on for 30 years. I do not know how I have survived. [She started crying]

The following cases describe marital conflicts where the wives developed a poor self image and for some they lost their self identity to the degree that they contemplated suicide.

Case 1014: I feel sorry for my husband but at the same time I really hate him. He has ruined my life. Being a Catholic, I am not allowed to divorce. I often feel like killing my daughters and committing suicide. I just want to be free from this situation but I do not know how.

Case 1004: I have tried everything to make our marriage work. He did not love me even from the very beginning of our marriage. He always had other women. My parents and parents-in-law said the reason why he was not faithful to me was that I did not produce a son. They also advised me that I should go to a Buddhist temple and pray for a son. I was told my 'Hum-ki' [energy for women] *was too strong and I should be on a special diet. I was not allowed to eat any meat, fish or spicy herbs for three years. I prayed very hard for a son. Finally, I produced two sons. I was hoping he would love me but his attitude has not changed.* [In her hospital record she was described as being paranoid about her husband. Her daughter told me her father had had many affairs prior to admission].

As described above, wives tended to accept their husbands' irresponsible behaviour, but the less traditional wives, most of whom were in the younger age group did not tolerate troublesome drinking behaviour to the same extent as the more traditional, older wives.

Case 1008: My husband said I should look after the house and children: anything else is none of my business. I was not prepared to accept this, so I asked him for a divorce but he would not agree.

Case 1005: My husband said he just expects me to wash his clothes and cook for him. He also said I should not interfere in what he does. He is my husband and we live in the same house. How can I live with that type of mentality?

My findings show that there was a link between wives' attitudes towards dysfunctional behaviour of alcoholic interviewees and how women perceived their gender role. This issue will be discussed in more depth in chapter 8.

7.3.4 Mother and child relationship

My next concern is the relationship between an alcoholic's wife and her children. It has been argued that in a family situation where the mother takes on full responsibility for the family and where the father has become a peripheral figure, a two generational conflict is likely to occur (Minuchin, 1974). The mother presents as a martyr and constantly complains that her husband does not support her with the care and control of the children (Masson & O'Byrne, 1984). The wife fulfils family-role obligations as her husband becomes a more serious problem drinker (Orford, 1975). Consequently, problems of marital role adjustment often occur when the alcoholic husband finally becomes abstinent. Paolino and McCrady (1977) found that marital problems and family dysfunctioning will continue, even if the alcoholic husband recovers.

As discussed, most wives of alcoholic interviewees felt rejected and powerless over their husbands' drinking and their irresponsible behaviour. They reported that they were resentful because their in-laws accused them of not being a dutiful wife. These feelings of rejection and isolation led them to cling more to their children. They wanted to safeguard their children's future. Additionally, because the father's role was absent within the home, this added a further burden on mothers which influenced their children's upbringing. My findings showed that 25 wives (71%) had close relationships with their children which in turn isolated alcoholic interviewees as fathers. The older age group of wives, who were less educated and who held more traditional views on the family, were more likely to show a strong bond with their children than the younger, more educated wives.

> *Case 1039: My son is very protective of me. When my husband beats me my son always intervenes and protects me. On one occasion my son said to me, ' I will kill him someday. We would be better off without him'.* [Her son was already involved in juvenile crime and she had paid bail money to release him, unknown to her husband.]

> *Case 1027: My children never miss their father because he is never there for them when they need him. My children are really dependent on me because I am the one that provides everything for them. My children know the truth so they are resentful towards him. When my husband returns for dinner they all walk out of the room.*

The following case illustrates a typical example of a family situation where a close relationship was developed between a mother and son while the father and son relationship became more distant (Bowen, 1974).

> *Case 1025: My son is always caught between me and my husband. I told my son not to buy drink for him but when my husband asks my son, he brings a bottle for him. Sometimes I feel so angry I smack my son. My son said if he did not buy alcohol for him, he would be beaten. Now my son has become very aggressive towards his father.*

Even though my male alcoholic interviewees were concerned about their children, they failed to perform their role as a father and in many cases as a breadwinner. In contrast, 87% of wives were employed while 60% of alcoholic interviewees were unemployed (Table, 8.5, chapter 8). Furthermore, the wives took responsibility for childcare and housework tasks. This issue will be discussed more fully in chapter 8. My findings indicated that the wives took more responsible and dominant positions in the family, becoming "over-functioners" following the onset of their husband's alcoholism.

7.3.5 Children of alcoholics

Families which have problematic functioning are likely to isolate alcoholics as a means of coping with their alcoholism. Consequently, these parents provide inadequate support and control for rearing their children (Barnes, 1990). It is generally accepted that cultural factors play a major role in child abuse. In Korean society, it is believed that corporal punishment is an effective method of discipline and so is more often used compared with other societies (Korean Gallup 1980; Kim, 1985). My findings confirmed that children of my alcoholic interviewees were not only affected by their parent's drinking problem but also by the damaged family functioning.

Table 7.1: Alcoholic Interviewees by Number of Children

No. of Children	No. of Alcoholics	Percentage
0	1	3%
1 - 2	17	49%
3 - 4	7	20%
5 or more	10	29%
Total	**35**	**100%**

Table 7.1 shows that nearly half of the families had 1-2 children (49%), 20% had 3-4 children and a further 29% had 5 or more children. Only 3% were childless.

My findings showed that 32 cases out of 35 alcoholic interviewees (95%) abused their children verbally and/or physically. 3 (5%) were reported by wives to have neglected their children and expressed no interest in them.

The following cases illustrate child abuse. Most wives reported that their children were scared and resentful towards their fathers' drunken behaviour. Children were in a vulnerable position as they had to accept their fathers' irrational behaviour.

> *Case 1039: My children and I had to leave the house whenever he came home drunk. We had a special shed erected for our escape. We always had blankets prepared to take out in an emergency. When he returns home and bangs the door the children run out of the house. If he asks where the children are in an aggressive attitude then I leave the house. He never goes to bed before twelve o'clock. We then return when we know he is asleep.* [What do you do when it is cold?: In response to my question] *We just have to try and keep warm by jumping up and down and keeping our limbs moving. My eldest daughter phoned to enquire how he was and offered to give me money to buy medicine for him. When this girl was young he beat her with a bottle and cut her legs, but she seems to have forgotten all about it.*

Many cases in my study show that children were having difficulty coping with home life which affected their performance at school. This was more evident in the teenage group. The wife in the above case described how her teenage boy developed behavioural problems. She reported that she did not have the energy to cope with him as she was so troubled by her husband's drinking problem.

> *My son became very aggressive towards my family and especially to me. When I told him he was taking after his father he said, "I am his son, I should be like him." A few years ago we discovered he was not attending school. When my husband and I challenged him he ran away from home. I could not tell anybody. I was worried sick. Last month he was involved in violence and received a three month jail sentence. I had to pay 10.000 pounds bail money to have him released. I told my husband he had gone on a retreat, as I could not tell him the truth.*

The majority of wives reported their children were developing problems as a result of their fathers' alcoholism.

> *Case 1034: My grand-daughter* [alcoholic's daughter] *could not speak until she was five years old. I think this was due to my son's marital problems. He was*

extremely violent towards his wife. He is divorced and lives with us now. He takes his daughter to the pub every so often.

Even though many wives admitted that their children were affected by their husband's drinking, they minimised the seriousness of the problem. They failed to address the problem because they were preoccupied with their husbands' drinking.

Case 1032: Whenever he drinks he uses abusive language towards our children over nothing. The children hate their father and complain about him. They are old enough to compare their lives with other families. I have had to discourage them from rejecting their father in order to keep the family together.

Case 1004: My brother became very aggressive and seemed to turn against everything. This was out of character for him. My parents did not notice any change in him. He really worried me.

Case 1015: My children are all very good at school. My husband is good to them but he always uses them to go to the shop for alcohol. If they refuse he shouts at them. [She does not appear to realise that the children are affected by his drinking and his aggressive behaviour. She was trying to protect him and minimise the problem.]

75% of my alcoholic interviewees had children under nineteen years. As Table 6.3 shows, they had been drinking on average 16 years, which means that the children had lived with their fathers' drinking from an early age. In relation to child abuse in alcoholic's family, my findings are higher than previous research on child abuse carried out in Korea, which showed that 66% of children of alcoholics reported that they had experienced violence at home (Kim, 1987).

I noted that children did not attend for interview during my field work, even though support and advice was made available to them. Most alcoholic interviewees and their families in my study did not want their children to know about alcoholism or that their father/mother was in a psychiatric hospital, reflecting attitudes of the traditional family ideology. There was only one exception: a married women who had an alcoholic father-in-law. I also observed that the therapeutic programmes were not designed to incorporate children. Yet, they suffered as a consequence of their parent's alcoholism.

As discussed earlier, the nuclear family structure was similar to that of their parents' generation. Parent-child relationships took priority over the marital relationship. Wives were more attached to their children than their alcoholic husband. In turn, this isolated

them further. My findings suggest the above family dynamics contribute to and reproduce dysfunctional family systems in the next generation.

Using the family system theory, children and mothers of alcoholics are important for the alcoholic's rehabilitation. This suggests that family therapy, sensitive to cultural differences, could establish effective treatment programmes for Korean alcoholics. In order to help develop healthier relationships within the family system, it is important not only to take cultural difference into account, but to develop greater insight into their family relationship.

Conclusion

My fourth hypothesis predicted that the more closely an alcoholic family identifies with traditional family ideology, the more likely the family functioning will be damaged by alcoholism. My findings appear to support the hypothesis. Traditional family dynamics tend to work against the addicted Korean family. First, the more closely a family identifies with traditional family ideology, the more likely they are to conceal their problems and isolate themselves from the wider community. Traditional family values and systems expect women to uphold family honour not only for themselves, but also for their extended family and the wider community. These factors enable the alcoholic to abuse alcohol within the confines of the family circle free from outside pressures, and act as disincentives for the alcoholic to seek help outside the family circle. It also contributes to and reproduces a dysfunctional family system in the next generation.

Second, the more closely a family identifies with traditional family ideology, the more likely extended kin is to provide financial support for the alcoholic's family. As a result, the male alcoholic interviewee feels less responsible for his family and is less likely to be motivated to change. Fathers reject alcoholic sons while mothers overprotect them. This in turn leads the alcoholic to continue drinking.

Third, within a nuclear family system, the more closely a family identifies with traditional family ideology, the less likely it is to take the problem seriously. The man sees himself as head of the family and the source of family pride. His wife tends to accept his dysfunctional behaviour.

Fourth, parental function is damaged by alcoholism and children are abused and neglected. As a result, mother-child relationships become stronger and the alcoholic father is further isolated within the family. Children of alcoholics are more likely to develop behavioural problems.

My findings suggest the importance of family therapy as a care model. However, the family system theory does not fully take into account cultural differences and gender inequalities. These are discussed in chapter 8, as they need to be considered if appropriate treatment policies are to be developed.

Chapter 8

Alcoholism and Gender roles

Introduction

This chapter examines how far gender roles affect alcoholism and alcoholic families. My fifth hypothesis proposes that the more closely identify with traditional gender roles, the more likely the family is to accept the alcoholic's dysfunctional behaviour and the alcohol problems to remain unresolved.

I tested my hypothesis by using quantitative and qualitative evidence. In considering the link I have hypothesised between traditional gender roles and alcoholism, I examined the following areas: 1) marriage patterns; 2) the incidence of domestic and sexual violence; 3) family ideology; 4) coping mechanisms; 5) choice of treatment; 6) difficulties in relating to therapists of the opposite sex and 7) the degree of rejection and discrimination against female alcoholics.

In order to show a link I have hypothesised between marriage patterns and alcoholism, I examined those who had married due to outside pressure and those who had chosen their prospective partner. Then I compared these two groups according to their perception of gender roles. Following this, I attempted to show an association between marriage patterns and the perception of gender roles. The same method was applied to the remaining six areas above.

Family system theory has been used to provide a framework for understanding family problems. Although the theory suggests that aetiology and treatment approaches must take into account cultural background, in practice it fails to do so. Nor does it explain gender inequalities.

Feminists' arguments provide relevant explanations why gender inequalities persist. Western feminists have been concerned about women's rights. They argue that in order to understand women's oppression it is necessary to understand the relationship between capitalism and patriarchy. As discussed in chapter 2, feminists have seen the family as the central site of women's oppression in contemporary society (Barrett, 1980). Barrett argued that,

> "The family-household constitutes both ideological ground on which gender difference and women's oppressions are constructed, . . . Women's dependence on men is reproduced ideologically, but also in material relations, and there is a mutually strengthening relationship between them." (Barrett, 1980, p.211)

Feminists have also argued that male and female roles are socially constructed and are a result of social and historical conditions. Edwards (1987) has argued that,

> "Masculinity and femininity, 'man' and 'woman', male and female sexuality are all socially constructed. Therefore cultural practices involving sexual aggression, violence abuse and exploitation of women by men must be the result of historical conditions, not primarily of human (male) biology." (Edwards, 1987, p.26)

This perspective can help us to understand alcoholism within the Korean family system. In order to understand gender roles in Korean traditional society, it is necessary to understand the influence of Confucian philosophy which has created a male-dominant society. As I have already discussed in Chapter 2, according to Confucian ideology, *'men are honoured while women are abased'*: this has been the basic principle underlying Korean society to the present day.

Korean traditional society exemplifies an extreme form of patriarchy. Women have been regarded simply as child-bearers: to bear a son continues the patrilineal family line. The family has been regarded as a sacred unit and filial piety toward one's parents has been seen as the highest principle in Korean traditional values (Cho, H.J., 1986). Maintaining and fulfilling one's marital responsibilities in traditional Korea was a means by which women could secure status and power at home and in society (Kim, 1996). The lives of Korean women have been carefully defined with taboos and rules in every aspect of their behaviour. Traditionally in Korea there were few public roles for a woman outside the home. However, a woman might become a man's concubine *(chagun manura)*. She might also become a skilled entertainer *(kisaeng)*, or a less-accomplished prostitute. But their roles are still subordinated and demeaning and they were seen as playthings for men's satisfaction. These women had no legal security and were deemed outcasts of society (Kendall & Peterson, 1983). For example, in the Choson period a King was overthrown because he allowed his concubines to influence him and gave them too much power which disturbed the Royal Family (Cho, O.L., 1988).

Sexual segregation played a key role in the socialisation process of the family and society (Lee, 1985). For example, the marriage practice, called *'Chibokhon'*, was an extreme of this ideology which involved marrying offspring even before they were born. If the boy died before his intended wife was born, or before the girl reached maturity, she was considered to be a widow (Kim, O.Y., 1986). Women were encouraged to sacrifice their lives for the prosperity of their husbands' families. Insistence on women's virginity developed into *'Jeong-jul ideology; an ideology of chastity'* in the late Choson dynasty (1392-1910). A women of reputable background and of modest means was

expected to cover her face with a veil when she appeared in public. Bishop described old tales where Korean women's obsession with virtue and honour was so profound that if a daughter or a wife was touched by a stranger, they were known to be killed by their husband or father and women to kill themselves (Kendall, 1996).

Due to both coercion and support from the state (Choson dynasty), the sexuality of women became a great concern of family and kin. For example, various rewards were given by the state to the next of kin and family if a woman did not re-marry and was chaste even though widowed at a very young age, or had committed suicide to keep her chastity. Such women were referred to as '*Yeol-yeo*' (heroines). The families of women who were nominated as '*Yeol-yeo*' received prizes from the state and were elevated to an enhanced status in society. This custom pressurised many women to sacrifice their lives in order to raise the status of their family (Lee, 1985). It was similar to '*Sati*' in India where wives attained virtue by burning themselves alive on their husbands' funeral pyre (Liddle & Joshi, 1986).

Given the emphasis on the importance of the family and strict gender roles, there have been many regulations on marriage, including the selection of a partner. All marriages were once arranged and marriage outside of one's own class was discouraged - as discussed in chapter 2. Parents arranged marriages according to family interests. Personal affection of bride and groom for each other was considered not only unnecessary but even harmful. For the arrangement of marriage, matchmakers were indispensable and marriage was a deal like any other. Today in Korea, arranged marriages are often described as a blending of traditional wisdom. The idea that marriage is too important to be left to the young is still strongly held (Kendall,1996).

In today's Korea, the sexual division in society and a woman's role as mother and wife is regarded as a way of life which is expected by the community. When a woman does not follow these principles, she is considered deviant. The stigmatisation of single women, widowed, divorced women means that they face real difficulties living in the community. The pressure on women to marry is so strong that many just accept their arranged marriage, even though they are not prepared for marriage (Kim, K.A. 1994).

8.1 Marriage patterns

Out of the 40 alcoholic interviewees in my study, 35 had married and 5 were single. The average age of my male alcoholic interviewees' first marriage was 24.4 years and 22.5 years for their wives.

Table 8.1: Alcoholic Interviewees by Age of First Marriage

Age	No. of Alcoholics	Percentage
10 - 19	0	0%
20 - 29	33	94%
30 - 39	2	6%
40 - 49	0	0
50 - 59	0	0
Total	**35**	**100%**

Table 8.1 shows that the majority of alcoholic interviewees (94%) married between the age of 20-29. Only 6% married between 30-40 years of age.

I classified the 31 women, who were married to alcohol-dependent interviewees into four groups according to their marriage pattern: *'victim type', 'self-sacrificing type', 'reluctant-conformist type'* and *'conformist type'.* 4 of my male interviewees were married to an alcohol-dependent female. Only 1 female alcoholic interviewee was single. I will discuss this aspect in section 7.

Among the 31 wives of alcoholics interviewees, 26 (83%) appear to have married because of traditional gender roles. This group reported that they had not wanted to marry but had had no choice because of the following reasons. According to the *'victim type'*, 6 women (19%) reported that they had been raped by a man known to the family and as a result had been forced into marriage against their wishes. According to the *'self-sacrificing type'*, there were 6 cases (19%) which were love marriages. Despite the fact that the marriages had not been approved by their parents, they had had to marry because they were pregnant. According to the *'reluctant conformists type',* 14 women (45%) said they were married because of pressure from parents. These three groups of women reported that most decisions regarding their marriage had not been taken by themselves but by others.

In contrast, according to the *'conformist type'*, 5 women (16%) reported that they had wanted to marry and they had chosen their partner. Although, they had been introduced by a match-maker, they had some choice about their partner. Match-makers are officially supposed to continue finding a man partner who is acceptable. In practice, this may be limited by parental wishes. This *conformist* group of women appeared to have been less influenced by traditional gender roles.

My findings indicate that the more traditional gender roles were perceived by wives of alcoholic interviewees the more likely they were to accept an unwanted and problematic

marriage. As a result, any problems of a prospective husband remained unchallenged and in many cases, escalated.

I will now consider these different types in more detail. First, the *'victim type'* showed the most serious effects of being forced to marry against their wishes. For example, rape victims expressed psychological pain in their lives as a result of losing their virginity in such a horrifying way. The experience affected their self-esteem and their image and as a result, most of them found it difficult to develop relationships with their partners. In the following case, the woman is a year older and more qualified than her husband, which is rather unusual in Korea.

> *Case 1018: At that time my younger brother and I were renting a room from my husband-to-be, who was friendly with me. One day he called my brother and asked him to bring me to his room. When I went there, he raped me. I could not ask for help because my brother was next door and I felt so shameful. As you know it is very important to remain a virgin in our society. I had to marry him, even though my parents did not want me to.*

In the following case, the woman seemed very resentful towards her husband. She told me that after she had two children, her parents accepted her but they said they could never forgive her husband.

> *Case 1038: My husband was my father's driver. Our family liked him because he worked hard and he looked after my father very well. He was really good to me and brought me home from school everyday. One evening he took me to a mountain area which was very far away from the city. There was an old house which nobody lived in. He must have planned it. When we arrived at the house he raped me. For a month I could not escape from him. When I did try to escape he took a knife and threatened to kill me. I was scared of him. After my encounter with him I did not visit my own family for 10 years as I was ashamed and feared their reaction.*

In the following case, I observed that this woman looked much younger and seemed more intelligent than her husband, who had a slight speech impediment. His language and manner indicated that he was not from a privileged background. According to Confucian ideology, *'Pul-kyong-yi-bu'*, a woman can only serve one man in her life time (Lee, K.K., 1986). Once a girl's virginity is lost, she is obliged to marry the person with whom she had the relationship. In some cases, even following rape, she receives no support from family or friends. This group of women and families in my study were of the opinion that rape was not a crime but an accepted sexual relationship, even though

many of them had been subjected to sexual intercourse under the threat of violence. This reflects the degree of sexual segregation in Korean society and the unequal power relationship between the sexes.

> *Case1032: My brother was running a dress shop in a small town. My husband was a regular customer of his. He was friendly with me. When I finished my secondary education, I wanted to go to university. The day I went to Seoul to take my exam, he was waiting for me at the bus terminal and said that my mother had sent a parcel for me but he had left it at his hotel. He asked me to come along with him. When we arrived in the hotel he locked the door and raped me. I screamed for help but no one came to rescue me. I was really frightened and helpless when he had overpowered me. When I told my mother what had happened, she said I had to marry him as this was the practice in our society under such circumstances. I had to give up my study and my dream of a university degree. I literally had to give up everything. My father had the same opinion as my mother and he persuaded me to forgive the man and marry him. I did not want to marry him. I knew he was less educated than me and had no money and after what he had done, how could I love him? Unfortunately I could do nothing but submit to my parents wishes.*

It was interesting to note that women who were raped had a higher social and educational background than that of the men who raped them. For example, in terms of education, my findings showed that women had had an average of 12 years of formal education compared with men who had had 9.2 years. Generally in Korea it is difficult for men to marry women who have a higher level of education than them. My analysis of interview transcripts proves that rape victims were forced into marriage. It was not their choice to marry an alcoholic. On the other hand, men used rape in order to force a woman to marry them. Clearly, my findings showed that except with their relatives, girls had little experience of forming relationships and that relationships with the opposite sex were very superficial.

Second, the *'self-sacrificing type'* of women had chosen their own partner but did not have the approval of their parents in this choice. Those who met a partner of their choice and consequently opposed the traditional controls of marriage negotiation exercised by the older generation were often forced into prolonged and hatred conflict with their parents. The following cases illustrate how family ideology oppresses a woman's rights and her freedom of choice.

> *Case 1001: I met this handsome young man when I was in college and we fell in love. He did not tell me he was second generation Chinese. If I had known he*

was Chinese I would not have let a relationship develop. When my parents and his parents discovered we were seeing each other, they objected to our relationship because we were not of the same nationality. Chinese people never let their children marry outside their culture. We had to marry because I was pregnant. Since our marriage I have been very unhappy because his family has never accepted me. At home his family always speak in Chinese. Even though they can speak the Korean language, they make no effort to communicate with me. I feel isolated and rejected.

When people marry from different backgrounds and culture without the blessing of their families, conflict and rejection can often occur, with adverse effects on the family system. In particular such family conflicts and rejection can lead to disharmony within the family on a permanent basis. The following case illustrate how a couple were forced into marriage because the girl was pregnant. The alcoholic's clinical record confirmed this.

Case 1033: When I was twenty I met my boy friend and fell in love. My boyfriend's parents did not want him to meet me but we continuously met in secret. I was naive and innocent and ended up pregnant. When I told my mother, she said I should have the baby because all our family are Catholics. My mother rented a small flat for me and I had to hide myself from my boyfriend's family and neighbours. My mother assumed that if I had the baby, I would be accepted and forgiven by his family. Unfortunately that was not the case. When my boyfriend's parents discovered I was pregnant, they pressurised him to go abroad to study in order to split our relationship. When he refused, he was beaten and told he was no longer an accepted family member. He left home and we lived together. But he did not have a job so we had no income. His parents did not visit us until I had my second baby. My boyfriend was often drunk when he came home. I was not happy about the situation but eventually I had to marry him. I believed in Confucian ideology which says that once you sleep with a man, you have to serve him until you die. [I interviewed this woman's mother-in-law. During the course of the interview she told me, *"I tried to stop my son from marrying my daughter-in-law. I felt my son was too young to marry and my husband and I wanted him to study and have a good job as he is our only son"*. She did not say directly that her son's trouble was her daughter in-law's fault but she said she was resentful towards her daughter-in-law].

Many educated women who are not yet married have difficulty finding men who share their view of women's role. Even when they find a partner on their own, women experience problems because they are expected to perform traditional women's roles. In

addition, as I discussed in the previous chapter, these women are more likely to encounter conflict with their mother-in-law. Where couples marry against their parents' wishes, this affects their future relationships and can cause a subsequent breakdown in the family system. When women can not live according to their own wishes, it creates emotional problems not only for the women, but for the whole family as following case demonstrates.

Case 1014 : I married against my parents' wishes. I met him through a match-maker. My parents did not like him but this man always kept in touch. He even came to Seoul to meet me. I believed the match-maker because she said he was a Catholic. I felt comfortable with him. My parents were not happy with me keeping in contact with him. One evening I did not go home and I later heard a rumour that I had slept with him. I had not slept with him but had stayed over with a friend. The match-maker told my parents I had had sex with him and advised that I should marry him. I was very angry and became upset and that night I did sleep with him. Having slept with him, I felt I had to take responsibility for my behaviour, so I decided to marry him even though I did not love him.

Third, the *'reluctant-conformists type'* of women had arranged marriages. This group of women did not want to marry but had to submit to their parents' wishes. The following cases illustrate how the system restricts women's freedom of choice, even in contemporary Korean society.

Case 1024: I had a boyfriend but my parents did not approve of him. They insisted I should see the match-maker and try to meet someone better. The match-maker introduced me to a man who was to be my future husband. I heard he did not wish to meet me, but his parents pressurised him. I just met him on one occasion and without any further meeting or agreement on my part, the official papers for our marriage arrived from my future husband's house. It was obvious my parents had made all the arrangements without discussing it with me. I had no option but to follow the agreements which had been made.

One of the functions of arranged marriages was to protect the filial bond between sons and their parents from being undermined by a strong conjugal bond that could threaten the family hierarchy (Johnson, 1980). The above cases illustrate how individuals' wishes are often disregarded for the sake of family obligations and how women have to accept their parents' wishes in accordance with traditional gender roles. In relation to inequality between men and women in Korea, the family's social standing is judged according to the degree of 'success' of their sons. It was common for a female to seek

employment in order to support a male sibling's education (Cho, 1992). The following examples confirm this.

Case 1019: My sister is a very intelligent girl. I feel so sorry for her. Her life has been ruined by marrying this man. Before she married him, she had a lover who was a school teacher and they were going to marry. Unfortunately, his mother objected because she thought my sister was not pretty. My father arranged for my sister to meet this man while her boyfriend was in the army. My sister cried all day on her wedding. My father just believed what the match-maker had told him that my sister's present husband was rich and had a good family background which was not true.

Many cases highlight the power the match-maker holds and how she/he can take advantage of the pressure parents are under to see their daughters married in society. It is clear from these cases that the brides-to-be had no say in their future, despite the obvious violent background of their intended husbands. The following case suggests that the girl's father thought more of his career than his daughter's future. Implicit in the traditional status of a woman in the patriarchal family system is that her position is comparable to that of an 'outsider'. Family interests dictate and justify the sacrifice of a female member (Deuchler, 1977).

Case 1025: I met my husband through a match-maker. When I told the match-maker that I did not like him, she pressurised me to meet him again, because he liked me. The match-maker manipulated the whole marriage process. I did not know what was happening, I was just rushed into an engagement. Even though we were engaged I did not like him, so I did not let him come to my bedroom. One time when he visited my house, he just barged into my bedroom. Then he began to beat me and raped me. Since that night, whenever he drinks he beats me for no reason. I pleaded with my parents to put off the marriage but they would not agree. My father was a policeman and he was worried that it would have a negative influence on his career. He also said, once I married I would not be a member of his family but of my husband's. I felt even my own father was disowning me.

As far as the above three groups of women are concerned, they entered into a marriage without all of the facts concerning their future partner. Many women from these groups said their marriage did not take place because of their own wishes but to facilitate family interests. During the interviews these women told me of their anger when they looked back on how they had been treated by their family and society in general.

Finally, the last group of women, *'conformist type'*, had chosen their partner. This group of women appear to have been less influenced by traditional gender roles, even though they were introduced by a matchmaker. They reported that before they married they had the opportunity to meet their prospective husband at least once and were given a choice.

