

Separating My Own Identity from My Father:  
Adaptation Process in Adult Children of Alcoholic Fathers in South Korea

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A dissertation  
submitted in partial fulfillment of the  
requirements for the degree of

Doctor of Philosophy

University of Washington

2015

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Program Authorized to Offer Degree:

School of Nursing

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**Abstract**

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Alcoholism is considered as family disease since it influences not only the patient him/herself but also his/her whole family. In particular, children of alcoholics are easily exposed to abusive and violent situations as well as inconsistent parenting and social stigma. In the case of South Korea, about 18~36% of adults are considered children of alcoholic parents. Despite this high percentage, limited research has been done in South Korea, and consequently there is a lack of existing intervention programs for this population. This study, thus, explores their development trajectory, especially focusing on the process to show their adaptation on their lives. Grounded Theory methodology is used for this study. Therefore, a theory is generated based on qualitative data describing the process of adapting. The theory is developed to delineate a structural psychosocial process of adaptation and critical influences on the process in Korean adult children of alcoholics from their own perspectives.

The data were collected from July 24 to October 12, 2014. Face-to-face and telephone interviews were used for data collection. A total of 20 volunteer participants were recruited, and each participant was interviewed twice. The interview data was analyzed following the methods described by Strauss & Corbin (1994) and extended by Lewis & Deal (1995).

As a result, '*separating my own identity from my father*' appeared as the core category in adaptation process of Korean children of alcoholic fathers (KCOAs). In order to separate themselves from their fathers, they passed through six stages: being trapped, awakening, struggling, blocking, understanding, and separating. *Continuous suffering* emerged as the phenomenon of KCOAs' lives. The phenomenon existed at all stages of adaptation, and it was ongoing throughout their lives. The suffering derived from having an unstable family life, feeling shame, getting stressed because of the alcoholic father, realizing the alcoholic father's negative influence, being tied up with the alcoholic father, and being tied up with the family. In addition, five *contextual conditions* were inferred as the factors influencing the adaptation processes in KCOAs. These five factors were experiencing family violence, having strength, having a good maternal relationship, feeling hopeful about the trajectory of the father's alcohol use, and using a sense of spirituality related to Confucianism to make sense of the situation.

In conclusion, the study findings show the urgent need for developing interventions and programs for children of alcoholics in South Korea; culturally specific interventions to provide information about alcoholism and to prevent future alcoholism as well as regular counseling programs for children of alcoholics to relieve their psychological distress are needed.

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## ACKNOWLEDGEMENTS

I would like to convey my great appreciation to my Chairperson of my Dissertation Committee, Dr. Karen G. Schepp who has shown great support, trust, and encouragement throughout my whole doctoral journey. Every step in my doctoral journey was very meaningful and precious because of her endless support and encouragement. I am also grateful to all my committee members: Dr. Elaine Walsh, Dr. Yoriko Kozuki, and Dr. Gino Aisenburg. Their sharing of their expertise and support were huge contributions to my dissertation.

I specially want to thank the Korean adult children of alcoholics whom I met through this research. It must be very hard for them to talk about their traumatic childhood experiences related to their alcoholic fathers; however, they were willing to share many stories they had experienced through their lifetime for this research. I dedicate this research to them.

I would like to thank my family and family-in-law. Especially, I am truly grateful to my mom, dad and brother Siwan for their endless love, trust and support. Also I am sending my deepest love to my precious daughter Diane and son Dayun, who had spent most of their time in a daycare facility or with babysitters throughout my study years. My love towards them was the strongest inspiration and motivation to study child/adolescent issues, and I deeply thank them for understanding family separation due to mother's study. It is hard to put to word to express my gratitude and love to my husband, who had lived alone for 3 years in South Korea with waiting for his wife to become a PhD. Special appreciation goes to my friends in UWSON and St. Andrew Kim Catholic Church, and I especially thank Fr. Yang for his prayers and encouragement. Also I thank Mr. and Mrs. Kim who cared for my family as if they were their own family. Importantly, I am greatly thankful to Dr. Kyung-Sook Park and the professors in Chung-Ang University for their support and encouragement throughout my academic life.

Lastly, I thank God who guided me in this journey. As you've mentioned, I will live for your loved ones who are weak and vulnerable and live in more difficult situations.

## **DEDICATION**

This is dedicated to all of the Korean children and adolescents, who are struggling to live their daily lives with terrible fear and anxiety due to parental alcoholism, and all those who already lived through such lives in their childhood.

## **CHAPTER 1. INTRODUCTION**

Alcoholism has been referred to as a “family illness.” The reason is because the influence of alcoholism is not limited to an individual, but rather it affects all family members. Parental alcohol abuse seriously influences children in the family. For instance, children who live with an alcoholic parent may be often exposed to violence and abusive behaviors of alcoholic parents. For this reason, growing up in an alcoholic family can be an extremely stressful and traumatic experience for children. A more important fact is that children of alcoholics (COAs) constitute significant portions of populations across countries. In the US, approximately 23% to 39.1% of people have been defined as COAs or adult COAs (M. L. Kelley, Pearson, Trinh, Klostermann, & Krakowski, 2011; Molina, Donovan, & Belendiuk, 2010), and in Korea, about 18.4 % to 36.0% of the people were determined to be COAs or ACOAs (H. K. Kim & Lee, 2011; J. H. Kim, 2008).

### **Statement of the Problem**

Children of alcoholics (COAs; Children who have one or both parents who are alcoholics) tend to grow up in adverse environments. According to many previous studies, their lives are generally chaotic and unstable (Vaught & Wittman, 2011). Parenting, such as praise and discipline, is commonly unpredictable and inconsistent; it tends to depend on the parent’s drinking status and moods rather than rules.

In addition, COAs are more likely to grow up with a lack of parental care and support. Because of alcohol drinking, most of the time the parents may not be there for their children or may be emotionally unavailable so that COAs are often neglected. Therefore, their childhood is often described as loss of childhood (Kroll, 2004). They experience a loss of their parent’s love

and care, and also they may lose a parent due to the medical treatment or sometimes imprisonment as a consequence of drinking. Through multiple losses and separations from their parents, they feel abandoned, by both alcoholic parent and non-alcoholic parent, who also may not have the time and energy to give attention to her (or his) children because of the alcoholic partner (Brisby, Baker, & Hedderwick, 1997; Ju, 2008; Kroll, 2004).

Moreover, COAs are more likely to live with fears due to being exposed to family violent situations, including physical and verbal violation between their parents. Even when the aggressive behaviors are directed towards objects not people, it still makes children become traumatized (Kroll, 2004). Even worse, COAs often become direct victims of physical, emotional and sexual abuse or threats from the alcoholic parent (Velleman, Templeton, Klein, & Moesgan, 2008).

Furthermore, as COAs grow up, their parents' roles and responsibilities are often given to them. Thus, they take care of their young siblings and drinking parents, do house chores and sometimes protect other family members —non-alcoholic parent or siblings — from the alcoholic parent. These role reversals and role confusion experiences lead children to be unsure about their lives as well as their identities and may result in the development of strong feelings of disgust and hatred towards their alcoholic parent (Childline, 1997; Kroll, 2004; Laybourn, Brown, & Hill, 1996).

Finally, a family member's alcohol problem is often considered a family secret. For this reason, COAs are not allowed to know or ask what happens in the family. These 'don't talk' and 'not tell' rules are imposed on COAs so that they can not have a clear perception of reality of the family's situation and are often even denied the truth (Barnard & Barlow, 2003; Brooks & Rice,

1997; Kroll, 2004). More importantly, it seriously impedes them from reaching potential resources and community help.

These experiences can traumatize and devastate the children, and, in this environment, they experience negative emotions, such as fear and anxiety. Fear is the major emotion in COAs — they fear the arguments, violence or threat, and they also fear the abuse towards either their non-alcoholic parent or themselves (Kroll, 2004).

This inconsistent and fearful life can hinder COAs from building healthy attachments with their caregivers and consequently trusting other people. However, not only do they show poor attachments and distrust, but also many previous studies have demonstrated the various negative consequences of parental alcoholism shown in adult children of alcoholics (ACOAs) as well as COAs along their life trajectories, such as depression, anxiety, aggression, suicidal ideation, and substance abuse (El-sheikh & Flanagan, 2001; King et al., 2009; Mylant, 2002; Rafferty & Hartley, 2006; Yau et al., 2012).

In terms of children of alcoholics in South Korea, they tend to have unique experiences due to the country's sociocultural characteristics in South Korea. South Korea has a distinct culture in terms of alcohol drinking and family values. Regarding alcohol drinking, South Korea has a high alcohol consumption rate. Moreover, drinking alcohol is considered as one of the means for building social relationships, and behaviors and problems as consequences of alcohol drinking are very tolerated in South Korea. In addition, they also have unique family values. Korean society has been deeply influenced by Confucianism since its introduction during the Chosun Dynasty (i.e., the 14<sup>th</sup> century). Even though Korea has changed considerably since then, Confucian ideas and values remain entrenched within modern Korean society. For this reason, Confucian thoughts and values are considered as one of core values in Korean family. Thus,

Korean family members are asked to follow the rules and roles based on Confucian values which focus on roles and duties of elders and youngsters, and males and females with an emphasis on hierarchical order and respect between family members (D. H. Lee, 2009; Y. C. Lee, 2007). Korean children have grown learning and following these values and duties, particularly the values from Familism and filial piety. This Korean sociocultural environment — high alcohol consumption rate, permissive atmosphere toward alcohol drinking, and influence of Confucianism, likely contributes to the unique childhood experiences of Korean COAs.

Nonetheless, the history of studies on the family with an alcoholic member has not been studied over time in South Korea. For this reason, little is known about the impact of having an alcoholic parent on the children over time. In 1989, studies on alcoholism started to focus on alcoholics' family members by examining familial factors along with characteristics of alcoholics (H. R. Lee, Shim, Lee, & Kang, 1989). However, the reason for focusing on family was mainly due to the treatment of the alcoholic patients rather than the care for families of the alcoholics. Until mid 1990's, the focus was still on the alcoholic patients; however, several studies began to focus on codependence within the alcoholic family (Choi, 1997), wives of alcoholic husbands (E. S. Kang, 1995), and life satisfaction of adult children of alcoholics (Chang, 1994). In terms of qualitative methodology, few research studies have been conducted; in one study, M. A. Kim (2003a, 2003b) identified the meaning of life of Korean adolescents who have alcoholic fathers. Y. H. Kim, Kim, & Yang (2006) described a traumatized experience in children and families of alcoholics. G. G. Lee (2008) and E. S. Kang (1995) studied the experience of Korean wives of alcoholic partners. However, scant research has been done on children of alcoholics as well as alcoholic families. In particular, qualitative methodology seems to be a good and appropriate method in order to explore the hidden population and their

experiences and meaning making from their own perspectives; however, so far few qualitative studies have been conducted, and this lack of knowledge about the population leads to a lack of evidence-based-interventions, which are specific and culturally responsive to Korean COAs and Korean alcoholic families.

This proposed study focuses on Korean COAs, aiming to explore what psychosocial process they undergo during their childhood and finally how they adapt as they live their own lives — particularly focusing on the following: how they perceive their situations, how they respond to those situations, and what psychological changes they experience and how they can move on to their own future lives in Korean cultural context. Also, multiple factors, which positively or negatively influence the adaptation process, are explored.

Therefore, this study utilizes a qualitative methodology with the outcome of generating a theory of the process of adapting to the life with parental alcoholism in Korean adult children of alcoholics. Particularly, this study only focuses on Korean children whose fathers have been alcoholics. The reason for choosing the children of alcoholic fathers only and not alcoholic mothers too is because of Confucian influences, and the experiences might be different for children who have alcoholic mothers versus those who have alcoholic fathers. Also, it is known that the majority of alcoholics are male in South Korea (Ministry of Health and Welfare, 2011).

To sum up, as a result of this proposed study, a theory is generated, involving the psychosocial processes of adapting as they live their lives and the critical influences on the process. It is important to focus on children growing up in South Korea who have alcoholic fathers because this is where the father's alcohol drinking and associated behaviors are formed as a result of the permissive social attitude towards father's alcohol drinking. Also, when Confucian values are asked to follow on those children who live in this environment, we can assume that

their emotional distress would be tremendous. These hurtful emotions and adverse experiences make life hard for those children as they seek to build healthy and constructive coping skills, find their identities, and develop high self-esteem. To make things worse, so far Korean COAs have not been considered as the population who need care and treatment — there is a lack of studies about them as well as treatment services for them (Jeong, 2010).

For these reasons, now is a crucial time to focus on this population. It is anticipated that the findings from this study will be expected to contribute to a rich understanding of this understudied and underserved vulnerable population. Moreover, findings will also contribute to the evidence for developing culturally specific treatment programs and services to promote the wellness of these children. At last, I, personally, expect that findings from this study may lead to the development of a foundation for enhancing their quality of life so that they can grow up to be healthy and confident adults.

### **Purpose and Specific Aims of the Study**

The purpose of this study is to describe Korean COA's process of growing up in a Korean family where the father is an alcoholic. Since Grounded Theory methodology is used for this study, a theory is generated based on qualitative data describing the process of adapting to their own lives. Specifically, the theory is developed to delineate a structural psychosocial process of adaptation and critical influences on the process in Korean adult children of alcoholics from their own perspectives.

Specific study aims are as below:

- 1) To describe Korean COA's psychosocial adaptation processes of living with a father who is an alcoholic or abuses alcohol extensively.
- 2) To describe critical influences on the process of adaptation.

### **Background and Significance of the Problem**

This section includes the background of Korean society and its culture in terms of Confucianism in the parent-child relationship, Korea's alcohol-drinking culture, and the treatment system for alcoholism in South Korea, which directly or indirectly influences the development of Korean children of alcoholics, in order to demonstrate the significance of this proposed study.

First, the parent-child relationship and its dynamics are a critical part in research on children of alcoholic parents. In contrast to Western culture's individualistic orientation, the parent-child relationship in Korean culture tends to be more strongly interdependent, and it is expected to be more attached than any other cultures. We can find this reason in traditional Korean familial values, which originated from Confucianism. Traditionally, children are taught that their duties regarding filial piety could be accomplished by not only respecting and being obedient to their parents but also by achieving social success for their parents and entire family (C. D. Kang, 1996). In addition, children—especially the oldest son—are also expected to support their parents physically, emotionally, and financially until their parents die. Thus, Korean parent-child relationship tends to imply more than just a simple parent-child relationship; it involves a wide range of expectations, duties, and responsibilities. Those thoughts are still somehow maintained so far — the values of familism and filial piety and high education “fever” are easily seen in Korean families in modern society — and some children regard those thoughts

as natural (Hyun, 2007; Y. S. Park & Kim, 2002). However, this relationship inhibits children from gaining complete physical and psychological independence, even after the children become adults. Particularly, in this prolonged and attached relationship, if the family has an alcoholic member, the adult children might be expected to fulfill a variety of roles and duties including financial responsibilities to support the family.

Second, social atmosphere towards alcohol drinking plays an important role in the issues of children of alcoholics. In South Korea, they have high alcohol consumption rates as well as permissive atmosphere towards alcohol drinking. In fact, South Korea was found to have one of the highest alcohol consumption rates among OECD (Organisation for Economic Co-operation and Development) countries (OECD, 2013). Moreover, many Koreans often drink quickly in large amounts and together until they become intoxicated. They also tend to hold long-lasting drinking parties, like to recommend drinking to others, and sometimes force others to drink. Koreans tend to have less control over their drinking behavior, and socially they are relatively permissive towards the various behaviors and consequences related to drinking alcohol (Y. S. Park, Biao, & Kim, 1995). However, in one family's view, it cannot be simply considered as one of culturally acceptable behaviors. It tends to cause many negative consequences, including aggressive and violent behaviors (K. K. Kim, 1996). Furthermore, when considering the fact that one of the reasons for drinking alcohol is related to building social relationships for Koreans, often their excessive drinking is justified as an effort for supporting a family or for earning money (Y. S. Park et al., 1995). Thus, frequent and excessive alcohol drinking of parents is often glorified as hard lives of parents for supporting their families and considered as family's business rather than social concern; therefore, Korean children might be often asked to understand their

parent's excessive alcohol drinking and drunken behaviors, so that their lives (the children's lives) are more likely to be socially neglected.

Third, Koreans appear to have little knowledge of alcoholism; only relatively recently has such knowledge begun to permeate the wider population (S. J. Lee, Yoon, Lee, & Min, 2003). However, there is still lack of educational programs or campaigns on alcohol use disorders (AUDs) or alcoholism in South Korea. Furthermore, there are only a limited number of alcohol treatment centers that can provide relapse prevention and lifelong care; this lack has led to high rates of relapse and re-hospitalization (72.33%) for alcoholics (The Korean Alcohol Research Foundation, 2004). Due to these situations — lack of social education as well as treatment programs, a family often takes the responsibility for directly caring for alcoholic patients. Moreover, Confucian family values in Korean society are a huge factor, imposing responsibility on families and increasing family burden (M. A. Kim, 2003a). Thus, the distress from parental alcoholism is an everyday reality for many Korean COAs.

To sum up, Korean family dynamics as well as cultural and social situations are critically influencing psychosocial development of Korean children of alcoholics. In other words, under such environment, Korean children of alcoholics might experience a variety of emotions and psychosocial challenges while growing up. Therefore, exploring the adaptation process that Korean children of alcoholics undergo while growing up in such an environment and identifying critical influences on the process is important when considering the needs of this population of South Koreans.

## **Summary**

Not only parental care and support but also culture and the environment they live in are critical for the children. The children tend to be influenced from them and shaped by them. South Korea has unique culture and values, and those also impact every family and the individuals, including Korean children who live with alcoholic parents. Thus, their feelings, experiences, life challenges, and developmental trajectories might be different than other COAs living in other cultures. Because of the differences, specific services and treatments, which are suitable for Korean children, are critically needed. However, there is not much information about Korean COAs as well as culturally specific service or evidence-based treatment. Thus, now is considered as the crucial time to start to bring to light this population. Therefore, for a start, this study focuses on exploring this population, especially focusing on how they had grown up, how they had adapted to their situations, and crucial influencing factors they experienced. The findings of this study will contribute to social attention in South Korea as well as provide evidence for developing interventions and treatments through further studies.

## **CHAPTER 2. LITERATURE REVIEW**

### **Introduction**

The purpose of this chapter is to review previous studies about children of alcoholics as well as to provide cultural background of South Korea where this study is conducted. In addition, the theoretical background of grounded theory, which is the methodology of this study, is discussed. Specifically, this chapter, firstly, starts with a summary of what is known about children of alcoholics (COAs), such as 1) the number of children of alcoholics, 2) their lived experiences with alcoholic parents, and 3) their development. Also, second, treatments and interventions developed for COAs are reviewed based on prior literature. Thirdly, background of Korean society in terms of alcohol use is discussed. This section involves 1) prevalence data related to alcohol use, 2) social context of alcohol use, 3) cultural concept of alcoholism, and 4) present status of treatment and rehabilitation for alcoholism in South Korea. Fourth, the background information on Korean family in terms of familial values and expected roles in the view of Confucianism is provided. It includes the discussion of 1) the Korean family from the perspective of Confucianism, and 2) traditional parent-child relationships in South Korea. Then in the fifth section, the conceptual framework for Korean children of alcoholics is illustrated based on the literature review. Finally, the appropriate methodology for this study is introduced: Grounded Theory Methodology. Specifically, this section provides 1) theoretical background of grounded theory methodology, 2) research procedure of grounded theory, and 3) trustworthiness in grounded theory methodology.

### **Children of Alcoholics (COAs)**

#### **The Number of Children of Alcoholics**

It would be difficult to get exact data about how many children — or what percentage of children — have grown up in alcoholic families. It is actually hard to access those populations, because they are easily unnoticed — they hide themselves or are hidden by their families, or sometimes they deny the problem. This is also because both society and family tend to concentrate more on the alcoholic patients rather than their family members, such as the children (Ackerman, 1987; Chan, 2003). Many studies have tried to verify the percentage of COAs worldwide; however, the data often vary. When considering that many substance abusers are still undetected and in denial about their problems, there is a possibility that the number of — or percentages of — children of alcoholics is underestimated. Nonetheless, the existing data shows that many children are affected. According to the National Survey on Drug Use and Health conducted from 2005 to 2010, about 7.5 million children are living with a parent, who has an alcohol use disorder in the US (SAMHSA(Substance Abuse and Mental Health Services Administration), 2012). According to recent studies, Kelley, Pearson, Trinh, Klostermann, & Krakowski (2011) applied the Children of Alcoholic Screening Test (CAST) to college students and found that 23% were identified as adult COAs (ACOAs). Also, Jennison & Johnson (2001) reported 21% of women they surveyed were ACOAs. Thus, almost 1 out of 5 people seem to have grown up in an alcoholic family in US. It varies by ethnicities; for example, in case of Native-American children, 74% of children were classified as COAs (Wall, Garcia-Andrade, Wong, Lau, & Ehlers, 2000), and in South Korea, 18.4% to 36% were reported as the prevalence for COAs or ACOAs (H. K. Kim & Lee, 2011; H. R. Kim, Jeon, & Kim, 2004; H. J. Yang, 2007).

### **Living with Alcoholic Parents**

Not all COAs experience the same things and grow up in similar environments. However, previous literatures have depicted common features in their lived experiences: 1) Chaos, 2) Family violence, 3) Role conversion, and 4) Social isolation.

The frequent words representing the lives of COAs are “inconsistency”, “uncertainty”, “confusion”, “unpredictability”, and “chaos.” All of these words reveal that the lives of COAs are not stable and consistent. For example, COAs reported that the parenting, such as praise, rules and disciplines were always vague and inconsistent (Murray, 1998). Those rules rather depended on a parent’s mood and his/her drinking. One interviewee from the study conducted by Vaught & Wittman (2011) said that “I felt like I have two lives (p. 361).” The main reason for feeling this dual-life seemed to be mainly because of the nature of disease: Alcoholism is an unpredictable disease. Thus, COAs are more likely to be exposed to the inconsistent and uncertain parental behaviors and moods, and consequently they feel chaotic and unsure about their lives. Meanwhile, COAs are more likely to have inconsistent feelings —ambivalence — towards their alcoholic parents. Here is what observed by Vaught & Wittman (2011), “ ... It was Jekyll and Hyde. When he was sober, he was the sweetest, nicest man you’ve ever known, but when he was drinking, it was the devil himself (p. 361).”

In addition, alcoholism often leads to aggressive and abusive behaviors (Velleman et al., 2008). For this reason, many children of alcoholics tend to be directly or indirectly exposed to violence in their family including intimate partner violence between the parents and child abuse — physically, emotionally and sexually. According to the interviewees in the study conducted by Templeton et al. (2009), verbal aggression commonly and frequently occurred between the parents, and most of time it involved drinking. Another study conducted by Murray (1998) described the violence and abuse related to drinking, and they observed:

“I remember the house was always a mess when she came home, and she always woke me up and my brother up and made us clean the house in the middle of the night and we had school the next day. My brother did something to make my mom mad once and she burnt his schoolbooks (p.529).”

Parental alcoholism is often considered in relation to child maltreatment issues. Of course, not all alcoholic parents mistreat their children; however, Forrester (2000) found that 52% of cases in social services were related with parental substance misuse, and 62% of children in the child protection register had parental substance abuse problems (Forrester & Harwin, 2002). Consequently, COAs experienced negative feelings and emotional distress including anger and fear from family violence.

Moreover, because of alcoholic parents who cannot fulfill their responsibilities as a parent, COAs often have to take adult responsibilities, like taking care of young siblings and doing house chores (Kroll, 2004). It is called a ‘role confusion’ or ‘role conversion’ that COAs become very young adults.

“I was more like mom, she was more like daughter ...My only concern was to watch out for her ... protect her ... and I kind of took responsibility for [my brothers].... I basically had them 24 hours a day” (Vaught & Wittman, 2011, p. 359).

Templeton et al. (2009) who explored COA’s lived experiences with parental alcohol misuse reported that one older sister they interviewed had cut into her parents’ arguments to protect her younger brother and to try to minimize the impact on him. These COA responsibilities and role conversions often burden children and keep them in overwhelming situations. They encounter embarrassing and anxiety provoking situations, and it can trigger helpless and hopeless feelings

in COAs (Murray, 1998). In addition, COAs lose respect for their parents and often experience the power-shift between parent and child (Kroll, 2004).

Finally, both alcoholic family and children of alcoholics easily become isolated. Especially, in terms of COAs, they often become withdrawn from social relationships. There are many assumptions regarding their social disengagement; however, this is because of not only their personalities but also they want to hide their family secret, to protect themselves from embarrassment and to avoid stimulating the alcoholic parent. One interviewee from Vaught & Wittman (2011) said that

“It wasn’t okay for us to bring people home because you never knew how he was going to react or what he was going to be doing. So there wasn’t a lot of room to make any kind of friends I wanted to have because I was afraid (p. 361).”

The study showed that COAs did not want to bother their alcoholic parents with their social interactions, because they were afraid their parent would become drunk again and become abusive. They wanted to avoid the expected violence, irritability, severe intoxication and embarrassment (Vaught & Wittman, 2011). However, if the children could not invite their friends to their own house because of these reasons, nor could they visit friends’ houses for additional reasons. This could be one of the reasons for their lack of socialization. Also, another reason is that the alcoholic parent is generally unpredictable and may show inconsistent behaviors. Murray (1998) reported that COAs had felt that they were betrayed by their alcoholic parents who could not provide stable love, protection and care. According to him, because the COAs grow up with this inconsistency, they tend to distrust other people. Thus, difficulty trusting others is another important reason of the lack of socialization in COAs. This tendency — social disengagement— continues until they become an adult. Interestingly, Vaught and Wittman

(2011) who explored occupation choices in COAs reported that because COAs spent much time by themselves in childhood, they also preferred to be alone after becoming adults. Two interviewees in their study said (Vaught & Wittman, 2011, p. 360):

“It’s easy to pick and choose what social situation you’re going to be in... I’m okay with being alone.”

“I like to be alone. I stay to myself. I do my job.”

### **Development in Children of Alcoholics**

Human development is highly impacted by both biological and environmental influences as well as the interactions between them (Enoch, 2006). Therefore, both biological factors and environmental factors in childhood play important roles in child development. In case of COAs, they grow up in adverse family environments, which are generally chaotic and unsafe as described above. Furthermore, pregnant mother’s alcohol use can lead to “fetal alcohol syndrome” which causes physical underdevelopments and retardation of growth in children. In this situation, COAs often are threatened in their development both physically and emotionally. Indeed, they tend to show negative outcomes in their developmental trajectories. Of course, not all COAs experiences have negative outcomes; however, many physical and emotional problems in COAs and ACOAs are demonstrated through previous studies.

Infants and toddlers are comprehensively affected by their relationships and attachment with their parents and their family environments. However, alcoholic families can provide adverse environments characterized by depressed parents, higher levels of antisocial behaviors, and domestic violence. All of those factors can directly and indirectly lead to the development of externalizing behaviors in children of families with alcoholic members (Edwards, Eiden, Colder, et al., 2006; Edwards, Leonard, & Eiden, 2001; Eiden, Chavez, & Leonard, 1999; Eiden,

Edwards, & Leonard, 2002; Loukas, Zucker, Fitzgerald, & Krull, 2003; Puttler, Zucker, Fitzgerald, & Bingham, 1998). In fact, one study conducted in 2006 compared aggressive behaviors between non-COAs and COAs (Edwards et al., 2006). They reported that non-COAs showed lower levels of aggressive behaviors at ages 18–48 months compared with COAs. Moreover, non-COAs showed decreasing levels of aggressive behaviors at ages 36–48 months, while COAs did not show a corresponding decrement. That paper mentions the importance of detecting early aggressive and oppositional behaviors in prevention efforts. Another study examined externalizing behavior problems in toddlers at age 2 years; it reported that children whose fathers were alcoholics showed elevated levels of externalizing behavior problems (Eiden et al., 2009).

Age 6 to 12 is the critical period of building social and academic abilities. However, Díaz et al. (2008) reported that COAs showed poorer results on a cognitive test and were nine-fold as likely to have low school achievement than controls. High externalizing behaviors were still observed in COAs of this age in several reviewed studies (El-sheikh & Flanagan, 2001; Molina et al., 2010), and high levels of internalizing problems in COAs were also examined (El-sheikh & Flanagan, 2001; H. H. Lee & Cranford, 2008).

Adolescent COAs seem to show more externalizing problems. According to King et al. (2009), adolescent COAs were more likely than controls to show behavioral disinhibition—substance abuse, delinquency and antisocial attitude. Further, Mylant (2002) indicated that adolescent COAs were prone to high-risk thoughts, feelings, and behaviors, which in turn can lead to violent accidents, depression, suicide, alcohol/drug abuse, pregnancy in adolescence, etc.

Not only children and adolescents, but also many previous studies have focused on the problems in adult children of alcoholics (ACOAs). Especially, impairments and difficulties with

interpersonal relationships have been mainly discussed in many studies on ACOAs. Several studies have reported that ACOAs were more anxious about interpersonal relationships and experienced more shame than non-ACOAs (Hinz, 1990; Rafferty & Hartley, 2006). In addition, Lease (2002) reported that ACOAs tended to have fearful attachment styles and low self-esteem, which are factors that hinder healthy interpersonal relationships among individuals.

### **Interventions and Treatment Programs for Children of Alcoholics**

As written above, children of alcoholics (COAs) tend to show increased risks in their developmental trajectories. Because of this reason, interventions and treatment programs are needed for those populations for reducing or preventing the risks. Many researchers have developed and applied the programs to COAs and adult COAs (ACOAs) through their research projects. Even though most programs have focused on prevention or interventions — or both, the programs seem to vary in terms of its types, program contents, and targeted outcomes. Thus, in this section, 1) the programs for COAs and ACOAs are reviewed and discussed, and also 2) the programs developed and conducted in South Korea are reviewed.

### **Preventing the Risk of Alcohol Addiction**

It is widely known that COAs have higher risks in developing alcoholism (Heitzeg, Nigg, Yau, Zubieta, & Zucker, 2008; Herting, Schwartz, Mitchell, & Nagel, 2010). It is somehow a vicious cycle in terms of continuing unhealthy and risky drinking patterns from their previous generation. For this reason, many researchers have worked on preventing problematic drinking in COAs and ACOAs through intervention or prevention programs for breaking the cycle of addiction (Hansson, Rundberg, Zetterlind, Johnsson, & Berglund, 2006; Mathews & Oaks, 1990). Mathews & Oaks (1990) designed campaigns for increasing the awareness of alcohol-related

problems and provided group intervention programs such as peer counseling, screening programs and student advocacy programs for ACOAs attending colleges and universities. Hansson, Rundberg, Zetterlind, Johnsson, & Berglund (2006) also applied alcohol intervention programs to university students who have at least one parent with problematic alcohol use, and reported that the group attending the program showed improved alcohol drinking pattern compared to the other group.

### **Enhancing Coping Skills and Reducing Stress**

COAs frequently encounter a lot of stressful situations while growing up. Therefore, many programs focus on developing their resiliencies by teaching emotional and practical coping skills, and consequently making them cope with stress. Those programs teach both emotional-focused and problem-focused coping skills (Emshoff & Valentine, 2006). Emotion-focused coping skill is for helping children control their negative emotions and cope with adverse situations. For instance, they learn how to distance and reframe the negative aspect of their adverse situation and seek available resources or social support to help them during the time of stress. One of the examples is the program applied by Osterndorf, Enright, Holter, & Klatt (2011): they applied 12-week forgiveness intervention to 12 ACOAs, whose ages ranged from 22 to 49 years. The intervention focused on healing deeply hurtful emotions, such as anger, and pursuing emotional release. At the end of the program, the participants showed enhanced levels of forgiveness, self-esteem, and positive relation with others, and decreased levels of depression and anger.

On the other hand, problem-focused coping skill programs teach specific survival skills such as how to manage the problems, how to handle their drunk parents, how to live in alcoholic family, and how to explain unusual parental behavior to their peers, etc. (Emshoff & Valentine,

2006; Price & Emshoff, 1997). Hence, through these kinds of programs, COAs can learn specific coping skills to overcome practical challenges that they often encounter in their reality. The example in current literature is the coping intervention program for ACOAs conducted by Hansson et al. (2006). This 2-hour coping intervention program encouraged university students, whose one or both parents have or have had alcohol problems, to confront their situations and taught them to cope with their realities more appropriately and effectively. Total 82 students — 56 women and 22 men with average age 25 — participating in this program shared about their lived experiences as well as their own coping skills, and got feedback from others about their own skills. Also, they learned about common coping patterns shown in typical alcoholic families and discussed inappropriate and appropriate coping skills through this program. Thus, teaching COAs and ACOAs those specific skills can be helpful in terms of getting strength to overcome their life challenges as well as reducing their levels of stress.

### **Improving Social Skills**

One of the main characteristics shown in COAs is that they rarely trust others and have interpersonal difficulties. Therefore, some programs focus on improving social skills and establishing healthy relationships through enhancing self-esteem and self-efficacy and teaching how to express their feelings in effective ways (Emshoff & Valentine, 2006; Price & Emshoff, 1997). Webb (1989) proposed cognitive behavior therapy in school setting for helping COAs who have difficulties in school, particularly in building healthy interpersonal relationships. The author suggested multiple specific treatment-plans such as determining and breaking down the barriers that hindered COAs from building healthy relationships, teaching how to express feelings appropriately, developing effective communication skills, and so on.

### **Programs for Children of Alcoholics in South Korea**

In South Korea, the national level of interventions for alcoholic families have recently been developed and started; however, it is mainly focusing on spouses of alcoholic partners, and the issues of COAs had been relatively neglected. Therefore, so far, few programs exist for COAs and ACOAs in South Korea. Even though there are several self-help groups for COAs nationally, such as Alateen, only a few groups are active (S. H. Yang, 2005).

Recently, several programs for COAs are introduced through literatures. Majority of the programs are aiming at alleviating emotional stress and enhancing self-esteem in COAs (Y. J. Kim, 2009; C. S. Lee, Kim, Kweon, Chai, & Jeong, 2004; H. Y. Yang, 2012; S. H. Yang, 2005). For instance, Y. J. Kim (2009) applied 3 days of the healing program to Korean COAs ages 12 to 14. Through the study, she demonstrated the effectiveness of the program in enhancing self-esteem as well as decreasing negative emotions, such as depression, anxiety and hostility. S. H. Yang (2005) also aimed to reduce depression and anxiety and increasing self-esteem in COAs through her stress management program.

Recently, several studies tried alternative activities to COAs in order to enhance their self-expression abilities. H. Y. Yang (2012) conducted a case study and introduced a 12-session sand-play therapy. She applied it to an 8-year-old boy who had an alcoholic father and reported that the boy participating in the therapy showed increased ability in expressing emotions and decreased negative emotions as consequences of the therapy. In addition, Orff-based music therapy was also introduced by J. S. Lee (2011). Total 9-session of Orff-based music therapy was applied to 4 COAs, aiming to increase COA's self-expression ability through rhythmic speech, movement, singing, and instrument playing. At the end of the music therapy, the author reported that participants showed increased level of self-expression skill.

To sum up, so far, variety of interventions are developed and applied to Korean COAs through the studies. However, those intervention studies have mainly focused on their emotions and psychosocial problems. Specifically, most of studies aimed to enhance self-esteem and self-expression, support emotions, reduce behavioral problems and alleviate depression and anxiety (Y. J. Kim, 2009; C. S. Lee et al., 2004; J. S. Lee, 2011; H. Y. Yang, 2012; S. H. Yang, 2005). A lack of studies has focused on fostering problem-focused coping skills, providing specific information about the resources or community help, enhancing interpersonal social skills or preventing further psychosocial problems, like alcoholism. Also, most studies targeted school-aged-COAs. There is a lack of intervention studies aimed at adults who had grown up in an alcoholic family. The reason for this seems that still ACOAs are not considered as a group who needs care and concern in South Korea. Finally, the interventions applied through previous studies are developed based on Western based theory or adopted foreign programs. For example, stress management program introduced by S. H. Yang (2005) adopted the foreign program developed by Davis, Eshelman, & McKay (1988). Thus, importantly, there is an urgent need to develop cultural specific programs or interventions for Korean COAs and ACOAs.

### **Alcohol Use in the Korean Culture**

In order to fully understand the population — Korean children of alcoholics, it is essential to examine the sociocultural atmosphere and background related to alcohol use as well as cultural perception of alcohol use disorder, where they belong. Thus, this section provides several themes: 1) prevalence data related to alcohol use in South Korea, 2) the social context of alcohol use in the Korean culture; 3) the cultural concept of alcoholism, and 4) the present status of treatment and rehabilitation for alcoholism in South Korea.

## Heavy Drinking in South Korea

**Drinking prevalence.** South Korea has a high rate of alcohol consumption: according to the OECD (2013), Austria, South Korea, and France were identified as countries in which adults (persons aged 15 and over) imbibed an average of 12.0 or more liters of alcohol per year, according to data collected in 2010 (Figure 1). Furthermore, when considering that national alcohol sales were overestimated in Luxembourg, South Korea was found to have one of the highest alcohol consumption rates among OECD countries; in this case, alcohol consumption is defined by annual sales of pure alcohol in liters per person aged 15 years and over.

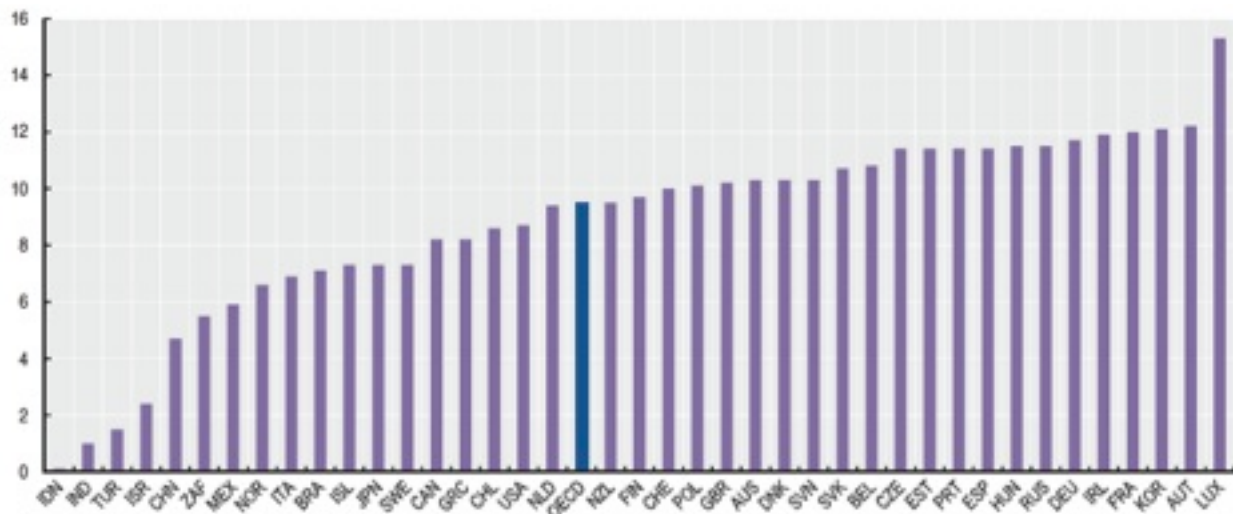


Figure 1. Alcohol consumption among the population aged 15 and over (OECD, 2013).

Despite how serious alcohol-related problems are in South Korea, there is limited data on the prevalence of drinking (Song, Kim, & Lee, 2008). According to data from the Korea Centers for Disease Control and Prevention (2007), about 35.9% of men and 11% of women (around 24.3% of the total population) aged 19 or over drink alcohol two or more times per week. Specific data on the frequency of drinking in the Korean adult population is shown in Table 1.

