

Recovery outcomes of Korean adolescents with substance Abuse problems

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Abstract

Recovery in substance abuse has been simplistically measured; a more comprehensive understanding of recovery outcomes is needed. This study therefore explored recovery outcomes of Korean adolescents with substance abuse by qualitative research. The recovery was found to occur in several domains; they included reconciliation with the self, hope for the future, reconciliation with family, self-liberation, socialization, conventional norm pursuit, and a struggle for realistic independence. An understanding of the recovery process and recovery outcomes may provide guidance for clinical interventions with substance abuse adolescents.

Key words : Korean adolescents, Substance abuse, Recovery outcomes

Introduction

Because adolescence is a time of transition, involving biological and psychological changes and both social and cultural growth, adolescents tend to try out new behaviors and may be vulnerable to substance abuse (Allen, 1996).

In Korea, substance abuse has greatly increased since the 1970s, when industrialization, technological innovation, and modernization began under the influence of Western society. Recently, substance abuse among adolescents has become an important social issue. A study of substance abuse among Korean adolescents (Kim, Park, Oh, Kim, & Seo, 1991), found that they used drugs and alcohol to satisfy their curiosity needs, to experiment with new behaviors, to affiliate with a peer group, and to relieve stress. In Korea,

competition to succeed on the collegiate examination is a major source of stress to adolescents; however, they have few opportunities to utilize healthy coping methods (e.g., sports, music, and conversation with others) to relieve their stress (Chu, Kim, & Park, 1993). Consequently, they may attempt inappropriate and unhealthy coping strategies, such as substance abuse, in order to relieve stress, and the temporary relief gained may predispose them to use drugs or alcohol again.

Since 1989, three consistent patterns of substance use among Korean adolescents have been found. First, for nearly every drug, the age of first use has decreased. An early study by Chu, Kim, and Park (1993), found that substance use (e.g., cigarette, alcohol, inhalants, and marijuana) began at 15-18 years. More recently,

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Kim, Hyun, and Kim (1997) found the age of first use to be 13-15 years. They also found that 8.6% of middle school students, 16.2% of high school students, and 12.7% of college students had used substances. Second, substance use was associated with potentially violent and criminal behavior. In a study of adolescents who were middle and high school students, Kim, Koh, Kim, and Nah (1992) found that 5.5% of respondents ran away from home, 2.8% were on probation, and 5.3% possessed a weapon. Finally, as new laws have been enacted and enforcement of laws against illegal drug use has increased, the rates of abusing legal substances among adolescents has also increased. The use of cough remedies (e.g., lumina, lubiking) and industrial chemicals (e.g., glue, solvents) is increasing among Korean adolescents. Their use is influenced by the fact that these substances are cheap and easy for adolescents to buy.

Substance abuse is a particularly serious problem for adolescents, because once adolescents begin to use a substance, they rarely stop using it and they are more likely to commit violent behaviors (Koh, 1991). Moreover, substance abuse can have negative effects in a number of important life domains -- physical, psychological, social, and vocational (Brown, 1988; Joshi & Scott, 1988).

Since drug abuse affects many life domains, if adolescents are going to fully recover from drugs, they need to recover not only from the drug problem itself but also from its impact on their life problems. That is, the recovery process should occur throughout all areas of life and not be focused simply on addictive behaviors. Thus, it is important for professionals to take into consideration the effects of drug abuse across life domains and provide interventions tailored to individuals' needs, which help adolescents resume the developmental tasks that were interrupted by the substance abuse.

Traditionally, evaluation of recovery outcomes in the drug and alcohol field has used simplistic measures. That is, drug or alcohol recovery has tended to be measured simply in terms of abstinence or non-abstinence. Recovery outcomes measured to date include reduction of problem behaviors (Barrett, Simpson, & Lehman, 1988);

reduction in drug use (Friedman, Glickman, & Morrissey, 1986); amount of continuous sobriety (Knous & Schneider, 1987); and drug and alcohol use patterns (Myers, Brown, & Mott, 1993).

Several researchers have pointed to the limitations in simple measurement of recovery outcomes, because recovery from addiction should occur in multidimensional areas of one's lives (Lewis, Dana, & Blevins, 1994; Maisto & Cooper, 1980). Lewis, Dana, and Blevins (1994), therefore, suggested that because the recovery process should occur in overall areas of life, a multivariate conceptualization of recovery outcomes is necessary. Clearly, if only drug-taking behavior is considered in measuring recovery outcomes, it is possible to miss other important aspects of recovery.

