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Research Article

Lived Experience of Thai Women with Alcohol Addiction

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SUMMARY

Purpose: This study explores the lived experiences of Thai women in relation to alcohol addiction in treatment.

Methods: Twelve women aged 20 to 65 years, were participated. The participants were recruited from two special hospitals and one outpatient clinic in a general hospital. Descriptive phenomenology was applied to analyze the transcripts of the individual interviews.

Result: The explored phenomenon of Thai women experiencing alcohol addiction included four essential aspects, (1) feeling inferior and worthless (2) feeling physically and emotionally hurt, (3) fearing physical deterioration and premature death, and (4) feeling superior and powerful. Through these different aspects of Thai women's lived experiences, the following essence was synthesized. The essence of the lived experience of alcohol addiction among the studied Thai women was ambivalence between feeling inferior and worthless and feeling superior and powerful when acting as a man. Drinking alcohol lessened life's difficulties and fears; for example, of violence, bodily demolition, premature death and marginalization from family and society.

Conclusion: Thai women who experience alcohol addiction are treated with gender-related double standards when trying to undo gender traditional roles. Their marginalization from family and society deepens making them even more vulnerable to the positive side effects of alcohol drinking.

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Introduction

It is widely accepted that alcohol consumption displays different patterns relative to gender and culture. An international concern is that alcohol consumption increases in line with economic growth and changes in gender roles. A major health worry is that increased drinking among women might have severe mental, physical, and social consequences for newborn babies [1]. In 2012, approximately 3.3 million deaths were estimated to have been caused by alcohol consumption worldwide, which corresponds to 5.9% or one in 20 of all deaths (7.6% for men and 4.0% for women) [1].

In Thailand, similar to worldwide prevalence, men tend to have a higher prevalence of and more serious alcohol problems than women. However, a change in the pattern between the sexes has

been demonstrated in recent years, with increased heavy drinking among women, particularly young women [2,3]. The risk of major depressive and anxiety disorders is greater among individuals who experience alcohol addiction, and this risk increases particularly among women, whose risks are four times greater than those of men [4].

In this article, we describe lived experience of women with alcohol addiction in Thai culture. We believe that understanding women's experiences of alcohol addiction and their access to treatment is important for health-care professionals especially in developing countries. In this context, the gender-based double standard is a serious concern in providing care for women experiencing alcohol addiction. Thus, we investigated women who suffer from alcohol addiction as a means of examining gender-related issues that involve both health-care issues as well as social welfare.

The concept of "doing gender" was developed in accordance with West and Zimmerman [5] to study how the relation between the individual and the organization in practice affects gender accountability and displays of dominance and power. Although applied here to alcohol addiction, this concept provides evidence of

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how gender differences are maintained in society, organizations, and institutions as well as families.

Historically, alcohol consumption has been viewed as a gendered interest of males. Women have been excluded in this understanding, and the belief that drinking is generally impossible to relate to feminine behavior persists [6]. According to Raine [6], a gender-related double standard appears at every stage of social and economic change. However, despite the increasing economic and social independence of some women, women who experience alcohol addiction continue to be individually and politically marginalized [6,7]. Because women are vital to maintaining human reproduction, society expects them to avoid unhealthy behavior, such as taking drugs and excessive alcohol consumption. These social norms and expectations do not exist for men [7]. The repressive social double standard regarding women is exerted through public control by society and the family [8].

Traditionally, alcohol consumption by women has been taboo and regarded as immoral. Women drinkers might be condemned and told that they are neglecting their role as wives and mothers [6,8]. There are also gendered ideas regarding drinking and sex, according to which women are viewed as available for sex if they deviate from the women norm of abstaining from alcohol [9]. However, Emslie et al [10] observed that in contemporary society, women's drinking during early midlife presents a way of "taking a time out" from traditional women roles, such as caring for children and elderly relatives. However, research has found that specific feminist groups urge young women to violate norms of femininity and to act inappropriately for their cultures. In addition, this type of deviant behavior has been used to understand the new drinking habits found among women [11].

