MARITAL RELATIONSHIPS OF ALCOHOLIC IN JAPAN: A SIGNIFICANCE OF HIS PSYCHOSOCIAL KINSHIP NETWORK

By

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Introduction

Total number of Alcoholics in Japan is estimated one or two million, among which alcoholic woman and youth are increasing. According to the statistics of the Corrective Institute for Juvenile Delinquency, excessive drinking of alcohol by one or both parents in a marriage ranks high as a contributing cause of broken homes, financial insecurity, unemployment, illness and preventable accidents, desertion and maltreatment of children. Juvenile delinquency, prostitution, and minor and major crimes are among the consequences.

The definition of alcoholism is also varied in Japan as well as in western countries. Most of the psychiatrist in Japan tend to define an alcoholic simply as a client unable to stop drinking after two or three drinks, but sociologists studying alcoholism define it as the condition in which an individual hurts himself and his family or interferes with one or more of his important activities such as those in business, in school, and in the community. The author basically agrees with the definition based on the sociological orientation. The reason why the author makes a choice of the sociological definition among the various definitions of alcoholism is coming from the fact that the studies of the alcoholism so far suggest that the defect or abnormality of the biological and biochemical processes are not considered as a basic cause for its development. These studies suggest that the most important is an individual life experiences in his psychosocial network in which his personality has been formed. Especially, what has been emphasized in these studies are an alcoholic's and his wife's life experiences in their family of orientation (Barbara, 1961).

Generally speaking, it is said that the features of the personality of an alcoholic are egocentricity, ambivalence of feelings, and arrogance and defiance (Hoff, 1963), and sometimes said that these characteristics are supposed to be a basic cause for its development. However, an individual with these personality characteristics may be identified also among the other disorders such as the criminal, the suicide, and the schizophrenic. This makes us feel that it is not valid to assume the characteristics stated above to be the basic cause for the development of the alcoholism. Then, what is a valid analytical framework by which we might explain its development. The author supposes the analytical framework consisted of the variables of the marital relationship of alcoholic, his relation to the kinship groups, and the accessibility of alcohol by the community as intervening variables. In short the author likes to make an assumption that even if an individual has personality characteristics mentioned by Hoff, he would not become alcoholic, if there exists the marital alliance, his positive relation to kinship group, and accessibility of alcohol by community. As far as accessibility of alcohol by the community is concerned, data show that the prevalence of alcoholics in total population ranks low in the societies where drinking of alcohol is culturally prohibited (Pittman, 1967).

What the author, however, tries to clarify in this paper is the dynamics of alcoholic's marital relation in terms of the influence of his psychosocial kinship network.

Conceptual Framework and Working Hypothesis

An alcoholism has been studied from the perspectives of heredity, biochemistry, psychodynamics, family dynamics and sociology. The report presented here is
based on the data collected from alcoholic, his wife, his friends and his relatives in terms of family dynamics and sociology. What is meant by the concept of family dynamics? This concept includes ideas of the family emotional homeostasis, marital bargain, and complementary role functioning used by Ewing and Fox (1968).

As far as the etiology of alcoholism is concerned, they state that 'alcoholism can no longer be seen purely in terms of intrapsychic dynamics. It is the family emotional homeostasis which seems to perpetuate the drinking and it is family members behavior which must be changed if the drinking is to be controlled.—", and suggest that working within an individual framework might increase the drive to change in the individual but would also increase the pressure toward resistance on the part of the spouse. If their suggestion is true, the reciprocal work with at least husband and wife is going to be needed for coordinating the charge in both halves of the homeostatic dyad.

Steinglass and his co-workers (1971) also propose the analytical model based on general concepts of family functioning. These concepts posit that families are operational system obeying laws general to all systems, in which the importance of organization, drive toward homeostasis, circularity of causal events, and feedback mechanisms as factors determining the quality of interaction between the component parts (e.g. alcohol and members of the family) are emphasized. In this analytical model, alcoholic ingestion and intoxicated behavior is then viewed from the perspective of the extent to which, and manner in which it affects the interactional life of the members of the family. Steinglass labeled the alcoholic's family an "alcoholic system", because in alcoholic's family the presence or absence of alcohol becomes the single most important variable determining the interactional behavior not only between the identified drinker and other member of the family but among non-drinking members of the family as well.

