Treatment for Women with an Alcohol Abuse at Thanyarak Chiang Mai hospital, Thailand

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ABSTRACT

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The aim of this study was to describe and analyze how treatment staffs treat their female patients with an alcohol abuse in treatment at Thanyarak Chiang Mai hospital, Thailand, considering empowerment, paternalism and the Thai culture. A qualitative method has been utilized to gather adequate information. Qualitative interviews and observations have been used in this ethnographic study. This study shows that Thanyarak Chiang Mai hospital has elements concerning both empowerment and paternalism on their female ward. The hospital worked to involve families of the female patients in treatment. Therapeutic community, FAST-model, individual sessions and motivation are parts that were used to increase the self-esteem in the female patients. Buddhism had a great impact on the Thai population and therefore the treatment methods at Thanyarak Chiang Mai hospital influenced by the Buddhist belief. Conclusions show that Thai women who have got an alcohol abuse where vulnerable and had a hard time to come back into the society after rehabilitation. It was important to involve the female patient’s families in treatment so that the female patients had a safety net when the female patients got out of treatment. To give those women the kind of treatment that they needed, the hospital required the treatment staffs to have a high educational degree. Thanyarak Chiang Mai hospital worked to get the female patients ready to handle the world without using any intoxicants and they worked to give the female patients knowledge to make good decisions for themselves.
Preface

We wish to sincerely thank MFS (Minor Field Studies), SIDA for giving us the opportunity and for financing this study. Special thanks to Kajsa Higgins and Berth Andersson for all the help with organizing this minor field study and for the contacts to people in Chiang Mai. We would also like to thank Thanyarak Chiang Mai hospital and all of the treatment staffs who have been involved in the interviews and observations for their warm welcome and cooperation. Special thanks to Dr Danai and the Roong-aroon ward at Thanyarak Chiang Mai hospital. This study would not have been possible to execute if Dr Danai had not helped us. Appreciation goes out to all of the respondents in the interviews for the interesting knowledge they have given us and for their cooperation in this study.

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Introduction

The Thai alcohol laws about distribution and production changed according to Assanangkornchai, Sam-Angsri, Rempongpan and Lertnakorn (2010) in the middle of the 1990s. In connection with that the alcohol sale became privatized. As a consequence of the changed distribution and production laws and the privatization of alcohol sale the alcohol consumption increased among the Thai population. Assanangkornchai, Pinkaew and Apakupakul (2003) describe that alcohol-related problems have increased dramatically for both men and women in Thailand over the last decades. It has become one of Thailand’s largest public health problems. Women who drink alcohol are in general not socially accepted in the Thai society and that puts them in a difficult position when they drink alcohol in a hazardous, harmful way. Being in a difficult position could according to Laanemets (2002) also be criminal involvements, prostitution, family issues, sexual transmitted diseases such as HIV. Those factors are important to have in mind while meeting a patient. Depending on which background the patient has, the relationship to the treatment staffs will be different. Therefore according to Røkenes and Hanssen (2007) the treatment staffs behavior against their patients is a key factor for succeeding in treatment.

It is important to highlight the growing problem of alcohol abuse among women in Thailand. Therefore the authors chose to investigate this topic further. This study has been executed at Thanyarak Chiang Mai hospital, Thailand. The aim of this study is to analyze and describe how treatment staffs treat their female patients with an alcohol abuse in treatment at Thanyarak Chiang Mai hospital, Thailand, considering empowerment, paternalism and the Thai culture.

Definitions

*Drug addiction* – addiction to drugs, alcohol included.

*Women* – is used to define women that are 15 years of age and older.

*Patients* – those women who are in treatment for alcohol abuse at the hospital that the study has been executed at, at the time the researchers were there.

*Treatment* – treatment means the process that the women with an alcohol abuse are going through to become free of their alcohol abuse.

*Treatment staff* – those who work directly with the patients in treatment, for example; therapists, nurses and psychologists.

*Professional* – it means being competent and having skills in the field but it also mean that you should behave in an ethical way. The patients should be put in first hand and you as a treatment staff should act in the best interest of the society.
Therapeutic alliance – therapeutic alliance refers to the relationship between a treatment staff and its patient. The relationship should contain trust, feelings of safety and contain common goals for the patient.

Background

Alcohol Abuse

Alcohol abuse is according to Johansson and Wirbing (2005) a diagnosis in DSM-IV. To have an alcohol abuse, some criterias have to be fulfilled according to DSM-IV. At least one criterion has to be fulfilled in a twelve month period for it to be called an alcohol abuse. Those criterias are:

- Repeated substance use in a way that a person cannot pursue their everyday tasks like work, school or household chores.
- Repeated substance use in situations which can lead to physical harm, such as driving a car.
- Repeated substance use that cause problems with judiciary.
- Repeated substance use even though there are constant or recurrent social problems in a person’s life caused or enhanced by the substance use.

Alcohol abuse can according to Room (2003) be perceived in different ways depending on what culture a person lives in. The way that people perceive time is for example different depending on the culture. Some people plan their life after the clock while some people live their life less dependent on the clock. Therefore the amount of alcohol that has been drunk during a certain time can be perceived differently depending on the culture and the way that people perceive time. Intoxication connected to bad behavior is also a good example. In some cultures when a person behave badly while being intoxicated with alcohol, the explanation for the bad behavior is the intoxication. Although in other cultures people blame the person and his/her personality for behaving badly instead of the intoxication.

Alcohol Laws/Restrictions in Thailand

There are some restrictions and laws in the country of Thailand that should be followed; if the laws are not being followed there will be penalties. The penalties would be either imprisonment or paying a fine or a combination of both (Alcohol Control Act, B.E. 2551, 2008).

In the Alcohol Control Act (B.E. 2551, 2008) the authors describe where the Thai people cannot sell alcoholic beverages. Those places are; temples or other religious areas, public health service places, dormitories, official places (does not include clubs and shops), official parks, petrol service stations and educational institutes. The places that are mentioned above are places where you also cannot consume alcoholic beverages. Although there are some exceptions for example; if alcohol is being a part of
a religious ceremony, if areas are set up as dwelling places or during traditional festivals/festivities. There are also laws that say that you cannot sell alcoholic beverages to a person who is unconsciously drunk or has not yet turned 20 years of age.

When it comes to treatment or rehabilitation of people who have an alcohol abuse there are no specific laws or restrictions. The Alcohol Control Act (B.E. 2551, 2008) only has one section for this area and that is section 33.

Section 33: The alcoholic or relatives, group of persons or governmental or non governmental organizations, having objectives to treat or rehabilitate the alcoholics may ask for support for treatment or rehabilitation from the Office. In this regard, it shall be in accordance with rules, procedures and conditions as prescribed by the Control Committee. (Alcohol Control Act, B.E. 2001, 2008)

**Drinking Patterns in Thailand**

The production and sales of alcohol increased dramatically during the 1990s according to Assanangkornchai et al. (2010). New laws concerning distribution and production established during these years. Earlier the state had monopoly of the alcohol sales and when those new laws where established the alcohol sales became privatized. The northern parts of Thailand have had the highest increase of alcohol sales in the country. As a consequence of this the alcohol consumption has also increased remarkably among the Thai population. World Health Organization, WHO (2011), described in their study that 38,1% of the Thai population have tried alcohol once or more during their lifetime. The study also shows that 59,2% of the adult men that are above 15 years of age have tried to drink alcohol once or more. Women in the same age group have not tried alcohol in the same extent as the men have done. Only 18,7% of the women in Thailand have tried alcohol once or more in their life. World Health Organization (2011) also reports that 1% of the women who have consumed alcohol once or more in their lifetime have developed alcohol use disorders.

In Thailand you have to be 20 years old to buy and consume alcohol according to WHO (2011). Although not all shops which sells alcohol embrace this law according to Newman, F. Shell, Li and Innadda (2006). A consequence of that is that minors can get alohol of alcohol and consume alcohol before the age of 20. Even though a person cannot sell alcohol to a person less than 20 years of age Vantamay (2009) describes that there has been a significant increase of alcohol use in the age group 15 to 24. The increase is not only affected by the individual factors such as gender, age etc but also the environmental factors including interpersonal factors such as drinking habits in the family etc. For example if a person has got a relative who drinks alcohol he/she tends to drink alcohol more frequently than people who have not got a relative who drink alcohol.

Thamarangsi (2006) writes about a study that was executed between the years 1988 and 2002 that shows that the drinking volume of alcohol has doubled during those years. Today, alcohol is the third most significant health risk factor in Thailand. A study made by Assanangkornchai et al. (2010) says that the group of women who drink alcohol in
the most hazardous harmful way where between 20 and 24 years of age. It also shows that the older women get the less they drink.

Assanangkornchai et al. (2010) describes that the group of women between age 20 and 24 are more likely to drink outside of their home, at parties and bars etc., than older women. The older the women get, they tend to drink more at home by themselves. Drinking problems were more common among the women who drank alone compared to the women who drank in a social context. It is not traditionally socially accepted for women to drink alcohol in Thailand. Bars for example, are traditionally male venues where a woman should not enter without being accompanied by a man. This is changing in today’s Thailand, where women are becoming more equal to men. As a consequence of that, women over all tend to drink more alcohol at home with their families. Conclusions can be drawn out of Assanangkornchai et al. (2010) study that the society is moving towards a western drinking pattern, where women are allowed to drink alcohol and go to bars on their own. Therefore younger generations tend to drink more alcohol than older generations. Alcohol abuse and hazardous harmful drinking is more common among the younger age groups, 20 to 44 years.