As a culture and religion, Buddhism teaches people to perform good deeds, observe the religious precepts, and achieve merit to improve one's current life and to find oneself in better circumstances in the next life [12]. Thai culture defines a woman (*Kulasatrii*) as complex: virtuous, graceful, conservative in her sexuality and morality, and responsible for household duties [12]. Drinking by men is not acceptable by Buddhist tradition and is even less acceptable among women, who according to the same traditional beliefs cannot control themselves [13]. In today's Thailand, there is a more tolerant attitude toward drinking by men, but it remains socially more restricted for women [2]. Nevertheless, Thai women report that they believe they can control their alcohol consumption and continue drinking despite physical or mental problems to a higher extent than men [14]. There are reasons to believe that Thai women who experience alcohol problems and addiction may not answer honestly when asked about their drinking habits due to a fear of stigmatization [13]. However, in line with gender equity having increased in Thai work life, drinking at work has become accepted and engaged in by both men and women [13,15]. In addition, demonstrating the ability to act as men has been used as an explanation for the changed drinking habits of young Thai women, who use alcohol to feel confident, reduce stress, and keep themselves energetic at work [13]. A study on factory women demonstrated that women in modern Thai society have different identity perceptions compared with women of the past with respect to newly emerging roles of womanhood, including independence, equity, and equal sexual rights [16].

Women's alcohol-related problems have often been described as a symptom of personal and family problems stemming from being in a state of dependence. That is, alcohol consumption is a form of self-medication to escape negative aspects of life [17]. Factors that encourage women to seek alcohol treatment are awareness of ill health and physical and mental trauma, i.e., violence and accidents [6,18]. Women who experience alcohol problems are often motivated to seek treatment by perceived

pressure from someone significant to them [19]. However, the women in one of the refereed studies perceived alcohol consumption as acting "inappropriately" for women, and this view made them sensitive about disclosing their problem to others, which could be a barrier to seeking treatment [19].

In addition, barriers to treatment for women experiencing addiction include the fear of losing custody of children, fear of losing a partner (or that the partner will react antagonistically regarding treatment), the experience of shame and stigmatization, and the fear of having to reveal experiences of physical and sexual abuse during treatment [18,20].

Studies have suggested that health-care services for women who experience alcohol addiction must be developed to ensure respectful treatment from health providers, including the gender-appropriate for women service and specific treatment methods [21]. The treatment of women who experience alcohol addiction should consider the factors that encourage women to seek treatment and the barriers to women seeking treatment [20]. Raine [6] suggested that health-care providers require training and should be aware of physical and sexual abuse as common experiences among women who experience addiction. The treatment for women should include an environment that fosters safety, respect, and dignity based on group work and that strengthens the women's social networks. Additionally, there is a need to establish a comprehensive system of care (health and social welfare) [7]. Feminist phenomenology developed by Young [22] is explained based on women's mobility in a patriarchal society in which the mind and the body are inseparable. This feminist phenomenology defines women as physically restricted, confined, positioned, and objectified by men and by their own perceptions of reality. Research on women's perspective of alcohol addiction is essential to reduce gender discrimination and stereotyping based on male perspectives. In addition, developing a deeper level of knowledge based on women's perspectives can promote nursing practice in caring and in treatment of women with alcohol addiction. Moreover, few studies have been performed regarding women's experiences with regard to alcohol addiction, particularly in Buddhist countries such as Thailand. The research questions are "What are the essential aspects of alcohol addiction according to the experiences of Thai women?" and "How do women interpret and understand the phenomena of alcohol addiction?". This study endeavors to explore the 'lived experiences' of Thai women in relation to alcohol addiction.

Methods

Study design

The study was conducted using a phenomenological descriptive approach to locate the essential aspects [23] of Thai women's subjective experiences of alcohol addiction. According to Dahlberg et al [23] phenomenology seeks to understand the meaning of human experiences. A phenomenological approach is useful in empirical research when exploring the meaning of a phenomenon that is less studied or poorly understood. Moreover, collecting subjective experiences of a certain phenomenon can provide more understanding of the perception of the informants. The feminist theory of the lived body is used to more deeply understand women's lived experiences.

