

Experiences of Overcoming Alcoholism in Alcoholics' Female Spouses Using Al-Anon

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Purpose: The aim of this study is to investigate and elucidate actual experiences of alcoholics' spouses using familial social gatherings. **Methods:** A total of nine women whose alcoholic husbands were attending Al-Anon meetings held in Y Cathedral in S District of Seoul were included in this study. Data collection of this study was conducted through in-depth interviews with participants from September 24 to November 30, 2015. Data analysis was conducted at the same time as the data collection, and analysis was performed according to the method suggested by Colaizzi(1978). **Results:** We categorized the participants' experiences into five themes including 'Trapped in a Deep Dark Tunnel', 'Life of Walking in an Endless Tunnel', 'Reaching a Dead End', 'Walking towards a Ray of Light', 'Finding Oneself on a Strange Path'. **Conclusion:** The results of this study provide an understanding of the essential structure of the life experiences of alcoholic spouses using familial social gatherings.

Key Words: Alcoholics, Spouses, Life, Alcoholics Anonymous

INTRODUCTION

1. Background

Korean society has an exceptionally tolerant culture about drinking and this tolerant attitude towards drinking has naturally permeated every part of society. In particular, the social atmosphere that encourages drinking alcohol provides an opportunity and environment for anyone to easily drink alcohol [1]. Korean society regards drinking as a personal ability and has a unique culture of recommending alcohol as an important mediator of interpersonal relationships and forming or maintaining relationships through drinking together [2]. The majority of Koreans prefer to drink with others rather than drinking alone, and think that the drinking culture plays an important role in enhancing social communication and increasing group cohesion [3]. These social characteristics

are associated with a permissive attitude toward excessive drinking, and the drinking rate of adults has increased year by year in a tolerant culture toward drinking. According to the data of 2014 Community Health Survey, the monthly drinking rate rose to 60.8% in 2013 compared with 54.1% in 2008, and the lifetime drinking rate also increased by 11.3% from 77.0% to 88.3% over the same period. The age of starting alcohol consumption also decreased from 21.7 years in 2008 to 20.9 years in 2014, showing a decrease of 0.8 year [4]. In 2010, the alcohol consumption per capita of the population aged 15 years and older in Korea increased from 8.9 liters in 2010 to 9.0 liters in 2015, which is significantly higher than 7.2 liters in Japan and 6.7 liters in China. According to WHO's Global Status Report on Alcohol and Health, Korea was ranked 15th among the 190 countries surveyed in a survey of alcohol consumption per capita per year, and ranked highest among Asian countries [6]. Excessive alcohol consump-

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tion causes a variety of physical and mental illnesses and social and economic problems.

Alcohol use disorder is a mental illness that causes social and occupational impairment due to excessive drinking, which is different from general alcohol consumption. Alcohol use disorder is a serious mental disorder in which withdrawal, tolerance, or craving for alcohol manifest as a variety of physiological, behavioral, and cognitive symptoms, resulting in an individual's physical, mental, and social dysfunction [5]. According to the Epidemiological Survey of Mental Disorders in Korea conducted by the Ministry of Health and Welfare in 2016, the prevalence rate of alcohol use disorder was 3.5%, and 1.39 million adults aged 18 years and older suffered from alcohol use disorder in the past year. More than 12% of them are estimated to be alcoholics, and the number of problem drinkers is estimated to be more than six million. In terms of crime patterns in Korea in 2012, the rate of crimes occurring under the influence of alcohol was about 25%, and it was about 16% excluding traffic accidents such as drunken driving. Approximately 30~50% of violent crimes such as murder, robbery and violent crimes involving violence acts such as injury and assault took place under the influence of alcohol [7]. This indicates that the problem of drinking is a matter of social concern beyond the issue of personal tastes [8], and that excessive drinking not only poses a threat to personal health but also gives rise to a potential threat of domestic violence.

Alcoholism is a family disease that not only damages the physical and mental health and socioeconomic and legal functions of alcoholics but also severely affects the functions and roles of family members such as the spouse and children living together [9,10]. Especially, the spouses of alcoholics become isolated among family members and experience emotional confusion due to the shame and embarrassment associated with excessive alcohol consumption by alcoholics [11]. The concept of psychiatric co-dependency as a result of routine interactions with alcoholics was introduced in the field of alcoholism treatment in 1979. Co-dependency has long been known to be a phenomenon where alcoholics' spouses have difficulty living their own lives independently as a result of living a life focused solely on husbands' alcohol problems for a long time, and they respond sensitively only to the needs and demands of their husbands [12]. Since the emergence of the concept of co-dependence in the field of alcoholism treatment, the paradigm of studies of alcoholics' spouses has been connected to co-dependence. Recent qualitative researches dealt with the experiences of alcoholics' spouses who have experienced a group therapy program [13], the experience

of the psychodrama on the wife of an alcoholic [14], and the experience of social support of the spouses of alcoholics [15]. Studies which directly explored their lives presented inquiries into alcoholics' spouses' experience of recovery from co-dependence [16], the experience of shame of alcoholics' spouses [17], and the experience of the life of the spouse of a recovering alcoholic [18].