**Table 1. Drinking frequency among the Korean population (aged 19 and over)**

Drinking Frequency	None	Less than once a month	Once a month	2–4 times a month	2–3 times a week	4 or more a week
Overall (N = 2,496)	15.1% ± 0.8	20.0% ± 0.9	12.6% ± 0.8	27.9% ± 1.2	17.0% ± 0.9	7.3% ± 0.6
Male (N = 1,161)	10.3% ± 1.0	12.0% ± 1.1	10.9% ± 1.1	31.0% ± 1.8	24.6% ± 1.5	11.3% ± 1.0
Female (N = 1,335)	20.8% ± 1.3	29.3% ± 1.4	14.6% ± 1.1	24.3% ± 1.6	8.2% ± 0.9	2.8% ± 0.5

(Korea Centers for Disease Control and Prevention, 2007)

Regarding the frequency of binge drinking—defined as five or more drinks for men and three or more drinks for women in one sitting—about 40.3% of men and 12.8% of women (28.5% of the population) reported engaging in binge drinking one or more times per week (Korea Centers for Disease Control and Prevention, 2007; Table 2). For comparison, only 23.0% of adults in the US reported binge drinking (five drinks or more in one day) at least once in the past year (Centers for Disease Control and Prevention, 2010). However, since the sources of these two data sets are different, I cannot compare these data sets — Korean data and US data about the frequency of binge drinking — directly. Nevertheless, it is clear that a large proportion of Koreans engage in excessive alcohol use.

**Table 2. Binge drinking among the Korean population (aged 19 and over)**

Binge Drinking	None	Less than once a month	Once a month	Once a week	Almost everyday
Overall (N = 2,019)	28.6% ± 1.2	22.2% ± 1.1	20.8% ± 0.9	22.4% ± 1.1	6.1% ± 0.7
Male (N = 1,002)	17.0% ± 1.4	19.6% ± 1.4	23.1% ± 1.5	31.2% ± 1.6	9.1% ± 1.2
Female (N = 1,017)	43.7% ± 2.0	25.7% ± 1.9	17.7% ± 1.4	10.8% ± 1.2	2.0% ± 0.6

(Korea Centers for Disease Control and Prevention, 2007)

AUDIT (Alcohol Use Disorders Identification Test; Babor, Higgins-biddle, Saunders, & Monteiro, 2011) is a screening test for identifying hazardous and harmful alcohol use and possible alcohol dependence. Total scores of 8 or more are used as an indicator of hazardous alcohol use and possible dependence. Shockingly, around 42.7% of a sample of the Korean general population aged 19 or above received scores of 8 or more on the AUDIT. In addition, about 14.4% of the population received total scores of 16 or more, and 7.1% received 20 or more (Korea Centers for Disease Control and Prevention, 2007; Table 3). According to AUDIT guidelines, people who receive scores between 16 and 19 require counseling and monitoring for a brief time, and those who receive 20 or above would need further evaluation for alcohol dependence. According to this data, a large portion of the Korean population is at risk due to harmful alcohol use.

**Table 3. AUDIT (Alcohol Use Disorders Identification Test) scores in the Korean population**

AUDIT Scores	8 or more	16 or more	20 or more
Overall (N = 2,004)	42.7% ± 1.2	14.4% ± 1.0	7.1% ± 0.7
Male (N = 992)	60.0% ± 1.8	22.6% ± 1.6	10.5% ± 1.2
Female (N = 1,012)	19.3% ± 1.5	3.6% ± 0.8	2.5% ± 0.7

(Korea Centers for Disease Control and Prevention, 2007)

Nonetheless, according to official report from Korean Ministry of Health and Welfare, only 2.5% of the population was diagnosed with alcohol abuse and 3.2% with alcohol dependence in 2006 (Ministry of Health and Welfare, 2006). It can be interpreted that Korean people cannot connect their heavy drinking with the risk of alcohol dependence.

Recently, in South Korea, the Ministry of Health and Welfare (2011) reported that 4.4% of the population was suffering from some form of alcohol use disorders (AUDs) in 2011—2.1% from alcohol abuse and 2.2% from alcohol dependence. This is a decrease from 2006, in which 5.6% of the population had an AUD.

In terms of sex, both men and women between the ages of 19 and 29 years showed a significantly higher prevalence of AUDs. Men (6.6%) showed a 3.1 times higher prevalence of AUDs than women (2.1%). For men, the prevalence of AUDs decreased in their 60s, while for women, it peaked in their 20s and decreased thereafter (Ministry of Health and Welfare, 2011).

### **Social Context for Alcohol Use in the Korean Culture**

Drinking and culture are highly related; in other words, alcohol use patterns in part originate from a combination of cultural factors, including social attitudes towards drinking or binge drinking, cultural expectations, and cultural values. Since ancient times, Korean people have drunk alcohol at innumerable celebrations or ceremonies throughout the year. When drunk, they tend to feel that they are better able to express their happiness and enjoyment to others. Furthermore, most believe that drinking or getting drunk together enhances group cohesion. Therefore, alcohol has been considered as an efficient means of resolving interpersonal problems and strengthening group bonds (Y. S. Park et al., 1995).

**Drinking culture in South Korea.** Traditionally, Koreans have tended to have rather generous attitudes toward drinking and the consequences thereof. One example of this attitude is the so-called “*ju-chi-kam-kyoung*,” a law that dictates that when a perpetrator is drunk, their sentence will be cut in half. One example was in 2008, where an 8-year-old girl was raped by a 57-year-old man. The girl was severely injured and disabled, but because the man was drunk at the time that he committed the rape, he only received a 12-year sentence. This led to a deluge of

public criticism, which in turn raised awareness about the permissive attitude and lenient laws that Korean society has towards drinking.

In addition, many Korean people like to drink together as well as they drink a lot and quickly. This is related with the tendency that Korean people attach great importance to the sense of fellowship and community; that is, Korean people tend to focus on “we” or “us” as opposed to “I” or “me.” They particularly emphasize this during drinking. For this reason, many Koreans like to drink together and recommend doing it with others, sometimes going so far as to force others to drink. These are the typical behaviors of drinking in Koreans. Furthermore, they tend to drink large amounts of alcohol, quickly, during a single sitting, and their drinking parties tend to last for a long time. This is all because they believe that such practices further enhance their feeling of “we” or “us” and strengthen community solidarity (Y. C. Chung, Eun, Bing, & Zhang, 1999; Y. S. Park et al., 1995). One example of this is college orientation. S. S. Kim & Chung (2009) conducted a survey of college students in South Korea; the participants reported that they drank most frequently and large amount at the beginning of the semester, specifically during orientation and pep rally (or, the so-called membership training (MT) in Korea). This result shows that Korean people like to drink together and they drink a lot, quickly, to improve their social relationships and enhance group cohesion.

These characteristics of alcohol drinking are shown when seeing the reasons for drinking in Koreans. Interestingly, several previous studies have noted multiple reasons for why Koreans drink alcohol (K. H. Kim, Kim, Roh, & Kim, 2011; S. S. Kim & Chung, 2009; Y. S. Park et al., 1995), and there were two major reasons: for improving social relationships and for relieving stress. In other words, many of the reasons explored in previous studies have shown that Koreans drink to improve their interpersonal relations and enhance group solidarity. Also, they tend to

depend on alcohol for relieving stress or for helping them resolve problems that they encounter in life. Koreans reported a number of other reasons for engaging in alcohol use, some of which were rather problematic, such as “there was nothing to do but drink” and “forced by others” (K. H. Kim et al., 2011; S. S. Kim & Chung, 2009).

Finally, many Koreans are less disciplined about their drinking behaviors. Park, Biao, & Kim (1995) compared drinking behaviors in Koreans and Chinese: they found that drinking behaviors in Koreans were characterized by a relative lack of control in both business and personal situations, while on the other hand, Chinese people tended to draw a line between official and private matters, and when they drank during business situations, they would strictly control their drinking behaviors.

In sum, Korean drinking culture is highly related to a sense of community and group cohesion. Many of the reasons explored in previous studies have shown that Koreans drink to improve their interpersonal relations and enhance group solidarity. Furthermore, they tend to depend on alcohol for relieving stress or for helping them resolve problems that they encounter in life.

#### **Negative experiences from alcohol use.**

Previous literature has demonstrated that many Koreans experience numerous problems resulting from drinking. First, physical harm—by both disease and injury—is a major problem related to alcohol use. Yang & Kim (2012) investigated the drinking habits and consequences of those habits in employees in South Korea, finding that 31.3% of workers had gastrointestinal diseases and 27.1% had liver system diseases as a result of their drinking. Furthermore, about 25.5% of male college students and 19.8% of female students had experienced physical injury because of their drinking (Chun, Shon, Song, & Park, 2006). In addition, K. K. Kim (1996)

conducted a survey study in Southern part of Korea by using a multi-stage cluster sampling method to explore Koreans' drinking patterns and alcohol-related problems. Among 532 respondents, whose ages were between 20 and 60 (average age: 40.7), 30% of respondents reported having experienced physical harm due to alcohol use, while around 10% had been involved in some form of accident related to alcohol use.

Second, excessive alcohol use can make people more aggressive and violent: about 28.1% of respondents from K. K. Kim's (1996) study reported exhibiting some form of aggressive or violent behavior while under the influence of alcohol. In another study, Korean college students reported damaging property, scuffling with police or security guards, and fighting with friends because of their drinking (Chun et al., 2006).

Drinking leads to a number of other problems as well: workplace or school-related problems, memory blackouts, unwanted or unprotected sex, family problems, legal matters, and so on (Chun et al., 2006; K. K. Kim, 1996; S. S. Kim & Chung, 2009; S. H. Yang & Kim, 2012).

K. K. Kim (1996) also reported the frequency of negative experiences due to drinking in Koreans by gender. According to his survey, male Korean respondents experienced an average of 3.46 times the negative consequences after drinking during their lifetime; however, female respondents experienced only 0.59 times the negative consequences. In addition, among his 532 respondents, 11.4% of the respondents reported having experienced serious negative consequences at least once from drinking. However, when sorted by gender, only 1.7% of female respondents and almost 18.3% of male respondents had negative experiences resulting from drinking. Thus, the author reported in his paper that Korean men seemed to experience more negative consequences associated with alcohol drinking than Korean women.

### **The Cultural Concept of Alcoholism in South Korea**

**Perceptions of alcoholism in South Korea.** In the 1970s, only around 10% to 20% of the population knew of “alcoholism” in South Korea; by 1989, this proportion had increased to about 29.8% in the rural population and 39.3% in the urban population (K. I. Kim, 1992). In 2003, 52.2% of Koreans reported that alcoholism was a somewhat serious disease, while about 30.0% reported it to be an extremely serious disease (S. J. Lee, Yoon, Lee, & Min, 2003). Thus, historically, Koreans have little recognized the problem of alcoholism, and only in recent years has awareness of its seriousness increased.

There are a number of possible reasons for this; primarily, most Koreans are more likely to perceive alcohol as a food rather than as a toxic substance. In addition, alcohol-related behaviors are in general not considered problematic behaviors in South Korea. Furthermore, even if alcohol-related behaviors lead to negative outcomes, people tend to focus on the outcomes rather than on the drinking behaviors or on drinking itself (M. H. Lee, Yoo, Lee, Namkoong, & Cho, 1997). Because most Koreans have such positive perceptions of alcohol and such permissive attitudes towards drinking behavior, it may be difficult for them to believe that excessive alcohol consumption can lead to a disease.

Second, in South Korea, there is little public education and few nationwide campaigns promoting awareness of alcoholism. Kweon (2005), who conducted a study to examine the influence of job stress and drinking subculture in the white-collar employees, reported that high percentage of white-collar employees had drinking problems in terms of its frequency and amounts. Specifically, among 278 workers he surveyed, about 36.4% of Korean workers turned out to be problem drinkers; however, almost 58% workers reported that they had never received any education or information about alcohol use or alcoholism. In addition, H. R. Kim (1997) conducted interviews with 10 Korean wives who had alcoholic husbands. According to her

results, most of the wives became aware of their husbands' problematic drinking by noticing their odd behaviors and various physical symptoms. Fewer participants came to understand their husbands' behaviors through alcohol-related education. Moreover, S. J. Lee et al. (2003) reported that about 21.4% of the population answered that alcohol addiction did not require mandatory treatments or education for its prevention: thus, interestingly, 1 in 5 Koreans perceive alcohol addiction to be a bad habit that one can fix rather than a disease.

Hence, even though increasingly more Koreans have come to understand the seriousness of alcoholism, many think that alcohol addiction does not require treatment. Therefore, more active public campaigns and education programs are essential across South Korea.

### **Treatment for Alcoholism in South Korea**

South Korea first started providing structured treatment for alcoholism in 1986. In 2000, the Korean government opened public counseling centers and public rehabilitation centers for alcoholics in every district as one of its public health projects. Since then, these centers have been working towards the counseling and treatment of alcoholics. Additionally, community health centers and several private organizations have been working on reducing alcohol consumption in the Korean population through public education programs and research. According to data collected in 2006, there were approximately 146 community health centers providing the alcoholism treatment services across South Korea (G. S. Kim, 2006). Furthermore, according to data from 2001, there were about 737 psychiatric hospitals and clinics providing services for alcoholic patients (Kweon, 2002).

**Treatment modalities for alcoholism in South Korea.** The major treatment modalities used in South Korea for alcoholism treatment are medication, cognitive behavioral therapy

(CBT), motivational enhancement therapy (MET), and the “12 steps to sobriety” program (Kweon, 2002).

Specific programs and services vary by center and hospital, but some examples include educational programs on symptoms and symptom management, interpersonal training, the 12 steps to sobriety program, Alcoholics Anonymous (AA) meetings, stress management training, social function training, family therapy, anger management, and relapse prevention training (Kweon, 2002).

AA Korea is one of the resources that alcoholics and their families can use. There are approximately 108 small AA groups throughout South Korea, with about 3,000 people participating in total. AA Korea provides the 12 steps to sobriety program. In addition, alcoholics are encouraged to share with others their stories related to problem drinking. In addition to AA Korea, there are around five online self-help groups for alcoholics and alcoholic families. All of these groups are entirely anonymous. Considering that hospitals and clinics also have their own AA groups, South Korea appears to have a large number of AA groups overall.

**Problems with the alcohol treatment system in South Korea.** Despite the fact that public centers and hospitals have been actively working to aid alcoholic patients, there are a number of problems with the current system, according to previous research. First, there is an overall lack of hospitals and clinics that specifically treat alcoholism or have closed wards for alcoholic patients. Rather, about two-thirds of psychiatric hospitals and clinics have closed wards for all psychiatric patients, including alcoholics. In other words, Korean alcoholic patients typically receive treatment alongside patients who have other psychiatric disorders in the same ward (Kweon, 2002).

Next, because alcoholism is a chronic disease requiring lifelong care, treatment should be continuous to ensure lifelong recovery. However, centers for alcoholism in South Korea more often focus on inpatient care— isolation and treatment— rather than outpatient care such as rehabilitation or relapse prevention. Kweon (2002) surveyed 125 psychiatric hospitals and clinics in South Korea. About 80% of these facilities reported having both inpatient and outpatient services, 4% reported that they have only service for outpatients, and 16% reported that they provided only inpatient care. However, although almost 84% reported providing outpatient treatments for preventing relapse, most of the services were limited to prescribing medications and brief counseling. Only 5.6% of hospitals reported that they provided active and structured treatment services for lifelong recovery (Kweon, 2002). In addition, although there are multiple public counseling centers and rehabilitation centers for alcoholics in every district, there are a lack of networks between psychiatric hospitals or clinics and community resources (Kweon, 2002). This leads to a much higher rate of relapse in South Korea—about 72.33% of patients were re-hospitalized because of relapse in 2004 (The Korean Alcohol Research Foundation, 2004).

Moreover, there is lack of treatment services tailored to certain populations such as women, adolescents, and the elderly. These particular populations are more vulnerable to alcohol-related problems. However, according to Kweon (2002), only 7.6% of treatment centers in Korea provide treatment services tailored to these populations. Specifically, there was only one center providing special treatment services for adolescents among the 125 centers that Kweon (2002) surveyed, and there were four centers and three centers for the elderly and women, respectively. Therefore, there are insufficient services for populations particularly vulnerable to alcohol-related problems in South Korea.

Finally, families are primarily responsible for their alcoholic family members. For this reason, they often experience considerable physical and emotional problems, including social stigma and domestic violence. However, few centers provide services for alcoholic families as a whole (Jeong, 2010); according to the study by Kweon (2002), only about 54.2% of centers were reported to provide counseling services for families along with alcoholic patients. In addition, about 17.8% of treatment centers reported that they did not even consider families living with alcoholic patients.

### **Korean Families in View of Confucian Culture**

When speaking of the cultural aspects of Korean families, there is no denying the considerable influence of Confucianism on familial norms and values in South Korea. Therefore, it is impossible to understand Korean families of persons with alcoholism as well as Korean children of alcoholics without knowing more about the traditional Korean family culture and traditional parent-child relationships, which are largely shaped by Confucianism. Therefore, in this section, two themes are discussed: 1) the Korean family from the perspective of Confucianism and 2) traditional parent-child relationships in South Korea.

#### **The Confucian base of the Korean Family**

**Confucianism in Korea.** Confucianism is a moral and philosophical system that originated in traditional Chinese culture, but has since spread to influence numerous other countries, such as Japan, Korea, Vietnam, Taiwan, and Singapore (Gao et al., 2012). Confucianism is not a religion, but a set of values regarding the roles and duties of individuals, families, and societies. During the Choson Dynasty (1392–1910) in Korea, Confucianism was adopted as the main philosophical system, as an alternative to Buddhism, and it influenced on

social norms and lives in Korean (K. S. Park, 2004). During that period, the Korean school of Confucianism, called *Sunggyungwan*, was established, which educated numerous prominent Confucian scholars.

Humanism is the core of Confucianism (Juergensmeyer, 2005), which has five characteristic virtues: *In* (“Humaneness”), *Yi* (“Righteousness or Justice”), *Yeh* (“Propriety or Etiquette”), *Zi* (“Knowledge”), and *Xin* (“Integrity”). All members of society needed to integrate these virtues into their daily lives (Runes, 1983).

Furthermore, Confucianism emphasized practical ethics. Specifically, it emphasized ethics within the realm of country, society and family. In terms of country value, it stressed the loyalty — the relationship between rulers and ruled. In a society, the faith between friends and the relationship between the elders and the youngsters were stressed. In a family unit, the ethics between father and son as well as husband and wife were emphasized. Moreover, Confucianism emphasized the value of virtue, patience, humility, and support others to individuals. On the other hand, it emphasized the value of obedience, fidelity, respect, and honesty in vertical and hierarchical relationship (K. S. Park, 2004).

Although Korea has undergone a period of colonization by Japan, the Korean War, as well as the division of territory and industrialization following the end of the Choson Dynasty, Confucianism still remains a fundamental part of Korean society, and continues to influence interpersonal relationships and the expected roles and duties in individuals, families, and societies.

**Confucianism and Korean family values.** In English, the word “family” comes from the Latin word *familia*, which means “member of household; family servants; slave of the household.” Furthermore, the word “economy” originates with the Greek *oikos*, which means

“family.” In this way, in Western countries, families could be viewed as “economic communities” (Y. C. Lee, 2007; Online Etymology Dictionary, 2013). On the other hand, in Korea and in Confucianism, the family is viewed as more of a political community. That is, one’s family was not considered a private group, but rather a body connected to the larger society. For example, there is little distinction in Korean society between the family value of “filial piety” and the societal value of “loyalty.” Hence, social duties and values originated from familial values, which were the foundation of Korean society (Y. C. Lee, 2007).

According to Confucianism, the family should have two major values: intimacy and respect. Blood ties are considered as an important part of Confucian families, particularly in terms of love and intimacy; blood ties make families much closer. As for respect, Confucian families had strict rules between family members, distinguishing the roles and duties of elders and younger members, and males and females. In other words, hierarchical orders were stressed in the Confucian family (D. H. Lee, 2009; Y. C. Lee, 2007).

Finally, Koreans had a responsibility to continue the family line (Y. C. Lee, 2007). The oldest son in particular was considered part of the continuum between ancestors and offspring, meaning that he had a responsibility to maintain his entire family. To do so, he was supposed to worship his ancestors, take over as head of the family, and have a male child who can, in turn, take over his responsibilities after him. In contrast, married daughters were not considered to be a member of their birth family, but were instead supposed to live for their husbands’ families, regardless of facing difficulties (S. H. Kim, 2001). Thus, in Korea, the meaning of “family” and the associated values have been historically maintained and developed according to Confucianism; therefore so far, most Koreans are highly attached to their families and familial values.

## **Traditional Parent-Child Relationship in Korea**

### **Influence of familism and filial piety on the parent-child relationship in Korea.**

“Familism” is a traditional Korean familial philosophy that emphasizes the family as a basic unit of society. Additionally, it values the family more than the individual—that is, the family members—but still requires individuals to uphold familial values (Ryu, 2007). Familism originated from Confucianism. Although Korean society has changed considerably with the influence of Western cultures, familism remains entrenched within families and society. More importantly, it is an essential component in understanding the relationship between Korean parents and their children.

There were five main interpersonal relationship bonds stressed in Confucianism: ruler to ruled, father to son, husband to wife, elder brother to younger brother, and friend to friend. Specifically, there should be loyalty between ruler and ruled, intimacy between father and son, distinction between husband and wife, order between elders and youth, and faith between friends (K. S. Park, 2004). However, the bond between father and son was considered the most valuable (Ryu, 2007). This was because a family was considered the most important group according to Confucian values, and the father–son relationship was said to be the first relationship in human life. Stemming from this bond was value exceedingly important to Korean society—filial piety. Filial piety is known as *hyo* in Korean, and it is considered the most important value between parent and child. Filial piety refers to not only sons’ respect for their parents but also the responsibilities and support they must provide to parents. Children have been taught that because their parents brought them into the world and raised them, they must respect and support their parents (Ryu, 2007). Therefore, traditionally, Koreans have honored and supported— financially,

physically and emotionally—their parents, and after their parents’ death, they had to continuously honor their parents by performing traditional ancestral rites.

These two values explained above—familism and filial piety—have greatly influenced the relationship between Korean parents and children. At first, most Koreans think of the parents and child as one entity (Ryu, 2007), in other words, that they are highly attached to each other. This is especially true for Korean parents. For this reason, parents and children share their life difficulties, considering both the children’s and parents’ difficulties to be the same, which must be dealt with together. Furthermore, children’s faults are considered not only to be their own, but the entire family’s, including parents. Similarly, children’s achievements are perceived as “belonging” to their parents and families. Thus, Korean parents are more likely to think that their child belongs to them, rather than being a separate person (Ryu, 2007).

In addition, Korean children have been raised learning about the duties they must perform for their parents. Traditionally, children were taught that their duties regarding filial piety could be accomplished by not only respecting their parents but also by achieving social success for their parents and entire family (C. D. Kang, 1996). Furthermore, children—especially the oldest son—were also expected to support their parents physically, emotionally, and financially until their parents die.

In summary, the traditional relationship between parents and children in Korea has been shaped by Confucianism, particularly the values of familism and filial piety. Furthermore, even if family values in Korea have been modernized because of societal change, familism is still present in the relationships between parents and children, and filial piety still dictates the duties that are required of children.

**“Education fever” in Korea.** “Education fever” has played a prominent role in parent-child relationships in Korea. Historically, Koreans have clung to education. Korean parents have often sacrificed themselves in order to educate their children, and most have considered this sacrifice as a parental virtue. Koreans’ obsession with education have been seen as far back as the national emergent periods, such as after gaining independence from Japan or during the period surrounding the Korean War (C. D. Kang, 1996). This eagerness to educate children appears to be unique to Korea, and it is important to the discussion of Korean parent-child relationships. Chung (1984) defined this Korean education fever as the fervor for education that is not based on a child’s desire to study, but rather on the desires of parents for their children to excel in academics. Interestingly, this phenomenon appears to have originated in Confucianism.

Traditionally, children’s education was considered one of the mother’s roles in Korea. In Confucianism, the mother’s role in education is illustrated by an old saying “Mang-Mo-Sam-Chun-Ji-Gyo,” which means that Mang-ja’s (a great Confucian scholar in China) mother moved their home three times for the sake of her son’s education. This emphasized the importance of a mother’s efforts to ensure that her son has a good education, and that children must have an appropriate educational environment. Thus, traditional Korean parents—especially mothers—have had a strong desire to educate their children and have been highly willing to sacrifice themselves for their children’s education.

On the other hand, studying hard has historically been considered one example of filial piety for Korean children. In Confucianism, this value has been called “Yip-Sin-Yang-Mung-Ju-Wi,” which means that children (sons) must honor their parents and their family by achieving social success (C. D. Kang, 1996). During the Chosun Dynasty, such social success could be

achieved by passing a state examination—thus, they were often driven to study as hard as they could.

**Traditional parenting style in Korea.** From a Western point of view, the Korean parenting style was considered authoritarian (W. Y. Lee, 1998). Kim & Hong (2007) examined Korean-style parenting in depth, finding that it often consisted of behavior such as spanking and hitting, with little hugging and kissing. However, because Korean values surrounding parent-child relationships and parenting styles differ from those in the US or other countries, it would be inappropriate to examine parenting style from a US-centric perspective.

To properly understand Korean values surrounding parenting style, it is important to distinguish father-child and mother-child relationships as well as the expected parenting styles of mothers and fathers. These parenting styles can be summarized as the “strict father” and the “generous mother” (W. Y. Lee, 1998). More specifically, the expected role of the Korean father was to love his children but remaining feared and inaccessible. A father should be authoritative so that children both respected and felt uneasiness towards him. Koreans have traditionally believed that it helps to have considerable control over their children. In contrast, Korean mothers were expected to be generous. They were asked to devote their lives to their children and provide endless love and sacrifice. These parenting styles had to be in harmony, as well, combining authoritative and strict fathers and generous and devoted mothers (S. Y. Park, 2005).

In sum, living with alcoholic parent is stressful and traumatic by itself. However, in terms of South Korea, many sociocultural factors additionally increase the burden on both family and the children. They have high alcohol consumption rate; however, they are more likely to have a permissive attitude toward alcohol drinking. They also have lack of public concern and awareness toward alcoholism as well as they have a lack of life-long care and treatment for

alcohol use disorders. Additionally, Confucian thoughts and values are still present in Korean society; thus, Familism and filial piety duties are learned and asked to fulfill to Korean family members. All of those factors increase family burden that they have to take main responsibility to take care of alcoholic family members. Especially, in terms of parent-child relationship in South Korea, it is more attached and prolonged due to the influence of Confucianism; thus, it increases burden for children of alcoholics. Moreover, there are scarce community resources to get help or evidence-based interventions, which are suitable for Korean children of alcoholics. Based on this background information, a conceptual framework is built and illustrated in following section. Especially, scientific gaps, which have to be explored, are discussed.

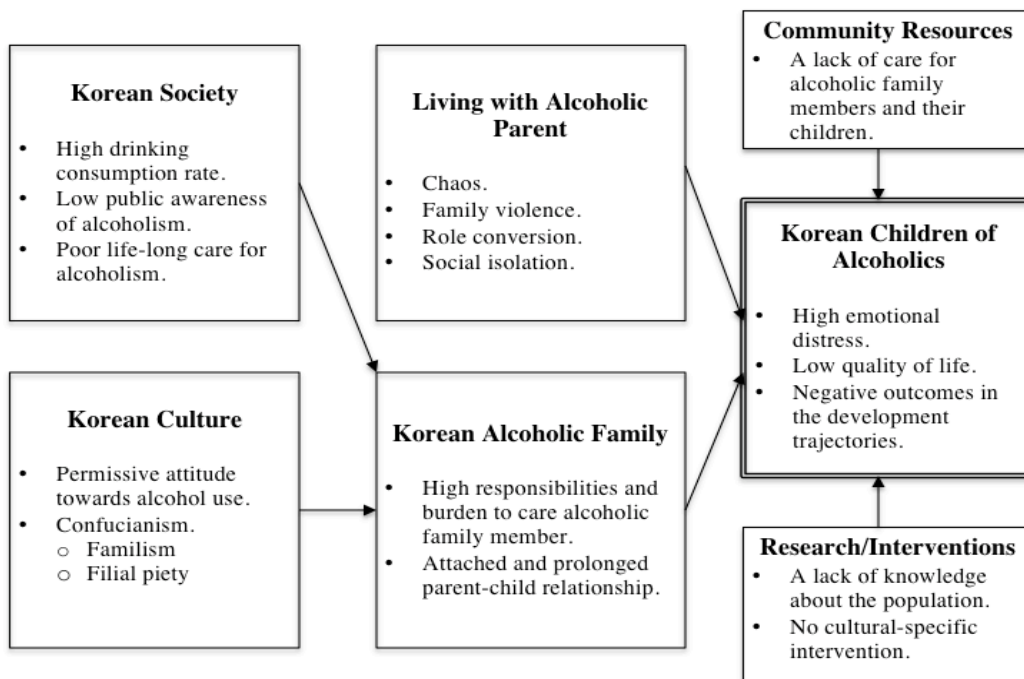
### **Conceptual Framework on Korean Children of Alcoholics.**

Figure 2 illustrates a conceptual framework on Korean children of alcoholics (COAs). This framework includes only Korean alcoholic family with alcoholic fathers. It shows multiple factors, such as Korean sociocultural factors and parental alcoholism itself, that influence on the lives of alcoholic family and the lives and development of the children.

Since it is hard to change sociocultural factors and it takes long time, developing and applying evidence-based interventions seems to be appropriate to help those children in Korea. However, unfortunately, there is a lack of knowledge about this population. There were few qualitative studies conducted in South Korea to explore the lives of children/adolescents of alcoholics as well as the process of adjustment on children of alcoholics (Ju, 2008; M. A. Kim, 2003a, 2003b). However, it is not enough evidence to develop interventions, and also many critical influencing factors— for example, the factors that actually helped them while growing up, the factors that they needed or the factors that made them emotionally distressed — were not

explored in any studies so far, even though exploring those factors are essential to develop practical and effective intervention for Korean COAs.

For this reason, as a start, this study focuses on obtaining in-depth information about Korean COAs. Specifically, this study utilizes grounded theory methodology in order to focus more on their psychosocial process of adaptation while growing up. In addition, several critical influences — whether it is culturally specific or not — which affect their adaptation process are also explored from their own perspectives. Therefore, following questions will be asked to Korean COAs: (1) *What psychosocial processes they have undergone to adapt their lives while growing up in alcoholic family?;* (2) *What factors helped them to overcome the challenges and to be well-adapted?;* and (3) *What factors made their lives more difficult and hinder them to be well- adapted?*



**Figure 2. Factors influencing on Korean children of alcoholic fathers.**

Through this study, it is expected to show Korean children's psychosocial process of adapting. They may show unique process and unique thoughts due to the influence of Korean specific sociocultural factors. Also, there might be cultural specific factors influencing their adaptation process. Thus, the findings of this study will contribute an in-depth knowledge about the population — Korean COAs, and also it can be important evidence when developing the interventions.

### **Grounded Theory Methodology**

Grounded theory methodology is chosen for this proposed study, since it is considered as the most suitable methodology to answer the research questions of this study. Prior to the method section (Chapter 3), in-depth description — theoretical background as well as specific research procedure — about Grounded theory methodology is provided for those who are not familiar with this methodology.

Grounded theory is a qualitative approach, typically used when a research question is aimed at understanding social and psychosocial processes, including interactions or relationships in specific social situations or conditions, and the consequences of these interactions (Strauss & Corbin, 1990). This study will generate the theory to describe the psychosocial process that Korean children of alcoholics undergo in their alcoholic families as they grow up. So far, there are not many studies that have been done with Korean children of alcoholics (COAs). In addition, what is hoped to be learned through this study is a dynamic psychosocial process of adapting of Korean COAs to their alcoholic family environments and crucial influencing factors. For these reasons, Grounded theory methodology is chosen for this proposed study.

### **Theoretical Background of Grounded Theory Methodology**

**Theoretical paradigms.** Grounded theory is a research methodology used to conceptualize information and develop theories from a set of data to further explain human interaction (Hall, Griffiths, & McKenna, 2013). First developed by Glaser and Strauss (1967), grounded theory has since undergone several variations in terms of how researchers implement it and the approach they take in interpreting the data. These variations have been soundly situated in differing theoretical paradigms, including positivism, post-positivism, and constructivism (Hall et al., 2013). It is important to understand these paradigms, because they represent the perspective through which the researcher views and understands the world.

Positivists emphasize rational and logical thinking, arguing that the world has a “true reality.” Therefore, they seek out this reality by avoiding personal biases. Then, through rigorous and systematic research, they attempt to generalize their study results and predict how the studied phenomena might arise under certain conditions. In contrast, post-positivists assert that while there is a true reality out there, they can never fully know it. Thus, although control and prediction are still considered important elements in post-positivist grounded theory, post-positivist researchers tend to conduct studies in more realistic settings. For this reason, they emphasize the importance of data collected from a wide variety of sources. Finally, constructivists argue that reality is comprised of multiple constructions, such as social policies, history, and culture. These constructions should thus be interpreted in order to understand certain phenomena (Lincoln & Guba, 2005; Polit & Back, 2006).

Within the positivist paradigm, qualitative studies have been often challenged, as researchers considered them to be unsystematic and have considerable bias (Hall et al., 2013). Nonetheless, some academics claim that grounded theory was originally derived from positivism because it emphasizes such a rigorously systematic method, and it has been also used in mixed-

methods research to strengthen quantitative data and verify hypotheses (Annells, 1996; Hall et al., 2013). However, other academics— particularly in recent years—have argued that grounded theory is more aligned with post-positivism (Annells, 1996; Charmaz, 2006) in terms of how it constructs theories directly from the data, rather than creating a hypothesis from existing theories and testing it (Hall et al., 2013). In the 1990s, grounded theory divided into two differing paradigms, one spearheaded by Glaser and the other by Strauss and Corbin. The former, called classic (or Glaserian) grounded theory, takes more post-positivist view, whereas the latter, called Straussian grounded theory, holds a more constructionist view (Birks & Mills, 2011; Hall et al., 2013).

**Glaserian (Classic) and Straussian grounded theory.** Glaser and Strauss had different theoretical backgrounds. Glaser approached grounded theory using naturalistic interpretative methods, which emphasized rigorous analytic guidelines when coding qualitative data. Strauss, in contrast, was influenced more by symbolic interactionism (Charmaz, 2006). Thus, in the 1990s, the grounded theory methodology was spilt, and two schools of thought emerged: one championed by Glaser, and the other by Strauss and Corbin. These two approaches differed in their ontological, epistemological, and methodological perspectives (Annells, 1996; Charmaz, 2006; Hall et al., 2013).

Glaser held a post-positivist view, and thus was much more focused on discovering “true meaning” (Glaser, 1978; Hall et al., 2013). He emphasized theoretical sensitivity, which is the ability of researcher to understand the meaning of the data and its sensitivity. Thus, he opposed searching related literature during the writing up in order to avoid contamination — the study implement and interpretation could be influenced by previous study results. In addition, Glaserian grounded theory assumed that categories will emerge from the data, allowing for the

discovery of a tentative theory. Indeed, Glaser identified many theoretical codes and coding families, which he outlined in his three books, that can emerge from data using the grounded theory methodology; 18 codes were explained in *Theoretical Sensitivity* (Glaser, 1978), 9 in *Doing Grounded Theory* (Glaser, 1998) and 23 in *Theoretical Coding* (Glaser, 2005). However, he asserted that his codes are not the only possibilities, and that many more codes could be discovered through subsequent grounded theory research (Glaser, 1978; Hernandez, 2009).

Strauss, on the other hand, was a pragmatist and symbolic interactionist (Hall et al., 2013). Thus, Straussian grounded theory, developed by both Strauss and Corbin, held a more constructionist viewpoint and argued that “multiple perspectives must be systematically sought during the research inquiry” (Hall et al., 2013; Strauss & Corbin, 1998). In addition, they asserted that reality is a product of the enquirer’s interpretation and construction; thus, they rejected the positivistic view, which argues that reality is “out there” and waiting to be discovered. Moreover, while Glaser used theoretical coding families, Strauss and Corbin emphasized the rigorous coding processes to build a theory.

**Symbolic interactionism.** The philosophical underpinnings of grounded theory lie in symbolic interactionism (Charon, 2007). Symbolic interactionism focuses on how human behaviors and interactions are mediated by symbols, and symbolic interactionists argue that people behave by giving meaning to their environments, rather than simply responding to them. Symbols include a vast array of constructs, such as physical objects, other individuals, social groups, policies, others’ behaviors, and the situations that people can encounter.

Symbolic interactionism originated with the pragmatist philosopher, George Herbert Mead (Charon, 2007). He stressed that, in order to understand human behavior, we had to consider human development, which is part of an evolutionary process. Mead said that behavior

starts with a reflection on the problem at hand, and that the consequences of this behavior influence future behaviors and interactions. For example, behaviors resulting in positive consequences are repeated while non-beneficial behaviors or the behaviors that does not achieve intended goal are modified (Charon, 2007; Hall et al., 2013).

In the 1960s, Herbert Blumer, a student of Mead, further expended Mead's work with the naturalistic approach and coined the term "symbolic interaction" (Annells, 1997). He argued that human beings use interpretive interaction; in other words, people react to others according to their own interpretations of social situations and others' verbal or non-verbal cues, or "symbols." For this reason, people are constantly interpreting their social situations as well as the meanings of these situations from symbols, which can affect their behaviors. Thus, he said that the process of interaction is "symbolic" (Blumer, 1969).

Symbolic interactionism played a large role in Strauss's perspective of human behavior. For example, Strauss argued that many human actions are complex phenomena that actively respond to problematic situations, and these actions are based on meaning that is defined and redefined via interactions (Strauss & Corbin, 1998). However, even though symbolic interactionism underpins the philosophical foundation of grounded theory, not all symbolic interactionists are grounded theorists and visa versa; not all grounded theorists have this symbolic interactionist position (Hall et al., 2013).

**What does a "theory" consist of? What does grounded theory writing look like?**

Grounded theory is a method for producing theories; as such, it focuses on identifying conceptual relationships. Therefore, it can be said that grounded theory consists of 'plausible relationships' composed by concepts or set of concepts (Strauss & Corbin, 1994). In addition, grounded theory researchers focus on patterns of behaviors or interactions among social units.

Therefore, rather than merely creating a theory, they show the dynamic process of a given phenomenon—for example, the changing patterns of actions, interactions, or relationships of a phenomenon according to the similarly changing internal or external conditions. At last, they pursue predictability by conceptualizing what phenomena arise or what actions occur under which conditions (Strauss & Corbin, 1994).

In addition, grounded theory writing seems to be systematized and traceable. It uses systematic statements to explain plausible relationships among categories and concepts. Also, the result of grounded theory research is hierarchically organized, being composed of categories, domains, and core categories, as well as the interactions or relationships among them (Strauss & Corbin, 1994; Zahlis, 2001). Furthermore, it shows a rigorous series of steps that the researchers have followed in order to identify the core concept of the specific phenomenon.

### **Research Procedure of Grounded Theory**

In this section, I will examine the research procedure of grounded theory, referring to the method described by Strauss and Corbin (1990).

**Concurrent data collection and analysis.** One of the fundamental characteristics of grounded theory is the concurrent process of data generation and analysis. To do this, researchers collect initial data from a small number of representative samples and conduct the initial coding process. Then, they collect more data to construct a theoretical proposition or to test their hypothesis (Birks & Miller, 2011).

**Theoretical sampling.** Grounded theory uses theoretical sampling. The initial theoretical sampling depends on the research area — for example, recruiting a number of children growing up in alcoholic families for the research of COAs, and after conducting this initial sampling, researchers should seek out as many categories as possible from the initial data. After that, they

should aim for data saturation by conducting further theoretical sampling — this includes creating more categories and identifying category properties, the conditions in which a particular category may occur, and the relationships between categories (Birks & Mills, 2011; Strauss & Corbin, 1998). While conducting this process, researchers constantly think about what sources could provide the richest information at each point (Birks & Mills, 2011).