Therefore, the purpose of the study reported here was to examine recovery outcomes of Korean adolescents with substance abuse.

Methods

Grounded theory method was used to study the subjective experiences of adolescents with substance abuse problems through the recovery process (Hyun, 1997). Questions of interest were "What are the experiences of addicted adolescents through the recovery process?" and "How do adolescents in recovery change over time?"

1. Subjects

Adolescents with diagnosed substance abuse who completed an 8-week inpatient treatment program at an urban recovery clinic in Seoul, Korea, were eligible to participate in the study. Permission to approach the adolescents was obtained from the director, head nurse, and social worker in the clinic. After the investigator explained this study to the adolescents, assent to be a research subject was obtained from each of the adolescents. No adolescent declined to participate when asked. The adolescents were informed that their privacy would be protected and the confidentiality maintained to the best ability of the researcher.

The final study sample was composed of 8

Table 1. Characteristics of sample

subject	Sex	Age	Years of education	Abused Substabce	SES	Type of work
1	M	21	12	Anti-tussives	Middle	Bartender
2	M	21	12	Inhalants	Middle	Manufacturer
3	M	21	12	Inhalants	Low	Factory worker
4	M	18	10	Glue	Middle	Unemployed (gambling problem)
5	F	15	9	Glue	Middle	Student
6	F	16	9	Glue	Middle	Student
7	M	19	9	Glue	Middle	Unemployed
8	M	21	12	Anti-tussives	Middle	Factory worker

adolescents who ranged in age from 15 to 21 years old with a mean age of 19.25 years. Six were male and two were female. Their primary substances of abuse were glue, inhalants, marijuana, and cough remedy drugs <see table 1>.

2. Data Collection

In-depth interviews, participant observations, and case records were used for data collection. A semi-structured interview guide was developed to elicit the adolescents' experiences through the process of recovery from substance abuse. Initial open-ended questions were "How do you experience the separation from drugs by hospitalization?" and "What are your feelings about experiences compared with the feelings you had last week?" Additional questions evolved as data were collected and analyzed, providing opportunities to gather more data about the

adolescents' experiences of their recovery process <see Table 2>.

Interviews lasted for 20 minutes to 1 hour and were conducted in a private treatment room at the clinic. Adolescents were interviewed weekly during the period from admission to discharge. Though the number of interviews varied, most adolescents were interviewed five times (the range was from 4 to 8). In order to confirm and validate their experiences, two adolescents were interviewed again after their discharge. Interviews were recorded via audio-tape and transcribed verbatim.

Participant observations were made by attending group treatment sessions; the observations focused on the interactions among the adolescents. During the interviews and participant observations, field notes were taken, and theoretical notes were made immediately after the interviews and observations. These notes provided hints about things to look for and

Table 2. Interview themes across the series of interview

Time	Treatment Program	Interview Theme
week1	Detoxification	Diary Adolescents' attitudes about hospitalization and their experiences of withdrawal symptoms
week2	Program orientation	Meditation Note Experiences of physical improvement from withdrawal symptoms and separation from drugs
week3	Participation in group program, Preparation of self-presentation	Lecture Education Experiences of thinking about themselves during preparation of self-presentation Focus on the experiences of presenting themselves in front of groups;
week 4-7	Presentation of autobiography and story about their past life	perceptions about their past life and themselves now.
week 8	Survival plan Discharge plan	Manual study Consolidation of experiences during the recovery process and their changes over time

ask about in the next interviews and observations (Strauss & Corbin, 1990). The case records of each adolescent were reviewed to enhance data validity.

3. Data Analysis

Data analysis was followed the procedures of the grounded theory approach including constant comparative method and open, axial, and selective coding to derive a theory on recovery (Strauss & Corbin, 1990). Adolescents were found to experience progression from "the loss of self-existence" to "becoming newly born in self-existence." The study has been described in detail elsewhere (Hyun, 1997).