**Buddhism**

In Thailand the most common religion is Buddhism. Among the Thai population 95 % consider themselves being Buddhists, according to Klunklin and Greenwood (2005). The Buddhist belief is rooted in the Thai society and has been a significant part of the culture for many centuries. People are taught by the Buddhist belief to be compassionate and kind, the people who believe in Buddhism also strives to become free of suffering.

There are five percepts in Buddhism and they are; do not kill, do not steal, abstain from sexual misconduct, tell the truth and abstain from intoxication. The last of the five percepts of Buddhism is according to Newman et al. (2006) not to take any intoxicants, such as narcotics and alcohol etc. Scholars argue about this because some of the scholars interpret the last percept as just avoiding excessive use. Buddhism might be a reason not to drink but if a person has chosen to drink the religion does not have any influence on the frequency. Buddhism is also seen as a protective factor against alcohol abuse. Often is alcohol given to the temples by for example; farmers during harvest. Alcohol is also often used in family celebrations and funerals.

Buddhism implicates pursuant to Klunklin and Greenwood (2005) that women are subordinated to men. For example, in temples, monks (male) do always have the highest status. Then come men, older women and then women of other ages. Women are not allowed to come near a monk. Only men can become a monk but there is something similar to monks called nuns or Mae chi. Mae chi can never have a high status in a temple, as monks do have. Mae chi is doing domestic chores in the temples to provide a good standard for the monks. Monks become contaminated if they touch a woman and therefore it is strictly prohibited for monks to touch a woman. In general, men are restrictive when it comes to touching a woman. Men should not touch a woman if there is not a specific reason. Women are contaminated or polluted because of their menstrual blood.
**Women and their Families in Today’s Thailand**

Women have pursuant to Mensendieck (1997) got an important and central role in the Thai family. Men are the authorities but all decisions that are made goes through the women before being decided. Besides that, the women also have the responsibility to take care of the familys finances. The youngest daughter of the family is expected to take care of the parents in old age. Women are doing traditional household chores such as cooking, taking care of the children, cleaning etc. Prostitution is a problem in Thailand according to Mensendieck (1997). The attitude among the Thai population towards female prostitutes is neutral. If a woman is working as a prostitute it is okay as long as she donates things to temples and provides for her family.

A family in the Thai society is pursuant to Vichit-Vadakan (1994) unlike the western family constellation. The western family constellation contains a mother, a father and children. A family constellation in the Thai society would include other family members to the closest family, such as; aunt, uncle, grandparents, cousins etc. All of these people might even live together but that depends on the relationships that have been established between the family members. One important thing to remember here is that if a person has got many family members and if they have a good relationship to each other, they will help each other in any situation. According to Vichit-Vadakan (1994) the good support that a person has got from his/her family members will generate an identity. It will also make the person feel comfortable with him/herself and it will make him/her feel like he/she belongs somewhere. In Thailand a person’s identity is established through the family but also the environment that the person lives in.

In times when a person needs assistance or help with a problem in some way, the person reaches out to get help from his/her family first, if that is possible, according to Vichit-Vadakan (1994). If the family cannot help the person in need, the person reaches out to get help from other persons or institutions. For example, daughters or sons in the Thai society are under a lot of pressure from their families. Families in Thailand have generally got high expectations on their children, for example in school, and therefore some children feel like they cannot fullfill their parent’s expectations. That might lead to problems, which puts the person in need of help.

According to Vichit-Vadakan (1994) the situation for women in Thailand today is not critical but the women’s status and position still needs to improve. Women are climbing up in the society and there are many other countries that are worse. There are fields of work that women are under represented in today, such as engineering and sciences. Otherwise in most of the fields of work in Thailand, women are being represented but it is hard for women to get a high position in both private and public sectors.

**Treatment for Women with an Alcohol Abuse**

Vandermause and Wood (2009) write about how treatment results are affected by how treatment staffs treat the patients. The way that the treatment staffs behave towards their patients is critical to the treatment result. Behaviours like; the treatment staffs being humble, honest, openminded, treat the patients with respect and dignity contribute to a good result in treatment. Thurang et al. (2010) add that it is important to be present emotionally while meeting a patient. When it comes to be emotionally present while
meeting a patient, Vandermause and Wood (2009) writes that important factors for that are to listen actively and show empathy towards the patient. Trust is established through empathy, according to Thurang et al. (2010). Trust is an important factor to establish a therapeutic alliance with a patient. If a patient cannot trust the treatment staffs the treatment process will not continue forward. Trust between a patient and treatment staffs is often established in individual sessions. Vandermause and Wood (2009) and Trulson (2006) notes that individual sessions between a patient and treatment staffs are important to have in treatment to get a good result. Individual sessions give opportunities to establish good relationships to patients.

Women with an alcohol abuse do, according to Olausson (2008), feel a lot of shame and guilt for their addiction. Laanemets (2002) confirms that by saying that it is important to work with the feelings of shame and guilt in treatment. Feelings like shame and guilt can be processed and worked with in, for example individual sessions.

Haver et al. (2001) and Swift and Copeland (1996) do in their studies talk about the importance of female patients meeting other female patients that are in the same situation. Female patients tend to feel safe and understood when being surrounded by other female patients who have got the same kind of problems. In a study made by Swift and Copeland (1996) almost half of the women in the study told that they could identify with the other female patients in the group. Therefore the female patients could find role-models and expand their social network.

Treatment for women with an alcohol abuse in Thailand has developed a lot according to Tuicomepee, Romano and Pokaoe (2012) during the past decades. The treatment methods that are being introduced are imported from western countries. Twelvestep-program for example is being used in a wide range in Thailand. The treatment program called twelvestep-program contains according to Lundberg (2005) of twelve steps. Twelve different steps where patients see themselves as victims of a disease. Patients learn how to rely on a spiritual force and how to work with themselves and their mentor to maintain sober. One important part in the twelvestep-program is pursuant to Gordan and Pampilgn (2000) to involve relatives in treatment. The program has been developed into a program that suits the Thai culture instead of a program that suits the western culture. The Buddhist belief gets implemented in for example the twelvestep-program to suit the Thai population’s culture and society. Important parts of the Buddhist ideology are to be tolerant and kind. Those two parts are also important parts in any treatment. The twelve steps of the twelvestep-program are according to Alcohol Anonymous (2013):

1. We admitted we were powerless over our addiction - that our lives had become unmanageable.

2. Came to believe that a Power greater than ourselves could restore us to sanity.

3. Made a decision to turn our will and our lives over to the care of God as we understood God.

4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves and to another human being the exact nature of our wrongs.

6. Were entirely ready to have God remove all these defects of character.

7. Humbly asked God to remove our shortcomings.

8. Made a list of all persons we had harmed, and became willing to make amends to them all.

9. Made direct amends to such people wherever possible, except when to do so would injure them or others.

10. Continued to take personal inventory and when we were wrong promptly admitted it.

11. Sought through prayer and meditation to improve our conscious contact with God as we understood God, praying only for knowledge of God's will for us and the power to carry that out.

12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to other addicts, and to practice these principles in all our affairs.

**Theoretical Perspectives**

Empowerment is according to Meeuwisse, Sunesson and Swärd (2006) something that most treatment staffs strive to work with today. Some parts that are important for the patients in the concept of empowerment are control, pride, self-reliance and power. Persuant to Björvell (1999) empowerment is about allowing the patient to as far as possible control and determine their own treatment. The patients should be able to participate and help to improve their own quality of life and expand their own view of their situation. Central to empowerment is that the treatment staffs can gain an understanding of the patient’s perspective. It is important that the treatment staffs focuses on the patient’s health instead of its illnesses. Empowerment is according to Björvell (1999) quite similar to SOC (sence of coherence) that belongs to Antonovskys theories about health factors. Both of these concepts are belonging to the salutogenic perspective. Empowerment might according to Savery and Luks (2001) contribute to that the treatment staffs experience power and a greater sense of responsibility which might lead to stress and uncertainty. Stress and uncertainty can affect quality, effectivity and service mindness in treatment.

Paternalism is the opposite of empowerment. Persuant to Meeuwisse et al (2006) paternalism is about that the patients do not know their best; it is the treatment staffs who know what the patients need. Treatment staffs are the ones who have the knowledge to determine what the patients need. The patients do not have any influences when making decisions. Treatment staffs can also use penalties and scare techniques to get desirable behavior among the patients. According to Andreassen (2003) scare techniques and penalties can be ineffective and counterproductive in treatment. The
paternalistic trap is often mentioned when talking about paternalism. Paternalistic trap means that treatment staffs look at their patients as if they were victims. There are consequences of working like this; patients will most likely feel dejected and may also paint up a picture for themselves that this particular sector is evil and does not want any good for the patients. Treatment staffs risk oppressing and exercising power over their patients.

**Aim and Objectives**

The aim of this study is to describe and analyze how treatment staffs treat their female patients with an alcohol abuse in treatment at Thanyarak Chiang Mai hospital, Thailand, considering empowerment, paternalism and the Thai culture.