After collecting as much new information as possible from new groups, researchers then compare the new categories with previously identified categories and attempt to find similarities or differences between them. Researchers continue this process until they reach a theoretical saturation point, at which the researcher feels confident about identifying the core categories or no new categories arise from the data (Strauss & Corbin, 1998).

**Data coding.** The process of analyzing the data using grounded theory is exceedingly complex, especially in terms of reducing the raw data into meaningful categories. Each category can be viewed as a concept, which is an abstract phenomenon observed in the data. These categories are then integrated into a coherent theory (Corbin, 1986). The first step in the analysis is coding the data. As described by Strauss and Corbin, the coding process is divided into three phases: open coding, axial coding, and selective coding.

Strauss and Corbin described open coding as follows: “the data are broken down into discrete parts, closely examined, compared for similarities and differences, and questions are asked about the phenomena reflected in the data” (Strauss & Corbin, 1998, p. 102). Above all, in this stage, all researchers involved should read the interview transcripts multiple times. Then, they begin to fracture the data into units of analysis, wherein each unit contains a single coherent idea (Zahlis & Lewis, 1999). To do this, researchers examine the data at different levels, including at individual words, phrases, lines, sentences, paragraphs, or sometimes the entire

document (Strauss & Corbin, 1998). After this, relevant units of analysis are labeled. Then, those open codes are reviewed and the codes representing a similar phenomenon are sorted into a category, which is a more abstract concept than the open codes (Strauss & Corbin, 1998; Zahrli & Lewis, 1999). Each category is identified in terms of its properties and dimensions: properties are the characteristics of a category that delineate the phenomenon or meaning of the category, while dimensions are defined as the range of phenomena that a category extends to cover (Strauss & Corbin, 1998).

The next step is axial coding, which is the process of putting relevant categories together and generating higher conceptual categories. Specifically, each category identified in the open coding process is connected to other categories according to its causal conditions, phenomena, contexts, intervening conditions, action/interactions, and consequences. In this way, they become subcategories of the higher-order, more conceptually abstract categories (Strauss & Corbin, 1998).

Finally, selective coding is the process of integrating and refining a theory. In this process, the researcher determines a core category (Birks & Mills, 2011). Strauss & Corbin (1998) defined a core category as the “category under which all other categories can be subsumed” (p.146), which means that the core category should represent all of the phenomena involved in the research question, and encapsulate all of the identified categories based on collected data. After identifying a core category, the researcher proceeds to refine the theory. The initial categories are reorganized around the core category, and if the categories need further development, additional theoretical sampling can be conducted. In addition, codes and categories that are not apparently essential to the core category or the main idea of the theory can be removed. Through this process, the theory can be denser and more efficacious to explain the

psychosocial process that the study wanted to explore (Glaser, 1978). At last, the refined theory can be validated through being compared with raw data or approved by the study participants.

**Constant comparative analysis.** Grounded theory is an inductive method, in that it pursues a theory by building it up around raw data. To do this, grounded theory uses the process of concurrent data collection and analysis, as well as constant comparison between data and codes, codes and other codes, codes and categories, and categories and other categories to maximize consistency and prevent overlapping of information. Constant comparative analysis is continued until the theory has been fully developed and all relevant information integrated (Hall et al., 2013; Zahlis & Lewis, 1999).

### **Writing memos**

Writing memos is an ongoing activity in grounded theory, beginning in the early stages of planning the study to the completion of a theory (Birks & Mills, 2011). It was highly recommended by Strauss and Corbin (1998). They defined memos as “specialized types of written records—those that contain the products of analysis or directions for the analyst” (p. 217). The idea behind writing memos is that it helps to record researchers’ thoughts and ideas in written form throughout the study process, allowing them to maintain awareness of their goals during the study process and helping the research remain grounded in that goal (Strauss & Corbin, 1998). In addition, it helps researchers creatively generate ideas about the data (Urquhart, 2000). Since memos do not need to be recorded in a formal or polished fashion, researchers are freed from any constraints so that they can record any kind of information, such as the study progress, insights that they are seeking to achieve, the study directions, and any decisions they have made for constructing the theory (Strauss & Corbin, 1998; Urquhart, 2000).

### **Achieving Trustworthiness in Grounded Theory Methodology**

Regardless of the research method—whether quantitative or qualitative—it is important for the research findings to be as trustworthy as possible; thus, every study should present its findings according to rigorous research procedures. Although the notion of trustworthiness is common to both quantitative and qualitative study methods, its concepts still differ slightly between these forms of research. In other words, qualitative research adheres to concepts such as credibility, dependability, confirmability and transferability to describe trustworthiness (Graneheim & Lundman, 2004). These concepts are derived from Lincoln and Guba's (1985) study. However, still these criteria for establishing trustworthiness in qualitative research — credibility, dependability, confirmability and transferability — relate to the positivist views of internal validity, reliability, objectivity, and external validity, respectively. Later on, in response to criticisms, a fifth criterion was added—authenticity—which has a constructivist viewpoint (Lincoln & Guba, 1985; Polit & Beck, 2012).

**Credibility.** Credibility refers to the degree of truth value that the data and the analyses and interpretations based on those data have (Polit & Hungler, 1999). There are several ways to ensure good credibility, as addressed by Graneheim and Lundman (2004).

First, researchers should collect a sufficient amount of data, using the most appropriate methods. The necessary amount of data varies depending on the complexity of the research question, but a suitable amount of data increases the credibility of the study.

Second, it is important to select the most suitable meaning unit. Meaning units can be words, phrases, sentences, or whole paragraphs, and each unit has to encapsulate an idea or symbol. Therefore, if the units are too narrow, relevant ideas will fragment. In contrast, if units are too broad, each of them will cover too much meaning, making it difficult to manage in subsequent coding processes.

Third, categories and domains should be well established so that they cover appropriate data. To do this, researchers must capture the similarities and differences between categories and domains by defining their properties and dimensions.

There are two further techniques used for enhancing credibility of qualitative studies: peer debriefing and member checking. Peer debriefing is validating the results of the analysis by seeking agreement among peer experts. Specifically, it involves reviewing the data, categories, and domains with peers and exploring them further through diverse inquiry from peers (Polit & Beck, 2012). Through peer debriefing, researchers can detect arbitrary study procedures or biased interpretations of the data (Lincoln & Guba, 1985). Member checking is also an important technique for enhancing credibility in qualitative studies. Through member checking, researchers can get feedback from study participants for better data interpretation. Member checking can be accomplished through face-to-face discussions between participants and researchers or in writing—that is, the participants can be asked to review and give comments on the study summaries (Polit & Beck, 2012).

**Dependability and confirmability.** Dependability refers to the stability of the data over time and conditions (Polit & Beck, 2012). In other words, it refers to degree to which another investigator can get similar study results to those of the original researcher(s) when he or she conducts additional research in a similar context. Confirmability stands for the objectivity of the results, particularly in terms of the accuracy, relevance, and meaning of the data (Polit & Beck, 2012). Researchers should focus primarily on the information provided by participants, and interpret the data in a way that minimizes the researchers' biases, motivations, or perspectives in order to increase confirmability.

**Transferability.** Transferability refers to the degree to which the study findings can be transferred to other settings or groups. In order to facilitate transferability—that is, accurately transfer the study results to other settings—the researchers should sufficiently and clearly describe the data in terms of its culture and context, as well as the selection and characteristics of the study participants (Graneheim & Lundman, 2004; Polit & Beck, 2012).

**Authenticity.** Authenticity was later added to solve the problem of trustworthiness depending only on a positivist perspective. It refers to the degree to which researchers faithfully adhere to reality by portraying participants' lives as they are lived, as well as showing some sense of the mood, feeling, experience, language, and context of participants' lives (Polit & Beck, 2012). Thus, the pursuit of authenticity drives researchers to capture a variety of perspectives surrounding the studied phenomenon, rather than capturing only a single perspective. By doing so, it is believed that researchers can achieve greater authenticity and readers of the study results can better understand participants' lives.

### **Summary**

In this chapter, previous literature about children of alcoholic parents was reviewed. Specifically, their lived experiences as well as negative outcomes demonstrated in previous studies and to date interventions were discussed. In addition, in-depth information of cultural backgrounds in South Korea in terms of alcohol use and Korean Confucian familial values were provided in order to present sociocultural situations and realities that Korean COAs and ACOAs encounter. Based on the literature review, the conceptual framework on Korean COAs was illustrated and the research questions for this study were proposed. Finally, appropriate methodology for this study was discussed. Particularly, theoretical backgrounds as well as specific research procedures of grounded theory were provided.

## **CHAPTER 3. METHOD**

### **Introduction**

As mentioned previously, grounded theory methodology is used for this study in order to generate the theory about the adaptation process in Korean children of alcoholics. Therefore, in the previous chapter (Chapter 2), grounded theory as a method was discussed. In this chapter, specific research methods and processes are described. This chapter includes the 1) study design, 2) data collection and 3) data analysis procedures of this study.

### **Study Design**

#### **Sample**

For this study, the targeted population is young adult Koreans who grew up with an alcoholic father. Thus, the participants recruited for this study were young adult Koreans aged between 19 and 30, whose father was a participant-identified problematic alcohol drinker when they were growing up. The father may or may not have been diagnosed as an alcoholic. The study participants were recruited from two Universities and one college located in South Korea as well as from the online self-help groups for alcoholic families. The rationale to recruit the subjects in Universities or colleges was as follows: 1) University or college students of alcoholic fathers are the population who most recently have experienced the process of adapting to a father who has a problem with alcohol and 2) they are becoming independent and somehow freed from their parents' control. Also, 3) since the percentage of young people who go to college or university in Korea is almost 80%, they might be considered as a representative population of young Korean adults. The universities/college were chosen based on their locations and researcher's familiarity. Specific criteria to participate in the study were: 1) between 19 and 30

years of age; 2) born in South Korea; 3) able to verbally communicate; 4) grew up in a family in which the father had a participant-identified problem with alcohol; 5) diagnosed as children of an alcoholic by the CAST scale (Children of Alcoholic Screening Test); and 6) understood the purpose of the study and agreed to participate. On the other hand, those who were 1) born in South Korea but have different ethnicities or different familial and cultural background with Korean; 2) grew up in a family with alcoholic mother or both alcoholic parents; and 3) not meet cut-off score (score 6) by the CAST scale were excluded from this study. Theoretical sampling method was applied so that the number of participants was determined based on when theoretical saturation was achieved in the participants' responses. Total 23 participants, whose fathers were participant-identified problematic alcohol drinkers, were recruited for the interview. However, 3 of them were excluded from the study: one of them was intoxicated when participating in the interview, the other participant did not meet the CAST criteria, and the last person did not want to proceed the participation due to personal reason — midterm. Therefore, the interview data from 20 participants was analyzed.

### **Recruitment**

Before being implemented, all the study procedures were reviewed and approved by University of Washington Human Subject Review Committee.

The study participants were recruited through three different approaches: 1) advertisements about the study on a flyer that were posted at the university or college campuses; 2) contact with members of online self-help groups for alcoholic families; and 3) contact with potential participants following use of snowball-sampling methods.

First, the researcher posted a flyer on the campuses of two universities and college in South Korea: Kim-Cheon Science College, Semyung University, and Namseoul University. The

flyer contained the brief introduction of the study, study purpose and contact information for the researcher. In addition, the inclusion criteria for the study and the amount of incentive were included in the flyer (Appendix A).

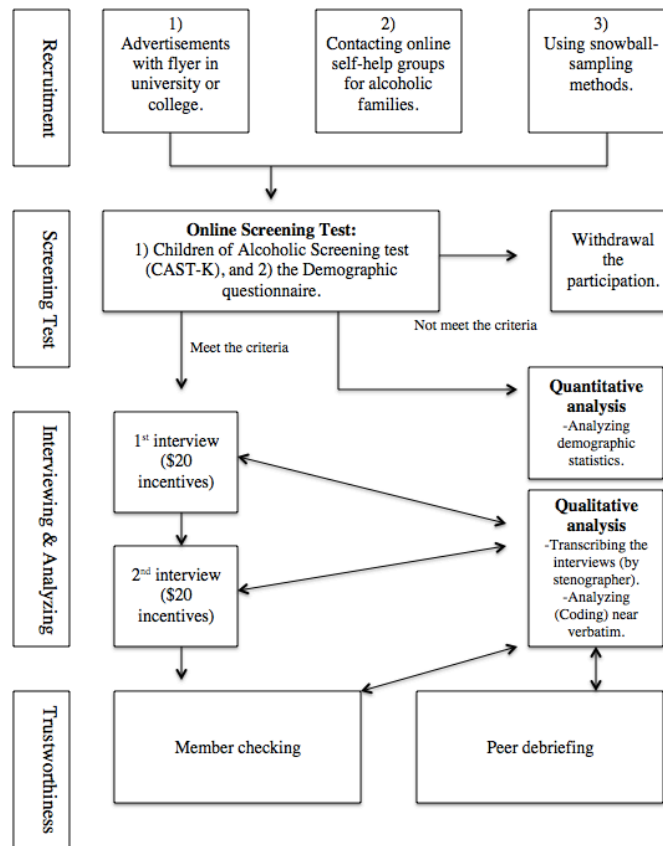


Figure 3. Flow diagram of the study

Next, the potential participants recruited through online self-help groups for alcoholic families (e.g. [cafe.naver.com/ambulancestory/](http://cafe.naver.com/ambulancestory/); [cafe.naver.com/hean07/](http://cafe.naver.com/hean07/)). The flyer was posted on the website so that if the adult children of alcoholics who wanted to participate, they could contact the researcher through the researcher’s email or cell-phone (Appendix B).

Finally, snowball-sampling method was used to recruit the potential participants. The participants who had already agreed to participate in the study were asked to help recruit others who met the criteria and might want to participate in the study. (Appendix C).

## **Data Collection**

### **Data Collection Procedures**

When the potential participant called or sent an email to the researcher and identified himself/herself as a child of a father who had a problem with alcohol, the researcher showed appreciation to them contacting the researcher and provided a brief description of the study as well as the amount of time it would take to be involved and the incentives for those participating. Then, the researcher asked about willingness to participate in the interview. If he/she wanted to participate in the study or if he/she wanted to know more about the study, the researcher sent an email containing specific information about the study, an Information Statement for online screening test (Appendix D-1) and the online screening test.

The purpose of the online screening test was to identify children of alcoholics. Specifically, it contained 1) the Korean version of Children of Alcoholic Screening test (CAST-K), 2) the Demographic questionnaire, and 3) the question asking whether they want to participate if they are eligible to participate in the study. If they scored 6 or higher on the CAST scale, they were allowed to participate in the interview. If they did not meet the criteria the researcher informed that they did not meet the criteria and then showed appreciation to them for contacting the researcher. However, through the last question in the online screening test, they could choose ‘not to participate the study’ regardless of the result of the screening test. If they were eligible to participate and showed willingness to participate in the study after participating the online screening test, the researcher sent them an electronic informed consent form for the interview (Appendix D-2) and a link, which was for booking the interview schedule (Appendix D). At last, the researcher scheduled the time and place to meet and informed the participants through the email or telephone — based on their preference.

### **Online Screening test**

Online screening test contained 1) the Children of Alcoholic Screening Test (CAST) and 2) demographic questionnaire.

**The Children of Alcoholic Screening Test (The Korean version of the Children of Alcoholics Screening Test: CAST-K).** Adult children of alcoholics were determined by using the Korean version of Children of Alcoholic Screening Test (CAST-K) developed by Jones (1981; Appendix H-1) and translated by M. R. Kim, Chang, & Kim (1995; Appendix H-2). The CAST consists of 30 item self-report questions and identifies children who have at least one alcoholic parent prior to age 16. The CAST items assess children's beliefs, experiences and perceptions related to parental drinking as well as their effort to control parental drinking. Participants can respond to each item with 'yes' (scored 1) or 'no' (scored 0). Thus, overall score can range from 0 to 30, and those who get the score of 6 or greater can be defined as children of an alcoholic parent. Cronbach's alpha of the Korean version of the CAST was .94 (M. R. Kim et al., 1995) indicating the scale meets the criteria for internal consistency reliability.

**Demographic questionnaire.** The demographic questionnaire was developed to obtain the demographic and background information of the participants (Appendix G). The demographic questionnaire included the demographic questions, family history, and the specific questions about the parent who had the problem with alcohol such as drinking frequency, drinking amount, types of alcohol he drank and why the participant thought his parent had an alcohol problem. Also, it included the participant's own drinking habits, frequencies and attitudes towards alcohol drinking.

### **Interviewing**

**First interview.** A face-to face or a telephone interview was conducted. It was decided based on the participant's preference. In case of a face-to-face interview, the interviews took place in public meeting rooms or cafes with study rooms. In order to maintain the participant's privacy, the places for the interview were reserved in advance. All interviews were audio-recorded, and a stenographer participated in the interview. On the other hand, if the participants wanted a telephone interview, the researcher called the participants. Before telephone interviewing, the researcher asked available time and date for the interview as well as obtained the phone number that they wanted to use for the interview. The reason that the researcher called to the participants was because receiving the phone is free and only the caller has to pay in Korea.

The interview was conducted twice with each participant. The first interviews took approximately 50 minutes to one hour, and the second interviews took about 20 to 30 minutes. The first interview started with an introduction to the researcher, a brief introduction to the study and the purpose of the study. Then, the researcher reminded the participant that his/her participation would be kept confidential and anything he/she says would be reported with grouped data and with no names attached. In case of face-to-face interview, the researcher introduced the stenographer as one of the research team member to participants — the reason of including the stenographer was described in 'safety precaution' section. The researcher and the participant had a couple of minutes to discuss having audio-recorder and a stenographer. The researcher obtained verbal permission to record the interview and type the verbatim records. Also, in telephone interview, the researcher obtained verbal permission about recording the interview.

Then, the interview started with a broad question: *1) Please introduce yourself and your family*, and moved to six semi-structured questions: *2) Could you tell me about your childhood*

*experiences related to parental alcohol drinking? 3) Please tell me about your current life in terms of what it has been like having a parent with alcohol problems? 4) What are the conditions or factors that affect this process of living with your parent? 5) How do you perceive your father? 6) How do you perceive your mother? 7) How do you anticipate your future life in terms of the relationship with your parents?* (Appendix E) Specific additional questions were asked if needed. During the interview, the researcher listened carefully and asked questions for clarification or to encourage the participants to describe their experience in more detail.

After finishing the first interview, the researcher asked the participants about their willingness to participate in the second interview. If they were willing, the researcher and the participants confirmed the schedule for the next interview together. Then, the researcher expressed appreciation for being willing to be interviewed and gave them an incentive of a gift card (\$20) — in case of the telephone interview, a gift card was sent through the mail.

**Second interview.** The second interview focused on exploring in-depth information as well as confirming the first interview contents. Also, the researcher conducted a member-checking procedure with some of the participants at the end of the second interview to see if they agreed with the categories found by the researcher based on the previous interviews.

The second interview started with greetings and then reviewing of the previous interview contents. Then, based on the categories from the concurrent coding process, more specific and in-depth questions were asked of the participants in order to clarify the relations between the categories as well as to find more new categories (Appendix F).

In terms of member checking, after the main categories were identified in the analysis process, the researcher showed categories that were emerging from the data to several participants and got their feedback to see if they agree with the categories at the end of the

second interview. Also, after building a draft of the model, the researcher met a couple of participants and got the feedback. This member checking provided some evidence of credibility of the categories.

### **Human subjects protection**

Before conducting the study procedure, the research proposal with specific study plans, flyers, questionnaires and an informed consent form for participants were approved by the University of Washington Human Subject Review Committee.

Information statement and informed consent were written in Korean for the Korean study participants. Before participating either online survey (screening test) or interview, the participants were asked to read the information statement and informed consent, respectively. Those forms contained 1) the purpose of the study, 2) detailed study procedures, 3) potential risks and benefits, 4) study confidentiality, 5) the right not to participate in the study, 6) the right not to answer the questions, and 7) the right to withdrawal from the study at any time. The forms were sent to the participants, and the researcher asked them to keep it.

A flyer about the study is an important means to use to recruit the participants. However, since the topic of this study is culturally sensitive, there was a possibility that the contents on the flyer could make potential participants uncomfortable and lead them to avoid participating in the study or cause them to experience negative stereotypes or social stigma toward the study participants. Thus, the researcher carefully considered the cultural meaning of alcoholism and Korean attitudes toward alcohol drinking before making the flyer so it was culturally sensitive. The researcher decided to use mild expression — parent’s severe drinking or frequent drinking— rather than the words “alcoholics” or “alcoholism.” Also, the flyer was made with bright

background (purple and orange) to avoid its seriousness that could trigger negative stereotypes and social stigma.

The participants might not want to disclose their faces to the researcher; thus, the researcher suggested two options for the interview: a face-to-face interview and a telephone interview. In addition, completing screening test as well as informed consent procedures were conducted online so that the participants did not need to meet in person with the researcher. Since the participants were mostly Korean university or college students, the possibility of the researcher meeting those participants in academic field in the future was considered.

Data protection is important for the study confidentiality. Thus, specific data protection plan was developed (Appendix L). The researcher had a stenographer sit in while interviewing the participants in case of the face-to-face interview. The stenographer was used so there was a transcription of the interview. Before starting the interview, the researcher provided data protection protocol to the stenographer and explained verbally. The researcher explained to the stenographer that he should not disclose the interview contents and completely delete the electronic interview files after handing over the files to the researcher. In addition, before starting the interview, the researcher explained about the presence of voice-recorder and stenographer to the participants and asked for the verbal permission. If there was a participant who does not want to be recorded or shows discomfort in having a stenographer in the interview, the researcher respected his/her opinion and took notes instead. All participants were assigned a code number (e.g. A101, A102...), and all personal identifiers, including names and schools, were protected. Recorded interview data is protected by the password in researcher's computer, and transcribed interview data is also protected by locked cabinet with the password.

Participants might feel distress while participating in the study, since the researcher asked them about their childhood experiences related to paternal alcoholism. The researcher asked them to have a break or to delay the interview whenever they seemed to feel stressed and tired during the interview. Also at the end of the interview, the researcher provided the list of community resources to all the participants (Appendix M). The Appendix N includes the contact information of several psychologists or counselors as well as self-help group for alcoholic families: Alanon Korea.

Interviews were conducted twice with each participant. However, the second interview was optional so that if the participant did not want to participate in the second interview, his/her study participation ended after the first interview. Among all twenty-interview participants, two participants wanted to be interviewed just once. Participants received a \$ 20 gift card for the each interview.

### **Safety precaution**

It is ethically important to protect the study participants during the study procedure; however, on the other hand, it would be also important to be alert for the researcher's safety. It is not considered safe in South Korea to directly contact and meet a person through an online group, or to meet a person if one is a female alone. However, since the researcher had a plan to conduct face-to-face individual interviews, several strategies were used to assure the researcher's safety. First of all, a male stenographer participated in the interview. He mainly worked to transcribe the interview; however, at the same time, he was present during the interview for the researcher's safety. If the participants did not want him to be present in the room for the confidentiality, he was asked to wait outside of the room, but not to leave. Second, the meeting places for the interview were public places, such as public meeting rooms or cafes with study rooms. Third, the

researcher created a new email account ([koreacoa@gmail.com](mailto:koreacoa@gmail.com)) just for this study as well as a temporary phone account, and use them when contacting the participants. Finally, protocol for safety plan was established prior to meeting the participants.

## **Data Analysis**

### **Quantitative analysis**

**Descriptive statistics.** Descriptive statistics, including mean, median, and range, were computed to analyze the data on the demographic form. Specifically, the demographic data of the study participants, such as age, gender, birth order, the number of siblings, health related characteristics, and characteristics of paternal alcohol use, were obtained from each participant in order for the researcher to be able to describe the sample for this study.

### **Qualitative analysis**

The interview data was analyzed following the methods described by Strauss & Corbin (1994) and extended by Lewis & Deal (1995).

**Concurrent data collection and analysis.** The researcher started data analysis right after conducting the first interview. The researcher found as many categories as possible from the first interview data. The researcher proceeded with several more interviews and analyzed those additional interview data. Then, the researcher compared the categories with previous categories from the first interview data. This process had been continued until no more new categories emerged. When the researcher found no more new categories, the theoretical saturation was evaluated and the number of additional respondents was considered. After achieving theoretical saturation point, the researcher stopped recruiting the study participants and found core categories.

**Transcribing the data.** The stenographer participated in the interviews and directly transcribed the interviews while participating. At the end of every interview, the researcher directly received the near verbatim transcripts from the stenographer through the email. After receiving the transcripts, the researcher checked whether the stenographer still had the files or not in his computer. If he still had it, the researcher asked him to delete the files from his computer in order to make sure the data were protected. Then, the researcher rechecked the accuracy of the near verbatim transcripts by matching the transcripts and audio-recordings to assure the trustworthiness of the data. For a telephone interview, telephone-recording files were sent and transcribed by stenographer. As with a face-to-face interview, the researcher rechecked its accuracy after receiving the near verbatim transcripts from the stenographer.

**Data coding.** Coding the data is the first step to analyze the data. The coding process in grounded theory consists of three phases: open coding, axial coding, and selective coding. First of all, before coding the data, the researcher read the transcripts multiple times. Then, the researcher proceeded to conduct the open coding process that included breaking the data into the units. Each unit was a single word, phrase, sentence, or several sentences, which containing a single coherent idea or meaning. The broken, relevant units were assigned to codes, labeled by emics (in vivo-code) — exact words or expressions used by interview participants (Lewis, Haberman, & Wallhagen, 1986). The units of analysis were selected based on the manifest meaning of the words, rather than latent meaning (Krippendorff, 1980; Lewis & Deal, 1995). Those codes representing a relevant or similar phenomenon were then sorted into categories, which were more abstract concepts than the codes. Each category was defined in terms of its property and dimension. Then second, the researcher made the connection between those categories by considering their causality, conditions, interactions, and consequences. Through

this procedure, higher or more abstract categories, which could encapsulate several categories, could emerge. Also, more importantly, overall process or the relationship between the categories could emerge, which is essential in generating the theory.

After building a connection, the researcher determined a core category, which is a word or phrase that can represent the whole phenomenon that the researcher wanted to explore and could cover the full stories as well as the interview contents from the participants. When the data were insufficient to determine a core category or when new categories emerged from the additional interviews, the researcher did not determine the core category, but subsequent interviews were conducted until no more new categories emerged. As mentioned earlier, after achieving the theoretical data saturation point, the researcher stopped recruiting the participants, determined the core category, and started to refine the theory.

**Constant comparative analysis.** Numerous codes and categories emerged during analysis. Therefore, the researcher constantly reviewed and compared all the units, the codes and the categories to check consistency and to prevent information duplicity.

**Translating the data.** Since all the participants are Korean in this study, all raw data (near verbatim) were written in Korean. Therefore, the researcher started open coding process with Korean transcripts — the researcher broke down the Korean near verbatim into the units. Then, those units were assigned to codes, which were labeled with Korean emics — exact words used by Korean interview participants. Also, all of the codes then were sorted into categories; however, after sorting those codes into categories, the research started to translate into English. Specifically, all the categories were translated into English with gerund form. In addition, the definition as well as the properties and dimensions of all the categories were also translated into English (Appendix P). A bilingual Korean-American student participated in translating process.

## **Trustworthiness**

***Credibility.*** Peer debriefing and member checking are often used in a qualitative study to enhance its credibility. For this reason, peer debriefing and member checking were used in this study. First of all, for peer debriefing, a Korean PhD Nursing scholar who has experience conducting qualitative studies participated in the coding process. If there was a disagreement in this coding process, we discussed and tried to achieve 100% agreement. Also, the chairperson of dissertation committee also participated the coding process. She especially participated in axial and selective coding processes. Finally, an expert in qualitative study participated in the process of building a model. In addition, member checking was conducted. For instance, several participants gave feedback about the identified categories at the end of their second interview. Also, the researcher met a couple of participants after building a draft of the model, got the feedback, and refine the model (Participant A102 & A105).

***Confirmability and dependability.*** Confirmability can be achieved by providing detailed methodological description, and one of the well known process for this is showing the “audit trail” (Shenton, 2004). Therefore, the researcher provides a diagram of the audit trail, which helps the readers to trace the research steps (Appendix Q) and understand how the data get formed into a theory in Chapter 4. Providing the audit trail is helpful to achieve dependability as well, since detailed description of the study process enables future researchers to obtain similar study results when they repeat the research work (Shenton, 2004). The audit trail shows how the theory evolved from the data through the units to the codes to the categories to the concepts and pathways of the theory.

***Transferability.*** According to Shenton (2004), sufficient and thick description of the study finding allows readers to understand the phenomenon, and they can apply the findings to

their own research situations. Therefore, the researcher provides thick and clear description about the study findings as well as the characteristics of the study participants, so that study results can be well transferred to other settings as appropriate.

### **Summary**

In this chapter, the study design for recruiting sample, collecting and analyzing the data were discussed. The overall study design is illustrated in Figure 3.

Korean university or college students were recruited through 3 different ways: Through flyers, online self-help groups and snowball sampling method. For data collection, semi-structured interview was conducted. Each participant was asked to be interviewed twice, and every interview was audio-recorded and scripted by a stenographer who sat in on the interview. The interviews were continued until no new category was brought up. This indicated the data collection process had reached theoretical saturation point. Data analysis was performed by the method described by Strauss & Corbin (1994) and extended by Lewis & Deal (1995). At last, peer debriefing and member checking were conducted.

## **CHAPTER 4. RESULTS**

As described in Chapter 3, data collection and analysis were completed. A total of 20 participants completed the study participation: eighteen of them were interviewed twice, and two were interviewed just once. Finally, total 38 interview transcripts were collected and analyzed. In this chapter, what we have found through data collection and analysis are described. Specifically, this chapter contains 1) description of the interview participants, 2) study findings, and 3) exit interviews.

### **Description of the Interview Participants**

As a starter, demographic information of twenty interview participants is described in this section, and it is summarized in Table 4. The mean age of the twenty participants was 24.55 years (range 19-30), and sixty-five percent of the participants (n=13) were female and thirty-five percents (n=7) were male. Majority of the participants were first or middle children: fifty percent (n=10) of participants were first children and thirty percent (n=6) were middle children. Only fifteen percent (n=3) were the last children, and there was only one participant who was the only child in her family. Forty-five percent of participants had a religion — Christianity 35% (n=7) and Catholic 10% (n=2), and the rest of fifty-five percent of participants did not have any religion. Twenty percent (n=4) reported that their social economic status (SES) was above average, thirty percent (n=6) reported average, thirty percent (n=6) reported below average, and twenty percent (n=4) reported that they had low SES.

Fifteen percent of participants (n=3) reported that they had diagnostic diseases, and also fifteen percent of participants (n=3) reported that they had a history of taking medicine for depression or anxiety. In addition, eighty-five percent of participants (n=17) reported that they drank.

In terms of the characteristics related to their paternal alcoholism, the majority of participants (65%, n=13) recognized and were exposed to their fathers' problematic alcohol drinking at their younger ages — before teens. Fifteen percent of participants (n=3) reported that they recognized it when they were teens, and only ten percent (n=2) reported that they recognized it when they became an adults. The mean of CAST score was 21.3 (range 6-29).

**Table 4** Demographic information of the participants (N=20)

Characteristics		N (%) or mean [range]
<b>Demographics</b>		
Age (mean, range)		24.55 [19-30]
Gender (n, %)	Male	7 (35%)
	Female	13 (65%)
Birth order (n, %)	First	10 (50%)
	Middle	6 (30%)
	Last	3 (15%)
	Only child	1 (5%)
Religion (n, %)	Christianity	7 (35%)
	Catholic	2 (10%)
	Buddhism	0
	None	11 (55%)
	Others	0
Social Economic Status (SES) (n, %)	High	0
	Above average	4 (20%)
	Average	6 (30%)
	Below average	6 (30%)
	Low	4 (20%)
<b>Health related characteristics</b>		
History of diagnostic disease (n, %)	None	17 (85%)
	Have	3 (15%)

History of mental disease (n, %) (e.g. Depression or anxiety)	None	17 (85%)
	Have	3 (15%)
Drinking alcohol (n, %)	No	3 (15%)
	Yes	17 (85%)
<b>Characteristics related to paternal alcohol drinking</b>		
Age to recognize (n, %)	5-12	15 (75%)
	13-19	3 (15%)
	20 and above	2 (10%)
CAST score (mean, range)		21.3 [6-29]

The characteristics of each participant are shown in Table 5.

**Table 5** Characteristics of interview participants.

	ID	Age	Gender	Birth Order	Age to recognize (exposed)	CAST score
1	A101	28	Female	First	9	20
2	A102	27	Female	First	20	27
3	A104	21	Female	Only child	7	19
4	A105	24	Male	First	8	29
5	A106	29	Female	First	9	15
6	A107	22	Female	Middle	9	21
7	A109	19	Female	Middle	5	18
8	A110	23	Female	First	6	18
9	A111*	30	Female	First	6	26
10	A112*	25	Male	Middle	7	23
11	A113	30	Female	Last	7	28
12	A114	22	Male	Middle	15	20
13	A115	28	Male	First	26	26
14	A116	24	Male	Last	16	6
15	A117	24	Male	First	17	23
16	A118	21	Female	First	6	21

17	A119	22	Female	Middle	12	24
18	A120	21	Male	Last	10	21
19	A121	22	Female	First	8	17
20	A123*	29	Female	Middle	7	24

\* Siblings

### Study Findings

Based on the data coding procedures described in Chapter 3, codes and categories were extracted from the interview data. Table 6 shows the axial codes, categories and sub-categories extracted from the interviews. In this section, the study findings based on the codes and categories are described.

#### **Separating my own identity from my father: Adaptation process in children of alcoholic fathers in South Korea.**

The phenomenon that describes the lived experiences of Korean children of alcoholics (KCOAs) is continuous suffering. While they are living with *continuous suffering*, they seem to undergo a specific process to adapt their own lives. This process of adapting (*adaptation process*) is conceptualized into six stages: 1) being trapped, 2) awakening, 3) struggling, 4) blocking, 5) understanding, and 6) separating. In addition, there seem to be several conditions that may influence the adaptation process. These are referred to as *contextual conditions*, and five were identified: 1) experiencing family violence, 2) having strength, 3) having a good maternal relationship, 4) feeling hopeful about the trajectory of father's alcohol use, and 5) using a sense of spirituality related to Confucianism to make sense of the situation.

**Table 6** Adaptation process in Korean COAs: Codes, categories and sub-categories.

<b>Paradigm</b>	<b>Axial Code</b>	<b>Category</b>	<b>Sub-category</b>
A. Phenomenon	Continuous Suffering	Having an unstable family life.	Living in chaotic home environment.
			Experiencing family's breaking up.
			I don't have "A Father."
		Feeling shame.	Being put to shame due to dad's drinking.
			Hiding my shameful secret.
		Getting stressed due to my dad.	Getting stressed due to dad's behaviors after drinking.
			Being extra cautious not to irritate him.
			Feeling a mental barrier between us.
		Realizing his negative influences on me.	Making such a mess of my life.
			Giving up the life that I was desired.
			Having an obstacle in my life.
		Being tied up with him.	Experiencing the reality of being tied up with him.
		Being tied up with family.	Being a troubleshooter.
			Worrying about my family.
Feeling responsibility toward my pitiful mother.			
B. Adaptation process	1. Being trapped	Feeling helpless.	Having no idea what is going on.
			Feeling powerless.
		Being seized with fear.	Living in a state of perpetual fear.
			Living with a man with two faces.
			Being battered.
	Having a fear of being left alone.		
	2. Awakening	Getting objectivity.	Realizing this is not normal.
	3. Struggling	Experiencing repeated attempts to stop the drinking and failing to do so.	Attempting to stop him from drinking.
			Frustrating about his cranking back.
			Repetitive happenings become a routine.
	4. Blocking	Blocking him from my life (Physical blocking).	Blocking him from my life as much as I can.

			Wishing to break off the blood ties with him.
			Hoping to go separate ways.
		Trying hard not to follow him (Emotional blocking).	Being afraid to follow the same step.
			Trying to break out of a vicious circle.
			Adopting him as my anti-role model.
	5. Understanding	Having pity on my dad.	Feeling a pity for him.
			Hoping dad to keep his authority as a family head.
			Understanding on his side of drinking.
		Trying to accept him.	Accepting my dad as he is.
	6. Separating	Realizing the trauma I have.	Hating whatever brings up the memories of him.
			Realizing the scars in my heart.
		Strenuously working for myself.	Seeking a comfort for myself.
			Feeling like I am behind my peers; thus, working harder.
		Starting out my own life.	Bearing the fruit.
			Starting out my own life.
C. Contextual Conditions	1. Experiencing family violence.		Experiencing family violence.
			Experiencing no violence.
	2. Having strength.		Having strength.
			Waiting to be independent.
	3. Having a good maternal relationship.		It was my mom who protected me.
			Also, being neglected by mom.
	4. Feeling hopeful about the trajectory of father's alcohol use.		Expecting him to get a grip.
			Perceiving that he is changing.
			Realizing it would never be changed forever.
	5. Using a sense of spirituality related to Confucianism to make sense of the situation.	Having positive feelings toward father.	Realizing, nonetheless, he is still my dad.
			Just hating him.
		Taking responsibility as his adult children.	Carrying the burden of my dad and the family.
			Feeling the burden for the duty of supporting the parents.

## Phenomenon

### **Continuous suffering.**

*“Above all, I will keep trying to escape from this suffer... (However,) I’m just guessing that I am not being able to live a successful life because of him (father) (laugh). He negatively has affected my life, you know. He occupies 100%, 200% of my life as a burden. Like I said yesterday, I am not sure I can really marry in the future” (Participant A123).*

*“Assuming my individual life as 100, I think my dad reaches 50. On the surface, his life is marked as a scarlet letter, which cannot be erased somehow. I want to erase it, but I can’t...” (Participant A117).*

Based on KCOA participants’ stories, continuous suffering emerged as the phenomenon that KCOA participants experienced throughout their lives. KCOA participants were more likely to suffer from distress and various difficulties related to their fathers’ problematic alcohol drinking. Such difficulties and distress tended to persist throughout their lives, meaning that participants tended not to escape from them—rather, they endured them. Their continuous suffering is mainly related to 1) having an unstable family life, 2) feeling shame, 3) getting stressed because of the alcoholic father, 4) realizing the alcoholic father’s negative influence, 5) being tied up with the alcoholic father, and 6) being tied up with the family.

***Having an unstable family life.*** Due to their father’s problematic alcohol drinking, KCOA participants tended to have an unstable family life. For instance, their home environments were generally chaotic and unstable, many of them experienced the family’s physical and emotional break up, and they were distressed by the father’s absence in their family.

First, by having an alcoholic father, the family’s condition was often unstable, chaotic, and disorganized; conditions of comfort and relaxation at home were not provided for many KCOA participants. During the interviews, their home environments were often described as messy, noisy, dark, and unstable. Many participants reported that they could easily see the bottles

of alcohol scattered all over the floor as well as their drunken father being unable to keep himself steady. Moreover, because of the father's economical incapability, some of participants experienced extreme poverty. In such home environments, KCOA participants often felt depressed and insecure.