These studies either dealt with the recovery of alcoholics' spouses through specific programs or were focused on the wound and co-dependency of female spouses of alcoholics, or the role of the wife as a person helping the husband's alcohol dependency treatment. Thus, they were studying alcoholics' spouses from the pathological perspective of co-dependency rather than viewing them as independent beings. Although it is also important for female spouses of alcoholics to help their husbands to cope with alcoholism, it is considered very important for their recovery to elucidate how alcoholism influences their life and reveal positive factors related to how they manage to overcome difficulties in their life as women through an in-depth study that focuses on the unique experiences of female spouses as independent human beings separate from their husbands.

Therefore, this study aimed to investigate and analyze the life processes of alcoholics' female spouses independently, clarify the aspects of external problems, and identify important internal factors in their coping with difficulties in their life in order to provide basic data for development of nursing interventions to solve their psychological conflicts, relieve their emotional pain, and help their emotional growth.

2. Purpose

The purpose of this study was to give an understanding of diverse experiences of the wives of alcoholic husbands and provide information on the coping process of alcohol addicts' spouses through their meaningful statements. Through this research, we intended to provide the data to be used as a basis for development of nursing interventions for not only alcoholics but also their spouses. The research question was "What is the essential nature of the experience as the spouse of an alcoholic?"

METHODS

1. Study Design

The aim of this study was to investigate and elucidate the actual experiences of alcoholics' spouses using family

social gatherings. Therefore, we conducted this study by the phenomenological research method to understand the meaning and essential nature of their experiences and clarify meaning structures.

2. Participants

In the present study, participants were women whose husband had been diagnosed with alcoholism and admitted to a medical institution for treatment, or was currently being treated for alcoholism, and who had been participating in Al-Anon meetings for at least six months, could communicate, and voluntarily agreed to the purpose of this study. A total of nine women whose alcoholic husbands were attending Al-Anon meetings held in Y Cathedral in S District of Seoul were included in this study.

3. Data Collection and Analysis

Data collection of this study was conducted through in-depth interviews with participants from September 24 to November 30, 2015. The interview was conducted about 3~5 times for each subject. The duration of one interview varied from a minimum of 1 hour and 15 minutes to a maximum of 3 hours. The average interview time per person was 1 hour and 50 minutes. In-depth interviews were used to better understand the participants' experiences. The participants were asked open-ended questions about their experience of living with their alcoholic husbands. In order to prevent the omission of data, each interview was recorded with the consent of the participant, and the recorded contents were transcribed. In addition to the contents of conversations with participants during the interviews, field notes were written to record participants' non-verbal expressions or their statements and responses made after interviews to supplement the interview contents. The interviews proceeded until data were saturated and no new statements could be obtained from each participant.

In this study, data analysis was conducted at the same time as data collection, and analysis was performed according to the method suggested by Colaizzi [19]. Colaizzi [19] proposed an analysis method focused on deriving the common attributes of all research participants rather than individual attributes. Based on such analysis, meanings are formulated by making daily and abstract statements, they are categorized through meaning formulation, and thereby the essential structure of experience is described [19]. It is also a way to verify whether the contextual meanings of the spouses' experiences have not been distorted

through participants' confirmation of the essential structure and validity of their experiences.

At first, attempts to understand the overall feelings of their experiences were made by listening to audio recordings and reading transcripts and written records of actual interviews with the participants repeatedly many times remembering the situations during the interviews. Then, through phenomenological reflection, meanings were explored by underlining the parts considered meaningful, and meaningful statements which were judged to be emphasized or repeatedly stated were extracted. Then, formulated meanings were derived from meaningful statements. In the process of deriving formulated meanings, participants' actual expressions were used to discover and describe the hidden meanings without distorting the meanings of the contents stated by participants. In the course of categorizing formulated meanings into themes and theme clusters, the theme categories were carefully examined and reviewed to verify that they coincide with and are consistent with the contexts of the original data, and they were examined repeatedly through continuous consideration of possible questions about themes. In addition, the researcher consulted the thesis advisor with a rich experience in qualitative research in relation to this process. In addition, analyzed data were integrated according to the themes and described in terms of common aspects. The common elements of the phenomenon of experiences of women with alcoholic husbands using the previously identified Al-Anon meetings were integrated and categorized, and the essential structure was described. Finally, in order to confirm the validity of the stated essential structure, we checked with the participants about whether meaning statements coincide with their experiences. In order to secure the reliability of the research, the contents of recorded data were reexamined by transcribing them, and ambiguous or uncertain parts were confirmed through the process of sharing and discussing them with the participants.