Setting and sample

The women were recruited using purposive snowball sampling technique focusing on a cyclical process between the enrollment of new informants and the emerging patterns and themes in the collected data. The inclusion criteria were having an alcohol abuse

and dependence disorder and being 20 years of age. Women diagnosed with psychotic disorders were excluded. Six women were recruited from special hospitals and two from an outpatient clinic. Four participants were recruited from an Alcohol Anonymous group.

In total, twelve women suffering from alcohol addiction were interviewed before sufficient saturation was reached. Their ages ranged from 20 to 65 years. All of the women had experienced alcohol addiction for at least 3 years. The sample consisted of heterosexual, homosexual, and bisexual/lesbian participants. Four women were married and lived with their families. Six women were divorced, one was single, one was widowed, two women lived together as a couple, and one woman lived with her family. Most had completed primary school. One single woman and one widow lived with their original families (Table 1). In the results section, the tomboy concept is used; this is a common label for women who act as men, who comprise a group integrated into Thai society.

Ethical consideration

The research was certified by the Institutional Board Review of substance addiction treatment, in Thailand number 2558/027, and the Institutional Board Review in Sweden, number 2012/493. The participants were informed of the aim and the procedure of the research before providing written consent. The participants were informed that they could withdraw their participation at any time before the publication of the results. In presenting the results, each participant has been assigned a pseudonym to maintain anonymity.

The research team

The research team included three registered nurses who held PhDs, two from Thailand and one from Sweden. One of them previously worked with patients who had experienced alcohol addiction, and who was at time of the interviews, a PhD student. One of the nurses on the team had a level of expertise in anthropology, and one was a full professor with expertise in masculinity and in phenomenology. The fourth member of the team held a PhD and was an associate professor in social work with experience in addiction treatment and in using phenomenology.

Data collection

The participants received oral and written information regarding the aim and procedure of the study prior to their interviews and were asked for their informed consent. All of the interviewees were also asked for permission to make audio recording prior to the interview. The 12 women were interviewed at one occasion in locations they chose. Eight women were individually interviewed in a separate room at the alcohol clinic, and four women were interviewed in their homes.

The interviews were performed by the member of the research team who was a PhD student and who was recognized as the first author of this study. In the initial interviews, the interviewer introduced herself and asked each woman to openly describe their experiences in everyday life during periods of alcohol consumption and their reflections on possible treatments. The initial question was what are your experiences with regard to alcohol addiction? The interviewer listened carefully to the responses while keeping an open mind with regard to the participants' reflections. Further questions were related to the described life situations and involved simple and clear words exploring the lived experiences of the individuals in relation to the aim of this study. The following probing questions were used to help each participant continue her narratives: "Could you tell me more about that?" and "Could you give me an example?" Two summing-up questions were also included in the last part of the interview: "Do you have anything more that you would like to describe?" and "How do you feel after having told me your story?" The data were collected from August 2015 to December 2015. This data collection period of 5 months adopted a cyclical process where a data reduction process and identifying the meaning in collected data reiteratively occurred between every interview. The author (KH) carefully reviewed new data in relation to collected as a whole with last author (GÖ) during the data collection period, both to elaborate and reduce data and to decide upon sufficient saturation. The interviews lasted for approximately 50 minutes to 1 hour and 45 minutes. It was difficult to find Thai women willing to talk about their alcohol addiction possible due to stigma and shame. Accordingly, the interviews were done at one occasion, which is a limitation to the design of our study. However, the data collection was decided to be completed when the available data provided transcripts of 125 pages and was rich enough in descriptions of lived experiences.