*"I was nervous when I was home. Originally, home should provide a comfortable environment. (But) once my dad came home with a glass of liquor in his hand, all my family including me trembled with fear. Since my youth on, I felt uncomfortable of staying home" (Participant A105).*

*"At that time I was in elementary school. What I can remember is that my dad was always lied down without washing himself. He just lied down and the bottles.. you know.. The empty soju bottles were always places at his bedside" (Participant A111).*

In addition, the father's severe alcoholism or extensive alcohol drinking often resulted in physical and emotional break up of the family. Many participants described how their fathers' problematic alcohol drinking affected the relationships between family members. The majority of the conflicts occurred between the parents. The father's excessive alcohol drinking often resulted in physical or verbal aggression between them. Additionally, it negatively influenced relationships between family members. The conflicts usually occurred due to the shifting or sharing of the responsibilities in taking care of the alcoholic father between the family members or feelings of extreme emotional stress or exasperation with the father's extensive drinking. Moreover, the father's alcoholism often leads to the physical breakup of the family. While there were many reasons for this, mainly it was triggered by parents' divorce or separation or the mother's departure.

*"Because we were alcoholic family and my dad drank excessively, my family broke up when I was about 11 years old. Since then, my dad has lived by himself with still drinking, my mom has lived with my younger brother in Seoul... and I had grown up in the orphanage since I was 11" (Participant A112).*

*“My family lives separately and I often feel that I was raised under the broken family. Of course, I would frequently contact my sisters and brothers, but it was just 2 years that I could live with all my family members including my mom and my all siblings. All six people had lived separately. I wish that all my family members could gather and have a very wonderful time especially during special festivals and events. (Crying.) I always dream of such an amiable family atmosphere” (Participant A111).*

KCOA participants cited a number of reasons for their fathers being absent, such as treatment for alcoholism or the parents’ divorce. In some cases, even though they could physically stay with their fathers, the fathers’ incapability of fulfilling his role made KCOA participants feel that they did not have a father like others around them (e.g., friends). Consequently, they suffered from social stigma and shame because of the father’s absence. They even felt ashamed of their mothers, who often had to take on their fathers’ roles. They constantly compared their situations with other families and felt envious.

*“I remember that I envied any son or daughter having a responsible and delicate dad who managed his family. I wished that I would have such kind of dad” (Participant A107).*

*“When I was a middle school student, one of my classmates said to me ‘your mom is a widow.’ She must be kidding, but I was shocked at that time. I was ashamed she worked (instead of my dad) and she worked for me” (Participant A104).*

*“I imaged that emotionally speaking I was feeling a sense of emptiness for the absence of my dad at home. I feared that my family without an elder man might become a main target for attack and might be disregarded. I supposed that we might be robbed. Right! We can be really robbed. Do you think so?... When my dad was absent (due to his hospitalization), I felt peaceful and happy because there was nobody who was drunk and scolded and battered me. When my dad was away home, we were O. K in that aspect. But as I said yesterday, our family did not go smoothly so I couldn’t feel a sense of futility. As for it, I cannot say more clearly and specifically. My mom had terrible struggles taking over my dad’s responsibility. She made keen efforts to play a role as my dad. However, I could not stop feeling a sense of emptiness, because there was the role that only fathers could do” (Participant A111).*

**Feeling shame.** KCOA participants experienced numerous shameful incidents and considerable embarrassment due to their fathers' excessive drinking. Consequently, they felt inferior to their peers, and suffered from social stigma and frustration.

*“At the age of 5, I was very ashamed of asking for free liquor. Even though I was able to buy the liquor by the money, it still was an awkward situation when you think of young kid buying liquor. But just imagine a five-year-old kid came to the shop everyday and said, “my dad asked us to buy liquor on tab”! It was too burden to say this for me. Nonetheless, it was impossible not to go buy liquor because my dad was too much for me to bear” (Participant A123).*

*“I remember that one day I was walking on way to home with my friends at about 11:00 p. m, after finishing an evening study hall session at my high school, and I found a familiar face was going to the same apartment as I passed. The man was my dad. He was totally drunk and walked staggeringly. At that moment I was very ashamed of my dad and went on walking without calling him out. I was terribly ashamed once I saw him drunken like so especially when I was present with my friends” (Participant A101).*

Their shame led them to hide their family's secrets from the public. Many KCOA participants reported making an effort to hide their personal stories of their fathers and family from other people, including colleagues, friends, and spouses.

*“As someone talks about family, I often keep the story of it hidden for fear that any listener might be thinking of my family and me in a negative way. At the moment when I don't need to talk about my family, I don't mention it at all” (Participant A111).*

*“When my friends talked about their family, in my youth, I did not like talking about it and often left the seat to avoid talking. Here is the story I experienced during my middle school days. By time when summer and winter vacation ended, my friends used to talk about where they have been with their families. But for me, there was nothing to be said about my family. My dad reminded me of a man who came home back late night with his being totally drunk. That was all that I can talk about my family. Whenever my friends talked about their families, I responded to it, saying just two words, “Oh, Really?” without mentioning my family, and then left the seat. Seeing that, a few best friends of mine asked me “How come you don't talk about your dad?” I replied “He is just busy”. The moment I said like that, I felt bad” (Participant A114).*

***Getting stressed due to my dad.*** Throughout their lives, KCOA participants experienced extensive stress from their drunken fathers' behaviors or verbal attacks, which usually made them angry or nervous.

*“Once my dad was drunk, he ordered me to come to him, and began to talk, even when I was very busy. I was appalled at the wasted hours I had spent doing so. This tendency that he showed to me made me nervous. As a new school semester began, I had to get into my room and do a lot of school works, but when my drunken dad ordered me to come to him, I had to get out of my room and sit beside him. I wished that he would have not done so. I really want he just go to bed without tormenting me, after he is drunk. If he could do that..., I would be really happy”*  
(Participant A102).

Intoxicated fathers were often described as coming home late at night, awakening the family, and wanting to have pointless conversations. Fathers, while intoxicated, started to pick on other family members for no reason.

Interestingly, the majority of KCOA participants reported that these drunken behaviors and verbal attacks were triggered by any attempt at conversation or to approach their father to convince or control them. As a result, KCOA participants became apprehensive about having any interaction with their fathers that could potentially trigger further drinking as well as lead to conflict, and they were extremely cautious to not irritate or provoke their fathers.

*“I could not say anything to him, because I was sure he would be furious again. If I said anything to him, such as compliant or objection, it always had come back with his drinking and his verbal attack... So I was afraid”* (Participant A111).

*“I did not want to make any argument with him. I always said ‘you are right, you are right.’ So I just avoided any conversation with him. If the situation seemed to go little bit rough way, I just avoided that place”* (Participant A111).

For this reason, even when their fathers were not drunk, KCOA participants felt uncomfortable being with them and wanted to escape such situations. Many participants reported not knowing what to say to or do with their father. They felt that it was difficult to approach their fathers or communicate with them.

*“So I could try to have some conversations with him, but his image that I have seen since I was young is somehow scary. I have difficulties to approach him. Whenever I try to say something to him, I start to shake” (Participant A102).*

*“Still, I feel uncomfortable to be with him. Well, I don’t want to be with him alone. I can go somewhere with him only if other family members are present. But I don’t want to be with him alone” (Participant A109).*

***Realizing his negative influences on me.*** As they grew up, KCOA participants recognized the negative influence of their alcoholic fathers on them. They were more likely to believe that their lives had been negatively influenced by their fathers, and believed that the presence of their alcoholic fathers would not be helpful in their futures.

First, KCOA participants believed that their whole lives, including their own personalities, social relationships, and academic achievements, were heavily influenced by their fathers in a negative way. Many participants reported that their personalities became passive and timid due to their fathers’ influence. In addition, they reported diverse and persistent negative effects, such as nervousness, chronic anxiety, feelings of inferiority, and poor self-confidence. In the interview excerpt below, a participant describes how her violent personality was influenced by her violent father:

*“In the old days, I was raised with my being battered too much from my dad. Thus I thought that it does not matter at all whether I battered someone. As an example, while I was arguing with my older sister, I struck her a blow, if I judged that I would be beaten in arguments with her. As a person who works in the education area, I did use physical punishment to the students, and I did*

*not think of it seriously. As I look back over my life history such as this, I feel very sorry to students” (Participant A123).*

Also, some KCOA participants reported that their lives were negatively influenced in terms of having to abandon personal goals since they had to prioritize family issues over their own lives. They had to give up their desired career path and get a meaningless job in order to financially support their alcoholic fathers and families.

*“I have now majored in the science of nursing. But I would like to say honestly that I was more interested in writing, and I meant to choose the academic study related to it. But strictly speaking, a career as a writer would not provide regular incomes. Thus I gave up what I might have been an unstable writer, and made up my mind to choose a career as a nurse that would secure a more stable life. And I thought that I ought to get a job as a nurse with my old mom dependent upon me for bread and butter in the upcoming years. But I want to become a writer, someday” (Participant A104).*

Not only did they think that they were negatively influenced in the past, but also many KCOA participants anticipated that their alcoholic fathers would be unhelpful—and even a major obstacle—in their futures. Even at the time of the interview, several KCOA participants felt pressured to settle their father’s debt or pay his living expenses. Moreover, they worried that this burden would continue in their future lives. In addition, some participants worried about their future marriages, fearing that their alcoholic fathers would be an obstacle to their marriage or be drunken at their wedding ceremony.

*“At the age of 23 after I finished my military service, I started to think of what I will do in the future. The greater I made a plan of my future the more I made up my mind to live my life hard. But my dad kept disturbing me in carrying out such decision. The more I thought that he put the brake on my bright future, the more I disliked him” (Participant A105).*

*“If I don’t break off the blood ties with my dad, I will make continuous contacts and exchanges with him. At least I have to show politeness to an elder, I know. The Korean sentiments require juniors to be polite to elders, whether or not they don’t like. It is polite that I should invite my dad*

*to attend my wedding ceremony, when I am married. But I don't like to do so because I fear that he might be making a scene in the wedding hall. If I don't invite him, I am worried that guests gathering at the wedding hall would think that the bride did not have her dad. Actually, I tend to care about too much what other people say to me. Also I don't want my future husband to notice my awful family relationships. To be shameful to say, my family background is one of the most obstacles and a cross to my life" (Participant A123).*

***Being tied up with him.*** KCOA participants suffered from the recognition that they were socially and emotionally “tied up” with their fathers, and severing these ties completely was not as easy as they had imagined. Socially, they felt it was impossible to cut blood ties with their fathers or suppress the feeling of filial obligation towards them. Indeed, one participant actually complained about Korean society, which expects adult children to support their aged parents. Emotionally, they recognized that they were unconsciously concerned about their father even though they did not want to think or care about him. This is understandable, considering that many KCOA participants had lived as one of his caregivers. For this reason, it seemed that it might be hard for them to abandon their accustomed responsibilities.

*“I was aware that I needed to get out from his emotional influences. I realized that I was bothering with matters of my dad. I was always nervous and disheartened due to my dad, whatever I did and wherever I went. It was one part of my life that I continued to care about my dad” (Participant A105).*

*“The Korean society requires adult children to support their old parents. But I have always undergone physical and mental violence too much from my dad and thus I don't want to support him. But every adult child who earns a living is obliged to support their parents. This moral standard is deeply rooted in this Korean society. Considering all this situation, since my dad has adult children and sons-in-law, we have no choice but support him” (Participant A123).*

***Being tied up with family.*** KCOA participants also suffered from being tied up with family problems related to their alcoholic fathers. They were expected to become a

troubleshooter to solve or mediate family problems caused by the father by other family members. Additionally, they felt unable to free themselves from concerns for and responsibilities toward other family members.

KCOA participants were immersed in the problems caused by their alcoholic fathers, including attempts to reconcile conflicts between the parents. They felt that it had always been their duty to maintain balance within the family, and they were often asked to solve the problems caused by their alcoholic fathers.

*“I have been always the one who stop their (parents’) quarrels. I am the troubleshooter for them till now” (Participant A106).*

*“I did not want to see neighbors protest against those noisy noises that my drunken dad and mom made while quarreling with each other. Whenever my parents did so, I used to apologize sincerely to local people coming to my place to protest, saying that my dad was drunk and we had some family problems... And those neighbors would go out of my place without saying anything, shortly after I said sorry to them. I remember that I did so several times in my elementary school days” (Participant A117).*

In addition, KCOA participants constantly worried about their family being somewhat disorganized and unstable due to their father’s alcohol problems. In particular, they worried about other family members’ (mothers' and siblings') wellbeing. Thus, many devoted time and effort towards easing family members’ suffering, protecting the family from the father, and educating younger siblings about the father’s drinking problem and coping strategies.

*“I have always been expecting that my family would provide much comfort and reassurance to me. (Crying.) I have not spent my hours without worrying about my family... I got married but have still been very concerned about my parents, my brothers and sisters” (Participant A111).*

*“I thought that I would rather go out of home than stay home, in order to avoid all mess. When I thought about only myself, leaving my home made me much more carefree. But it still bothers me, especially when my mom calls me. I was glad but at the same time I was worried that something related to my dad would happen to my family” (Participant A118).*

Finally, many KCOA participants had witnessed, as children, their alcoholic fathers abuse their mothers. While growing up, they were concerned about their mothers and some of them actually had to put considerable effort into protecting their mothers. For this reason, most of the interviewees still felt a great sense of responsibility toward their mothers, who had been direct victims of their fathers' alcoholism. Even after becoming independent, they could not stop worrying about their mothers.

*“As he tormented her, she sometimes ran away from home for a little until he calmed down. While my mom was away, my dad asked us where she went, and went to look for her. At that time, I was too young to handle it. I thought that only way to protect my mom was not to tell my dad where she was going” (Participant A107).*

*“Nowadays, I am more eager to protect my mom who is weak and feeble. If I don't need to take care of her, I want to go out of this place and live independently alone. I am seized with the strong desire to go out of this place and live alone. But an idea has just struck my head that my mom would have even tougher times, if I do not stay with her. I can say that my mom finds only her pleasure, that is, breakthrough in going somewhere with me” (Participant A102).*

### **Adaptation process: Separating my own identity from my father.**

The adaptation process is the process that KCOAs undergo while they are living with the continuous suffering caused by their alcoholic fathers. KCOAs' adaptation process can be described as the process of separating their own identities from their fathers, and it consists of six stages: 1) being trapped, 2) awakening, 3) struggling, 4) blocking, 5) understanding, and 6) separating.

#### **Being trapped.**

*“As far as I am concerned, I remember that by the time when I was in the third grade in elementary school, my dad always committed violence against my family after drinking. Although he used physical violence much, I had nobody but my dad for me to depend on. So I used to stay in the right place where he collapsed with his being totally drunk” (Participant A112).*

Being trapped is the first stage that KCOAs undergo. In this stage, KCOAs are too immature (or young) to understand their fathers' alcoholism or to overcome the situation, so they have no choice but to remain trapped in this fearful situation. In this stage, they experience 1) feeling helpless, and 2) being seized by fear.

***Feeling helpless.*** The earliest memories that KCOA participants reported were of feeling helpless. KCOA participants felt helpless because they had no idea what was going on and did not know why they had to live with this fear. They were not mature enough to recognize the reality of their fathers' alcoholism, partly because they did not know what a normal family was like. They accepted as true what their father said under the influence of alcohol, and as a result, some participants reported thinking that the fathers' drinking was their fault.

*“When I was a kid, I considered that it is natural to do so. If I had lived with other families, I would have realized that my family was in a little more serious situation compared with others. But as I did not watch how other families had been doing, it was unavoidable that I made up my mind to reconcile myself to the fate given to me” (Participant A112).*

*“Until I became a middle school student, I did as my dad told me to do. When he insulted me, I had to take it and say, “I am very sorry, dad.” When my dad told me that he drank because he was stressed by me, I believed that what he said was entirely true” (Participant A105).*

Moreover, KCOA participants felt helpless because they were too young to have the power to overcome the fearful situation. Most participants reported being physically and emotionally weaker than their fathers, who often used violence.

*“In my youth, I did not have power to resist my dad. So I was appalled for fear of him. I found that I had no choice but to let my dad do as he wished” (Participant A105).*

*“Since I was just a weak and feeble daughter, I could not do anything. He was stronger than me. So when he shouted at me and beat me, I could not do anything... I did not have any power to control him” (A111).*

***Being seized with fear.*** Fear appeared to be the dominant emotion in this stage. Above all, KCOA participants described themselves as living in perpetual fear, in an environment where unexpected situations could occur anytime. They could not predict what would happen on any given day, so they always felt nervous and scared. They were sensitive about the fact whether their fathers drank or not today. For them, the day was not over until their fathers were asleep after drinking.

*“I remember that when I was a kid, he drank almost everyday and did not come back until late night. Once he was drunk, he yelled and woke me up and threw any stuff which he found in his reach. My dad used to quarrel with my mom. Looking back on those days, I was very horrified and cried together with my sisters and would hide somewhere with doors closed. I hated my dad and was terribly afraid of him” (Participant A109).*

*“I am oversensitive when I fall asleep (until now). I don’t know this is related with it (dad’s drinking)... When I heard the door opened at night or dawn, I was awaked and soon sensed my dad was coming in. After that, I continued to worry myself if he will get into my room. Even though he did not get into my room but washed his face, I continued to think... ‘He has not come to his room, as yet.’ ‘He has not gone to bed as yet.’ Then when he woke someone: my mom or my brothers, I said to myself, ‘What is he doing without sleeping?’ And I hesitated if I will get out of my room or just stay in my room, and finally came to a conclusion that ‘I had better not get out of my room and if I do, he will be angry with me’” (Participant A114).*

In addition, KCOA participants felt threatened by the fact their fathers became completely different people when intoxicated. Participants witnessed them become too talkative, irrational, irritable, and volatile.

*“When my dad did not drink, he was caring and warm-hearted. But alcohol makes him become a totally different man” (Participant A102).*

*“My dad was very, very good man until he was drinking alcohol. He was like a good friend of mine until then. But once he was drunk, he looked very scary. Phew! I was scared” (Participant A120).*

Most importantly, KCOA participants feared violence and aggression from their fathers. Often, their fathers' drinking caused the fathers to become violent. Violent behaviors included intimate partner violence between the parents and severe verbal aggression. Many participants reported witnessing their fathers committing violence toward the family under the influence of alcohol. Furthermore, many participants reported physical and emotional abuse inflicted on them by their father.

*“At that time (when I was young), I didn't know what to do. Whenever my dad picked fights to my mom with his being drunk, I tried to stop him from acting violent. But the more I tried to do it, the more serious trouble I had to have. He battered me. I tried to quit both my parents from fighting with each other, as much as I can. When he did not stop fighting, however, I called my close relatives to ask them for help, or ran away from my place with my mom” (Participant A120).*

*“He was too violent. He beat us and shouted at us. I saw my dad battered my mom who was pregnant at that time. I was too shocked at that time, and I cried a lot (cry)... I think a husband should love his wife when she gets pregnant. But I was shocked when I saw a husband (father) beating his pregnant wife (mother).*

*“I was raised with my being battered from him. In case of my youngest brother, he was battered until his or her eyes were bleeding. I had all my face bruised black and blue” (Participant A123).*

Finally, KCOA participants feared the possibility of being abandoned by their mothers, who were exhausted by their husbands' alcoholism; in other words, they feared being left alone.

*“At that time, I was a very little kid. On a school picnic day, my mom ran away from home (due to my dad). I had been entirely dependent on her, and the absence of my mom affected badly me. It was the first and the last time that she had been out of home for about a week, I think. I remember that in the morning when I was going on a picnic, I could not find my mom who could make kimbap (Korean rice roll) for me and tie up my hair. I was not able to tie my hair alone so that I went on picnic with my hair ruffled. Well...that makes me heartbroken and sad” (Participant A118).*

## **Awakening.**

*“I don’t remember when, but I became to know that he drank too much. I started to compare my dad to my friends’ dads who were not alcoholic addict” (Participant A109).*

The awakening stage refers to the period in which KCOAs start to become aware of their fathers’ drinking problems. As KCOAs grow up, they come to develop a more objective view of their fathers, and realize that the situation they have lived in is not normal.

**Getting objectivity.** KCOA participants started to realize that their fathers had serious problems after they had learned how normal and sober fathers from other families behave. They started to take an objective point of view toward their fathers and recognized that their fathers’ abnormal behaviors were caused by alcohol abuse.

*“As I was getting older, I perceived that my family had gone very wrong... I have seen every adult does not always do as my dad did. I am aged enough to defy my dad for his being drunk” (Participant A112).*

*“When I saw my friend’s dad, I thought he was different from my dad. My dad was always furious at night. So I compared him from my dad. Then, I just became to think that my dad drank too much (Participant A109).*

*“In youth, my dad came home back late night and woke me up, saying “I am sorry I have not been nice to you. But I have been cared about you, do you know?” etc... Once he got drunk, he used to say to me like this. At first time, I thought that he told me like that in order to have good relationships with me. But as times went by, I got to feel that he had fallen into a habit of saying like this, once he got drunk. In detail, I thought that he was encouraging me because he paid attention to me. But his repetitive and continuous words got me on my nerve” (Participant A114).*

*“In my youth, I didn’t know that there was someone working in ‘an office’ we know. I thought all families were in the same situation as my family was... For me who was grown up under such family environment, it sounded very awkward that someone said, “My dad gets to work in an office.” So I asked, “What is ‘the office’?” All that my dad did was to drink alcohol at home. He has never got a job. Judging from it, it might not be so surprising that I was feeling very strange when I heard someone’s dad get to work in ‘an office’” (Participant A123).*

## **Struggling.**

*“I have tried several things to cope this problem (dad’s drinking)... First thing I did was I tried to listen to him whatever he said until he stopped his talking and felt comfortable. But when he drank too much, I rather just left the place. And, I tried to talk about his problem to him directly, but I found that I started to have a conversation really calmly and ended it shouting at him with anger. The last thing that I had tried was just waiting until he burned out” (Participant A115).*

The struggling stage is the period in which KCOAs start to try to control their fathers or improve the situation. However, the majority of interview participants reported that most of their attempts failed. They entered a cycle of trial and failure, and had expectation and frustration about his sober. This cycle quickly became routine.

***Experiencing repeated attempts to stop the drinking and failing to do so.*** After the awakening stage, KCOA participants started to attempt to control the amount that their fathers drank in various ways or prevent the negative consequences of their drinking. Participants tried to communicate with their fathers, advised them to undergo therapy, or attempted to provide comfort for them. Some attempts were even more extreme—they expressed anger towards their fathers, said harsh words, or quarreled with them.

In spite of several attempts, KCOA participants failed to reduce their fathers’ drinking problems or prevent their negative consequences, and their personal frustrations grew. Therefore, they concluded that their father and the situation would not change no matter what they did.

*“I used to fight against him. But that was of no use so I put him in an institution for mental ill. He was hospitalized. But this addiction treatment had not been effective at all for about six years. Rather, this treatment stirred him up too much. I tried to solve the question by communicating with him but this has not been effective as yet. In spite of all methods to remedy his alcohol addiction, you know, such as fighting against him and forcing him to receive an addiction treatment and communicating with him, he was not improved at all” (Participant A105).*

*“Actually I often urged my dad to go to a mental clinic and receive addiction therapy. Even though I had tried again and again and I had seen how he did, I did not find that he had never improved himself. Now, I have given him up. Sometimes my dad declared that he will stop smoking and drinking. But he failed. So I thought that I may as well give him up (Participant A112)”*

*“I have three-year-older brother than I. One day, he suggested the dad a condition, like.. if his school points are improved up to certain points, dad has to drink alcohol only three times a week. My older brother scored his school points as the condition offered, but our dad didn’t keep his promise. I knew how much he drank from the smell out of liquor around his body. Our dad asserted that he didn’t drink alcohol. But I noticed that he was telling a lie. The smell of liquor clearly demonstrated. At that moment, I got to realize that he is never keeping his promise forever. I was very disappointed in my dad and hated him very much, even if he was my dad who made me come out of this world. After that, I was more anxious to avoid seeing him” (Participant A114).*

After KCOA participants made numerous attempts to improve the situation and ultimately failed to do so (experiencing strong feelings of expectation and frustration during the process), they grew accustomed to this situation and eventually gave up on convincing their father to remain sober. Consequently, the various situations that resulted from their fathers’ heavy drinking became their normal daily routine. Finally, KCOA participants developed the ability to anticipate and prepare for any situations or accidents caused by their drunken fathers. At the same time, thinking of any ideas improving the situation became wastes of their energy.

*“I stopped doing (writing a letter to dad) so, because I thought that it was of no use to do so: he must have certainly come back home with his very drunken again and done the same way he did as usual, even if I asked him not to do like that. Phew!” (Participant A102).*

*“When I was in the fourth and fifth grade in elementary school, my dad came home back with his being drunk and battered my mom. For the first time, I was having hard times from him. Later, I*

*was accustomed to him, as he always behaved like so whenever he was drunk” (Participant A107).*

*“We had faced such situation too often. So I thought that this was one of those situations we usually had faced, rather than disappointing and taking it seriously, I suppose” (Participant A120).*

### **Blocking.**

*“So totally I want to block him and think that there is no presence of father in my life” (Participant A123).*

The blocking stage is the period in which KCOAs try to block their fathers out of their life. The reason for blocking was mainly that they came to believe that their fathers would not become a normal person or that they could not handle the father on their own. They physically blocked their fathers by keeping distance and engaging in minimal interaction with them. They also emotionally blocked their fathers by cutting their emotional ties that they were aware of. In this blocking stage, KCOA participants engaged in 1) blocking the father from their lives (physical blocking) and 2) trying hard not to follow the father (emotional blocking).

***Blocking him from my life as much as I can (Physical blocking).*** As KCOA participants realized that their fathers would not change and controlling their fathers would be too hard for them, they decided to live their own lives and block their fathers out. Participants decided to minimize the interactions and keep distance from their fathers. They avoided seeing him or talking to him as much as they could. Thus, the relationship with their fathers became very formal.

*“I rarely spoke anything (to him) but what I ought to say. After immediately after saying just eight words, “I am home, I will go to school”, I would get into my room” (Participant A102).*

*“In my high school days, I had a night study hall session. As the schoolteacher allowed anyone to study longer if we want to do so, I did not go home but stayed in school to avoid seeing my dad. I*

*stayed up half night out of my home playing with my friends and studying in a library until my dad came home back (and fell asleep). Sometimes I went straight to my room when my dad went home back. Such as this, I struggled not to see my dad” (Participant A114).*

*“Now I have made up my mind not to pretend I am lying asleep when my dad came home back, since I am less afraid of him compared with I was in the past. Nonetheless, I pretend I am sleeping, from time to time, because it is tiresome to have a conversation with him” (Participant A119).*

*“When I felt like he seemed like to be drunken, I just got into my room and turned off the light” (Participant A109).*

In severe cases, some KCOA participants expressed wanting to break off blood ties with their fathers. For instance, they wanted their fathers to die or leave for good. Participants seemed desperate to leave or escape from their fathers’ influence, believing that they would not care at all if their fathers were found dead.

*“I really cannot accept my father anymore, and I cannot live with him anymore. I know I should not say this, but it will be helpful for us (family) that he’d rather die. I just give up him completely” (Participant A112).*

*“Frankly speaking, living without him (father) would be much more convenient for us (family)... If he just dies without pain, we could live more convenient lives. He has been like that almost for 10 years now. Well.. It’s 7years. Anyway, for 7years, we have lived happy lives by ourselves without him. My sister, my mom, and myself.. you know, we did good. So he doesn’t need to be present for us anymore” (Participant A117).*

As KCOA participants were desperate to live independently or without their fathers in their lives, they also expected their family members to live their individual lives without caring about the father. They started to emotionally and physically exclude their fathers from the family and hope for a better life.

*“I really hate him. I feel angry at him, and I don’t want to see him anymore... I feel like this is not a life, you know.. I don’t want to live like this. So I talked to my mom. ‘Please divorce him and*

*let's start a new life by ourselves.' His life and my life are totally different. It is separated. But I cannot understand why my life had to be influenced from his life. I really hate it" (Participant A102).*

**Trying hard not to follow him: Emotional blocking.** KCOA participants blocked their fathers emotionally by cutting off all the connections between them, such as genetic influences or similarities with the father.

One of the reasons for this was that they feared following the same path as alcoholic father or their mother who had suffered from alcoholic husband. Many KCOA participants worried that they would inherit their fathers' alcoholism or about their fiancés' or boyfriends' excessive alcohol drinking.

*"The man I am dating loves to drink. I often quarrel with him because of it. I am hysterical of the matter over alcohol, as if I am a neurotic patient... I was worried if I will be stressed by a drunken husband, just like my mom was. At that moment, I believed that I might feel comfortable if dated a man who cannot drink. It is ironical that I have been dating a man who likes alcohol. I suddenly began to sink into grief due to his drinking habit, since his image of drinking was associated as my dad's that" (Participant A106).*

In addition, their fear of following the same path as their parents triggered an effort to live a different life than their fathers. In other words, KCOA participants disliked any similarity they had with their fathers, and they tried hard not to exhibit any of his characteristics. For example, they controlled themselves strictly in terms of drinking alcohol. Additionally, whenever they became aware of similarities with their fathers, they put in considerable effort to not take after their fathers and overcome the genetic influences from their fathers.

*"As I said early, I don't drink alcohol for fear that I might have such a bad habit I disliked. So I don't know exactly how much I can drink alcohol. I deliberately drank a little. I think that I will not drink alcohol with my friends not to disgrace myself" (Participant A114).*

*“My dad taught me a lesson that I will not do the same thing as he did. I often made up my mind never to become a person like my dad. Whenever he lost his temper and used offensive language, I used to repeat to myself over and over that I would NEVER follow the step of my dad... I was shocked by myself after I realized that I was as violent as my dad was. I thought ‘Oh, I have firmed myself hundreds of times that I would not follow the step of him, but I am!’ So I was really shocked, and I put a spell again on myself. ‘Oh! I will never do it again. Never do it again.’”*  
(Participant A120).

Interestingly, many KCOA participants reported adopting their fathers as an “anti-role model,” from whom they tried to live differently or in the opposite way. As such, they expected themselves to be responsible parents and a good parental model for their kids in the future.

*“I want to say it clear that my family has not been amicable. I am very sad for that. Therefore when I marry someday and have my new family, I will make much effort not to create a bad family condition”* (Participant A121).

*“I felt that he was so mean and he was not responsible. Such as this, I felt a strong sense of aversion for my dad. I said to myself that “My dad is not worthwhile to be respected and I cannot find just single good example of him that I have to follow”* (Participant A101).

*“First of all, I want to become a man entirely different from my dad. I am going to neither access to alcohol nor fight with my future wife in presence of my future kids... Unlike my dad, I want to become a strict father, in the future. The adjective, ‘strict’ that I mean does not mean punishing kids for their wrong deeds but telling kids what is right and wrong. In detail, I want to become a father who is domestic and reliable. My dad did not show such a good image. So I don’t want to become like my dad. Whenever I looked at my dad, I complained, ‘Why does he behave like that?’”*  
(Participant A117).

### **Understanding.**

*“Nowadays, ... I got to realize that my dad was often drunk because he was having hard times. Now, I feel a little pity on him.”* (Participant A101).

The understanding stage is the period in which KCOAs felt empathy toward their fathers. That is, they began to empathize with their father and try to understand his alcoholism. For

instance, during the interviews, several KCOA participants stated that now they understood that their father's alcoholism was a kind of mental disease, which was greatly influenced by their family history of alcoholism. In this understanding stage, they 1) had pity for their fathers, and 2) tried to accept their fathers.

***Having pity on my dad.*** KCOA participants felt pity for their fathers, who were now aged, weak, and poor. Not only did they worry about the fathers' poor health and empathize with his life, which was centered on drinking alcohol, but they also empathized with him losing his authority as head of the family due to his drinking problem. Although their father had had issues with alcohol, they hoped that he could keep his authority as head of the family. Some of interview participants shared stories of scolding their younger siblings for ignoring their fathers and feeling displeased with their mothers for looking down on their fathers.

*"People surrounding my dad actually turned back from him because of his bad drinking habit. In that sense, he (dad) was very pitiful person. I thought that neighbors might speak badmouth about him, "How stupid he is!" "How can he live such life"? "Isn't he ashamed to see his kids who are getting to work?" Ugh! Yeah, he is very pitiful" (Participant A117).*

*"I hated my dad who was got drunk, but I advised my younger brother not to speak rudely to dad who gave birth to us, when he was so rude to my dad. It seemed that he had a much greater sense of abhorrence for my dad. I remember that we are in arguments over the matter of him" (Participant A121).*

***Trying to accept him.*** Several KCOA participants started to understand their fathers' side of the drinking and tried to accept their fathers as they were. Participants began to understand what triggered their fathers' drinking habits and why the fathers had been drinking alcohol excessively. For instance, they learned that their fathers were also victims of parental alcoholism—their fathers had also suffered from their grandfathers' (or grandmothers')

alcoholism when they were young. In addition, they realized that their father had a family history of alcoholism, and his alcohol addiction was a mental disease and not his fault.

*“I got the information somewhere that alcohol is not cured by just having strong will to quit it since alcohol addiction is actually a brain disease. If my family circumstances were affluent, all my family would help my dad receive a systematic inpatient treatment, or at least an outpatient therapy. I sense that all my family has been leaving my dad untreated, owing to our poor family circumstances. In that respect, he looked very sorry. Moreover, I have nothing special to do for him, now (Participant A117)”*

*“If my dad had been raised receiving much love from his family in his youth, he would often have showed his love for me. My dad used to tell me that his dad, my grandfather, was very drunk as well. Oh! He might be an alcohol addict under the influence of his dad, I think. My grandfather was too strict and difficult to deal with to be nice to his wife, my grandmother. He used to break dishes on the table that my grandmother set, when he was upset. Grown up under such family environment, my dad would feel tense and complain of his father doing like that and in the end, he would have unwittingly fallen into such a bad habit. I understand that his tough life might make him become like that” (Participant A101).*

*“I got to understand why my dad depended on alcohol too much. In a word, he struggled to overcome his loneliness by taking alcohol. Actually, my dad loved all my family, very much but was poor at showing his love for us. His lack of the expression of love has aroused somewhat awkward relationships between all my family and made all of us uncomfortable” (Participant A118).*

Interestingly, some of the interview participants began to gradually open their minds to think of their fathers positively and approach them as they are. They started to try to spend time or communicate with their fathers. They hoped to get along well and to maintain a good relationship with their fathers.

*“I have once written my dad a letter saying: “I was a bad daughter who would not view you in a positive way and not respect you but now I am happy to see you work hard. I discover how much you love our family and you devote your energy to protecting our family”. I would like to say sorry to him for what I had been doing the wrong things”(Participant A118).*

*“I feel that we are talking more, even though we are in not more familiar relationships compared with other dad-daughter relationships. I want to give reassurance to him, because he is my dad, anyway. I know that he gave tough times to me not because he disliked me but because he was stressed very much” (Participant A109).*

### **Separating.**

*“I started to participate several social activities and meet new people. I used to think ‘could I do this well?’ and I used to have difficulties meeting people. But now I am trying to spend time with my friends and sometimes praise myself ‘you did good job’ when I did well” (Participant A104).*

The separating stage is the period in which KCOAs start to separate their own identities from their fathers and the family. They acknowledge their own trauma related to paternal alcoholism, make an effort to heal from that trauma, and start their own lives. Thus, in this stage, participants 1) recognized the trauma they had experienced, 2) strenuously worked for themselves, and 3) started their own lives.

***Realizing the trauma I have.*** KCOA participants started to acknowledge the traumas they had experienced. For instance, they recognized their feelings of uneasiness when they encountered someone or situations that reminded them of their fathers, or they discovered that they still had problems that they had had in the past, such as anxiety or depressive moods.

*“Although I do not have any visible problems right now, I think I have been traumatized (due to my dad), and because of that, I dislike any man who loves drinking alcohol” (Participant A119).*

*“I was very tired of this repetitive everyday routine happening me. But I didn’t realize that I would have a trauma from it until I had talked with a patient in a mental clinic, where I visited for my training. The patient has been stressed by his dad’s alcohol addiction, too. At that moment, I realized that he must have been hurt by such tendency his dad had. Then, I became to know that I also had a trauma like him (the patient)” (Participant A119).*

***Strenuously working for myself.*** In this part of the separating stage, KCOA participants started to actively do something for themselves. They sought comfort for themselves in order to

heal from their traumas, do good things that they could not have enjoyed before, and worked hard to catch up with their peers. In addition, they visited counseling centers and made efforts to view their lives in a positive light.

*“I am participating in lots of social activities. I am trying to meet many new peoples and build good interpersonal relationships. Now I am trying. I am trying to enhance my self-esteem” (Participant A117).*

*“I made efforts to comfort myself and read books on psychology to overcome hardships that I had faced. Also I would watch documentary films and cooked foods for myself to cope with the difficulties I had” (Participant A110).*

Especially, some KCOA participants worked hard to catch up with their peers. They tended to feel as if they were several steps behind their peers because their fathers’ alcoholism had slowed them down. They stated that they could not study hard and concentrate on their schoolwork before, since they had to concentrate on their fathers and family issues.

*“As a student, I had to concentrate on school works, but I cannot concentrate at all (due to my dad who was addicted alcohol). And I should have paid closer attention to thinking of my future, but I was very afraid of the present situation in which I faced: I was terrified at the thought of going home back and meeting my dad. And my heart pumped out by the time when I went home back. And I found it very hard to concentrate on my school works. I stewed around in confusion and felt floundered” (Participant A105).*

*“I say to you honestly that compared with any other graduates, my English basic skills are poorer. I have not studied English very hard. I am studying English very hard now to keep up with my peer student, but it is difficult for me to do so. And I tried to do volunteer works more than other students did, as much as I can. I supposed that this is one of the most basic tasks I can carry out. I am doing my best to improve my defects. Currently, I have completed the university program for teaching profession orientation. In a word, I have been working very hard to brush up my skills in other areas than English and fill up my poor English skills. It is regrettable that I did not try to do it so early...” (Participant A112).*

***Starting out my own life.*** Finally, some participants reported that the result of their efforts to heal and comfort themselves was effective. They started to feel confident and comfortable to move on. Importantly, they also perceived that everything they had experienced in the past was not their fault and they were not wrong.

*“I had thought that everything was from all my faults. I thought that all my faults have give me tough times and I was born with such personality before reading those books which helped me reduce a sense of guilt and self-defeating sense and view the given situations in a different angle. Just as I might probably be influenced by my environments, my parents could be influenced by their environments. My faults do not bring up this situation in which I have faced. I am a victim. From the moment I was aware that I can be sufficiently influenced by my dad, I have been trying to live my life fit for me” (Participant A105).*

Fortunately, several participants succeeded in separating themselves from their fathers and starting their own lives. They were confident they could live their own lives happily.

*“Above all, I know that I am the one who has to be happy... I will live comfortable and delightful life from now on by doing something that I could not have had. Everything I will do is for my life and myself” (Participant A101).*

### **Contextual conditions**

KCOA participants showed six stages of adaptation; however, there seemed to be several contextual conditions that could influence their adaptation process. For instance, these contextual conditions played an important role in the movement of processes in KCOA participants—namely, making KCOA participants regress one or two stages from their current stage or causing them to skip over one or two stages in their adaptation process. Some contextual factors inferred in the interviews were 1) experiencing family violence, 2) having strength, 3) having a good maternal relationship, 4) feeling hopeful about the trajectory of their fathers’ alcohol use, and 5) using a sense of spirituality related to Confucianism to make sense of the situation.

**Experiencing family violence.** Experiencing family violence seemed to be an important factor that influenced the adaptation process in KCOA participants. Under physical/emotional violence, KCOA participants experienced extreme fear even as adults. In addition, even after obtaining objective insight, KCOA participants rarely tried to take steps to overcome violent situations. Rather, they just attempted to block their fathers by keeping distance or avoiding interaction. Importantly, the influence of family violence was obvious if KCOA participants were physically weaker than the father. In the following sections, two cases are described: having family violence and not having violence, respectively.