Our objectives are following:

- What view do treatment staffs at Thanyarak Chiang Mai hospital have on women with an alcohol abuse?
- How do treatment staffs perceive their treatment towards the female patients?
- In what way do the treatment staffs work to empower and/or paternalise the female patients in treatment?

**Methodological Approaches**

**Prior Understanding**

The authors’ prior understanding of women with an alcohol abuse did increase when the authors wrote a previous literature study about treatment for women with an alcohol abuse. In that study the focus was on what parts in treatment that were most favorable for the women in treatment for their alcohol abuse. The authors’ prior understanding is that they both think that women with alcohol abuse are more vulnerable than other groups in the society and therefore the female patients have got special needs in treatment. Both of the authors have got experience in social work. The authors have been in direct contact with patients who have got different problems such as addictions and social problems. That might help the authors to understand the discourse and the context of the hospital being visited during this study. Depending on if the treatment staffs works from a paternalistic or empowermental perspective, the authors believe that different visions of the human being would show through.

**Ethnographic Perspectives**

Pursuant to Bryman (2011) it is good to use an ethnographic perspective in a qualitative study when the understanding of the human behavior in different cultures and communities is in focus. Field work combined with interviews and observations are central in ethnographic studies. The aim with an ethnographic study is to try to
understand what a particular behavior that has been observed means by the use of interpretations. In other kinds of qualitative studies, interpretations are rarely used as a way of processing gathered data. Ethnographic studies look different from each other depending on what the researcher get access to investigate and how many participants there are in the study. According to Bryman (2011) is it hard to accomplish a complete ethnographic study if it is not a long term study. Instead of a full ethnographic study a small study like a C-level study would be called a micro ethnographic study. That means that the focus is on a small part of the whole picture. Bryman (2011) writes about factors that may affect an ethnographic study. Some of those factors are: if the researcher gets access to an open or closed department, if the researcher takes an open or closed role in the interviews or observations etc.

This study is a micro ethnographic and qualitative study. The ethnographic research contains observations, notes from the observations, interviews and visits on different workplaces that were relevant for the aim of this study. Participation in the Thai culture is relevant for the aim of this study to get an increased knowledge and understanding for the field and the culture. The authors of this study have chosen to focus on one hospital and because of that the research-design case study is appropriate to use for this study. A case study means according to Bryman (2011) that focus is on one section only, in this case a hospital. The study describes in detail important facts about one specific hospital.

**Ethical Considerations**

This study will be executed in a different country and in a different culture from the one that the authors of this study are used to. Therefore it is important to consider the countries citizens’, ethical and ethnical considerations. The western culture is drastically different from the Thai culture. Citizens of Thailand will have different values and moral than the Swedish people have got. Examples of differences are: respect to elderly, hierarchy, another religion which make the people behave in a different way than the Swedish Christian people do etc.

Bryman (2011) addresses four principles as you should consider while executing a study. The principles are that the respondents should not be harmed in any way, question about consent, protecting the human integrity and the exploitation of data generated in the interviews and observations.

According to Bryman (2011) the first principle is about not to expose the respondents to any physical or psychological harm. Stress and low self-esteem are factors which should be considered in this study. Show respect, humbleness and consideration towards the respondents to lower the risk for psychological harm. One way to harm a respondent is to leak information that the respondents did not agree to share with anyone more than the interviewer and its mentor. Therefore it is important to inform the respondents about confidentiality. Confidentiality is according to Bryman (2011) that the respondents will not be recognized in the results of the study that will be published. Forsman (1997) confirms this by saying that only the interviewer will have access to for example personal data about the respondents. The respondents of the interviews in this study have been informed about the confidentiality and who will see the data that is given in the interviews. For example, the mentor and examiner may inspect the gathered data.
The second principle is persuant to Bryman (2011) about the requirement of consent. That means that the respondents in the interviews will get full information about the study and its aim. Respondents will also get information about that they are participating in the interview on a voluntary basis; they have the possibility to discontinue the interview whenever they want to. The respondents can also refuse to answer a question if they want to. What also is required is that the respondents can talk to the interviewers after the interview is completed and regret their participation in the interview. In this study the respondents in the interviews have been informed that the interviews will be recorded. The respondents have been able to approve or disapprove. If the respondents would have disapproved, the interview would not have been recorded.

Bryman (2011) brings up the personal integrity as a third principle. It is important as an interviewer to consider the respondents private life and not to trespass their private life. The respondent of an interview did accept to participate in the study but they still have the rights to exclude their private life. Bryman (2011) says that hidden methods tend to risk that the respondent’s private life get exposed. Therefore this study is based on known observations and interviews, which mean that both the treatment staffs that have been observed and the respondents in the interviews did know why the researchers were there. The patients at the hospital are not in focus in this study so therefore there have not been any intentions to inform them about the aim of this study. Although, what the treatment staffs did tell the patients before the authors arrived is something that the authors have no control over.

The fourth principle is according to Bryman (2011) about not giving false information to the respondent of the interview and not to use the gathered data in another way than intended and the respondent has been informed about. Trick respondents with false information can lead to that scientific research in this field may get a bad reputation and that will probably lower the reliability. As mentioned before, all information about this study has been given to the respondents.

Planning and Execution

Selection

The target group of this study is treatment staffs who are working with women who have got an alcohol abuse on an in-patient ward at Thanyarak Chiang Mai hospital. Treatment staffs are in this case those who work in direct contact with the target group of this study. Mental illnesses have been eliminated from this study. That is to delineate this study. We as researchers are aware that mental illness is a common factor along with alcohol abuse, but to include that into this particular study would make the study too extensive and beyond the study’s actual aim.

This study has been based on a convenience sample. According to Bryman (2011) the convenience sample is that you use the contacts that are available at the time the study is pursued. After getting in touch with the contacts first given, more contacts where given. That is called the snowball-selection. Contacts give opportunities to establish
new contacts. A combination of these two selection-types has been used in this study to find the best respondents and to get the best result.

To begin with, the authors got information from a teacher about some organizations in Chiang Mai, Thailand that could be interesting for this study. Three contacts where at first given, which resulted in more contacts. One contact lead to a further contact with a doctor at the Thanyarak Chiang Mai Hospital. There are departments with both male and female addicted patients in both in-patient and out-patient wards. After the authors got in touch with the doctor at TCH an opportunity was given to choose which treatment staffs the authors had interest in interviewing. A purposive sampling has been applied to this study. That means according to Bryman (2011) that the participants of this study have been selected purposely out of their profession and out of what is relevant for the aim of this study. This study is a description of how treatment staffs are working with their female patients who have got an alcohol abuse at TCH and that is why different professions have been chosen to the interviews. The respondents of the interviews where: two nurses, two doctors, one occupational therapist, one psychologist and one social worker.

The authors chose TCH because they have got a female ward. Female alcohol abuse is rare in Thailand; therefore it is hard to find hospitals/treatment clinics who are working with women who have got an alcohol abuse. Thanyarak Chiang Mai hospital has a large variety of patients and out of all patients, 60 were females. It is a large hospital which makes it easier to find suitable respondents among the treatment staffs. When the authors came in touch with a doctor at TCH the hospital was positive to let the authors come there and do a study/research. That is why the authors choose to do this study at TCH.

**Gathering of Material**

This study is based upon 32 articles, websites and nonfiction books that have been selected from different computerised search engines at the Linneaus University Library. Those search engines are Academic Search Elite, OneSearch, Social Services Abstracts and Libris. The authors have used keywords from the study’s topic to search in those engines. The keywords were: Thailand, alcohol consumption, empowerment, paternalism, alcohol abuse, Buddhism, women, female, alcohol, treatment and population. All of the articles in this study have been peer-reviewed. It means that an article has been scientifically reviewed and is more reliable than other articles because of that. Articles have also been selected to get as new articles as possible, in this case between the years 1994 and 2013. Websites have been found through searching on the search engine Google. The authors did only search for specific parts here such as the twelve steps in the twelvestep-program. When the authors found a website, the writer of the page and the reliability of the website were considered. If the authors considered the website reliable, the website was used as a reference in the study. The Linneaus University Library has also been used to search for nonfiction books about the topic of this study. Keywords that have been used are: Thailand and women. To choose articles, abstracts and titles has been read and considered.
Considering the authors future profession it is relevant to do a study based on how treatment staffs perceive their job with their patients. The authors profession in the future will be similar to the ones who have been interviewed and observed in this study. Another part is that the authors are interested in how treatment staffs in another country and culture are working with the target group of this study. The treatment staffs have been interviewed so the authors were able to get an increased knowledge about how the treatment staffs perceive the hospital, their treatment and look at the target group. The interviews are semi-structured. According to Bryman (2011) that means that the researchers have an interview guide were questions have been composed out of themes. The questions in the interview guide have been composed so that the interviewers have had opportunities to ask subquestions and the questions have given the respondent space to explicate more openly than they would be able to do in a structured interview. That form of interview would facilitate for eventual language difficulties for both parts in the interview. The questions have also been a kind of safety net for the interviewers, for when they did not know what to say. During the interviews for this study questions have been told out of the interview guide but also complimentary questions have been told. Before the interview took place, the interview guide was sent out to the respondents, just so the interviews would be as exhaustive as possible. The language has been a problem in the interviews. The authors have got the impression that the interview guide made the respondents in the interviews feel safer and more prepared.