Data analysis

The interviews were transcribed verbatim from the audio recordings by the author (KH), who then verified the accuracy of the text by listening to the recordings. The descriptive analysis employed in the phenomenological approach included the separation of data into meaning units, transformation of the content of the lived experiences, and simplification and clarification of the phenomena [23]. To begin the data analysis, the transcripts were read while trying to remain open to the meaning of the text, seeking to become familiar with the descriptions, and establishing a general impression of the data. The transcriptions were read carefully several times to get familiar with the transcribed data. The reading process involved close reading of the text while using reduction in recognizing presupposed attitudes and preconceptions without adding them into the process. After the initial reading, sentences that served as summaries of meaning

Table 1 The Sample of Women Experiencing Alcohol Addiction Interviewed in 2015, Thailand.

Interviewee	Female age (yr)	Family status	Education	Setting	Period of interview
Interviewee 1	20	Single	Secondary school (9 yr)	Specialty hospital	1 h 20 min
Interviewee 2	31	Married, one son	Vocational education	Alcoholics Anonymous	1 h 50 min
Interviewee 3	42	Divorced, three daughters	Vocational education	General hospital	50 min
Interviewee 4	45	Divorced, two sons	Secondary school (9 yr)	Alcoholics Anonymous	1 h 31 min
Interviewee 5	50	Married, one daughter	Primary school (6 yr)	Alcoholics Anonymous	1 h 3 min
Interviewee 6	53	Divorced, one son	Primary school (7 yr)	General hospital	1 h 8 min
Interviewee 7	53	Divorced, two sons	Secondary school (12 yr)	Specialty hospital	1 h 45 min
Interviewee 8	54	Divorced, two daughters	Primary school (2 yr)	Specialty hospital	56 min
Interviewee 9	55	Divorced, son died	Secondary school (12 yr)	Specialty hospital	1 h 10 min
Interviewee 10	60	Married, two sons	Primary school (7 yr)	Specialty hospital	1 h 20 min
Interviewee 11	60	Married, two daughters	Primary school (7 yr)	Specialty hospital	1 h
Interviewee 12	65	Widowed, two sons	Vocational education	Alcoholics Anonymous	1 h 30 min

units were highlighted on the transcripts. Then, the reading focused on the meaning units taking the perspective of focusing on women's lived experiences of alcohol addiction. During the first part of the analysis, the first author (KH) sought to maintain an open mind and to be aware of tainting the data analysis process with personal experiences. At this step the presentations and discussions of preliminary findings within the research group, e.g., coauthors, were particularly valuable, to trace and track down preassumptions and proven experiences. In the second part of the analysis, the data were separated into specific clusters including all of the meaning units. Then, the meaning units that were related to the study aim were translated into English and discussed by the research team. The research team recurrently discussed gender roles and stereotypes related to addiction to maintain reflexive minds throughout the research process. All of the relevant meaning units were reflected upon by asking specific questions, e.g., "What is the woman really saying?" or "What are the women's combined experiences?" During these repeated reflections, essential aspects began to emerge, and the essence of the women's lived experiences could be described (see Table 2) [23]. This "new" sense of the phenomenon was reached through repeated rewritings and discussions of the labeling of preliminary results within the group of coauthors. Moreover, the preliminary results were peer reviewed and discussed at scientific seminars and at national and international conferences.

Results

The essence of the lived experience of alcohol addiction among the studied Thai women was ambivalence between feeling inferior and worthless and feeling superior and powerful when acting as a man. In the short term, drinking alcohol lessened life's difficulties and fears, for example, of violence, physical deterioration, premature death, and marginalization from family and society.

The phenomenon of Thai women experiencing alcohol addiction included four essential aspects: (1) feeling inferior and worthless; (2) feeling physically and emotionally hurt; (3) fearing physical deterioration and premature death; and (4) feeling superior and powerful.

Feeling inferior and worthless

The interviewed women experienced a sense of inferiority that resulted in social isolation instead of a feeling of belonging and

connecting with others, including family members. The women perceived that others viewed them as odd or aggressive and felt that no one cared.

I did not belong to family, friends, and children, and nobody was concerned about me. However, I did not want to quit drinking. Once, I was in jail because of drunkenness and fighting in the pub. I told myself, my life was going down to the bottom (Interviewee 12).