4. Ethical Considerations

This study was approved by the IRB of Hanyang University (Approval No.: HYI-15-124-3). To protect the ethical aspects of the participants, we provided them with explanations about the purpose and methods of the study, and informed them that interviews with them would be recorded before proceeding with interviews, and only the participants who agreed to participate and signed the consent form were included in the study. In addition, we informed the participants that their personal information would not be used for purposes other than research, and

Table 1. Experience of Overcoming Alcoholism in Alcoholics' Female Spouses Using Al-Anon

Theme cluster	Theme
Trapped in a deep dark tunnel	Days of fear and horror Anger and resent against the husband Sexual conflicts in marriage Feeling sorry for the absence of the role of the father The heavy burden of supporting the family
Life of walking in an endless tunnel	The home not serving as a shelter, and the mother emphasizing only being strong and right Shame toward one's parents and siblings and alienation from the husband's family Families isolated from neighbors and society
Reaching a dead end	Running away from home In a dilemma of being unable to neither stay nor divorce
Walking towards a ray of light	Alcoholism recognized as a disease Families seeking the help of medical institutions Encounter with al-anon meetings
Finding oneself on a strange path	Finding myself undisturbed by the husband's drinking Restoring one's whole life

that the data would be anonymized by identifying information with initials. To protect the rights of participants, we informed them in advance that they could withdraw from the interview at any time if they wanted, and that we might omit some of the contents after recording interviews. We also explained that personal information would be collected to a minimum and the data would be discarded when the study was finished. Each of the participants who voluntarily agreed to participate in the study was asked to complete the informed consent form in duplicate, and both the participant and the researcher signed it and kept one copy each.

RESULTS

In this study, we extracted significant statements by selecting meaningful sentences or phrases related to the phenomenon of experiences of the spouses of alcoholics using Al-Anon meetings. Formulated meanings were derived from the significant statements, and they were categorized into themes and theme clusters. As a result of the analysis, 278 significant statements, 5 theme clusters, and 15 themes were derived from the experiences of the spouses of alcoholics participating in Al-Anon meetings as shown in Table 1.

1. Trapped in a Deep Dark Tunnel

1) Days of fear and horror

Most of spouses of alcoholics receive emotional shock and suffering and exhibit responses to such experiences.

These changes in the emotional state is one of the most sensitive and rapid manifestations of the experiences of wives of alcoholics. The most common and frequently observed emotional states were anger, anxiety, fear, and horror, and the main causes of anxiety were fear about violence and disorderly behavior while drunk.

Even my husband's staggering footsteps or even the sound of his climbing up the stairs agitates me. As soon as I hear his drunken voice, I get angry in spite of myself. If my husband doesn't come home past the time he usually does, my heart is pounding. I think that he'd come home drunk again and another horrible night would begin. I fearfully wonder how long he'll smash things and beat me today. I get to think of all the horrible things. (Participant 7)

2) Anger and resent against the husband

Spouses of alcoholic addicts who had been exposed to repeated abuse in their life experienced communication disconnection and difficulties of emotional communication due to increasing anger and resentment about their husbands. On the surface, the relationship as a married couple was sustained, but the loss of the presence of the husband resulted in a deepening conflict, which was leading to strong exasperation.

I wondered why he was born as a human at all. Sometimes, I really felt like killing him. Whenever he got drunk and behaved in a deranged way wielding a knife, he was an evil demon itself. You could never un-

derstand what I say since you didn't go through what I did. He would say, "I'll beat you to death and kill myself." I've heard it a million times. (Participant 9)

3) Sexual conflicts in marriage

As the negative emotions for the husband deepened, sexual conflicts between husband and wife also occurred. Many of the participants refused to have a sexual relationship with their husbands and they even thought of their husband's sexual contact or attempt as repulsive.