All interviews that have been made during this study were recorded at the time of the interview. All of the respondents in this study were asked whether they wanted the interview to be recorded or not. All respondents accepted that the authors recorded the interviews. The interviews where recorded to make the transcription and analysis easier for the authors. Notes where also taken during the interviews that was to have a back-up plan if the recording did not work out as it should. According to Bryman (2011) is a recorder a good tool to use while making a qualitative study, especially in the analysis part.

Before the interviews took place, observations were made. Persuant to Bryman (2011) that is a good order to work in because of the familiarization with the new environment. The observations might according to Bryman (2011) bring up new questions that preferable would be answered during the interview. The observations would also facilitate the interpretation and analysis of what has been told in the interview. Kvale and Brinkmann (2009) writes about execute interviews in foreign cultures. They mean that it is important that the interviewers take time to get to know the foreign culture a bit to avoid misunderstandings and cultural difficulties as much as possible. During the observations of the treatment staffs working with their target group the observers will be known to the treatment staffs, although the observers will not participate in the work with the target group. Participation in the observations has been excluded to exclude the ethical dilemmas that come with getting in direct contact with the patients. In this study the observers have not been participating in any activities, observations have only been made with distance to the treatment staffs and the patients. Also here the language was a problem. It was hard to understand while observing the activities because the patients and most of the treatment staffs did not know any English and the authors do not know any Thai. Focus was on the parts where our interpreter translated for us and the body language of the people participating in the observations.
Observations and interviews have been executed during this study and the focus has been on whether or not the treatment staffs are working from an empowermental or paternalistic perspective. The authors chose to look at the concepts, empowerment and paternalism, because of the new culture that authors arrived to.

In this study notes were taken at the time the things were said, to be sure that nothing where missed. Although a more exhaustive version of what the authors had experienced during the day were written after the visit at the hospital. According to Bryman (2011) taking notes directly while making an observation is not a good way to work. That might make the participants in the observations feel observed and insecure, which might affect the result of the study. There is a concept according to Bryman (2011) called “go native” that the authors wanted to avoid. “Go native” means that the observers identify with the target group and the aim of the study gets lost. Bryman (2011) also says that if you as a researcher “goes native”, that can lead to wrong conclusions of the observation.

In some cases an interpreter has been used. Respondents in some of the interviews did barely know any English and therefore an interpreter had to be used. The interpreter was a doctor on the hospital and therefore he was not completely objective. Preferable would have been to use an outsider but at the time, that was not possible. It was hard to separate the respondent’s and the interpreter’s thoughts from each other when the interpreter was as versed as the respondent were in the topic. Even though good English was spoken by the doctor there is always an obstacle when it comes to translation. Some material/information from the participant might have been lost in the translation. Kvale and Brinkmann (2009) notes that interviewers should use an interpreter if that is possible, to avoid most cultural misunderstandings and language difficulties.

Analysis of Data

The analysis of the scientific data that was gathered for this study has been based on an eclectic way of analyzing data. By using an eclectic analysis you are according to Kvale and Brinkmann (2009) free to combine various parts of different analysis methods and techniques. It allows you to interpret the gathered data in a general way. Knowledge about the topic is in this case more important than the use of a specific analysis method. All of the six interviews in this study have been transcribed word by word. Sometimes the English was poor and that made it impossible to hear and understand what the respondents in the interviews where saying. Some parts have been excluded because of that but in other cases the authors where able to find out what the respondent where saying by listening to the following sentences. The transcriptions were done to find patterns that were common in the interviews so that the authors later could divide the different patterns into different topics. Quotations as the authors found relevant for the study were divided into subsets. That was to make it easier to navigate in and to find good headlines.

During and after the observations, notes were taken. The notes could for example contain; subjective impressions, what happens in the room, things that where said in a certain way (according to the authors) and interpretations of the surroundings. Notes that were taken during and after the observation has been read through carefully and
have also been divided into topics. Quotations from the interviews have been used as a complement to the notes from the observations.

**Quality and Reliability**

In a qualitative research the researcher is pursuant to Bryman (2011) the most important tool while gathering data. Gender, age, personality and personal values are examples of factors that may affect an interview. For a study to have a high reliability it will have to be possible to reproduce and get the same results again in another study made by another researcher. According to Bryman (2011) the reliability in qualitative studies are not very high because they are hard to reproduce. To ensure that this study will be as reliable as possible focus will be on interpretations. After the interviews a summary of the interview have been made and the respondents have been asked whether the interview has been interpreted correctly or not. According to Bryman (2011), validity is that researchers study what is supposed to be studied. Validity is enhanced in ethnographical studies because of the researcher’s long term of participation in the study. The researchers participate in a group or a culture, therefore the researcher get a larger perspective and greater ability to observe.

Bryman (2011) says that qualitative studies are not extensive enough to be generalized. Qualitative studies are often made on a small amount of people and that is one factor that makes a qualitative study less generalizeable than a quantitative study. It is according to Bryman (2011) sometimes hard to obtain total context in a qualitative study. That is also known as lack of transparens and often it shows the most in the analysis part. Researchers who do qualitative studies are in general not good at making detailed descriptive analyses. In this study only six interviews have been executed and this is a case study and therefore this study cannot be generalized. This study shows how six treatment staffs attitudes are against their patients. The result does not determine all treatment staffs attitudes in general in Thailand.

**Results**

In this part of the study the results are going to be presented. The result is based upon interviews and observations in an ethnographic perspective. Nine topics have been stated out of the interviews and observations. Every topic is complemented by quotations from the interviews and impressions from the observations. The authors have focused on how treatment staffs treat their patients out of a perspective based on empowerment and paternalism.

**History of Thanyarak**

The hospital was founded in 1975 and was from the beginning called “Opium Detoxification Center”. In 1982 the name was changed to “Chiang Mai Drug Dependence Treatment Center”. That was the name until two years ago when they changed the name again; the new name was “Thanyarak Chiang Mai hospital” (TCH). The reason of why they changed the name of the hospital was because of the patients
feelings towards being at a drug rehabilitation center. The patients wanted to feel and be treated like patients, not as drug addicts.

Thanyarak Chiang Mai hospital is one out of six hospitals in the Thanyarak Institute of Drug Abuse (TIDA) in Thailand. This institute is an institute under the Department of Medical Services (DMS), which is a department under the Ministry of Public Health (MOPH).

Recruitment system at TCH is based both on voluntary and compulsory systems. Most of the patients who come on a voluntary basis are forced to come by their families while the patients who come on a compulsory basis come through the police or court.

At TCH there are both inpatient- and outpatient-programs. Outpatient-program has got four main parts; methadone clinic, counseling, Matrix program, and Quit one (tobacco clinic). They also have an inpatient-program which contains detoxification and rehabilitation. In rehabilitation the FAST-model (FAST stands for Familiy, Alternative activities, Self-help and Therapeutic community) and the twelvestep-program are used. The rehabilitation phase is based on the concept of Therapeutic community which contain a family environment where positive relationships are established and a high structure. Thanyarak Chiang Mai hospital involves the families of the patients in treatment. The hospital provides the families with knowledge about the addiction and the treatment. At TCH they are very service minded and want to get feedback on their job to develop a better hospital.

*We have the satisfaction question...let them (patients) to...let them to answer if they are satisfied with our service...another things they ask for...like we have a group, like a family group and let them talk how their trust our staff and what they think about our patients and program that their family accepts they improve or not.* (Nurse at TCH)

At TCH there are a total of 290 beds for inpatients and 60 of them are in the female ward. There are 200 people in the staff at TCH but only 150 of them are involved in the treatment of the patients.

The target group at TCH depends on which ward you are at. There are five wards; Au-artorn ward (alcohol detoxification and rehabilitation for men), Torsaeng ward (rehabilitation for men), TawanChaii ward (rehabilitation for men), Cheewitmai ward (drug detoxification for men) and Roong-aroon ward (detoxification and rehabilitation for women). There are no age limits. The youngest one who had been at the TCH was 10 years of age and the oldest one was above 80 years of age. Treatment staffs on TCH did not mention anything about having a separate treatment process depending on the age of the patient.

**Thai Women**

In Thailand there is a pronounced hierarchy among the population. Elderly are considered high in the hierarchy and therefore gets more respect than younger Thai
people. Although women are considered lower in the hierarchy than men. There is a special dilemma though when older women are addicted to alcohol. (Observation). This is confirmed by two quotations by a socialworker and a psychologist:

In Asian countries normally we need to respect the older people. But if you are an alcoholic...people do not care and also reject you. (Socialworker at TCH)

For me I think the same as other places in the world. If you are a drug addict people look at you as if you are bad people. If you are female and you are drug addict or drinker it is quite very bad. (Psychologist at TCH)

If a mother is addicted to alcohol it is considered as being very bad. Worse than if the father of the family is addicted to alcohol. In the Thai culture the mother of the family is considered being a housewife. She should take care of the household and the children, not being out drinking alcohol and disgrace the family. (Observation).