The women experienced a sense of inferiority when they perceived they were being labeled by others as alcoholics, and they suffered and struggled with their lives. Life seemed hopeless, and the women blamed themselves and viewed themselves as worthless. The women who experienced alcohol addiction expressed what could be termed a sense of inferiority in relation to their significant others and to the Thai public.

Irrespective of sexual orientation, the interviewed women spoke about regretting not being there for their children as a mother due to excessive drinking. The interviewed women expressed that the views of their family members substantially affected their emotional and mental health and reinforced their self-image of being a bad mother.

I drank and forgot my children; it touches my feelings when I bring it back to my mind. I drink and forget the mother role even though I have two children. My little son always takes care of me when I have a hangover; he's so cool (Interviewee 4).

These women were concerned about experiencing an incomplete sense of feminine identity in which they often referred to their incompleteness as mothers. In this subjective gesture, they blamed themselves for being inadequate mothers and expressed that their relationships with their children and relatives meant more to them in the long term than being included in society. Therefore, these women sought to conceal and offset their sense of inferiority using the Buddhist belief known as karma. The interviewed women believed that bad intentions and bad deeds in a former life contributed to their bad karma and the suffering they had experienced in their present lives. The Buddhist tradition of performing good deeds involves achieving merit by attending the temple, meditating, and abiding by religious precepts. As a consequence of their negative lifestyles and heavy drinking, the women often visited Buddhist monks and sought help in resolving their alcohol problems by making vows and praying to Buddha.

Table 2 Example of the Data Analysis from Meaning Unit, Theme and Essence from Women Experiencing Alcohol Addiction in Thailand, 2015.

Meaning unit	Theme	Essence
I did not belong to family, friends, and children, and nobody was concerned about me. However, I did not want to quit drinking. Once, I was in jail because of drunkenness and fighting in the pub. I told myself, my life was going down to the bottom (Interviewee 12).	Feeling inferior and worthless	Thai women were ambivalence between feeling inferior and worthless and feeling superior and powerful when acting as a man. In the short term, drinking alcohol lessened life's difficulties and fears, for example, of violence, physical deterioration, premature death, and marginalization from family and society.
I was 53 yr old; and life felt worthless, I felt lonely, sad. I lived at my brother's home. He was an aggressive and drunken man. He always beat weak people, and he beat me. I cannot live with him (Interviewee 7).	Feeling physically and emotionally hurt	
I am addicted because I had to drink every day. I cannot quit drinking. I came here for ten days; my hand was shaking. I wanted to smoke right now; I came here for alcohol treatment. I felt repression and try to control myself. My body looked good, but I have kidney problems, diabetes, high cholesterol, and hepatitis (Interviewee 9).	Fearing physical deterioration and premature death	
I drank because of pain, and I failed in marriage. My mother-in-law hated me because I am uneducated and poor. My twin daughters stayed with her. I had to work hard to get much money to regain them, and my fatigue was from taking care of my disabled mom (Interviewee 8).	Feeling superior and powerful	

However, the women experienced stress and a fear of a higher power based on their negative lifestyles and relapsed into bad habits and drinking.

Feeling physically and emotionally hurt

The interviewed women experienced physical and emotional harm from being abandoned or betrayed or while defending themselves physically in fights with family members. These conflicts affected the women's mental health and their trust in family members.

I was 53 years old; and life felt worthless, I felt lonely, sad. I lived at my brother's home. He was an aggressive and drunken man. He always beat weak people, and he beat me. I cannot live with him (Interviewee 7).

The women were exposed to physical and emotional violence, and their physical suffering was often related to domestic violence. Through drinking, the women lost control of their lives, lied, or stole, and then felt ashamed and blamed drinking and blackouts. Drinking relieved them from having to remember the physical and emotional abuse they suffered and protected them from remembering the details of painful situations, such as bad behavior or accidents.