Bown (1971) also views alcoholism as potentially explainable in terms of family system theory, and points out that as a dysfunction, alcoholism must exist in the context of an imbalance in functioning in the total family system.

These dynamic models implies that in certain instance alcohol might be unconsciously viewed by the family as a stabilizing rather than a disruptive influence on their interactional life, and that, from a different vantage point the abuse of use of alcohol seems to produce extremely patterned, predictable, and rigid set of interactions that dramatically reduce uncertainties about the families' internal life and its relationship to the external society. If alcoholism might be aiding "system maintenance", which in clinical terms means serving important dynamic function in the interaction, then the first role of the family therapist is an appreciation of the alcoholism and family life. In certain situation it seems clear that identified patient's drinking behavior emerges in a family situation at a time of stress and strain.

In these situations the drinking behavior might well be viewed as a signal or symptom reflecting this stress or strain, and crisis intervention is called for. On the other hand, if alcohol consumption is part of an ongoing interactional pattern within the family system, the traditional intervention aimed at abstinence is totally inadequate to the task. In this context we might say that every family member is contributing to the dysfunctional behavior of alcoholic, and that the dysfunction of alcoholic can only continue with the support of his or her family.

In addition to dynamic model, the developmental model has been utilized for the analysis of alcoholism in this report. This model is characterized by giving a focus onto the development of ego identities in relation to the stages of family life cycle, which could be generally divided into the stages of "family of orientation" and "family of procreation". From this perspectives, a personality can be defined as an accumulated product of his total psychosocial life experiences starting with those in his interpersonal relations with his mother. If the nucleus of personality or traumatic experiences in his family of orientation are reflected on his family of procreation, we may stipulate an hypothesis that rigid role structure in his family of orientation and the disintegration of his spousal relation in his family of procreation would play a role in one pathogenesis of alcoholism.

Method

In order to validate such a proposition of the alcoholism suggested above, he had a participant observation at the meeting of the group of the alcoholics who had
a strong intention not to drink alcohol for ever. This group is like Alcoholic’s Anonymous in the United States. This group had a therapeutic function and ordinarily consisted of 15–20 alcoholics, where they could express or verbalize their repressed feeling such as hostility toward spouse, their own anxiety, and psychotraumatic life experiences and also got to feel themselves to be accepted each other. It is of course that the wives of the alcoholics also participated in this group meeting. In Osaka area in Japan, there are about 28 abstinent sub-group, each of which has been opened once a week. Since the social class of these groups were varied, the author, for the research, especially participated in the meeting of the two abstinent groups which were assumed to have typically middle class and lower class culture. Author’s participant observation was made 15 times for two hours in each of groups. In this participate observation, his attention were given to the aspects of how the members of the group understood their spouse and expected each other, and how the personalities of the husbands and wives had been formed in their family of orientation.

However, among the alcoholics and his wives participated in this group meeting, there were some couples who never talked or never expressed themselves. So the author made an appointment to have an individual interview with each of them. The individual interview was given to each for one hour once a week in their own home. In addition, joint interview in which the interviewer interviewed husband and his wife simultaneously, was administered to substantiate the informations derived from the previous individual interview. The interviewer’s attitude was rather nondirective because of the withdrawal of the clients.

Besides the method of the participate observation, Yatabe-Gilford personality Test (YGT) was carried out to the 90 alcoholics and their wives, which is consisted of 120 items concerned with the personality traits. This test was administered in two different ways, the first of which was for the collection of the data of how they perceive their own personality and the second of which was concerned with how they take in with the mind the spouse’s personality. In order to have a comparison with alcoholic couples, YGT was administered to the 120 nonalcoholic couples in the same way.

The third method for the research was based on the collection of their autobiographies represented in the magazine to be called “Naniwa” which has been published once a month since 1953. Total number of the autobiographies collected as data for the analysis is 228 cases, in which the alcoholic’s various complaints, conflicts, agonies, and contradictory expectations of the spouses, and problems of their family of orientation and of procreation, are included. However, the author especially collected data on the marital relations of the alcoholics and their psychosocial kinship relations.