*“When my dad drinks, he just becomes out of control. He goes to kitchen to get a knife. Then, we (my mom and me) tried to control him but we couldn’t do it... He is too strong to be controlled... Whenever he grabs the knife or throws something, we feel really nervous” (Participant A102).*

*“He has never shown any physical violence to us (me and my siblings). He just became too talkative, but still we didn’t like it. He came back home at very late night and made noisy, you know... Then, when my parents had a quarrel, I actively mediated at the middle of them... And when I was a teen or younger than that, I called every 30 minutes to him who drank outside, and said, ‘when will you come home?’ like his wife” (Participant A110).*

Both participants experienced the blocking stage; however, Participant A110 made more active attempts to control her father compared to Participant A102 before proceeding to the blocking stage. In contrast, Participant A102 was in the blocking stage—namely, trying to keep distance and having minimal interactions with her father; however, she had never thought of controlling the father’s drinking actively and making any new attempts to control her father because of the fear. She could not even contemplate suggesting to him to undergo addiction therapy, since he had threatened to kill her if she or her family put him in an alcoholic treatment center, and she believed he was the person who really could do.

**Having strength.** Having strength was another factor that seemed to affect the adaptation process in KCOA participants. Strength included not only physical strength but also financial and social strength.

Indeed, most of the male KCOA participants who had experienced violence in their families spoke of the moment when they realized that they could physically control their fathers. They reported being able to naturally restrain and control their violent fathers, as they grew older. They became physically stronger so that they could control the father by force and protect the family against violence. In addition, after they were able to physically control the father, they were more likely to start to think about strategies to control the father's alcohol drinking.

*“Even though still he tries to abuse us, it is ok now, because I am physically stronger now. I can physically handle him. So now I am OK in terms of his violence and abuse. However, I feel desperate that I cannot handle his excessive drinking” (Participant A112).*

*“I am planning to suggest him to have some addiction therapy. When I was younger, I could not say this... Um, when I was younger, I was physically weak so I couldn't do it. But now I physically grow up. I think I can start to control my dad” (Participant A107).*

In the case of female KCOA participants (and some of the male participants) who still could not physically control their fathers, they tended to block their fathers and wait to be socially or financially empowered, for example, through marriage or financial independence. Indeed, the participants who had already married or achieved independence seemed to have more strength. In what follows, two stories are described from the female participants who waited their marriage in order to become socially empowered.

*“I know I have to do something actively (to control my dad), but frankly speaking, I haven't tried at all (because I am afraid him). I know this is wrong, but I just observe the situation rather than do something. But I think I might change after I marry. If I marry and have my own family, I can be more active to control my dad. So I am just waiting” (Participant A102).*

*“I rarely talk to him... But I expect I will change after I marry and he gets his son-in-law. But I am not sure, yet. Right now, I don’t talk and usually avoid him. I even don’t look at him. (But after I marry,) I think I will try to control him more. I will talk more (Participant A121).*

**Having a good maternal relationship.** Having a good maternal relationship seemed to play a crucial role in KCOA participants’ adaptation process of separation. Many participants reported that a positive relationship with their mother buffered their adverse experiences of paternal alcoholism. On the other hand, their mother’s absence or inability to care for the children led to the family breaking up. Moreover, being neglected by the mother and the mother’s irritation hindered children in their separation. The following two cases illustrate having positive and negative relationships with a non-alcoholic mother.

*“My mom had earned a living for us. She did not buy any good clothes for her, did not do any good thing for her, but she earned money to educate us. She did not impose any pressure on us to study. Rather, she taught us to build an upright character. Even though we had a problem due to my dad, she was always consistent in her parenting... It was my mom made me grow up well” (Participant A107).*

*“We (my bother and myself) have no good relationship with mom. She always said that ‘hate your father.’ She did want it to us... Because of my mom, I had a depression. I took medical pills for my depression when I was a high school student and got counseling several times. And now I just can’t be with her anymore. I always had thought ‘I had to protect her, I had to understand her.’ But I couldn’t do it anymore” (Participant A106).*

Participant A106 experienced a lot of stress from her mother. Her stress from her mother was even greater than that from her father, who drank excessively. According to Participant A106, her mother had asked her children to manage their father’s drinking, threatened family members by taking medication excessively, and criticized her father aggressively in front of other family members. Participant A106 understood her father, felt empathy for him, and tried to maintain a

good relationship with him; however, she suffered from still not separating herself from the family and continuing to be asked by her mother to mediate the quarrels between the parents.

*“He (My dad) was good to me and to my brother, I guess, and still he is... He works whole day and he has never have a rest for himself... So I don’t want to stop his drinking. He said that it (drinking) is his only pleasure, and (I also think) it is too difficult for him to find another thing to enjoy. He is not violent to us, and it (drinking) has been too long already. So I am OK with him, but just one thing, I want him to drink a normal amount. When he drinks too much, it always causes a quarrel with my mom... I used to stop their quarrels since I was young,... But now, I am grown up and have my own life. I am too exhausted to do this, you know. Pick up the phone from my mom while I am at work. She even had pills to die, once.” (Participant A106).*

**Feeling hopeful about the trajectory of father’s alcohol use.** The perceived trajectory of the father’s alcoholism seemed to be another important factor influencing the process of adaptation. Indeed, some KCOA participants reported perceiving that their father’s drinking improved and that he was trying to control himself and get along with the family. These KCOA participants tended to go beyond the blocking stage and stay in the understanding or separating stage.

*“These days, he is not drinking like before... As he is aged, he becomes softened. He used to shout (at my mom), but now he often relies on my mom. I think he is on the road of recovery. So now I want to do something good for myself that I had never enjoyed before” (Participant A101).*

*“Nowadays, he is not drinking until getting drunk... Even though he drinks, he doesn’t do anything we dislike. In old days, he said the same thing again and again and did not listen to us. He showed his anger really easily. But now, he just goes into his room and fells asleep... Also he tries to talk with us and listen to us... So I feel much comfortable now. Still talking to mom is more comfortable for me than talking to dad. However, I think I start to open my mind to him “ (Participant A118).*

On the other hand, some KCOA participants thought that the situation related to paternal alcoholism would not change no matter what they did. They tended to have no expectations that

the father's alcoholism would improve and were pessimistic about the father's attempts to quit his drinking. They tended to block their fathers and they did not try to improve the situation.

*"He had received an addiction therapy almost four or five times, but he did not change at all... I also tried to have some conversations. We went out for dinner together and I talked to him seriously about his alcohol drinking. He said "I understand" at that time, but since then.. nothing had been changed... He was always drunk when I came back home from school. So I did not want to talk about it anymore... I used to give a ride him when he goes to alcohol treatment center, but I no longer do that" (Participant A117).*

### **Using a sense of spirituality related to Confucianism to make sense of the situation.**

Since South Korea is still under the influence of Confucianism, KCOA participants exhibited many Confucian thoughts and values in their interviews. However, this sense of spirituality related to Confucianism also seemed to affect their adaptation process. Those who had positive feelings toward their alcoholic fathers and were willing to take responsibility for their parents tended not to show blocking. Rather, they were more likely to understand their father's side in terms of alcoholism, and support and help him.

***Having feeling toward father.*** While some KCOA participants showed strong negative emotions toward their fathers, such as resentment, anger, and hate, other participants did not. Despite having traumatic memories of their drunken fathers, they somehow felt thankful to him. They still believed that their fathers loved them even though he had had issues with alcoholism, and they felt grateful to their father for having conceived and raised them.

***Taking responsibility as his adult children.*** There were also two conditions in terms of taking responsibility for the parents. Some KCOA participants felt the burden of supporting their incapable and poor parents. Thus, they feared taking responsibility for the father in place of the mother after she left him, shifted responsibility to other siblings, and evaded supporting their father and the family. They tended to feel a strong pressure from Korean society, which obliges

all adult children to support their parents. However, some other KCOA participants took the lead by fulfilling the heavy responsibility for their family as well as their incapable parents.

*“You might guess already, but yes, I really love my father and respect him, except his drinking problem... He just couldn’t control his temper when he drank. And this is the reason why he abuses my family physically and verbally. But that is all. Even though he continues to drink and shows aggressive behaviors, I still believe that he will be OK in someday. He has done a lot of things for me since I was young. So, yes. I will continue (to help him). If he continues to drink, I will continue to help him” (Participant A115).*

*“I still have hurtful memories of my youth and still I am having hard time (because of my dad). But he is the one who has delivered and raised me. And, he might have more financial pressure because of us... So I am thinking that I want to repay his effort and love for us” (Participant A119).*

### **Exit Interviews**

Here are the exit interviews from several interview participants. They shared their impressions and feelings they had at the end of the study. Also they expressed their thoughts and opinions about this study topic and further implications in their own perspectives.

*“Well, I was able to look back of my life by participating in this study. A lot of memories crowded in upon me while participating in this study. It served as a momentum to think how I have grown up a lot” (Participant A121).*

*“I am much more relieved now (after participating in the interviews). You made me able to talk about my life which has long been a secret” (Participant A120).*

*“I really want to know about others lives who also have grown up in alcoholic families. I want to know what they think and how they live. Hum.. Could you send me the study result later on?” (Participant A119).*

*“Well... I hope this research can help young kids who are growing up in alcoholic families. I am not sure I was helpful for your research. I thought that your research topic was very special, and I wondered how you became to be interested in this topic” (Participant A111).*

*“I joined the online self-help group because I was so depressed due to my dad. Actually, I didn’t expect that I could get some help from this online group, because most of the online groups just provided general knowledge copied from some books.. you know. But I was so glad when I saw your research flyer. Frankly speaking, now I think I am pretty OK, because now I accustom to it (father’s drinking) and now I am an adult. But I know that there are lots of young kids and families who are suffering from it (father’s drinking) in somewhere. And yet, there is nothing to support these people in this country. So I really support your research, and I really hope this research can lead to develop some laws or systems which can support and help those people who suffers from this alcohol-drinking problem” (Participant A117).*

### **Summary**

Through the recruitment procedure, a total of 23 participants were interviewed for the study. Since three of them were excluded, the interview transcripts from 20 interview participants who were Korean children of alcoholic fathers were analyzed. Their mean age was 24.55 years old; 65% of participants were female and 35% were male participants. The majority (75%) recognized their fathers’ alcohol problem at an early age—between 5 and 12 years. The mean CAST score was 21.3 out of 30.

Based on the analysis of the interviews, *‘separating my own identity from my father’* appeared as the category in KCOAs’ adaptation process. In order to separate themselves from their fathers, they passed through six stages: being trapped, awakening, struggling, blocking, understanding, and separating.

*Continuous suffering* emerged as the phenomenon of KCOAs’ lives. The phenomenon existed at all stages of adaptation, and it was ongoing throughout their lives. The suffering derived mainly from having an unstable family life, feeling shame, getting stressed because of

the alcoholic father, realizing the alcoholic father's negative influence, being tied up with the alcoholic father, and being tied up with the family.

Finally, five *contextual conditions* were inferred as the factors influencing the adaptation processes in KCOAs. These factors were experiencing family violence, having strength, having a good maternal relationship, feeling hopeful about the trajectory of the father's alcohol use, and using a sense of spirituality related to Confucianism to make sense of the situation.

## CHAPTER 5. DISCUSSION AND CONCLUSION

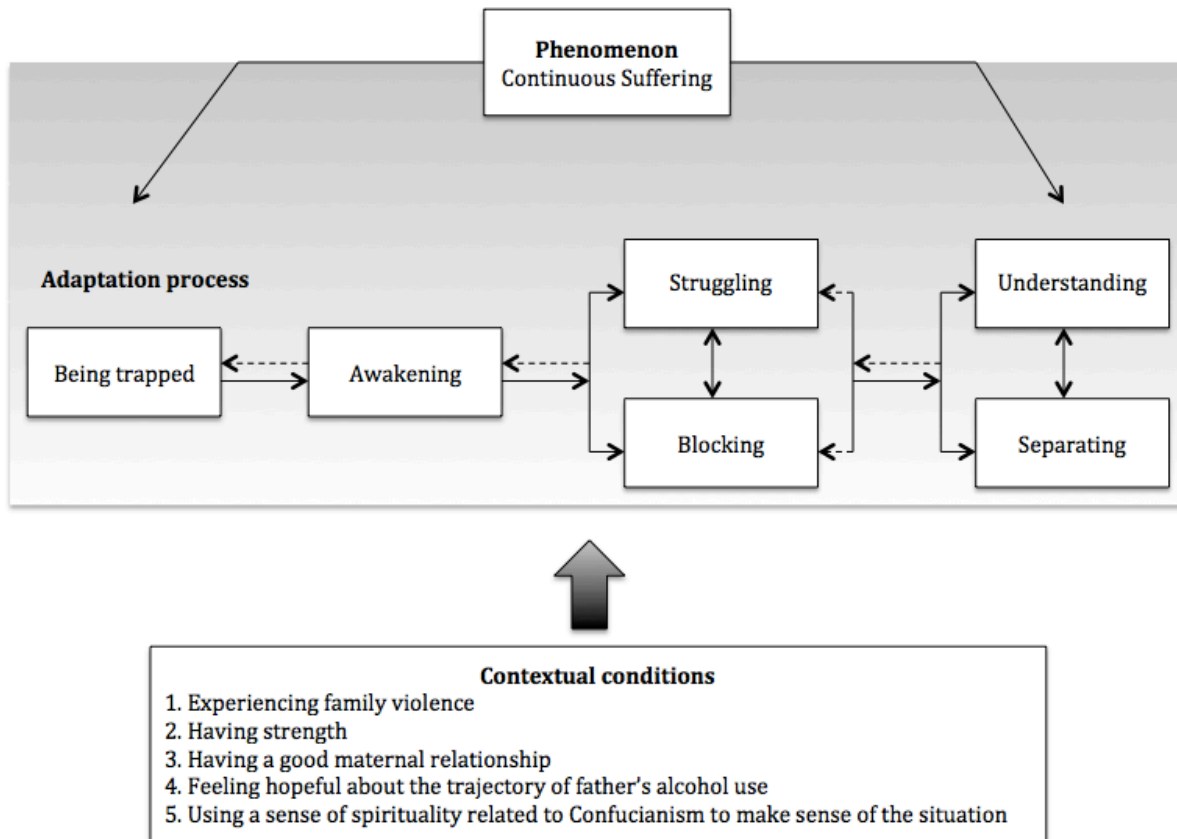
In this chapter, study findings described in Chapter 4 are discussed. Specifically, the purposes of this chapter are to 1) refine and illustrate the model of adaptation process in Korean children of alcoholic fathers, 2) discuss study findings, 3) identify study implications in the areas of clinical practice, research, nursing education, and policymaking, and finally 4) discuss the strengths and limitations of the study.

### **Model Refinement and Illustration:**

#### **The Model of Adaptation Process in Korean Children of Alcoholic Fathers.**

Based on the concepts and stories explored in Chapter 4, the relationships between the concepts are arranged, and the model of the adaptation process in Korean children of alcoholics (KCOAs) is set and refined. The final model is illustrated in Figure 4. Specifically, it is set by integrating and arranging the codes and categories extracted from the data. Then, it is refined by reviewing entire interview transcripts again, referring to the memos taken during those interviews, undergoing peer debriefing procedures, and reflecting on the feedback obtained from member checking procedures.

Overall, KCOAs participating in this study (KCOA participants) were experiencing ongoing issues throughout their lives because of their fathers' alcoholism. This type of severe experience was termed, *continuous suffering*. KCOAs specifically experienced continuous suffering and distress as a result of a chaotic and unstable family environment, shame, and stress caused by their alcoholic fathers. To make matters worse, they suffered because they could not overcome these difficulties, since they were a part of familial unit, which included the alcoholic father socially, financially, and emotionally.



**Figure 4** The model of adaptation process in Korean children of alcoholic fathers.

While living with ongoing suffering, KCOA participants exhibited a process of adapting to their lives. This was called the *Adaptation Process*. In this study, the Adaptation Process consists of six stages: being trapped, awakening, struggling, blocking, understanding, and separating. Importantly, in large scale, most KCOA participants seemed to live through these stages in order. However, there were variations among these cases. For instance, it was discovered that some participants moved backwards or skipped some of specific stages — mostly the struggling or understanding stages — or stayed longer in one stage and could not move on. Thus, in this model, experiencing a prior stage (e.g., struggling or understanding stages) was not a prerequisite of moving on to the next stage (e.g., blocking or separating stage). For

example, some KCOA participants blocked their fathers by minimizing the interaction with him or keeping distance just after they recognized the seriousness of fathers' abnormal drinking patterns. In the same vein, some KCOA participants started to separate their identities just after blocking the fathers from their lives. According to the interviews, not every KCOA participant was at the separating stage but rather was situated in various stages, particularly in blocking, understanding, and separating stages.

*Contextual conditions* are the factors that seemed to influence this adaptation process in KCOA participants. Five factors were inferred from the interviews: experiencing family violence, having strength, having a good maternal relationship, feeling hopeful about the trajectory of the father's alcohol use, and using a sense of spirituality related to Confucianism to make sense of the situation. These conditions played an important role in helping participants move forward, skip specific stages, or remain in one stage.

Finally, *the core process of adaptation* in KCOA participants was described as "separating my own identity from my father."

### **Discussion of Study Findings**

In this section, the findings of this study are discussed. Specifically, each paradigm — adaptation process, phenomenon, and contextual conditions — is discussed by comparing existent theories or prior studies. In particular, the adaptation process of Korean children of alcoholic fathers is discussed in multiple aspects. Not only the process is compared with previous study findings, but also is discussed based on the aspects of existent theories child developmental, and Korean sociocultural.

#### **Adaptation Process in Korean Children of Alcoholic Fathers.**

KCOA participants seemed to undergo six stages of the adaptation process as they grew up: *Being trapped, Awakening, Struggling, Blocking, Understanding, and Separating*. When the participants were young and powerless, they had to live in chaotic and unstable environments due to their alcoholic father. They had to live with fear and anxiety overwhelming their will to live happily without knowing what a normal life could be. However, at some point, they started to become aware of their father's problematic drinking and realized their family environments were not as healthy and normal as others. Since then, some of them used various methods and failed in trying to control father's excessive drinking, eliminating parental conflict and changing their overall home environment. As a result, KCOAs experienced repetitive failures and frustrations. They blocked their fathers from their lives and tried to avoid them as much as they could. Their blocking emotions and behaviors were rooted from number of reasons: they started to give up on their fathers' becoming sober and became disappointed in their fathers' ability to remain sober. Anger developed toward the father, as well as such as annoyance, dislike, hate, and fear. As the years progressed, some of the KCOA participants showed understanding toward their fathers and tried to accept him as he is. They showed empathy toward the father and understood the fact that he was suffering from a disease called alcoholism. They also understood his abnormal behaviors and emotions did not imply that he did not love the family. With this understanding they become comforted as they prepared themselves to move forward in their own lives.

**KCOAs' adaptation shown in prior studies.** There has been limited number of qualitative studies about children of alcoholics in South Korea. Two studies (Ju, 2008; M. A. Kim, 2003b) seemed to be comparable with this study. First, Ju (2008) examined eight KCOAs' lives in the aspect of their adjustment, and she suggested 4 stages of adjustment: confusing &

being suppressed, conflicting, recognizing and separating, and accepting. She also defined core category as 'accepting the parental alcoholic problem and re-defining the self. Ju's study explored the adjustment process, coping strategies and emotions in KCOAs after they recognized their father's problematic alcohol drinking. For this reason, her study showed consistent results in terms of the core category and the overall adjustment process that the KCOAs' experienced. However, Ju's (2008) model did not have 'being trapped' and 'awakening' stages, while the adaptation model of this study considered these stages meaningfully.

Second, Kim (2003) explored the life of adolescents of alcoholic fathers in South Korea. Even though she used phenomenology for her study methodology, many childhood experiences and emotions of KCOAs shown in this study were also similarly shown through her study. For instance, she explored two themes, Living Alone and Sustaining Life (M. A. Kim, 2003b). Living Alone included KCOA's lived experiences, and the meaning units were: living abusively with alcohol dependent parents, living dangerously as with explosive anger, living as an object with no self esteem, living with fatherly rejection, living with responsibility but powerless to help the mother who suffers patiently with the pain and abuse, living without a support system, and living with sex discrimination (Kim, 2003a). The second theme of sustaining life consisted of several meaning units, such as ambivalence, revenge and pity, the struggle for a desirable self against the parental image of self, understanding parents through self reflection, the hope of becoming fatherly being through the father's recovery, being able to have emotional control and cognition, and the ability to nurture the seed of hope for the future while in a situation of desperation (Kim, 2003a). The themes and the meanings explored by Kim (2003) were similar to this study even though the ways to describe the results were different because of using different study methodologies.

**KCOAs' adaptation in a view of existent theories.** The model that emerged from the data is supported by two existent theories: Roy's Adaptation Model and Lazarus' Transactional Theory of Stress and Coping.

First of all, the adaptation process emerged from the data in this study is confirmed by Roy's adaptation model. Roy's adaptation model focuses on individual's adaptation to his/her changeable environment (Roy & Andrew, 1999; Shosha & Kalaldehy, 2012). According to Roy, adaptation is "the process and outcome whereby thinking and feeling persons, as individual or in group, use conscious awareness and choice to create human and environmental integration" (Roy & Andrew, 1999, p. 30), and it leads person to get optimal health or well-being, good quality of life and death with dignity (Masters, 2011; Roy & Andrew, 1999). This view of adaptation is similar to the concept of adaptation in this study in terms of viewing adaptation as the stages of a person's life process to create integration with his/her environment based on his/her feeling and thinking developed through his/her growth. In addition, as shown in the adaptation model in this study, Roy asserted that after perceiving the stimuli from the environment, a person responds to the stimuli through his/her coping mechanisms (Roy & Andrew, 1999). These coping mechanisms help individual integrate his/her life process.

Moreover, according to Roy, behavior is "the broadest sense as internal and external actions and reactions under specified circumstances" (Roy & Andrew, 1999, p. 43). A behavior can be either adaptive responses or ineffective responses: adaptive responses work as promoting the integrity of the human system in terms of the adaptation, such as for survival and growth, while ineffective responses are not (Roy & Andrew, 1999). This process of adaptation in Roy's model — stimuli (input), coping mechanism, and behavior (output) — was also appeared in the adaptation model of this study. After realizing the father's abnormal drinking patterns which

threatened the family's life as well as their own lives (stimuli), their coping mechanisms started to respond based on their perception, information, learning, judgment, and emotion (Masters, 2011; Roy & Andrew, 1999; Shosha & Kalaldehy, 2012). Importantly, according to Roy's model, the adaptation can lead an optimal health, well-being, and good quality of life; thus, the outcome of 'separating' seems to be the most adaptive responses compared to that of struggling or blocking.

On the other hand, focusing more on the aspect of stress and coping, the adaptation model can be better explained by Lazarus' Transactional Theory of Stress and Coping (TTSC). Based on Lazarus' Theory, paternal alcoholism could be seen as a form stress rather than stimuli — in Roy's model, paternal alcoholism is viewed as stimuli. Lazarus viewed stress as a result of interactions between an individual and his/her environment rather the result of a series of events (Lazarus & Folkman, 1984; Lyon, 2012).

According to Lazarus and Folkman (1984), a stress — particularly psychological stress — is “a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being” (Lazarus & Folkman, 1984, p. 19). In other words, one's interpretation and perception of stressful event is more important than the event itself (Lazarus & Folkman, 1984; Lyon, 2012). When getting a threat, individual kept appraised in terms of the situation (*primary appraisal*; e.g. whether it is too out of control or can be handled), his coping abilities (*secondary appraisal*; e.g. whether I am powered enough), and additional information he/she could have (*reappraisal*), and it affects how he/she feels, responses and behaves (Lazarus & Folkman, 1984). This process highlights an interesting phenomenon shown in the adaptation model of why KCOA participants started to take action to control their fathers only after they realized seriousness of their father's

drinking and thinking they have enough power to effectively deal with the issue. It seemed that 'having strength' and confidence to control their fathers (through their appraisals) were important factors when KCOA participants tried to control fathers' alcohol drinking and correct the situation. Indeed, most female and a few male KCOA participants who were physically weaker than their fathers' neither tried anything nor exhibited any behaviors to actively control their fathers or to correct the situation. They avoided the situation and minimized their interaction with their fathers, defined as blocking.

Moreover, in terms of coping, Lazarus defined it as "constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person" (Lazarus & Folkman, 1984, p. 141). He categorized coping into two forms: problem-focused and emotional-focused coping. Problem-focused copings involve effort to define the situation, think of feasible solutions, verify cost and benefits, and plan and take the action to change the situations (Lazarus & Folkman, 1984). On the other hand, Emotional-focused copings are the efforts to decrease emotional distress by distancing, avoiding, blocking, minimizing, or venting emotions (Lazarus & Folkman, 1984). These concepts of coping are similar to the coping behaviors of KCOA participants as indicated the in Struggling and Blocking stages. The behaviors of KCOA participants in struggling stage were problem-focused coping strategies. For example, in struggling stage, they put their efforts to change the situation, through conversation with the father, or suggesting the father to receive therapy. In contrast, the behaviors shown in blocking stage seem emotional-focused coping based on TTSC. KCOA participants kept their distance from their fathers', by minimizing interaction and avoidance.

**KCOAs' adaptation in a view of child developmental perspective.** The model of adaptation process shows KCOAs' developmental trajectories along with their paternal alcoholism. Thus, some aspects of their adaptation process could be interpreted within a developmental theoretical framework. In this section, the issues of KCOAs' poor intimate relationships and alcohol drinking problems are discussed based on Bowlby's attachment theory and Bandura's Social Learning theory.

Bowlby's attachment theory explains close emotional bonds between individuals. It assumes that these bonds develop "internal working models", which facilitate to develop and maintain mental representation of the self and others (Pietromonaco & Barrett, 2000). According to Bowlby, (1979), this mental representation of self and others can be formed by the context of the relationship between child and caregiver, and it further influences thoughts, feelings and behaviors in adult relationships. For example, in terms of working models of the self, the belief of how acceptable the self is comes from early attachment figures. Thus, if children have attachment figures who are promptly available, consistent, responsible, and trustworthy, they can develop the self as worthwhile and acceptable. Vice versa, if children's attachment figures are inconsistent and irresponsible, the children develop the self as unacceptable and unworthy (Cassidy, 2000; Pietromonaco & Barrett, 2000). These attachment figures influence interpersonal relationships, for instance, an individual who has insecure attachment figure tends to repeat unsatisfying relationships with others (Bowlby, 1980; Jaeger, Hahn, & Weinraub, 2000). Because of their or spouse's substance abuse problems, the parents tend to neither provide consistent parenting nor be responsible and trustworthy to their children. For this reason, it is well-known fact that children of alcoholics tend to have poor and insecure attachment with parents, have difficulties in building or maintaining interpersonal relationships, show low self-

worth and self-esteem (Jaeger et al., 2000; M. L. Kelley et al., 2008, 2010; M. L. Kelley, Cash, Grant, Miles, & Santos, 2004a; Rangarajan, 2008). These are the same characteristics which are shown in a person with insecure attachment figure, according to Bowlby (1980). Interestingly, these characteristics also shown in KCOA participants in this study. KCOA participants were more likely to show strong distrust of their parents who often did not keep the promise with them and ignored an obligation as a parent due to alcohol drinking. Also, they reported about difficulties in meeting new people and maintaining relationships with people, including romantic relationships. They reported that they tended to distrust people, be oversensitive to what other people think about them, and have poor self-esteem. However, several KCOA participants who were in the separating stage already knew about these problems, and tried to overcome the problems by participating social activities, putting themselves to meet new people, and encouraging themselves.

In addition, in Social Learning theory, Bandura explains that people learn new behavior from the environment by the process of observing, imitating, and modeling (Bandura, 1971). For instance, children observe the people around them and imitate the behaviors that they have observed. It explains the phenomenon that many KCOA participants in this study enjoyed alcohol drinking and some of them drank excessively, even though they had hated their father's alcohol drinking. Although many prior studies demonstrated genetic influences of parental alcoholism on their children (Heitzeg, Nigg, Yau, Zucker, & Zubieta, 2010; Herting et al., 2010; A. M. Hussong et al., 2007; Andrea M Hussong & Chassin, 1997), it seems to be also reasonable that the children can learn drinking behavior from their fathers by observing, imitating, and modeling in accordance with social learning theory. Indeed, many KCOA participants reported that, because they had observed their fathers' drinking since they were young, they developed a

habit of drinking in spite of themselves when they were stressed. Some of them reported that they did not know any other coping strategies other than drinking alcohol for relieving their stress. Thus, children of alcoholics seem to learn alcohol drinking as stress coping behavior through observing their parents. Also, according to social learning theory, reinforcement plays important role in continuity of behavior. In other words, if a child's new behavior learned from observing is rewarded, the child continues performing the behavior. However, if the child is punished for the behavior, the children will stop doing the behavior. Along these lines, some of KCOA participants began to restrict their drinking, and the reasons for that was mainly because they feared to follow the same step with their fathers by learning alcoholism has genetic influences on the offspring, or recognizing that their drinking habits and drunken behaviors were similar with those of their fathers.

**KCOA's adaptation in a view of Korean sociocultural perspective.** South Korea has unique socio-cultural characteristics in terms of parent-child relationships, permissive social atmosphere in excessive alcohol drinking, and widespread ignorance of alcoholism. These unique characteristics were evident in adaptation process in KCOA participants.

Because of the influence of Confucianism, the parent-child relationship in South Korea tends to be more attached and interdependent. In addition, many duties and roles were imposed on the children; therefore, they are asked not only to respect their parents but also to support them physically, emotionally and financially. The study findings showed results related to these cultural aspects. Many KCOA participants felt the burden of a prolonged and overly attached relationship with their parents — alcoholic fathers and incapable weak mothers. In particular, the oldest son and daughter often took on many responsibilities to take care of the whole family including their young siblings in place of their parents. Also, many KCOA participant had

difficulty achieving full independence from their own families even though they became an adult, and this problem often led some of them to try to block their fathers and families in order to get independence and not to be annoyed by the family problem. Interestingly, in contrast, some others showed willingness to support their families with need of sacrificing.

Second, Koreans' permissive social atmosphere towards alcohol drinking was also shown in the study findings. Drinking alcohol is considered as one of the effective means when building an intimate social relationship in South Korea. For this reason, excessive and frequent alcohol drinking tends to be permitted and are often considered positive social behaviors. In case of some KCOA participants, they showed negative feelings towards the person who drank excessively like their fathers, or hated drinking itself. In addition, some of them strongly restricted themselves in terms of drinking alcohol or participating in drinking parties because they did not want to follow their father's drinking habits. However, they often were pushed to drink by the people they met in business situations or college meetings. Some of them reported that they could not refuse to drink since they knew it is needed when building a good social relationship. Others worried that this situation could happen in their future, and they were concerned about any disadvantages in their future career due to refusing alcohol.

Third, widespread ignorance about alcoholism was exhibited in the study findings. Actually, KCOA participants suffered from social blame and social stigmatization because of the misunderstanding or wrong information about alcoholism that surrounding people had. For instance, many KCOA participants shared their experiences of being blamed by relatives for neglecting their alcoholic fathers and not being able to control father's alcohol drinking. This social blame and social stigmatization by people's misunderstandings often caused their anger and made them become socially isolated.

### **Phenomenon: Continuous Suffering.**

KCOA participants were experiencing various difficulties in their lives while undergoing the aforementioned six stages. For instance, many of the adult children were suffering from unstable family, financial problems and family dissolution. Moreover, they were still suffering from shameful incidents and situations caused by their alcoholic fathers. Stress due to the fathers' behaviors after drinking made them cautious not to irritate or ignite their fathers, behavior leading to physical, verbal and emotional assaults towards them. Also, since they feared social stigma and shame, they went to great efforts to hide their family history — having alcoholic father — from others. What made them more desperate was that they could not cut these difficulties from their own lives. They knew that they were too closely connected with the father and the family socially, emotionally, and even financially. Indeed, many KCOA participants were still mediating the quarrels between their parents, solving the problems related to alcoholic fathers, affording their household financially, and protecting the family members from their alcoholic fathers even after becoming independent adults. In this section, three aspects are discussed in terms of the main phenomenon — continuous suffering — that KCOA participants were experiencing: living in an alcoholic family, losing childhood, and carrying a burden.

It was interesting that even though alcoholism per se is a personal disease, it can affect every part of his/her life, especially the family. The influences of alcoholism on the family have been consistently reported in previous research, such as poor marital relationship (Cranford, Floyd, Schulenberg, & Zucker, 2011), psychological distress in wives (Tempier, Boyer, Lambert, Mosier, & Duncan, 2006), and neglectful parenting (Velleman & Templeton, 2007). Consistent with prior studies, almost all of the KCOA participants in this study talked about how their father's alcoholism negatively affected their families; for instance, how it contributed to the

conflicts between family members, family's poverty and breakdown. To put it in detail, first, father's alcohol drinking problem in the family often caused quarrels or violence between the parents. It sometimes caused parents' separation or divorce which naturally led to family's break up. Second, father's alcohol drinking habits caused emotional distress in family members. Indeed, KCOA participants reported that their family members had to take the charge of picking him up from the bar, taking care of him when he could not keep himself steady, and protecting other young and feeble family members from father's violence. This extreme stress and the severe responsibilities frequently caused the conflict between family members, and even it made some of family members leave their home. Third, father's alcoholism often led to family's poverty. Indeed, majority of KCOA participants reported that they had experienced poverty since they were young. Non-alcoholic mothers were more likely to take the financial responsibilities for their families instead of incapable fathers. However, mother's earning was usually not sufficient to cover their father's addiction treatment as well as their living expenses. This family poverty sometimes imposed the financial responsibilities to young adult children.

In addition, sadly, in many aspects, KCOAs had lost many things that the child should have in the childhood. Actually, many KCOA participants reported that they could not experience things that normal children could, and vice versa, they had to experience things that normal children do not need to experience. For instance, unlike their peers, they had to grow up with being asked to look after and worry about others instead of receiving stable parental care and love. Also, they had undergone frequent shameful incidents; thus, they always were cautious about exposing their family environment or family stories to their peers. Their sense of loss seemed to affect their self-identity, since many KCOA participants showed lack of self-esteem, self-worth, and self-confidence. This phenomenon actually has been described in previous

studies. For instance, Murray (1998) reported about loss in children of alcoholics, especially loss of self-identity. He could discover the loss of self-identity in adolescent interview participants whose parents were alcoholic, and he concluded that the internalized shame could cause a lack of self-worth in children of alcoholics. It is also supported by Cork (1969) and Velleman and Orford (1999) that losing opportunities for fun and laughter like other peers had negative impact on their sense of identity in children and adults (Kroll, 2004). In addition, they had lost a chance to learn a normal life with appropriate role model. Indeed, several participants reported that they did not even know what “normal” was. They did not know a normal response or method to solve the problem when they had trouble with someone, or they did not know how to express their feelings without showing aggression. There were similar results shown in Kim (2003)’s study. Several interviewees in her study reported that since they did not know how to express affective feelings towards others, they rather tortured their friends when they liked them. Also, some the interviewees reported that they wanted to hit their children when they became parents, since they had lived in that way.

Finally, many KCOA participants lived with carrying on over-responsibilities and feeling a burden. Especially, since their fathers were incapable, made them embarrassed, and caused many unexpected incidents, KCOA participants tended to feel their father was a burden. For instance, even though adult KCOA participants started to live their own lives — for instance, gaining financial independence, getting married and having their own families, some of them still spent a lot of their energy worrying about their family — an alcoholic father, feeble mother, and siblings. Also, some KCOA participants reported that they were anticipating the disadvantages they would have in their future careers or in marriage due to their alcoholic fathers. For example, several KCOA participants were concerned about their father visiting their

workplaces because they might visit intoxicated and ask for financial help. For this reason, they did not disclose where they work or how much they earn (their salaries) to the fathers. Also, in Korea, marriage is not just between individuals but between families. For this reason, interestingly, many KCOA participants worried about their future marriage regarding rejections from spouse's family. Taking over-responsibility and feeling a burden were also described in Murray's (1998) study. The interview participants whose parents were alcoholics stated that they had to carry on the responsibility related to their family and the alcoholic parents because if they do not take care of the family, there was no one to take the responsibility. If no one took care of it, something bad would happen. Ju (2008) who interviewed Korean COAs also reported similar findings in her study that many KCOA participants experienced parentification—a responsibility imposed to children to take care of the parents, and felt family as a burden. It caused them to have strong negative feelings. In severe cases, some of adult children hoped their parents died or treated their parents as useless people.

### **Contextual Conditions Influencing the Adaptation Process in Korean Children of Alcoholics.**

A total of five factors were identified as contextual conditions: *Experiencing family violence*, *Having strength*, *Having a good maternal relationship*, *Feeling hopeful about the trajectory of father's alcohol use*, and *Using a sense of spirituality related to Confucianism to make sense of the situation*. Based on the interpretation from the researcher who conducted the interviews and analyzed the interview data, those factors may affect the adaptation process in KCOA participants. In Lazarus' transactional theory of stress and coping (TTSC), the possibility of the influences of situational factors on the adaptation process was also described. According to Lazarus, when people encounter threats, they start to appraise the threats and their own

abilities to cope the threats (Lazarus & Folkman, 1984). However, in this process, many situational factors influence their appraisals of threats, such as one's values, goals, commitments, resources availability, situations, self-esteem, supports, coping skills, realistic constraints, perception of situational uncertainty or ambiguity, proximity in terms of time and space, intensity, duration and controllability of the threat. When considering the fact that these situational factors affect the appraisals, and the appraisals affect one's coping behaviors, the presence of the influences of contextual conditions on the adaptation process in the adaptation model of this study seem to be reasonable.

This study is unique in terms of focusing on the adaptation process in children of alcoholics (COAs) and adult COAs (ACOAs), since there have been very few studies that previously explored the adaptation process and the influencing factors on it. While it was difficult to find comparable prior studies, the study written by Ju (2008) showed similar results as this study. She identified several factors influencing the main phenomena that KCOA had experienced. According to Ju (2008), support relationships, feelings towards alcoholic parents, and personal internal changes affected KCOAs' feeling as well as their coping strategies. The factors 'feeling toward alcoholic parents' and 'support relationships' in Ju's study were also somewhat similar with the contextual conditions — having positive feelings toward father and having a good maternal relationship — in this study. However, the factor 'personal internal changes' — the changes of person's will or thought— is not revealed in this study. Thus, further in depth research needs to be studied for clarifying.

At last, the factor '*Taking the responsibility as his adult children*' has not been explored in any prior studies. Indeed, in this study, there were several KCOA participants who actively contributed themselves to their families and alcoholic parents. They gave up their desired lives

and scarified themselves for the family. Therefore, some of them actually reported that they did not have any plan for marriage or being independent from their parents. They were willing to pay parents' financial debt, and to spend a lot of time and effort to control their violent fathers and to protect other family members. They were willing to live such a life under the name of filial piety and the responsibility as adult children. As mentioned above, none of similar previous studies addressed these issues — KCOAs' sacrifices and devotions. Instead, several interviewees in previous studies showed the attitudes of studying hard or struggling to achieve social success in order to save their non-alcoholic mothers (Ju, 2008; M. A. Kim, 2003a, 2003b). These attitudes also seemed to originate from Confucian thoughts and values; however, those studies did neither address these cultural issues nor asked about the issues to the interviewees.

### **Study Implications**

The study findings have several implications for the areas of clinical practice, research, nursing education, and policy.

#### **Implications for Clinical Practice**

The findings of this study provide several clinical implications for children of alcoholics and their families, who suffer from family member's alcohol addiction. Based on the study findings, five future directions of clinical implications are suggested.