If you are a mother and if you are a drug addict, the feeling between if your father or mother are drug addicts, which one you feel is worse? For me I think mother. If father drunk every day and go to the rehab many times but the mother is fine, she is the good women and can take care well that is fine. But if switch, the father take care of you but your mother drink all the time, go to rehab many times, people would look at your mother as very bad. (Psychologist at TCH)

In Thai culture the male gender is considered to be the leader and have got more opportunities than females when it comes to the field of work. Men do not have to make as hard attempts as women if they for example want to get promoted. Today Thailand is going through a change when it comes to gender differences at work places. Women in Thailand today are getting more confident and are more likely to try to get a leader role than just a few years ago. This can cause family issues and affect the stereotype picture of the Thai female. Women are becoming more equal to men when it comes to drinking alcohol. The attitude towards women drinking alcohol is getting more accepted than it was just a few years ago. That might lead to a higher prevalence of hazardous harmful alcohol consumption and a distorted image for the female alcohol patients that it is okay to drink alcohol. It is important in treatment that the female patients know that hazardous harmful drinking of alcohol is not accepted. (Observation)

Now women is quite change, more confident. Love to be the leader but not everyone. Now everyone goes to school but because Thai female are taught by family that you should take care of kids, you should take care of house and be a good listener. Not like the leader. Sometimes it is like a conflict too. If you are very good in your job but you come back if you have a family if you act as a good leader all the time maybe it does not succeed in the family. It can lead to divorce or something. And Thai female, what good in them I think about they are good in
housewife role. And about the leadership, not all of them but many people can do well too. (Psychologist at TCH)

Become same as male. For example like about drinking, taking drugs...become like a male now. Although the society does not accepts that female drink or using drugs but anyway it is like open more. My attitude maybe it is not so good if it is to open for them, that means that we accept that you can drink. (Socialworker at THC)

Healing Environment

Thanyarak Chiang Mai hospital is situated outside of Chiang Mai, Thailand in a calm and peaceful environment. The aim of that is to contribute to the patients’ treatment and well-being. The area of the hospital is big and reaches up to the mountains. There are green areas with fountains, flowers, forest, a volleyball-ground and places were the patients can relax and heal. As a doctor at TCH said: “It includes preparation the building and surrounding area with calm and safe atmosphere.”

Healing environment does also include daily life chores for the female patients so that the female patients can learn important skills such as being on time, teamwork, follow rules and schedules. This will contribute to the female patients’ self-esteem and make them feel like they can achieve something good. The female patients at TCH are divided into groups which have a specific chore that they take care of, for example; kitchen, garden and cleaning. Every group has got a leader. To become a leader the female patients have to do well in treatment, behave well and follow rules etc. At first when the patients comes to the hospital the female patients are not alllowed to wear their own clothes but after a while the female patients might become the leader of the group and then the female patient have the priviledge to wear her own clothes. (Observation)

The aim is to provide the skills that clients need in daily lives such as self responsibility, time management etc. and relapse prevention...learning from interaction with staff teams and other clients, following the rules of the group and doing the things by their own and as teamwork, raising their self esteem through the daily schedule activity for example, they are divided into small groups for each works to take care of their own building such as cleaning, cooking, gardening, etc. (Doctor at TCH)

Knowledge

Knowledge and education are very important in general to the Thai people and especially important is it to the treatment staffs at TCH. Treatment staffs divides knowledge into two categories, practical/experience based knowledge and theoretical knowledge.

If you are professional you should at least graduate in any profession like social worker, psychologist, doctor etc. You must
graduate. And also you need to work, you get experience if you work. For me, at least 2-3 years. You start working and focus on what you are doing. Also training is very important. Get new information. Maybe after you got experience you get training, that means that you will have more knowledge and skills. That means that you could work good for your clients. (Psychologist at TCH)

My degree is important. Knowledge about the topic. And being specialized like being an occupational therapist specialized in substance use disorders or in psychiatric disorders. Because there are psychiatric disorders among the patients with substance abuse. (Occupational therapist at TCH)

Theoretical knowledge is described as having an educational degree, the higher degree the better. As a nurse at TCH said: “...bachelor degree is not enough”. Degrees from the university are often complemented by training. A few of those who have been interviewed and some of the treatment staffs who have been participating in the observations have been abroad to study and become trained to enhance their knowledge. Practical or experience based knowledge is also an important part of being a person who works with treatment of alcohol abuse according to the treatment staffs at TCH. That means having experience from working with alcoholic patients for a few years or more. (Observation). That can be confirmed by a quote from a nurse at TCH: “I think it’s a challenge for me to help them to have a quality life... I think experience is very important to help them with that.”

Both practical or experience based knowledge and theoretical knowledge are important to be able to understand the patients. It is also important to improve by reading new research and remain up-dated. (Observation). As a nurse at TCH once said: "We cannot stop learning, we have to learn and to do research to be more professional and can help our patients.”

Buddhism

At TCH there are elements of Buddhism in treatment and over all at the hospital. Buddhism has a big impact on the Thai society and therefore also the treatment for the female patients with an alcohol abuse. A good example of that is the twelvestep-program. Twelvestep-program has been developed to suit the Thai culture and society. The twelvestep-program is originally based on spiritual thoughts and in the Thai culture Buddha is the central part of the program. Therefore Buddhism has been made into a central part of the twelvestep-program in Thailand (Observation). This can be confirmed by a quotation from a nurse at TCH:

The Thai culture is still spiritual or our origins we trust in the Buddha, it should be mixed together and try let the knowledge try to help the people who use drugs or alcohol. I think they have problem about spiritual, I think it is important spiritual, very difficult to study and or to understand about spiritual. The
twelve step program we try to mix for the Buddhist philosophy.
(Nurse at TCH)

Thanyarak Chiang Mai hospital does sometimes invite a monk to come and give the female patients lectures and information about the Buddhist belief. Knowledge about the Buddhist belief and over all spirituality is according to the treatment staffs at TCH important to involve in treatment. (Observation)

Relationships

When it comes to establishing a good relationship with a female patient it is important to separate the professional and the private you. As an occupational therapist at TCH said: “Try to get to know them but with a boundary and distance, with the appropriate boundary and distance.” Distance to the female patients is important but still it is important to show that you, as a treatment staff, are also a human being. Getting too close with a female patient, establishing a friend-relationship, might interrupt the treatment process and be negative for the female patients’ progress in treatment.

If you are too much close maybe can interrupt the treatment process. Tell the truth to them...You should have the professional to the patients, not the friend. Because, some relationships is different. If we are friends with patients we will have a different view when treating them. (Occupational therapist at TCH)

It is not like a social relationship you have to be the professional because if you keep like a social relationship and the people who use drugs they easy to depend on the people and we have to...be professional. (Nurse at TCH)

There are many qualities that are important to have when establishing a good relationship with a female patient. Communication is one thing. Most of the treatment staffs where talking about the importance of listening and understanding to be able to help their female patients. (Observation). One doctor at TCH says: “Listen to the hidden of the line, maybe they talk with their eyes, their manner. Sometimes they do not talk with their voice, just look at them and see if there is something we can find.” Judgement is another thing that is important to have in mind. You, as a treatment staff, have to listen without judging the female patients. Show the female patients that they are respected and that the treatment staffs are there to help them, not to judge them. The female patients do in general have needs to feel that they are understood and listened to. Therefore those qualities are important to have. (Observation)

One thing that is very important is about the relationship is listening. That is the important skill. In psychology we call active listening, not only you hear but you understand and then you think that if you where them what you going think/do, so understanding. So if you listen to them and understand them, not judge them, means you are building the relationship. And then
after your clients feel that you understand them, then you become the team... if you want to stop using drugs, if you want to stop drinking, we do together. Not me stop drinking with you but if you want to do I have many things to tell you and to support you. But if you do not create the relationship with them, so how can you work together?...the first step is that you need a relationship, you need to start it and you cannot build that in one session. Every session you need to be working on it...you can say that; “What you did, is wrong, in my feeling.” So, try to avoid judging. But sometimes you can tell how you feel. But I have to make sure that they respects and listen so therefore our relationship is very important. Listening and understanding, no judgment. (Psychologist at TCH)

A nurse at TCH does also add that it is important that the treatment staffs are working with their female patients in a way that get them to understand their situation and problems. Patients should be welcomed and accepted. As a treatment staff it is important to smile, be warm and open minded. (Observation)

*People come to our hospital and have a problem. We have to solve the problem and try to understand their problem and let them understand their problem to. And I think that the communicate and relationship is very important too. Warm, be warm and smile and accept, acceptable too.* (Nurse at TCH)

Besides listening to the female patients it is important to not feel sorry for the female patients or sympathize with them. As a socialworker at TCH said: “*Listen to the patients, with no pities.*” There is a difference between sympathy and empathy. Empathy is a key to success in treatment with female patients who have got an alcohol abuse at TCH. As a treatment staff at TCH it is important to understand that two patients are not the same. Human beings are unique and empathy is the key to understand why the female patients behave as they do. Individual sessions are important to persue to establish a good relationship to a female patient. At TCH are individual sessions used in special cases for example if a female patient’s relative has passed away. The treatment staffs at TCH are few so they are not able to persue individual sessions with all of the female patients. For the future, one goal that TCH has got is to persue indivual sessions with all of the female patients. (Observation)

*But we still also have empathy, it is not sympathy, yeah empathy and we have to understand our patients because it not the same people, the people are different.* (Nurse at TCH)

...we talk about the experience of the patient’s problem. No pity and open minded... and listen. All clients have problems so listening to what help that they need then when they are ready I give more information...this is my first step in my work. Even any problems come with clients, but no judgments. Listen and try to understand them. (Socialworker at TCH)
Another important factor of the professional relationship is to gain trust from the female patients. Trust is a basic factor when establishing a good relationship to a female patient. An occupational therapist talks about a trip to New York where they trained to get a better understanding of their patients. Training is important to have to get a better understanding of the female patients that treatment staffs meet. The occupational therapist learned a lot about him/her and how to trust a person, what it is like to be in the situation that the female patients are in every single day at the treatment ward. Training gives the treatment staffs a greater knowledge and experience. (Observation)

I was in New York with another woman from the staff to be trained. Made me have a good attitude for my patients. Because I will understand them. I think the first for them is to talk with someone. It is important to learn how to trust someone. When I have someone to trust I can talk to them. In New York we were put in the patients situation in some activities that we had. To experience what the client experience. That makes me more understanding and to gain trust is important. (Occupational therapist at TCH)

Treatment staffs at TCH do involve the families of their female patients with an alcohol abuse in treatment. They try to establish a good relationship with the female patients’ families so the female patients’ will have support from their families when they get out from the hospital. Involvement of the family is a part of the FAST-model.