That's why I started to separate from my husband. I hate even his smell. Whenever I refused to sleep with him, he would slap and beat me and smash and destroy things. Why I was born a woman? I felt so sad. If somebody asked me if I want to be born again, I would definitely say I don't want to. Living as a woman, I felt like I was just an animal, not a human, and I felt really disgusted. (Participant 5)

4) Feeling sorry for the absence of the role of the father

Spouses of alcoholics felt guilty, sorry, and shameful about their children who also had to experience their husband's abuse, and for this reason, they tried to play the role of the father as well for their children.

Since he came home drunk every day, he had no time to be a good father. I was really sorry about my children, so I tried to do everything I could for them. I've always been busy trying to play the role of the father as well. I've been trying to do my best, but I do not know if my children knew about that. (Participant 1)

5) The heavy burden of supporting the family

Alcoholics were found to be experiencing financial difficulties due to repeated unauthorized absenteeism and unemployment resulting from frequent drinking and spending related to alcohol consumption. In addition, because their lack of responsibility for family livelihood due to continuous excessive drinking, spouses of alcoholics were experiencing the difficulty of bearing a double burden to support their family.

How could he do his job at work properly? Normally, he works well, but if something goes wrong or he is unpleasant, he gets drunk and doesn't go to work. Who would keep hiring him? I've never lived on the money my husband earned. He would spend all the money he made drinking and smoking cigarettes. If I wrote what kinds of troubles I've had working as a

housekeeper in others' homes to raise my kids and earn their school expenses, it would become a story long enough to fill more than ten books. (Participant 7)

2. Life of Walking in an Endless Tunnel

Spouses of alcohol addicts regarded the problem of children experiencing abuse in their home along with them as their biggest concern. They were most worried about negative effects on their children's growth, although they could withstand their husband's verbal abuse, destroying things, and physical violence. Such concerns resulted in their different methods of parenting and discipline.

1) The home not serving as a shelter, and the mother emphasizing only being strong and right

A characteristic tendency in such a situation is the change of the maternal role; there was a strong tendency that the mother who is the main caregiver is trying to take on the role of the father as well when the alcoholic father cannot play the paternal role. This revealed the aspect of sacrificial maternity of the mother willing to make sacrifices for the child during the child-rearing process.

Raising my child, I always said to him, "You should not live like your father," so that he would bear it in mind, and I devoted myself to raising my child. I always insisted on the best thing for him, and tried to give him the best thing I could. I tried my best to raise him well. I always got up at dawn to prepare meals for him. (Participant 3)

They tried to fulfill their dual role and showed a tendency to focus more on their child's upbringing in order to endure the present time of suffering. It seems that a strict discipline and stubborn educational attitude resulted from the combination of the compensation mentality to get the happiness that they did not receive from the husband through the child and the maternal desire to nurture the child to live a different life from the alcoholic father.

My child says I told him no very often. When raising a child. I would often say 'Don't do it.' 'Get up early,' 'Sit upright or maintain a right posture,' 'You have to study hard not to live like me,' 'Don't look slovenly and don't do obnoxious things in front of others like your father,' 'Do not make a noise while eating a meal,' 'You should wear neat clothes and look tidy,' and so forth. I just tried to raise him to become a good and respectable person. I tried my best to raise him

well, but I guess I was too worried that my child might become a man like his father. (Participant 4).

They also expressed remorse and regret for the fact that they were unable to express their love for their children sufficiently because they were tired struggling to cope with economic hardship and were also emotionally exhausted due to the conflicts with their husband.

Since I was always busy struggling to make a living, I could not afford to do such things for my children. After I was tormented by my husband during the night, in the morning, I had to prepare the meal and pack the lunchboxes for my children to send them to school. How could I afford to do it? They say we learn the way to love watching our parents love each other, but my children never had such an opportunity. I could have told them how much I loved them more often. I'm really sorry I didn't do that when they were little kids. (Participant 3)

Participants felt guilty about their children due to the fact that their home did not play the role of their shelter and resting place, and they were worried that their father's addiction would become their secret they would want to hide and thus their fatal weakness.

When my child was over 20 years old, one day he said this to me crying. He said that although it seems he is doing well, there is a shame in his mind. He said he is different from others in a way. He said that he's been having a hard time living with a secret. I cried for a while. I felt so sad to hear it. (Participant 5)

2) Shame toward one's parents and siblings and alienation from the husband's family

Most spouses of alcoholics were largely isolated from their friends and relatives. The decrease in their self-esteem was mainly shown by comparative consciousness. It resulted from the expectations they had before their marriage and the comparison between themselves and others, neighbors, or relatives. This problem of self-esteem was found to be a factor that influences interpersonal relationships and promotes more social poverty.