Fearing physical deterioration and premature death

All the interviewed women suffered from physical illness and had experienced multiple health problems. In particular, the middle-aged and elderly women expressed anger and sadness and experienced difficulties addressing illness and withdrawal symptoms. The physical deterioration that they experienced was a source of constant worry and fear regarding early death, which became a basic motivation to seek medical treatment.

I am addicted because I had to drink every day. I cannot quit drinking. I came here for 10 days; my hand was shaking. I wanted to smoke right now; I came here for alcohol treatment. I felt repression and try to control myself. My body looked good, but I have kidney problems, diabetes, high cholesterol, and hepatitis (Interviewee 9).

The interviewed women felt ambivalent about alcohol, although they described how their bodies became exhausted because of heavy drinking and required physical recovery. They also described positive aspects of drinking because they felt that alcohol improved life under difficult conditions.

I try to attend an AA (Alcoholics Anonymous) meeting in the Thai language at the hospital. However, my thoughts about drinking still exist. I was thinking all the time how to escape from my husband and turn to drinking (Interviewee 5).

The decision to continue drinking was influenced by feelings and physical sensations as well as withdrawal symptoms. The women also perceived major cognitive changes, such as hallucinations, depression, or paranoia, and they believed that drinking helped them to survive.

Feeling superior and powerful

According to the women, socializing with others at work includes being polite and making friends with colleagues and employers, which occurred through sharing alcohol. Alcohol was used as social and physical facilitator at work in socializing and in

extending the physical capacity of the individual with respect to the amount of work time during the day and night.

It was a Thai tradition to give alcohol to the employee for relaxation and to be willing to work more. Mostly, the employees drank and work. Since then, I love to drink all the time (Interviewee 6).

Paid work outside the home provided the women a sense of gender equity based on having employment "just like a man". A number of the interviewed women spoke about not being "typical girls" but "tomboys," i.e., acting like men. The advantage of playing a male role instead of that of women was that they received money for the work and gained more influence and rights.

I drank because of pain, and I failed in marriage. My mother-in-law hated me because I am uneducated and poor. My twin daughters stayed with her. I had to work hard to get much money to regain them, and my fatigue was from taking care of my disabled mom (Interviewee 8).

The women examined here worked outside the home to earn money. In this way, they received access to the male world were drinking alcohol was included. In addition, they "earned" acceptance from family members through economic independence. This economic strength made the family dependent and offered the women a sense of superiority and power. However, this economic responsibility was also hard to handle and maintain while suffering from alcohol addiction.

Discussion

In this study, Thai women suffering from alcohol addiction described their lived experiences. Phenomenological description was used to discover the meaning of the lived experience of alcohol-addicted women in the Thai context. The women described their subjective experiences of using alcohol to engage in different versions of femininity, which involved the following aspects: feeling inferior and worthless, feeling physically and emotionally hurt, fearing physical deterioration and premature death, and feeling superior and powerful.

Relinquishing feminine roles to obtain power and equity or even superiority can be theoretically explained using the feminist phenomenological perspective according to which women's restricted possibilities and physical behavior interfere with their sense of self and their physical capacities in a patriarchal society [22]. In Thailand, drinking is related to homosocializing at work and outside the home, a social area that women cannot access unless they become the family provider and work outside the home. However, the interviewed Thai women felt inferior vis-à-vis the family and society when unable to live up to norms and expectations because of their heavy drinking. The construction of gender in Buddhism devalues women as being inferior to men (e.g., in Thai Buddhism, women subordinate to men are respected). This construction includes negative attitudes toward women sexuality and drinking [12,13]. According to Young [22], expanding women physical roles is difficult because women themselves continue to objectify and subjectify their bodies. The women interviewed in this study blamed themselves for relinquishing the mother role because that was a choice only made by them.