> *Case 1035: I thought I was old enough to marry. When my parents arranged mason* [arranged meeting for marriage], *I agreed. After mason, I wanted to marry him. Following our marriage, I have had a really hard time not only because of my husband's drinking but also due to our different religious beliefs.*

During the interviews, all four groups of women said they had little control over their lives. Many referred to the pressure of public opinion to marry, particularly from parents. Many were only in their early twenties when they experienced these pressures. The choice of marriage partner was restricted and the couple entered into a marital relationship without prior knowledge of each other. For example, my alcoholic interviewees took their first drink on average at the age of 18.7 years (Table 4.9, chapter 4). The average age of first marriage for alcoholic interviewees was 24.4 years (Table, 8.1, chapter 8). Most had been drinking for an average 6 years before marriage. This suggests that family members might have been aware of their son's alcohol or behavioural problem before they married. As chapter 6 illustrated, their histories also suggested that further problems were developing during their adolescence, such as drinking or involvement in juvenile delinquency. Yet, their families arranged marriage partners reflecting marriage customs in Korea. For example, traditionally, if a person had a physical or psychological problem, to marry them off was thought to be one of the ways of resolving the problem. Families negotiating a match were vulnerable to manipulation by deceitful matchmakers. In addition, the prospect of marriage depended on a matchmaker because they did not allow either party to meet before the wedding (Mattielli, 1977). Moose wrote how matchmakers deceitfully married off brides, who were hunchbacked, deaf or blind, and grooms who were ugly or deformed (Kendall, 1996). In the Choson period, many families could not marry off their daughters because they were poor. Records show that the government sponsored the marriage of women over thirty whose families were too poor to have them married. This was a grave social problem throughout the Yi (Choson) dynasty (1392-1910). As a Korean proverb states, "*if a family has three daughters, the pillars of the house will fall'* (Kim, 1976).

The above analysis revealed that gender inequality and women's vulnerability had a strong influence on women's lives. This is turn adversely affected their marital life. It was clear that those who were raped had been most seriously affected. The women in this group said that they were forced to remain silent because it would bring shame on the family if it was made known. Rape victims were forced into marriage without any

help from family or social services because marriage was seen in most cases by society as the solution to this social problem. Sexual violence was not seen as a criminal act but was accepted by society. Today it is now seen as a serious social problem in Korea as reflected in the reported increase in the level of rape. For example, the reported incidence of rape cases increased by 50% between 1968 and 1978, doubled between 1978 and 1983 and doubled again between 1983 and 1988 (KWDI, 1992). A survey carried out in Seoul in 1990 showed that many women did not perceive rape by an acquaintance as rape. This perception is held by most of the general public. The survey also found that only 51.2% of women answered that they perceived rape while dating as rape. Their failure to perceive their sexual experience as rape chiefly comes from their misunderstanding of sexual relationships. Furthermore, about 94% of women surveyed answered that they felt threatened due to the increased incidence of rape and sexual violence. The extent of unreported sexual violence was revealed to be 40 times higher than official statistics reported (Korean Institute of Criminology, 1990). This study also revealed that the main reason victims did not report sexual violence was that the rapist was often their acquaintance. They also feared the social stigma. This in turn forces women to conceal their problems and contributes to further sexual crime in society (ibid). Brownmiller's review of rape as an expression of the power relationships between men and women is as accurate a reflection of Korean culture as it is of Western cultures. She argued that the ideology of rape is related to cultural values and is a mechanism of male social control over women (Brownmiller, 1975).

The historic silence of women in public and private life shows the extent of women's subjugation. Increasingly, feminists in the West have attempted to gain a 'women's voice' in politics and literature (Maynard, 1987; Heidensohn, 1994). My findings suggest that many male alcoholic interviewees used alcohol as a weapon over their future wives but women remained silent. It is still accepted by society that violence is justifiable within one's own family. Marriages in such circumstances reflect clearly segregated gender roles. As Heidensohn argued that, ". . . all societies regulate sexuality and have rules about gender-appropriate sexual behaviour" (Heidensohn, 1992, pp 243-244). Within this social system, alcoholics' dysfunctional behaviour is regarded as normal, even manly, and so goes unchallenged. These factors contributed towards the continuance of dysfunctional behaviour of my alcoholic interviewees without pressure from society.

As discussed in chapter 1, previous research in Western society supported the hypothesis that alcoholics' spouses suffered from long-standing personality defects. Therefore, due to their own inadequacies, they chose an alcoholic husband either consciously or unconsciously and thus contributed to their spouse's alcohol problem (Jacob, et al., 1978). Edwards et al. (1973) introduced 'stress theories' to explain this

phenomenon. He argued that women experiencing stress as a consequence of living with an alcoholic husband manifest neurotic traits and psycho-social disturbances. My findings challenge the former theory, as the majority of wives of alcoholic interviewees did not choose an alcoholic to be their husbands.

During the course of interviews, most wives in my study told me that because of the traditional gender role and their lack of resources, they were forced into marriage. They also related that when they looked back on their lives, they recognised that their freedom and rights had been restricted and that they had been exploited. However, my findings do not answer to what extent psychological factors influenced 5 *conformist* wives over their choice of partner.

8.2 Domestic violence

Even though the link between excessive alcohol consumption and violence is complicated, previous research indicates that there is a close relationship between alcohol consumption and aggressive behaviour (Collins & Schlenger, 1988). Coleman and Strauss argued that related to the expectational effects is the role that drinking may play in excusing or denying violence after drinking (ibid). Feminists' views on alcohol-related domestic violence is that excessive alcohol consumption is not the 'cause' of violence, but an excuse for it (Dobash & Dobash, 1980; Pahl, 1985).

In Korea, the main reason for men exercising power over their wives stems from Confucian teaching which states, *'women should obey their husbands'*. In terms of family violence, Koreans tend to consider wife battering as a quarrel between husband and wife, not requiring intervention. Wife battering is justified in Korean society because it is believed that women should be beaten to make them submissive. For example, an old Korean proverb says, *'like a fillet of steak a woman must be beaten to keep her soft'* or, *'If a woman is not beaten every three days, she will be transformed into a fox'*. These proverbs infer that if a woman is not kept submissive, she will become manipulative and disruptive. Another belief is that only alcoholics beat their wives and it is not the person, who is responsible but the alcohol. It is therefore inevitable that wives accept their husbands' irrational behaviour and that husbands do not see that they are responsible for their actions when under the influence of alcohol (Kim, 1985). Kim points out that nowadays more women are prepared to challenge their husbands' control and authority. When wives do not obey their husbands, violence is likely to be used against them. This may be an important factor behind the rise in domestic violence (Kim, K.A., 1994).

8.2.1 *Alcohol and domestic violence*

In considering the hypothesised linkage between alcoholism and gender roles, my findings show a consistent link between the degree of domestic violence and my interviewees' perception of gender roles. Among 31 wives of male alcoholic interviewees, 28 wives (90%) had experienced domestic violence. Of these, 11 wives (39%) had suffered severe violence, much of which was life-threatening. 12 wives (43%) felt terrified by the alcoholics' behaviour and 5 wives (18%) experienced general physical and verbal abuse. Only 3 wives (10%) reported that they had not been subjected to violence, but their alcoholic husbands had been involved in violence outside the home and had been in trouble with the law. My findings also showed that in 26 cases (93%), violence occurred after the husband had been drinking. In contrast, in only 2 cases (7%) violence was not related to drink. Physical violence did not always accompany verbal abuse, but even without physical beating, most wives were humiliated and scared by their abusive language. Those male alcoholic interviewees, who were at a chronic stage of alcoholism and believed in traditional gender roles, were more likely to use violence than those who were at an earlier stage of their illness and held less traditional views. The former group abused their wives more often and more severely than the latter group.

The following cases describe vividly how dangerous domestic violence can be in the alcoholic family. Women reported that they lived in fear of their husbands' aggressive behaviour, even to the extent that they felt their life was in danger.

> *Case 1032: I was left unconscious twice from my husband's beatings. On one occasion he threw the rice cooker at me and it hit me in the chest. He said he was too drunk to hit my head. He then caught me by the throat and tried to choke me. My eldest daughter saw that incident and she took me to hospital.* [The woman showed me a black scar on her throat].

> *Case 1034: My son* [alcoholic] *was a boxing champion. He is very violent at home. He beats his wife and pours boiling water over her. He even beats me. Sometimes I tried to fight back but on many occasions he tried to kill me with a knife. When this happened I had to lock the door and hide myself with a blanket just in case he stabbed me. Sometimes I had to call the police, but they let him go next morning. He also takes his seven year old daughter to the pub. Sometimes he abuses her as well. My son's wife divorced him because he beats her. Her family were so angry that they beat him in retaliation. His injuries were so severe that he had to be hospitalised for six weeks. I became very upset about the event and sued his wife's family. My son received up to 600 pounds* [UK Currency] *in compensation which he spent in one night on drink.*

The following cases clearly show that men used alcohol and violence as a way to control their wives. These cases reflect the feminist argument that alcohol was not the 'cause' of violence, but the excuse for it.

> *Case 1026: I did not want to marry him because we had no common interests to share. I could not adjust to our marriage. I think that is why he beats me.*
> [In this case the woman was more educated and had a better family background than the man but they had to marry because she became pregnant]

> *Case 1014: He is very resentful towards my parents because they did not approve of our marriage. Whenever he drinks, he beats me and complains about my family, using abusive language.* [In this case the husband informed me that he felt inferior to his wife's family because her brothers were very successful.]

The following cases illustrate how children of battered wives are vulnerable to becoming victims of violence. It also indicates that domestic violence is widespread and is acceptable behaviour within the family.

> *Case 0038: When I was little, my father always beat my mother. I do not know what was the reason. I was so scared that I often ran away or watched what was happening from the shed. He used also to beat me with a leather belt. He was very cruel. I hated being at home so I always wandered about the street. When I was small I said to myself, "when I marry I will never hurt my wife", but I have been doing the same as my father did - hitting my wife and children.* [He seemed very upset about what he had done to his family.]

> *Case 1020: My father always beat my mother when he took a drink. When my mother was beaten, she tried to kill herself many times. He never beat us, but when he used to beat my mother we were so frightened that we had to escape to our friend's house. Eventually my mother attempted suicide and was taken to hospital. She was sent home unconscious as a result of the suicide attempt because nothing could be done to save her life. My sister* [alcoholic] *suffered severe violence from her first boyfriend. Even her present husband beats her, but she never tells me about it. When she was admitted to this hospital my brother was angry and ashamed of her. He put a blanket over her head and tried to kill her.*

In relation to domestic violence, my findings show that 17 male alcoholic interviewees (43%) had experienced violence from their parents as children. Those who had

witnessed their fathers hitting their mothers tended to beat their wives. My research also showed that couples who marry against parents' wishes, or because they become pregnant or those who live together before marriage were more likely to experience violence in the home. The more conflicts occurred between spouses, the more husbands tended to be violent towards their wives.

My findings concur with other research findings which indicated that 92.9% Korean wives of alcoholics experienced violence (Yun, 1988). Shin has pointed out that education, age or occupation of wife-batterers is of little relevance. But there is a strong relationship between personality, background, childhood and parental marital relationship in Korea (Shin, 1984). The Korean Institute of Criminology (1992) found that 71.9% of adults among general population had experienced violence from family members (parent and/or siblings). Furthermore, 68.9% of respondents had experienced violence from strangers. This study concluded that those holding traditional perceptions of gender roles were more likely to beat their wives and recommended that in order to prevent domestic violence, socio-cultural norms that tolerate violence must be changed. Secondly, Korea needs to accept that domestic violence is not limited to a particular household but is a wide-spread social problem. The Institute argued that there is an urgent need to have a legal system in place to address the problem of domestic violence (Korean Institute of Criminology, 1992).

8.2.2 Women's acceptance of violence

My findings clearly indicated that domestic violence in an alcoholic family is significantly higher than in non-alcoholic families and that this is a reflection of patriarchal power. My next concern was how women responded to domestic violence.

Most women showed passive attitudes towards their husbands' violence. Among 31 wives of alcoholic interviewees, 26 women (83%) said they allowed their husbands to beat them because if they confronted their husband, he would shout, scream and go out to buy drink. Some women from this group were of the opinion that it was due to their ill-fortune or fate that their husbands had become alcoholic and beat them. Some reported that they were caught in a difficult situation and were unable to deal with the violence or to find a solution to the problem. In this group, none of the wives reported their situation to social services or to the police. Nor did they discuss their problems with their family or friends, because they feared they would be accused of being the cause of the problem. The more traditional family ideology held by wives of alcoholic interviewees, the more likely they were to accept their husband's abusive behaviour. As a result, alcoholic interviewees were able to abuse their families continuously.

The following cases illustrate how wife-beating is common and is accepted by society. As stated above, women are in fear of reporting the situation because of the repercussions for them.

> *Case 1024: After drinking, my husband orders me to stand up and sit down repeatedly. I have to do as I am told, otherwise he would beat me with a stick. If my parents-in-law heard the noise they would blame me for not being submissive to my husband. He is also very aggressive towards my children. He often makes them go to the shop to buy alcohol for him.*

> *Case 0007: Whenever I take a drink he beats me. One day he accused me of having an affair. He pulled me out of bed by my hair. He tore my clothes and looked for a stick to beat me. Whenever he beats me my mother-in-law encourages him to beat me more. She even brings a stick for him to beat me with. I am very angry with them. The interesting thing is if someone visited, especially my family, he would pretend nothing had happened and he would be really nice to me. When I told my family what had happened, they did not believe me.*

In this group, I observed that male alcoholic interviewees threatened their wives during group meetings by their body language, for example by angry facial expressions and displaying their fists in a threatening manner unknown to the therapist. As a result, these women were reluctant and afraid to talk about their husbands' behaviour in the group. They were insecure because they depended on their husband and his family to support them and their children [Field note, 5.8.1995].

In contrast, 5 cases (17%) reported that they had tried to fight back or had left home with the children. This group of women appeared to be more assertive and less entrenched in traditional gender roles. However, they were still victims of abuse even though they appeared to be less submissive and less prepared to accept their husband's violence.

> *Case 1030: When he tried to choke me I kicked him.* [She broke two of her husband's ribs]. *I feel I am also resorting to violence, therefore I have to make a decision on my future. I am seriously thinking of divorce.*

> *Case 1025: When my husband started to beat me, I was so embarrassed in case somebody would hear about it. In order to prevent people knowing about his violence against me, I had to let him beat me. Now I have become stronger and I fight back or scream at him. It has worked. He is not so bad now!*

In Korea, society sees the family as responsible for resolving its own conflicts without influence from outside forces. As discussed in chapter 7, seeking help from outside is seen as bringing shame or 'losing face' for the family (Mass & Yap, 1992). Consequently, adequate facilities for abused women in Korean society have not been established. There is no law or place of refuge where they can turn for protection. Within the social system, women feel helpless and can not find any way out of their dysfunctional environment and marriage. Most wives told me that they did not know where to go to seek help. Interestingly, Kim (1996) found that Korean Christian women in America equally had difficulty discussing family problems with anyone outside the family circle.

In relation to the high incidence of domestic violence in Korea, the New York Times reported that 42% of women in Korea experienced domestic violence from their husbands and that Korea is almost comparable to some Moslem countries in the dominance of men over women. It also reported that Korean women believe that if they do something wrong, they deserve to be beaten. Korean mothers teach their daughters if their husband beats them not to be defiant, but obedient and submissive (New York Times, 5.12.1996).

8.2.3 Sexual violence

Sexual relationships are an important part of marital life and sexual practices vary widely between cultures (Giddens, 1989). In Korea, it was recognised by the Choson dynasty that a man might have a concubine in addition to his wife. This system of concubines was publicly recognised as existing for the privileged class, mostly government officials, but the practice which began at the top was gradually pursued by the general public (Sohn, 1986). Jeoung (1992) argued that there have been double sexual standards in Korea. According to her arguments, in traditional Korean society men were seen to possess strong sexual desires, while women were thought to have only maternal instincts and/or no sexual desires. These double moral standards have meant that women must keep their chastity while it is acceptable for men to have extra marital relationships. There is no penalty for men if they go out and pay for sex, but prostitutes who participate in sexual activity for a living are prosecuted.

My findings showed that the sex life of interviewees affected the family. Of the 31 wives of alcoholic interviewees, 27 wives (87%) said they had problems with their sex life. Of these, 9 wives (33%) reported that their husbands had extra marital relationships. 11 wives (41%) reported that they did not sleep in the same room or had not had sex for a long period of time. 7 wives (26%) said they did not want to have sex because they were abused by their husbands. Only 4 wives (13%) said they had no problem with their sex life. It appears that the more closely the wives identified with

traditional gender roles, the more likely they were to ignore or accept their husband's promiscuity and their sexual problems. According to alcoholics' hospital records, 26 married male alcoholic interviewees (84%) reported that they had sexual problems due to complications of alcoholism, including impotence. Yet wives of alcoholics were not aware of the connections between alcoholism and sexual problems.

The following cases from the more traditional group illustrate how wives took on the financial responsibility of their husband's sexual actions often at great expense. Since they had been indoctrinated by their parents with Confucian ideology, they felt obliged to live by its principles and make such provision.

> *Case 1004: When I got married, my mother-in-law said my husband was losing weight because he was having too much sex. I was told not to sleep with him by my mother-in-law, but he used to visit my room secretly. Now my husband has a girl friend who is a widow. When I found out, I went to a fortune-teller. She said my husband had too much Ki* (energy), *that nobody could stop him having an affair. She also said if I stopped him, he would die. I had no choice but accept the reality. I was annoyed because my husband asked me to call his girlfriend and invite her to my house. I did not like it but if I did not listen to him, he would start drinking.*

> *Case 1027: I spent 30,000 pounds* [UK Currency] *in compensation for my husband's girl-friend last year. He had an affair with a married woman. When her husband found out he sued my husband and he was convicted by the court of adultery with a penalty of 30,000 pounds. After the incident, my husband became very anxious and depressed. Since my husband has been taking psychiatric medicine, he has had no desire to have sex. Now we do not share the same bed. I want to sleep with him but my husband won't agree to it.* [With regard to this case, I noted in her husband's chart that he had been treated for a sexually transmitted disease on a number of occasions as a result of his promiscuous life style - Clinical record].

In a male-dominated Korean society, couples have traditionally been forced into marriage by their parents. If the couple are not happy with each other, men tend to feel they have the right to extra-marital relationships, while wives tend to accept their husband's behaviour, reflecting cultural norms and values.

> *Case 1004: Since my husband has been seeing this woman he does not like to sleep with me. When I touch him, he says my skin is too rough. He also says I am*

too demanding, taking into account my age and that I am not sexy. I feel terrible. I am his wife but he has never loved me.

Case 1013: My husband can not have sex but we do not know the reason. I feel he is troubled about it. He went to the doctor and the doctor said there is nothing wrong with him. I do not mind but he feels guilty about it. He never discusses the matter. He does not like me wearing make-up or nice clothes because he is jealous.

The following cases showed that wives were frustrated and distressed, but the problem of sex was never addressed as an issue. When they were interviewed, they seemed very uncomfortable and embarrassed to talk about their sex life.

Case 1035: I have not slept with my husband for 3 years now. Yes, we share the same room but my husband has no interest or makes no effort. It is very difficult for me. I have to put up with it.

In contrast, the less traditional wives appeared to be more aware of what was happening to their sex life and less prepared to accept their husband's sexual abuse.

Case 1030: When my husband was younger he spent all his money on other women. If I said anything he would say it was none of my business. He also said a man can do anything he likes. He just wanted me to look after the children and do the house work. Even when he was in hospital for detoxification, he went out with a woman secretly. I could not accept it any more, so I challenged him. He started to beat me. So I called his family and asked them to send him to a psychiatric hospital.

Case 1027: I have been really patient with my husband. One good thing is that he has been faithful to me. If I found he had another woman in his life, I would not accept him.

My data demonstrates that all forms of sexual violence seriously affected women's lives. It is evident that sexual violence was experienced by most wives of my alcoholic interviewees. The common forms of sexual violence were more likely to be defined by male alcoholic interviewees as acceptable. Women as the victims were forced to accept their husbands' behaviour. During the course of my interviews, many wives reported that violence by their alcoholic husbands followed when they refused to have sex. However, as has been discussed in chapter 7, most of my alcoholic interviewees did not

feel that their marital relationship was seriously damaged due to their drinking, while their wives perceived their marital relationship to be at risk.

These findings are supported by other research which shows that wives of alcoholics appear to experience more stressful life events in the area of marital, sexual, and financial matters. They report less intimate and emotional feelings towards their husbands (Choi et al., 1994). Legislation in relation to husbands raping their wives has not been considered as yet in Korea. Indeed, the concept of rape within a marriage is not accepted by most of the general public. For example, 67.3% of married women in Korea reported that they had experienced 'rape' by their husband, but only 43.8% of them perceived it as rape (Korean Institute of Criminology, 1990).

Other research of wives of alcoholics characterised them as power-driven women who either knowingly or subconsciously marry an alcoholic whom they could dominate (Jacob, et al., 1978). My study does not support this theory. Rather it suggests that the attitudes of wives contributed to the problem by accepting their alcoholic husband's dysfunctional behaviour reflecting traditional gender roles.

However, in relation to women's attitudes towards domestic violence, my findings are supported by other Korean research. Lee (1979) found that Korean women tend to accept their husbands' violence because they believe that if their marriage fails, their life as a whole has failed. As a result, women do not reveal their situation but endure their difficulties. Byun (1992) argued that it is commonly believed in Korea that the most practical solution for solving marital problems is to place the responsibility on women. They are expected to be patient and accept their situation. Wives of alcoholics in my study believed that marriage was the only way to live and keep family honour. They felt that if they were patient they would be recognised by their in-laws and rewarded in their old age for their hardship. They did not seem to realise that in reality they were enabling their alcoholic husband to continue drinking.

8.3 Family ideology and the role of women.

In considering the link between gender roles and alcoholism, my next question was why wives of alcoholic interviewees stayed in marital relationships, despite the fact that they were unhappy and dissatisfied with their husbands and in-laws. To clarify this, I explored the attitudes of wives about married life.

In the West, feminists have argued that the sexual division of labour and inequalities within the labour market foster women's economic dependence on men, particularly within the institution of marriage. Materially women are still excluded from most

positions of power and influence within society (Stacey & Price, 1981) and ideologically they are firmly located within the domestic sphere.

As I discussed in chapter 2, Confucian ideology has shaped the way marital problems were solved in traditional Korean society. The state as a rule discouraged divorce. In general, families considered divorce as dishonourable, so couples remained married but lived separate lives. This was referred to as *'sobak'*. Men were able to resolve their discontent by acquiring concubines, but women had to bear the agony of a strained relationship. The irrational and freedomless system of the Choson dynasty was further aggravated by prohibiting divorced women and widows from remarrying (Sohn, 1986).

In terms of gender inequalities within marriage, women of the Choson dynasty were excluded from inheriting the family property. According to Confucian teaching, when a woman married she was no longer a member of her original family, but was recognised as being a member of her husband's family (ibid). In this system, women took the lowest position in the family and were the last to gain access to household resources. It was a traditional rule that the male head controlled family business, including financial matters. Due to the differences in marital roles, the husband was traditionally involved with wider social affairs in order to run his farm while his wife concentrated her attention on domestic work. Since her life was limited to housework and she was excluded from financial matters, she had little or no influence on household financial affairs. In fact the property was generally inherited from her husband's father which left the wife indebted to her husband and totally dependent on him (Cho, 1992). Even today there is very little financial support available for single mothers and widows from social services. So, due to social stigmatisation and economic necessity, Korean women traditionally are pressurised 'to endure' an unhappy married life rather than divorce.

Prior to analysing my interview transcripts, I examined the socio-demographic data on the wives of male alcoholic interviewees. Then I compared this data with the data on their husbands in order to understand the background of these wives.

Table 8.2: Wives of Alcoholic Interviewees by Age

Age	No. of wives	Percentage
20-29	2	6%
30-39	12	39%
40-49	11	35%
50-59	5	16%
60-69	1	3%
Total	**31**	**100%**

Table 8.2 shows that the majority of wives of alcoholic interviewees (74%) were in their 30s (39%) and in their 40s (35%). 16% were in their 50s and a further 3% were over 60 years. Only 6% were in their 20s. The average age was 39.8 years, which is one year younger than their husbands.

Table 8.3: Wives of Alcoholic interviewees by Number of Years in Education

Years in education	No. of wives	Percentage
0-5	3	10%
6-10	14	45%
11-15	13	42%
16-20	1	3%
Total	**31**	**100%**

Table 8.3 shows that most wives had at least 6 years of education. 45% had between 6-10 years, 42% had between 11-15 years. A further 3% had over 16 years. Only 10% had 5 years or less. The average time spent in education for wives was 8.8 years, which was one year less than that of their husbands. This is similar to the average Korean woman's level of education (Korean Statistics, 1991).

Table 8.4: Male Alcoholic Interviewees by Marital Status

Marital Status	No. of Alcoholics	Percentage
Married	25	71%
Divorced	2	6%
Separated	2	6%
Deceased	2	6%
Single	4	11%
Total	**35**	**100%**

Table 8.4 shows 71% of alcoholic interviewees were in a marital relationship at the time of the interview, while 6% were divorced, 6% were separated. 6% were widowers and 11% were single.

Among those who remained married, 22 wives (88%) of alcoholics said even though they were still living with their husbands, they had left home from time to time because they were not happy with them. Only 3 (12%) said they had never left their husbands and that they were relatively happy with them.

I further questioned the group who were not happy with their husbands as to whether they would consider divorce if their partner continued to drink. Among 22 wives who were not happy with their husbands, 17 (77%) said they did not plan on divorce or separation. 5 (23%) said divorce was an option. My findings show that the more

closely wives of alcoholic interviewees identified with traditional gender roles, the more likely they were to stay in an unhappy marriage with their alcoholic husband. As a result, male alcoholic interviewees did not have an incentive to change their behaviour and stop drinking.

I will now consider these different groups in detail. First, wives who considered divorce as an option, appeared to have different views about marriage to those who did not consider divorce. Even though they were considering divorce, they lacked self-confidence and felt guilty about their choice.

> *Case 1030: My husband is very violent, and when the children cry he beats them. I have left him a few times but I had to come back because of the children. I feared he would kill them. I wanted to take the children with me but I had no financial support to look after them and that is what compelled me to stay with him. I can not leave the children so I have no choice but to stay with my husband. I do not want to live with him any longer but I can not decide whether to divorce him or not because of the children. There is no one with whom I can discuss my problems. I really do not know what to do.*

Second, those who did not see divorce as an option and wished to stay in their marriage, I categorised into four groups which I refer to as *'traditional type'*, *'martyr type'*, *'avoidance type'* and *'dependent type'*. Of the *'traditional type'*, 9 wives (53%) reported that the reason why they did not want to divorce was due to social pressure to keep the family together, coupled with the shame that it would bring on the family. Of the *'martyr type'*, 4 wives (24%) stated that they remained in the marriage because of their children. Of the *'avoidance type'*, 2 wives (12%) said they feared living alone. Of the *'dependent type'*, 2 wives (12%) reported that they would not divorce because of their economic dependency on their husband.

In the *'traditional type'* wives were taught by Confucian ideology that divorce was undesirable and if they divorced they would have to live with the stigma and prejudice. The issue of family honour has often been extended to the point where women were expected to uphold not only their own honour but also that of their spouse, their extended family and the wider community.

> *Case 1035: I have been very unhappy since I married. When I told my brother and parents how I felt, they said if I sacrificed my life I would save our two families. My parents-in-law would be very upset if I left my husband. I do not want to cause them pain. I have decided to accept my cross and get on with life. That is my life and my destiny.*

Case 1024: I told my parents I was going to leave him. But my parents and my parents-in-law objected. They said if I sought a divorce, it would damage both families 'chemyun' [face/image]. *My parents-in-law persuaded me not to divorce and said if I remained and reared their grandchildren they would support me financially. I agreed but I did not expect anything from my husband. I just wish I did not have to see him again.*

The following cases illustrate how women are considered the 'outsider' by their in-laws and their own family. To the present day, once a woman marries into another clan she is excluded from her own family completely because she bears a child for another clan (Cho, 1993). Therefore women have had no alternative but to produce sons and remain loyal to their in-laws. This reflects the belief system that if a woman does not belong to a man, she has no social value. In such a society of male-supremacy, women feel devalued and worthless (Sohn, 1986).

Case 1025: It was too hard for me to put up with my husband's drinking behaviour so on one occasion I went to my own parents for help. They agreed to let me stay with them but they would not allow my child because he was not of their clan. After that, I stopped visiting them because I was really disappointed at their attitude towards my son.