Findings


Concerning age of alcoholics in our material, the person from 35 years old to 40 years old indicated the highest frequency. Most of them started to drink alcohol when they were 19 years old. This is similar to data of Pollock, Horatio M. (1941). The relation of birth order to the alcoholism was characterized by the facts that the first born child had a stronger tendency to become alcoholic than the second born in two-child families, but in sibships of a greater size, siblings, other than the first and the last are more likely to became alcoholic. This finding seems to suggest that sibling order was a factor having an influence on their personality formation. Concerning education, among married alcoholics, the persons graduated from or leaving senior high school indicated the highest frequency, but among unmarried alcoholics the person graduated from or leaving junior high school indicated the highest frequency. In both of married and unmarried alcoholic’s group, there was very few graduates from university. Therefore, it might be considered that the person of average and limited education tends to be alcoholic. With regards to dwelling house and occupation, most of alcoholics in our sample did not have their own dwelling and was living at rental house, and engaged in semi-skilled occupation. Finally our data indicated that most of them were born in rural area of Japan, where they were socialized until they reached 15 years old. So it is true that they internalized rural culture. But it was in urban area characterized by the value system of individualism, competitionism, and rationalism when they became alcoholic.

Taking these findings into the consideration with
data of Mowrer, Harriet R. (1940) and Faris, R. E. L. (1948), it may be concluded that egocentricity, ambivalence of feeling, arrogance and defiance leading to alcoholic was formed by transactions of insecurity of his family, his limited education, disintegration of value system internalized in rural and urban areas and longer experiences of drinking.

2. Alcoholic Husband's Personality Characteristics.

Generally it has been said that the alcoholic has conspicuous personality characteristics different from that of non-alcoholic person. Table 1-1 shows his

<table>
<thead>
<tr>
<th>Husband's Self Perception in Alcoholic's and Non Alcoholic's Family</th>
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<tbody>
<tr>
<td>Husband's Self Perception</td>
</tr>
<tr>
<td>Alcoholic Group</td>
</tr>
<tr>
<td>Non Alcoholic Group</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

Note 1: Chi-Square Test shows statistically significance.
Note 2: A: Average and Harmonious Type of Personality
       B: Unstable and Active Maladjusted type of Personality
       C: Stable and Passive Type of Personality
       D: Stable and Adjusted Type of Personality
       E: Unstable and Passive Maladjusted Type of Personality

Tendency. As a whole, D type of personality (stable and adjusted type in Yatabe-Gilford Test) is observed quite often in groups of both of alcoholic and non-alcoholic husband. But the difference between the ratio of D type in both groups has not a statistical significance (34.4% vs 39.1%). Therefore, the alcoholic husband's personality can not be characterized by D type. The characteristics of the personality of the alcoholic husband are found in B (unstable and active maladjusted type of personality) and C (stable and passive type of personality) type. Because, B and C type of personality are observed in alcoholic husband's group more than in non-alcoholic husband's group.

Stating more in detail, the ratio of B type in both group is 22.23 versus 4.16 percent. The ratio of the person characterized by B type of personality in alcoholic husband's group is 4 times of that of the person with B type of personality in non-alcoholic husband's group. This difference of ratio in both group are statistically significant. However, the difference of the ratio of C type in both group (30.00 versus 26.66 percent) has not statistical significance. Therefore it might be that the alcoholic husband's personality is characterized by unstable and active maladjusted type of personality.

How do we define the alcoholic husband's personality in terms of clinical perspective. Author's therapeutic interviews with the alcoholics indicated their personality characteristics as follows.

1) Dependency: Characterized by poor capacity to solve the problems himself.
2) Egocentricity: Self-centered view of his problems—extreme narcissism—primary concern with self and need to drink; in later stages, promises or does anything to maintain his supply of alcohol.
3) Immaturity: Excessive deviations in behavior; often impulsive in nature, indepensible at home, at work and in other situations.
4) Poor Tolerance Ability: Occasional outburst of frustrated feelings, excitability (getting mad and delighted easily) by trivials.
5) Ambivalence of Feelings: Expressions of love as well as of annoyance and hostility toward mate, family members and friends.
6) Lack of Insight: Rationalizations and tendency to blame others and his environment for his compulsive need to drink.
7) Inferiority Complex: Grandiosity of thought and
of discourse, masking feelings of inferiority and inadequacy, aggressive acting out of resentments and hostility against family, friends and others, often leading to fights.