My younger sister, the oldest among my younger siblings, is happily married. She and her husband really love each other. When I heard she travelled somewhere with her husband, I thought that I felt very unfortunate and unhappy compared to her, and blamed

my husband so much in my mind for that. After all, those feelings came from envy. I was really envious. These feelings affected my relationship with my sister and we gradually became distant. It was due to my inferiority complex. (Participant 4)

3) Families isolated from neighbors and society

Because of the fear of stigmatization of alcoholism, the common idea that family problems should be resolved within the family, and the tolerant drinking culture in the Korean society, they were experiencing a great deal of stress because they had to think about and make a decision about all the problems alone. As a result, it took a long and painful time for them to decide on a professional medical treatment in a medical institution.

I should have got my husband treated in a hospital earlier, but the people around me stopped me saying that I shouldn't do that. Since they didn't experience what I'd gone through while living with my husband, they didn't know or understand my situation. My husband tormented and harassed me all night. Nevertheless, people say that I would be punished if I treated my alcoholic husband so badly. They say that because my husband is a good-natured person, he just likes to drink and he's not a bad person. From their perspective, it's not a disease at all. Don't you know what they think of drinking in our society? That people usually say a man may drink and make some mistakes. (Participant 9)

3. Reaching a Dead End

As violence and drunken behavior due to alcoholism continue, they endure and put up with financial pressure and emotional pain until they are able to withstand them, and at last, they start to consider the survival strategy in frustration and despair.

1) Running away from home

Running away from home was a relatively early attempt to distance herself from her husband to protect herself and her family, and since it was a temporary escape, it was not a fundamental solution.

I left home with my little children, but we didn't have a place to go. I wanted to go to my mother and I couldn't bring myself to do it because I remembered my mom crying before. Eventually, I took the kids to a motel for the first time. When I prepared the meal

for my children in a motel room, my heart really ached. I wondered if I could escape from all the suffering and pain if I died. I thought about all sorts of things. At that time. (Participant 1).

2) In a dilemma of being unable to neither stay nor divorce

The solution chosen by spouses of alcoholics in a dead-end situation was getting a divorce, and the motives for their decision to divorce varied, but only one of the nine participants had the actual experience of being divorced and the remaining participants did not put it into practice. The most common obstacle to their divorce was the problems related to the future of their children. The negative social perception of a fatherless child and the stigmatization of a divorced woman in Korean society and the problem of child-rearing in case of leaving their children to their husbands after divorce were their major obstacles.

I went to court to get a divorce. I thought that I could escape from this horrible life if I divorced. People around me stopped me from getting a divorce, telling me that as the old saying goes, even if you died, it would be better to die in the shade of your husband. Actually, I'm scared. It might be better to have a legal husband, even though he's a good-for-nothing husband. What if they ignore me when I'm a divorced woman living alone? One of my friends got divorced. The people around her are unsympathetic and disapprovingly talk about her divorce. The fear of the negative perception of people around me stopped me from getting a divorce. I was such a fool. (Participant 4)

4. Walking towards a Ray of Light

1) Alcoholism recognized as a disease

With respect to the motivation for spouses of alcoholics to get their husbands hospitalized, as they vaguely recognized that their husband's drinking was not merely excessive consumption of alcohol but illness, they determined that hospitalization was necessary for their husbands and began to look for an proper medical institution.

Shaking hands, drooling, and urinating while drinking. He's getting more and more weird. So, I thought it's not that he simply liked drinking, but that it's a disease. One day, the police called me to the police station, and I found out that he was almost run over and killed by a car. They said he was drunk and he was found sleeping lying down on the street. Well, he

once fell down the stairs and got bloody all over the body, so he was taken to the emergency room to get the wound sutured. In the end, I started to find a medical institution to get him treated. (Participant 1)

2) Families seeking the help of medical institutions

The participants reported that it took a long time for them to come to the conclusion that their husbands' drinking is a kind of disease, and they expressed conflict, pain, and psychological difficulties they had in the process of finding a special medical institution for alcoholism treatment.

His drinking problem became really serious, so I decided to get him hospitalized. I couldn't look on anymore, and I felt I had to do something about that. I got him hospitalized because I had no choice but to. (Participant 6)

3) Encounter with Al-Anon meetings

After finding a medical institution for alcoholism treatment, they got acquainted with Al-Anon meetings through the recommendation by the institution or medical staff. When, they met people who had the same experience at the meetings, they got out of social isolation and started to open up. They gradually revealed the stories of their life, which they had been hiding for fear of the social stigma of the alcoholism family, expressed their feelings of loneliness they had felt until that moment, and found consolation in sharing their experiences and being sympathetic to each other.