Case 1004: I did not wish to endure a life of unhappiness like my mother. She was only three years married when she found it difficult to tolerate my father's behaviour. She went to her parents house for help but they would not even open the door but said, "you have to live with your husband. Do not come back to us, you belong to his family now". There was no way out for her. She had to tolerate him and endure a life of fear and unhappiness. [Alcoholic's daughter]

Traditionally a Korean 'ideal woman' was a 'self-sacrificing, healer and warrior woman'. Women not only devoted their lives to the service of their husbands but also for their families (Kim, 1996). Most wives in my study held this traditional view.

Case 1033: Everybody praised me saying that I was a typical 'good Korean woman' because I am quiet and patient. They said I looked after my husband very well and I was very patient with his drinking behaviour.

Case 1001: As you can see I look weak but I am really a very strong woman inside. I have had to endure my husband's drinking problem for a long time without telling anyone. I do not believe complaining about one's husband is nice.

The *'martyr type'* of wives felt that they were obliged to sacrifice their lives for their children. These wives tended to blame themselves when problems arose in their marriage and were of the opinion that it was up to them to make a success of their marriage. They believed if they exposed the problem it would have an adverse effect on their family. For example, they believed it would be difficult for a son or daughter to marry into a good family if their father's drinking history was known. Some women reported that their husband's drinking was their own fault or ill fate and therefore they had to accept it and get on with life. The following case shows how women so strongly believed in their traditional gender roles that they suppressed their feelings as a human being. They were expected to live out a role laid down by society.

> *Case 1008: My father left home for another woman when I was young. He wanted to divorce but my mother did not agree. She said to me that she did not want to be called a "divorced woman". She also said she was concerned about her children's future because of the social stigma attached to divorce. Her attitude influenced me to accept my husband's drinking. As she had sacrificed her life for me, I felt obliged to do likewise. I missed my father so much that I do not wish my children to suffer in the same way.*

> *Case 1014: I always thought if I left my husband I would never miss him, but I can not leave my daughters behind me. If my children were males it would be different: my husband and his family would take care of them. But I am sure they would reject my daughters if I left. This prevents me from leaving my husband.* [In this case, the woman had only two daughters and her husband had already threatened he would send the girls to an orphanage because females were not important to him.]

The *'avoidance type'* of wives reported that the reason for staying in an unhappy marriage was the psychological fear of leaving their husband and living alone. These women believed that if they left their husband the psycho-social impact would include total isolation from a support system, together with shame and embarrassment. In the following cases, women were in their twenties and university graduates but they did not consider themselves independent and confident human beings. They seemed scared at the thought of leaving their husband. The second case reflects the point made earlier that heavy drinking and consequent dysfunctional behaviour among males is accepted and considered masculine by society, even by medical professionals.

Case 1005: I can not sleep worrying about my future. I want to work but I do not have the courage to find a job and get on with life. I think girls should brought up to believe that a career is important for their lives in Korea. I am really afraid.

Case 1033: I lost my self-confidence over my husband's drinking problem. When I meet someone I feel uncomfortable. I am conscious that they know the truth about him. I went to see the psychiatrist but he said I was too sensitive about my husband's drinking problem. He also said any man can drink like my husband. It's natural and he advised me to accept his drinking!

The following cases describe women's accepted and learned helplessness about their future. They also indicate a strong traditional gender-based assumption that women should belong to men.

Case 1028: I feel very upset because a fortune-teller informed me that if I insisted on my husband giving up his extramarital relationships, he would die. I do not want to be a widow. Last year I spent 10.000 pounds [UK currency] *on a shaman in order to expel the evil spirit from him. I just need a tablet to reduce his sexual desire because the most annoying thing for me is his extra-marital relationships, not the drinking problem.*

For the *'dependent type'*, finance was a major problem confronting wives of alcoholics.

Case 1014: I had been looking very hard for a job but it was extremely difficult with two small children. Eventually I took up employment as a saleswoman in a private insurance company. But it is known as selling 'sex' because most male consumers would expect women to provide sex as a condition for buying a product.

I had anticipated that most wives would remained within a troubled marriage because of their lack of financial independence. It surprised me to find that this was not the case but rather they remained because of traditional family ideology. Apart from wives of the *dependent group*, this was the case for wives in the other 3 groups *(traditional, martyr and avoidance)*.

The majority of wives worked (87%), even though it was more difficult for women to find work than men as discussed in chapter 2. On the surface, finance was not therefore a major issue for wives to remain in a troubled marriage.

Table:8.5 Wives of Alcoholic interviewees by Occupation

Occupation	No. of Wives	Percentage
Self-employed	11	35%
Farm helps	4	13%
Domestic	5	16%
Waitress	7	23%
Unemployed	4	13%
Total	**31**	**100%**

Table 8.5 shows that 87% of wives of alcoholic interviewees were employed. Only 13% were unemployed. However, over half of the wives were employed as labourers and were in low-paid jobs such as domestics (16%), waitresses (23%) and farm helps (13%). 35% were self employed.

Most of these wives suffered from the pressure of unsociable long working hours and a poor working environment. Having endured a long day of heavy work, they had to return home to take care of their children and domestic chores under the threat of abuse from their husbands. In comparison, 60% of alcoholic husbands were unemployed. It is surprising to note that these wives were not so much worried about the hardship on themselves due to work, but were concerned about their family. This reflects how strong family ideology is in Korean society today.

I also noted that even though wives were working, they had little or no control over financial arrangements. None of them had financial independence. For example, one of the wives had worked in a company canteen for 15 years but she had no money saved. She used her income for house keeping while her husband's income was saved in his bank account. She reported that, *"I never thought of saving money for myself or never dreamt about financial independence" (Case 1039).* This phenomenon reflects Korean women's perception of life which is deeply embedded in the patrilineal family system where the male must be the head of the family. If there is no male head, the wife assumes the role until her son becomes an adult. However, if the latter, women are thought to be unfortunate to have to take on the male role and feel ashamed of their circumstances (Cho, 1992).

Many wives in my study said that sustaining family honour was one of their highest priorities. This concept of family honour and pride implies a taboo on discussing family problems outside of the family environment. I also observed during the group session when the therapists asked questions about family problems, the wives were very reluctant to answer and express how they felt. Some of the male alcoholic interviewees informed me that before they came to the family therapy session, they discussed with

their wife what they would talk about in the group because if they revealed the real truth it would bring shame on the family [Field note, 30.8.1995].

The experiences of four groups of wives (*'traditional type', 'martyr type', 'avoidance type'* and *'dependent type'*) show how marriage is perceived in Korean society. Their view of divorce resembles that of their forefathers, when divorce was forbidden, condemned and seen as shameful. They viewed divorce not only as a violation of Korean customs and a failure to fulfil one's womanhood, but also as a betrayal of one's own family. They were controlled by social values and an ideology which oppressed them and forced them to stay within difficult marriages. These women did their utmost to resolve the conflicts within their marriage and avoid divorce by trying desperately to make their marriage work. In order to survive and to avoid divorce, they used passive mental mechanisms, such as denial and avoidance. This issue will be discussed further in the next section. They reported that 'divorced women' and 'widows' were stigmatised and brought shame on both their own family and their in-laws. They also thought that if they divorced it would be very difficult for them to remarry or establish an independent life.

My findings supports Jeoung's (1992) findings which show that Korean wives were more likely to be controlled by a patriarchal ideology than by other factors. Han, N.J. (1991) also found that divorced women in Korea find it more difficult to readjust. They tend to suffer from loneliness, experience discrimination and have more difficulties than men in participating in social activities. Kim (1996) found that Korean Christian women in America used prayer to help them suppress their own needs. These women's self denial was also related to the traditional concept of women's non-decision making role. She argued that these women disciplined themselves in order to deny their personal needs and to accept their harsh reality. They chose to be selfless and subordinate to men. Lim (1982) found that Korean alcoholic families had a low rate of divorce. He concluded that one of the reasons was that in the extended and male centred traditional family system, women were expected to be submissive and obedient to their husband and in-laws. Kim, K.A. (1994) argued that Korean women tended to endure extreme unhappiness in their marriage. This contributes towards reproducing unhealthy marriages.

In conclusion, due to traditional gender roles it is evident from my findings that women are under pressure to remain within difficult marriages because separation and divorce are not accepted by Korean society. Wives kept the problem of an alcohol secret within the family and they did not seek help outside the family in order to preserve their family honour. As a result alcoholic interviewees were able to drink and abuse their family continuously without pressure from their kin and the wider society.

8.4. Women and their coping mechanisms

In considering the hypothesised linkage between gender roles and alcohol problems, my next question is how did wives cope with a stressful environment and what psychological mechanisms did they use. As I discussed in chapter 5, the sense of individual rights is said to be relatively weak in Korean society. Traditionally, the interest of family and community must come before the rights of the individual. It has been regarded as socially unacceptable on claming one's rights. Koreans would feel uncomfortable asserting their rights even when their own rightful share is taken by someone else (Kim, 1991).

Since Korean culture places a priority on substantive goals, such as collective goods and social harmony over individual interests (Kim, Y.A., 1993), individuals who suffer are forced to accept their fate. Attempting to change their fate, verbalising their anger or taking revenge could disrupt social harmony and collective welfare. Individuals are powerless to change the situation and so are forced to accept it. As a result they have to internalise their raw emotions (Kim & Choi, 1993).

Equally, if a woman had difficulty adjusting to her husband's family, there was very little support available in traditional Chinese culture. She was not allowed to return to her own family, nor could she tell anyone. She had to accept it as her fate and bear the situation, no matter how difficult. If a woman could not tolerate her circumstances, in sheer desperation she may attempt suicide, resort to begging or prostitution or become a Buddhist nun (Baker, 1979). Wolf (1985) found that there was a high rate of suicide among newly married women, which dropped dramatically when they entered their thirties. The suicide rate began to increase again among women in their fifties because of conflicts with their daughter-in-law. These issues were discussed in chapter 6. It was common in a traditional Korean society for women caught in a difficult marriage to jump into a well. The custom was for her to dress up in a white traditional costume with white shoes and place the shoes at the side of the well as a sign that she had committed suicide (Lee, 1990). This way of suicide was also expected of a woman if her husband died before her. The government even condoned it by giving a reward to the family. Regarding suicide, it has been argued that most Korean depressives are not likely to express suicidal thoughts. Rather, their ideas are concealed under somatic complaints. However, recent studies in Korea suggest that the rate of suicide is as high as 45 per 100,000, a figure which proved higher than expected (Kim, K.I., 1992b).

My findings showed that despite their harsh treatment, many wives did not divorce or change their life style. If they had done so, they would have faced many barriers. They recognised that divorced women would find it hard to survive, as there is a general

disapproval of women remarrying in Korean society. Many said that their own families would not welcome them back to their home. So the options were not pleasant and they had little choice but to suppress their feelings and remain within an unhappy marriage.

My findings also showed that most wives were isolated from society and had few strategies to reduce their stress. They were reluctant to seek help as they considered this would bring 'family shame'. These issues were discussed in chapter 7. Consequently their physical and psychological well-being was seriously damaged. Out of 31, 28 wives (90%) complained of physical and/or psychological symptoms. Only 3 wives (10%) reported that they did not have physical or psychological problems. The remaining 4 women were mothers of male alcoholics, who also reported that they were suffering from both psychological and physical symptoms. I categorised these psychological and physical problems into 8 groups. First, psychological symptoms were as follows: anxiety (87%), depression (80%), anger (70%), loneliness (50%), phobia (35%), infidelity (30%), suicidal thoughts (30%), homicidal thoughts (20%). Second, physical symptoms presented were indigestion (68%), migraine (60%), hypertension (45%), fatigue (45%), skin conditions (30%), chest pain (30%), heart disease (20%), and dizziness (20%).

My findings showed that wives who were more influenced by traditional gender roles tended to isolate themselves more from the community than other wives. They were not involved in social activities or hobbies that would help alleviate their anxiety and stress. They tended to keep the problem to themselves and attempted to manage it within their own family. They were more likely to develop severe psychosomatic symptoms. The more severe their husband's alcoholism, the more severe were physical symptoms. In contrast, those who were less influenced by traditional gender roles appeared to seek help and support from outside the family circle. They reported that they were engaged in social activities and had regular contact with family and friends. Although they had psychosomatic complaints, these were less severe.

The group of more traditional wives reported that they were subjected to a life of fear and anxiety. Some wives of this group said they had become very resentful because their husbands were destroying their life and also their children's future. Most of them related that they were unable to express how they felt or were not allowed to talk about their problems. In order to resolve the situation, they often contemplated suicide but this only increased their anxiety.

Case 1033: I tried to kill myself twice because I felt hopeless, and had to be admitted to hospital. When I recovered I was advised to see a psychiatrist. But I did not go because I felt my problem was due to my husband's behaviour. He had

an affair and when I found out he said he would not see her again. But he did not keep his promise. I do not trust him. I am still suspicious about whether or not he is still seeing her.

Case 1009: I had planned to kill myself after visiting my husband today. I am really tired mentally and physically but my husband never understand what is going through my mind. He just wants to come back home. I do not know how I will cope when he is discharged from hospital. [In Korea there had been no mental health legislation in place whereby a patient could be detained in hospital if there was evidence that the person was at risk either to him/herself or to others. Following the completion of my fieldwork this issue was addressed and included in the new Mental Health Act which was published in 1995. This was Korea's first Mental Health Act].

Case 1008: On many occasions I have packed my bag to leave my husband. I wanted to drown myself in the river. But my daughter and son followed me and begged me to come back, so I had to return to my house.

Some wives coped with their anger and frustration by wanting to kill their husband but they internalise these destructive emotions projecting them onto themselves.

Case 1001: I can understand the incident where a professor killed his father. I am really angry towards every one of my in-laws. I have planned to kill my husband many times in my mind. I think I need treatment as well. I am scared. I do not know what is going to happen or how things are going to end up with us.

Case 1014: I always cry when my husband comes home drunk. It upsets me so much. It gives me a migraine and I have to take painkillers almost every day. When I think of my life I feel really angry and resentful towards my husband and his family. Sometimes I feel like killing him but now I want to kill myself. If I had no children I would have ended my life already. I want out of this situation but I feel guilty when I think of my children. [She started crying. I was concerned about her emotional state but she insisted on returning to work following the interview. She seemed preoccupied with saving money in order to compensate for her psychological needs].

The following cases highlight the pain and frustration endured by many wives. When their alcoholic husbands were treated in hospital, they were left out of the care plans. In many cases they were at risk of self-harm, but this was not recognised. There is a great lack of professional support for wives of alcoholic men. The wives are left to endure

their suffering alone, fearing what the future will hold. As discussed in chapter 2, in contrast to Western societies, it is not acceptable to express feelings of depression in Korea. Traditionally developing psycho-somatic illnesses has been the main way of coping with internal and external stress.

Case 1032: I have been told I am suffering from depression. I can't sleep or eat. Even though I stay in bed all the time I feel my body aches. [She looked pale and malnourished].

Case 1040: My husband beat my head with a stick and I collapsed. Following that incident I had an epileptic seizure. Now I have to take tablets every day. I feel sorry for myself being an epileptic.

Case 1025: I have no appetite. I also suffer from indigestion. I realise that this is due to anxiety. I always feel anxious when my husband comes home late.

In contrast, those wives who were less entrenched in traditional gender roles had less overt physical symptoms. They reported that they had support from family and friends.

Case 1027: When my husband gives me hard time, I go out and have a drink with my friends. It helps me to reduce stress.

Case 1026: It is hard to find a way to relax. When I am feeling down I talk to my friend over a cup of coffee about my problems.

Ross and Willigen (1996) argued that gender inequalities in the family result in anger. As I mentioned earlier, in Korean culture emotional expression, especially anger, is strongly discouraged. It is clear from my research that the well-being of wives is seriously damaged and that they are in need of help. Other research has shown that wives of alcoholics compared with wives of non-alcoholics have significantly higher scores on anxiety, depression, obsession, hostility and psycho-somatic complaints (Cheong & Yeon, 1982).

My findings give a picture of the current institution of marriage in Korean society and the distorted gender roles based on unequal power relations. Socially structured discrimination against women contributes to and reproduces a dysfunctional institution of marriage. My findings suggest that this factor contributes towards problems of alcoholism remaining unresolved and being transmitted to the next generation.

8.5 Gender roles and choice of treatment

Families have little option when confronted with the problems of alcoholism. In order to understand and provide appropriate services for alcoholics and their families, it is important to consider who provides care and what methods they used to resolve their difficulties.

In the UK, Graham argued that women are the providers of informal heath care in the domestic economy and that this role is shaped by the sexual division of labour. Women are blamed when their families are seen as unhealthy and problematic. She also argued that the welfare state was built on the assumption that traditional nuclear families were the norm and that women would provide care for their family (Graham, 1985).

From a historical point of view, Um argued that there have been four methods used in Korea to solve physical and psychological problems, namely traditional shamanism, herbal medicine, exorcism and psychiatric treatment. Except for psychiatric treatment, family members were involved in the treatment process. Exorcism provided a support network through family and friends. They shared mutual difficulties, offering support and strength to the sick member. From a Western viewpoint this approach is similar to family therapy (Um, 1994). Um further argued that family therapy should take into consideration the principle of shamanism, because of traditional family ideology and belief in Korean society today (ibid).

Shamanism has been a common method used to solve problems in Chinese culture. According to Wolf, a *'tanki'* was a religious practitioner who served as an intermediary for god. The god took possession of the *'tanki*'s' body and spoke through him to the person. People went to a *tanki* to ask his god's help to find lost items, to cure sick people and animals, to change a family's economic fortune, to settle quarrels with relatives or friends, and to solve the problem of infertility in pigs and brides (Wolf, 1972).

Shamanism in Korea was widely practised in the Choson dynasty, but it conflicted with Buddhism and Confucian beliefs. It was argued that women held strong shamanist beliefs and were opposed to Confucian ideology which was held largely by men. As a reaction, women's belief in shamanism became stronger and they relied on the shaman to protect their family (Korean Women Development Institute, 1986). Most Korean shamans are women and they treat mainly female clients. Kendall argued that, "Korean shaman is a recognised professional practitioner who, administering to the afflictions of the client households and communities . . ." (Kendall, 1989, p.140). In the past, many women's obsession with shamanism was reflected in their religious practices but today this obsession is reflected in their deep concern for their children's education in

contemporary society as their education is important for all women in modern Korea (Korean Women Development Institute, 1986).

The practice of shamanism has survived and continued into the twentieth century despite recent developments and changing values. There are approximately 200,000 shamans in Korea, although the exact number is not known (Yi, et al., 1975). It is often used to resolve family problems. A shaman acts as a mediator between the person who is in trouble and the family members. The shaman calls on the spirits and gives advice to the family through the inspiration of the spirits. This process seems to help solve problems and reunite family members. For example, singing and dancing in shamanistic *'kut'* (ceremony) or Buddihistic rituals are socially acceptable forms of expressing, communicating and releasing *'han'* emotions. *'Han'* is a feeling of deep anxiety and pain due to the awareness of the human existential condition as finite. *'Han'* is also the affliction and agony of the oppressed, particularly of Korean women, caused by the patriarchal social structures which force women to be alienated from self, others and nature (Kim, Y.A., 1993, p.29). Through the process of the shaman's ceremony, personal *'han'* becomes public, as it is released, communicated, shared, and accepted by people in the community. This process helps sick members gain consolation and receive help to enhance their self-worth (Kim & Choi, 1993).

Much evidence has shown that traditional shamanism was effective and its idea could be reflected in modern day treatment. Kim, Y.A. (1993) argued that the shamans' way of dealing with an individual problem was to bring all of the family together and the family was given the task of supporting the sick member by carrying out the shaman's instructions to the letter. This process of the family working together brought about family cohesion. It strengthened and encouraged each member to take responsibility for their respective roles. Kim, K.I. (1988) found that shamanism was an effective way of helping people with psychosomatic diseases, schizophrenia and people suffering from anxiety. Wilson (1983) argued that the negative stereotype of shamans is the combined product of the systematic oppression of shamans and of women's powerlessness in traditional Korea. Wilson further argues, although it is not often admitted among men, that the shaman is necessary. The shaman ministers to women who are oppressed and afflicted by the limitations placed upon their lives simply because they are women.

However, modern medicine and religion, which Korea inherited from the West, have contributed towards reducing the shaman's power and questioning the scientific evidence for shamanism. Shamanism has also been challenged because it blames the cause of the problem on the person's ancestors or evil spirits. This approach contributes towards a sick person's failure to take responsibility for their own behaviour. In addition, shamans' methods focus only on relieving emotional distress. They do not take

into account the causes, some of which relate to the social structure. Many argue that shamanism is not an adequate remedy for social problems (Kim, Y.A., 1993). Korean psychiatrists claim that one of the deficiencies of shamanism is that it does not encourage self-understanding in the resolution of inter-psychic conflict. Kim (1973) argued that Western psychotherapy is directed towards gaining insight into intra-psychic problems, while shamanistic treatment is directed towards the interpersonal relationship. He also argued that shamanism has had a negative influence because it projects problems onto others.

In considering the hypothesis that there is a link between gender roles and alcohol problems, my study shows that the majority of alcoholic families used psychiatric treatment as their last option, most families (80%) at first tried traditional methods, such as herbal medicine, shamans, fortune-telling and exorcism. Only 20% of families did not try traditional remedies. This traditional approach was used mostly by women because they were expected to be the main carer when a family member was sick. My findings indicate that the more closely alcoholic families adhere to traditional gender roles, the more likely they are to try traditional remedies rather than to seek professional help. As a result the alcohol problem tends to remain unresolved.

The following cases illustrate how women with traditional beliefs perceived the problem of alcoholism.

> *Case 1003: One day my mother rang me and said that she was worried about my brother* [alcoholic] *because he complained that he could see things* [delirium tremens]. *She went to a shaman for advice. The shaman diagnosed an evil sprit in his body. My mother wanted to have a ceremony performed on him. I remember when my father had the same problem, my mother had a ceremony performed on him. I did not believe what the shaman said. Next morning I rang my friend and asked about the problem. She exclaimed, 'that is called alcoholism!'*

> *Case 1007: That morning the reason why I started arguing was that my mother wanted to have a shaman ceremony for me. The shaman told my mother that my bad luck was coming to an end. So all my own family were anxious to have this ceremony for me. My mother told me to bring some food and 600 pounds for the ceremony. But my husband and my mother-in-law did not show any interest. I was very upset.*

The following cases reflect how shamanism influences women's lives. They readily took the shaman's advice and accepted that their husband's or son's drinking problem

was due to an evil spirit rather than challenging their behaviour and seeking professional help.

Case 1001: I told my in-laws that my husband had a drinking problem but they did not believe me. My mother-in law went to a shaman for advice. The shaman performed a ceremony to expel the evil from my husband, but on the way home my husband took a drink again. I am having to cope alone with my husband's drinking. When I feel stressed I have a drink also but I am worried that I will become addicted too..

Case 1018: I could not see any way out of my situation so I went to a fortune teller. She told me that I was born under an unlucky star. She also said I should accept my destiny as she could not change the situation. So I gave up trying to change my husband's behaviour. I am just interested in making money now.

My alcoholic interviewees reported that when they went to a shaman they were not encouraged to bring their family. It seems that shamans over the years have gradually lost their power to influence and encourage people to come together. The following cases show that the traditional treatment approaches were arranged by older family members and that younger members do not appear to have confidence in the methods.

Case 0040: My mother arranged to have a shaman ceremony for me. The shaman was of the opinion that the cause of my drinking problem was my ancestors' evil wishes because my parents buried them in the wrong place. The shaman brought my parents to the graveyard in the mountain and performed the ceremony but I did not go.

Case 0029: I am very angry with my mother. She has no understanding of alcoholism. She just goes to shamans for advice and follows their instructions. She spends lots of money on them. As far as I know she had six or seven shaman ceremonies, costing about 500 pounds each time. I do not believe in shamanism. I feel they just want to take money from my mother.

A further reason why families turned to shamanism was that the majority of families had very little confidence in either modern psychiatric treatment or traditional methods. Most of them did not understand alcoholism. This issue was discussed further in chapter 6. My findings showed that the majority of alcoholic interviewees had been drinking for 22 years (Table, 6.3). They had an average of 3.4 admissions to hospital, both medical and psychiatric (Table, 5.1). They and their families expressed their confusion and frustration with regard to the advice they were given. One of the

therapists at a public hospital in Chun-nam province informed me that even though there was no research evidence, 99% of their patients were readmitted within 6 months.

> *Case 1010: I am really angry about my wife* [alcoholic patient] *and all the hospitals. My wife has been admitted to hospital 3 times. I tried everything to help her. My mother even went to a fortune teller for help. Everyone I went to seemed to have their own interpretation of alcoholism, which left me confused and despondent.*

> *Case 1028: We tried every way to make my brother stop drinking. Once he started drinking, he could not stop. We thought he had an evil spirit in his body. We went to a medical hospital, a shaman and a fortune-teller. We even had exorcism performed on him.*

In relation to the family's understanding of alcoholism, I found that the group who came from rural areas and the less educated were more likely to go to a shaman or for traditional treatment than the group who came from urban areas and were more educated.

Other research shows that when Western psychiatric medicine began to take root in Korea from about 1910. However, it has not been that successful because most patients are still referred by their family for traditional treatment methods (Lee, 1979). Another finding showed that 70% of those who seek psychiatric help receive treatment by traditional methods (Sin et al., 1990) and 50% of those admitted to psychiatric hospitals drop out of treatment in order to seek treatment by traditional methods. Lee et al. (1974) found that 66% of psychiatric patients use both the modern psychiatric treatment approach and traditional remedies. The most common reason is that they do not agree with the concept of modern psychiatric medicine. It is widely accepted that there is a large gap between modern medicine and Korean traditional concepts. Korean people tend to exhibit their psychological symptoms by complaining of physical ailments. They prefer to seek help in a medical hospital because of the stigma of mental illness (Lee et al., 1974). Even today it is common to find that people shop around different hospitals, mixing traditional remedies with modern medicine.

The conflicts and inconsistencies between modern and traditional methods of treatment have lead to confusion in the mind of the alcoholic. In many cases, due to the lack of consistency in treatment, the problem is prolonged. As Callan and Noller (1987) argued, unhealthy families develop only a small number of strategies and tend to use these in destructive ways. My findings also suggest that projecting the problem onto women who are forced to sacrifice their lives for the sake of their family only gives rise

to further difficulties within the family system. It is interesting to note that the challenge to resolve a husband's drinking problem was left to his wife as the main carer, but she was frequently confronted by her mother-in-law often resisting proposed treatment methods. This reflects Graham's (1985) argument as to why women are responsible for their husbands' health and well-being and lack of control over their own lives. These issues were discussed in detail in chapter 6.

8.6 Treatment and gender issues

As discussed in chapter 2, there has been a rigid segregation of gender roles between men and women in Korean society. It has been argued that certain attributes of the therapist are significant both for the alcoholic and the family. Hodes highlights two such attributes, namely age and gender. In many countries advancing age and the male gender are associated with authority. These attitudes are traditionally strongly held in Asia (Hodes, 1989). Bograd (1991) also argued that belief about gender and sex roles can be key variables in treating clients of the opposite sex. Bograd suggests that,

> "The woman therapist must weather that man's distress as he faces himself in a different way in a different kind of relationship with a woman. She must also be prepared for a variety of ways that he will try to re-establish the status-quo be it through anger, withdrawal, devaluation, passivity, seduction or helplessness." (Bograd, 1991, p.137)

In Korea, under the Choson dynasty, the rigid rule of separation *'Nae-oe-bop'* (the sexes kept their distance from each other once they reached the age of seven) emphasised not only the sexual division of labour but also differences in the behaviour and values of men and women. The home was the only place of activity for women of the Choson dynasty. This idea was more strict among the higher social class. In the *`yangban`* family an unmarried female was prohibited from even talking to close relatives. After marriage, she was also prohibited from going out without her husband's permission (Kim, O.Y., 1986). Women were seen as weak, tender and obedient, while men were seen as strong. Since women were seen as inferior to men, woman's existence was identified by her position as an inferior subject to men, while the patriarch as husband and father exerted supreme authority over women and other family members. Women's subordination to men was meant to be a kind of moral law, much like the relationship between subject and ruler (Cho, 1990). As discussed in chapter 2, there has been no fundamental change in the sexual division of labour and sexual segregation still persists.

In relation to understanding gender roles and alcoholism, my findings show that there is a link between traditional gender roles and the therapeutic relationship. The more alcoholics adhere to traditional gender roles, the more likely they are to encounter difficulties relating to therapists of the opposite sex.