First of all, practical education programs to inform about alcoholism are definitely needed for the families that include an alcoholic member. Some of the interview participants revealed that they decided to participate learn more about alcoholism and possibly receive useful information. Many of the KCOA study participants did not know how to handle their fathers' alcoholism or how to locate appropriate help. Some of the study participants acquired knowledge

about alcoholism by researching online but the information was useless or erroneous. For instance, many of them believed alcoholism could not be cured, and only willing abusers can overcome alcoholism. Also, some believed that alcoholism is caused by stress, and a mother's negative behaviors and attitudes could make a father's alcoholism worse. These misunderstandings led to the inappropriate responses, such as trying to control their father's excessive drinking by quarreling and arguing with him as well as persuading or even threatening him to quit. For this reason, specific and practical education about the alcoholism is crucial to in correcting the misunderstanding about the alcoholism and providing resources for help such as alcoholic counseling centers, shelters and Alanon groups. Teaching practical coping strategies is another useful tool in educating families on how to deal with alcoholism.

Second, systematic and structured life-long care modality for alcoholic patients is urgently needed in South Korea. It was amazing that none of the cases in this study showed the success in treating alcoholism: most of the participants experienced father's relapse. It made them distrust medical institutions and the treatments, give up hope for their father's sobriety, and leave the alcoholic family member untreated. It definitely shows the lack of systematic alcoholic treatment modalities in South Korea. Thus, it is strongly suggested that the plan for life-long care has to be developed so that patients can be managed and get treatment regularly after they discharged from inpatient hospital.

Third, the program for preventing future alcoholism should be developed for the children of alcoholics. Even though many KCOA participants reported that they are not trying to continue the cycle of abuse, based on the data, 85% of interview participants have drunk alcohol regularly, and some of them have drunk excessively. There seem to be many reasons for this vicious cycle, and one of the reasons could be genetic influence according with many research (Enoch, 2006;

Heitzeg et al., 2008, 2010; Herting et al., 2010; Andrea M Hussong & Chassin, 1997); however, many interviewees reported drinking was the only way they know how to cope with stress. Therefore, it is necessary to educate the children and adult children about appropriate coping strategies for relieving their psychological stress other than drinking, to inform the negative influences of excessive alcohol drinking, and to build the ability to distinguish social drinking and excessive drinking in order to stop the vicious cycles and to prevent future alcoholism.

Fourth, regular counseling for children of alcoholics is recommended. Actually, many of interview participants disclosed extreme stress and fear they have harbored since they were young. Many of them stated that still they had various psychological symptoms, such as anxiety, depression, fear, and low self-esteem. Moreover, some of them said they did not know how to normally express their feelings or how to handle their stress without drinking alcohol. They also reported the difficulties in building interpersonal relationships, including their romantic relationships. For these reasons, it would be beneficial for children of alcoholics to have regular counseling. Their fears and emotional distress should be regularly monitored and cared for. More importantly, it is suggested that diverse interventions be developed for this population to teach skills that they might otherwise have learned earlier, such as how to express their feelings in productive way, how to build healthy interpersonal relationships, and how to handle their stress without drinking alcohol.

Finally, family-focused treatment is strongly suggested. As the study findings show, alcoholism is not limited to an individual problem, but it involves many familial problems, such as family violence, low family function, emotional distress, and low quality of life in family members. Therefore, alcoholism treatment has to be family-focused, and many treatment plans for the alcoholic family should be developed.

## **Implications for Research**

Above all, the long-term influences of parental alcoholism need to be explored by examining the life course of ACOAs. This study only focused on the adaptation process of young ACOAs— for instance, how they had coped with paternal alcoholism and how they had adapted their lives. However, many previous studies have demonstrated a number of difficulties that ACOAs experienced in their life trajectories such as development of alcoholism like their alcoholic parents, having difficulties in interpersonal or romantic relationships, or struggling with psychological problems (Enoch, 2006; Heitzeg et al., 2008, 2010; Jaeger et al., 2000; M. L. Kelley, Cash, Grant, Miles, & Santos, 2004b; Klostermann et al., 2011; H. Lee & Williams, 2013). Therefore, future studies are needed to examine life course influences of parental alcoholism in ACOAs by examining different age groups.

Second, this study only focused on Korean adult children of alcoholics whose fathers had had alcohol-drinking problem. However, Korean adult children who have alcoholic mothers also need to be examined. There might be different difficulties and coping strategies that only children of alcoholic mother could experience.

Third, while interviewing the participants and analyzing the data, we discovered that participants' thoughts and coping styles were different in accordance with their gender and birth order. For this reason, it is important to explore the adaptation process by the gender and the birth order, and compare between males and females and among the first, the middle and the last children.

Fourth, the model of this study contained several concepts, such as continuous suffering. Tools need to be developed to measure the concepts in the model. For instance, in case of the

concept ‘continuous suffering’, the tool to measure this concept will help health professionals when assessing their quality of lives and life difficulties and planning for the care.

Fifth, the findings of this study were explored based on qualitative data. As a result of the findings from this study, further research with quantitative methodology is needed to test the model, specifically to examine the direct and indirect relationships between the concepts; for instance, the effect of the contextual conditions on the process and its mechanism — how the contextual conditions influence the process. In addition, the time sequences of the concepts, such as the sequential process between the concepts in adaptation process, need to be confirmed. Also, the model should be tested with different ethnic groups or different age groups.

Furthermore, similar studies in different ethnicities need to be studied. So far, there has been no study to explore adaptation process of COAs with other ethnicities. For this reason, it was difficult to compare COA’s experiences across cultures, and consequently it was hard to know about the unique experiences or unique responses that only Korean COAs had. For instance, based on the findings of this study, KCOAs tended to carry on heavy responsibilities and duties for their parents even after they became an adult. However, it was difficult to know whether these experiences were only limited in Korean COAs or whether these were the common experiences across cultures. Therefore, COAs from different ethnicities need to be studied in order to clarify the unique experiences and situations that only KCOAs had.

Most importantly, after gaining in-depth understanding on KCOAs, interventions and programs for this population need to be developed and demonstrated to be effective through further research. Interventions have to be culturally specific to Korean COAs as well as help them to well adapt their own lives.

### **Implications for Nursing Education.**

Family-centered nursing education is needed for nurses and future nurses. Especially, in South Korea, nursing education is more disease-focused. For this reason, families and caregivers are not considered as the main objects for nursing care. Based on the study findings, a family member's health problem (alcoholism) can greatly influence the whole family system. Nonetheless, since the family members do not need urgent medical care or treatment, they tend to be ignored. Also their problems are likely to be concealed by the ill family member, although they also have huge distress and various psychological problems. Family-centered nursing education will help nurses to view not only a person who need a medical treatment but also his/her family members who may also have huge distress and low quality of lives. Therefore, family-centered nursing education is strongly suggested.

### **Suggestions for Policy Makers**

Policies play important role in helping these families who are struggling with an alcoholic family member. The key findings from this study showed that Korean society does not usually involve family's issues especially related with alcohol problems and how Korean culture allows and enables the alcohol drinking behaviors. Several participants shared their experiences calling the police, which usually ended up with the police coming and leaving the situation without doing anything but just releasing alcoholic family member with a simple warning. For this reason, many KCOA participants did not ask for help from the police even though they encountered violent or risk situations due to their intoxicated father. They tended to think calling the police would not be helpful but just made situation worse — provoking excessive drinking and increasing the severity of violence. Hence, several suggestions are made for the Korean policy makers.

First, government authorities have to be more actively involved in family issues especially when the family has violent problems, such as intimate partner violence or child maltreatment issues. The authorities and police officers should not just end the case with verbal warning, but they have to actively protect the family from violent and abusive situations. In order to make it possible, it would be essential to build connecting systems between the police and the community welfare services.

Second, the shelters for the children and spouses of alcoholics have to be expanded throughout the country, and the public needs to be informed about how to escape and use the shelters when they need help. Several KCOA participants shared their experiences that even though they escaped from home to avoid abusive father, they did not know where to go and whom to call for help. Because of this, they stayed outside until their fathers were fast asleep. Thus, the shelters have to be more established and should be easy to access to anyone who needs emergent help from the family violence.

### **Strengths and Limitations of This Study**

This study has strength in terms of many aspects.

Above all, this study increased its credibility by using various methods. First, peer-debriefing processes were conducted by three academic professionals — the Korean PhD Nursing scholar, the chairperson of dissertation committee, and the expert in qualitative study. They participated in the coding process specifically and achieved 100% agreement with the researcher through having the multiple discussions. Second, several KCOA participants participated in the member checking process and gave the researcher useful feedback about the model. Third, the study achieved accuracy as much as possible. All the interviews were audio-

recorded and transcribed by a professional stenographer. The researcher reviewed the interview transcriptions before analyzing.

Moreover, although it is known that recruiting COAs or ACOAs is difficult task, it was successful to recruit enough participants (n=20) for qualitative study. Many participants showed willingness to participate in the study, since they wanted to help the children who are now growing up in alcoholic families and to get some useful information for themselves.

In an effort to collect in-depth information from the participants, each participant was interviewed twice. By conducting two interviews, a rapport was established between the researcher and the interview participants; this led them to talk in-depth comfortably. Also, the information provided made it easier to confirm the codes and categories that emerged from the data. The feedback from the participants was seriously considered when refining the model.

Importantly, this study not only explored meaningful results but also helped KCOAs who participated in the study. Many participants were appreciative of psychological relief while participating in the interviews. Many of them were eager to talk about their traumatic experiences and wanted to have regular and continuous conversations with the researcher even after they finished their study participation. Some of them introduced someone whom they knew as a child with alcoholic parents and they too expressed their psychological relief after participating in the study. At the end of the study, the researcher provided information packages containing the contact information and locations of Alanon groups in South Korea and the list of community resources to all KCOA interview participants.

Limitation to the study includes aspects of the samples.

First, the participant samples of this study were all volunteers. For this reason, most of them were interested in this research topic and showed a strong willingness to share their stories

to the researcher. However, KCOAs who did not want to be involved or avoided participating in the study might have unknown experiences and experience a different adaptation process.

Second, there were several participants who majored psychology and nursing. Their background knowledge and academic experiences may have influenced their interview responses.

### **Conclusion**

In conclusion, this study is unique with regard to exploring the adaptation process of Korean children of alcoholic fathers and the influencing factors on its process by using grounded theory methodology. The data was collected from twenty participants who were adult children of alcoholic fathers in South Korea. Face-to-face or telephone interviews were conducted twice for each participants. As a result, *continuous suffering* emerged as the phenomenon of KCOAs' lives. Specific adaptation process they had experienced was explored with six stages: *being trapped, awakening, struggling, blocking, understanding, and separating*, and '*separating my own identity from my father*' appeared as the core category of KCOA's adaptation process. Finally, five contextual conditions were inferred from the data as the factors influencing on the adaptation processes in KCOAs: *Experiencing family violence, Strength, Good Maternal Relationship, Feeling hopeful about the trajectory of the father's alcohol use, and Sense of spirituality related to Confucianism to make sense of the situation.*

This study is meaningful in terms of examining the lives and experiences of one of the hidden populations in South Korea: the children of alcoholic fathers. As expected, they experienced extreme fear and anxiety during their childhood. I hope this study motivates future studies in this area, and hope those studies and the findings alert health professionals, researchers,

social workers and the policymakers in South Korea. Finally, I hope it can help these children to escape from their fear and to grow up as healthy and confident adults.

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## Appendix

**A-1.** Recruitment flyer to recruit Korean children of alcoholics: English version.

(For University and College campus)

**A-2.** Recruitment flyer to recruit Korean children of alcoholics: Korean version.

(For University and College campus)

**B-1.** Recruitment flyer to recruit Korean children of alcoholics: English version.

(For Online self-help groups)

**B-2.** Recruitment flyer to recruit Korean children of alcoholics: Korean version.

(For Online self-help groups)

**C-1.** Oral script for snowball sampling: English version.

**C-2.** Oral script for snowball sampling: Korean version.

**D-1-1.** Information Statement for online screening test: English version.

**D-1-2.** Information Statement for online screening test: Korean version.

**D-2-1.** Informed Consent for interview: English version.

**D-2-2.** Informed Consent for interview: Korean version.

**E-1.** Interview guide (1<sup>st</sup> interview): English version.

**E-2.** Interview guide (1<sup>st</sup> interview): Korean version.

**F-1.** Interview guide (2<sup>nd</sup> interview): English version.

**F-2.** Interview guide (2<sup>nd</sup> interview): Korean version.

**G-1.** Demographic questionnaire: English version.

**G-2.** Demographic questionnaire: Korean version.

**H-1.** Children of Alcoholics Screening Test (CAST).

**H-2.** Children of Alcoholics Screening Test -Korean version (CAST-K).

- I-1.** Making appointment with participants: English version.
- I-2.** Making appointment with participants: Korean version.
- J-1.** Email script for initial contact with participants: English version.
- J-2.** Email script for initial contact with participants: Korean version.
- K-1.** Telephone script for initial contact with participants: English version.
- K-2.** Telephone script for initial contact with participants: Korean version.
- L.** The protocol for data protection.
- M-1.** The list of community resources: English version.
- M-2.** The list of community resources: Korean version.
- N.** Permission letters.
- O.** Approvals and permissions from recruit sites.
- P.** The definition of the categories.
- Q.** Audit trails: Research steps.

A-1. Recruitment flyer to recruit Korean children of alcoholics: English version.

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## Parental Alcohol Use.

# Recruit study participants

THE RESEARCHER: Sihyun Park, Doctoral student.  
School of Nursing, University of Washington

**<Possible participants are those...>**

- who are 19 to 30 year-old adults.
- whose one of (or both) parents was severe or frequent alcohol drinker during your childhood.
- who think one of (or both) parents had a problematic alcohol use during your childhood (or had an alcohol related medical diagnosis).
- who can participate in the interview.  
(You can choose either a face-to-face interview or a telephone interview).
- who are interested in this study.

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**Incentives:**  
**\$40.00/ 2 time**  
**interviews**

- Please contact the researcher if you are interested in this study.
- Your participation as well as interview contents will not be disclosed.
- Whole study procedure will be confidential.

**CONTACT TO THE RESEARCHER.**  
Tel. 010-4668-4161  
Email. koreacoa@gmail.com

Sihyun (koreacoa@gmail.com)  
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A-2. Recruitment flyer to recruit Korean children of alcoholics: Korean version.

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부모의 음주 경험에 관한 연구.

## 연구대상자 모집

연구자: 박시현, 미국 워싱턴 대학교 간호학 박사과정  
(University of Washington)

### 〈모집 대상자〉

- 만 19 세 ~ 30 세 성인.
- 어린 시절, 부모 중 한 분이 (혹은 두 분 다) 잦은 과음을 하셨던 분.
- 어린 시절, 부모 중 한 분이 (혹은 두 분 다) 술 문제가 있으셨다고 생각하시는 분 (혹은 음주와 관련한 의학적 진단을 받으신 분).
- (1 회 혹은 2 회) 인터뷰에 응하실 수 있는 분. (전화인터뷰와 대면인터뷰 중 선택가능)
- 연구에 관심이 있으신 분.

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- 연구 참여를 원하시는 분은 아래 연락처로 연락주세요.
- 연구는 익명으로 진행되며 연구참여 여부와 인터뷰 내용 및 개인 정보는 노출되지 않습니다.

**연구자 연락처:**

Tel. 010-4668-4161

Email. koreacoa@gmail.com

**연구참여비:**  
4 만원 문화상품권/  
2 회 인터뷰

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박시현(koreacoa@gmail.com)

010-4668-4161

# Recruit Study Participants

## Parental Alcohol Use

The researcher: Sihyun Park  
University of Washington

Incentives: \$40 for 2 interviews



### Possible participants are those...

- who are 19 to 30 year-old adults.
- whose one of (or both) parents was severe or frequent alcohol drinker during your childhood.
- who think one of (or both) parents had a problematic alcohol use during your childhood (or had an alcohol related medical diagnosis).
- who can participate interview.
- who are interested in this study.

I am Sihyun Park, a Nursing doctoral student in University of Washington, located in Seattle, USA. Currently, I am studying about the experiences of parental alcohol use for my doctoral dissertation. Therefore, I am looking for the study participants who meet the criteria listed on the left side.

Here are specific procedures that you can undergo if you decide to participate in this study. First, we will do a screening test with brief online survey in order to see whether you are eligible or not. Second, if you are eligible, we will ask you to share your childhood stories related with your parental alcohol use. This interview will be conducted once or twice. Your participation as well as interview contents will not be disclosed. Also, whole study procedure will be conducted in confidential way.

If you are interested in or want to know more in detail, please call or email me. Thank you.



### Contact information

Tel. 010-4668-4161 / Email. [koreacoa@gmail.com](mailto:koreacoa@gmail.com)

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# 연구 대상자 모집

## 부모의 음주경험에 관한 연구

연구자: 박시현, 미국 워싱턴 대학교  
간호학 박사생.

연구참여사례금: 4 만 원 문화상품권 / 2 회 인터뷰



### 모집 대상자

- 만 19 세 ~ 30 세 성인.
- 어린 시절 부모 중 한 분이 (혹은 두 분 다) 잦은 과음을 하셨던 분.
- 어린 시절 부모 중 한 분이 (혹은 두 분 다) 술문제가 있으셨다고 생각하시는 분 (혹은 음주와 관련한 의학적 진단을 받으신 분).
- (1 회 혹은 2 회) 인터뷰에 응하실 수 있는 분.  
(전화 혹은 대면 인터뷰 중 선택가능)
- 연구에 관심이 있으신 분.

안녕하십니까?  
저는 미국 시애틀 소재 워싱턴 대학교 간호학 박사과정에 재학 중인 박시현입니다. 저는 현재 박사학위 논문을 목적으로 부모의 음주 관련 경험에 관한 연구를 진행 중에 있습니다. 이 연구를 위하여 연구 대상자를 모집하고 있습니다. 모집 대상자 조건은 왼쪽 칼럼과 같습니다.

연구에 참여하기로 결정하시면 간단한 온라인진단테스트 통해 연구 대상자의 조건에 맞는지 확인을 거친 후 조건에 맞다면, 1 회 혹은 2 회 정도 연구자와 만나 자신의 경험에 대한 이야기를 나누게 될 것입니다. 연구 참여 여부와 인터뷰 내용은 외부로 공개되지 않을 것이며, 전체 연구 진행과 연구자와의 만남, 인터뷰 등은 철저한 익명으로 진행될 것입니다.

연구 참여에 관심있으신 분은 아래 번호나 이메일로 연락주시면 더 자세한 설명을 드리도록 하겠습니다. 감사합니다.

연구자 박시현.

**연구자 연락처**  
Tel. 010-4668-4161 / Email, koreacoa@gmail.com

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C-1. Oral script for snowball sampling: English version.

Thank you so much for participating the interview. Your stories as well as childhood experiences will be a foundation for enhancing quality of lives of Korean children who are currently living with parents having alcohol drinking problems. Also, I will develop Korean specific intervention for the children based on those experiences. Actually, I need more interviewees to share their stories. I am not asking their names or contact information right now, but if you know someone who also had grown with parents who had an alcohol related problem or if you have any adult siblings, please pass this flyer on to them. It is not mandatory, and it would neither influence the participant's completion if the research participation nor incentives. Thank you.

C-2. Oral script for snowball sampling: Korean version.

지금까지 인터뷰에 참여해주셔서 대단히 감사합니다. 저에게 들려주신 당신의 이야기와 어렸을 때의 경험들은 지금 알코올 문제가 있는 부모와 살고 있는 아이들이 더 나은 삶을 살아갈 수 있는 밑거름으로 쓰일 것입니다. 또한 저는 이러한 경험들을 바탕으로 그 아이들의 삶의 질을 높이고 건강한 성인으로 성장 할 수 있도록 여러 프로그램들을 개발할 예정입니다. 그래서 이렇게 자신의 이야기를 제가 나눠줄 수 있는 분들을 더 찾고 있습니다. 혹 주변에 그런 분들이나 아니면 본인에게 19 세 이상이 된 형제가 있다면 이 연구에 대해 홍보물과 함께 알려주시면 감사드리겠습니다. 물론 이것은 꼭 해야하는 의무는 아니고, 당신의 연구참여와는 무관합니다. 대단히 감사합니다.

### **Research Team**

**Researcher:**

Sihyun Park

Nursing PhD student

School of Nursing, University of Washington

[Spark83@uw.edu](mailto:Spark83@uw.edu)

010-4840-7483

**Committee Chair:**

Dr. Karen Schepp, PhD

Interim Chair and Professor,

Psychosocial & Community Health Department,

School of Nursing,

University of Washington

[kschepp@u.washington.edu](mailto:kschepp@u.washington.edu)

### **Researcher's statement**

We are asking you to be in a research study. The purpose of this consent form is to give you the information you will need to help you decide whether to be in the study or not. Please read the form carefully. You may ask questions about the purpose of the research, what we would ask you to do, the possible risks and benefits, your rights as a volunteer, and anything else about the research or this form that is not clear. When we have answered all your questions, you can decide if you want to be in the study or not. This process is called “informed consent.” We will give you a copy of this form for your records.

### **Purpose of the online screening test**

The purpose of this online screening test (online survey) is to verify the study subjects who are eligible to participate in this study.

### **Screening test procedures**

If you decide to participate in this study, first, you will be asked to complete the online survey. This survey will determine whether you are eligible for this study or not. We will collect your demographic information through this online survey. This survey will ask you for your name and contact information in order to contact you for the study. It will take approximately 20 minutes to 30 minutes to complete. The survey data will be used only for study purpose, and it will be kept in a password-protected computer. We will delete all the identifiable information – such as email address or contacting information by June 30, 2015.

### **Potential risks, stress, and discomfort**

This online screening test will not cause any physical risks. However, some participants might feel emotional distress while completing this survey. Whenever you feel discomfort during the participation, you can withdraw from the study. Also, the result of this survey will be conducted in a confidential way; however, if you have a concern about the possibility of exposing your privacy, you can also withdraw from the study. In addition, email is used for this survey as well as for the informed consent process. However, we will not be able to guarantee the confidentiality of information shared via email.

### **Possible benefits from the study participation**

There are no individual benefits from completing this online survey.

### **Participant's rights and protection**

During the participation, you will be asked to answer many questions through questionnaires. However, you have a right to refuse to answer any questions if you do not want to answer. Also, you have a right to withdraw at anytime during the study. If you want to delete or add specific information, we will respect your opinion. You have a right to ask any questions to the researcher at anytime during the participation. Your study participation and data contents will be confidential. No one will be able to see your survey data except research team members. The survey data will be kept for future research; however all identifiable data will be deleted by June 30, 2015. Thank you.

### **Participant's statement**

This study has been explained to me. I volunteer to take part in this research. I have had a chance to ask questions. If I have questions later about the research, or if I have been harmed by participating in this study, I can contact one of the researchers listed on the first page of this consent form. If I have questions about my rights as a research subject, I can call the Human Subjects Division at +1 (206) 543-0098. I will receive a copy of this consent form.

## 연구팀

연구자:

박 시현

간호학 박사과정생

워싱턴대학교 간호대학

[spark83@uw.edu](mailto:spark83@uw.edu)

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지도교수:

Karen Schepp 교수

정신지역사회건강 전공 교수

워싱턴대학교 간호대학

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## 연구동의서

이 연구 동의서는 연구에 대한 정보와 연구 절차에 대한 설명을 제공하며 동시에 연구 참여에 대한 의사를 묻기 위해 제작된 것입니다. 이 연구 동의서를 자세히 읽어주시기 바랍니다. 이 동의서에는 구체적으로 연구의 목적, 연구 절차, 연구 참여시 잠재적으로 나타날 수 있는 위험 및 스트레스 그리고 불편 가능성, 연구참여의 이익, 그리고 연구참여자의 권리와 보호에 대한 내용이 수록되어 있습니다. 동의서에 있는 내용을 잘 읽어 보시고 질문이 있으시다면 충분히 질문하신 뒤 참여결정을 하시면 됩니다. 이러한 절차를 “사전동의”라고 합니다. 이 연구동의서를 잘 간직하십시오.

### 온라인 선별 검사(설문)의 목적

이 온라인 선별검사의 목적은 추후 시행될 연구에 적합한 대상자를 선별하기 위한 것입니다.

### 온라인 선별 검사(설문)의 절차

연구에 참여하시기 전 온라인 설문지를 작성하시게 될 것입니다. 이 설문지는 여러분께서 본 연구의 대상자로서 적합한지 알아봄과 동시에 여러분의 기본 정보를 수집할 것입니다. 설문지는 익명으로서 여러분의 개인 정보(이름 및 소속 학교 및 소속 기관)를 묻지 않을 것이나 추후 연구위해 연구자가 연락을 드려야 하기 때문에 개인연락처를 물어볼 것입니다. 또한 그 과정에서 이름을 알게될 수도 있습니다.. 설문지 작성 소요시간은 총 20 분에서 30 분 가량 소요될 것입니다. 이 설문지의 결과는 연구목적으로만 사용되며 모든 자료는 비밀번호가 잠긴 연구자의 컴퓨터에만 저장될 것입니다. 2015 년 6 월 30 일까지 연구자가 연구시 알게된 여러분의 개인 정보 (이름, 이메일주소, 연락처) 등을 모두 삭제할 것입니다. 따라서 누구의 자료인지 철저히 알 수 없게 될 것입니다.

### 잠재적인 위험, 스트레스, 불편

본 연구는 신체적인 위험 가능성을 동반하지 않습니다. 하지만 대상자에 따라서는 감정적인 불편함은 겪으실 수도 있습니다. 하지만 연구 참여 시 언제든지 불편함을 느끼실 적에 연구 참여를 중단하거나, 연기하실 수 있습니다. 또한 철저히 익명으로 진행되는 하나 설문에 참여하는 과정에서 사생활 노출에 대한 걱정이 되신다면 참여를 거부하거나

중단하실 수 있습니다. 이 설문조사는 이메일이 주요 수단으로 이용됩니다. 하지만 개인 이메일의 보안은 저희가 보장하지 않습니다.

### 설문참여의 이익

본 온라인 선별검사의 참여시 개인적인 이익은 없습니다.

### 설문 참여자의 권리와 보호

본 설문에 참여하시게 될 경우 어떤 질문에라도 답변이 어려우신 경우 건너뛰거나 질문을 거절할 권리가 있습니다. 또한 설문 참여 중 언제라도 참여를 중단 할 권리도 있습니다. 원하시는 경우 답변의 삭제를 원하시거나 추가를 원하시는 내용이 있으면 반영할 것입니다. 연구 참여 중 언제라도 질문이 있으신 경우 연구자에게 연락하셔서 질문하실 수 있습니다. 설문에 참여한 사실과 설문내용 모두 비밀로 보장 됩니다. 설문 자료는 연구팀 이외의 다른 사람이 절대로 보거나 접근할 수 없습니다. 또한 설문자료는 추후 연구를 위해 저장되기는 하나, 개인 식별이 가능한 모든 정보 (연락처나 이메일 주소)는 연구가 끝나는 2015 년 6 월 30 일 이후에는 모두 삭제될 것이며 삭제된 채로 컴퓨터에 저장될 것입니다. 감사합니다.

### 참여자 진술

저는 본 연구의 목적과 절차에 대하여 듣고 이해하였습니다. 나는 연구에 자발적으로 참여하겠습니다. 저는 질문 할 수 있는 기회를 가졌으며, 추후 질문이 있거나 연구 참여로 인해 불편함을 겪었을 때는 1 면의 연구자에게 연락할 수 있다는 것을 알고 있습니다. 만일

제가 연구참여자로서 권리를 더 알고 싶다면 연구윤리위원회+1 (206) 543-0098 로 전화할 수 있다는 것도 알고 있습니다. 저는 이 연구동의서 파일을 개인적으로 저장하여 보관해 놓겠습니다.

**Research Team**

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**Researcher's statement**

We are asking you to be in a research study. The purpose of this consent form is to give you the information you will need to help you decide whether to be in the study or not. Please read the form carefully. You may ask questions about the purpose of the research, what we would ask you to do, the possible risks and benefits, your rights as a volunteer, and anything else about the research or this form that is not clear. When we have answered all your questions, you can decide if you want to be in the study or not. This process is called “informed consent.” We will give you a copy of this form for your records.

### **Purpose of the study**

The purpose of this study is to explore the adaptation process that Korean children, whose parents had alcohol misuse problems, undergo from their childhood to adulthood. Especially, we will focus on their psychosocial adaptation process in alcohol misuse family in Korean cultural context, which still has a lot of Confucian thoughts and values, and has permissive attitudes towards alcohol use. The findings of this study will provide a foundation for helping the Korean children who grow up with parents who have alcohol misuse problems. Also, a Korean specific intervention will be developed based on the findings in order to enhance the quality of lives of those children as well as help them grow up to be healthy adult.

### **Study procedures**

If we determine that you are eligible for this study based on the online screening test, you can participate in a formal private interview. Before participating the interview, you will be asked to choose either a face-to-face interview or a telephone interview. The interview will take about one to one and half hour. You will be asked to participate in the interview twice, but if you want, you can participate in just one interview. When interviewing, the researcher will ask several questions: such as *“Could you tell me about your childhood experiences related to parental alcohol drinking?”*; *“Please tell me about your current life in terms of parental alcohol problems?”*; or *“What are the conditions or factors that affect to this process?”* As you see, those questions are related to your childhood experiences, and you can freely share your stories with the researcher. In case of a face-to-face interview, the stenographer will participate in the interview (The stenographer is the person who types what we say during the interview). Both

face-to-face and telephone interview will be audio-recorded. The transcripts and recordings will not include personal identification. Also, those data will be only used for the study purpose, and kept in a locked cabinet and a password-protected computer without including any personal identifying information.

### **Potential risks, stress, and discomfort**

This study will not cause any physical risks. However, some participants might feel emotional distress while participating in the interview. Whenever you feel discomfort during the participation, you can withdraw from the study, postpone the interview or take a break during the interview. Also, whole study procedure will be conducted in a confidential way, however, if you have a concern about the possibility of exposing your privacy, you can reject being audio-recorded or having the stenographer's participation. In addition, in this study, email is used for informed consent procedures and for making an appointment for the interview. However, we will not be able to guarantee the confidentiality of information shared via email. All of the information you provide will be confidential. However, if we learn that you intend to harm yourself or others, we must report that to the authorities. Also, during the course of an interview, we may discover previous or current psychological conditions, and we will have a list of community resources for subjects should they need assistance.

### **Possible benefits from the study participation**

There are no individual benefits from participating in this research.

### **Other information**

If you participate in this study, we will provide 20,000 won for participating in each interview. If you participate two interviews, you will get total 40,000 won.

### **Participant's rights and protection**

During the participation, you will be asked to answer many questions through questionnaires and interviews. However, you have a right to refuse to answer any questions if you do not want to answer. Also, you have a right to withdraw at anytime during the study. If you want, you can listen to the recordings or see transcripts, and you can ask to possess your data. If you want to delete or add specific information, we will respect your opinion. You have a right to ask any questions to the researcher at anytime during the participation. Your study participation and data contents will be confidential. Also, your name and affiliation will be coded in alphabet and number. No one will be able to see your interview and survey data except research team members. Your data will be used for future studies. Also your data will be kept after removing all the personal identifying information. All identifiable data will be deleted by June 30, 2015. Thank you.

### **Participant's statement**

This study has been explained to me. I volunteer to take part in this research. I have had a chance to ask questions. If I have questions later about the research, or if I have been harmed by participating in this study, I can contact one of the researchers listed on the first page of this

consent form. If I have questions about my rights as a research subject, I can call the Human Subjects Division at +1 (206) 543-0098. I will receive a copy of this consent form.

I do want to participate in this study.

YES \_\_\_\_\_ NO \_\_\_\_\_

I give my permission to the researcher to record my interview contents.

YES \_\_\_\_\_ NO \_\_\_\_\_

I give my permission to the researcher to let the stenographer participate the interview.

YES \_\_\_\_\_ NO \_\_\_\_\_

I give my permission to the researcher to take notes during the interview.

YES \_\_\_\_\_ NO \_\_\_\_\_

D-2-2. Informed consent for interview: English version.

연구팀

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연구동의서

이 연구 동의서는 연구에 대한 정보와 연구 절차에 대한 설명을 제공하며 동시에 연구 참여에 대한 의사를 묻기 위해 제작된 것입니다. 이 연구 동의서를 자세히 읽어주시기 바랍니다. 이 동의서에는 구체적으로 연구의 목적, 연구 절차, 연구 참여시 잠재적으로 나타날 수 있는 위험 및 스트레스 그리고 불편 가능성, 연구참여의 이익, 그리고 연구참여자의 권리와 보호에 대한 내용이 수록되어 있습니다. 동의서에 있는 내용을 잘 읽어 보시고 질문이 있으시다면 충분히 질문하신 뒤 참여결정을 하시면 됩니다. 이러한 절차를 “사전동의”라고 합니다. 이 연구동의서를 잘 간직하십시오.

## 연구의 목적

본 연구는 음주 문제를 가진 부모 밑에서 자라난 성인들이 어린 시절부터 현재까지 어떤 심리사회적인 변화를 겪으며 성장하는지 알아보기 위한 연구입니다. 본 연구를 통해 음주문화에 관대하고 아동에 대한 보호가 취약한 한국 사회와 유교문화가 뿌리깊은 한국 가정에서 그들의 심리사회적인 성장과정을 살펴볼 것입니다. 본 연구의 결과는 음주문제가 있는 부모 밑에서 자라나는 아이들이 더 나은 삶을 살아갈 수 있는 밑거름으로 쓰일 것입니다. 또한 연구결과들을 바탕으로 그 아이들의 삶의 질을 높이고 더욱 건강한 성인으로 성장 할 수 있도록 여러 프로그램들을 개발 할 것입니다.

## 연구절차

온라인 설문조사를 통하여 여러분께서 본 연구의 대상자로서 적합하다고 결정이 되면 연구자와 한 시간에서 한 시간 반 정도 인터뷰를 하실 것 입니다. 인터뷰는 직접 연구자와 만나 인터뷰를 하거나 전화 인터뷰를 하실 수 있으며 인터뷰 방법은 본인이 선택할 수 있습니다. 인터뷰는 총 2회 진행되지만, 원치 않으시는 경우는 1회만 참여하실 수도 있습니다. 인터뷰 시 연구자는 여러분께 몇 가지 질문들을 드릴 것입니다. (예: 어린 시절 부모의 문제성 음주 (과도한 음주나 잦은 음주)와 관련한 경험을 이야기 해주세요, 부모의 문제성 음주와 관련하여 지금 현재의 삶은 어떻습니까?, 느끼는 감정들이나 대처들의 변화에 어떤 것 (조건이나 요소)들이 영향을 미쳤습니까? 등). 이처럼 질문들은 여러분의 어린 시절 삶의 경험과 관련있으며 각 질문에 따라 편하고 자유롭게 이야기 해주시면 됩니다. 인터뷰 시 속기사가 함께 인터뷰에 참여하는 경우도 있습니다. 속기사는 인터뷰

내용을 곁에서 필사하는 사람입니다. 또한 모든 인터뷰 내용은 녹음기로 녹음 될 것입니다. 필사본과 녹음된 인터뷰는 익명으로서 개인적인 정보가 들어가지 않습니다. 또한 필사본과 녹음된 인터뷰 내용은 연구 목적으로만 쓰일 것이며 비밀번호로 잠긴 사물함과 컴퓨터에 각각 보관될 것입니다. 혹여 자료에 개인 식별이 가능한 어떠한 정보가 들어있다면 전부 제거된 다음 저장됩니다.

### **위험, 스트레스, 불편**

본 연구는 신체적인 위험 가능성을 동반하지 않습니다. 하지만 어린 시절에 관한 인터뷰 시 대상자에 따라서는 감정적인 불편함은 겪으실 수도 있습니다. 하지만 연구 참여 시 언제든지 불편함을 느끼실 적에 연구 참여를 중단하거나, 인터뷰를 연기하거나, 인터뷰 도중 언제든지 휴식을 취하실 수 있습니다. 또한 철저히 익명으로 진행되기는 하나 인터뷰 내용이 녹음되고 속기사가 인터뷰에 참여하는 과정에서 사생활 노출에 대한 걱정이 되신다면 녹음이나 속기사 참여를 거부하실 수 있습니다. 이 연구동의서 절차는 이메일이 주요 수단으로 이용됩니다. 하지만 개인 이메일의 보안은 저희가 보장하지 않습니다. 인터뷰 내용은 철저히 보장되기는 하나 인터뷰 도중 대상자 본인이나 타인에게 해를 끼칠 위험이 있다고 판단되는 경우에는 기관에 신고할 의무가 있으므로 이 점 양지하시기 바랍니다. 또한 인터뷰 도중 현재 혹은 과거의 심리적 상처나 감정적인 불편함을 발견하는 경우 도움을 받으실 수 있는 지역사회 기관의 정보를 제공하고 있습니다.

### **연구참여의 이익**

본 연구에 참여함으로써 인한 개인적인 이익은 없습니다.

## 기타사항

본 연구에 참여하시게 될 경우 각 인터뷰 당 2 만원 의 연구 참여 사례금이 지급될 것입니다. 따라서 2 회를 참여하시게 될 경우는 총 4 만원의 문화상품권이 지급됩니다.

## 연구 참여자의 권리와 보호

본 인터뷰에 참여하시게 될 경우 어떤 질문이라도 답변이 어려우신 경우 건너뛰거나 질문을 거절할 권리가 있습니다. 또한 연구 참여 중 언제라도 연구 참여를 중단 할 권리도 있습니다. 원하시는 경우 인터뷰 내용의 녹음된 파일을 들어보시거나 개인적으로 가지실 수 있으며, 삭제를 원하시거나 추가를 원하시는 내용이 있으면 반영할 것입니다. 연구 참여 중 언제라도 질문이 있으신 경우 연구자에게 연락하셔서 질문하실 수 있습니다.

연구에 참여한 사실과 설문, 인터뷰 내용 모두 비밀로 보장 됩니다. 또한 연구 참여자의 이름과 소속은 모두 영문 코드화가 되어 익명처리 될 것입니다. 설문자료와 인터뷰 자료는 현 연구 이후 추후 연구에도 사용이 될 것입니다. 또한 모든 자료는 연구팀 이외의 다른 사람이 보거나 접근할 수 없으며, 모든 자료는 개인 식별이 가능한 모든 정보가 제거된 후에 저장됩니다. 연구자가 연구시 알게된 개인의 연락처 등과 같은 정보는 연구가 끝나는 2015 년 6 월 30 일까지는 모두 삭제할 것입니다.

## 참여자 진술

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나는 연구 참여를 희망합니다.

예 \_\_\_\_\_ 아니요 \_\_\_\_\_

나는 인터뷰시 연구자에게 녹음을 하도록 허락합니다.

예 \_\_\_\_\_ 아니요 \_\_\_\_\_

나는 인터뷰 시 속기사의 참여를 허락합니다.

예 \_\_\_\_\_ 아니요 \_\_\_\_\_

나는 인터뷰 시 연구자에게 노트를 할 수 있도록 허락합니다.

예 \_\_\_\_\_ 아니요 \_\_\_\_\_

E-1. Interview guide (1<sup>st</sup> interview): English version.

**First interview guide**

Participant ID

Interview date (mm/dd/yy)

Stenographer? (Y/N)

Alcohol misuser?

(Father / Mother)

1. Please introduce yourself and your family.

-Which parent is an alcohol misuser?

-What was the overall family atmosphere when you were a child?

2. Could you tell me about your childhood experiences related to parental alcohol drinking?

-Could you tell me two or three incidents you can recall related to your parents' drinking?

-When did parent's alcohol misuse start?

-When did you perceive your parent's alcohol misuse?

-What specific emotions or experiences that you had experienced?

-What specific issues/challenges you have faced?

-How did you react to those issues/challenges?

3. Please tell me about your current life in terms of parental alcohol problems?

-Is there still problematic alcohol use occurring?

-What specific emotions or experiences you are undergoing?

-What specific issues/challenges you are facing?

-How did you react to those issues/challenges?

-Are those reactions and emotions same?