I've always lived trying to hiding from people. Because I felt too ashamed. I was worried that people would point a finger at my children. I lived hiding from people for fear that people should point a finger at my children because of their alcoholic father. I wore long-sleeved clothes in the summer to hide the wound from beating by my husband, and I lived quietly like that. Since I started to come to Al-Anon meetings, I've had people to talk to and it is like taking a breather. When I come here and talk about things I can't say anywhere else, it gives me strength and energy to live for another week. (Participant 9)

I thought that only I was living a unfortunate life. I thought that I was living in this way because I had been sinful in a former life, However, when I first came here, I found out that there are many people living the same life as me. Whatever you may say here, you don't need to feel ashamed about that. When I

was a beginner, I couldn't say anything, I just listened and cried. Their life stories were so much similar to mine. Even before I hear someone else talk about her life, I could tell what she's going to say since it's all about what I went through. (Participant 1)

5. Finding Oneself on a Strange Path

Spouses of alcohol addicts were not able to live their life fully while living a difficult life suffering from changes in family relations, changes of emotional states, and economic difficulties due to their alcoholic husband, and then they experienced their own recovery along with their husband's recovery from alcoholism. These inner changes actually manifested themselves through external aspects of life. In other words, they were showing changes in the attitude toward alcoholics in internal aspects, and their statement showed that they were becoming more aggressive in the way of coping with life in external aspects.

1) Finding myself undisturbed by the husband's drinking

As they began participating in Al-Anon meetings, spouses of alcoholics began to look back on their husband's alcoholism and their lives through experience statements from other participants. They began to understand and rationally accept the characteristics of the illness as they came to have an understanding of their husband's drinking which they had not understood before. In addition, they gradually stated that their life and their family were related to their husband's drinking and were talking about their life away from their husband's drinking.

Now I think that even if my husband starts drinking again, I won't be tied down by it again, and I will continue to live my life with the kids. I want to live differently from the time when I felt frustrated and lived in fear. I participate in Al-Anon meetings to treat myself. I appreciate this time, and feel grateful to all the people who listen to what I say. (Participant 3)

2) Restoring one's whole life

Participants presented statements showing their deep insights into their lives. They thought of and stated the thoughts and things they had not been able to do because of their husband's alcoholism, and they talked about their life separated from their husband's abstinence or fear of their husband's recurrence of alcoholism.

There are so many things I want to do. So far, I've given up many things while living overwhelmed and

tied down by my husband's alcoholism. I was unable to think of anything else because I spent every night in fear. It's been five years now since I started to participate in this meeting. Now, I can reflect on my life. I never had time to spare. I had to work my fingers to the bone. Whether my husband stops drinking or not, now I can afford to remain calm and undisturbed. Now that I recognize that it's a disease about which I cannot do anything, and that only God can treat it, I get to think of my life and myself. I want to find my life now. (Participant 6)

DISCUSSION

The purpose of this study was to analyze the meanings of experiences of the spouses of alcoholics by the phenomenological research method and to discuss this phenomenon. The participants experienced frequent violence and drunken behaviour related to their husbands' alcoholism in the home, and expressed their physical and emotional distress and fear due to their husbands' alcoholism, even describing their suffering as horror. Deepening emotional conflicts with husbands were also manifested as conflicts in their sexual relationship. Many of the participants were rejecting sexual relationships with their husbands and even regarded sexual contacts as unpleasant or repulsive. Sexual activity is a very important aspect in evaluating the satisfaction with marriage life, but it has not been regarded as a problem to deal with because people generally feel awkward talking about this topic and tend to avoid discussing problems about sexuality. Disorderly behavior while drunk, violence, sexual conflicts, and divorce, which spouses of alcoholics mentioned in relation to alcoholism, were related with each other. Running away from home and divorce were considered when drunken behavior and violence were severe, and they felt humiliated by their husbands' attempt to have sexual contact and refused it. Participants commonly stated that their husbands were more likely to attempt sexual relations after drinking, which is thought to cause conflicts because spouses of alcoholics do not understand the relationship between alcohol and sexual impulse. According to the study by Cha and Kim [21], alcoholics were experiencing drinking impulse and sexual desire at the same time, and they had the expectation that alcohol drinking has a positive effect on improving sexual ability. Sexual desire or sexual life is a leading cause of negative emotions in male alcoholics [22] and is one of the factors promoting recurrence of alcoholism [23]. Therefore, in educational programs for alcoholics or programs for alcoholics' spouses,

the sexual conflicts of alcoholics and their spouses should also be addressed, and it is necessary to have a process to help each spouse to understand his or her spouse by conducting an in-depth inquiry into the reasons that spouses of alcoholics reject sexual relationships.