Out of the three hospitals where I carried out my field work, there was only one male social worker and the rest of the therapists were all females. They were in their 20s and 30s. There is sexual segregation in the work place in Korean society. In the nursing profession, most nursing staff are female. Consequently, treatment programmes are managed by female nurses in psychiatric hospitals. The private hospital where I carried out part of my research had only female nurse therapists. This has had repercussions. It is not only gender issues that affect patient-therapist relations but also the age of the therapists. In Korea, family hierarchy is based on age and sex. The oldest male has the highest rank and the youngest female has the lowest rank. My findings suggest that this concept also influences the treatment setting.

Many male alcoholic interviewees reported that they found it difficult to discuss their alcohol-related problems with female therapists, especially if they were younger than them.

> *Case 0014: I felt very shy with female therapists. I could not face them or make eye contact with them. When I had to talk about my problems my voice became very weak. I became very tense and I could not speak properly. Last year I found it too difficult to adjust so I dropped out of the treatment programme. This time I am going to try harder.*

> *Case 0006: It is extremely uncomfortable sitting in the group with young female nurses asking questions about my drinking. I think nurses have no idea what it is like for men to live in our society.*

> *Case 0018: The female nurses have probably never drunk in their lives. If they do not know what it is like to be drunk, they should not say 'do not drink.'*

During interviews with professional female therapists, they explained that it was common for male patients to refuse to discuss their personal problems with them. Patients were prepared to share their problems with unqualified male staff rather than qualified female staff. I felt male alcoholics were very resentful towards qualified female staff, because their role was different from that of other nurses in the hospital. Alcoholics do not like to be confronted and challenged about their behaviour and drinking problems in a group therapy session taken by female nurses. They expect nurses to be the 'conventional nurse' who are seen as the 'mothers and carers.' [Field note, 10.6.1995]

> A male therapist informed me that, *"male patients prefer to discuss their problems with me rather than with female nurses. Some patients see young female nurses only as 'female sex objects' and they patronise them. On many occasions I have witnessed male patients becoming so angry with female staff that they have tried to throw chairs at them. I remember once a patient was very resentful towards a particular nurse and he tried to hit her with a stick. He said he did not like the nurse confronting him about his alcohol problem in front of his family."* [Field note, 20.6.1995]

Female alcoholics were abused by male patients in the same way as female nurses. One female alcoholic interviewee complained that male alcoholic patients did not accept female alcoholics as equal members of a therapeutic group, but tended to reject and isolate them.

> *Case 0010: When I am in the group with male patients, I feel very uncomfortable. They must think I am a prostitute, but I am not. After group sessions male patients all share their feelings and difficulties over a cup of tea but they never invite me. I really feel sorry for myself. I wish I could discharge myself. But if I withdraw from treatment my husband says he will divorce me. I do not know what to do.*

In terms of treatment of female alcoholics, studies of female behaviour in mixed sex and single sex groups indicate that responsiveness and nurturing are suppressed by most men. As men tend to dominate discussions, so women continue to play dysfunctional roles, competing with one another for male approval (Arias, 1976). This situation not only makes it difficult for women to talk about personal subjects, but their experience of mixed groups is also particularly damaging to self-worth, given the traditional male/female relationships based on dominance and submission (NIAAA, 1983). The above case highlighted this issue.

It is evident from this study that gender issues give rise to a problematic power struggle between staff members. Unqualified male staff had difficulty in communicating information to female qualified staff. The fact that the female nurses were younger but held more senior positions than male auxiliary staff resulted in conflicts. This in turn affected patient care. Male staff members also appeared to be resentful towards treatment methods initiated by female staff. They had difficulty accepting that female staff could confront male patients. For example, it was reported that male staff slept in patients' beds while under the influence of alcohol but the patients could not report the incidents to female staff. Similarly, when male patients returned from leave under the influence of alcohol, male staff did not report it to female staff. I felt male alcoholics

and male auxiliary staff held the same view of gender roles and both found it difficult to accept the role of female therapists. This is more pronounced in the public sector of health care where institutions are more conventional. [Field note, 25.7.1995]

In the treatment of alcoholism, interest is beginning to develop among various professional disciplines in Korea. In order to develop effective treatment and rehabilitation strategies for alcoholics, my study suggests that gender issues are vitally important factors which need to be considered. Without taking these issues into account, the ongoing conflicts between the sexes will continue. This will continue to adversely affect the outcome of treatment. My study suggests that gender issues should be addressed in professional training programmes. In terms of hospital policy, these issues should be taken into account in the selection and training of personnel so that staff are aware of the dynamics that exist within the treatment setting.

8.7 Gender roles and female alcoholics

In this section, I will provide further evidence from my study to support my hypothesis linking gender roles and alcohol problems by focusing on the experiences of female alcoholics.

As I discussed in chapter 1, in the West since the 1970s there has been increasing concern about female alcoholism. Through research, the problem of female alcohol abuse and relevant treatment needs have begun to be addressed (Dahgren & Willander, 1989). During the past two decades in the West, feminists have argued that there is a need for a 'collective social approach' to women's health problems, especially substance abuse. They have emphasised the need for women centred health-care provision to highlight women's health care issues (Ettorre, 1992).

In Korea, the admission rate to hospital for alcoholics has been steadily increasing, but the admission rate for female alcoholics has increased significantly. For example, women comprised 3.33 % of all admissions for treatment in 1987. This rose to 6.54% in 1992 (Bae, 1993). The ratio of male to female alcoholics has halved. In 1984, Lee found that the ratio of male to female alcoholics was 20:1 but dropped to 10:1 in 1992 (Bae, 1993). However, this figure is still far lower compared with Western countries because it is not as acceptable for women to drink in Korea as in the West. In America, for example, the ratio of male to female alcoholics is 4:1. It has been suggested that drinking among females is likely to become a greater social problem in the future in Korea (ibid).

A number of arguments have been put forward regarding the possible causes of increased female alcohol consumption in Korea. There are key differences between

Korean men, who wish to preserve traditional values and women, who wish to follow modern values and norms. Young educated women with their more modern outlook threaten the male-dominant social system which has for so long created strong negative attitudes towards female drinking. In addition, the collapse of the traditional family system gives rise to a loss of family control. The role of the traditional mother - to remain in the home and care for the children and take charge of domestic affairs - is changing in modern Korea. Many women are employed in alcohol related work which seems to contribute towards the increase in female drinking. For example, some women work in pubs and restaurants or work as prostitutes in red light areas where they are under pressure to indulge in alcohol. All these factors contribute to the increase of alcohol consumption among Korean women (Lee & Kwon, 1987).

Blume found that women began their pattern of alcohol abuse later than men but they concealed their drinking for a longer period, until it became out of control or it began to reflect on their health and/or performance at work (Blume, 1986). My findings show that the average age of female alcoholic interviewees was 39 years old, while male alcoholic interviewees 42 years. Female alcoholic interviewees started drinking on average at the age of 20.4 while males started at 18.7 years. Female alcoholic interviewees had been drinking for an average of 15.6 years while male alcoholics had been drinking for 22 years.

In relation to the length of formal education, female alcoholic interviewees had studied 6.4 years on average while male had studied 9.6 years. Interestingly, none of the female alcoholic interviewees were the eldest in the family, whereas most of the males were. All of the female alcoholic interviewees were unemployed. Three of them were married. One was married for the second time and one had lived with her partner prior to admission.

8.7.1 Gender roles and pressures on female alcoholics

In the early 1970s, studies in the West focused on gender role conflicts in an attempt to understand female alcoholism. For example, research showed discrepancies between various aspects of gender role orientations within individual women. Wilsnack et al. argued that drinking among women is linked to conflicts involving gender role behaviour. Alcohol may be used by women to reduce feelings of tension and pain when they experience societal discrimination and disapproval due to their deviation from traditionally expected gender-role behaviour. Therefore in order to understand female alcoholics, it is necessary to understand the broader social context of gender role behaviour, including the actual social roles women perform (Wilsnack et al., 1985).

My findings show that female alcoholic interviewees appear to experience conflict between the gender role they are expected to play and their actual 'performance'. They were more rejected and discriminated against than male alcoholic interviewees because of their traditional gender roles.

All female alcoholic interviewees seemed to have difficulty in performing the expected traditional Korean female gender role in adult life. They failed to live up to the expected role of being a good house-wife and producing a son to maintain the family line. One of the female alcoholic interviewees had been under so much pressure to produce a son that she had ended up with six daughters and no son. Another interviewee related how she had been raped and became pregnant. She was so ashamed that the family decided to register the baby as her brother. A further interviewee reported that when she had married she could not have a child and she had been thrown out by her in-laws. She had remarried and again failed to produce a child, and her husband had begun to see other women. Another interviewee reported that her mother had committed suicide when she was very young and she had run away from home. She had become involved in juvenile crime and turned to prostitution. When she married she was not accepted by her in-laws because she had been a prostitute. Unfortunately, she was unable to produce a child and they pressurised her to leave. Finally, one woman had married an only son and she had failed to give him a son but had produced instead three daughters. One daughter was physically and mentally handicapped and her in-laws blamed her and told her to take the baby to an orphanage or to kill her.

> *Case 1020: My sister* [alcoholic] *never told me what happened to her but I heard it from her friend. This man took my sister to a lonely place and raped her. They lived together for a few months. My sister thought he was going to marry her. When she discovered he was a married man she had to have an abortion. She was seven months pregnant at the time. My sister really suffered due to complications with the abortion. Since then she has never been the same. It seems to have changed her and affected her life. For some time she worked in a bar, and ended up a prostitute. One day my father received a phone call from her. She asked him to rescue her as she had become a victim of organised prostitution. He had to pay a pimp in order to have her released. A few years later she met a man who was unemployed and violent. She married him because she felt she had a scar from the past and would not be able to marry an honourable man. Her self-worth was destroyed.*

In Asia the sex industry employs many women, especially in areas where there are large foreign military bases and a tradition of men seeking sexual gratification outside of marriage. Some countries, such as the Philippines and Thailand, have even developed a

tourism industry which exploits the trade in female sexuality. Today many countries do not enforce laws against prostitution because of its importance to tourism (Momsen, 1991). The above case highlight this issue.

> *Case 0023: I was working as a tour guide and through my work I met a man. We were just friends and I thought he was single. One day he abducted me and took me to a hotel and raped me. After that incident he used to send people to catch me on my way from work and confine me in his room for many days and would not let me go to work. On one occasion we decided to go on a holiday. I was not aware that he was a criminal wanted by the police. He was taken away by them at the airport. When I discovered I was pregnant, I was going to marry him, but after that incident I left him and gave the baby to him. But he left the baby at my parent's doorway. The baby was frozen and crying and my parents had to take the baby. In fear of the neighbours' gossip they decided to register the baby as my brother. Fourteen years later he still does not know I am his mother and he calls me 'aunt'. My parents have been complaining that he is costing them too much. Life has been so hard. I have tried to kill myself several times. I have no one to support me.*

The following cases show the importance for women to have a son to ensure the family line continues, as discussed in chapter 6. Barrenness and heirlessness are the worst fears of Korean women. In such circumstances women's position in marriage is very insecure. According to Confucian teaching, the barren and heirless woman could be divorced or sent back to her parents' household and their husbands are encouraged to have concubines in order to produce a successor (Lee, 1990).

> *Case 1021: This alcoholic patient is my step mother. She re-married because she was sent back to her own family as she was barren. When she married my father she was obsessed with my daughter* [alcoholic interviewee's step-granddaughter]. *She wanted to adopt her. She actually pretended my daughter was her own. She wanted to take my daughter everywhere with her. We had terrible trouble over these issues.* [This story was reported by a step-son of a female alcoholic]

> *Case 0010: When I was 22, my sister-in-law brought a man to my house without notifying me. I had no choice but to see him. I was scared and very nervous. I was so shy and could not see the man's face, neither could I answer any of his questions. I did not want to marry at that time. Three months later, my brother brought a letter* [the man's family tree and the year he was born] *saying that the man wanted to marry me. I pleaded with my mother not to send me away. I said it would not be expensive to keep me as I would not eat very much but she said I*

was at a golden age [gold price]. *I cried and threw the letter away. After a few weeks my brother said if I did not marry it would bring shame on both families. The marriage proceedings took place without my consent. When I got married I could not produce a son even though I went to a shaman and several doctors. My mother-in-law continued to pressurise me. She even agreed to feed my children, but I ended up with six daughters and no son.* [Her husband told me that they have not given up hope of having a son]

Case 0007: I had been under stress because of my husband and my mother-in-law. My mother-in-law always complained that I had not produced a son. She was concerned about the family line as my husband is an only son. She also accused me of not looking after my children. When I had my third daughter, I was told the baby was handicapped. My husband and mother-in-law said it was my fault and they told me to send my baby to an orphanage or kill her. I wanted to prove the baby was normal so I visited many hospitals to check what was wrong with my child. I even had to go on my own. From that time my drinking got worse.

8.7.2 Discrimination and rejection of female alcoholics

It has been argued that female alcoholics are socially more stigmatised and rejected than their male counterparts. The higher mortality rates of female alcoholics compared to male alcoholics indicate that women's sex roles create a more profound crisis than men's sex roles (Haver, 1985). For women, the problem of drinking is regarded as highly disgraceful and has been described as 'deviant deviance' (Cooke & Allan, 1984). Beckman (1984) also argued that female alcoholics face problems which are rooted in their position as women in society. This is particularly so if they seek help for their drinking problem. Dahgren and Willander (1989) suggested that women often conceal their alcohol problem. They are more reluctant than men to seek help and consequently, in many circumstances they do not receive adequate care until a late stage of their illness. Treatment methods specially focused towards female alcoholics' needs with an objective of early intervention may increase successful outcomes.

As discussed in chapter 5, alcoholism in Korea is not recognised as a disease and is generally disapproved of by the public. As a result, shame is attached to alcoholism. Even though women's drinking and alcohol-related problems are increasing, discrimination and rejection are much greater towards female alcoholics compared to males. In the West, cigarette smoking was similarly more acceptable as a male activity. After the Second World War men's smoking and drinking was related to masculinity and they were able to smoke publicly. Femininity meant that females did not smoke or drink but they did so privately (McDonald, 1994). In Korea, cigarette smoking among

women is not so much viewed as damaging to their health but contradicting social ideals of feminine behaviour. For example, when dining out if women wish to smoke, they are expected to do so in a special room divided by a screen or curtain, while men are allowed to smoke publicly. Similarly, female alcoholics are confronted with many more difficulties than male alcoholics.

My findings show that discrimination and the rejection of alcoholic women place them in a vulnerable position. This in turn affects their recovery. All the female alcoholic interviewees said that they were under threat of divorce from their husbands or under pressure to divorce by their in-laws. One interviewee's marriage had already been destroyed because she had murdered her mother-in-law and her children had been sent to an orphanage. The following cases illustrate how husbands of female alcoholics relate to their wives drinking problem.

> *Case 1020: We were divorced once already but we have been living together again. I feel I have a strong attachment to her. All my own family said I should divorce her, especially my mother, but I do not want to for a while. The reason I do not want to get divorced is that I feel sorry for her because she has nobody only me. Another reason is that I do not want to fail in this marriage again, but I am not sure what is going to happen in the future.*

> *Case 1010: I hate my wife. I do not wish to see her any more. A cow listens to her master but my wife never listens to me. I am fed up with her. I went to court to find out about divorce procedures because my wife has been ruining our family. She could not produce a son but became an alcoholic. I cannot go anywhere because of the shame it has brought on our family. If she does not stop drinking this time I will send her to a sanatorium or I will divorce her.* [He asked me if I knew a sanatorium where he could send his wife.]

> *Case 1021: On some occasions, my father does not come home from work. We do not know what he is doing but we have a suspicion that he has other women besides my step mother* - (female alcoholic).

The above cases show the anger of husbands of alcoholic women and their cynical attitude towards their wives' drinking problem. With reference to the last case, the husband did not attend the interview and the therapists informed me that he had never visited his wife since her admission to hospital.`

8.7.3 Marital relationships and violence against alcoholic women

In terms of marriage patterns, all female alcoholic respondents had arranged marriages. One woman had lived with two partners prior to admission. According to previous research, more alcoholic women had spouses with alcohol problems, compared to a non-alcoholic female group (Miller et al., 1989). My findings show similar results. For example, of the 5 female alcoholic interviewees, 4 had husbands or boyfriends who had been drinking very heavily and 1 had a husband who drank moderately. Even though they had a problem with alcohol, their husbands' own drinking patterns enabled them to continue drinking.

> *Case 1020: I always buy her drinks. The first few rounds we have great fun but I do not understand why she needs to buy more drink on the way home. If I refuse she buys it secretly and becomes intoxicated. Then we start arguing. I always control my drinking. Why she can not, I fail to understand.*

> *Case 0021: My husband took over all the money from me. He only gives me 20 pounds* [UK currency] *a month. His brothers and sisters and all our visitors bring drinks as a gift when they visit our house. My husband also buys me drink and we enjoy a glass together, but if I drink on my own he beats me.*

Research has shown that alcoholic women experience more marital violence than non-alcoholic women because alcoholic women are labelled more negatively than non-alcoholics and even alcoholic men. Their spouses perceive violence towards them as more socially acceptable (Miller et al., 1989). My study shows similar findings, as all of the female alcoholic interviewees were subjected to family violence, while male alcoholics used violence. Domestic violence and physical force were used by husbands to control their alcoholic wives.

> *Case 0010: I often ring home to check whether my wife is drinking or not. If I detect from her voice that she has been drinking, it affects my blood pressure. When I come in from work I beat her and pour cold water over her in order to wake her up. I have tried every way to make her stop drinking but nothing has worked.*

> *Case 1023: My husband does not like my daughter drinking. He did not even allow my daughter to talk to boys when she was at school. He is very chauvinistic. He beats our daughter whenever she has a drink. One day when I came from work he had given her a severely beating and her body was all bruised. She asked me to send her to a psychiatric hospital. Before this incident she would not agree to treatment.*

The above case shows that this daughter suffered physical abuse from her father and only accepted admission to a psychiatric hospital in order to escape from her his beating. The patient informed me that on discharge from hospital, she would have no place to live as she could not return home.

Case 0007: Whenever I have a drink my husband beats me. He pulls me out of bed by my hair, often tearing my clothes. One morning I had a row with my mother-in-law because she accused me of not looking after my children. I was so upset that I drank two bottles of rice wine. I did not know what was happening. I pushed my mother-in-law and she fell down on the floor. When my husband came home he found his mother dead. He started beating me. He nearly killed me. I was so badly injured that I had to be admitted to casualty. I was told by the doctor that my spleen was ruptured as a result of the beating.

This woman is assessed in a high security hospital as she was under the influence of alcohol when the incident occurred. Her preliminary assessment indicated that she was depressed. While in the hospital neither her family nor her in-laws visited her.

8.7.4 Discrimination against alcoholic women in the treatment setting

In the West, Covington (1985) found that alcoholic women were filled with guilt, shame, fear, denial and low self-esteem and felt very isolated. These feelings are magnified in those women who had been physically, sexually, and emotionally abused. He further argued that women alcoholics have special issues and unique experiences to deal with in their lives. Therefore, in order to break through the barriers to recovery, it is necessary that women alcoholics become involved in alcoholism treatment groups with other women, where they value and trust one another.

There are fewer psychiatric resources available to female alcoholics compared with those available for male alcoholics in Korea. This reflects the minority status of female alcoholics in the Korean psychiatric services. There is no separate and special alcohol treatment facilities available for female alcoholic or even self-help groups. Most care plans are focused on male alcoholics. For example, in the public psychiatric hospital where I carried out my field work, there was a special alcoholic unit for male patients but females had to remain in psychiatric wards with patients suffering from psychiatric disorders who only receive custodial care. The hospital staff said it was difficult to accept female alcoholics in the same unit as males and they felt that females should not live in the same unit. This reflects a common concept in Korea with regard to sexual segregation, but it is also indicative of societal attitudes towards female alcoholics. The following cases highlight this issue.

Case 0010: I had to go to AA because my husband threatened that if I did not he would divorce me. Whenever I attend AA meetings, I seem to be the only woman present. I become so embarrassed and ashamed that I can not face anybody. I am so tense that I can not even hear anything they are talking about. It is terrible.

When I met her husband he said, *I was told to attend AL-Anon meetings by my wife's therapist. It was very difficult for me to go to the meetings because I could not say to my boss, "I need to finish work early to go to AL-Anon because my wife is an alcoholic." Despite the obstacles I did manage to go, but when I went there were no men, only wives of alcoholics, which was difficult for me!*

I observed during an open lecture session in the hospital that women alcoholics kept their heads down in fear of being recognised. They were wearing institutional hospital clothes and looked like prisoners. One of the female alcoholic interviewee said,

Case 0021: I wish I had my ordinary clothes so that I could conceal myself as one of the visitors. I feel really embarrassed having to meet male patients and visitors dressed in such an institutionalised manner.

Most female alcoholic interviewees said that they were not prepared to go to AA or Al-Anon meetings because they felt ashamed of being an alcoholic. (Field note, 30.7.1995)

My findings indicate that female alcoholics are discriminated against, disadvantaged and given little opportunity to recover from their alcoholism. In relation to welfare policies, my findings also show evidence of male power and dominance in health services. Men's power and control over women is institutionalised, reflecting the extent of patriarchy in modern Korean society. My findings suggest that there is an urgent need for developing prevention and rehabilitation programmes specially for women alcoholics in Korea.

Conclusion

In this chapter I have attempted to ascertain how far gender roles in alcoholic families contribute to, maintain and transmit alcoholism from one generation to the next.

The basic hypothesis tested in this chapter was that the more closely families identify with traditional gender roles, the more likely the family is to accept the alcoholic's dysfunctional behaviour and the alcohol problem to remain unresolved. My data analysis appeared to support this hypothesis. First, segregated gender roles are reflected in marriages where the individual's choice of partner was restricted. The male alcoholic interviewees used alcohol to exercise their power and control over women. Their

abusive behaviour was accepted by women and society because of traditional gender roles. The more closely prospective wives conformed to traditional gender roles, the more likely they were to accept an unwanted and problematic marriage to an alcoholic. As a result, the alcohol problems remained unchallenged and so escalated.

Second, in all marriages the greater the male power, the greater level of domestic violence and sexual abuse. My male alcoholic interviewees abused their wives and restricted their social lives outside the family. These issues were kept in private and the wives were expected to accept violent behaviour of their alcoholic husband. The more closely they identified with traditional gender roles, the more likely they were to use violence. Equally, the more the wives conformed to traditional gender roles, the more likely they were to accept their husband's violent behaviour. As a result, my alcoholic interviewees were able to continue to abuse their wives and families.

Third, it is evident from this study that women were extremely unhappy with their alcoholic partners, but that the ideology of gender roles forced them to stay in unhealthy relationships because separation and divorce were considered disgraceful. Family ideology and strict gender roles placed women in the position of enablers and secret-keepers if either their husband or children became alcoholic. They were under pressure to hide the problem in order to protect the family honour. The more closely the wives enacted traditional gender roles, the more likely they were to stay in an unhappy marriage. As a result, alcoholic interviewees did not have an incentive to change their behaviour.

Fourth, the more traditional a view of gender roles held by alcoholic families, the more likely they were to adopt conventional coping mechanisms and develop psychosomatic symptoms. As a result alcoholic interviewees were not challenged to take responsibility for their behaviour.

Fifth, women were considered the main carer of their alcoholic husband and were therefore expected to accept and live with his dysfunctional behaviour. Consequently, women were left to resolve alcohol problems without support. They tended to choose traditional treatment approaches rather than seek professional help which would bring stigma and shame on the family. The more traditional a view of gender roles held by alcoholic families, the more likely they were to choose traditional remedies rather than professional help. As a result the alcohol problem remained unresolved.

Sixth, the more closely male alcoholic interviewees identified with traditional gender roles, the more likely they were to encounter difficulties in relating to therapists of the opposite sex. My findings suggested that as male power is so dominant in society, this

has affected the way the health and welfare services operate. In particular, the power struggle between staff members often reflected these gender issues.

Seventh, female alcoholic interviewees were deeply scorned because women are expected to follow the traditional gender role. They experienced greater discrimination and rejection than male alcoholic interviewees. This placed them in a more vulnerable situation which in turn affected their care. They were given little or no opportunity to recover, because patriarchy is endemic in all social institutions in modern Korea.

My findings exposed how patriarchal is the family structure and how women are fundamentally vulnerable inside marriage. It was clear that women's subordination in the family adversely affected male and female alcoholic interviewees and their families. My findings also suggest that gender issues are important factors in understanding Korean alcoholics and their families and must be taken into account in formulating appropriate treatment programmes for alcoholics.

Conclusion

My study considers aspects of alcoholism in Korea that encompass culture, family and gender and explores how these factors cause and contribute to maintaining alcoholism within the family system. The aims of this research are:

(1) To examine the effects of social change on alcohol consumption;
(2) To consider societal attitudes towards alcohol use and misuse;
(3) To investigate family factors of alcoholism in a cultural context;
(4) To analyse family systems and to assess the effectiveness of family involvement in overall treatment plans;
(5) To examine gender roles and their impact on alcohol problems;
(6) To consider the policy implications of my research findings.

In order to meet my objectives, I proposed five hypotheses from cultural, family and gender perspectives. In this section I will summarise my key findings, highlight the problems of implementing Western treatment methods and consider whether these methods would be applicable in a Korean context.

Summary of findings

(1) In considering the first research aim, *to examine the effects of social change on alcohol consumption*, my analysis appeared to support my hypothesis that the level of heavy drinking was likely to be determined by the degree of conflict experienced by individuals associated with recent social changes and also by the individual's position within family and society.

(a) Social changes and alcohol consumption

I could not prove from my findings that Korea's recent socio-economic changes have caused an increase in alcohol consumption, they did however show that there was a consistent link indicating trends in that direction. Epidemiological evidence from other research confirmed that alcohol consumption has increased with industrialisation.

(b) Cultural changes and generational conflict

My findings also showed that these socio-economic changes have caused conflicts between generations, as parents of alcoholics were from a pre-industrial era whereas my alcoholic interviewees were from an industrial one. There were considerable differences in the level of education, occupation and value systems between the two generations. These generational conflicts were linked to heavy alcohol consumption.

(c) Conflict between traditional and modern ideologies about drinking customs

The majority of alcoholic interviewees' choice of alcohol and drinking patterns have changed from traditional light rice wine taken with food to strong spirits taken without

food. However, their concept of alcohol and drinking customs have not changed as they drank strong distilled alcohol in the same way as they previously drank light rice wine. This conflict between modern and traditional concepts of alcohol use was a contributing factor towards their increasing alcohol consumption rate.

(d) Conflict associated with modern life
The majority of alcoholic interviewees were males in their 40s, who had migrated from rural villages to cities. They had found it difficult to cope with complex modern urban social living. Heavy drinking seems to have been used as a way of coping with increasing levels of stress associated with industrialisation and urbanisation in Korea.

(e) Availability of alcohol
My findings also showed that the availability of alcohol has increased as a result of these socio-economic changes which contributed to an increase in alcohol consumption amongst my alcoholic interviewees. Light alcohol, mainly rice wine, used to be sold in local shops to regular customers. This helped to maintain a degree of control in the past, but this form of control is no longer feasible due to the mass production and increased availability of alcohol in a modernising Korean society. Yet, new forms of prevention strategies to reduce alcohol consumption have not been developed and this has led to an increase in alcohol consumption and alcohol-related problems.

(2) In relation to the second research aim, *to consider societal attitudes towards alcohol use and misuse,* my analysis supported the hypothesis that the greater the social prejudice alcoholics experience, the less likely they were to disclose their problems and seek help at early stages of their illness.

(a) Pressure to drink on individuals
Most of my alcoholic interviewees and their families experienced a social pressure to drink. I categorised this pressure into four groups according to the main reasons and situations namely:-
'Food/medicine type' (33%): alcohol was perceived as a source of nutrition or medicine,
'Entertainment type' (27%): a way of entertaining people,
'Masculinity type' (27%): to portray gender identity,
'Business type' (13%): necessary to promote business.
As tolerance of male drinking and social acceptance of drunkenness are widespread in Korea, permissive attitudes and social pressure to drink militated against them accepting their problem. It also inhibited them from seeking help at the early stage of their illness.

(b) Stigmatisation of alcoholics

The majority of my alcoholic interviewees experienced discrimination because of the stigma associated with alcoholism. Those who experienced discrimination and wished to conceal their problem, I categorised into three groups, according to their feelings about their alcoholism namely:-

'The shameful type' (50%): this group felt shameful about their alcoholism,

'The self-hate type' (36%): felt remorseful,

'The depressive type' (14%): worried about their future.