4. Theoretical and Methodological Verification

For theoretical and methodological verification, experts in the areas of psychiatric nursing, theory development, qualitative research, and adolescents with substance abuse were used as study consultants through this research. Those experts reviewed the concepts and categories developed by researcher, and discussed and refined these with the researcher throughout the analytic process until consensus among them were reached (Glaser & Strauss, 1967).

Results

1. Overview of the Theory on the Recovery Process for Korean Adolescents with Substance Abuse

As these adolescents became addicted to drugs, their 'self' physical, psychological, social, and spiritual became addicted as well. Hence, they came to lose their balance; the self collapsed and they experienced fragmentation and they lost their self-existence. This loss was viewed as the central phenomenon in their experiences. Adolescents expressed the loss of self-existence as follows: "I was always high on drugs, so, I didn't know who I was and what my real identity was. I thought that if I didn't use drugs I was not real." As a result of the intoxication,

the adolescents went downhill in life.

While they received treatment at the hospital, where they were forced to stop using drugs, they had experiences that they had never had before. They had time to reflect on and examine their own thoughts and feelings. They came to know their thoughts and feelings and learned to express them to others. As they interacted with other patients, staffs, and therapists, they found they experienced close associations and friendships. As they discovered that drugs could not take away their problems and pain, and they learned that they should not depend on drugs any longer, they began to substitute other activities (e.g., self-help groups, religion, sports, and music), healthy, non-chemical alternatives to drugs. Their experiences were conceptualized in the following categories: looking into the self, confronting the self, disclosing the self, experiencing an intimate relationship, and discovering the realities of drug abuse. Using the grounded theory method, these categories were viewed as the sequences of action/interaction by which self-existence was recovered.

As they went through the recovery process, they gradually recovered their self-existence, that is, their self began to be reintegrated, step by step. They were changing themselves, becoming different from the past, as if they were newly born. Hence, it was proposed that they (their self-existences) were being newly born. The consequences of recovering self-existence were reconciliation with the self, hope for the future, reconciliation with family, self-liberation, socialization, conventional norm pursuit, and a struggle for realistic independence. These categories were considered as the multidimensional recovery outcomes, because these represent from intra-personal, to social dimension. Clearly, during the recovery process, the adolescents were recovering not only from their drug abuse problem but also in multiple domains of life: the intra-personal dimension (within the individual's mind), the dimension of interpersonal or one-to-one, dyadic communication, the organizational dimension or small group interactions, and the social dimension, i.e., in relation to society or broader groupings of persons in a social context. Thus, it was

proposed that the totality of 'self-existence' was recovered during this process and this process would be lifelong and endless.

2. Recovery Outcomes in the Intrapersonal Dimension

1) Reconciliation with the self.

When these adolescents became addicted to drugs, they tended to be self-hating and to have a negative self-image, to feel shame, and devalue themselves. Essentially they were estranged from themselves. However, during their hospitalization and detoxification, they were forced to stop using drugs and they had time to ponder their thoughts and feelings, to look inward, and to reevaluate themselves. While devoting time and energy to these experiences, they realized that one must love oneself rather than relying totally on the love of others. Through accepting themselves, they came to know who they were and what real merits and limitations they had. Step by step, they began to make an effort to consciously love themselves. They gradually came to take a new and positive view of themselves, and they experienced reconciliation with themselves. The adolescents said:

"I feel that only if a man likes himself can he understand other people, and only if a man loves himself can he love other people."

"Nowadays, with thinking over my behaviors and problems thoroughly, I come to feel satisfaction with myself and to think of myself positively...."

"I think I'm not such a useless man. Here, because I am in a position to advise and guide the younger patients, I think I should do something for them, I can do something for them and I'm a useful man.."

2) Hope for the future.

In the past, the adolescents had thought vaguely about abstinence, but, in going through the recovery process, they had time to think about abstinence realistically and seriously. Over time, they developed more willpower to abstain from drugs and came to believe that they had the power to change their lives in significant

ways. Consequently, they came to have self-confidence and self-assurance about abstinence and about their lives. Several adolescents said: *"I can do it certainly., I'm confident of abstinence., I learn about abstinence certainly..., I have a power in coping with the temptation of drugs."* Moreover, the adolescents became full of eagerness for a new life. They were hopeful for their future. In their words:

"let me try that enthusiastically..., I feel the power spring forth I can see the vision that I'll restore my rhythm..."