Open and listen, and remember the problem of them. And try to find out the solution that is okay for them. And make a good relationship with their family. Because their family can memorize me and if they have a problem they can find some help from us, from me. (Doctor at TCH)

**Motivation**

In the beginning of the treatment process it is important to work with the motivation of the female patients. For the female patients to get good result in treatment they have to have a positive attitude towards the treatment. Therefore the female patients also have to understand that they have a problem. Motivation affects the positive attitude towards treatment, which is why it is important to work with the female patients’ motivation in the beginning of the treatment process. (Observation)

I think the key is the motivation. The first step, motivation is very important because if they are not interested that means they will not do anything. Even they must be here because of court order, just be here. But not in anything because they not interested. But if we can build up the motivation then if motivation is growing bigger and bigger so the attitude could change. At least the attitude and motivation comes together. If they have the positive attitude about themselves, like I can be better than this, everyone can do wrong, I was wrong before and now I should
start a new life. But how? If how is very easy we have may skills to and many knowledge to tell you but firstly about your thoughts and attitude, what you wish you want to do. (Psychologist at TCH)

There are different ways of working with motivation, for example; family involvement, brief interventions that focuses on the female patients’ problems, giving knowledge about the specific problem, morning meetings and movies about addictions and what harm they can cause. The morning meetings that the female patients have at TCH are important in the treatment process. Thai people do generally not express their feelings and the morning meetings gives the female patients an opportunity to express their feelings in front of other female patients. In the morning meetings the female patients get a chance to open up and express their feelings, no matter if they are happy or sad. The motivation part in this is that when a female patient stands up in front of the whole group and expresses her feelings, the treatment staff asks if there is anyone who would like to support and encourage her to feel better. The female patients who would like to support her stands up and show their support. The female patient who expressed her feelings will now know that she has got support from the group and that she can talk to the people who would like her to get better. (Observation)

I give one group for them, for motivation. This group is very easy, you just come here and sit and watch the movie that I’m going to show you for about 20 minutes. Relax. Because I want you to feel like you are in your home, watching TV. And then after the show finished; how you feel? What you think? What you get from this? And at the end I would tell them that if you like this video in any point, this is the time to start. About the inspiration too. Maybe when she was young she wanted to be a musician. But because of the drinking or use drugs, everything stops. But dreams are still in here (heart). If you do not want to make it, like if you do not want it only to be a dream just do something. Before you, happy with your drugs, why don’t you change? God give you the happiness because the chemical but after it is gone you need to take the pain. I try to focus on motivation at the first step. And it could reduce the rate that they escape during treatment. (Psychologist at TCH)

Empowerment

A female patient want to sleep all the time. She has a cognitive disorder so she can just do slowly. And she is sleepy all the time. And sometimes I think that maybe to stop and let her rest or encourage her to do her activities. So, but, I start to find out first why is the patient is sleepy. So, I consult to the pharmacist about the drug medication, and the pharmacist said that some medications can cause the sleepiness. So I tried to understand, tired because of the medication, so it is not because the patient does not want to do her activities. It is not always because of the
behavior. So, I tried to find out the reason of the behavior. I try to continue to encourage her but not expect too much. Just as best as she can. (Occupational therapist at TCH)

Having a mentality of empowerment in treatment is important to establish a good relationship and for the female patients to feel trust. At TCH the treatment staffs have a clear mentality of empowerment and that is shown through their way of working. Treatment staffs, for example an occupational therapist, tries to involve empowerment as much as possible even though he/she thinks that it is not relevant for his/her job. He/she says: “For my work I think that compared to other staff I am involved with empowerment less than other staff. But I try to involve empowerment such as for about give them a choice and set the goal but just for short-term goals such as for work. And encourage the clients to do well. If they do, we try do appreciate with them.” The treatment staffs are trying to find good things in their female patients and they enhance the positive qualities of every female patient. The treatment staffs believe that if the patient has an alcohol abuse today then they still have the ability to change and become a good person in the future. (Observation)

When we talk, when we communicate with our patients or with their families we will know this one will have something...something good...nobody is perfect but then you have something, something like that them are proud of themselves. We will try to let them understand it is not late, you still have something to be good and you can be a good people. (Nurse at TCH)

We try to let them to be themselves and try to confidence and try to think about what good you are and if you did something good before. (Nurse at TCH)

There are many important parts in treatment and they all contribute to each other to get a good result in treatment. One thing that the treatment staffs focus on is to get back the cognitive functions in their female patients. Cognitive functions such as making decisions that are good for themselves. This is confirmed by a quotation by an occupational therapist at TCH: “And get back their cognition. So they can think and plan, make an appropriate decision by themselves.” Treatment staffs also cares about letting their female patients have a choice. Patients should be able to decide of their own lives as much as possible. Small decisions can make female patients stronger and enhance their positive attitude towards their own lives and the treatment. Female patients at TCH cannot choose their treatment completely but if there is any chance to involve the patients in decision making, they will be involved.

One important thing is the relationship with the patients, the other thing is choice to giving for the patients to choose, by their own. By the network that I have make for them. (Socialworker at TCH)
Paternalism

A paternalistic way of thinking has sometimes shown through in the work that treatment staffs at TCH perform. Thanyarak Chiang Mai hospital has got rules that the female patients need to follow. The rules are; no drugs, no fights, no intimacy, no stealing and no contact with male patients. Rules have been stated to gain good result in treatment and prepare the female patients for a life outside the hospital. If the rules are being violated the female patients will be punished. Penalties would be; get up earlier in the morning, no time for fun activities, no visit hours, extra hard work such as gardening etc. Female patients are being punished because of bad behavior. Penalties are used to show the patients that bad behavior is not acceptable and that rules are stated to be followed not to be violated. The female patients have to learn to follow rules to be able to deal with a life outside the world of alcohol. (Observation)

Summary of the Results

Thanyarak Chiang Mai hospital is a drug rehabilitation center in Chiang Mai in northern parts of Thailand. The hospital has got five wards and one of those wards is for women. The hospital have got both out-patient and in-patient programs. This study focuses on the female in-patient ward and the patients there with an alcohol abuse. FAST-model is the main model being used on the in-patient program. One part of the model is to involve the families of the female patients in treatment while other parts of the model are for the female patients to be able to work in groups and cope with not being in centre all the time. Thanyarak Chiang Mai hospital are working with something called “healing environment”. Healing environment means that the hospital is working with milieu therapy which includes daily life chores and a calm and safe atmosphere for the female patients. That can contribute to enhance the female patients’ self-esteem. The Buddhist belief and spirituality are important parts of the treatment for women with an alcohol abuse. For example; the twelvestep-program has been implemented and developed to suit the Thai society and culture. The Thai society is built upon a Buddhist belief and therefore the twelvestep-program has been developed from being used in a Christian society to a Buddhist society.

Knowledge is important to the Thai people. Theoretical knowledge like having an educational degree and practical/experience based knowledge are important parts to have as a treatment staff at TCH. Thanyarak Chiang Mai hospital strives to remain updated and keep reading new research to improve the hospitals own treatment. Hierarchy is also a central part in the Thai society. Women are seen as lower in the hierarchy than men. If a woman is having an alcohol abuse the woman would be even lower in the hierarchy, especially if the woman is a mother. A mother in a family has got a central role of the family and if she abuses alcohol that is really bad because the mother cannot take care of the family properly while drinking alcohol. In today’s Thailand women are becoming more equal to men than they have been before. Drinking alcohol becomes more accepted and therefore the general alcohol consumption is constantly rising.

When establishing a good relationship to a female patient there are some factors that are important to keep in mind; appropriate distance (having a professional relationship to a
Thanyarak Chiang Mai hospital has got high mentality of empowerment but in some ways there are paternalistic elements. Treatment staffs are trying to enhance the positive qualities that all female patients have got. Making own good descisions for themselves (patients) are an important part in treatment. It can make a female patient feel stronger and feel like they are able to decide over their own lives as much as possible. Thanyarak Chiang Mai hospital has got a paternalistic mentality in some ways. Rules and penalties are used when a female patient behaves badly; an example of a penalty is extra hard work. Somehow treatment staffs know what is good for their female patients and the female patients accept that because they believe that the treatment staffs can make them healthy again.