Heavy drinking and other norm-breaking actions, such as divorce or maintaining a lesbian/bisexual identity, affected the interviewed women's sense of inferiority. Thaweest [16] previously found that such behaviors were markers of low socioeconomic status for women in Thailand. The interviewed women

perceived that they were inadequate mothers as a result of a failed marriage and, often, conflicts with their children. These failures as a mother and wife were described with emotional guilt and shame, leading to withdrawal from social relations. Social isolation and inferiority-based guilt and shame also delayed the women with alcohol addiction in seeking treatment, as found in previous research [19]. In this study, the women used social isolation in response to abusive husbands and relatives, a finding that can be compared with a study by Storbjörk [24], who found that social isolation can be a way for a woman to find a safe environment and to avoid more abuse or disappointment.

The findings of this study reveal that women experiencing alcohol addiction suffer from chronic diseases and mental illness. In particular, middle-aged and elderly women experienced a fear of physical deterioration and premature death. Consistent with the previous research that has found that women who drink heavily seek medical treatment for other chronic conditions and that alcohol addiction is often underdiagnosed [25]. The fear of the older women is reasonable. The severity of the effects of alcohol consumption is higher in older women due to higher blood pressure, obesity, reduced muscle function, and decreasing total water in the body [25]. All of the interviewed women experiencing alcohol addiction in this study described suffering from mental illness. Addiction appears to contribute to mental illness and is often an underlying factor in different psychological disorders [4,7,18]. The increased negative effect from alcohol abuse on older women is because of aging-related metabolic changes, decreased physiological reserves, and reduced reaction time. Alcohol's effects are magnified in the presence of physical comorbidity and/or mental health problems [25].

The lived experiences of the women examined in this study included physical illness and multiple health problems. The experience of physical deterioration was a source of constant worry, and the fear of early death became the basic motivation to seek medical treatment. However, Thailand's health-care service is not designed for women with alcohol addiction, and the illness is only rarely treated in Thailand. Previous research has demonstrated that women experiencing alcohol addiction face barriers in seeking treatment and tend to access health-care services at a lower rate. Entering, engaging, and remaining in alcohol treatment may require not only the availability and acceptability of specialized treatment services but also an array of resources to help with specific issues, such as domestic violence and vocational, physical, and mental health services [19,20].

The result in this study indicated that violence against woman experiencing alcohol addiction is part of their lived experiences and might also arise in the family, society, and treatment. Health-care service typically provides general rather than gender-specific service, but sensitivity is particularly required for women when addressing violence.

The women studied here perceive alcohol as part of their life because it is included in the Thai working culture specifically, in which it is believed that offering alcohol at work increases the number of hours employees can dedicate to work. According to interviews of men experiencing alcohol addiction, offering alcohol at work can also maintain the work commitment and improve relations between the employer and the employees [15]. The women examined in this study adopted male values and behavior with respect to drinking and accepted drinking as appropriate for them when working hard. Drinking alcohol also represented a way of "taking time out" from traditional women roles, such as caring for children and elderly relatives [10].

As our results show, the women expressed guilt regarding being unsuccessful as women and condemned themselves for being bad mothers. Findings in this study can be compared with those of de Visser, and McDonnell [7], who stated that women experiencing

addiction retain their emotional sensitivity and insights and continue to feel guilty and shameful, including feelings of despair and fear. Alcohol consumption is related to masculine identities [6,8], and women seem to find it difficult to maintain the mother's role if they participate in typically male socializing habits. The women examined in this study worked outside the home and reformulated their gender identities as working women. This reformulation reflects the emergence of new identities for Thai women as they become independent, an area where women employed outside the home have taken the lead [19]. However, because of their alcohol addiction, the women examined in this study felt devalued in family and public life. Consistent with a study has found that women with alcohol and substance addiction become increasingly introspective and blame and degrade themselves [26]. The women we interviewed felt inferior and worthless based on guilt, shame, and the impressions they received from the public and the family.

The degradation of women is consistent with Buddhist ideology [12]. The women in this study felt inferior to men and subordinate to family members in the domestic arena. In Thai society, women's faithfulness and patience in marriage as well as their self-sacrifice for the benefit of their children represent behavioral norms [16].