"With a hope springing again, I feel my power rising. I feel a soaring ambition. So, now I'm extracting such a power so that I can proceed forward. I'll make an effort."

"I think I should live in harmony with my age and situation. So, I begin to see such a vision."

"Now I come to have a belief in starting abstinence and a new life. In the past, I didn't know how to abstain from drugs and I felt desolate.."

Anyway, I think I make good. I'm buoyant and I'll do things with modesty."

3. Recovery Outcomes in the Interpersonal Dimension

1) Reconciliation with family.

At the time of their hospitalization, the adolescents' drug problems negatively affected their family relationships and made them untrustworthy, which thereby estranged them from their families. As they went through the recovery process, they had time to think about their families. With their pondering over family, they began to appreciate family and to take a favorable view of their family. For example, they said, "Family is precious, Only family can take care of me, my parents are good-natured."

In addition, as they thought about the effects of their addictive behavior on their families, they felt guilty about their behavior, came to understand it, and wished to restore their broken family relationships. They wanted to show their families their healthy change and sobriety and they wished to regain the approval of their family. Consequently, the adolescents reconciled

with the family. Three adolescents remarked:

"After I thought about my life and my mother's life in the past, I could understand my mother. I came to comprehend my mother's behavior as inevitable."

"Here, I realized that no one loved me as much as my parents did. I acknowledged my family was very precious to me and only my family could take care of me. "

"Until now, my mother didn't trust me, so I want to convince her that I can do well. "

2) Self-liberation.

As the adolescents went through the recovery process, they became open with others about their problems and exposed their past lives and past errors to others. As they disclosed their experiences, feelings, and hurts to others, their pains and hurts were relieved. With disclosure, sometimes they cried and achieved an internal catharsis. By disclosing their problems to others, their denial - - which was a fundamental defense mechanism in addiction - - was broken. By breaking down this defense mechanism, they felt liberated from their burden of pain.

In addition, they realized that they could survive and be happy and comfortable without drugs. Over time, they felt better physically and psychologically without the effects of drugs. They intended to keep away from drugs and pursue a drug-free life. So as they were released from the temptation of drugs, they experienced a liberation from drugs. This was exemplified in their statements:

"I was digging out the unwashed remnants from my life.. So I told other people all my emotional pain I had received during childhood."

"During the last week, by hiding my pain, I was in agony until yesterday, I confessed my sins and faults to other people. and now, my sin and faults could be washed away."

"I thought I could not survive without glue in the past, .., but now I'm okay even though I don't use glue... I think I can survive without glue"

"Now, I feel my body is in good health, I come to think properly."

4. Recovery Outcomes on the Organizational Dimension

1) Socialization.

Over time, the adolescents increasingly had opportunities to connect with other patients and take part in group interactions, while they lived in the hospital. In addition, they expressed their problems to others, and shared their experiences. They experienced support and understanding from others and felt comfortable in relationships with others as they had never done before.

With close contact with others, they gained control over their anger and rage, and paid regard to others. Their interpersonal skills gradually improved and they spoke to other patients, whereas in the past they had been unwilling to get involved with other people and avoided interpersonal relationships. Thus, while their growth in socialization had been delayed in the past, they were socialized through the recovery process. For example, they said:

"Before I was admitted here, if other people talked to me unpleasantly, that bothered me and then I got angry with that and I yelled in anger. However, here, it has never occurred to me.. Here, I can control my emotions and anger all the time. Instead of getting angry with them, I come to express my emotions verbally to them."

"In the past, I tended to get angry at trivial matters. But now, I tend to control my anger. Even though I get angry, I overcome it by controlling my anger."

"In the past, when I met other people, I felt shy. Here, when a new patient is admitted, I can speak to him first."

"Here, if I am going to do something, I think I should ask for permission to do that from other people. Anyway, I think I am learning about that."

5. Recovery Outcomes in the Social Dimension

1) Conventional norm pursuit.

When these adolescents became addicted to drugs, their life patterns deviated from conventional social norms. Over time, as they went through the recovery process, freeing themselves from drugs and returning to health,

they thought about their living patterns and realized that these patterns had deviated from conventional norms. They changed their living patterns; moreover, they gradually became positive role models to other patients. They supported other people, fulfilled obligations, and made efforts to be a positive model to younger patients.