As Table 1-2 shows, personality of alcoholic’s wife are characterized by C type in YGT in comparison with that of non-alcoholic’s wife. The ratio of C type of personality in both group of wives is 64.44 percent in the part of non-alcoholic’s wife group versus 39.17 percent in the part of alcoholic’s wife group, the difference of which is statistically significant. In addition to this, alcoholic’s wife is characterized by less A type of personality (average and harmonious type), because the ratio of A type of personality is 4.47 percent in alcoholic’s wife group and 30.83 percent in non-alcoholic’s wife group, the difference of which is also statistically significant. The comparison of alcoholic’s and non-alcoholic’s wife group in the respect of E type (unstable and passive type of personality) shows that this type of personality has been observed more in the alcoholic’s wife group. But, the difference of the ratio of E type between the two different wife groups has no statistical significance. Therefore, the personality of the alcoholic’s wife can be characterized by C type in YGT.

From findings stated above, we might suppose that the alcoholic’s wife is characterized by C type and less A type of personality in comparison with non-alcoholic’s wife in YGT. However we must note that this characteristics of the personality of the alcoholic’s wife are derived only from her self perception in the quantitative analysis.

Let us characterized the wife’s personality by the data collected through therapeutic interviews. First type of personality observed in the alcoholic’s wife group is “mother-type” in which his wife is tender and treat him like her son. This type of wife are thinking that she is responsible for the development of her husband’s alcoholism, and accuses herself. In terms of psychoanalytic theory, she seems to have masochistic desires in her unconscious level.

Second type of the personality observed dominantly among alcoholic’s wives, is “neurotic type”. This type of wife has strong ambiguous feeling. While her husband is abstinent, she becomes tender, kind and self-sacrificing, but when he gets alcohol and results in arrogance and defiance, she gets furious and shows hostility. This type of wife usually has an employment, and so economically is independent. But unconsciously she has unresolved frustrated feelings of dependency which must be satisfied by the affection from her husband. In this sense, her husband is necessary for her to stabilize her personality. The reason why she gets furious when he gets alcohol is coming from the fact that her unresolved feeling of dependency in unconscious level can not be gratified in the spousal relations at the time of his intoxication. If he could make her stable even when he gets alcohol and intoxicated, she needs not to get furious. This fact leads us to interpret that some of alcoholic’s wife has unresolved contradicted feelings in their intrapsychic level and that the main reason for her getting furious is not coming from her husband’s getting alcohol, but also from the unresolved contradicted or frustrated feelings in their intrapsychic level. This is reason why the author call this type of wife “neurotic type”.

4. Pathological Complementarism of Spouses.

Some of data derived from the participate observations showed that the alcoholic’s spousal relations were characterized by “pathological complementarism” in which the development of the personality of spouses was impeded by the spousal psuedomutual complementaritity. This could be also implied by statistical data Table 2-1 and Table 2-2. However, A excellent example of this occurred in a forty eight-year old woman, a school teacher who had been married to an alcoholic for a number of years. The alcoholic husband was a highly unstable and disturbed individual. His occupation was an associate professor of an university. He had attempted suicide, when his wife had threatened to leave him. But in the meeting of the abstinent group he described that the reason for his wife to leave him was her sexual frustration. In fact, she complained of the husband, saying that she was only a house-keeper for a long time. But they never had a separation and divorced. When the husband suddenly ceased drinking and remained abstinent for a year she developed the first depression she never had. Subsequently, she developed other psychotic depressions for which she got into hospital. The wife stated it was as if she did not wish him to get along well and remain abstinent, because when he did she became depressed.
Table 1-2 Wife's Self Perception in Alcoholic's and Non Alcoholic's Family

<table>
<thead>
<tr>
<th>Wife's Self Perception</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcoholics Group</td>
<td>(4.44)</td>
<td>(4.44)</td>
<td>(64.44)</td>
<td>(13.34)</td>
<td>(13.34)</td>
<td>(100)</td>
</tr>
<tr>
<td>Non Alcoholic Group</td>
<td>(30.83)</td>
<td>(4.17)</td>
<td>(39.17)</td>
<td>(17.50)</td>
<td>(8.33)</td>
<td>(100)</td>
</tr>
<tr>
<td>Total</td>
<td>41</td>
<td>9</td>
<td>105</td>
<td>33</td>
<td>22</td>
<td>210</td>
</tr>
</tbody>
</table>

Note 1: Chi-Square Test shows statistically significance.