This stigma and shame were added burdens which acted as further disincentives to seeking help.

(c) Misconceptions about alcoholism

There was still ambiguity in the minds of alcoholic interviewees and their families as to whether alcoholism was a disease or a sign of moral weakness. My study showed that they held four different views of alcoholism namely:-

'Skid row type' (50%): perceived alcoholism as chronic psychiatric symptoms,

'Physical symptom focused type' (20%): perceived alcoholism as physical complications, such as hand tremor and delirium tremens,

'Weak-willed type' (15%): lack of will power,

'Insightful type' (15%): only a few had some insight into their problems.

Their misconceptions of alcoholism were significant factors which discouraged my alcoholic interviewees from seeking help at an earlier stage of their illness.

(d) Prejudice against psychiatric hospitals

Most of my alcoholic interviewees were prejudiced against psychiatric hospitals and conventional treatment approaches. They failed to trust medical or para-medical teams. As a result, the majority of them wanted to leave their treatment programmes even though they had not completed. Those who wished to leave their treatment programmes I classified into 3 groups namely:-

'Excusers type' (45%): this group wished to leave their treatment programmes, because of involuntary admissions,

'Distrusters type' (25%): negative past experiences of hospital care,

'Refusers type' (30%): lack of confidence in their treatment programmes.

These prejudices and mistrust influenced them to the extent that they denied and concealed their problem.

(3) Turning to the third research aim, *to investigate family factors of alcoholism in a cultural context,* my analysis appeared to support the hypothesis that individuals with alcohol problems were more likely to be found among the eldest male than other

siblings, reflecting the key role the eldest male plays in the traditional Korean family system.

(a) Drinking culture in alcoholic's family of origin

My findings showed that excessive drinking on the part of men was closely related to cultural and familial factors at all stages of their lives. The availability of alcohol, cultural acceptance of drunkenness and pressures to drink if combined were likely to contribute towards the causes of their alcoholism. My findings also showed how the high prevalence of alcoholism among eldest males was linked with the traditional family system because they carry special family responsibilities.

(b) Responsibilities and cultural pressures on the eldest male

The majority of wives of eldest sons experienced conflict with their mother-in-law. The mother-in-law played a role as enabler for her son's drinking and protected his dysfunctional behaviour.

(c) The eldest son and family conflict

The power struggle between mother-in-law and daughter-in-law also influenced decisions in relation to treatment of alcoholic interviewees. However, mothers of alcoholic interviewees were reluctant to seek help and preferred to use traditional remedies. This in turn prevented alcoholic interviewees seeking help at an earlier stage of their illness.

(4) In considering the fourth research aim, *to analyse family systems and to assess the effectiveness of family involvement in overall treatment plans*, my analysis appeared to support the hypothesis that the closer an alcoholic family identifies with traditional family ideology, the more likely the family function was damaged by alcoholism.

(a) The relationship between society and alcoholic families

My analysis showed that social expectations and traditions adversely influenced families because most of them concealed their family member's alcohol problem. Those who did conceal, I classified into three groups according to their main presenting reasons namely:-

'Traditional type' (60%): when alcohol problems emerged, this group of families tried to conceal the problems in order to preserve family honour,

'Transitional type' (22%): this group sought help, but failed because of social prejudices against alcoholism,

'Modern type' (18%): only a few received help.

The traditional family ideology and moral stigma associated with alcoholism contributed towards the isolation of my alcoholic interviewees and their families. This in turn prevented community intervention.

(b) The relationship between extended and nuclear families of the alcoholic

The extended family provided financial support and tried to contain family shame within their family. All these factors enabled my alcoholic interviewees to abuse alcohol within the confines of the family circle, free from outside pressures.

(c) The relationship within the alcoholic nuclear family

My findings showed how the traditional Korean family ideology and family structure set wives up as enablers and secret-keepers when alcohol problems arose with their husbands. Women were expected to uphold family honour not only for themselves but also for their extended family and the wider community. These dynamics acted as major disincentives for families to seek help outside the family circle. In the extended family, a mother-son relationship took priority over a husband-wife relationship. Mothers played a key role in enabling their sons continue drinking. Similarly, in an alcoholic nuclear family, the mother-child relationship had a negative effect on the husband-wife relationship. Male alcoholic interviewees took family problems less seriously than their wives, yet these wives accepted their husbands' abusive behaviour. Furthermore, these wives took responsibility for the family in order to maintain family unity. Due to damaged family relationships and the problems inherent in alcoholism, children of alcoholics were often abused and neglected.

(5) With regard to the fifth research aim, *to examine gender roles and their impact on alcohol problems,* my analysis appeared to support the hypothesis that the more closely members of an alcoholic family identify with traditional gender roles, the more likely the family was to accept the alcoholic's dysfunctional behaviour and the alcohol problems remain unresolved.

(a) Marriage patterns

My findings revealed how pervasive is patriarchy in marriage and how vulnerable are wives. In terms of marriage patterns of alcoholics, wives were restricted in their choice of partner. I categorised marriage patterns into four types namely:-

'Victim type' (19%): this group of wives were forced into marriage due to rape,

'Self-sacrificing type' (19%): pregnancy,

'Reluctant-conformist type' (45%): family ideology,

'Conformist type' (16%): their own choice but restricted by parents wishes.

The male alcoholic interviewees used alcohol to exercise their power and control over women. Their abusive behaviour was accepted by women and society because of

traditional gender roles. As a result, the problematic behaviour of my alcoholic interviewees were not challenged and so their alcohol problems escalated.

(b) Domestic violence

Domestic violence and sexual abuse were common. Alcoholic husbands used violence against their wives, while wives of alcoholics accepted this abuse because they accepted their traditional gender role to do so. This in turn enabled alcoholic interviewees to continue to abuse their wives and children.

(c) Family ideology and the role of women

My findings showed how the alcoholic family system was likely to be maintained by the wife sacrificing her life and renouncing her own rights. Most wives of my alcoholic interviewees stayed in their marriage even though they were not happy with their alcoholic husbands. Those who did not see divorce as an option and wished to stay in their marriage, I categorised into four groups namely:-

'Traditional type' (53%): this group of wives remained in a dysfunctional marriage because of family image,

'Martyr type' (24%): were concerned about their children,

'Avoidance type' (12%): feared being alone,

'Dependent type' (12%): did not have sufficient economic resources.

Most wives of male alcoholics were under pressure to hide their problem and remained in an unhappy marriage in order to protect family honour. As a result my alcoholic interviewees did not have an incentive to change their behaviour.

(d) Women and their coping mechanisms

Wives of alcoholic interviewees did their utmost to resolve the conflicts within their marriage or remained silent because divorce and separation have always been considered disgraceful. In order to survive and avoid divorce, these women used conventional ways of coping, such as denial and avoidance. As a result their physical and psychological well-being was adversely affected, but they received little support from the health and social services. Again, alcoholic interviewees were not challenged to seek help and change their behaviour.

(e) Gender role and choice of treatment

Wives of alcoholic interviewees were the main carers for their husbands but they had little confidence in either modern psychiatric treatment or traditional methods. Psychiatric treatment was the last option sought by families due to the stigma attached to psychiatric illness and alcoholism. Most families tried traditional methods such as herbal medicine, shamans, fortune-telling and exorcism rather than challenging the alcoholic's behaviour and seeking professional help. The conflicts and inconsistencies

between modern and traditional methods of treatment contributed towards prolonging their problems.

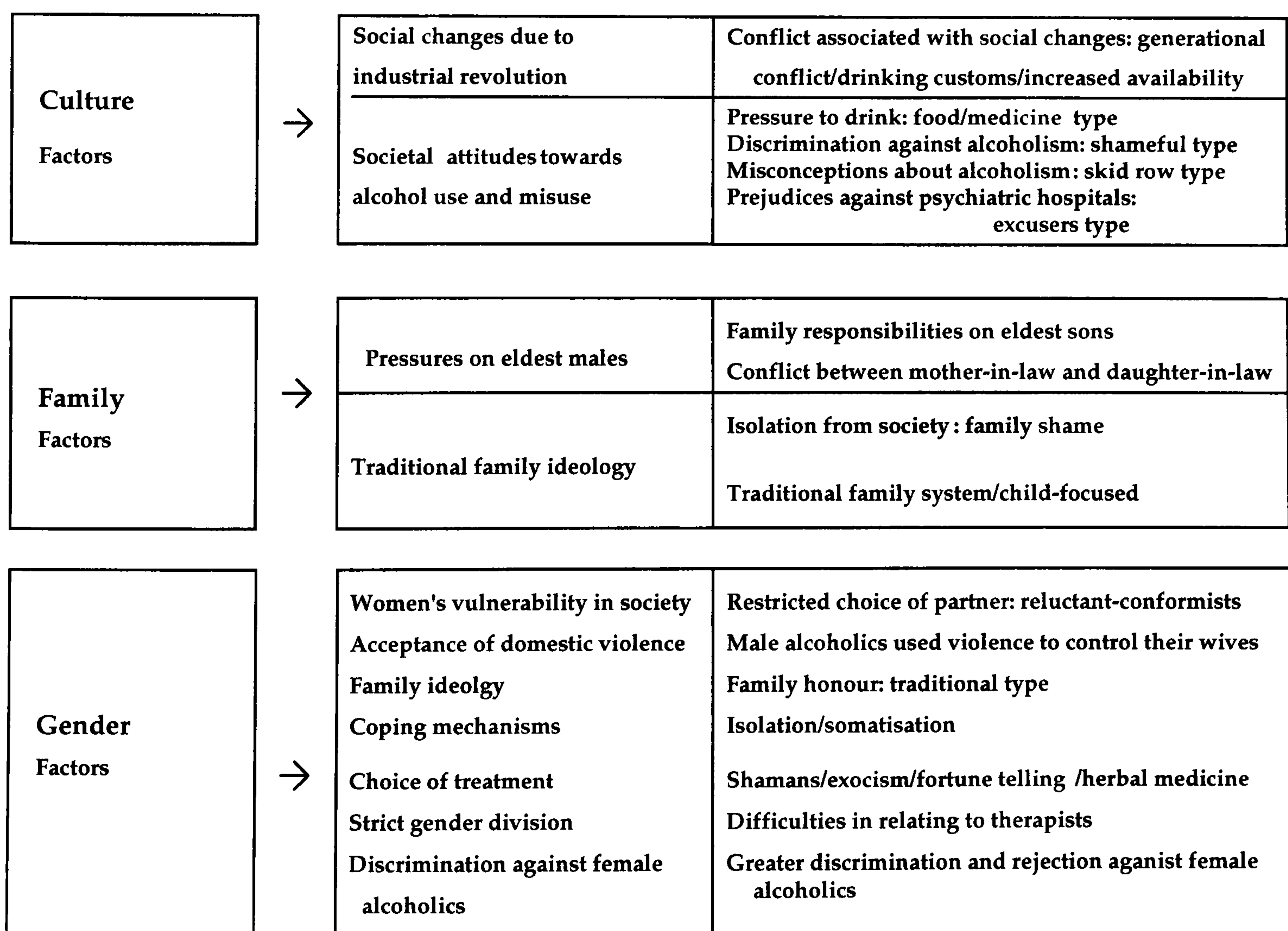
(f) Gender role and female alcoholics

My female alcoholic interviewees experienced greater discrimination and shame compared with male interviewees. They were subjected to family violence while male alcoholic interviewees used violence. Discrimination and rejection put them in a vulnerable position which affected their recovery. Since Korean welfare policies ignore female alcoholics, they are further disadvantaged and are given little opportunity to recover from their alcoholism.

(g) Treatment and gender issues

My findings also showed evidence of patriarchal power in the health services reflecting how such power is pervasive in all institutions in modern Korea. This was seen in treatment programmes, as my male alcoholic interviewees encountered difficulties relating to female therapists. Traditional gender ideology also gave rise to power struggles between male and female staff members. In sum, gender inequalities affect patient care.

Figure 2: Summary of Causal and Contributing Factors of Alcohol Abuse



Policy implications

My findings have implications for current social policies regarding alcoholism in Korea. However, given the limitations of a selected sample group, my recommendations are tentative. In relation to formulation of prevention and treatment policies, it is vital that these recommendations take the Korean culture into account. In particular, treatment policies should also be assessed within the context of clinical practices.

My findings challenge government assumptions that heavy alcohol consumption and consequent alcohol-related dysfunctional behaviour are individual problems. Rather my analysis provides a new framework for understanding alcohol consumption patterns and for formulating overall prevention plans. Given that the socio-economic changes due to industrialisation and urbanisation have increased alcohol consumption and alcohol-related problems, many Koreans have been adversely affected. In order to cope with the growth in alcohol consumption and to prevent alcohol-related problems, government intervention is necessary.

In considering policy solutions to the increasing level of alcoholism in Korea, it would not be appropriate to adopt Western models wholesale because such models do not to take into account the Korean culture. The lack of research on alcoholism in Korea today, as is the case in most developing countries (Saxena, 1997), suggests that the government should set up its own research programmes to develop prevention and treatment policies that are appropriate to the Korean culture.

However, in the long term, the Korean government will need to assess Western policies aimed to reduce alcohol consumption as its growth is expected to continue. In particular, the government should consider how the European Action Plan could be best implemented in Korea, as discussed in chapter 1. Mutual co-operation between Korea and the West will also be necessary, because alcohol sales in the West are declining. Western companies are now targeting Asia and Africa as new markets for alcohol, as they have already done for tobacco (Mohan, 1991; Saxena, 1997). It is important therefore to keep a global perspective on alcoholism.

The Korean government needs to develop a public education campaign about the dangers of excessive drinking. My findings suggest that although the 'family system model' and 'feminist perspectives' provide better explanations of alcoholism and family dynamics, 'the disease model' may be more socially acceptable to many Koreans, because 'disease' is associated with physical ailments rather than mental illness which is associated with stigma. Although this model has its own limitations, as discussed in chapter 1, it could be useful as Korean alcoholics need to be encouraged to seek help and to have a legitimate access to treatment. Currently they experience stigma and

discrimination because alcoholism is considered a self-inflicted disease. Nor is it fully covered within health insurance policy. In order to raise the level of public awareness on the dangers of alcoholism, community and company leaders need to be educated in order to help others. Such leaders are influential, reflecting the Korean collective hierarchical social structure. Television soap operas could also be effective if they are focused on alcohol-related problems and their effects on the family.

In relation to treatment policies, programmes need to be developed which integrate the family system approach together with feminist perspectives. These should replace the current programmes based on the moral perspective. The following recommendations should be considered for treatment policies. First, to help reduce the stigma and shame associated with alcoholism, alcoholics and their families require support and need to be encouraged to attend AA, self-help groups and after-care programmes following discharge from hospital. To ensure the success of these programmes, such provision should be available at the onset of treatment, otherwise the lack of financial resources and low motivation among Korean alcoholics is likely to result in a low take-up. Health insurance should make provision to cover such programmes in their policies. Given the criticisms of the AA, other forms of mutual support groups also need to be set up, such as those similar to Danshukai in Japan and Abstainers Clubs in Poland (Edwards et al., 1994) which would provide alternatives for Korean alcoholics. In order to encourage alcoholics to seek help at an early stage of their illness, programmes need to be set up in the community as these would reduce stigma and isolation which is associated with admissions to psychiatric hospitals. To resolve this problem in the UK, joint medical and psychiatric clinics for alcoholics were set up in the 1970s in district general hospitals. These joint clinics were made attractive so that patients could be referred at an early stage of their illness (Shaw & Thomson, 1977). It is important to have co-operation between the health care systems responsible for detoxification, rehabilitation, community programmes and other social services (MacGregor et al., 1993).

Second, unlike Western treatment models which focus on the need for individual responsibility, accepting reality and modifying behaviour, my findings highlight the importance of family therapy as a key therapeutic strategy for the treatment of alcoholics in Korea. Since the dynamics of the three-generational family system affected many of my alcoholic interviewees, it is necessary for professionals in the health and social services to encourage all three generations to be included in treatment plans. It is not only important to emphasise public health awareness programmes for the general population, but it is also necessary to target high-risk groups for prevention (Pearson, 1991). The eldest sons of alcoholics should be considered a target group for prevention because they are more vulnerable and more likely to become alcoholic than their

siblings. A similar analogy has been drawn in the West for homosexual males and prostitutes as they are considered the high-risk groups for HIV and AIDS.

Third, treatment strategies for alcoholic families must ensure that when a family starts group therapy, more support and understanding is given than is currently available. Family shame must be taken into account. A longer period of initial treatment compared with treatment programmes in the West may be beneficial, especially when using the Minnesota model, as discussed in chapter 1. This should lessen the cultural difficulties which many Koreans experience in discussing their problems within a group. Furthermore, it is important for health and social services professionals to acknowledge who is the key person in a family (Tseng & Hus, 1991). My findings showed that in the Korean culture it was the mother-in-law who was the key person in the family. She needs to be recognised as she has the most influence with regard to treatment decisions. Failure to take into consideration the feelings of the mother-in-law may led to resentment, resulting in premature termination of therapy by the family. Finally, it is also crucial for these professionals to remain sensitive to the culture of the family (Snyder et al., 1997), as it is important to help an alcoholic's nuclear family to relate more closely with their wider kin and local community. A closer and more trusting relationship should be encouraged between a father and his alcoholic son, and between a mother and her daughter in-law (alcoholic's wife). Children can also play a meaningful role in treatment as my alcoholic interviewees saw them as a motivating factor in their recovery. The practice of involving children in therapy should be encouraged as this may also prevent them from becoming alcoholic themselves.

A feminist perspective is needed in order to develop a deeper understanding of the dynamics of alcoholics and their families. Feminists in the West have argued that gender inequalities in the public sphere is reflected in the private sphere. They emphasised that these gender inequalities in all institutions need to be recognised, addressed, and challenged (Urry, 1990; Heidensohn, 1992) and to show how the differences between the sexes are socially constructed and how the family therapy model is gender blind (Perelberg, 1990). My findings showed that women's subordination in the family and the structure of society adversely affected the alcoholic's family. If society continues to view alcoholism as an individual and family problem, it is unlikely to solve the causal problems which are rooted within the wider Korean social structure. As long as Korean society continues to oppress women and men continue to dominate their families, such men will have the power to use and abuse their wives and children through the use of alcohol. It is necessary to expose the oppressive structure of the patriarchal family and break down the gender inequalities within marriage.

In relation to clinical practice, Korean male alcoholics with their strong patriarchal attitudes present a challenge to professionals. Confrontation therefore may not be a useful therapeutic technique in working with these male alcoholics because of family shame and strict gender roles. Sensitivity must be shown to them by recognising their difficulties of sharing feelings and experiences in a group. In contrast, it is important to take into consideration the difficulties that female alcoholics face within a mixed group because they feel greater shame than their male counterparts. They need considerable support.

With reference to hospital policies, gender issues need to be addressed in staff professional training programmes. Feminist family therapists point out that if the therapist does not recognise the inequality which exists within families, he/she ends up reinforcing stereotyped sex roles (Perelberg, 1990). Interventions, such as stabilising a marriage by encouraging the most accommodating (usually female) partner to make changes, are inadvertently likely to reinforce hidden gender inequalities (Knudson-Martin & Mahoney, 1996). Therapists need to be alerted to the myth of equality among couples and deal directly with these inequalities.

Empowering women should be a necessary part of therapy (Urry, 1990). Clinical practitioners need to appreciate the power struggle between men and women. To enhance a woman's role and her position in the home is crucial if treatment is to be successful. Otherwise she will be forced to accept her alcoholic husband's dysfunctional behaviour and be unable to motivate him to change. Women's oppression within the family should become a public issue. Important implications exist in this study for wives of alcoholics as they need to confront the importance of their own liberation as women. They need to fight for the right to control their own lives in and outside the home and to change those social institutions which contribute to their subordination. Self-help groups are also necessary to facilitate women to adapt to their changing role within the family and wider society.

Feminists in Korea should take the problem of alcoholism as one of its central issues. As argued in chapter 1, feminists in the West linked domestic violence with excessive alcohol consumption among men which contributed to the temperance movement (Banks, 1981). Although Korean feminists have begun campaigning against domestic violence, yet few policy questions have been conceptualised in feminists' terms in relation to alcohol use and misuse. Feminists in the West emphasise a collective social approach to the problems of women's ill-health. They have constantly emphasised the importance of women-centred health-care provision and have campaigned about feminist health care issues (Ettorre, 1992). Korean female alcoholics should be viewed as people in need of help and support rather than experience isolation and rejection.

Alcohol problems among women need to be given far greater priority in social welfare policies. Social policies must ensure that women, whether as female alcoholics or as wives of alcoholics, do not continue to suffer further abuse, violence and discrimination as they currently do.

Future research

How far did my findings meet my research aims? I have explored some of the problems that alcoholics and their families faced in Korean society. On the whole, I met my research aims. However, my research has its own limitations, as I discussed in chapter 3. Since I used non-probability methods which was not based on broad sampling, my study may not be applicable to all Korean alcoholic families. My study did not fully explain how and to what extent socio-economic changes have affected alcohol consumption patterns. Therefore quantitative research needs to be carried out which would give a broader understanding of alcohol consumption patterns. Such research would assist Korean policy makers to develop more effective public health policies on alcohol in Korea.

My research suggests that there is also a need for experimental research to test my hypotheses and develop treatment methods. Particular attention should be given to examining a feminist approach towards family therapy in relation to the alcoholic family and to assess the impact of such interventions. Further research needs to explore the seriousness of alcohol problems among women and the relationship between heavy drinking and women's gender roles and associated conflicts.

Concluding remarks

Although my study looked closely at the dynamics of the alcoholic family on a small scale, it did however raise fundamental questions about the nature of gender relationships and public welfare issues in Korean society. Korea has received world-wide attention as one of the 'Pacific Tiger Economies'. Korea's economic success has been partly due to suspending expenditure on welfare as is the case of other Asian industrialising countries. Past dictatorial leadership, Confucian philosophy and traditional family ideology played a key role in the family providing welfare and maintaining social control.

However, the socio-economic changes of industrialisation and urbanisation are breaking down these traditional social controls. As a consequence, Korean society today is more fragmented and social problems, like alcoholism, are growing in significance. Yet, social welfare policies have not been developed to meet the new social order and new social problems. As my findings showed, the increasing problem of alcoholism is still seen as the individual's responsibility rather than a societal problem and so government

responsibility is not acknowledged. Equally, domestic violence which reflects gender inequalities, is still seen as a private marital quarrel, not a social issue and remains outside any public debate.

My findings have led me to question how Korea should develop a welfare state to meet the needs of a modernising society. In order to meet new challenges of modernisation and globalisation, the Korean government urgently needs to develop social welfare policies to tackle the growing social problems and to enhance the quality of life for its citizens. My findings suggest that such policies need to encourage a social order with a new moral standard, which at the same time integrate traditional family ideology. Some Asian countries have successfully achieved this. For example, in Japan, the government encouraged families and companies to provide welfare rather than taking the responsibility itself to make such provision. The Japanese version of welfare pluralism helped its economy to gain a competitive advantage over other advanced capitalist Western countries. Their welfare programme is based on paternalism and familism with a respect for authority derived from Confucian ideology (Gould, 1993). The Korean welfare policy is likely to follow the 'Confucian welfare state' model (Jones, 1993) which emphasises family and community rather than a Western style of welfare. The traditional Western model of welfare based on 'institutional-redistributive' model is not appropriate in the Korean culture, because even though Korea has developed capitalist economy it is not a liberal or democratic society. There is too much social direction and too little sense of individual rights. The essence of a Confucian welfare state is 'conservative corporatism without worker participation', 'solidarity without equality', 'fairness without libertarianism' (ibid, p.214).

To achieve a Confucian welfare state, Jones (1993) argues it requires determination, discipline and direction: individual determination to succeed, individual discipline to carry out duties, obligations, responsibilities and care, and policy directions to achieve societal collective goals. Korea had started to achieve this. For example, in the 1960-1970s after the Korean war, there was a strong social collective self-help movement called the *'seamasul undong'* (new community building movement) which tried to overcome poverty. This was supported by middle class people attaining high educational standards, but at the same time retaining traditional family and community ideology. Yet, unlike Japan, the Korean government has lost its credibility due to colonial rule after centuries of occupation by the Chinese, 36 years by the Japanese, civil war (1949-1953) and subsequent political instability. This has led to a lack of respect for law and authority by Koreans (Bae et al, 1994). To fully develop a 'Confucian welfare state', the government needs greater public support.

Korea needs to develop its social services. It should also consider adapting some Western style social services which are appropriate, yet within a Korean cultural context. Policies on alcoholism should aim at reducing alcohol consumption and developing alcoholism treatment programmes. Equally, gender inequalities must be redressed to ensure women's role in the public sphere is enhanced and valued within welfare policies. As my findings showed women have had a significant influence within the family but her power is still limited in the private sphere. She has little/no power in the public sphere. This distinction between private and public sphere should be challenged and redefined. Korean women's power now needs to be channelled to regain morality and a greater control over their lives by playing stronger roles in the public sphere.

Appendix 1

Code number of alcoholic interviewees

No.	*Code number of interviewees*		*Sex*	*Age*	*Date on which interview was take*
1.	0001	Alcoholic	Male	36	12-6-1995
2.	0002	Alcoholic	Male	57	14-6-1995
3.	0003	Alcoholic	Male	37	26-6-1995
4.	0004	Alcoholic	Male	60	13-6-1995
5.	0005	Alcoholic	Male	33	08-6-1995
6.	0006	Alcoholic	Male	42	27-6-1995
7.	0007	Alcoholic	Female	33	11-7-1995
8.	0008	Alcoholic	Male	50	07-7-1995
9.	0009	Alcoholic	Male	43	04-7-1995
10.	0010	Alcoholic	Female	46	14-6-1995
11.	0011	Alcoholic	Male	22	29-6-1995
12.	0012	Alcoholic	Male	40	29-6-1995
13.	0013	Alcoholic	Male	36	18-8-1995
14.	0014	Alcoholic	Male	36	28-8-1995
15.	0015	Alcoholic	Male	40	11-7-1995
16.	0016	Alcoholic	Male	37	11-7-1995
17.	0017	Alcoholic	Male	40	28-6-1995
18.	0018	Alcoholic	Male	38	28-6-1995
19.	0019	Alcoholic	Male	47	10-8-1995
20.	0020	Alcoholic	Female	36	25-7-1995
21.	0021	Alcoholic	Female	49	27-7-1995
22.	0022	Alcoholic	Male	47	21-7-1995
23.	0023	Alcoholic	Female	37	27-7-1995
24.	0024	Alcoholic	Male	39	26-6-1995
25.	0025	Alcoholic	Male	46	11-8-1995
26.	0026	Alcoholic	Male	43	11-8-1995
27.	0027	Alcoholic	Male	45	11-8-1995
28.	0028	Alcoholic	Male	49	30-8-1995
29.	0029	Alcoholic	Male	32	28-7-1995
30.	0030	Alcoholic	Male	43	03-7-1995
31.	0031	Alcoholic	Male	34	11-8-1995
32.	0032	Alcoholic	Male	48	08-8-1995
33.	0033	Alcoholic	Male	29	12-7-1995
34.	0034	Alcoholic	Male	38	13-6-1995
35.	0035	Alcoholic	Male	43	14-6-1995
36.	0036	Alcoholic	Male	34	02-8-1995
37.	0037	Alcoholic	Male	62	12-6-1995
38.	0038	Alcoholic	Male	41	03-7-1995
39.	0039	Alcoholic	Male	50	03-7-1995
40.	0040	Alcoholic	Male	56	20-7-1995

Code number of alcoholic family members

No.	*Code number of families*		*Date on which interview was taken*
41.	1001	Wife	08-6-1995
42.	1002	Wife	14-7-1995
43.	1003	Sister	20-7-1995
44.	1004	Wife & Daughter	21-6-1995, 14-7-1995
46.	1005	Wife & Mother & Father	06-6-1995, 07-6-1995
49.	1006	Wife & Sister	06-8-1995
51.	1007	Sister	11-7-1995
52.	1008	Wife	03-7-1995
53.	1009	Wife	05-7-1995
54.	1010	Husband	09-6-1995
55.	1011	Mother	29-6-1995
56.	1012	Sister	29-6-1995
57.	1013	Wife & Sister	18-8-1995
59.	1014	Wife	09-8-1995
60.	1015	Wife	22-8-1995
61.	1016	Mother	11-7-1995
62.	1017	Mother	28-7-1995
63.	1018	Wife	28-6-1995
64	1019	Wife & Sister-in-law	11-8-1995
66.	1020	Husband & Sister	25-7-1995
68.	1021	Son	18-8-1995
69.	1022	Wife & Father	19-7-1995
71.	1023	Mother & Sister	27-7-1995
73.	1024	Wife	26-6-1995
74.	1025	Wife	11-8-1995
75.	1026	Wife	11-8-1995
76.	1027	Wife	14-6-1995
77.	1028	Wife & Sister	25-8-1995
79.	1029	Mother & Aunt	11-8-1995
81.	1030	Wife	22-7-1995
82.	1031	Mother	05-9-1995
83.	1032	Wife	10-7-1995
84.	1033	Wife & Mother	04-9-1995
86.	1034	Mother & Father	13-6-1995
88.	1035	Wife	17-8-1995
89.	1036	Mother	17-8-1995
90.	1037	Daughter-in-law	22-6-1995
91.	1038	Wife	30-6-1995
92.	1039	Wife	30-6-1995
93.	1040	Wife	15-6-1995

Note: In order to protect the anonymity of interviewees, they were given code numbers, namely 0001 for alcoholics and 1001 for family members.