Alcoholics' spouses were experiencing many difficulties in common, such as getting ill while struggling to make a living and support the family because of the economic burden such as hospitalization expenses, living costs, and child-rearing expenses, and they often gave up the professional treatment of their addicted husbands for economic reasons. According to a survey conducted by the Korea Institute for Health and Social Affairs in 2013, the most common cause of divorce was economic problems (26.1%), followed by the spouse's extramarital affair (24.2%), personality difference (22.2%), abuse and violence (12.9%), and neglect of family support obligation (11.1%)[24]. As a result of the interviews in this study, it was found that alcoholics' spouses were bearing the burden of the family support in the majority of the families with alcoholics suffering from economic problems and the breadwinner's failure to support the family. They could not receive continuous support even from relatives around themselves, because they thought it shameful to get unilateral help from the relatives while their dedication and endeavor were not recognized at all. There are 45 alcoholic counseling centers nationwide (as of 2013) to conduct alcoholism-related national projects, but most of the services on alcoholism are mainly focused on inpatient treatment in a hospital [25]. Economic interventions such as support for living expenses and for medical expenses have not been implemented. The absence of an official aid system for families with alcoholics may contribute to the disintegration of these families, given the definition that alcoholism is a chronic disease over a long-term period. Therefore, the system for providing economic support for these families is urgently needed.

Alcoholics' spouses acted differently from general mothers in raising their children and regarded the problem of children experiencing abuse in their homes as their biggest concern. They were worried that their children's life would be disturbed by the social stigma of alcoholism, and they felt guilty as parents about the fact that their children could not live a normal family life. This fear and guilt manifested as a sacrificial parenting attitude of trying to take on the role of the absent father due to alcoholism, which led them to have high expectations for children. This is an incomplete picture of a woman who does not fully live her life, and caused another conflict with her children as the children grew up. A characteristic aspect is the noticeable

change of the maternal role; there was a strong tendency that the mother who is the main caregiver is trying to take it upon herself to play the role of the father as well in a situation where the addict cannot play the role of the father. This resulted in the aspects of sacrificial maternity for the child in the child-rearing process. The spouses of alcoholics were most concerned about negative effects on their children's growth, even although they could put up with their husband's abusive rhetoric, destroying or damaging property, and violent behavior. These concerns led to different methods of parenting and discipline. They tried to fulfill their dual roles and showed a tendency to concentrate more on their child's upbringing in order to endure their present suffering. It seems that the combination of the compensation mentality to want their children to compensate for their unhappy marital life and the maternal desire to raise their children to live a different life from their alcoholic father resulted in strict discipline and a stubborn educational attitude. For this reason, they showed a strict attitude toward their children's drinking because of the concern that they might live the life of an alcoholic addict like their father, and they showed nonpermissive attitudes even toward social drinking. In fact, according to preliminary studies, children who have grown up in families with alcoholics are 4~5 times more likely to become alcoholics than children in normal families, and it is likely that their offsprings would also become alcoholics [26]. In addition, children of families with an alcoholic parent are at an increased risk of becoming adult children of alcoholics due to childhood problems that remain unsolved even when they have become adults, because they were not adequately cared for by their parents during their childhood [27]. It shows that the worries and concerns of the participants may actually become a reality. Therefore, it is necessary to develop appropriate nursing interventions accompanied by psychological support so that the children who grow up in families with alcoholics can grow up in a healthy way. In order to identify alcoholics' children early and prevent problems they may have as they grow up, the overall search for the variables that occur in the process is needed continuously. In addition, it is necessary to help the children have a normal growth process by providing an education program to help alcoholics' spouses who are raising their children by themselves to learn proper discipline and parenting methods. Moreover, the program that is linked with an expert group to deal with their conflict with their children should be implemented.