Discussion

In the method discussion the authors will discuss the method that has been used during this research. The choice of doing an ethnographic study and how it has affected the result of this study will be discussed. In the result discussion the authors will discuss the background chapter with the result of the research for this study.

Method Discussion

It has been hard to find articles for this study. The aim of this study is limited and therefore it has been hard to find studies that have been made on a similar field. To solve the problem with finding articles the authors have had to search in a wider perspective. Parts from different articles have been combined to get a whole picture of the field. All of the articles that have been used in the background chapter have been peer-reviewed. That is to gain trustworthy and relevant information for the study. To get as updated information to the background chapter as possible the authors tried to find as new articles as possible. Sometimes it was hard to find new articles about a specific field so the authors chose to use older articles. That might have lead to that some information is old and not recently updated. The language in the articles has been English over all. That has been an advantage to the authors and because of that the study has been written in English. It is easier to use correct terminology if the articles are in English.
In Thailand alcohol abuse among women is rare. Therefore treatment wards for women with alcohol abuse are also rare. Thanyarak Chiang Mai hospital had wards for men, women and transgender patients. The authors chose to focus on just the ward that only works with women. Mental illnesses have not been considered in this study because the study had to be delineated. Too many doors would have been opened to new perspectives if mental illnesses would have been considered in this study and that would have been too much for this kind of study. A problem with excluding mental illnesses have been that it was hard to know if the respondents talked about their patients in general and if they excluded mental illnesses or not. The authors sometimes had to remind the respondents that mental illnesses should be excluded. Some of the female patients who have got an alcohol abuse have got alcohol induced mental illnesses. Therefore the authors believe that it might have been hard for the respondents to completely exclude the patients with mental illnesses.

The doctor who the authors kept in touch with gave examples of respondents for the interviews to the authors, which the authors accepted. This way of choosing respondents is called convenience sample. Consequences of that is according to Bryman (2011) that it is impossible to generalize the results of the study because the respondents where randomly picked. A problem with that might be that the whole group is not being represented, just randomly picked respondents. In this study different professions have been interviewed. The result creates a wide example of how treatment staffs with different professions are working with women who have got an alcohol abuse. The authors have gained different perspectives from different professions which have contributed to a wider understanding of the research questions. This study is just an example of how one hospital in Thailand is working with women who have got an alcohol abuse. For example; one psychologist in this study might not have the same opinion about how the treatment should be pursued for women with an alcohol abuse as any other psychologist in Thailand. One benefit of doing a case study is according to the authors that the authors get the possibility to study one hospital close and in detail. It is important to point out that this is a case study and therefore not generalizable for the whole treatment sector for women with an alcohol abuse in Thailand.

Some interviews where hard to execute because of the treatment staffs poor English. When it was time to transcribe the interviews it was hard to understand what the respondents meant. In some cases the authors used an interpreter to help during the interviews. The interpreter was a doctor who worked on the hospital and therefore there have been some concerns about the objectivity. In some cases the interpreter answered the interview questions in a wider perspective and more detailed than the respondents actually did. The authors experienced that the interpreter in some cases extended or shortened the answers that the respondent gave. A reason for that might have been that the interpreter, who is a doctor at TCH, is inserted in the treatment work at TCH. The result might therefore be affected by the translation from the interpreter. Another problem with an interpreter is according to Kvale and Brinkmann (2009) supposed to be objective and not put themselves in the role of the respondent or researcher. Therefore it can be hard for, for example a family member or a friend to act as an interpreter in an interview. An interview guide has been send out to the respondents before the interviews so that they where able to prepare and feel more comfortable with speaking in English. Although that may have influenced so that the respondents are too prepared...
and the respondents might have been told what to answer on what question before the interview. If the respondents do not tell the interviewers their own opinion and what is actually happening at the hospital, which might affect this study. The interview guide where changed after the first interview because the authors found that some questions could not be answered. The changed interview guide did not affect the result of this study. A few questions where removed because the authors did not find them relevant for the aim of the study any more. Some of the questions where out of the respondents field of work, such as questions about laws, therefore the questions where hard to answer. Instead of asking about laws in the interviews the authors got a book about the laws from the hospital. Some of the treatment staffs at TCH did not have any knowledge about the laws for alcohol treatment in Thailand. One reason of that could be that Thailand barely has got any laws for alcohol treatment.

The author’s non participation in the observations lead to that it was not hard to be objective. According to Bryman (2011) ethnographic studies tend to be non objective because of the etnograph’s participation in the research. Sometimes it was hard to understand the behavior that was in between the treatment staffs and the female patient’s because of the language barrier. The authors focused most on body language and facial expressions to understand the behavior between the treatment staffs and the female patients. The interpretations of the body language and facial expressions are depending on the authors’ prior understanding and cultural background. That might affect the reliability of this study. The authors could have misunderstood the whole situation and therefore the interpretations might be distorted. Kvale and Brinkmann (2009) write about misunderstandings when it comes to cultural aspects in ethnological studies. Depending on the culture different body language and facial expressions can have different meanings. Therefore, might the authors’ culture and cultural interpretations have permeated the result of this study.

This study depends on the authors’ interpretations and analysis of the observations and interviews made for this study. If other people would have done the same study on the same place and time, the result would not have been the same because of the unique interpretations of a person. That affects the reliability and generalizability of the study.

**Result Discussion**

The alcohol consumption in Thailand has according to Assanangkornchai et al. (2010) increased dramatically over the past two decades. This has been confirmed by interviews with treatment staffs at TCH. Women are becoming more like men when it comes to drinking alcohol. The age when women start to drink alcohol is decreasing. The authors believe that a reason for this could be the availability of alcohol and how/when people around you, for example while being a teenager, are drinking alcohol. Vantamay (2009) describes interpersonal factors such as drinking habits in the family as a factor that might affect the drinking habits of a young woman. The western culture influences the Southeast Asian culture according to Assanangkornchai et al. (2010) and that makes it more acceptable for women to drink alcohol. Commercials are also a part of the western culture that has influenced the Southeast Asian culture. Teenagers do adapt more today to the western cultures than they did just a few years ago and especially now when more people have got access to new tecnologies. TV and internet
are having commercials that encourage people to buy and drink alcohol. Due to the observations, the authors can confirm that. There were many young women at TCH and the treatment staffs were talking about their family situations. The family situations were complicated and they gave the authors that as a reason of why they were there and why they became addicted to alcohol in the first way.

Alcohol abuse can according to Room (2003) be defined differently depending on the culture. In Thailand, the definition of alcohol abuse is the same as it is in Sweden. During the observations the authors have noted that alcohol abuse is seen as something very bad. If a person abuses alcohol, he or she will be rejected in the society. According to the authors’ interpretations alcohol abuse among women are seen as worse than being a prostitute. A Buddhist tradition says that if a person is able to provide for his/her family, he/she should do that. Prostitution is therefore okay if the money is used to provide for his/her family and giving donations to temples. Alcohol abuse on the other hand does not contribute anything to the family. This shows that it can be really hard for a woman to have an alcohol abuse in the Thai society.

There are connections between Buddhism and the role that women have today in the Thai society. The Buddhist belief has got a great impact on the Thai society and therefore women do not have the same role in the society as men. As mentioned in the background chapter women are according to Klunklin and Greenwood (2005) subordinated to men. Women are seen as lower in the hierarchy than men. According to the authors’ observations women are seen as lower in the hierarchy and women are being treated in a different way than men. This was also discussed during the interviews and the respondents did express that there was a significant difference between being a man and being a woman in the Thai society. Women do not have the same opportunities as men, for example in the field of work. The authors believe that Thailand is going through a change today and it is becoming more securalised than it was before. Buddhism has got a big part in the Thai society in general but the large cities are moving forward to enhance the role of females in Thailand and thereby Buddhism is becoming less important for the younger generations in Thailand. Thai women have been oppressed for many centuries and women have had a lower status than men in the Thai society for a long time. As mentioned before, Thailand is a country that continues to develop into a secularized country. With that comes a constant ambition to become an equal society where women and men are equal as human beings and have the same status. The authors believe that it might be hard for Thailand to get total equality because of the Buddhist belief that permeates the society. Women are according to Buddhism contaminated, because of their menstrual blood, and therefore men has a higher status than women. Field of work and drinking patterns are other parts of the Thai society that is constantly developing according to the authors’ observations. In today’s Thailand it is still not acceptable for women to drink alcohol in the same extent as men. Young women today in Thailand tend to drink more alcohol than older generations did when they were young. This proves that the younger generations in Thailand are developing a new drinking pattern. The field of work is also developing towards a more women influenced field than it was before. In today’s Thailand women have according to the authors’ observations got better opportunities than a few decades ago to go to school and get an educational degree and thereby get into the field of work. Women are still being under-represented in the higher positions.
At the female ward at TCH they have morning meetings for the female patients. According to the authors’ observations the morning meetings are looking like a group session where the female patients can express their feelings/thoughts and help each other. Swift and Copeland (1996) and Haver et al. (2001) confirm this in their studies about how female patients depend on each other in treatment. The authors believe that the morning meetings are good for the female patients. It gives them an opportunity to express their feelings and accept that they are in treatment. This is one important part in the treatment to build up the motivation among the female patients. Female patients can feel support from the other female patients and know that there are other patients and treatment staffs there who would like to help. Thai people are according to the authors’ observations introvert and very careful with what they are saying to whom. Morning meetings are a chance for the female patients to enhance their ability to stand up in front of people and talk about their own feelings. The authors believe, because of the parts mentioned above, that the morning meetings can enhance female patients’ self-esteem. The female patients learn how to talk in front of people and learn how to put words on their feelings. Learn how to express themselves in front of other female patients is a good way to start working with the female patients. Other female patients show that they are willing to listen to the female patient who express her feelings and that they want to support her.