Table 2-1 Husband’s Personality Evaluated by Himself and His Wife in Alcoholic’s Family

<table>
<thead>
<tr>
<th>Husband’s Personality</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Husband’s Group</td>
<td>(8.89)</td>
<td>(22.23)</td>
<td>(30.00)</td>
<td>(34.44)</td>
<td>(4.44)</td>
<td>(100)</td>
</tr>
<tr>
<td>Wife’s Group</td>
<td>(21.11)</td>
<td>(13.33)</td>
<td>(34.44)</td>
<td>(22.23)</td>
<td>(8.89)</td>
<td>(100)</td>
</tr>
<tr>
<td>Total</td>
<td>27</td>
<td>32</td>
<td>58</td>
<td>51</td>
<td>12</td>
<td>180</td>
</tr>
</tbody>
</table>

Note 1: Chi-Square Test shows statistically no significance.

Table 2-2 Husband’s Personality Evaluated by Himself and His Wife in Non Alcoholic’s Family

<table>
<thead>
<tr>
<th>Husband’s Personality</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Husband’s Group</td>
<td>(21.66)</td>
<td>(4.16)</td>
<td>(26.66)</td>
<td>(39.10)</td>
<td>(8.33)</td>
<td>(100)</td>
</tr>
<tr>
<td>Wife’s Group</td>
<td>(21.67)</td>
<td>(8.33)</td>
<td>(40.00)</td>
<td>(30.00)</td>
<td></td>
<td>(100)</td>
</tr>
<tr>
<td>Total</td>
<td>52</td>
<td>15</td>
<td>80</td>
<td>83</td>
<td>10</td>
<td>240</td>
</tr>
</tbody>
</table>

Note 1: Chi-Square Test shows statistically significance.

Note 2: As Table 2-1 shows, there is no statistical significance between the alcoholic husband’s self evaluation and his wife’s evaluation of his personality. This fact seems to substantiate the pathological complementarism of the spouses in the alcoholic family, which is explained in this short article. This interpretation is coming from the fact that non-alcoholic husband’s self evaluation is statistically different from his wife’s evaluation of her husband’s personality.
In other cases, overt neurotic pictures ensured when the husband ceased drinking and remained abstinent. For example a fifty-year-old woman who had been married to alcoholic, and who was complaining of the street phobia, stated that she had a fear that she would go crazy. In addition she stated it was strange that during the past year her symptoms had become much worse when they should have been better. During this period her husband was stable and working hard as a sales-man of a small-scale enterprise. He had done everything he could think of to help her and make her contended. He had been a typical alcoholic for twenty years, but about three years before he had become a member of the abstinent group, and in fact had been abstinent. Why had she become much worse when he had abstained? In fact her anxiety and phobia caused her husband great inconvenience, but she recognized that if her pathological symptoms continued, her husband would be driven back to alcoholism. She also stated that as long as her husband was incapacitated, she was the mainstay of the family, and as soon as he improved her symptoms became markedly aggravated. So it might be considered that her symptoms served the purpose of maintaining her husband as a dependent, alcoholic individual in order to have him under her control and further, and that with her husband’s re-habilitation she felt she had lost importance and indispensability in her family.

5. Disturbances in Alcoholic’s Family of Orientation and His Psychosocial Networks.

The data derived from alcoholic’s autobiography in monthly magazine, “Naniwa” and individual interview with alcoholic and his wife indicated that alcoholic had much more psychosocial disturbances or psychic trauma in his family of orientation in comparison with those in non-alcoholic’s. For example, a forty-year-old man who had been in hospital for alcoholism stated that his mother died when he was three years old, and so reared by his aunt until his graduation from junior high school. Particularly it should be noted that he said he had not ever felt love from his aunt and uncle, and he had not ever felt to be accepted and understood by them. He told the interviewer that his contact with his aunt and uncle had been obligatory and not been based on affection. But at the same time he said that he had felt to be overprotected and they bought him in fact what he wanted to buy since his childhood. However his emotional relations with them were not necessarily stable and satisfactory.