In addition, they spoke of wanting to live a sound *konjonhan*- life. This means harmony with conventional norms in the social context. It appears that the more the adolescents had deviated from conventional social norms in the past, the more they needed a sound life now.

One adolescent who had gambled and spent much money said he now realized how precious money was and he should save money. Another participant who had worked in a bar said he realized he should live differently now and proceed toward a sounder life. A female adolescent who had wanted to drop out of middle school, to work in a bar and make money, said she realized now that she should get a certificate of completion of middle and high school courses.

2) A struggle for realistic independence.

Because the hospital separated adolescents from outside social contacts, in the early hospitalization days they often felt bored and waited for their discharge date. As the date of discharge came nearer, they faced the realities of their lives and felt anxious about life after discharge. They felt anxiety not because they were weak, but because they were awakening to reality. Thus, while they felt hope for the future, they felt anxiety about reality. That is, feelings of helplessness and hopefulness coexisted.

When they were hospitalized, they received support from therapists and other patients and were protected by the safety of the milieu. However, as discharge became a reality to them, they felt they should be responsible for themselves and they should do everything by themselves. So they said, "I can consider realistically, I am facing reality, On the other hand I feel anxiety and I'm scared.."

Because they had time to look inward and to retrace their past life, they resolved not to live the same as they had in the past, and they

struggled to be independent human beings instead of depending on drugs or on others. Two adolescents said:

"Now, I come to look at my situation realistically. I think I come to face such a sense of reality..."

"From now on I should do things by myself Anyway, I will strive to find myself and I'll struggle to live so much..."

Discussion

As adolescents become addicted to drugs, the components of their 'self' physical, psychological, social, and spiritual collapse and are broken into pieces, and finally they come to lose their self-existence. Recovery for these adolescents is an endless process. Addicted adolescents are always recovering, never fully recovered. Hence, though relapse is taken seriously, it is common and does not indicate hopelessness or desperation (Brownell, Marlatt, Lichtenstein, & Wilson, 1986; Schachter, 1982).

Recovery outcomes appear to have intra-personal, interpersonal, organizational, and social dimensions < see table 3 >. In the intra-personal dimension, with self-introspection and self-confrontation, the adolescents ponder themselves, their drug problems and past lives. Through such experiences, they come to understand and gradually to accept themselves positively; they gain self-confidence and become full of eagerness for a new life. In the end, they reconcile with their 'self' and feel hope for the future.

Table 3. Recovery outcomes in the multiple dimensions

Dimensions	Recovery outcomes
Intra-personal	Reconciliation with self Hope for the future
Interpersonal	Reconciliation with family Self-liberation
Organizational	Socialization
Social	Conventional norm pursuit A struggle for realistic independence

In the interpersonal dimension, they think about their families from whom they have been estranged and through self-disclosure, expose their past lives and pain to others. With such experiences, they pull themselves out of their hurt and begin to appreciate family. In the end, they reconcile with their families and experience liberation from their pain.

In the organizational dimension, they experience support and understanding from others in the hospital and feel comfortable in relationships with others; their interpersonal skills gradually improve, and they become socialized.

In the social dimension, they discover the reality of drug abuse and replace drug abuse by healthy alternatives that fit the conventional values accepted in their society. They realize that their living patterns have deviated from conventional norms and they face their reality clearly. Through such experiences, they gradually pursue conventional norms in harmony with society and struggle to be realistically independent human beings.

As the adolescents go through the recovery process, their recovery expands from the intra-personal dimension to the social dimension. In addition, it appears that the adolescents intend to conform to social conventions and support the existing social order. However, it is uncertain whether adolescents develop morality during the recovery process. Further studies are needed to explore the moral development of adolescents who go through the recovery process.

Implications for Clinical Practice

The findings from this study suggest that recovery outcomes encompass intra-personal, interpersonal, organizational, and social dimensions. Even though clients attempt to abstain from or control drug use, all of their problems do not automatically fade away. Interventions should approach not only the drug problem but also their multidimensional problems. Evaluation of recovery should be comprehensive and include various life domains. The recovery outcomes delineated in this study provide rich and comprehensive criteria for recovery evaluation

and a framework that can be applied in clinical practice. It may also be possible that these recovery outcomes can be applied in other countries' contexts and can be further refined and verified.

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