4. What are the conditions or factors that affected this process?

-How have your emotions and reactions changed?

-What are the influences?

-What was the most helpful factor to help you grow up as an adult?

-What was the factor that you needed the most while growing up in your family?

5. How do you perceive your father?

6. How do you perceive your mother?

7. How do you anticipate your future life in terms of the relationship with your parents?

E-2. Interview guide (1<sup>st</sup> interview): Korean version.

첫번째 인터뷰 가이드

참여자 ID

인터뷰 날짜

속기사 참여 여부 (Y/N)

음주성 부모 (부/모)

1. 귀하와 귀하의 가족에 대하여 우선 간단히 소개해주세요.

-문제성 음주를 하는 사람은 부모 중 어느 쪽인가?

-가족의 전체적인 분위기나 관계는 어떠한가?

2. 어린 시절 부모의 문제성 음주 (과도한 음주나 잦은 음주)와 관련한 경험을 이야기  
해주세요.

-부모의 문제성 음주는 언제 시작되었는지?

-언제부터 부모의 문제성 음주를 인식하게 되었는지?

-주요 기분은 어떤 상태였는지?

-어떤 경험들이 있었는지?

-가장 힘들었던 점이나 맞닥드려야 했던 힘든 감정들을 어떤 것이 있었는지?

-어떻게 대처하였는지?

3. 부모의 문제성 음주와 관련하여 지금 현재의 삶은 어떻습니까?

-부모의 문제성 음주가 계속 진행되고 있는지?

-부모의 문제성 음주에 관한 현재의 감정은 어떤지?

-지금 부모의 문제성 음주와 관련하여 겪고 있는 힘든 점이나 힘든 감정들이 있는지?

-지금은 어떻게 대처하는지?

4. 느끼는 감정들이나 대처들의 변화에 어떤 것 (조건이나 요소)들이 영향을 미쳤는지 이야기 해 주십시오.

-예전과 지금 느끼는 감정이나 대처가 같은지, 다른지?

-영향요소는 무엇인지?

-어린시절부터 지금까지 문제성 음주를 하는 부모와 밑에서 이렇게 한 성인으로 성장하면서 어떤 것들이 자신의 성장에 가장 도움이 되었는지?

-어떠한 도움이 가장 필요했었는지?

5. 아버지에 대하여 어떻게 느끼고 계십니까?

6. 어머니에 대하여 어떻게 느끼고 계십니까?

7. 앞으로 어떤 삶을 살게 되실 것 같습니까?

F-1. Interview guide (2<sup>nd</sup> interview): English version.

**Second interview guides**

Participant ID

Interview date (mm/dd/yy)

Stenographer? (Y/N)

Alcohol misuser?

(Father / Mother)

1. Let's talk about what you said in previous interview.
2. Is there anything to add or change?
3. Please tell me any thing you want to talk about this issue.
4. (Ask additional questions based on the emerged categories).

F-2. Interview guide (2<sup>nd</sup> interview): Korean version.

두번째 인터뷰 가이드

참여자 ID

인터뷰 날짜

속기사 참여 여부 (Y/N)

음주성 부모 (부/모)

1. 지난 번 인터뷰에서 얘기했던 내용들을 다시 한번 이야기 해 봅시다.

-요약, 정리 및 확인 할 것.

2. 지난 번 인터뷰 내용중에 더 추가하고 싶은 이야기나 수정하고 싶은 것이 있다면 이야기 해 주십시오.

3. 제가 질문하지 않았던 내용 중 이 주제에 대하여 본인이 이야기 하고 싶은 것이 있다면 자유롭게 이야기 해 주십시오.

4. (코딩결과로 나온 카테고리들을 바탕으로 추가 질문 하기)

G-1. Demographic questionnaire: English version.

**Demographic Questionnaire**

Participant ID

Survey date (mm/dd/yy)

***General characteristics***

1. Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

2. Year of birth: \_\_\_\_\_

\*\* Question #3,4,5 and 6 are not asking the names of your family member.

DO NOT leave any personal identifiers (such as name) of your family members. Only list the relationship of your family member (father, mother, uncle, sister, etc.)

3. Family members:

\_\_\_\_\_

4. Family members that you currently living with:

\_\_\_\_\_

5. Family members that you lived with before 18 years old.

\_\_\_\_\_

6. Specify the ages and genders of your siblings.

First sibling: \_\_\_\_\_ y/o (M / F)

Second sibling: \_\_\_\_\_ y/o (M / F)

Third sibling: \_\_\_\_\_ y/o (M / F)

Fourth sibling: \_\_\_\_\_ y/o (M / F)

More siblings: \_\_\_\_\_



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(e.g. 0 bottles of suju, 0 cans of beer)

Drinking frequency:

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(e.g. 0 bottles of suju, 0 cans of beer)

3.2. Please specify the reasons of drinking.

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3.3. Please specify the reasons of not drinking.

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4. What is your attitude toward alcohol and its drinking?

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***Characteristics of parental alcohol use***

1. Do you think that at least one of your parents have a problematic alcohol use pattern?

Yes \_\_\_\_\_

No \_\_\_\_\_

2. Which parent do you think had a problematic alcohol use pattern?

Father \_\_\_\_\_

Mother \_\_\_\_\_

Both \_\_\_\_\_

Others \_\_\_\_\_

3. Please specify the reason that the parent has had a problematic alcohol use pattern.

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(e.g. Diagnosed by medical doctor)

4. When did you first perceive your parent's problematic alcohol use?

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5. What were the reasons that you thought your parent had an alcohol problem?

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6. Please specify your parent's drinking habits.

Types of alcohol:

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(e.g. Soju, beer, or rice wine)

One time drinking amount:

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(e.g. 0 bottles of soju, 0 cans of beer)

Drinking frequency:

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(e.g. 0 bottles of soju, 0 cans of beer)

G-2. Demographic questionnaire: Korean version.

설문지

참여자 ID

설문 참여 날짜

**일반적 특성**

1. 성별: 남\_\_\_\_\_ 여\_\_\_\_\_

2. 태어난 해: \_\_\_\_\_ 년도

\*\*문항 3, 4, 5, 6 번은 가족의 이름을 묻는 것이 아닙니다. 관계 (예: 아버지, 어머니, 누나)로만 적어주시고 절대 가족구성원의 이름을 남기지 마십시오.

3. 가족구성원:

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4. 현재 동거하고 있는 가족 구성원:

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5. 만 18 세 이전까지 함께 동거한 가족 구성원:

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6. 형제들의 나이와 성별을 적어주세요.

첫째: \_\_\_\_\_ 세 (남 / 여) 본인입니까? (예 / 아니오)

둘째: \_\_\_\_\_ 세 (남 / 여) 본인입니까? (예 / 아니오)

셋째: \_\_\_\_\_ 세 (남 / 여) 본인입니까? (예 / 아니오)

넷째: \_\_\_\_\_ 세 (남 / 여) 본인입니까? (예 / 아니오)



(예: 소주, 맥주, 막걸리)

한번에 드시는 양: \_\_\_\_\_

(예: 소주 0 병, 맥주 0 캔)

음주 빈도: \_\_\_\_\_

(예: 일주일 0 회)

3.2. 본인이 음주를 하는 이유는 무엇입니까?

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3.3. 본인이 음주를 하지 않는 이유는 무엇입니까?

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4. 본인은 술과 음주에 대하여 어떤 태도를 갖고 계십니까?

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**부모의 음주상태**

1. 당신은 아버지 혹은 어머니가 문제성 음주패턴을 가졌다고 생각하십니까?

예 \_\_\_\_\_ 아니오 \_\_\_\_\_

1.1. 잦은 과음을 하시거나 문제성 음주패턴을 가졌다고 생각하는 부모는 둘 중 어느 쪽입니까?

부 \_\_\_\_\_ 모 \_\_\_\_\_ 두 분 다 \_\_\_\_\_ 기타 \_\_\_\_\_

1.2 문제성 음주 패턴을 가지셨다고 생각하시는 이유는 무엇인지 자세히 써주세요.

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(예: 병원에서 술과 관련한 진단을 받음, 병원에서 술 문제와 관련하여 일정기간 치료를 받음.)

1.3 부모의 문제성 음주 패턴을 처음 인식하시게 된 것은 언제 (몇 살 때)였나요?

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1.4 부모의 문제성 음주 패턴을 처음 인식하시게 된 계기는 무엇이었나요?

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1.5 문제성 음주 패턴을 가진 부모는 어떤 술을 한번에 얼마나, 그리고 얼마나 자주  
마시나요?

술 종류: \_\_\_\_\_

(예: 소주, 맥주, 막걸리)

한번에 드시는 양: \_\_\_\_\_

(예: 소주 0 병, 맥주 0 병)

음주 빈도: \_\_\_\_\_

(예: 일주일 0 회)

### H-1. Children of Alcoholics Screening Test (CAST).

1. Have you ever thought that one of your parents had a drinking problem?
2. Have you ever lost sleep because of a parent's drinking?
3. Did you ever encourage one of your parents to quit drinking?
4. Did you ever feel alone, scared, nervous, angry or frustrated because a parent was not able to stop drinking?
5. Did you ever argue or fight with a parent when he or she was drinking?
6. Did you ever threaten to run away from home because of a parent's drinking?
7. Has a parent ever yelled at or hit you or other family members when drinking?
8. Have you ever heard your parents fight when one of them was drunk?
9. Did you ever protect another family member from a parent who was drinking?
10. Did you ever feel like hiding and emptying a parent's bottle of liquor?
11. Do many of your thoughts revolve around a problem you had with your drinking parent that arise because of his or her drinking?
12. Did you ever wish your parent would stop drinking?
13. Did you ever feel responsible for and guilty about a parent's drinking?
14. Did you ever fear that your parents would get divorced due to alcohol misuse?
15. Have you ever avoided outside activities and friends because of embarrassment and shame over a parent's drinking problem?
16. Did you ever feel caught in the middle of an argument or fight between a problem drinking parent and your other parent?
17. Did you ever feel that you made a parent drink alcohol?
18. Have you ever felt that a problem drinking parent did not really love you?

19. Did you ever resent a parent's drinking (or parent's behavior due to drinking)?
20. Have you ever worried about a parent's health because of his or her alcohol use?
21. Have you ever been blamed for a parent's drinking?
22. Did you ever think your father was an alcoholic?
23. Did you ever wish your home could be more like the homes of your friends who did not have a parent with a drinking problem?
24. Did a parent ever make promises to you that he or she did not keep because of drinking?
25. Did you ever think your mother was an alcoholic?
26. Did you ever wish you could talk to someone who could understand and help the alcohol related problems in your family?
27. Did you ever fight with your brothers and sisters about a parent's drinking?
28. Did you ever stay away from home to avoid the drinking parent or your other parent's reaction to the drinking?
29. Have you ever felt sick, cried, or had a "knot" in your stomach after worrying about a parent's drinking?
30. Did you ever take over any chores and duties at home that were usually done by a parent before he or she developed a drinking problem?

H-2. Children of Alcoholics Screening Test -Korean version (CAST-K).

다음은 부모의 음주와 관련된 자신의 느낌, 행동, 경험을 묻는 질문입니다. 예, 아니오 중 해당하는 곳에 “V”표 해주세요.

번호	질문내용	예	아니오
1	나는 부모님 중 한 분이나 두 분 모두 술 문제가 있다고 생각해 본 적있다.		
2	나는 아버지나 어머니의 술 문제 때문에 잠을 못 잔 적이 있다.		
3	나는 아버지나 어머니에게 술을 끊으라고 말한 적이 있다.		
4	나는 아버지나 어머니가 술을 끊을 수 없었기 때문에 화가 나거나, 외로움, 두려움, 불안, 좌절을 느낀 적이 있다.		
5	나는 아버지나 어머니가 술을 마셨을 때 부모님과 말다툼이나 싸움을 한 적이 있다.		
6	나는 아버지나 어머니의 술 문제 때문에 가출을 했던 적이 있거나 가출을 하겠다고 말한 적이 있다.		
7	아버지나 어머니가 술을 마시고 나나 식구들에게 소리를 지르거나 때린 적이 있다.		
8	나는 부모님 중 한 분이 술을 마셨을 때 부모님끼리 싸우는 소리를 들은 적이 있다.		
9	나는 술 마신 아버지나 어머니로부터 식구를 보호하려고 한 적이 있다.		
10	나는 아버지나 어머니의 술병을 감추거나 쏟아버리고 싶었던 적이 있다.		
11	나는 아버지나 어머니의 음주와 음주로 인해 나나 가족에게 생기는 문제들에 대해서 생각하는 시간이 많아졌다.		
12	나는 아버지나 어머니가 술을 끊기를 바란 적이 있다.		

13	나는 아버지나 어머니가 술을 마시는 것에 대해 내 책임이나 내 잘못이라고 느껴 본 적이 있다.		
14	나는 술 때문에 부모님이 이혼할지도 모른다고 걱정한 적이 있다.		
15	나는 부모님이 술 마시는 것이 창피하고 부끄러워서 친구나 집 밖에서의 활동을 피한 적이 있다.		
16	부모님 중 한 분이 술을 마셨을 때, 부모님이 말다툼이나 싸움 중에 나를 끌어들이는 적이 있다.		
17	나는 아버지나 어머니가 나 때문에 술을 마신다고 생각한 적이 있다.		
18	나는 술 문제가 있는 아버지나 어머니가 나를 진정으로 사랑하지 않는다고 느낀 적이 있다.		
19	나는 아버지나 어머니가 술 마시는 것을 원망한 적이 있다.		
20	나는 술을 마시는 아버지나 어머니의 건강을 걱정해 본 적이 있다.		
21	나는 아버지나 어머니가 술 마시는 것 때문에 비난 받아본 적이 있다.		
22	나는 아버지가 알코올 중독자라고 생각해 본 적이 있다.		
23	나는 우리집이, 아버지나 어머니가 술을 마시지 않는 내 친구들의 집처럼 될 수 있었으면 하고 바란 적이 있다.		
24	아버지나 어머니가 술 때문에 나와 의 약속을 지키지 못한 적이 있다.		
25	나는 어머니가 알코올 중독자라고 생각해 본 적이 있다.		
26	나는 술 마시는 아버지 (또는 어머니)를 피하거나 아버지의 술 문제에 대한 어머니의 반응을 피하기 위해서 집을 나간 적이 있다.		
27	나는 아버지나 어머니의 술 문제 때문에 형제, 자매나 다른		

	친척들과 싸우거나 다툰 적이 있다.		
28	나는 우리집의 술 문제를 이해하고 도움을 줄 수 있는 사람과 대화 했으면 좋겠다고 바란 적이 있다.		
29	나는 아버지나 어머니가 술 마시는 것을 걱정하다고 머리나 배가 아프고 울거나 가슴이 아팠던 적이 있다.		
30	나는 아버지나 어머니의 술 문제 때문에, 전에 부모님이 하셨던 집안 사람이나 일들을 대신한 적이 있다.		

## I-1. Making appointment with participants: English version.

If you want to participate in the study, please answer following questions. Then, the researcher will contact you with available time and date. There will be two interviews, and each interview will take from one to one and half hour. Thank you.

### Question 1.

Your 4digit Study ID.

### Question 2.

Please check your preference.

Face-to-face interview

Telephone interview

*No response*

### *Logic destinations*

➡ Question 4: How many interviews do you ...

➡ Question 3: If you want a telephone int...

➡ Question 3: If you want a telephone int...

### Question 3.

If you want a telephone interview, the researcher will call you. Please leave the phone number that you will use for the interview.

### Question 4.

How many interviews do you want to participate?

(You can participate maximum 2 interviews, and we will provide \$20 gift card for each interview)

I want to participate in only one interview.

I want to participate in all two interviews.

### Question 5.

Please write your available time for the first interview.

Please give me at least two options. (Example: 9/15 11:00 am & 9/16 13:00pm)

### Question 6.

Please write your available time for the second interview.

Please give me at least two options. (Example: 9/15 11:00 am & 9/16 13:00pm)

(You can change it when meeting the researcher for the first interview.)

## I-2. Making appointment with participants: Korean version.

연구에 참여를 원하시는 경우 아래의 질문에 체크하시면 연구자가 날짜를 잡아서 연락드립니다. 인터뷰는 총 2회 진행되며 각 인터뷰는 한 시간에서 한 시간 반 소요됩니다.

### Question 1.

연구자에게 받은 4자리 연구참여번호를 기입하세요.

### Question 2.

원하시는 인터뷰 형태에 체크해주시시오.

(전화 인터뷰 시 조용한 곳에서 혼자 참여하여야 합니다. 인터뷰는 1시간에서 1시간 반정도 진행되니 시간을 여유롭게 두시기 바랍니다.)

연구자와 직접 만나서 인터뷰

전화 인터뷰

No response

### Logic destinations

➡ Question 4: 원하시는 인터뷰 횟수 (최대 총 2회이며 인터뷰 ...

➡ Question 3: 전화인터뷰시 연구자로부터 전화가 갈 것입니다. 인...

➡ Question 3: 전화인터뷰시 연구자로부터 전화가 갈 것입니다. 인...

### Question 3.

전화인터뷰시 연구자로부터 전화가 갈 것입니다. 인터뷰를 위한 전화번호를 남겨주시시오.

### Question 4.

원하시는 인터뷰 횟수

(최대 총 2회이며 인터뷰 1회당 2만원의 문화상품권이 지급됩니다.)

한 번만 참여

두 번 다 참여

### Question 5.

첫번째 인터뷰에 참여하실 원하시는 날짜와 시간을 입력하여 주십시오.

(최대 2지망까지 써주시기 바랍니다. 예) 1지망: 9월16일 오후 4시, 2지망: 9월 17일 오후 6시).

**Question 6.**

두 번째 인터뷰에 참여하실 원하시는 날짜와 시간을 입력하여 주십시오.

(첫 번째 인터뷰시 연구자와 만 두 번째 인터뷰 참여 여부와 인터뷰 날짜와 시간 등을 변경할 수 있습니다.)

J-1. Email script for initial contact with participants: English version.

**Title: Recruit research participants — University of Washington School of Nursing.**

Dear. [Name of the person].

Hello. I am Sihyun Park. I am a Nursing PhD student in School of Nursing, University of Washington. Thank you for contacting me.

The purpose of this study will be to examine the psychosocial process that children of alcohol misuser undergo while growing up in their families and finally how they adapt to their lives.

For the first stage of participation, you have to participate the online screening test. This is a brief survey that asks your demographic information as well as verifies whether you were the child of alcohol misuser or not. An electronic information statement is attached in this email, so please read it before participating the online screening test. Specific information about the screening test is included in the form.

If you are verified as the child of alcohol misuser, the researcher will make an appointment with you for the interviews and send you an electronic consent form through your email.

Interview will be conducted once or twice, and each interview will be from one to one and half hour. You can choose the number of interview (two interviews are the maximum), and we will pay \$20 for each interview. You can also choose either a face-to-face interview or a telephone interview.

When you finish one or two interviews, your study participation will be ended.

Here is a link for the online screening test.

**ONLINE SCREENING TEST**

Please click the link and answer the questions. At last, you have to press 'submit' button. Please contact me if you have more questions. I look forward to hear from you soon. Thank you.

Best, Sihyun Park.

J-2. Email script for initial contact with participants: Korean version.

**제목: 워싱턴대학교 간호대학 연구대상자 모집.**

[대상자 이름]님께.

안녕하세요. 저는 현재 미국 시애틀 소재 워싱턴대학교 간호학 박사과정에 재학 중인 박시현입니다. 이렇게 연락주셔서 대단히 감사합니다. 본 연구는 음주를 하는 부모에게서 자란 아이들이 어떠한 심리사회적인 발달과정을 거쳐 자신의 삶에 어떤 방식으로 적응하게 되는지 알아보기 위한 연구입니다.

먼저, 연구 참여를 결정하시기 전 온라인 진단 테스트에 참여하셔야합니다. 이 진단 테스트는 귀하께서 연구목적에 맞는 참여 대상자인지 테스트를 할 것입니다. 또한 이 테스트는 귀하의 일반적인 특성과 건강적 특성에 관한 질문을 포함하고 있습니다. 온라인 설문을 위한 연구 설명서가 이 이메일에 첨부되어 있으니 설문에 참여하시기 전에 꼼꼼히 읽어보십시오. 온라인 설문에 대한 자세한 정보가 수록되어 있습니다.

테스트에 통과하시게 되면 제가 연구참여 동의서를 이메일로 보내드릴 것이며 인터뷰를 위한 약속도 온라인으로 잡을 것입니다.

인터뷰는 본인의 선호도에 따라 최대 2 회 참여 가능합니다. 1 회 인터뷰당 2 만원의 문화상품권이 제공되므로 2 회 모두 인터뷰시 4 만원의 문화상품권이 우편으로 발송될

것입니다. 각 인터뷰는 1 시간에서 1 시간 반가량 진행되며 귀하의 선호도에 따라 연구자와 직접 일대일로 만나서 하실수도 있고 전화인터뷰로 하실 수도 있습니다.

아래는 온라인 진단테스트의 링크입니다.

### 온라인 진단테스트 참여하기

링크를 클릭하시어 참여하시고, 설문 맨 마지막에 ‘submit’버튼을 누르시면 연구자에게 전송됩니다. 질문이 있으시면 언제든지 연락주십시오. 감사합니다. 박시현드림.

K-1. Telephone script for initial contact with participants: English version.

Hello. Hi, how are you? Thank you for calling me. I am the researcher Sihyun Park, a Nursing PhD student in University of Washington.

Above all, thank you for being interested in this research. This research will examine the psychosocial process that children of alcohol misuser undergo while growing up in their families and finally how they adapt to their lives. First of all, you have to participate the online screening test. This is a brief survey that asks your demographic information as well as verifies whether you were the child of alcohol misuser or not. If you are verified as the child of alcohol misuser, the researcher will make an appointment with you for the interviews and send you an electronic consent form through your email. Interview will be conducted once or twice, and each interview will be from one to one and half hour. You can participate maximum two interviews, and we will pay \$20 for each interview. You can also choose either a face-to-face interview or a telephone interview.

Do you have any questions so far? (If yes, answer it.)

Are you willing to participate in the study?

(If yes:) Thank you. Please tell me your email address so that I can send you a link for the online screening test.

(If no:) That would be OK. Thank you for contacting me.

K-2. Telephone script for initial contact with participants: Korean version.

여보세요. 안녕하십니까. 전화주셔서 감사합니다. 저는 미국 워싱턴대학교 간호학 박사과정에 재학 중인 연구자 박시현입니다.

일단 연구에 관심 가져주셔서 감사합니다. 본 연구는 음주를 하는 부모에게서 자란 아이들이 어떠한 심리사회적인 발달과정을 거쳐 자신의 삶에 어떤 방식으로 적응하게 되는지 알아보기 위한 연구입니다. 우선 참여를 결정하기에 앞서 온라인 진단테스트를 받으셔야 합니다. 이 진단 테스트는 귀하께서 연구목적에 맞는 참여 대상자인지 테스트를 할 것입니다. 또한 이 테스트는 귀하의 일반적인 특성과 건강적 특성에 관한 질문을 포함하고 있습니다. 테스트에 통과하시게 되면 연구자는 연구참여 동의서를 이메일로 보내드릴 것이며 인터뷰를 위한 약속도 잡을 것입니다.

인터뷰는 1 회 혹은 2 회 참여하실 수 있으며 본인의 선호도에 따라 참여 가능합니다. 1 회 인터뷰당 2 만원의 문화상품권이 제공되므로 2 회 모두 인터뷰시 4 만원의 문화상품권이 우편으로 발송될 것입니다. 각 인터뷰는 1 시간에서 1 시간 반가량 진행되며 귀하의 선호도에 따라 연구자와 직접 일대일로 만나서 하실수도 있고 전화인터뷰로 하실 수도 있습니다.

질문이 혹시 있으십니까? (있다면 질문에 대답)

그럼 연구에 참여하실 의향이 있으십니까?

(있다면) 감사합니다. 이메일 주소를 문자로 보내주시겠습니까? 제가 진단테스트를 위한 링크를 보내드리도록 하겠습니다.

(없다면) 아, 괜찮습니다. 그래도 전화주셔서 감사합니다.

(끊는다.)

## L. The protocol for data protection

### **Checklists**

#### **Recruitment**

- Delete exchanged emails between researcher and potential participants who contact to researcher through email but refuse to participate.
- Delete exchanged emails between researcher and the participants, who contact to researcher through email and agree to participate, after giving code number to the participants.

#### **Data Collection**

- Delete all personal identifiers (name, school, house address) in interview data transcripts.

#### **Transcribing (Stenographer)**

- Delete stenographer's transcripts after receiving it.
  - Delete the files in stenographer's computer.
  - Delete the files in stenographer's email box.

#### **Data Storage**

- Recording: Store in password-protected computer.
- Interview transcripts (Electronic file): Store in password-protected computer.
- Interview transcripts (Paper): Store in locked cabinet.

M-1. The list of community resources: English version.

#	Name	Website	Tel.	Email/Address
1	Alanon Korea	www.alanonkorea.or.kr	02-752-1808	alanonkorea@naver.com
2	Happy call center	www.sos129.co.kr	1566-5378	row5152@naver.com
3	Life Line Korea	www.lifeline.or.kr	1588-9191	.
4	Counseling center	www.mbh1339.com	1666-7589	pnixmoon@naver.com
5	Korea psychology counsel center	www.mykpcc.com	02-545-7080	visionjeju@naver.com

M-2. The list of community resources: Korean version.

#	Name	Website	Tel.	Email/Address
1	Alanon Korea (알아넌코리아)	www.alanonkorea.or.kr	02-752-1808	alanonkorea@naver.com
2	해피콜상담센터	www.sos129.co.kr	1566-5378	row5152@naver.com
3	한국 생명의 전화	www.lifeline.or.kr	1588-9191	.
4	행복으로 가는 상담센터	www.mbh1339.com	1666-7589	pnixmoon@naver.com
5	한국 심리 상담센터	www.mykpcc.com	02-545-7080	visionjeju@naver.com

N. Permission letters.

April. 7<sup>th</sup>. 2014.

To Whom It May Concern:

I am Yejung Ko working in Kim-Cheon Science College School of Nursing as a professor. I carefully reviewed Ms. Sihyun Park's dissertation proposal and understood the purpose of the study and the specific procedure. If her research is reviewed and approved by Institutional Review Board (IRB) in University of Washington, I will allow her to recruit the interviewees in this college. Since there is no Human Subject Review Committee or Institutional Review Board belonged to this college, I decide to respect and follow the result of IRB in University of Washington. Once her research is approved, I will allow her to post the flyers in my classrooms and give her several minutes to give a brief description of the study to the students. I will not intervene her recruitment procedure or any her research procedure. I will not try to know which students participate the study or not. Importantly, her recruitment procedure will not influence on the courses or the grades, and I will emphasize it to the student. I will try my best to keep the study confidentiality.

Thank you.

Sincerely,

Dr. Yejung Ko

(Signature) *yejungko*

(Affiliation) *Kimcheon Science College*

April. 18<sup>th</sup>. 2014.

To Whom It May Concern:

I am Dahye Park, a professor in Nursing Department Semyung University in South Korea. I reviewed Ms. Sihyun Park's dissertation proposal, and I decided to support her research recruitment plan in my department (School of Nursing) after her research plan is reviewed and approved by Institutional Review Board in University of Washington. I will fully respect the decision of Institutional Review Board in University of Washington in terms of the contents of flyers, interview questions and the overall data collection procedures. After her research is approved by IRB in University of Washington, I will invite her in my classroom and give her a chance to provide a brief description about the study as well as allow her to post the flyers in the classrooms. However, I will not involve any of her research procedures; thus, there will be no potential coercion to the students.

Thank you.

Best regards,

Dr. Dahye Park

A handwritten signature in black ink, enclosed within a hand-drawn heart shape. The signature appears to read 'Dahye Park'.

Nursing of Department, Semyung University

O. Approvals and permissions from recruit sites.

From: Sihyun Park, PhD candidate. & Karen G. Schepp, Interim Chair & Professor.  
School of Nursing, Box 357263  
University of Washington.  
+1 206-660-8434  
spark83@uw.edu

To: ooo College / University

**RE: To request a permission for the data collection.**

To whom it may concern,

I am Sihyun Park, a PhD candidate in School of Nursing, University of Washington. I am sending this letter to request the approval for the data collection from ooo College/University as well as for posting the flyers on the campus.

The purpose of this study is to explore the adaptation process that Korean children, whose parents had alcohol misuse problems, undergo from their childhood to adulthood. Especially, we will focus on their psychosocial adaptation process in alcohol misuse family in Korean cultural context, which still has a lot of Confucian thoughts and values, and has permissive attitudes towards alcohol use. For this reason, I am finding the college/university students who are willing to share their stories about their childhood experiences related to parental alcohol use.

I am planning to recruit approximately 20 students, and after determining their study eligibility through online screening test, I will conduct a telephone interview or a face-to-face interview based on student's preference. Also, we will provide the incentives to those who participate the study. The amount of incentives will be \$40 for 2 interviews.

In order to conduct this study, I request the permission to recruit the study subjects from your college/university. Also, since I will use flyers to recruit the subjects, and I am asking the permission to post the flyers on the campus.

We will appreciate if you consider this request, and please contact us if you have any questions ([spark83@uw.edu](mailto:spark83@uw.edu)).

We are looking forward to getting your reply.

Thank you.

Yours sincerely,

A handwritten signature in black ink, appearing to be 'Sihyun Park' written in a stylized, cursive script.

Sihyun Park.  
PhD. Candidate, RN.  
School of Nursing,

University of Washington.

&

Karen G. Schepp.  
PhD, RN, PMHCNS-BC, FAAN.  
Interim Chair and Professor,  
Psychosocial & Community Health Department,  
School of Nursing,  
University of Washington.

**Official Permission.**

I will give the permission to the researchers (Sihyun Park and Karen G. Schepp) to recruit the study subject from our university/college and to post the flyers on our campus.

---

Signature

Date

P. The definition of the categories

<b>Category 1.</b>	<b>Having no idea what is going on.</b>
<b>Definition</b>	Victims were not mature enough to recognize the reality. They did not know why they had to live with this fear. They did not possess any idea of what a normal family is like.
<b>Labels</b>	<p>Not knowing what is right or wrong.</p> <p>Just live in this situation.</p> <p>Putting up with all the pains.</p> <p>Not living an active life.</p> <p>Supposing that my dad was indulged in alcohol because I did something wrong.</p> <p>Taking as being totally true what my dad says under the influence of alcohol.</p> <p>Failing to perceive what is going on now.</p> <p>Not knowing what is right or wrong.</p> <p>Not knowing what means a normal family.</p> <p>Feeling frustrated at what my dad was indulged in alcohol because I made him drink.</p>
<b>Category 2.</b>	<b>Living in a state of perpetual fear.</b>
<b>Definition</b>	Victims were living with a perpetual fear since they lived in an environment where unexpected situations might occur in anytime of the day. They mostly feared their fathers' drinking habits which usually led to violent situations. For the victims, the day was not over until their fathers were asleep after drinking.
<b>Labels</b>	<p>Being stricken with fear.</p> <p>Being nervous</p> <p>Continuing to feel nervous until my dad went to bed.</p> <p>Being nervous when I heard my dad was coming. .</p> <p>Afraid of what would be happened today.</p> <p>Afraid of being battered if I disobeyed to my dad.</p> <p>Scared.</p> <p>Frightened.</p>
<b>Category3.</b>	<b>Feeling powerless.</b>

<b>Definition</b>	Victims were too powerless when violence broke out because they were usually physically and emotionally weaker than their fathers.
<b>Labels</b>	<p>Feeling powerless.</p> <p>Feeling helpless and weak.</p> <p>My dad is stronger than I.</p> <p>I am a just weak daughter.</p> <p>Feeble.</p> <p>Unable to cope with violence.</p> <p>Unable to find out a place right to avoid.</p> <p>Physically weak.</p> <p>Cannot handle the dad.</p> <p>Unable to cope with given situations.</p>
<b>Category 4.</b>	<b>Being put to shame due to dad's drinking.</b>
<b>Definition</b>	Victims had to go through numerous shameful incidents caused by father's excessive alcohol drinking. They had inferiority of themselves due to social stigma and victim mentality related to their fathers' alcoholism.
<b>Labels</b>	<p>Having an inferiority complex.</p> <p>Having a sense of frustration.</p> <p>Undergoing shameful experiences.</p> <p>Having low self- esteem compared with my boy friend who was raised under the normal family environment.</p> <p>Feeling shameful of going on an errand to go get liquor.</p> <p>Feeling shameful of what local neighbors had been noticing about my family environment.</p> <p>Withdrawn from social stigma.</p> <p>Ashamed of being raised under such a family environment.</p> <p>Hurt my feeling due to the miserable family history.</p> <p>Ashamed of being socially stigmatized.</p>
<b>Category 5.</b>	<b>Having a fear of being left alone.</b>
<b>Definition</b>	The victim fears possibly being abandoned by their mothers as well as their fathers permanently.

<b>Labels</b>	<p>Afraid about my mom running away from home.</p> <p>Feeing alienated when both my parents were quarreling.</p> <p>Relying on none.</p> <p>Receiving no attention from both my parents.</p> <p>Feeing out of place.</p> <p>Rarely spending hours talking with both my parents.</p> <p>Feeling isolated.</p> <p>Feeling nervous when my mom was away from home for days.</p> <p>Missing my mom who ran away from home due to her husband.</p> <p>Afraid that both my parents would be divorced.</p> <p>Being alone after my mom was away from home.</p>
<b>Category 6.</b>	<b>Also, being neglected by mom.</b>
<b>Definition</b>	Due to the fathers' drinking problems, the mothers of the victims were not able to take care of her children in a way that they were responsible for financial stability of the family. In other cases, which were also very common, the mothers were emotionally too exhausted to look after their children.
<b>Labels</b>	<p>Busy Mom</p> <p>Could not relying on my mom</p> <p>Busy and tense Mom</p> <p>Not lending her ears to me.</p> <p>Grieved due to sensitive mom.</p> <p>Seized by a doubt that both my parents neglected the kid.</p> <p>If my mother was needed, she was absent.</p>
<b>Category 7.</b>	<b>Being battered.</b>
<b>Definition</b>	Father's drinking problem led victims to be exposed to violence and aggression from their fathers. Violent behaviors included intimate partner violence and verbal aggression. Other times, they became the direct victims of the violence.
<b>Labels</b>	<p>Physical violence directly or indirectly exposed.</p> <p>Verbal violence directly or indirectly exposed.</p> <p>Witnessing my dad commit violence under the influence of alcohol.</p> <p>Witnessing both my parents quarrel.</p>

	<p>Witnessing my dad committing (physical and verbal) violence against the mom.</p> <p>Witnessing my dad 's self-injurious behavior.</p> <p>Undergoing emotional abuse from my drunken dad.</p> <p>Stabbing with a scissor.</p> <p>Drunken dad threw stuff.</p> <p>Having my ears boxing from the drunken dad.</p> <p>Running away from home with my mom.</p> <p>Battered while stopping my drunken dad from using violence.</p> <p>Battered and ran away.</p> <p>Raised under the violent family.</p> <p>Falling into a victim to the violence that my dad used.</p> <p>Threaten by drunken dad holding a knife.</p>
<b>Category 8.</b>	<b>Living in chaotic home environment.</b>
<b>Definition</b>	Having an alcoholic father, the family's condition was unstable, chaotic and disorganized; the condition of having comfort and relaxation at home was not provided for the victims. Therefore, the stress came from all directions without outage.
<b>Labels</b>	<p>Noisy and unstable family atmosphere.</p> <p>Confused</p> <p>Financially-stricken</p> <p>Unstable family environment</p> <p>Feeling uncomfortable of being at home.</p> <p>Witnessing my dad disgracing himself due to drinking.</p> <p>Always dark environment.</p> <p>Depressed at home</p> <p>Always noisy family.</p> <p>Undergoing greater stress at home.</p> <p>Unstable family environment.</p> <p>Abnormal life.</p> <p>Unpeaceful family</p> <p>My dad did no support his family because he was an alcohol addict.</p>

	<p>Bottles of soju scattering all around floors.</p> <p>Badly off due to my dad.</p> <p>Financially-stricken family circumstances due to my dad.</p>
<b>Category 9.</b>	<b>Experiencing family's breaking up.</b>
<b>Definition</b>	<p>Severe alcoholism usually resulted in family break-up physically and emotionally. To be worse, when both parents gave up their children for custody, the victims were forced out to shelter. Also, fathers' drinking negatively influenced on the relationship between the family members.</p>
<b>Labels</b>	<p>My dad's alcohol habit affecting the family relationships.</p> <p>My dad's alcohol habit affecting the relationships with my mom.</p> <p>Establishing bad relationships between my mom and dad due to my dad's alcohol habit.</p> <p>My dad's alcohol habit caused both my parents to quarrel.</p> <p>My family was driven to a sense of depression.</p> <p>Establishing the love-hatred relationship with the family.</p> <p>My family was broken by my drunken dad.</p> <p>My family was disorganized by my drunken dad.</p> <p>Divorced parents.</p> <p>All my family members undergoing a great deal of stress from my dad's drinking habit.</p> <p>All my family wanting to escape from my dad.</p> <p>Put in shelter.</p> <p>All family members are living separately.</p>
<b>Category 10.</b>	<b>Getting strength.</b>
<b>Definition</b>	<p>Growing up as adult naturally helped victims to restrain and control their violent fathers physically.</p>
<b>Labels</b>	<p>Getting old.</p> <p>Being mature.</p> <p>Developing self-confidence.</p> <p>Physically stronger.</p> <p>Able to cope with my dad.</p>

	<p>He was controlled by force.</p> <p>Developing power strong enough to challenge my dad.</p> <p>Developing physical strength enough to protect against violence.</p> <p>My dad did not treat me as he had done before.</p> <p>Being in conflicts and confrontation with my drunken dad.</p>
<b>Category 11.</b>	<b>Realizing this is not a normal.</b>
<b>Definition</b>	The victims started to realize that their fathers had serious problems since they knew how normal and sober fathers from other families behave. Therefore, victims started to have an objective point-of-view toward their fathers and recognize his abnormal behaviors caused by alcohol drinking.
<b>Labels</b>	<p>Viewing his drinking habit from the objective perspectives.</p> <p>Realizing this is not a normal.</p> <p>Perceiving my dad's wrong behavior.</p> <p>Perceiving how serious his alcohol habit was.</p> <p>Surprised at a normal family whose dad was not a drinker.</p> <p>Aware of normal family types.</p> <p>Perceiving that he was an abnormal dad.</p> <p>Comparing with other peers' dads.</p> <p>He was entirely different from any other friends' dads.</p> <p>Realized that my dad unable to control his emotion/temper, once he was drunk.</p> <p>Supposing his drinking tendency got serious more than ever.</p> <p>Thinking deeply about the matter of his drinking habit.</p> <p>My family atmosphere entirely different from other family.</p>
<b>Category 12.</b>	<b>Getting stressed due to dad's behaviors after drinking.</b>
<b>Definition</b>	The victims were stressful because of their fathers' behaviors after drinking. Intoxicated father often came home late, awakes the family from being asleep, and wanted to have pointless conversations. Fathers, while intoxicated, started to pick on other family members for no reason.
<b>Labels</b>	<p>Request from my dad to communicate at late night with his being drunken.</p> <p>Stressed by my dad trying to talk with his being drunken.</p> <p>My drunken dad woke me up.</p>