It has been 10 years since he became alcoholic. During this period he got into hospital for alcoholism several times. But, after being out of hospital he remained abstinent for a year. During this abstinent period, he became frustrated, irritated, and aggressive. He oftentimes got mad at his wife for a matter of no importance. As a result, she became neurotic, but she never had a separation. Her parent and her siblings told her that she was a fool to stay with him, and blamed him for her being neurotic. Thus, as the time went on, he got isolated not only from the extended kinship group, but also from the functional kins such as friends, neighbours and associates. Consequently, he became alcoholism and was hospitalized again.

There was another interesting observation which has emerged from our material. This had to do with the disturbances of psychosocial family network. A forty-year-old man who had been diagnosed as alcoholism and got into hospital came to our civil service agency with his wife. He complained of his wife’s attitudes and her parent’s attitudes toward him as follows:

My wife was stern and kind when I was in hospital for six months. She visited me to the hospital almost three times a week and talked about my alcoholic disease and the children’s activities at home. It seemed to me as if she was like my mother, but when I got out of hospital to have alcohol without permission of doctor, she got so mad at me, when she looked like a devil. I don’t know why she could become a god and a devil. I recognize that I have dependency in my personality of which she has complained, but I don’t think she understood me as a whole—but I can not live a life without her economic and emotional help.

When I left hospital and abstained, she started to say that she was tired and wanted to get back to her parent’s home, and sometimes stayed there for two days. At that time her mother gave me call that she was too tired psychologically to get back to your home. So my children began to say that they wanted to visit her parent’s home. I don’t know why she got tired when I was able to be abstained and to do a job well. —It was true that
during this abstinent period I often asserted myself regardless of her emotions. —While I abstained she did not like to consult with me about family problems. Rather she liked to consult with her parents and siblings. Her parents and siblings encouraged her to leave me. So I think they hated. Now I am willing to have an ill-treatment by them because my alcoholism made her unhappy.

During the abstinent period she sometimes told me that she was going to be a neurotic because of my self-assertion and of critical attitudes about matters of no importance. I think that it was at the time when her emotional alliance with her parents and her siblings was getting stronger. I felt our marital relationships was becoming weaker and weaker at that time.

Because of lonesomeness, I also visited by own parent’s home. My mother gave me a welcome and cooked me what I favored best. She talked me about her hardships because of her husband’s alcoholism. My father was alcoholic and oftentimes hurted me and my mother, so I had hated him when I was a kid. At this time I made up mind not to drink alcohol, but unfortunately I forgot this decision and I started to drink alcohol when I was graduated from senior high school. I don’t know why I became alcoholic like my father whom I hated, in spite of the promising not to drink myself in my childhood. This findings suggest us how the total psycho-social kinship network is important for the diagnosis and therapy of the alcoholism.

Discussion
So far we have described the findings derived from interview, observation and test. Here the causal background of these findings will be explained. First, why did the pathological complementarism between the alcoholic spouses occur? One of our answers could be found in the basic feature of the spouses’ personality structure. According to our observation, almost 50% of the alcoholic’s wives had a strong need to punish herself, which was the dominating characteristic and the nuclear of her personality. That was why she choose a marriage partner who was obviously so troublesome that her need to be miserable would always be gratified.

The rest of 50% of the alcoholic’s wives in our sample had a strong distrestful, resentful attitudes toward men in general. In other words, they had a kind of the frustrated feeling of “penis envy” which had been repressed unresolved so far. Therefore they could not possibly have married a more adequate man. It would have been too threatening to her. Consequently such a women would result in marrying a man whom she felt to be inadequate or inferior in some way. In short it might be that marriage serves, to her, as a vehicle for expressing her distrustful, resentful attitude toward men in general which form the nucleus of her personality. This hypothtical statement could be substantiated also by the facts that she had never had an intention to divorce even though her alcoholic husband tended to become more and more incapacitated as the marriage continued and though on the part of the wife there was a quality of hardness and unforgivingness in her manner of expressing criticism.

From the discussion so far, the pathological complementarism of the alcoholic spouses is supposed to be causally related to alcoholic’s dependency on the one hand, and on the other hand his wife’s strong need to punish herself and her distrustful, resentful attitude toward men in general.