Appendix 2

Interview schedule for alcoholic interviewees

A. Case history

1. How long have you been in this centre?
2. How did you come to be here?

   Prompt: what factors influenced your decision to seek treatment here?

   Prompt: who influenced your decision to seek treatment here?
3. Why do you feel you developed a problem with alcohol?
4. How do you feel about your illness?

B. Experience of alcoholism

1. How were you introduced to alcohol?
2. How did your drinking affect your relationship at work?

   Prompt: effects on economic/employment situation
3. How did your drinking affect your relationship with your family?
4. What sort of emotional problems did you experience because of your drinking?

   Prompt: How did you handle your feelings?

   Prompt: Were you able to be open and honest? Were you able to show affection?

   Prompt: What difficulties did your drinking cause with your husband/wife?

   Prompt: Any physical problems?

C. Self progression

1. How do you feel you are progressing?
2. What sort of changes have you had to make to help you in your recovery?
3. What sort of changes do you think you need to make to maintain sobriety?

   Prompt: How do you feel others will react to your sobriety?
4. How do you see your future after leaving the centre?

D. View of treatment

1. What help have you received from the treatment programme at this centre?
2. What help have you received form your family?
3. What help have you received from people outside of your family?
4. Do you think any of this help has motivated you in your recovery?

Interview schedule for alcoholic family members

A. Family system

1. Tell me about your family members

   Prompt: number of people, age, who lives with whom

2. How would you describe relationships between your family members?
3. Do you have any strict rules or standards in your family?
4. How would you describe each family member's role and responsibilities?
5. Who makes the decision about how to solve problems?

B. Family functioning

1. What kinds of family activities do you have?
2. Do you have financial problems because of your spouse's/son's/daughter's/mother's /father's drinking?
3. What sort of adjustment had to be made in the family because of your spouse's/son's/ daughter's /mother's/father's drinking?
4. Have you observed any physical or emotional changes in your children as a result of your spouse's drinking?

C. Family boundaries

1. Were other family members drawn into the conflict which arose over alcoholism?
2. How did your spouse's /son's/daughter's/mother's/father's/ alcoholism affect family responsibilities?
3. Have you received any help from other members of the family or friends?

D. Attitudes towards alcoholism

1. Why do you feel your spouse/son/daughter/mother/father developed a problem with alcohol?
2. How do you feel about it?
3. How do other family members relate to him/her?
4. How do you think others will react to your spouse's sobriety?

E. Emotional problems

1. How did your spouse's /son's/daughter's/mother's/father's/ drinking affect your relationship?
2. What sort of emotional problems did you experience because of your spouse's/ son's/daughter's/mother's/son's/fathers) drinking?

   Prompt: How did you handle your feelings?

   Prompt: Were you able to be open and honest? Were you able to show affection?

   Prompt: What difficulties did this cause with your spouse /son/ daughter/mother/father?

   Prompt: Were you subject to physical and/or verbal aggression?

   Prompt: Any physical problems?

Documentary analysis (Hospital records)

A. Socio-demographic data

Age	Sex
Marital status	Education
Occupation	Religion
Address	Source of referral.

B. Family history of alcoholism

Relationship	Siblings order
Parental problems	Family environment

C. Medical history

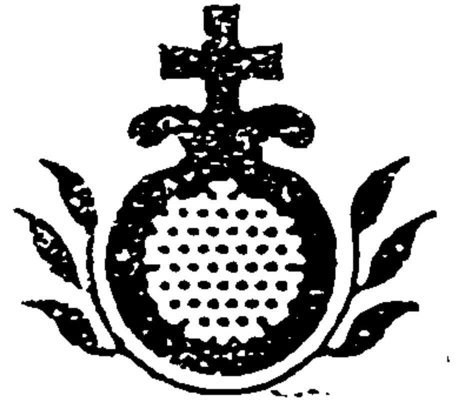
1. Length of alcohol use
2. Kinds, amount and frequency of alcohol use
3. Number of hospitalisations
4. Types of drunken behaviour
5. Physical and mental complications

D. Social history

1. Work life
2. Legal problems
3. Sexuality and sexual life
4. Social activities

St. John of God Centre for Living

Yoo Dong 115-1, Pukgu, Kwangju 500-010 Korea   TEL 54-0041~3
천주의 성요한 생활회관 (정신과), 광주직할시 북구 유동 115-1   FAX (062)525-4420



Dear Sir or Madam,

I am Yang Jeoung -Nam (Veronica) a research student at Goldsmith's college university of London. I worked at St. John of God clinic for 4 years as a senior alcohol counsellor. I am interested in understanding more fully the drinking problems that clients as well as their families face.

I am writing to ask you if you would be willing to participate in my study. It will involve meeting with me and sharing your difficulties in terms of your drinking problem. The information you share will be treated in the strictest confidence. It will be presented in such a way that individual responses can not be identified. Please note you reserve the right to withdraw at any stage of the meeting.

If you require any further information about my study or our meeting please do not hesitate to contact me at 062-529-0041

Thanking you in anticipation of your support and co-operation.

Yours sincerely

Yang. J. N

Yang Jeoung-Nam Veronica

Head of Social Work Department
Naju National Psychiatric Hospital
Naju City, Sanpo Myun, Sanje Ri 501
Chunnam, S. Korea

Ms. Jeoung-nam Yang
Goldsmiths University of London
Social Policy and Politics Department
New Cross
London

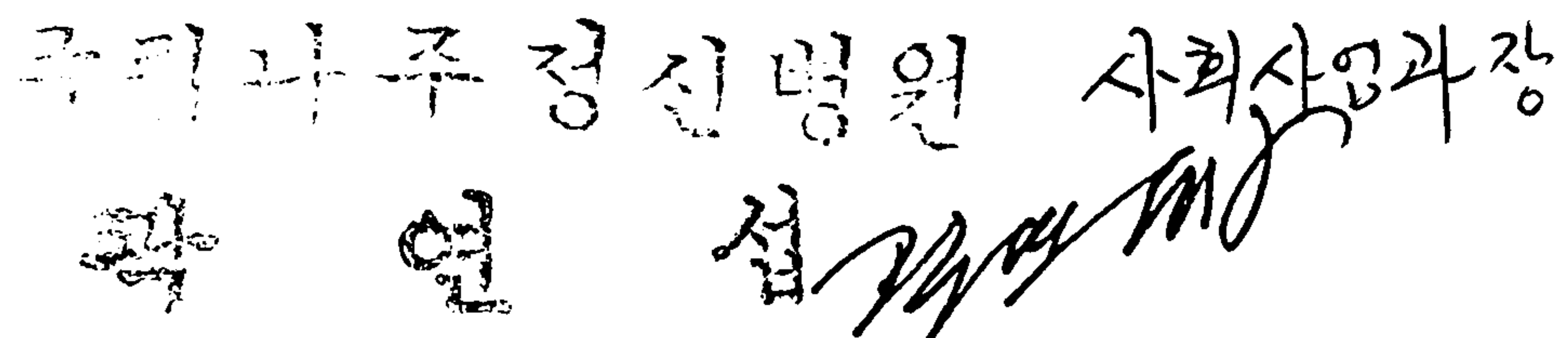
Dear Miss Yang,

In relation to your request to carry out your research in Naju National Psychiatric Hospital from June 1995 to September 1995, we are pleased to advice you that your request has been accepted.

선생님께서 요청하신바대로 1995년 6 월부터 1995년 9월까지 국립나주정신병원에서
연구활동을 하시도록 허가를 해 드립니다.

Looking forward to see you in June.

Yours sincerely,



Head of Social Work Department

천주의 성요한 의료봉사 수도회

500-010 광주시 북구 임동 67번지
TEL.(062) 529-0041 ~3. FAX.(062)525-4420

Ms. Veronica Yang
50A Billington Road,
Newcross,
SE 14, 5QQ,
London

November 11th, 1994.

Dear Veronica,

Thank you for your most welcome letter. It was good to hear from you and to know that you are well and that you have begun your studies for the Ph.D.

You will of course be welcome to do your research at the alcohol centre. At present the work has begun on the U-Dong buildings so it is all go.

You take care and beware of the London fog.

Stay in touch.

Love,

Brian.

천주의 성요한 金言 : 肉을 통 하여 靈으로
...OTHERS. 67. IM-DONG PUK-GU GWANG-JU 500-010

Head of Social Work Department
Kongju National High Security Hospital
Kongju Kun, Banpo Myun, Bongkok Ri 1
Chungnam, S. Korea

Ms. Jeoung-nam Yang
Goldsmiths University of London
Social Policy and Politics Department
New Cross
London

Dear Miss Yang,

With reference to your request to undertake your research in Kongju National High Security Hospital from June 1995 to September 1995, I am pleased to inform you that your request has been granted.

선생님께서 요청하신바대로 1995년 6 월부터 1995년 9월까지 국립공주치료감호소에서 연구활동을 하시도록 허가를 해 드립니다

Looking forward to see you in June.

Yours sincerely,

안 영 숙 Suk

Head of Social Work Department

Bibliography

Abbott, P. and Wallace, C. (1990), *An Introduction to Sociology: feminist perspectives*, Routledge, New York.

Ablon, J. (1980),"The significance of cultural patterning for the alcoholic family", *Family Process*, Vol.19: 127-144.

Ablon, J. (1989), "Family Research and Alcoholism", in Galanter, M. (ed.), *Recent Development in Alcoholism,* Vol.2, Plenum Press, London.

Acres, D.I. (1977), "The Primary Health Care Team", in Edwards, G. and Grant, M. (eds), *Alcoholism: new knowledge and new responses*, Croom Helm, London.

Allen, K.R. and Baber, K.M. (1992), "Ethical and Epistemological Tensions in Applying a Postmodern Perspective to Feminist Research", *Psychology of Women Quarterly*, 16: 1-15.

American Medical Association, (1977), *Manual on Alcoholism*, (3rd ed.), Wisconsin.

American Psychiatric Association (3rd ed.), (1980), *Diagnostic and Statistical Manual of Mental Disorders (DSM-III),* Washington, D.C.

Ames, G. (1985), "Problems drinking and middle class protestant culture: The family experience" in Bennett, L. and Ames, G. (eds), *The Americal Experience with Alcohol Contrasting Cultural Perspectives,* Plenum Press, New York.

Ames, G. (1989), "A Cultural Approach to Conceptualising Alcohol and the Family" in Saitoh, S., Steinglass, P. and Schuckit, M. (eds), *Alcohol and the Family*, The 4th. International Symposium of the Psychiatric Research Institute of Tokyo, Tokyo.

Ames, G.M. and Janes, C.R. (1987), "Heavy and problem drinking in an American blue-collar population: Implications for prevention, *Social Science Medicine,* Vol. 25, No. 8: 949-960.

Anderson, D.J. (1982), "The Minnesota Experience", in Golding, P. (ed.), *Alcoholism: a modern perspective*, MTP Press International Medical Publisher, Lancaster.

Anderson, P. (1995), "Alcohol and risk of physical harm", in Holder, H.D. and Edwards, G. (eds), *Alcohol and Public Policy,* Oxford University Press, Oxford.

Anderson, P. (1996), "Guidelines on sensible drinking", *Addiction,* Vol.91, No.1: 25-33.

Aries, E. (1976), "Interaction Patterns and Themes of Male, Female and Mixed Sex Groups", *Small Group Behaviour*, Vol.7, No.1: 7-18.

Babor, T.F. (1995), "The social and public health significance of individually directed interventions", in Holder, H.D. and Edwards, G. (eds), *Alcohol and Public Policy*, Oxford University Press, Oxford.

Bae, S.I. (1993), "A Clinical Study of Female Alcoholics Admitted to a Mental Hospital", *Journal of Korean Neuropsychiatric Association,* Vol. 32, No.6: 407-413.

Bae, H.S., Jeoung, T.H., No, K.M., Kim, D.K. and Lee, M.H. (1994), "A Study of Koreans' Morality", *A-San Foundation Research Reports,* No.1, A-San Social-Welfare Foundation, Seoul.

Baggott, R. (1990), *Alcohol, Politics and Social Policy*, Gower Publishing, London.

Baker, H.D. (1979), *Chinese Family and Kinship*, Macmillan, London.

Banks, O. (1981), *Faces of Feminism: A Study of Feminism as a Social Movement*, Martin Robertson & Compnay Ltd., Oxford.

Barnes, G.M. (1990), "Impact of the Family on Adolescent Drinking Patterns", in Collins, R.L., Leonard, K.E. and Searles, J.S. (eds), *Alcohol and the Family*, The Guilford Press, New York.

Barrett, M. (1980), *Women's Oppression Today,* Villiers Publication, London.

Baumohl, J. and Room, R. (1989), " Inebriety, Doctors, and the State Alcoholism Treatment Institutions before 1940", in Galanter, M. (ed.), *Recent Developments in Alcoholism,* Vol.7, Plenum Press, London.

Beck, K.N. (1981), *Politics and Korean Women*, Moon-um-sa, Seoul.

Beckman, L.J. (1984), "Treatment needs of women alcoholics", *Alcoholism Treatment Quarterly*, Vol.1, No.2: 101-115.

Beckman, L.J. and Amaro, H. (1984), "Patterns of women's use of alcohol treatment agencies", in Wilsnack, S.C. and Beckman, L.J. (eds), *Alcohol Problem in Women: Antecedents, Consequences, and Intervention,* Guilford Press, New York.

Berridge, V. and Thom, B. (1996), "Research and Policy: what determines relationships?", *Policy Studies,* Vol. 17, No.1: 23-34.

Birchmore, D.F. and Walderman, R.L. (1979), "The woman alcoholic: A review", in Robinson, D. (ed), *Alcohol Problem: Review, Research and Recommendations*, Macmillan, London.

Blane, H.T. and Barry, H. (1973), "Birth order and alcoholism: A review", *Quarterly Journal of Studies on Alcohol*, 34: 837-852.

Blume, S.B. (1986), "Women and Alcohol: A Review", *Journal of the Americal Medical Association,* 256: 1467-1469.

Bograd, M. (1991), "Female therapists/male clients: Consideration about belief systems", in Bograd, M. (ed.), *Feminist Approaches for Men in Family Therapy*, The Haworth Press, London.
Bowen, M. (1974), "Alcoholism as viewed through family systems theory and family psychotherapy", *Annuals of the New York Academy of Science*, 223.
Bowen, M. (1976), "Theory in the practice of psychotherapy" in Guerin, P.J.(ed.), *Family Therapy: theory and practice,* Gardner, New York.
Bowen, M. (1978), *Family Therapy in Clinical Practice*, Jason Aronson, Inc., London.
Bowles, G. and Renate, D.K. (eds), (1983), *Theories of Women's Studies*, Routeledge and Kegan Paul, London.
Braithwaite, J. (1989), *Crime, shame and reintegration,* Cambridge University Press, Cambridge.
Brownmiller, S. (1975), *Against Our Will: Men,Women and Rape,* Simon & Schuster, New York.
Bryman, A. (1988), *Quantity and Quality in Social Research*, Unwin Hyman, London.
Bulmer, M. (1984), *Sociological Research Methods,* (2nd ed.), Macmillan, London.
Bunge, F.M. (ed.), (1982), *South Korea: A Country Study*, (3rd ed.), American University Press, Washington D.C.
Byun, W.S. (1992), "Conflict between husband and wife and coping mechanism", in Institute of Socio-cultural Studies (ed.), *The Relationship between Husband and Wife in the Korean Family*, Seoul.
Caetano, R. (1989), "Concepts of Alcoholism among Whites, Blacks and Hispanics in the United States", *Journal of Studies on Alcohol*, Vol.50, No.6: 580-589.
Cahahan, D. and Room, R. (1974), "Problem Drinking Among American Men: Rutgers Centre of Alcohol Studies", Monograph No.7, New Brunswick, New Jersey.
Callan, V.J. and Noller, P. (1987), *Marriage and Family,* Methuen, Australia.
Cha, J.H., Chung, B.M. and Lee, S.J. (1977), "Boy preference reflected in Korean folklore", in Mattielli, S. (ed.), *Virtues in Conflict: Tradition and the Korean Woman Today,* The Sam-hwa Publishing Ltd., Seoul.
Chang, D.H. (1978), "The Korean Family", in Das Man Singh and Bardis, Panos, D. (eds), *The Family in Asia*, Vlkas Publishing House, New Delhi.
Chang, H.I. (1986), "Alcohol Drink and Mental Disorder", *The Mental Health Research Institute*, Vol. 4: 20-30, Seoul.
Chang, P.W. (1986), "Women and Work" in Chung, S.W. (ed.), *Challenges for Women*, Ewha Women's University Press, Seoul.
Chang, S.C. and Kim, K.I. (1973), "Psychiatry in South Korea", *American Journal of Psychiatry,* 130: 667-669.
Chang, W.I. and Jun, J.S. (1985), "The Preliminary Study of Applicability of Michigan Alcoholism Screening Test in Korea", *Journal of Korean Neuropsychiatric Association,* Vol.24: 46-53, Seoul.
Chassin, L., Pillow, D.R., Curran, P.J., Monila, B.S. and Barrera, M. (1993), "Relation of parental alcoholism to early adolescent substance use: A test of three mediating mechanisms", *Journal of Abnormal Psychology, 102.*
Cheong, K.I. and Yeon, B.K. (1982), "Alcohol Dependent Males and Their Wives", *Journal of Korean Neuropsychiatric Association,* Vol.21, No3: 487-494, Seoul.
Chi, I., Lubben, E.J. and Kitano, I.H.L. (1989), "Differences in Drinking Behaviour among Three Asian-American Groups", *Journal of Studies on Alcohol*, Vol.50, No.1: 15-23.
Cho, B.U. (1993), *Study of Family,* Korean Family Research, Seoul.
Cho, H. (1986),"Labour Force Participation of Women in Korea", in Chung, S.W. (ed.), *Challenges for Women*, Ewha Women's University Press, Seoul.
Cho, H.C., Kim, J.H. and Lee, S.Y. (1975), "Studies on drinking patterns in Korea", *Journal of Korean Neuropsychiatry*, 14: 1-13, Seoul.
Cho, H.J. (1988), "Transformation and Subjugation Korean Patriarchal Family", in Park, J.O., Lee, Y.J., Chang, S., Cho, U., Park, B.H., Cho, O.L. and Cho, H.J. (eds), *Study of Korean Women*, Chung-ha, Seoul.
Cho, H.J. (1986), "The Transformation and Subjugation of Patriarchy: in the case of the Korean family", *The Korean Association of Women's Studies*, Vol.2: 136-201, Seoul.
Cho, K.W. (1990), "A critical examination of the Confucian view of women's education", *Journal of Korean Social Science*, Vol. 16, Seoul.
Cho, O.L. (1988), "Theories of Patriarchy: Review", in Park, J.O., Lee, Y.J., Chang, S., Cho, U., Park, B.H., Cho, O.L. and Cho, H.J. (eds), *Study of Korean Women*, Chung-ha, Seoul.
Cho, O.L. (1992), "Household in Korean Rural Community Studies", in Saradamoni, K. (ed.), *Finding the Household: Women and the Household in Asia*, SAGE Publications, London.

Cho, S.K., Kim, K.B., and Chang, H.I. (1993), "Prevalence and Physician's Detection Rate of Alcoholism in Patients of a General Hospital", *Journal of Korean Neuropsychiatry,* Vol.32, No.6: 904-911, Seoul.

Cho, Y.I and Faulkner, R.W. (1993), "Conception of Alcoholism among Koreans and Americans", *International Journal of Addictions*, Vol. 28: 681-693.

Cho`e, C.S. (1986), "Family and Kinship Organisation", in The National Academy of Sciences Republic of Korea, (ed.), *Introduction to Korean Studies*, Deakwang, Printing Ltd., Seoul.

Cho`e, C.S. (1994), *Korean's Social Characteristics*, Hyun-um-sa, Seoul.

Choe, H.I. (1992), *Research on the relations between mother-in-law and daugther-in-law from social and psychological perspectives*, Ph.D. Thesis, Jungang University, Seoul.

Choe, M.J.K., Kong, S.K. and Manson, K.O. (1994), "Korean Women`s Labour Force Participation: Attitude and Behaviour", in Suh, D.S. (ed.), *Korean Studies: New Pacific Currents*, University of Hawaii, Honolulu.

Choi, B.H., Rhyang, I.H. and Cho, M.J. (1988), "The Clinical Characteristics and Drinking Patterns of Alcoholic Patients Admitted to a Mental Hospital", *The Seoul Journal of Psychiatry,* Vol.14, No.4: 272-281, Seoul.

Choi, H.K. (1993), "Confucianism and Family" in Association of Korean Family (ed.), *Modern Family and Society,* Science of Education, Seoul.

Choi, K. (1995), "Assessment of Korean Wefare Policy" in Research Institute of Social Science (ed.), *Understanding Korean Social Welfare*, Dong-pung, Seoul.

Choi, S.S. (1995), *Assessment and Intervention Strategies on the Co-dependency of Alcoholic Family,* Ph.D. Thesis, Department of Social Welfare, Graduate School, Pusan National University, Korea.

Choi, Y.H., Kim, I. and Lee, B.Y. (1989), "The Preliminary Study of Korean Alcoholism Screening Test", *Journal of Korean Neuropsychiatric Association,* Vol.28, No.4: 588-603.

Choi, Y.W., Lee, M.K. and Park, S.H. (1994), "Stress Coping Strategies and Marital Interaction in Wives of Alcoholics", *Journal of Korean Neuropsychiatric Association*, Vol.33, No.5: 1046-1053, Seoul.

Chosen Daily, 29.12.1989.

Chun, Y.J. and MacDermid, S.M. (1997), "Perceptions of Family Differentiation, Individuation, and Self-Esteem Among Korean Adolescents", *Journal of Marriage and the Family*, Vol.59: 451-462.

Chung, E.Y.J. (1995), *The Korean Neo-Confucianism of Yi Toegye and Yi Yul-gok*, State University of New York Press, New York.

Chung, W.Y. (1994), "A Study on the Adolescent Patients Admitted with the Problems of Glue-sniffing or Butane Inhalation, *Journal of Korean Neuropsychiatric Association,* Vol3, No.1: 32-37.

Clarke, M., Ahmed, N., Romaniuk, H., Marjot, D.H. and Murray-Lyon, I.M. (1990), "Ethnic Differences in the Consequences of Alcohol Misuse", *Alcohol and Alcoholism*, Vol.25, No.1: 9-11.

Collins, J.J. and Schlenger, W.E. (1988), "Acute and Chronic Effects of Alcohol Use on Violence", *Journal of Studies on Alcohol,* Vol.49, No.6: 516-521.

Collins, R., Leonard, K. and Searles, J. (eds), (1990), *Alcohol and Family*, Guilford Press, NewYork.

Conn, J. and Turner, A. (1990), "Working with Women in Families", in Perelberg, R.J. and Miller, A.C. (eds), *Gender and Power in Families,* Tavistock/Routledge, London.

Cook, J.A. and Fonow, M.M. (1990), "Knowledge and Women`s Interest" in Nielsen, J.M. (ed.), *Feminist Research Methods*, Westview Press, London.

Cook, P.J. (1988), "The Minnesota Model in the management of drug and alcohol dependency: Miracle, methods or myth?", *British Journal of Addiction,* 83: 735-748.

Cooke, D. and Allan, C. (1984), "Stressful Life Events and Alcohol Abuse in Women: A General Population Study", *British Journal of Addiction,* No.79: 425-430.

Cotton, N.S. (1979), "The familial incidence of alcoholism: A review", *Journal of Studies on Alcohol,* 40: 89-116.

Covington, S.S. (1985), "Alcohol and Family Violence", Paper presented at the 34th. International Congress on Alcoholism and Drug Dependence, Canada.

Dahgren, L. and Willander, A. (1989), "Are Special Treatment Facilities for Female Alcoholics Needed?", *Alcoholism: Clinical and Experimental Research,* Vol.13: 499-504.

Dallos, R. (1991), *Family Belief Systems, Therapy and Change*, Open University Press, Buckingham.

Davis, D., Berenson, D., Steinglass, P. and Davis, S. (eds), (1974), "The adaptive consequences of drinking", *Psychiatry*, 37: 209-215.

Delphy, C. (1984), *Close to Home,* Hutchinson & Co. (Publisher) Ltd., London.

De Lint, J. and Schmit, W. (1971), "Consumption averages and alcoholism prevalence: A brief review of epidemiological investigations", *British Journal of Addiction*, 66: 97-101.

Denzim, N. (1971), "The Logic of Naturalistic Inquiry", *Social Forces,* 50, No.2: 166-181, University of North Carolina Press, USA.

Deuchler, M. (1977), "The Tradition: The women in Yi dynasty", in Mattielli, S. (ed.), *Virtues in conflict*, The Sam-wha Publishing Ltd., Seoul.

Dobash, R.E. and Dobash, R.P. (1980), *Violence Against Wives: A Case Against Patriarchy,* Open Books, Shepton Mallet.

Donovan, J.M. (1986), "An Etiologic Model of Alcoholism", *The American Journal of Psychiatry,* Vol.143, No.1: 1-11.

Donga Daily News Paper, 23.2.1995

Douglas, C.C. and Andrian, W.D. (eds), (1988), *Theories on Alcoholism*, Addiction Research Foundation, Toronto.

Duckert, F. (1988), "Recruitment to Alcohol Treatment: A comparision between male and female problem drinkers recruited to treatment in two different ways", *British Journal of Addiction,* Vol.83, No.3: 285-293.

Dulfano, C. (1982), *Families, Alcoholism & Recovery*, Hezelden Foundation, Minnesota.

Ebrey, P.B. and Watson, P.S. (eds), (1991), *Marriage and Inequality in Chinese Society*, University of California Press, Berkeley.

Edholm, F. (1982), "The unnatural family", in Whitelegg, E., Arnot, M., Beechey, V., Birke, L., Himmelweit, S., Leonard, D., Ruehl, S. and Speackman, M.A. (eds), *The Changing Experience of Women,* The Open Uiversity, Oxford.

Edwards, A. (1987), "Male Violence in Feminist Theory: An Analysis of the Changing Conceptions of Sex/Gender Violence and Male Dominance", in Hanmer, J. and Maynard, M. (eds), *Women, Violence and Social Control,* The Macmillan Press, London.

Edwards, G. (1982), *The Treatment of Drinking Problems: a guide for the helping professions,* Grant McIntyre Medical and Scientific, London.

Edwards, G., Strang, J. and Jaffe, J. (eds), (1994), *Alcohol Policy and the Public Good*, Oxford Medical Publications, Oxford.

Edwards, P., Harvey, C. and Whitehead, P. (1973), "Wives of alcoholics: a critical review and analysis", *Quarterly Journal of Study of Alcohol*, Vol.34: 112-132.

Ellis, D. and McClure, J. (1992), "In-patient treatment of alcohol problems-predicting and preventing relapse", *Alcohol and Alcoholism*, Vol.27, No.4: 449-456

Elliot, F.R. (1986), *The Family: Change or Continuity,* Macmillan, London.

Engs, R.C. (1990), "Family Background of Alcohol Abuse and Its Relationship to Alcohol Consumption among College Students: An Unexpected Finding", *Journal of Studies on Alcohol,* Vol.51, No.6: 542-547.

Ettorre, E. (1992), *Women and Substance Use,* Macmillan, London.

Field, P.B. (1962), "A new cross-cultural study of drunkeness", in Pittman, D.J. and Snyder, C.R. (eds), *Society, Culture and Drinking Patterns*, John Wiley and Sons, New York.