	<p>My dad was picking fights when he was got drunk.</p> <p>Giving very tough times to all my family when he was drunk.</p> <p>I was in arguments with my dad after he got drunk.</p> <p>He used to do what all my family did not want him to do.</p> <p>He used language to hurt other people's feelings, when he was drunk.</p>
<b>Category 13.</b>	<b>Just hating him.</b>
<b>Definition</b>	The victims have had strong negative emotions toward their alcoholic fathers, such as resentment, anger, and hate.
<b>Labels</b>	<p>Having hard times from my dad.</p> <p>Hatred</p> <p>Resentment.</p> <p>Not respecting my dad.</p> <p>Angry</p> <p>Aversion.</p> <p>Disgusting</p> <p>Not deserving following the step of my dad.</p> <p>He is not a good model.</p> <p>Negative in general.</p> <p>Offended at what my drunken dad had been doing.</p> <p>Angry with both my parents quarreling with each other once my dad took alcohol.</p> <p>Stressed by my drunken dad.</p> <p>Abnormal dad.</p> <p>Sad for my abnormal dad.</p> <p>Awkward</p> <p>Blaming for my dad's irresponsible behavior.</p> <p>Unforgivable</p> <p>Unable to be generous-minded.</p> <p>My dad not comforting his kid.</p> <p>Unable to understand why my dad was overusing alcohol.</p> <p>Feeling shameful of how my dad was nasty.</p>

	Nobody is as awful as my dad.
<b>Category 14.</b>	<b>Living with a man with two faces.</b>
<b>Definition</b>	The victims felt that their fathers became a totally different person when intoxicated. They witnessed that their fathers became too talkative, irrational, irritable, and easily high-tempered.
<b>Labels</b>	<p>Afraid of my drunken dad.</p> <p>He was entirely different once he got drunk.</p> <p>He was leaving very entirely different image when he drank or not.</p> <p>Liquor loosened his tongue.</p> <p>His caring and domestic tendency was replaced with his abnormal and irrational tendency after he was drinking alcohol.</p> <p>Showing an entirely different tendency after drinking alcohol.</p> <p>He didn't express his thoughts and feelings until he drank.</p> <p>He didn't express his feelings until he drank.</p> <p>Making a sharp difference before and after he was drinking alcohol.</p> <p>Having an entirely different tendency once he drank alcohol.</p>
<b>Category 15.</b>	<b>Expecting him to get a grip.</b>
<b>Definition</b>	Victims tried to believe that their fathers could control his drinking habits and reduced amount of alcohol consumption.
<b>Labels</b>	<p>Hoping that my dad's drinking addiction will be improved.</p> <p>Hoping that he will cut down on alcohol.</p> <p>Expecting that he will lead a sober life.</p> <p>Expecting that he will be changed.</p>
<b>Category 16.</b>	<b>Attempting to stop him from drinking.</b>
<b>Definition</b>	The victims attempted various ways to control the amount of drinking or prevent the negative situations from happening.
<b>Labels</b>	<p>Judging that the things would not be improved if my dad was neglected.</p> <p>Advising him to receive therapy</p> <p>Attempting to communicate with him.</p> <p>Writing letters to him.</p> <p>Attempting to provide comfort for him.</p>

	<p>Defying him.</p> <p>Speaking to my dad openly the despair in the heart.</p> <p>Quarrelling with him.</p> <p>Making reasonable arguments with him.</p> <p>Advising him to receive therapy.</p> <p>Saying something harsh to him.</p> <p>Trying to control his feelings</p> <p>Trying to stop him from behaving recklessly.</p> <p>Advising him to quit drinking.</p>
<b>Category 17.</b>	<b>Frustrating about his cranking back.</b>
<b>Definition</b>	In spite of several attempts, they failed to reduce their fathers' drinking problems as well as the related situations; personal frustration got bigger.
<b>Labels</b>	<p>Perceiving that it would be difficult to make reasonable communications with him.</p> <p>Feeling disappointed at what my dad was not improved at all.</p> <p>Frustrated</p> <p>His treatment had failed.</p> <p>Feeling that he had no will to cure his alcohol habit.</p> <p>He was not changed.</p> <p>Disappointed at what he would not be improved.</p> <p>Witnessing him indulged in alcohol.</p> <p>Feeling a sense of emptiness for what he would not be changed.</p> <p>Feeling resented about what he would not be changed.</p>
<b>Category 18.</b>	<b>It would never be changed forever.</b>
<b>Definition</b>	After numerous attempts, the victims began to realize that the situation would not change no matter what they do. Thus no longer trial to improve the situation and victims become unconfident and powerless.
<b>Labels</b>	<p>Having no expectations that he would be improved.</p> <p>Feeling that he would be incurable.</p> <p>Feeling that communicating with him would be worthless.</p> <p>(Trials are) Useless</p>

	<p>Not expecting that he will be improved.</p> <p>Not expecting that he will be changed.</p> <p>Pessimistic about what he would attempt to quit drinking.</p> <p>Stopping the addiction therapy.</p> <p>Giving up hope that he would quit drinking.</p> <p>Thinking that I would be more stressed if I expected him to be improved.</p> <p>It seemed that the problem with him would not be solved by talking seriously about it.</p> <p>It was impossible to talk with him reasonably with his being drunk.</p> <p>Aware that he would never quit drinking.</p>
<b>Category 19.</b>	<b>Repetitive happenings become a routine.</b>
<b>Definition</b>	All kinds of situations that led from their fathers' heavy drinking became a normal daily routine for the victims. When the father started drinking, victims were ready for any situations. Having hard feeling toward the behavior was waste of energy for them.
<b>Labels</b>	<p>The same things happened again everyday.</p> <p>Expecting what he would do and say when he got drunk.</p> <p>Behave the way to prevent him from behaving recklessly when he got drunk.</p> <p>Just trying to settle up the situation.</p> <p>No longer bothered by his drinking habit.</p> <p>Being adjusted to my dad's repetitive drinking habit.</p> <p>Thinking that this was just one of the happenings that had occurred all the time.</p> <p>Accustomed to his repetitive behaviors.</p> <p>Accustomed to his long and repetitive habits.</p> <p>This (the happening related to father's drinking) had been repetitive for a long time.</p> <p>Accustomed to talking about the subject of his drinking tendency or habit.</p> <p>Judging that it was inevitable that he was drinking.</p> <p>Avoiding him when he was expected to be drunk.</p>
<b>Category 20.</b>	<b>Being extra cautious not to irritate him.</b>

<b>Definition</b>	Since the result always came back with violence or verbal attack, the victims were afraid to have any interactions with their fathers. They knew that trying to make an approach to convince their fathers would result in another drinking and possibly create another conflict.
<b>Labels</b>	<p>Afraid that provoking him would affect badly all my family when he got drunk.</p> <p>Expecting that he would use violence when he was provoked.</p> <p>Terrified at what he threatened all my family.</p> <p>Terrified at provoking him.</p> <p>(Any trials are) Arousing his anger.</p> <p>Attempting not to be in arguments or fights with him.</p> <p>Always saying that he was always right.</p> <p>Making efforts to alleviate becoming a worse situation.</p> <p>Avoiding him not to make him be irritated.</p> <p>When provoked, he behaved violently when he got drunk.</p> <p>When he had troubles with me, he would respond more relentlessly when he got drunk.</p> <p>When I complained him, he was so cruel to me, when he got drunk.</p> <p>Fearing that trying to communicate with him might trigger his excessive drinking.</p>
<b>Category 21.</b>	<b>Making such a mess of my life.</b>
<b>Definition</b>	The victims believed that their own personality was heavily influenced by their fathers as well as the environment they were grown up in.
<b>Labels</b>	<p>He had bad influences on my life.</p> <p>He disturbed me in concentrating on my school work.</p> <p>My personality became passive.</p> <p>I had my introverted personality.</p> <p>He ruined my life.</p> <p>Developing low self-esteem due to him.</p> <p>Still nervous.</p> <p>Not prepared to become a mom due to him.</p> <p>Became timid.</p>

	<p>Too much caring about people surrounding me.</p> <p>Having uncomfortable relationships with my husband's family.</p> <p>Indecisive.</p> <p>Predicting that I might affect my future kid due to paternal alcoholism.</p> <p>Avoiding interpersonal relationships.</p> <p>I was erratic.</p> <p>Lesser self-confidence.</p> <p>Having inferiority complex.</p> <p>Still having a sense of depression</p> <p>Still having an anxiety.</p> <p>Becoming hysterical.</p> <p>Learning his coping style - drinking alcohol.</p> <p>Living a life different from others -negatively.</p> <p>Undergoing a great deal of ordeals.</p> <p>I was not protected from my family.</p> <p>Could not invest for myself.</p> <p>Still don't know what being normal was.</p> <p>I was not aware that it was wrong to use violence.</p> <p>I was not aware that it was wrong to drink alcohol excessively.</p> <p>Perceiving that my tough and bitter experience would affect my life.</p> <p>Not developed with stable emotion.</p>
<b>Category 22.</b>	<b>Giving up the life that I was desired.</b>
<b>Definition</b>	The victims had to give up the life they wanted since they had to think about the family issues prior to that of their own life. Some of them had to give up their desired career path and get a meaningless job in order to financially support their families.
<b>Labels</b>	<p>Chose my career to support my mom.</p> <p>I will not marry owing to my dad. .</p> <p>I will not marry owing to my family background.</p> <p>I cannot marry until I broke up all the contacts with my dad.</p> <p>I cannot marry due to my dad.</p>

	I want to choose my career I wish.
<b>Category 23.</b>	<b>Wishing to break off the blood ties with him.</b>
<b>Definition</b>	In some of the severe cases, the victims wanted their fathers to be dead or be gone for good. They seemed desperate to leave or escape from his influences. They thought they would literally not care if their fathers were found dead.
<b>Labels</b>	<p>This is more than I could take him.</p> <p>Never can control him at all.</p> <p>Wanting to escape from him.</p> <p>Not wanting to live with him.</p> <p>Wanting to keep him from me.</p> <p>Planning to live apart from him.</p> <p>Judging that I cannot live long with him.</p> <p>Wishing that he would rather die.</p> <p>Having hard times living with him.</p> <p>Eager to break off all the contacts with him.</p> <p>Not wanting to be influenced from him anymore.</p> <p>His contacts make me sick.</p> <p>He has been tormenting me.</p> <p>I felt uncomfortable until I was not free from him.</p> <p>Not wanting to see him.</p> <p>Feeling peaceful when my dad was away from home.</p> <p>Feeling peaceful and comfortable when he was away from home.</p> <p>His discharge from the hospital has made my family nervous.</p> <p>Living apart from him has made me comfortable.</p> <p>It does not matter if he dies or not.</p> <p>Feels more comfortable when I don't see him.</p> <p>Feels happy of having been away from him.</p> <p>I am fed up with living in this family.</p> <p>I don't like to live with him.</p> <p>Like to avoid him.</p> <p>Does not like to see him.</p>

	<p>Thinking why he is not dying.</p> <p>Feels curious why he is still living.</p> <p>It is lucky that I have been away from my dad who was hospitalized.</p> <p>I was happy of having been away from my dad who was hospitalized.</p> <p>Wishing that I would break off the blood ties with him.</p> <p>Wishing that I would rather live without my father, during my life.</p> <p>Wishing that my life would be devoid of him.</p> <p>Eager to take my burdens off my dad.</p> <p>Wishing that he would disappear from me forever.</p> <p>Wanting to break off the support relationship with him.</p> <p>I just want to contact him only through the family, not directly.</p> <p>Feels happy of having been away from my dad.</p> <p>Hoping that he will not break into my own boundary.</p>
<b>Category 24.</b>	<b>Having an obstacle in my life.</b>
<b>Definition</b>	<p>The victims think that their fathers are a huge burden and an obstacle on their lives. Whatever they plan to do, their fathers were always in their considerations. For example, they had to spare their incomes with fathers. The spare often turned into money for their fathers' alcohol; a vicious cycle. Furthermore, the victims were shamed to introduce their fathers to anyone especially to their marriage partner's family.</p>
<b>Labels</b>	<p>Afraid that my dad would affect my relationships with my boy friend.</p> <p>Fearing that he would do any harm to my life.</p> <p>Regarding my dad as an obstacle (stumbling block) to my life.</p> <p>Too much being tangled with him</p> <p>His presence bothers me all the time.</p> <p>I am always sensitive to his problem.</p> <p>Spending the wasted hours due to his drinking habit.</p> <p>Reluctant to introduce my dad to my future spouse.</p> <p>I am worried that my future spouse would see my dad.</p> <p>He has constantly been disturbing me.</p> <p>Despite my independence, I am still mediating between my parents.</p>

	<p>Feeling sorry to my future spouse due to my dad.</p> <p>Predicting that a bad relationship with my future spouse due to father's alcohol problems.</p> <p>His drinking tendency has had bad influences on my social and personal life.</p> <p>I am worried that my awful family circumstances would affect badly me.</p> <p>The presence of my dad gives a burden to me.</p> <p>My dad prevents my bright future.</p> <p>He gives a burden to my life.</p> <p>Afraid that I might be socially stigmatized owing to my dad who is an alcohol addict.</p>
<b>Category 25.</b>	<b>Feeling burden on the duty of supporting the parents.</b>
<b>Definition</b>	The victims feel burden on supporting their incapable (and poor) parents.
<b>Labels</b>	<p>Feeling a great burden from supporting my mom who has had been single.</p> <p>Since my mom got married, I have begun to feel a less great burden from her.</p> <p>Feeling a burden to take care of my parents.</p> <p>Planning to put my mom in a Nursing home.</p> <p>Hoping to share my burden from my dad with my family.</p> <p>Worried about taking responsibility for my dad after my parents were separated.</p> <p>Fearing that I might take responsibility for my dad in place of my mom, after she left him.</p> <p>Feeling a great burden from my surviving dad.</p> <p>Feeling a heavy burden from managing domestic economy.</p> <p>Wishing not to support him (because he has mentally hurt me).</p> <p>Feeling a strong pressure from the Korean society that obliges all adult children to support their parents.</p>
<b>Category 26.</b>	<b>Being afraid to follow the same step.</b>
<b>Definition</b>	The victims feared that they were stepping on the same path as their parents.
<b>Labels</b>	<p>Expecting that after getting married, I would have the same family experience as that my parents have had.</p> <p>Fearing that I might be following the same step as that my mom has followed.</p> <p>Worried about my fiancé who drinks alcohol excessively.</p>

	<p>Fearing that I might be following the same step as that both my parents have followed.</p> <p>Disliking that my boy friend drinks alcohol.</p> <p>Feeling regrettable of drinking alcohol like my dad.</p>
<b>Category 27.</b>	<b>Trying to break out of a vicious circle.</b>
<b>Definition</b>	Victims are afraid of drinking for themselves even if the drinking is casual.
<b>Labels</b>	<p>Careful of drinking alcohol.</p> <p>Controlling myself strictly in terms of drinking alcohol.</p> <p>Attempting to communicate with my boy friend drinking excessively.</p> <p>Bursting into anger to my boy friend drinking excessively.</p> <p>Dealing with my boy friend drinking excessively in a different way from that my mom has been dealt with my dad who got drunk.</p> <p>Disliking a drinking alcohol.</p> <p>Trying to improve myself who has the same tendency and habit as my dad.</p> <p>Receiving counseling to cut drinking.</p> <p>Reading books on psychology and researching about this area.</p> <p>Making greater efforts not to become a person like my dad.</p> <p>Deciding to break off a vicious circle.</p>
<b>Category 28.</b>	<b>Adopting him as my anti-role model.</b>
<b>Definition</b>	The victims adopt their fathers and families as their anti-role model, and expect to live differently or opposite.
<b>Labels</b>	<p>Hoping to provide my kid a good life different from that I have had.</p> <p>Hoping to be a good parental model for my kids.</p> <p>Expecting to be a responsible parent.</p> <p>Eager to love my kid.</p> <p>Adopting my parents as anti-role model.</p> <p>Wanting to discipline my kid to respect his dad.</p> <p>Wanting to share much time with my kids.</p>
<b>Category 29.</b>	<b>Hating whatever brings up the memories of him.</b>
<b>Definition</b>	They feel uncomfortable when they encounter someone or situations that reminds of their fathers.

<b>Labels</b>	<p>Whenever I meet any man who reminds me of my dad, I am disheartened.</p> <p>Feeling uncomfortable when I met my boy friend's dad.</p> <p>It makes me sick to see my husband drink alcohol.</p> <p>Wanting to avoid those who spend hours drinking alcohol.</p> <p>My husband drinking alcohol reminds me of my dad.</p> <p>Feeling a sense of anxiety when I see a violent tendency to my husband.</p> <p>What my husband sighs and scowls offends me.</p>
<b>Category 30.</b>	<b>Hiding my shameful secret.</b>
<b>Definition</b>	They tried to hide their personal and family stories from their society.
<b>Labels</b>	<p>Keeping my family environment hidden from other people.</p> <p>Ashamed of my dad seeing my husband.</p> <p>Not revealing information about my dad to my husband.</p> <p>Wanting that my kids would never see their grandfather, my dad.</p> <p>Not telling my friends about my dad.</p> <p>Accepting as a pity for me the kindness that my friends show to me.</p> <p>Fearing that people would know about my family background.</p> <p>Disliking taking my friends to my place.</p> <p>Fearing that people would hear and know about the alcohol problem that my dad has had.</p> <p>Considering my self-image more important.</p> <p>All my family does not talk about my dad's alcohol habit.</p> <p>Keeping my awful family history not mentioned.</p> <p>Keeping my awful family history hidden from my friends.</p> <p>Having no confidence of talking openly about my family history.</p> <p>Keeping a secret of my family background.</p>
<b>Category 31.</b>	<b>I don't have "A Father."</b>
<b>Definition</b>	The fathers' incapability to do his role made victims feel that they did not have a father like others. They were socially stigmatized and shameful because of father's absence. They constantly compared their situations with other families and feel envious.
<b>Labels</b>	Fearing that I might be socially stigmatized by the absence of my dad.

	<p>Feeling heartbroken that I might be socially stigmatized by the absence of my dad.</p> <p>I also want to have a (normal) dad.</p> <p>I also want to have a (normal) biological dad.</p> <p>Feeling ashamed of the absence of my dad.</p> <p>Feeling ashamed of my mom working (takes financial responsibility of household).</p> <p>Hoping to have a complete family by my dad discharging from a mental clinic.</p> <p>Looked forward to seeing a complete family.</p> <p>My mom cannot take over all responsibility that my dad should carry out, in place of him.</p> <p>My dad did not play a role that he ought to carry out as a family head.</p> <p>My mom has taken over responsibility that my dad ought to take.</p> <p>Spending no hours with my dad.</p> <p>Hoping that I will spend useful times with my dad.</p> <p>Envy other (normal) family.</p> <p>In my youth, My dad has always been drinking alcohol.</p> <p>All my family except for my dad is trying to gather together.</p> <p>Envy of the families of my friends.</p> <p>Envy of the fathers of my friends.</p>
<b>Category 32.</b>	<b>Blocking him from my life as much as I can.</b>
<b>Definition</b>	Victims tried to have minimum interactions with their fathers. Thus the relationship with their fathers became very formal. This behavior derived from not wanting to have another conflict with their fathers with extra conversations or actions that could potentially create another drinking situations.
<b>Labels</b>	<p>Doing nothing but basic things I ought to do for my dad.</p> <p>Living apart from him,</p> <p>Leading my life by trying to keep a distance from him as much as I can.</p> <p>Refusing to acknowledge my dad as one of the family members.</p> <p>Avoiding making interactions with him.</p> <p>Keeping a physical distance from him.</p>

	<p>Making no interactions with him.</p> <p>Find shelter right to escape from him.</p> <p>Not personally contacting him.</p> <p>Keeping a physical distance from the dad once he got drunk.</p> <p>Trying to avoid my drunken dad, as much as I can.</p> <p>Developing the defensive mechanisms within me.</p> <p>Avoiding contacting him.</p> <p>Keeping a distance from him.</p> <p>Regarding him as a member of other family.</p> <p>Thinking objectively to keep him a distance.</p> <p>Planning to give nothing but just minimum support fees to my dad.</p> <p>Not caring if both my parents quarrel.</p> <p>(When dad showing up,) Getting into my room with the light off.</p> <p>Avoiding the drunken dad.</p> <p>Staying in a library till late night.</p> <p>Trying not to see my dad.</p> <p>Avoiding my dad until he went to bed.</p> <p>Pretending that I was falling asleep.</p> <p>Avoiding contacting him.</p> <p>Giving only allowance to him.</p> <p>Providing only side dishes (food) to him.</p> <p>Refusing to talk with him.</p> <p>Doing nothing but the most basic things I ought to do for him.</p> <p>I pretend that I lie asleep when time came for him to come back home.</p> <p>Refusing to talk with my dad.</p> <p>Getting into my room.</p> <p>Not looking at the drunken dad.</p> <p>Not visiting him.</p> <p>Not going home on this and that pretext.</p> <p>Not provide my personal information to him.</p>
<b>Category 33.</b>	<b>Hoping to go separate ways.</b>

<b>Definition</b>	Since their fathers were incapable and causing problems as mentioned above, the victims were desperate to live independently or without him. They also expect their family members to live their each individual life without caring about their fathers. The victims started to emotionally and physically exclude their fathers from their family members and hoped for better life.
<b>Labels</b>	<p>Expecting that my mom can live her own life.</p> <p>Not wanting me to be disturbed by my dad.</p> <p>Asking my mom to divorce him.</p> <p>Urging my mom to separate with him.</p> <p>Hoping all my family lives his independent life without caring about him.</p>
<b>Category 34.</b>	<b>Reality of being tied up with him.</b>
<b>Definition</b>	The victims realized that their father was so much connected to the victims life; however, in terrible way. Completely getting rid of their fathers was not as easy as they thought.
<b>Labels</b>	<p>Seems to be realistically impossible to cut him from my life.</p> <p>Spending everyday just standing it (and cannot escape from him).</p> <p>Still he is my center of concern.</p> <p>When my family called me, the first thing I did was to worry about what something would happen to them due to my dad.</p> <p>(Even though I did not want,) Consistently getting the information from my mom about my family circumstances</p> <p>(Even though I did not want,) Consistently getting the Information from my family about my dad.</p> <p>Still visiting my family because I wonder if how all my family was doing.</p> <p>Hoping to sever the blood ties with my dad and perceiving it is impossible to do.</p> <p>Having an obligation to bear a heavy burden from my dad.</p> <p>Failing to be completely isolated from him.</p> <p>(Living independently in isolation from my dad, but) he remains a great burden to me.</p> <p>Having difficulties completely breaking off all the contacts with my dad who has hurt me, because I am concerned about him.</p>

	<p>Still being worried about my drunken dad.</p> <p>Requesting my family to take care of him.</p> <p>Impossible to break off the blood ties with my dad, because I still care about him.</p> <p>Fearing that he might be falling dead if I leave him neglected.</p> <p>Worried that he would completely wreck himself if I turn back from him.</p>
<b>Category 35.</b>	<b>Carrying the burden of the father and the family.</b>
<b>Definition</b>	The victims take the heavy responsibility of their family and their incapable fathers. For instance, from young ages, some victims financially support their parents. Also, since they thought that there was no one to undertake the father, so the victims did a job of their own accord.
<b>Labels</b>	<p>Believing that I can take responsibility for my dad and family.</p> <p>Worried that there is no one to take care of him after I live Independently.</p> <p>Supposing that nobody but I can help my dad.</p> <p>Not wanting my mom to take care of him, (so I take the responsibility).</p> <p>Wanting my mom to share her great burdens from my dad with all my family.</p> <p>Carrying the heavy burdens from my dad.</p> <p>Out of my family members, I take responsibility for my dad.</p> <p>Planning to support my parents.</p> <p>(Since I have lived my life bearing the burdens from my parents for a long time,)</p> <p>Accustomed to bearing the burdens from my parents.</p> <p>Accepting it as natural to carry burdens from my parents.</p> <p>Taking over responsibility for all my family events in pace of my parents.</p> <p>Planning to lead my parents' life and my personal life, at a time.</p> <p>Perceiving that I should support my dad. .</p> <p>Wanting to carry out roles and obligations that as his kid, I should do.</p> <p>There is no one of my family members but I to take care of my dad.</p> <p>Taking care of my dad.</p> <p>Feeling heartbroken at what I have nothing to do for him.</p> <p>Taking over the responsibility for domestic economy.</p> <p>Planning to repay debts that my parents have been plunged into.</p> <p>Planning to provide financial supports for my parents.</p>

	Adjusted myself to bearing burdens from my parents. Taking no very seriously burdens from my parents.
<b>Category 36.</b>	<b>Being a troubleshooter.</b>
<b>Definition</b>	The victims have been in middle of all the problems derived from their alcoholic fathers, such as reconciling a quarrel between the parents. It has been always a duty for the victims to keep the balance within the family.
<b>Labels</b>	<p>Playing a role as a mediator between both my parents when they were quarrelling with each other due to my dad's alcohol drinking.</p> <p>Remaining as a mediator between both my parents even after my independence.</p> <p>Trying to stop my parents from quarrelling.</p> <p>Trying to stop my parents from quarrelling, as much as I can.</p> <p>Mediating between both my parents quarrelling.</p> <p>I have gone bringing my drunken dad, in place of my mom.</p> <p>I apologize to local neighbors for my dad's drinking habit.</p> <p>Criticizing for my dad's drinking habit to him.</p> <p>Persuading my dad to quit drinking, as much as I can.</p> <p>My mom ordered me to stop him from drinking.</p> <p>Taking over the responsibility to stop him from drinking.</p> <p>Playing a role as a mediator between both my parents.</p> <p>Mediating the family circumstances based on information I have got from my mom.</p> <p>Involved in quarrelling between both my parents.</p> <p>(Whenever I saw the drunken dad act violently,) I tried to stop him from doing like that.</p> <p>Playing a mediator between both my parents quarrelling owing to his drinking habit.</p> <p>Bursting into tears in the middle of mediating between both my parents.</p> <p>Telling my both parents not to quarrel.</p> <p>Carrying out a role as a mediator between both my parents quarrelling due to my dad's drinking habit.</p>
<b>Category 37.</b>	<b>Waiting to be independent.</b>

<b>Definition</b>	They wait to have an authoritative status within the family by marriage or having a husband (especially in females), or have a financial independency (especially in males).
<b>Labels</b>	Waiting to be powered to try to improve the situation. Expecting to marry. Expecting to live independently. Waiting and seeing the situations. Waiting for me to live economically independent life. (Yet, having no economic capacity,) Waiting for me to develop an economic capacity.
<b>Category 38.</b>	<b>Worrying about my family.</b>
<b>Definition</b>	They worry about their family somewhat disorganized by their father's alcohol problem. Especially their worry about other family members (mother and siblings) wellbeing.
<b>Labels</b>	Feeling heartbroken at my family members who have been staying with my dad after I achieve independence. Feeling sorry to my family for that I alone can live apart from him. Fearing that my family would be broken due to my dad's drinking habit. Planning to reunite my broken family. Hoping to build the bridge between my broken families. Worried about my family financial status. Always concerned about my family suffering from my dad's drinking habit. Caring about how my family was doing, due to my dad's drinking habit. Hoping to reorganize my family. Wanting to help my family who has been badly affected from my dad. Worried that my dad is too incompetent to address the family financial problems. Protecting my family. Helping my family perceive about my dad. Taking care of my dad for the rest of family members. Wanting to help my family who had been badly affected by my dad. Trying to protect the family from my dad.

	Educating my young sibling about my dad's alcohol problem.
<b>Category 39.</b>	<b>Feeling like I am behind my peers; thus, working harder.</b>
<b>Definition</b>	The victims feel like they are few steps behind their peers because they think their father's alcoholism slowed them down. So they try their best to catch up with others.
<b>Labels</b>	<p>Do my best to keep up with my peers.</p> <p>Trying to express my thoughts and feelings (to overcome my low self-esteem).</p> <p>Feeling that I should work myself into eliminating bad influences and consequences of my dad on me.</p> <p>Taking part in extracurricular activities.</p> <p>Determined to live an entirely different life from the life that I have lived so far.</p> <p>Making up my mind to try to do anything I can to, right now.</p> <p>Wanting to do something good that I have not done.</p>
<b>Category 40.</b>	<b>Feeling responsibility toward my pitiful mother.</b>
<b>Definition</b>	They feel more responsibility toward their mothers who are also a direct victim of father's alcoholism.
<b>Labels</b>	<p>Feeling an urge to rescue my mom out of the dad.</p> <p>Perceiving a sense of responsibility to protect my mom.</p> <p>It is my obligation to protect my mom.</p> <p>Worried about my mom.</p> <p>Feeling heartbroken not to have protected my mom.</p> <p>Having hard times not staying with my mom suffering from violence from him.</p> <p>It makes me feel very uncomfortable that my mom has had tough times.</p> <p>Eager to protect my mom.</p> <p>Thinking though ways for me to protect my mom.</p> <p>Wanting to be like a friend with my mom.</p> <p>Failing to protect my mom.</p> <p>Taking sides with my mom and hang tough to dad.</p> <p>Thinking that my mom is the victim.</p> <p>Fearing that how my family is doing without me, because of my feeble mom.</p> <p>Worried that there is no one of my family members to protect mom.</p>

	Heartbroken to have seen her have tough times. I have been developed a mature daughter for my mom who has to be protected.
<b>Category 41.</b>	<b>It was my mom who protected me.</b>
<b>Definition</b>	Victims' mothers protected their kids from their alcoholic husbands.
<b>Labels</b>	My mom has prevented my dad from coming to me. (When I felt frustrated due to my dad) My mom helped me overcome my sense of frustration. She has prevented me from being scolded from my dad by deliberately scolding me even more. She has told me to get into my room when dad is drunk. My mom has been mediating between my dad and me.
<b>Category 42.</b>	<b>Accepting my dad as he is.</b>
<b>Definition</b>	The victims start to slowly open their mind to think of their fathers positively and to approach them as they are.
<b>Labels</b>	My perception I had toward my dad has been changed. Trying to have times with my dad. Trying to communicate with him. Hoping to establish close ties with my dad. Hoping to reassure him. Just trying to empty my mind. Trying to think of my dad in a positive way. Trying to be nice to him. Writing him a letter saying "Yes, I understand you, dad!" Being open-minded to my dad. Opening my mind to start to communicate with him. Hoping to reassure him. I served a meal for him. I tried to talk to him. I did not stop my dad from drinking alcohol. Hoping to get well along with him, as much as possible. Maintaining good relationships with my dad.

<b>Category 43.</b>	<b>Perceiving that he is changing.</b>
<b>Definition</b>	The victims feel that fathers' drinking and behaviors are positively improving.
<b>Labels</b>	<p>Finding that he is trying to improve himself.</p> <p>Feeling keenly that my dad has been trying to get along with my family.</p> <p>Feeling acutely that he has been trying to control himself.</p> <p>Perceiving that he has been trying to talk with my family.</p> <p>Perceiving that he has been changed.</p> <p>His drinking habit has been improved.</p> <p>He has been drinking less compared with in the past.</p> <p>The old dad has been changed.</p>
<b>Category 44.</b>	<b>Feeling a pity for him.</b>
<b>Definition</b>	The victims feel a pity on their fathers.
<b>Labels</b>	<p>I might feel sad if my dad's health is failing.</p> <p>Heartbroken by my dad.</p> <p>Feeling sorry to my dad.</p> <p>When he got drunk, I hate him but I feel a pity on him when he is sober.</p> <p>Concerned about his poor health.</p> <p>Feeling a pity, when I perceive he is aged now.</p> <p>Feeling regrettable of having been angry with him.</p> <p>Worried about him.</p> <p>Feeling a pity on my dad who has turned back from all my family due to his drinking habit.</p> <p>Heartbroken by my dad who has had no will to receive addiction therapy.</p> <p>Aware that my dad is left neglected who has not received therapy owing to the poverty.</p> <p>Feeling an ambivalent feeling for him.</p> <p>Feeling sorrowful for him.</p> <p>Feeling a pity on him.</p> <p>Heartbroken by my old dad.</p> <p>Feeling a pity on my dad drinking.</p> <p>Feeling that he is lonely.</p>

	<p>Feeling sorrowful for my dad who has supported my family but has not been appreciated by all the family members due to his drinking habit.</p> <p>Feeling a pity on my dad who has been turned back from all my family.</p>
<b>Category 45.</b>	<b>Hoping dad to keep his authority as a family head.</b>
<b>Definition</b>	Although their father has had issues with alcohol, the victims dislike that his drinking problem leads to their father's losing his authority as a family head.
<b>Labels</b>	<p>Hoping that my dad, a family head, has not been living improperly.</p> <p>Hoping that all my family will not turn back from my dad.</p> <p>Hoping that my dad, a family head, will not losing his authority.</p> <p>Hoping that all my family will not avoid contacting him.</p> <p>Hoping that all my family is not looking down on my dad.</p> <p>Scolded my younger siblings for ignoring my dad.</p> <p>Trying to be nice to my dad as a daughter.</p> <p>My mom has always been thinking little of my dad.</p> <p>I hate that mom has looking down on him.</p> <p>I am not found of my dad who has stayed home without getting to work (without undertaking social activities.)</p> <p>I am sad whenever he, as a family head, was suffering from pains.</p> <p>Scolded my younger siblings for saying harshly and rude to my dad.</p> <p>Aware that my dad deserves respect that all human beings have to show to elders.</p> <p>Deeply grieved by my dad who was losing his authority.</p>
<b>Category 46.</b>	<b>Understanding on his side of drinking.</b>
<b>Definition</b>	The victims begin to understand what triggered their fathers' drinking habits. For instance, they learned that their fathers were also the victims of parental alcoholism and had suffered from psychological problems, such as stress and loneliness.
<b>Labels</b>	<p>Understanding that my dad was also a victim.</p> <p>Understanding that my dad was hurt.</p> <p>Realizing that my dad has much difficulty quitting drinking.</p> <p>Discovering that my dad has the family history of alcoholism.</p>

	<p>Understanding that long alcohol use forces him not to quit drinking.</p> <p>Understanding that he has been drinking alcohol to overcome his sense of loneliness.</p> <p>Understanding the situation in which my dad has been faced.</p> <p>He has not found someone or somewhere right to get his mind off stress but alcohol.</p> <p>Understanding why he has been drinking alcohol.</p> <p>Identifying that he was raised under a dark family environment in his youth.</p> <p>Discovering that alcohol addiction is a kind of mental disease.</p> <p>Discovering that alcohol addiction results from genetic predispositions.</p> <p>Understanding the situation in which has made him drink alcohol.</p> <p>Understanding that he had had hard times.</p> <p>Understanding that he had faced difficult situations.</p> <p>Identifying that my dad, as a family head, had undergone so much hardship that he is indulged in alcohol.</p> <p>Noticing that nothing but liquor has offered pleasure in him.</p> <p>Understands that it is difficult for him to quit drinking due to his long drinking habit.</p>
<b>Category 47.</b>	<b>Nonetheless, he is still my dad.</b>
<b>Definition</b>	Despite of traumatic memories of their fathers, the victims somehow feel grateful for him. The victims still believe that their fathers love them even though he has had issues with alcoholism.
<b>Labels</b>	<p>My dad loves and cares about all my family.</p> <p>I know that my dad loves me.</p> <p>My dad has done many things for me.</p> <p>Feeling grateful to him for having raising me.</p> <p>Feeling like returning his love for me.</p> <p>He is a man to whom I feel grateful, somehow.</p> <p>Feeling grateful for both my parents who have raised me.</p> <p>Maintaining good relationships with my dad.</p> <p>He s a nice man except for that he drinks like a fish.</p>

	<p>Whether I like or dislike him, he is certainly my biological dad who gave birth to me.</p> <p>Nonetheless, he is still my dad.</p>
<b>Category 48.</b>	<b>Feeling a mental barrier between us.</b>
<b>Definition</b>	<p>Since the emotions they with their fathers are not pleasant, the victims still are not completely comfortable being with their fathers. It is still difficult to make up the mood between them.</p>
<b>Labels</b>	<p>There has been no life to share with him.</p> <p>Discovering that there is a mental barrier between my dad and me.</p> <p>His image still makes me in fear.</p> <p>Finding it difficult to approach him.</p> <p>Trembling out of fear whenever I see my dad.</p> <p>Having difficulties maintaining good relationships with him.</p> <p>Rarely talked with my dad.</p> <p>Avoiding my dad somehow.</p> <p>Having difficulties taking liberty with my dad.</p> <p>Feeling uncomfortable of my dad.</p> <p>Finding it difficult to approach him.</p> <p>All that my dad has done was to drink alcohol.</p> <p>Communicating with my dad has been stopped.</p> <p>(Don't know why but) Cannot talk with him.</p> <p>When my dad is staying at home, all my family is reluctant to talk.</p> <p>(Know that it is necessary to get well along with my dad, but) find it hard to do so as I have decided to do so.</p> <p>(Don't know why but) Keeping a distance from him.</p> <p>Failing to be open-minded to him.</p> <p>(Don't know why but) Feeling a burden from him.</p> <p>The bitter experiences I had in my youth arouse me to be more acquainted with him.</p> <p>My dad and I are in less close relationships compared with other family's dad and son relationships.</p>

	<p>Dislike staying with my dad alone.</p> <p>I have never talked with my dad.</p> <p>All my family members except for my dad have been talking with one another.</p> <p>Making no interactions with my dad.</p> <p>I am choked whenever I stay in the same place with my dad.</p> <p>Some troubles happen by staying with him.</p>
<b>Category 49.</b>	<b>Realizing the scars in my heart.</b>
<b>Definition</b>	The victims realize that they have been permanently traumatized due to fathers' alcoholism.
<b>Labels</b>	<p>Realizing that I still have trauma that I developed in my youth.</p> <p>Discovering myself that I still have problems I had in the past.</p> <p>Failing to live faithfully in this present time.</p> <p>Obsessed with the past.</p> <p>I struggled not to be obsessed with the past but in vain.</p> <p>Failing to lead my individual life.</p> <p>I have been hurt up to now.</p> <p>Finding that I have been mentally hurt.</p> <p>My dad's drinking habit has hurt my feelings.</p> <p>Aware that I have had trauma (scars) in my heart.</p> <p>Raised being hurt.</p> <p>Feeling a greater pity on me than my dad.</p> <p>My past experiences have remained trauma within me.</p> <p>I have had hard times.</p>
<b>Category 50.</b>	<b>Seeking a comfort for myself.</b>
<b>Definition</b>	Victims try to find their own ways to be in a comfortable mind state.
<b>Labels</b>	<p>Visiting a counseling center.</p> <p>Making efforts to cure myself.</p> <p>Making efforts to view things in a positive light.</p> <p>Making efforts to think of myself in a positive way.</p> <p>Providing comfort to myself.</p> <p>Attempting to overcome my sense of depression.</p>

	Struggling to go on living.
<b>Category 51.</b>	<b>Bearing the fruit.</b>
<b>Definition</b>	The result of their efforts to cure and comfort themselves is relieving. The victims start to feel confident and comfortable to move on. They also could perceive it was not their fault and they were not wrong.
<b>Labels</b>	Perceiving that I was not wrong. Overcoming my difficulty in maintaining the interpersonal relationships. My efforts bear the fruit. Feeling proud of myself.
<b>Category 52.</b>	<b>Starting out my own life.</b>
<b>Definition</b>	The victims show the confidence to live for their own happy lives.
<b>Labels</b>	Trying to start out on my own. Thinking deeply of my sense of happiness I should pursue. Planning to rebuild my constructive life. Considering my own family (my own life) more important. Eager to reassure someone by my individual experience. Feeling myself that I am mature enough to understand and embrace hurt feelings that other people had.

Q. Audit trails: Research steps.

Date	Flyer distributed/ Uploaded	Interviewing	Transcribing	Open coding	Peer debriefing	Translation (Korean to English)	Axial Coding	Member Checking	Model Refinement
7.24.2014	Started								
8.4		Started	Started	Started					
10.1					Started				
10.12		Completed (Interviewed 20 participants)							
10.14			Completed	Completed					
10.21					Completed (Finalized 52 categories)	Started			
10.26						Completed			
10.27							Started		
11.22								Member checking with participant A102	Started
11.23							Completed	Member checking with participant A105	Completed