According to the results in this study, women felt that they did not belong to the family or to Thai society. In addition, they felt that others viewed them as odd or aggressive. Consistent with the previous study by Rungreangkulkij [13] who found that women suffering from alcohol addiction were discriminated against by society in that their families were embarrassed and scared of being criticized by others, which resulted in attempts to separate such women from the private sphere. Thai culture continues to maintain relatively negative attitudes regarding women who deviate from behavioral norms and pressures such women physically, emotionally and verbally, as our interviewees described. This practice is a possible explanation of why the women studied here were excluded from the family and society and were stigmatized.

The interviewed women in this study sought to address the negative consequences of alcohol addiction through Buddhist beliefs, such as performing good deeds to find peace of mind. Thai Buddhists believe in reincarnation and karma, i.e., the influence of a former life on one's present life. In Thai culture, suffering women believe in karma and accept their reality and the negative consequences they experience. Consistent with the previous study that women suffering from HIV try to take spiritual care of themselves to achieve peace (Kwam Sa-ngob Jai) and to move on with life [27]. The interviewed women believed that alcohol addiction was the outcome of bad karma rather than an addiction or illness. A Thai national survey found that Thai women suffer from mental and physical problems due to drinking. However, women reported quitting drinking less often than men [17]. Thus, women who experience alcohol problems and abuse may not be diagnosed or attend treatment designed for addiction.

The interviewed women described their subjective experiences with ambivalent feelings and thoughts regarding drinking in relation to women roles. The phenomenological method was used to establish the essence of the women's lived experience while closely relying on the data and on how these women described their experiences [22,23].

The trustworthiness of this study is based on its credibility, transferability, dependability, and confirm-ability [28]. Our sample of women experiencing alcohol addiction included different groups of women who were selected from special hospitals, outpatient clinics, and Alcoholics Anonymous programs. It is difficult to find Thai women who will admit to having an alcohol addiction; much less those who wish to participate in research based on their experiences. However, the limited amount of data we gathered was

believed to be rich and worthy of analysis even if the number of women participating in the study was low.

To increase credibility, the study maintained referential accuracy by including participants who sincerely wanted to participate and who could provide data based on lived experiences. To enhance transferability, the authors provide detailed descriptions based of the women's own words (Table 1), which could enable researcher or health-care providers who are interested in transferring the result into similar context [28]. To enhance the dependability and confirmability of the study, the data collection and analysis procedures and the preliminary results were presented and discussed at seminars and an international conference.

The strength of this study is that the data provided sufficient variation and accuracy according to an internal data analysis performed by the Thai author (JK) based on reading the first versions of the transcripts and checking the participants' descriptions in their own language. Additionally, there were repeated discussions of the material with Swedish authors who were experienced in conducting research focusing on participants' subjective experiences, and one of them (GÖ) has both practice and research experience in the alcohol field.

Conclusions

According to the perspectives of Thai women with regard to alcohol consumption, there was a belief that it lessened life's difficulties but with that came fears of domestic violence, physical deterioration, premature death, and marginalization from family and society. The essence of the lived experiences of alcohol addiction among the studied Thai women included a sense of ambivalence between feeling inferior and worthless when relinquishing the women's social roles and the feelings of superiority and power associated with men's societal roles.

The women contacted in the present study suffered from various gender dilemmas, public stigma, physical and mental health problems, and insufficient support from family and society. The domestic violence directed toward women who experienced alcohol addiction is related to a double standard in Thai society in which men tend to oppress women both mentally and physically. Thai women who had experienced domestic violence and alcohol addiction voiced the need for available and specific support in health-care services. The identified barriers to alcohol addiction treatments related to women represent certain challenges to the organization and structure that relate to a gender-based inequity in terms of access to health-care services based on differences in genders.

The implication for the health-care service is that more specific treatment for women, who experience alcohol addiction, should be provided, for example, providing alcohol ward and treatment for women, the comorbidity treatment such as physical and mental disorder. In addition, the gender difference in the treatment process should be concern, and specific treatment should be provided for women who had experienced domestic violence.

Conflicts of interest

The authors declare no conflict of interest.

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