Finch, J. (1989), *Family Obligations and Social Change,* Polity Press, Oxford.

Floyd, A.S., Monahan, S.C., Finney, J.W. and Morley, J.A. (1996), "Alcoholism treatment outcome studies, 1980-1992: The nature of the research", *Addictive Behaviour,* Vol. 21, No. 4: 413-428.

Fonow, M.M. and Cook, J.A. (eds.), (1991), *Beyond Methodology,* Indiana University Press, Bloomington.

Friedl, E. (1975), *Women and Men: An Anthropological View*, Holt, Renehart & Winston, New York.

Fuess, S.M. and Lee, B.S. (1994), "Government Reforms, Economic Restructuring, and the Employment of Women: South Korea, 1980-1992", in Aslanbeigui, N., Pressman, S. and Summerfield, G. (eds), *Women in the Age of Economic Transformation: gender impact of reforms in post-socialist and developing countries,* Routledge, London.

Gallant, G.D. (1987), *Alcoholism: A Guide to Diagnosis, Intervention and Treatment*, W.W. Norton & Co, London.

Garbarino, J. (1982), *Children and Families in the Social Environment*, Aldine Publishing Ltd., New York.

George, A.A. and Tucker, J.A. (1996), "Help-Seeking for Alcohol-Related Problems: Social Context Surroundings Entry into Alcoholism Treatment or Alcoholics Anonymous", *Journal of Studies on Alcohol*, 57: 449-457.

Giddens, A. (1978), *Durkheim,* William Collins Sons & Co., Glasgow.

Giddens, A. (1989), *Sociology*, Polity Press, Oxford.

Gilgun, J.F. (1992), "Definitions, Methodologies, and Methods in Qualitative Family Research", in Gilgun, J.F., Daly, K. and Handel, G. (eds), *Qualitative Methods in Family Research*, SAGE Publications, London.

Gittins, D. (1985), *The Family in Question,* Macmillan, London.

Glenn, S.W. and Parson, O.A. (1989), "Alcohol Abuse and Familial Alcoholism: Psychosocial Correlates in Men and Women", *Journal of Studies on Alcohol*, Vol. 50, March: 116-127.

Goode, W.J. (1963), *World Revolution and Family Pattern,* Collier-Macmillan, London.

Goodwin, D.W. (1979), "Alcoholism and Heredity", *Archives of General Psychiatry,* 36: 57-61.

Gorad, S.L. (1971), "Communication styles and interaction of alcoholics and their wives", *Family Process, 10:* 475-489.

Gould, A. (1993), *Capitalist Welfare Systems, A Comparison of Japan, Britain and Sweden,* Longman, London.

Graham, H. (1985), *Health and Welfare*, Macmillan, London.

Graham, H. (1993), "Feminist Perspectives on Caring", in Bornet, J., Pereira, C., Pilgrim, D. and William, F. (eds), *Communinity Care: A Reader,* Macmillan, London.

Grant, B. (1997), "Barriers to Alcoholism Treatment: Reasons for Not seeking Treatment in a General Population Sample", *Journal of Studies on Alcohol*, Vol. 58: 365-371.

Grant, M. and Riston, B. (1983), *Alcohol: The Prevention Debate*, Croom Helm, London.

Greed, C. (1990), "The professional and personal: A study of women quantity surveyors", in Stanley, L. (ed.), *Feminist Praxis: Research, Theory and Epistemology in Feminist Sociology*, Routledge, London.

Griffin, S. (1978), *Women and Nature: The Roaring Inside Her*, Harper & Row, New York.

Groen, J.J. (1971), "Social Change and Psychosomatic Disease," in Levin, L. (ed.), *Society Stress and Disease*, Vol.1, Oxford University Press, Oxford.

Grotevant, H.D. and Carlson, C.I. (1989), *Family Assessment: A Guide to Methods and Measures,* The Guilford Press, New York.

Ha, T.H. (1963), *Folk Customs and Family Life: Korean Cultural Series*, Vol. 3, Yonsei University Press, Seoul.

Hahn, D.S. (1964), "A clinical and anthropological study of hysteria in Korean urban society", *Neuropychiatry,* Vol.3, No.4: 327-339, Seoul.

Hahn, D.S. (1971), "Alcoholism in Korea, Korean's patterns of drinking", *Journal of Korean Neuropsychiatry*, 14: 833-838, Seoul.

Hakim, C. (1987), *Research Design: Strategies and Choices in the Design of Social Research*, Allen & Unwin, London.

Han, N.J. (1991), "Increased family disorganisation with industrialisation", in Research Institute of Korean Welfare Policy (ed.), *Social Problems in Modern Korea,* Seoul.

Han, N.J. (1994), "A study of the changes of the Korean family", *Korean Journal of Academic Family Medicine*, Vol. 15, No.1, Nov., Seoul.

Han, W.S. (1991), "A Study of Generational Conflicts in Korean Society", *Kye-gan-sa-sang,* No.3: 248-309, Seoul.

Harburg, E., Davis, D.R. and Caplan, R. (1982), "Parent and Offspring Alcohol Use-Imitative and Adversive Transmission", *Journal of Studies on Alcohol*, 43: 497-516.

Harding, S. (1986), *The Science Question in Feminism*, Cornell University Press, New York.

Hartka, E. and Fillmore, K.M. (1989), "Cross-cultural and Cross-temporal Explanations of Drinking Behaviour", *British Journal of Addiction*, Vol. 84: 1409-1417.

Harrison, P.A., Beebe, T.J., Fulkerson, J.A. and Torgerud, C.R. (1996), "The development of patient profiles for Minnesota's treatment outcomes monitoring system", *Addiction,* Vol. 91, No.5: 687-699.

Haver, B. (1985), *Treatment Outcome in Female Alcoholics: Findings from a Long Term Follow Study of 44 Women*, Paper presented the 34th International Congress on Alcoholism and Drug Dependence, Canada.

Heath, D.B. (1993), "Cross-Cultural Perspectives on Women and Alcohol", in Edith, S., Gomberg, L. and Nirenberg, T., *Women and Substance Abuse*, Ablex Publishing Corporation, New Jersey.

Heather, N. and Robertson, I. (1985), *Problem Drinking: The New Approach*, Penguin Books, New York.

Heidensohn, F. (1994), "From being to knowing: some issues in the study of gender in contemporary society", *Women & Criminal Justice*, Vol.1, No.1: 13-37.

Heidensohn, F. (1992), *Women in Control?: The Role of Women in Law Enforcement*, Oxford University Press, Oxford.

Helzer, J.E. and Canino, G.J. (1992), "Comparative analysis of alcoholism in ten cultural regions" in Helzer, J.E. and Canino, G.J. (eds), *Alcoholism North America, Europe, and Asia,* Oxford Univesity Press, Oxford.

Hendry, J. (1994) "Drinking and Gender in Japan", in MacDonald, M. (ed.), *Gender, Drink and Drugs*, Berg Publishers, Oxford.

Hester, L.K. and Miller, W.R. (eds), (1989), *Handbook of Alcoholism: Treatment Approaches: Effective Alternatives*, Pergamon Press, Oxford.

Hicks, G. (1995), *The Comfort Women: Sex Slaves of the Japanese Imperial Force*, Souvenir Press Ltd, London.

Hill, S.Y. (1984), "Vulnerablity and the biomedical consequences of alcoholism and alcohol related problems among women", in Wilsnack, S.C. and Beckman, L. (eds), *Alcohol Problems in Women,* Guilford, New York.

Ho, M.K. (1987), *Family Therapy with Ethnic Minorities*, SAGE, London.

Hodes, M. (1989), "Annotation: Culture and Family Therapy", *Journal of Family Therapy*, Vol.11: 117-128.

Hodgson, R. (1994), "Treatment of alcohol problem", *Addiction,* 89: 1529-1534.

Hoffman, N. and Noem, A.A. (1975), "Alcoholism among parents of male and female alcoholics", *Psychology Reports*, Vol. 36.

Holder, H.D. and Edwards, G. (1995), "Research as the basis for rational policies on alcohol consumption", in Holder, H.D. and Edwards, G. (eds), *Alcohol and Public Policy*, Oxford University Press, Oxford.

Holman, A.M. (1983), *Family Assessment: Tools for Understanding and Intervention*, SAGE Publication, London.

Holmia, M. (1987), "The guardian angel or a drinking companion: The spouse's influence on drinking in young families in Helsinki, Tallinn and Moscow", Social Research Intitute of Alcohol Studies, Report No. 176, *Cultural Studies on Drinking and Drinking Problems,* Helsinki, Finland.

Hong, O.T. and Isralowitz, R.E. (1989), "Cross-cultural Study of Alcohol Behaviour among Singapore Students", *British Journal of Addiction*, Vol. 84: 319-321.

Horst, E. and Doherty, W.J. (1995), "Gender power and intimacy", *Journal of Feminist Family Therapy*, 6: 63-85.

Hughes, J.A. (1976), *Sociological Analysis: Methods of Discovery*, Thomas Nelson, Middlesex.

Humm, M. (1995), *The Dictionary of Feminist Theory*, (2nd. ed.), Simon & Schuster, London.

Hutheesing, O.K. (1993), "Facework of a female elder in a Liasu field, Thailand", in Bell, D., Caplan, P. and Jarim, W.K. (eds), *Gendered fields: women, men and ethnography*, Routledge, London.

Ito, J.R., Donovan, D.M. and Hall, J.J. (1988), "Relapse Prevention in Alcoholic Aftercare: effects on drinking outcome, change process, and aftercare attendance", *British Journal of Addiction,* 83, 171-181.

Jacob, T., Favorini, A., Meisel, S.S. and Anderson, C.M. (1978), "The Alcoholic Spouse, Children and Family Intervention", *Journal of Studies on Alcohol*, Vol. 39, No. 7: 1231-1251.

Jaschok, M. and Mier, S. (eds), (1994), *Women and Chinese Patriarchy: Submission, Servitude and Escape,* Hong Kong University Press, London.

Jayawardena, K. (1986), *Feminism and Nationalism in the Third World*, Zed Books, London.

Jellinek, E.M. (1960), *The Disease Concept of Alcoholism*, Hillhouse Press, New York.

Jeon, J.S. and Chang, W.I. (1984), "A comparison study of chronic alcoholics according to complications of psychiatric illness", *Journal of Neuropsychiatry,* 14: 61-68, Seoul.

Jeoung, E.H. (1992), "Sex in Marriage and Sex Culture in Korea Today", *The Marital Relationship in Korea,* Institute of Social Science, Seoul.

Jessor, R. (1987), "Problem-behavior theory, psychosocial development, and adolescent problem drinking", *British Journal of Addiction*, 82: 331-342.

Johnson, K.A. (1980), "Women in the People's Republic of China" in Chipp, S.A. and Green, J.J. (eds), *Asian Women in Transition*, The Pennsylvania University Press, London.

Johnson, R.C., Schwitters, S.Y., Wilson, J.R., Nagoshi, C.T. and McClearn, G.E. (1985), "A cross-ethnic comparison of reasons given for using alcohol, not using alcohol or ceasing to use alcohol", *Journal of Studies on Alcohol,* 46: 283-288.

Jones, C. (1993), "The Pacific challenge: Confucian welfare state" in Jones, C. (ed.), *New perspective on the welfare state in Europe*, Routledge, London.

Jones, D.C. and Houts, R. (1992), "Parental drinking, parent-child communication, and social skills in young adults", *Journal of Studies on Alcohol,* 53: 48-56.

Jones, R.W. (1972), "Alcoholism among relatives of alcoholic patients", *Quarterly Journal of Alcohol Studies,* 33.

Jung-ang Daily, 12.2. 1994.

Jung-ang Daily, 14.2. 1994.

Kantor, D. and Lehr, W. (1975), *Inside the Family,* Jossey-Bass, San Francisco.

Kaskutas, L.A., Weisner, C. and Caetano, R. (1997), "Predictors of Help Seeking among a Longitudinal Sample of the General Population, 1984-1992", *Journal of Studies on Alcohol,* Vol.58:155-161.

Kaufman E. (1985), *Substance Abuse and Family Therapy*, Gurne & Stratton Inc., Florida.

Kaufman, E. (1986), "A Contemporary Approach to the Family Treatment of Substance Abuse Disorders", *The American Journal of Drug and Alcohol Abuse,* 12: 199-211.

Kaufman, E. and Patteson, M. (1981), "Differential Methods of Family Therapy in the Treatment of Alcoholism", *Journal of Studies on Alcohol*, Vol. 42, No.11.

Kendall, L. and Peterson, M. (eds), (1983), *Korean Women: View from the Inner Room*, East Rock Press Inc., Cushing,USA.

Kendall, L. (1989), "Old Ghosts and Ungrateful Children: A Korean Shaman Story", in McMclain, C.S. (ed), *Women as Healers: Cross-Cultural Perspectives*, Rutgers Unversity Press, New Brunswick.

Kendall, L. (1996), *Getting Married in Korea: of Gender, Morality and Modernity,* University of California Press, Berkeley.

Kidwell, J.S. (1981), "Number of Siblings, Sibling Spacing, Sex and Birth Order: Their effects on perceived parent-adolescent relationships", *Journal of Marriage and the Famliy*, 43: 315-332.

Kim, A.R. (1996), *Women Struggling for a New Life*, State University of New York, New York.

Kim, B.H. (1989), "Alcoholism treatment in Korea", Annual Meeting of Korean Neuropsychiatric Association, Oct., Seoul.

Kim, D.R. (1993), "Reform and National Development", *Korea and World Affairs*, Fall: 405-418.

Kim, D.S. (1994), "Juvenile Drug Use and Abuse in Korea", *Asian Pacific Quarterly,* Vol.26, No. 2: 65-71, Seoul.

Kim, H.J. (1993), "Current Issues in the Korean National Health Insurance Programme", in Jung, K.H., Park, T.K. and Wilkinson, R. K. (eds), *Social Welfare and Education in Korea and the U.K.*, Institute of East and West Studies, Seoul.

Kim, J.H. (1992), "Community Approach of the Management of Alcoholism", in Proceeding of the seminar on the prevention and treatment of alcoholism, *Culture and Alcoholism,* Department of Psychiatry, College of Medicine, Yonsei University, WHO, Seoul.

Kim, J.K. (1986), "Drinking Patterns in Recent Korea", *Mental Health Research,* Vol.4: 9-1, Seoul.

Kim, J.U. (1989), *Psychology of the Korean Family*, Ewha Women's University Press, Seoul.

Kim, J.U. (1991), *The Koreans: Their Mind and Behaviour,* Kyo-bo Book Centre Ltd., Seoul.

Kim, J.U. (1994), "Problems of Korean Family", *Korean Academic Family Medicine*, Vol. 15, No.11: 705-713, Seoul.

Kim, J.W. (1988), *Korean Yearbook of Public Health,* The Public Health Press, Seoul.

Kim, K.A. (1982), *A Study on Sex Equality in the Thought of Dong-hak, Chundkyo*, Unpublished M.A. Dissertation, Ewha Women's University, Seoul.

Kim, K.A. (1994), *Married women's labour force participation and status: a study of the working class in South Korea*, Ph.D. Thesis, Institute of Development Studies, The University of Sussex, Sussex.

Kim, K.B. (1992), "Treatment Model of Alcoholics in Korea", Proceedings of the seminar on the prevention and treatment of alcoholism, *Culture and Alcoholism*, Department of Psychiatry, College of Medicine, Yonsei University, WHO, Seoul.

Kim, K.I. (1973), "Shamanism and Personality in Korea", in Folklore Research Institute (ed.), *The modern meaning of Shamanism,* Iri, Korea.

Kim, K.I. (1974), "Korean's concepts and attitudes towards psychiatric illness", *Journal of Medical Association*, 17: 173-178, Seoul.

Kim, K.I. (1985), "Studies on battered wives; 50 cases", *The Mental Health Research Institute*, 3: 235-256, Seoul.

Kim, K.I. (1987), "Battered wives", *The Mental Health Research Institute,* 6: 22-35.

Kim, K.I. (1988), "Kut and the treatment of mental disorders", in Chai-sin, Yu and Richards, Guisso (eds), *Shamanism*, Asian Humanities Press, Berkeley.

Kim, K.I. (1992a), " Drinking behaviour in Korea", in Proceeding of the seminar on the prevention and treatment of alcoholism, *Culture and Alcoholism*, Department of Psychiatry, College of Medicine, Yonsei University, WHO, Seoul.

Kim, K.I. (1992b), "Depressive Disorders in Korea: A Cultural Psychiatric Overview", *The Mental Health Research Institute Hanyang University*, Vol.11: 21-49, Seoul.

Kim, K.I. and Kim, M.J. (1973), "Sociocultural problem in a psychiatric in-patients unit", *Neuropsychiatry* 12: 245-254, Seoul.

Kim, K.I. and Kwak, S.S. (1992), "Culture-relevant Psychiatric Practice: Case Study of a Clinic", *Journal of Korean Neuropsychiatry*, Vol. 31, No. 4: 648-671, Seoul.

Kim, K.I., Suh, H.H., Park, Y.C., Lee, S.T. and Kim, Y.Y. (1989), "Public knowledge and attitudes towards mental disorder: A follow up survey", *The Mental Health Research Institute, Hanyang University*, 8: 118-132, Seoul.

Kim, K.I., Wan, H.T. and Shin, S.T. (1973), "Korean's attitude towards psychiatric symptoms", *Journal of Korean Neuropsychiatry*, 12: 41-52, Seoul.

Kim, K.I., Won, H.T., Chang, H.I., and Kim, H.S. (1974), "Knowledge and attitude toward mental illness in a Korean urban community", *Journal of Korean Medical Association*, 17: 959-966, Seoul.

Kim, K.I., Won, H.T., Kim, E.Y. and Kim, M.J. (1983), "A mental health survey among high school students in Seoul", *Mental Health Research* 1: 1-40, Seoul.

Kim, M.H. (1992), "Late Industrialisation and Women's Work in Urban South Korea: An Ethnographic Study of Upper-Middle-Class Families", *City and Society,* 6: 156-173, Seoul.

Kim, O.Y. (1986), "The Social Position of Women in Traditional Society", in The National Academy of Sciences Republic of Korea (ed.), *Introduction to Korean Studies*, Deakwang, Printing, Seoul.

Kim, S.B. and Kim, C.K. (1983), "Diagnostic distribution of outpatients of Seoul National Mental Hospital", *Clinical Research Report* (SNMH): 192-202, Seoul.

Kim, S.C. (1992), *A study on the Acceptability of Feminist Family Therapy in Korea,* Ph.D. Thesis, Chung Ang University, Seoul.

Kim, S.J., Lee, M.H., Hwang, M.H., Nam, K.I., Kim, H.B. and Kim, S.A. (1989), "Comparison of Psychiatric Symptom Manifestation Rate and Family Function of Alcoholic and Non-Alcoholic Family Members", *Journal of Korean Neuropsychiatric Association,* Vol. 28, No.6: 1073-1081, Seoul.

Kim, U.C. and Choi, S.C. (1993), "Asian Collectivism: Indigenous and Comparative Perspectives", *Chung Ang Journal of Social Sciences*, No. 6: 161-183, Seoul.

Kim, Y.A. (1993), "Contextualization of the Family Therapy and Korean Women's Han", *Journal of Korean Family Therapy,* Vol.1 :13-30, Seoul.

Kim, Y.C. (ed.), (1976), *Women of Korea, A History from Ancient Times to 1945*, Ewha Women's University Press, Seoul.

Kim, Y.S. and Lee, C.K. (1995), "Drinking patterns of rural male residents in Korea", *Neuropsychiatry,* 14: 375-388.

KIND, 24.2. 1995.

KIND, 28.2. 1995.

KIND, 3.5. 1990.

Kitano, H.L. and Chi, I. (1985), "Asian Americans and Alcohol: The Chinese, Japanese, Koreans and Filipinos in Los Angeles", in Spiegler, D. (ed.), *Alcohol Use Among U.S. Ethnic Minorities*, National Institute on Alcohol Abuse and Alcoholism, Maryland, USA.

Klein, R.D. (1983), "How to Do and What We Want to Do: Thought about Feminist Methodology", in Bowles, G. and Klein, R.D. (eds), *Theories of Women's Studies,* Routledge & Kegan Paul, London.

Kleinman, A. and Lin, T. (eds), (1981), *Normal and Deviant Behaviour in Chinese Culture*, Hingham, MA, Reidel.

Knudson-Martin, C. and Mahoney, A.R. (1996), "Gender Dilemmas and Myth in the Construction of Marital Bargains: Issues for Marital Therapy", *Family Process*, 35: 137-153.

Ko, J.J. (1989), *A study of conflict between mother-in-law and daughter-in-law among urban housewives in Korea,* PhD. Thesis, Hanyang University, Seoul.

Koh, H.C. (1983), "Korean Women, Conflict, and Change: An Approach to Development Planning", in Kendall, L. and Peterson, M. (eds), *Korean Women: View from the Inner Room*, East Rock Press Inc., Cushing, USA.

Koopmans, J.R. and Boomsma, D.I. (1996), "Familial Resemblances in Alcohol Use: Genetic or Cultural Transmission", *Journal of Studies on Alcohol,* 57, Jan: 19-28.

Korean AA Address Book, 1994.

Korean Gallup, 1980.

Korean Health Research Institute, 1993.

Korean Institute of Criminology (1990), *Sexual Violence and Its Counter-measures in* Korea.

Korean Institute of Criminology (1992), *A study on the Prevalence and Policy.*

Korean Mental Health Act, 1995.

Korean Statistics Year Book, 1992.
Korean Statistics, 1994.
Korean Statistics, 1991.
Korean National Statistic Office Trends of Population Projection, 1991.
Korean News Review, 27.3.1991.
Korean Statistics Yearbook, 1994.
Korean Statistics, Socio-Demographic Department, 1994.
Korean Women Development Institute, 1986.
Korean Women Development Institute, (1992), *A study of prevention of sexual violence*, Seoul.
Korean Women Today, KWDI (Korean Women's Development Institute) Newsletter, Winter, 1990.
Korean Women Today, 1994.
Krimmel, H.E. (1973), "The Alcoholic and His Family", in Bourne, P.G. and Fox, R. (eds), *Alcoholism: Progress in Research and Treatment,* Academic Press, New York.
Kunghyung News Paper, 11.2.1995.
Kwangju Daily, 25.8.1995, *Special reports on 50th anniversary of Korean Independence.*
Kwangju Daily, 19.9.1995.
Kwangju Daily, 11.8.1995.
Kwangju Daily, 25.9.1995.
Kwangju Daily, 11.8.1995.
Laing, R.D. (ed.) (1971), *The Politics of the Family and Other Essays*, (2nd.ed), Tavistock Publications, London.
Lang, O. (1946), *Chinese Family and Society,* Yale University Press, London.
Laslett, P. and Wall, R. (eds), (1972), *Household and family in past time*, Cambridge University Press, Cambridge.
Lavin, J.D. (1990), *Alcoholism: A Bio-Psycho-Social Approach*, Hemisphere Publishing, New York.
Lazic, N. (1992), "System Approach to Alcoholism", *Alcoholism*, Vol. 28, No. 1-2: 77-86.
Lee, B.Y. (1981), *Concept of meditation in Jung's theory focused on No-sa, Do-dunk-kung: Meditation and Human Science,* Sam-il-dang, Seoul.
Lee, B.Y., Han, O.S. and Lee, I.S. (1974), "A study of causal factors of drop out from psychotherapy, " *Journal of Korean Neuropsychiatry*, Vol.13, No.2: 219-218, Seoul.
Lee, B.Y. (1979), "Psychiatry within Korean culture from a historical point of view", *New Medicine*, Vol.22, No.9: 863-868, Seoul.
Lee, C.K. and Kim, Y.S. (1975), "Drinking patterns of rural male residents in Korea", *Journal of Korean Neuropsychiatry,* 14: 376-388, Seoul.
Lee, C.K. (1987), "The epidemiological study of mental disorders in Korea: Prevalence of alcoholism", *Seoul Journal of Psychiatry,* 13: 15-26, Seoul.
Lee, C.K. (1992), "Alcoholism in Korea" in Helzer, J.E. and Canino, G.J. (eds), *Alcoholism in North America, Europe, and Asia,* Oxford University Press, Oxford.
Lee, D.M. (1994), "Problems of drug abuse and policy direction in Korea", in Department of Psychiatry, Yunsei University (ed), *Korean-American Symposium on Drug Abuse*, Seoul.
Lee, D.S. (1978), Social and psychotherapy and assessment for schizophrenic patients", *Journal of Korean Neuropsychiatry,* Vol. 17, No.3: 260-262, Seoul.
Lee, D.W. (1986), "The Changes in Korean Family and Women" in Chung, S.H. (ed.), *Challenges for Women*, Ewha Woman's University Press, Seoul.
Lee, G.R. and Kim, K.B. (1994), "A Study of the Risk of Alcoholics, Anxiety, Depression, and Parental Bonding Style in the Offspring of Alcoholics", *Journal of Korean Neuropsychiatric Association,* Vol. 33, No.5: 1063-1071, Seoul.
Lee, H.J. (1979), *Women and Society*, Jeoung-uo-sa, Seoul.
Lee, H.J. (1986), "A Study on Work Cycles of Korean Women", *The Korean Cultural Research Institute*, No.12: 42-61, Ewha Women's University, Seoul.
Lee, H.T. and Choe, E.H. (1982), "Roots of Sex Preference", *Korean Women's Development Insititute*, Vol. 2, No.2, Seoul.
Lee, H.Y. (1992), "Socio-cultural Barriers of the Concept of Alcoholism in Korea", Proceeding of the seminar on the prevention and treatment of alcoholism, *Culture and Alcoholism*, Department of Psychiatry, College of Medicine, Yonsei University, WHO, Seoul.
Lee, H.K. (1993), "The State of Welfare in Korea" in Jung, K.H., Park, T.K. and Wilkinson, R.K. (eds), *Social Welfare and Education in Korea and the U.K.*, Institute of East and West Studies, Seoul.
Lee, H.K. (1995), "Direction for Korean Social Welfare Policy", *Yonsei Social Welfare Review,* Vol.2: 125-146, Seoul.
Lee, J.K. (1987), *Psychiatric Medicine*, (2nd. ed), Il-jo-kak, Seoul.
Lee, K.H. and Lee, B.Y. (1975), "Alcoholism in Korea", *Medical Journal of Korea*, 12: 81-102, Seoul.

Lee, K.H. and Kwon, H.J. (1987), "Therapeutic and Nursing Intervention to the Women Alcoholics", *Korean Medical Science*, Vol. 19: 331-338, Seoul.

Lee, K.J. (1992), "Marital adaptation in early stages of marriage: the marital relationship in Korea", in Institute of Social Science (ed.), Seoul.

Lee, K.K. (1972), "Korean Families in a Changing Society", *East Asian Cultural Studies*, Vol. 2, No. 14, Seoul.

Lee, K.K. (1981), *Korean Family Structure Analysis*, Il-si-sa, Seoul.

Lee, K.K. (1986), "Families in East Asian Society" in Aisan Social Welfare Association (ed.), *Modern Society and Family*, Seoul.

Lee, K.K. (1990), *Korean Family and Clan,* Mi-dum-sa, Seoul.

Lee, M.G. (1982), *Sociology and Social Changes in Korea*, Seoul National University Press, Seoul.

Lee, M.S. (1984), "A clinical study of alcoholics", *Journal of Korean Neuropsychiatry,* 23: 303-312, Seoul.

Lee, O.K. (1985), *A Study on Formation Condition and Settlement Mechanism of Jeong Juel Ideology of Yi Dyansty Through Reorganisation of Ideology Critique*, Unpublished M.A. Dissertation, Ewha Women's University, Seoul.

Lemmens, P.H.H. (1995), "Individual risk and population distribution of alcohol consumption", in Holder, H.D. and Edwards, G. (eds), *Alcohol and Public Policy*, Oxford University Press, Oxford.

Leslie, R.G. (1979), *The Family in Social Context*, (4th. ed.), Oxford University Press, Oxford.

Leslie, L.A. and Clossick, M.L. (1996), "Sexism in Family Therapy: Does Training in Gender Make A Difference?", *Journal of Marital and Family Therapy*, Vol. 22. No. 2: 253-269.

Levin, J. D. (1990), *Alcoholism: A Bio-Psycho-Social Approach*, Hemisphere Publishing, New York.

Levinson, D. (1989), *Family violence in cross-cultural perspective*, SAGE Publications, London.

Li, H.Z. and Rosenblood, L. (1994), "Exploring Factors Influencing Alcohol Consumption Patterns among Chinese and Caucasians", *Journal of Studies on Alcohol*, Vol. 55, July: 427-433.