The process through which the spouses of alcoholics perceived alcoholism as a disease was both coincidental and inevitable. The participants were aware of the illness

through their husbands' disorderly behavior while drunk, unusual behavior, and physical effects of binge drinking, and found out that it was a disease through the information that they had found themselves before seeking treatment in a medical institution. However, among the participants, no participant recognized it as illness through alcohol education or counseling before visiting a medical institution. Even after recognizing it as a disease, no participant had experience of having consulted relatives or social organizations, which indicates that there are very poor social support networks for these people. Many participants expressed regret over not being able to receive professional help earlier and made consistent statements that if they had been aware of a variety of symptoms and knowledge related to alcoholism at an early stage of the addiction, the time of long suffering would have been shortened. In fact, even after alcoholics recognized their problems, an average of 6 years elapsed before receiving professional counseling, and an average of 7 years passed before they were admitted to a professional medical institution for alcoholism treatment. During this period, the primary responsibility for the care of alcoholics was left to the family [28]. Thus, they had been abused and hurt for quite a long time until alcoholism was recognized as a disease. They reported that although damages by alcoholism were so severe that their life could be affected by the chronic disease of alcoholism throughout their entire life, they had difficulty in escaping the long tunnel of social withdrawal and isolation because of the social prejudice of regarding it as a family problem as well as social tolerance for alcohol abuse. Therefore, it would be an important factor for nursing interventions for alcoholics' families to identify alcoholic addicts in each local community in advance and to make appropriate preventive interventions.

Finally, as the spouses of alcoholics attended Al-Anon meetings, they began to look back on alcoholism and their lives through the experiences of other participants. They began to accept the characteristics of the disease rationally as they came to understand her husband's drinking, which she had not known before. As they participated in Al-Anon meetings, they learned about co-dependency and began to realize that alcoholism is family illness. As those who were socially withdrawn and isolated gradually revealed themselves to others sharing the same experience, they began to reflect on their lives and look back on their lives independently of their husbands' drinking. Participants also stated that their attitudes toward their husbands changed with their understanding of alcoholism and addicts. They attempted to communicate with their husbands in contrast to their early statements, in which they confessed that

their experience of life with an alcoholic husband was very painful and difficult. Also, by looking back on their life separately from their husband's abstinence and the fear of their recurrence of alcoholism, they were able to find hope and have positive thoughts. As a primary supportive system, the spouse of an alcoholic may be another person that needs the most important intervention, but currently, there are few professional interventions for spouses of alcoholics, and even if treatment is performed, only a short-term intervention centered on the recovery of alcoholics is implemented. It is important to have interest in the recovery and healing of alcoholics' spouses living with addicts rather than focusing only on the recovery of alcoholics.

Finally, what was noteworthy was that participants were eager to help someone who might have the same experience as them. Because of the shame about their alcoholic husbands and the concern that it may negatively affect their children's self-esteem in their children's school and social life, they exhibited unsocial attitudes and tended to be sensitive about their privacy in relation to external exposure when participating in Al-Anon meetings. However, they showed an open attitude toward the people sharing the same experiences and were willing to give a helping hand, which was in contrast to their passive ways of life described earlier. Participants were involved in a variety of self-help groups and formed a network exchanging the contact information of members who had been sharing their experiences in Al-Anon meetings for a long time so that newcomers could continue to participate in the meetings. They spent their personal time communicating messages helpful for psychological stability so that they could calmly cope with even the recurrence of their husband's addiction and engaging in volunteer work, and they felt rewarded in the processes, which showed that the participants were feeling joy by experiencing their recovery and healing in the process of getting out of the life with an addict and looking back on and expressing their experiences. Currently, Al-Anon meetings are mostly provided when addicts have been treated or are receiving treatment in special medical institutions for alcoholics. Therefore, policy support and economical support are urgently needed to allow alcoholics' families to participate in Al-Anon meetings without being admitted to such institutions by activating the support groups for them in each community. In addition, for alcoholics' spouses who typically experience isolation and suffering in terms of their emotional characteristics, utilizing people with the same experience as participants in the recovery program may contribute significantly to the internal changes of their spouses.

CONCLUSION

This study attempted to understand the nature and structure of the experience of the wives of alcoholics participating in Al-Anon meetings by Colaizzi's phenomenological study method. The purpose of this study was to provide an understanding of the intrinsic structure of the life experiences of alcoholics' spouses attending Al-Anon meetings through the study results. We suggest that the recovery program including problem-based nursing contents should be developed based on the categorized contents of this study, and actively used for family nursing for spouses of alcoholics. In addition, there is a continuing need for comprehensive exploration into the variables that occur in the growth process of alcoholics' children. Therefore, we suggest that we should help their normal growth process by providing educational programs so that alcoholics' spouses who are raising their children alone in the absence of the role of the father can learn proper discipline and parenting methods, and help them deal with conflicts with children through interventions linked with expert groups. Finally, there is an urgent need for counseling and education programs to deal with communication conflicts and sexual conflicts that alcoholics and their spouses experience during their daily lives, and these programs may also be used in treatment processes and in various self-help groups such as AA, Al-Anon to prevent the dismantling of these families.

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