Individual sessions are an important part in treatment that TCH would like to expand and give more female patient’s the opportunity to have in their treatment. Vandermause and Wood (2009) confirm this in their study about treatment for female patients by saying that individual sessions are important to have in treatment. Today TCH has got too few resources to persue that kind of treatment with every female patient. Individual sessions are only pursed when something special has happened to a patient. The authors believe that individual sessions are important to have in treatment. Individual sessions are a good way to establish relationships and therapeutic alliances with female patients. The authors believe that individual sessions are important to have in treatment to get the patient to open up and gain trust for the treatment staffs. The authors also believe that the female patients need to express their feelings and talk about themselves alone with a treatment staff. Therefore does the lack of individual sessions affect the treatment process for the female patients.

There are many factors that can affect the result of a treatment process. Vandermause and Wood (2009) describe that the way the treatment staffs behave and treat their female patients is critical to the result of the treatment. The result of this study shows that the way the treatment staffs behave towards their female patients affect the trust that is gained. If a treatment staff does behave in a positive way it is easier for the female patient to rely on the treatment staff and feel like they trust the treatment staff. Treatment staffs at TCH do according to the authors’ observations separate private and professional relationships. The treatment staffs behave in a way that is personal but not private to gain trust from the female patients. That establishes the distance to the female patients that is needed to get a good result in treatment. The authors believe that it is important to have a professional relationship to the female patients. Having a friendly relationship to a female patient might disturb the treatment process and affect the female patients in a negative way. Having a friendly relationship with a patient might lead to that the treatment process gets disturbed. In that case the patient does not look at the
treatment staff as a person who is there to help him/her get free from his/her abuse, but as a friend.

Vichit-Vadakan (1994) says that the family is important in a Thai person’s life. If a Thai person needs help or/and has got a problem they most likely go to their families first to get help. During the interviews made for this study all of the respondents mentioned the importance of the family and their involvement in treatment. The family of a female patient is according to the authors’ observations seen as a protective factor to prevent relapses, lapses and other abnormal behaviors when the female patient arrives back home. FAST-model and the twelvestep-program are two treatment methods that the hospital are working with to involve the family of a female patient in treatment. The background chapter and the result of this study complement and confirm each other when it comes to the part with involvement of the female patients’ families in treatment.

**Theoretical Analysis**

Having a mentality of empowerment is according to Meeuwisse, Sunesson and Swärd (2006) something that all treatment staffs should be working with today, to get a good result in treatment with their female patients. In the interviews of this study treatment staffs expressed that they did work with empowerment and that it was important to enhance female patients’ self-esteem in that way. Both literature (Meeuwisse, Sunesson and Swärd, 2006) and the result of this study are unanimous about the concept of empowerment. Focus should according to them be to enhance the female patient’s self-control. That means to empower the female patients to make good decisions on their own and get ready to handle the real world outside the hospital. Björvell (1999) says that the central parts of having a mentality of empowerment is to be able to put yourself, as a treatment staff, in the female patient’s perspective. During one interview a respondent talked about being trained in New York. The training contained exercises like to put yourself in the female patient’s perspective and because of that gain understanding of the female patient. According to the authors it is important to be able to put yourself in a female patient’s perspective to be able to understand the female patients that you as a treatment staff are working with. There is no doubt that TCH are having a mentality of empowerment. Treatment staffs are being kind, humble, caring and listen to their female patients. At Thanyarak Chiang Mai hospital treatment staffs encourage the female patients to become conscious about their unique good qualities.

Even though the treatment staffs at TCH are working to enhance the self-control among their female patients, there are some paternalistic influences in other parts of the treatment. One example of a paternalistic mentality is the belief in penalties. Penalties for when the female patients behave badly. Thanyarak Chiang Mai hospital uses penalties like extra hard work and earlier mornings for the female patients with a bad behavior. The authors ask themselves if that is a good way to work or if there are methods that could give a better result. The authors agree to Andreassens (2003) thoughts about scare techniques and penalties being counterproductive and ineffective.

During the observations the authors interpreted the paternalistic way of thinking as a cultural aspect. By cultural aspect the authors mean that the behavior among the treatment staffs has not been established at the hospital but in the society. Knowledge
and education are seen as powerful factors in the Thai society. Treatment staffs at TCH are well educated and trained in their professions. The female patients at TCH have barely been going to school at all. Treatment staffs know what are good for their female patients. Therefore, the female patients do have great respect for the treatment staffs on TCH. They rely to the treatment staffs and knows that the treatment staffs are able to make them healthy again.

Conclusions and Implications

Women with an alcohol abuse in Thailand are vulnerable and do easily get rejected in the Thai society. It is a long way to go when finally being sober to get back the respect from the society and dignity as a human being. At TCH they do work with family involvement and treat the female patients with respect and warmth. That is to strengthen the female patients and make them feel safe and respected. Therapeutic alliance is one method that TCH use to strengthen the female patients ability to work in a team and feel confident about their achievements. Treatment staffs at TCH value high educational degrees and training. Knowledge is important to have to be able to persue a well functioning treatment.

In this study it has been shown that Thanyarak Chiang Mai hospital is working with a great mentality of empowerment. Enhancement of the good qualities in patients through empathy is an example of the mentality of empowerment. Qualities that is important to have when meeting a patient are for example: ability to communicate and listen, have faith in patients, no judgements and accept the patients. Motivation is according to the treatment staffs at TCH a key to success in treatment. If a female patient is motivated, the attitude towards the treatment will be positive and that is preferable to get a good result in treatment. Although the majority of the treatment is comparable to empowerment, but there are elements of paternalism. Paternalism has been shown through, for example when the hospital uses penalties as a part in the treatment process.

The methods that TCH uses to treat their female patients who have got an alcohol abuse do the authors agree with. Thanyarak Chiang Mai hospital strives to be up-dated and constantly move forward to find better methods and treatment techniques and that is according to the authors a good way to work. Except treatment methods, TCH use the treatment staffs mentality of empowerment to keep moving forward. Treatment staffs at TCH do always have to believe in their patients to get a successful result in treatment. That is one of the main parts that treatment staffs at the hospital constantly are working with. According to treatment staffs at TCH it is also important to believe in that people can change and become sober some day. As a way to put an end to this study, the authors would like to highlight a quotation from a socialworker at TCH that the authors believe summarize the whole mentality of the treatment staffs at TCH:

I have a philosophy for the socialworker, every socialworker have to believe that every patients can be improve by themselves...with our help. If we don’t believe that they can improve their health it’s not going help... i focus on their
attitude...professionals should have a positive attitude...every man are good man...they can be good. And if you help them in the right way they can be a good person someday.
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Interview guide 1

Name:
Position/Titel:
Professional experiences:
How do you define alcohol abuse?
Do you define alcohol abuse/addiction as a disease or a social construction?

Professional

- What does professional mean regarding to you?
- Do you consider yourself being professional in you work with the patient?
  - If so, in what way?
  - If not, why is that? Do you lack something from the hospital to do so?
- Are your professional treatments and attitudes different depending on the patient?
  - If so, in what way?
- How do you increase the patient’s empowerment in treatment?
- What do you consider to be difficulties or dilemmas in treating alcohol abuse among women?
- What do you consider to be important aspects, from a professional view, in treatment?
- How do you establish a professional relationship/therapeutic alliance with a female patient who is having an alcohol abuse?
- What qualities do you think is important to have, when you are working with these questions (abuse/addiction) and women?
- During the treatment, do you see a change in opportunity for the patient?
  - If yes, in what way?
  - If no, how so?
- What part do you think a woman have in the Thai society?

Practical and Theoretical Knowledge (about the respondent)

- What kind of education do you have?
- How long have you been working with treatment of alcohol abuse (not just towards women)?

Final Questions

- What do you think will change in the future for you as a treatment staff?
- What are your personal ideas and plans for you as a treatment staff working with abuse/addictions?
- Is there anything you would like to add to this interview?
- What is/are the most important thing(s) we should take with us from this interview?
- Is there something you do not want us to write down? (name, question answers etc.)
Interview guide 2

History of the hospital/organization

- Can you please tell us about this hospital’s/organization’s treatment clinic, specifically towards alcohol-related problems?
  - Target group?
  - Patient’s age?
  - Multiple abuse/addictions (abuse of or addicted to more than one drug)?
- How is the hospital/organization working today regarding alcohol abuse?
- How do you import social or medical laws in everyday work?
- If the hospital/organization has any guidelines and laws for their work, how do you interpret those in your work on an everyday basis?
- How does the hospital/organization interpret national guidelines and laws regarding alcohol abuse?
- How do the patients get in contact with the hospital?
- Does the hospital/organization have any specific methods for treating alcohol abuse?
  - If yes, what kind of methods and why them?
  - What part of the treatment do you as a professional believe is the most effective regarding women with alcohol abuse?
    - Open or closed treatment facilities/clinics?