Liddle, L. and Joshi, R. (1986), *Daughters of Independence: Gender Caste and Class in India,* Zed Books, London.

Lieberman, S. (1979), *Transgenerational Family Therapy,* Croom Helm, London.

Lim, D.W. (1992), "Inter-Korean Relations Oriented Toward Reconciliation and Co-operation", *Korean and World Affairs*, Summer: 213-223, Seoul.

Lim, Y.J. (1982), "A Clinical Study on Admitted Alcoholics", *Journal of Korean Neuropsychiatry*, 21: 471-479, Seoul.

Litman, G.K. (1980), Women, Alcohol and Cultural Stereotyping: Updating the Myth", *Women's Studies International Quarterly*, Vol. 3: 347-354, Pergamon Press, London.

MacDonald, S. (1990), *The Koreans: Contemporary Politics and Society* (2nd. ed.), Westview Press, Oxford.

McDonald, M. (1994), "Drinking and Social Identity in the West of France" in McDonald, M. (ed), *Gender, Drink and Drugs,* Berg, Oxford.

MacGregor, S., O'Gorman, A., Cattell, V., Flory, P., Savage, R. and Nelson, P. (1993), *Vulnerable Services for Vulnerable People: The impact of the transition to community care on the drugs and alcohol residential sector in England,* Alcohol Concern and SCODA, London.

Madden, J.S. (ed.), (1994), "European Alcohol Action Plan", *Alcohol and Alcoholism,* Vol. 29, No.3: 231-232.

McCrady, B.S. (1986), "Comparative Effectiveness of Three Types of Spouse Involvement in Outpatient Alcoholism Treatment", *Journal of Studies on Alcohol*, 47: 459-467.

McCrady, B.S. (1989), "Outcomes of Family-Involved Alcoholism Treatment", in Galanter, M. (ed.), *Recent Developments in Alcoholism*, Vol. 7, Plenum Press, London.

McGue, M., Sharma, A. and Benson, P. (1996), "Parent and sibling influences on adolescent alcohol use and misuse: Evidence from a U.S. adoption cohort", *Journal of Studies on Alcohol,* 57: 8-18.

McKenna, T. and Pickens, R. (1981), "Alcoholic children of alcoholics", *Journal of Studies on Alcohol* 42: 1021-1029.

Makela, K. (1991), "Social and cultural preconditions of AA and factors associated with the strength of AA", *British Journal of Addiction*, 86: 1405-1413.

Mass, A.I. and Yap, J. (1992), "Child Welfare: Asian and Pacific Islander Families", in Cohen N.A. (ed.) *Child Welfare: A Multicutural Focus*, Alleyn and Bacon, London.

Masson, H.C. and O'Byrne, P. (1984), *Applying family therapy: a practical guide for social workers,* Pergamon, Oxford.

Matsui, Y. (1995), "Japanese Power in Asia: A Feminist Critical Analysis", in Ashworth, G. (ed.), *A Diplomacy of the Oppressed: New Directions in International Feminism*, Zed Books, London.

Mattielli, S. (1977), (ed.), *Virtues in Conflict: Tradition and the Korean Woman Today,* The Sam-hwa Publishing, Seoul.

May, K.A. (1994), "Abstract Knowing: The case for magic in method", in Morse, J.M. (ed.), *Critical Issues in Qualitative Research Methods,* SAGE Publications, London

Maynard, M. (1987), "Current Trends in Feminist Theory", *Social Studies Review*, 1987, Jan. Vol.2, No.3: 23-27.

Merriam, S.B. (1991), *Case study research in education: A qualitative approach*, Jossey-Bass, San Francisco.

Meyer, R.E. (1988), "Overview of the Concept of Alcoholism" in Rose, R.M and Barrett, J. (eds). *Alcoholism: Origins and Outcome*, Laven Press, New York.

Meyerstein, I. (1996), "A systemic approach to in-law dilemmas", *Journal of Marital and Family Therapy,* Vol. 22, No.4: 469-480.

Midanik, L.T. (1995), "Alcohol consumption and social consequences, dependence, and positive benefits in general population surveys", in Holder, H.D. and Edwards, G. (eds), *Alcohol and Public Policy*, Oxford University Press, Oxford.

Milam, J.R. and Ketcham, K. (1983), *Under the Influence: A Guide to the Myths and Realities of Alcoholism,* Bantam Books, New York.

Miller, B.A., Downs, W.R. and Gondoli, D.M. (1989), "Spousal Violence among Alcoholic Women as Compared to a Random Household Sample of Women", *Jounal of Studies on Alcohol,* 50: 533-540.

Miller, W.R. and Kurtz, E. (1994), "Models of alcoholism used in treatment: contrasting AA and other perspectives with which it is often confused", *Journal of Studies on Alcoholism*, Vol. 55, No. 2.

Ministry of Health, 1989, Korea.

Minuchin, S. (1974), *Families and Family Therapy,* Tavistock, London.

Mohan, D. (1991), "Alcohol behaviour in a socio-cultural perspective" in *Negative Social Consequences of Alcohol Use*, Norwegian Ministry of Health and Social Affairs, Oslo.

Momsen, J.H. (1991), *Women and Development in the Third World*, Routledge, London.

Moon C.H. (1992), "Beginning of a systematised approach for the treatment of alcoholism in Kwang-ju area", in Proceeding of the seminar on the prevention and treatment of alcoholism, *Culture and Alcoholism*, Department of Psychiatry, College of Medicine, Yonsei University, WHO, Seoul.

Moon, O.P. (1990), "Urban Middle Class Wives in Contemporary Korea: Their roles, Responsibilities and Dilemma", *Korea Journal*, Vol, 30, No.11: 10-43, Seoul.

Moos, R. H., Finney, J.W. and Gamble, W. (1982), "The Process of Recovery from Alcoholism", *Journal of Studies on Alcohol*, Vol.43, No.9: 888-908.

Moos, R. H. and Moss, B.S. (1984), "The process of recovery from alcoholism: Comparing functioning in families of alcoholics and matched control families", *Journal of Studies on Alcohol*, Vol.45, No.2: 111-118.

Morgan, D. (1987), "Sociology, Society and the Family", *Social Studies Review*, 1987, May, Vol.2, No.5.

Moser, J. (1985), *Alcohol Policies in National Health and Developmental Planning,* WHO, Geneva.

Moser, J. and Rootman, I. (1984), "Guidelines for Investigating Alcohol Problems and Developing Appropriate Responses", WHO Offset Publication, No. 81, Geneva.

Moser, C.A. and Kalton, G. (1971), *Survey Methods in Social Investigation* (2nd. ed.), Heinemann, London.

Mudong Daily, 11.8.1992.

Muncie, J., Wetherell, M., Dallos, R. and Cochrane, A. (1995), *Understanding the Family*, SAGE Publications, London.

Nam, J.H., Bea, Y.C. and Kim, K.I. (1984), "Studies on symptomatology of depression, *The Mental Health Research Institute Hanyang University*, 2: 173-185, Seoul.

Nam, J.H. (1984), "The conflict between mother-in-law and daughter-in-law: Korean family conflict", in Korean Association of Psychology (ed.), Seoul.

Nam, M.S. and Kim J.H. (1963), "Statistical study of various factors on hospitalised cases of neuropsychiatric departments", *Neuropsychiatry*, 2: 39-43, Seoul.

National Institute on Alcohol Abuse and Alcoholism (1981), *Fourth Special Report to the U.S. Congress on Alcohol and Health,* U.S. Government Printing Office, Washington D.C.

National Institute on Alcohol Abuse and Alcoholism (1983), *Advanced in Alcohol Treatment Services for Women,* U.S. Department of Health and Human Services, Rockville. USA.

National Institute on Alcohol Abuse and Alcoholism, (1987), *Alcohol and Health*, January, USA.

National Institute on Alcohol Abuse and Alcoholism, (ed.), (1986), *Women and Alcohol: Health-related issues,* Research Monograph, 18. Rockville, USA.

National Institute on Alcohol Abuse and Alcoholism, (ed.), (1987), *Sixth special report to the U.S. Congress on alcohol and health*, Rockville, USA.

New York Times, 5.12.1996.

Oakley, A. (1974a), *The Sociology of Housework,* Martin Robertson, Bath.

Oakley, A. (1974b), *Housewife,* Allen Lane, London.

Oakley, A. (1981), "Interviewing women" in Roberts, H. (ed.), *Doing Feminist Research,* Routledge and Kegan Paul, London.

O' Brien, R. and Chafetz, M. (eds.), (1982), *The Encyclopedia of Alcoholism*, The Library Association, London.

O'Farrel, T.J. (1989), "Marital and Family Therapy in Alcoholism Treatment", *Jounal of Substance Abuse Treatment*, 6: 23-29.

Oh, S.H., Park, J.Y., Park, H.J., Kim, J.S., Lee, S.J. and Lee, K.Y. (1973), "A review of patients admitted to Pu-san University Hospital for the last 10 years", *Journal of Korean Nueropsychiatry*, 12: 110-118, Seoul.

Oh, Y.W. and Yun, S.H. (1980), "Alcoholic patients admitted to psychiatric department of general hospital", *Journal of Korean Nueropsychiatry,* 19: 221-223, Seoul.

O'Neill, J. (1996), "Voice of the Victims: The key to consensus and support for alcoholism research", *Alcohol and Alcoholism,* Vol. 31: 83-87

Opler, M.K. (1967), "Social and Cultural influences on the Psychopathology of Family Groups", in Zuk, G.H. and Nagy, I.B. (eds), *Family Therapy and Disturbed Families*, Science and Behaviour Books, California.

Orford, J. (1975), "Alcoholism and Marriage: the argument against specialism", *Journal of Studies on Alcohol*, No. 36.

Orford, J. and Harwin, J. (eds), (1982), *Alcohol and The Family*, St. Martins Press, London.

Osterberg, E. (1995), "Do alcohol prices affect consumption and related problems?", in Hoder, H.D. and Edwards, G. (eds), *Alcohol and Public Policy,* Oxford University Press, Oxford.

Ostveen, T., Knibbe, R. and Vries, H.D. (1996), "Social Influences on Young Adults' Alcohol Consumption: Norms, Modeling, Pressure, Socialising and Conformity", *Addictive Behaviours*, Vol. 21. No. 2: 187-197.

Otto, S.C. (1981), "Women, Alcohol and Social Control" in Hutter, B. and Williams, G. (eds), *Controlling Women,* Croom Helm, London.

Pahl, J. (ed.), (1985), *Private Violence and Public Policy; The needs of battered women and the response of the public services*, Routledge & Kegan Paul, London.

Paolino, T.J., McCrady, B.S. and Diamond, S. (1978), "Statistics on alcoholic marriages: an overview", *International Journal of Addiction,* 13: 1285-1293.

Paolino, T. J. and McCrady, B.S. (1977), *The Alcoholic Marriage*, Grune & Stratton, New York.

Park, C.K. (ed.), (1980), *Human Resources and Social Development in Korea*, University of Hawaii, Honolulu.

Park, H.S. (1990), "Social Change in Korea: Trends and Issues", in Kim, D.C. and Healey, G.H. (eds), *Korea and United Kingdom,* Institute of East and West Studies, Yonsei University, Seoul.

Park, J.C. (1992), "Discussion on treatment of alcoholism in Korean culture" in Proceeding of the seminar on the prevention and treatment of alcoholism, *Culture and Alcoholism*, Department of Psychiarty, College of Medicine, Yonsei University, WHO, Seoul.

Park, J.Y., Huang, Y.H., Nagoshi, G.T., Yuen, S., Johnson, R.C., Ching, C.A. and Bowman, K.S. (1984), "The Flushing Response to Alcoholic Use among Koreans and Taiwanese", *Journal of Studies on Alcoholism,* Vol. 45, No. 6: 481-485, Seoul.

Park, Y.C. (1989), "Alcoholic Inpatients in a Farming and Fishing Area", *Mental Health Research Institute,* Vol.8: 133-143, Seoul.

Park, Y.O. (1977), "The Women's Modernisation Movement in Korea", in Mattielli, S. (ed.), *Virtues in Conflict,* The Sam-hwa Publishing, Seoul.

Pattison, E.M. and Kaufman, E. (1981), "Family therapy in the treatment of alcoholism, in Langsly, M.R. (ed.), *Family Therapy and Marriage Psychopathology,* Grune & Stratton, New York.

Pearlman, S. (1988), "System Theory and Alcoholism" in Douglas, C.C. and Andrian, W.D. (eds), *Theories on Alcoholism*, Addiction Research Foundation, Toronto.

Pearson, G. (1991), "Drug-Control Policies in Britain", *Crime and Justice,* Vol.14, The University of Chicago.

Peluso, E. and Peluso, L.S. (1988), *Women and Drug: Getting Hooked and Getting Clean*, Comp Care Publisher, Minneapolis.

Penick, E.C., Read, M.R., Crowley, P.A. and Powel, B.J. (1978), "Differentiation of alcoholics by family history", *Journal of Studies on Alcohol,* 39: 1944-1948.
Perelberg, R.J. (1990), "Equality, asymmetry, and diversity: on conceptualisation of gender", in Perelberg, R.J and Miller, A.C. (eds), *Gender and Power in Families,* Tavistock/Routledge, London.
Plant, M.A. (1979), *Drinking Careers,* Tavistock, London.
Potter-Efron, R.T. (1989), *Shame, Guilt and Alcoholism: Treatment issues in clinical practice,* The Haworth Press, London.
Research Institute of Korean Women and Society (1995), *Family and Korean Society*, Kyung-moon-sa, Seoul.
Rhi, B.Y. (1977), "Psychological problems among Korean women", in Mattielli, S. (ed.), *Virtues in Conflict: Tradition and the Korean Woman Today,* The Samhwa Publishing, Seoul.
Ritson, B. (1991), "Services available to deal with problems faced and created by alcohol users" in *Negative Social Consequences of Alcohol Use,* Norwegian Ministry of Health and Social Affairs, Oslo.
Ritson, B. (1985), *Community Response to Alcohol-Related Problems*, WHO, Geneva.
Roberts, J.S. (1984), *Drinks, Temperance and the Working Class in Nineteenth-Century Germany*, George Allen & Unwin, Boston.
Robins, L.N., Helzer, J.E., Przybeck, T.R. and Regier, D.A. (1988), "Alcohol disorders in the community: A report from epidemiological catchment area", in Rose, R.M. and Barrett, J.E. (ed.), *Alcoholism: Origin and Outcome,* Raven Press, New York.
Robinson, D. (1976), *From Drinking to Alcoholism*, John Wiley & Sons, London.
Robinson, D. (1979), "The Alcohologist's Addiction", in Robinson, D. (ed.), *Alcohol Problems: Review, Research and Recommendation*, Macmillan, London.
Robson, C. (1993), *Real World Research*, Blackwell Publishers, Oxford.
Romelsjo, A. (1995), "Alcohol consumption and unintentional injury, suicide, violence, work performance and inter-generational effects", in Holder, H.D. and Edwards, G. (eds), *Alcohol and Public Policy*, Oxford University Press, Oxford.
Room, R. (1997), "Alcohol, Society and Culture: Alcohol, the Individual and Society", *Addiction*, 92, September: 7-11.
Root, L.E. (1967), "Social Therapies in the Treatment of Alcoholics", in Pittman, P. J. (ed.), *Alcoholism*, Harper & Row Publishers, London.
Ross, C.E. and Willigen, M.V. (1996), "Gender, Parenthood, and Anger", *Journal of Marriage and Family,* 58, Aug: 572-584.
Royce, J.E. (1981), *Alcohol Problems and Alcoholism*, The Free Press, New York.
Ruiz-de-Medina, J. (1991), *The Origins of the Catholic Church of Korea,* Instituto Storico S.I., Roma.
Sainsbury, D. (ed.), (1994), *Gendering Welfare States*, SAGE Publications, London.
Saito, S. (1992), "General Trends of Alcoholism in Japan", Proceeding of the seminar on the prevention and treatment of alcoholism, *Culture and Alcoholism*, Department of Psychiatry, College of Medicine, Yonsei University, WHO, Seoul.
Saxena, S. (1997), "Alcohol, Society and Culture: Alcohol, Europe and the developing countries", *Addiction*, 92, September: 43-48.
Schmidt, W. and De Lint, J. (1972), "Causes of Death of Alcoholics", *Quarterly Journal of Studies on Alcohol*, 33: 171-185.
Seekings, D.M. (1982), "The Society and Its Environment" in Bunge, F. M. (ed.), *South Korea: A Country Study* (3rd.ed.), American University Press, Washington, D.C.
Segal, L. (1995), "A Feminist Looks at the Family", in Muncie, J., Wetherell, M., Dallos, R. and Cochrane, A. (eds), *Understanding the Family*, SAGE Publications, London.
Segrin, C. and Menees, M.M. (1996), "The impact of coping styles and family communication on the social skills of children of alcoholics", *Journal of Studies of Alcohol*, Vol. 57, No.19: 29-33.
Shaw, S., Cartwright, A., Sprattey,T. and Harwin, J. (1978), *Responding to Drinking Problems*, Croom Helm Ltd., London.
Shaw, G.K. and Thomson, A. (1977), "A joint psychiatric and medical outpatient clinic for alcoholics", in Edwards, G. and Grant, M. (eds), *Alcoholism: new knowledge and new responses,* Croom Helm, London.
Shaw, S. (1980), "Causes of increasing drinking problems amongst women", in Camberwell Council on Alcoholism: 1-40, *Women and Alcohol*, Tavistock, London.
Shim, J.Y., Lee, Y.S. and Lee, H.R. (1989), "A Study of Characteristics and Familial Factors of Alcoholism Attending Alcoholics Anonymous", *Family Physician*, Vol.10, No.12, Seoul.

Simpura, J. (1995), "Trends in alcohol consumption and drinking patterns: lessons from world-wide development", in Holder, H. and Edwards, G. (eds), *Alcohol and Public Policy,* Oxford University Press, Oxford.

Shin, S.C., Lee, H.Y. and Lee, E.S. (1990), "The Decline of Suicide Mortality in Korea during the Period of Economic Development: An Analysis of Police Records (1965-1988)", *Journal of Korean Neuropsychiatry*, Vol. 29, No. 4: 923-941, Seoul.

Shin, U.H. (1984), *A Case Study in 1983: Women's Help-Line Anniversary Report*, Women's Help-Line, Seoul.

Sin, S.C., Jeoung, H.Y. and Han, S.H. (1990), "A clinical study on alcoholics who were admitted to psychiatric hospitals", *Journal of Korean Neuropsychiatry*, 19: 221-233, Seoul.

Slater, M.D., Rouner, D., Murphy, K., Beauvais, F., Leuven, J.V. and Rodriguez, M.D. (1996), "Male Adolescent Reactions to TV Beer Advertisement: The Effects of Sports Content and Programming Context", *Journal of Studies on Alcohol,* 57: 425-433.

Smart, R.G. (1991), *World trends in alcohol consumption*, World Health Forum, 12: 99-103.

Snyder, D.K., Velasquez, J.M. and Clark, B.L. (1997), "Parental influence on gender and marital role attitudes: Implications for intervention", *Journal of Marital and Family Therapy,* Vol.3, No.3: 191-201.

Sohn, I.S. (1986), "The Introduction of Western Learning and the Reformation of Traditional Education", in The National Academy of Sciences Republic of Korea (ed.), *Introduction to Korean Studies*, Deakwang Printing, Seoul.

Son, B.K. and Kim, D.E. (1994), "A Study on the Correlation between the Treatment Outcomes and the Behavioural Trends of Wives of Alcoholics", *Journal of Korean Neuropsychiatric Association,* Vol. 33, No. 4: 796-803, Seoul.

Song, N.O., Sin, D.K. and Hong, S.K. (1971), Studies on Korean's alcoholic psychosis and habitual drinking", *Journal of Korean Neuropsychiatry*, 14: 79-88, Seoul.

Song, S.J. (1987), *Family relationships and family therapy*, Hong-Ik-je, Seoul.

Sournia, J.C. (1990), *A History of Alcoholsm,* Basil Blackwell, Oxford.

Spratley, T.A., Cartwright, A.K.Y. and Shaw, S.J. (1977), "Alcoholism: the changing role of the psychiatrist", in Edwards, G. and Grant, M. (eds), *Alcoholism: new knowledge and new responses,* Croom Helm, London.

Stacey, M. and Price, M. (1981), *Women, power and politics*, Tavistock Publications, London.

Stacey, M. (1988), *The Sociology of Health and Healing*, Routledge, London.

Stanley, L. (1990), "Feminist praxis and academic mode of production", in Stanley, L. (ed.), *Feminist Praxis,* Routledge, London.

Stanley, L. and Wise, S. (1979), "Feminist Research, Feminist Consciousness and Experience of Sexism", *Women's Studies International Quarterly*, 2: 354-374.

Stanley, L. and Wise, S. (1983), *Breaking Out,* Routledge, London.

Stanley, L. and Wise, S. (1990), "Methods, methodology and epistemology in feminist research process", in Stanley, L. (ed.), *Feminist Praxis*, Routledge, London.

Stanley, L. and Wise, S. (1993), *Breaking Out again,* Routledge, London.

Steinglass, P. (1977), "Family therapy in alcoholism", in Kissin, B. and Begleiter, H. (eds), *The biology of alcoholism,* 5. Plenum Press, New York.

Steinglass, P. (1982), "The Role of Alcohol in Family System", in Orford, J. and Harwin, J. (eds), *Alcohol and Family*, St. Martin's Press, London.

Steinglass, P., Bennett, L.A., Wolin, S.J. and Ress, D. (1987), *The Alcoholic Family*, Basic Books, London.

Steinglass, P., Weiner, S. and Mendelson, J. H. (1971), "A Systems Approach to Alcoholism", *Archives of General Psychiatry*, Vol. 24, May: 401-408.

Strickland, D.E. (1983), "Advertising Exposure, Alcohol Consumption and Misuse of Alcohol" in Grant, M., Plant, M. and Williams, A. (eds), *Economics and Alcohol Consumption and Controls*, Croom Helm, London.

Suh, J.Y. (1995), *Korea in the 21st. Century,* Seoul Press, Seoul.

The Korean Development Institute, Dec., 1989.

Thom, B. (1994), "Women and Alcohol: The Emergence of a Risk Group", in McDonald, M. (ed.), *Gender, Drink and Drugs*, Berg, Oxford.

Thorman, G. (1982), *Helping Troubled Families: A Social Work Perspective*, Aldine Publishing, New York.

Tseng, W.S. and Hsu, J. (1991), *Culture and Family Problems and Therapy*, The Haworth Press, London.

Um, Y.S. (1994), *Development of Korean Family Therapy*, Hong-ik -je, Seoul.

Urry, A. (1990). "The struggle towards a feminist practice in family therapy: premises", in Perelberg, R.J. and Miller, A.C. (eds), *Gender and Power in Families,* Tavistock/Routledge, London.

Usher, L.M., Jay, J. and Glass, D.R. (1982), "Family therapy as a treatment modality for alcoholism", *Journal of Studies on Alcohol,* Vol. 43, No. 9: 927- 938.

Vetere, A. (1987), " General System Theory and the Family: A Critical Evaluation", in Vetere, A. and Gale, A. (eds), *Ecological Studies of Family Life*, John Wiley & Sons, Chichester.

Walsh, B. and Grant, M. (1985), "Public Health Implications of Alcohol Production and Trade", WHO Offset Publication, No.88, Geneva.

Wang, C.H. and Willaim, T. Liu and Ming-Yuan Zhang and Elena, S.H. and Yu, Zheng-Yi Xia and Marilyn Fernande and Ching-Tung Lung and Chang-Lin Xu and Guang-Ya Qu, (1992), "Alcohol Use, Abuse, and Dependency in Shanghai", in Helzer, J.E. and Canino, G.J. (eds), *Alcoholism in North America, Europe, and Asia,* Oxford University Press, Oxford.

Waruhiu, R. (1995), "What Do African Women Want?", in Ashworth, G. (ed.), *A Diplomacy of the Oppressed: New Directions in International Feminism*, Zed Books Ltd., London.

Weatherspoon, A.J., Danko, G.P. and Johnson, R.C. (1994), "Alcohol Consumption and Use Norms among Chinese Americans and Korean Americans", *Journal of Studies on Alcohol,* Vol. 55, March: 203-206.

Wegscheider, S. (1981), *Another Chance: Hope and Health for the Alcoholic Family*, Science and Behaviour Books, Palo Alto.

Wiener, C. (1981), *The Politics of Alcoholism: Building an Arena around a Social Problem,* Transaction Books, New Jersey.

William, R.M. and Ernest, K. (1994)," Models of Alcoholism Used in Treatment", *Journal of Studies on Acohol,* Vol. 55, No. 2, March.

William, C.N. and Klerman, L.V. (1984), "Female Alcohol Abuse: Its effects on the family" in Wilsnack S.C. and Beckamn, L. J. (eds), *Alcohol Problem in Women,* Guilford, New York.

Williams, F. (1989), *Social Policy: A Critical Introduction,* Polity Press, Cambridge.

Wilsnack, S., Klassen, A. and Wright, S. (1985), "Gender Role Orientations Among Women in a U.S. National Survey", *Proceedings of the 34th. International Congress on Alcoholism and Drug Dependence*, Canada.

Wilson, B. (1983), "The Korean Shaman: Image and Reality", in Kendall, L. and Peterson, M. (eds), *Korean Women: View from the Inner Room,* East Book Press, Cushing, USA.

Wilson, E. (1977), *Women and the Welfare System,* Tavistock Publications, London.

Wolin, S.J., Bennett, L.A. and Noonan, D.L. (1979), "Family rituals and the recurrence of alcoholism over generations", *American Journal of Psychiatry*, 136: 589-593.

Wolf, M. (1972), *Women and Family in Rural Taiwan,* Stanford University Press, Stanford.

Wolf, M. (1974), "Women and Suicide in China", in Wolf, M. (ed.), *Women in Chinese Society,* Stanford University Press, Stanford.

Wolf, M. (1985), *Women in Contemporary China,* Stanford University Press, Stanford.

Won, H.T., Kim, M.J. and Kim, K.I. (1977), "Knowledge and attitude towards mental illness in a Korean rural community", *Journal of Korean Neuropsychiatry*, 16: 13-123, Seoul.

World Health Organization (1951), "Report of an Expert Committee on Alcoholism", Geneva.

World Health Organization (1980), "Problems Related to Alcohol Consumption", Technical Report Series 650, WHO, Geneva.

World Health Organization (1987), *Tenth Revision of the International Classification of Diseases (ICD-10),* World Health Organization Geneva.

Yeh, E.K. and Hwu, H.G. (1992), Alcoholism in Taiwan Chinese Communities, in Helzer, J.E. and Canino, G.J. (eds*), Alcoholism in North America and Europe, and Asia,* Oxford University Press, Oxford.

Yi, T.K., Chang, C.G. and Yi, K.G. (1975), *Choson Minsokhak Kaesol, An Introduction of folk culture in Choson dynasty*, Min-jung-so-gwan, Seoul.

Yoo, T.J. (1986), "Traditional attitudes and habits of alcohol drinking in Korea", *Mental Health Research*, 4: 1-8, Seoul.

Yoo, Y.S., Kim, H.S., Min, B.K., Park, D.B., Lee, K.H., Na, C. and Park, I.H. (1989), "A Clinical Comparative Study of Alcoholics by Family History", *Science of Korea,* No. 21: 177-185, Seoul.

Yoon, G. (1987), "Perceived Distance of Family Members among Korean Aged", *Korean Social Science Journal,* Vol. 13: 175-190, Seoul.

Yu, D.S. (1989), *History and Structure of Shamanism in Korea*, Yonsei University Publications, Seoul.

Yu, T.S. (1986), "The life and Indigenous Beliefs of the Common People", in The National Academy of Sciences Republic of Korea (ed.), *Introduction to Korean Studies*, Deakwang Printing, Seoul.

Yu, Y.J. (1984), *New Family Relationships,* Kyu-moon-sa, Seoul.

Yu, Y.J. (1993), *Studies on Functioning of Korean Family,* Kyu-moon-sa, Seoul.

Yun, C.H. and Kim, K.I. (1991), " Attitudes towards help-seeking behaviour", *Korean Journal of Neuropsychiatry*, 30: 1091-1109, Seoul.

Yun, M.S. (1988), *A study on the wife abuse of chronic alcoholics,* MA Dissertation, Department of Social Work, Ewha Women's University, Seoul.

BIBL. LONDIN. UNIV.