How was then pathogenic personality characteristics of alcoholic and his wife formed? It is assumed that their childhood experiences have given them a personality characterized by excessive demands of alcoholic husband for indulgence and strong need to punish herself or the feeling of “penis envy” on the part of the wife. This hypothetical stipulation could be validated by the fact that they had a psychic trauma and the difficulties in assuming and fulfilling responsibilities independence as the finding showed. Even though we did not describe them fully as data in the section of the findings, we got a clinical impressions that alcoholic had a lot of problems in his family of orientation. For example he had 1) a domineering but idealized mother and a stern, autocratic father whom the client feared as a child, 2) a marked degree of strict, unquestioning obedience demanded in family life with little freedom allowed, 3) parents who held inconsistent attitudes toward drinking, and 4) a development of various kinds of personality problems and conflicts which in turn produce anxiety.

This clinical impressions seem to support the idea that somehow the alcoholic’s family of orientation has malfunctioned in its role as a major socialization
agent also in providing the basis for healthy personality growth and development of offsprings.

From the discussion stated above, alcoholism seems to be partly a product of social disorganization in the family of orientation and also a factor in producing social disorganization in the family of procreation.

In addition, our data showed that the psychosocial kinship network of the alcoholic had various problems. That is, his relatives friends and neighbours isolated him and he was alienated from his primary groups. Why did this isolation result? This may be due to his alcoholism, but as far as the development of his alcoholism is concerned, this isolation may contribute to its development. He could remain abstinent if he had an intimate contacts with his friends in spite of the disturbances of the spousal relations. In this sense, our data seems to substantiate general proposition that the "sick" families have fewer memberships in voluntary associations, fewer friendships with relatives, and fewer realitives living in the same community, and also support the idea that there lacks an effective psychosocial system among dysfunctional urban families.

So, in order to make a treatment of alcoholic effective, his psychosocial kinship network and friend network should be much more considered as an important therapeutic variable as Leichter, H.J. and Mitchel, W.E. (1967) suggested. Nonclinical studies of help seeking patterns of families with affective and instrumental type of problems in Japan have shown that these families preferred to use their psychosocial kinship network for assistance rather than to formal organizational helping agencies. This general tendency in help seeking patterns is also found in the nuclear family with alcoholic, but their extensive reliance on psychosocial kinship has not been successful. But it is clear that psychosocial kinship network and friend network exerts both positive and negative sanctions and supports on the nuclear family with alcoholic, and that psychosocial system is a fundamental matrix that may prove to be either pathological or helpful and therapeutic.

Litwak, E. (1965) summarized the clinical importance of the psychosocial family system as follows:

there are several classes of situations where the trained expert is of little use in situations which are not uniform and where the minimal standards set by society are not involved.—The question arises as to whether the family as a primary group (family kinship group) might not be superior to the formal organization in these areas.—The family structure is able to deal more easily with the idiosyncratic event because the family has more continuous contact over many different areas of life than the professional social organization.

This brief summary seems to suggest us that, when making a research on the geneses and development of alcoholism, we will have to extend our diagnostic and therapeutic focus from the alcoholic's nuclear family unit to the larger context of his psychosocial kinship networks.

Marvin B. Sussman (1953) was opposed to T. Parson's theory that the American family system was composed of isolated nuclear units in which little of significance occurs between the units in the kinship network, and asserted that the modern kinship networks offer relationships in which meaningful social contacts and reciprocal aid for family development and for crisis are available to constituent units. As he suggested, it seems reasonable to assume that a significant proportion of these kinship network are well functional to contemporary living, but not all modern kinship network are equally functional. Some of the kinship system, such as those of the nuclear family with alcoholic, schizophrenic, and emotionally disturbed child, act in the way that weaken nuclear units. If M.V. Sussman had a study of the families needed for the financial and psychiatric helps, he could not oppose to the theory of "the isolation of the nuclear family". Available research and our clinical evidence suggest the existence of both type of functional and dysfunctional family kinship networks for the contemporary living, as seen in the alcoholic's family kinship networks. In case of Japan, this dysfunctional family kinship networks would be related to the feudal family institute which had continued for 300 years.

If the family kinship networks of the alcoholics in Japan could be classified into the functional and the dysfunctional in terms of the genesis and the development of alcoholism, and if they so vary in the extent to which they are functional and dysfunctional for alcoholism, it should be necessary to make a criterion through which we might be able to describe and rank parental-married child family relationships within any kinship system along a continuum ranging from func-
tional networks on the end to those that are dysfunctional on the other end. In order to make a development of the research of alcoholism in relation to the family dynamics, the alcoholic’s family kinship networks will have to be studied much more in the future.

Foot Notes