

Parenting Experiences and the Need for Parent Education Programs among Parents of Adolescents in Korea

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Abstract

Objective: The specific aims of the present study were to explore the parenting experiences of those with 11 to 15 year old children, and the experiences of professionals working with both adolescents and their parents, in order to assess the need for parent education programs.

Methods: This study used a qualitative descriptive design. Data were collected through individual and focus group interviews with parents of adolescents and mental health professionals that work with both adolescents and parents. Interviews were conducted at participants' homes, workplaces, cafés, or local community meeting rooms. The interviews lasted for half an hour to 2 hours and were audio-taped. Qualitative content analysis was used for data analysis.

Results: A total of 27 parents (2 fathers, 25 mothers) and 9 mental health professionals (1 male, 8 female) participated in the study. As parents recognize their child's developmental changes during adolescence, parents also go through a variety of feelings related to this transition. These were categorized into four main themes: "standing in the midst of numerous discrepancies," "outside my child's closed door," "over-identifying myself with, yet distancing myself from, my child," and "feeling ambivalent." The present study also demonstrated parents' need for structured, interactive, and accessible parent education programs that provide an opportunity for self-reflection on their parental experiences, and not just simply deliver knowledge and parenting skills.

Conclusion: The findings of the study revealed several challenges experienced by Korean parents with 11 to 15 year old children. Unsuccessful management of these challenges was found to result in the onset of negative emotions and thoughts, and the development of parent-child conflicts. In order to better promote the parent-child relationship and the mental health of children during their transition to adolescence, effective and accessible parent education programs that reflect the needs and expectations of parents are required.

Keywords: Adolescent; Korean; Parents; Parent-child relationships; Parent education programs; Mental health

adolescents per 100,000 (aged 10-19) die each year as a result of suicide, making it the leading cause of death among adolescents [5,6].

Introduction

Mental Health Problems among Adolescents in Korea

The high prevalence of mental health problems among children and adolescents is one of the most serious social and health-related issues in Korean society. Among Korea, the United States, Japan, and China, Korea has the highest percentage of adolescents that report experiencing frequent stress (Korea: 48.5%, U.S.: 43.2%, Japan: 32.6%, China: 15.6%) [1]. According to the findings of a school survey conducted in 2010, 12.8% of students were identified as high-risk and in need of further evaluation for mental health problems [2]. The most common problems identified by this study were depression, ADHD, and Internet addiction. About 40% of adolescents that participated in the 2009 national survey exhibited depressive symptoms, and about 17% of them exhibited moderate or severe depression [3]. In 2013, 32.6% of high school students and 29.0% of middle school students were found to experience depression [4]. Furthermore, 8-11% of adolescents reported suicidal ideation, while approximately 10

Parent-Child Relationships and Adolescent Mental Health

Many studies have demonstrated significant associations between adolescent mental health problems and inadequate parent-child relationships [5,7]. Inadequate parent-child relationships lead to frequent drinking behavior, depression, and various mental health problems among adolescents [8]. In particular, ineffective paternal parenting styles and distant father-child relationships are associated with increased levels of hostility in children [9]. On the other hand, close parent-child relationships and increased parental support are associated with lower levels of depression and successful adjustment in school among school-aged children [8,10].

Due to the erosion of the traditional family structure in Korean society (e.g., the increasing number of double-income families, grandparent-headed families, and single-parent families), adolescents are being exposed to higher levels of family conflict, social stress, and a lack of parental support [11]. Among Asian Americans, Korean adolescents experience the highest level of parent-child conflict, and this is often associated with intergenerational gaps, a lack of parental

knowledge, parents' high expectations for their children, and a lack of parent-child communication [1,12]. When responding to the item, "My parents listen to my concerns," a significantly lower percentage of Korean adolescents (60.7%) agreed with the statement compared to American (70.5%), Chinese (63.5%), and Japanese adolescent respondents (61.8%) [1]. In addition, Korean adolescents are less likely to feel understood by their parents than Chinese, Japanese, or American adolescents [1].

In spite of the significant influence of the parent-child relationship on adolescent mental health, the number of education programs aimed at promoting parent-child relationships and addressing mental health issues among adolescents are still limited in Korea. Exploring parenting experiences and parents' needs for such programs will be the first step in developing more effective and widespread programs.

Method

Study design

This study used a qualitative descriptive design to explore the parenting experiences of those with 11 to 15 year old children, and the experiences of professionals working with both adolescents and their parents, in order to assess the need for parental education programs.

Sample

To ensure diversity, we recruited parents of children aged 11 to 15, and mental health professionals working with adolescents and their parents. The selection criteria for parents were as follows: 1) parents who raise their 11 to 15 year old adolescent and reside with them; and 2) those who understood the purpose of the study and its process, and voluntarily agreed to participate. The selection criteria for mental health professionals were as follows: 1) those who have been engaged in relevant fields for more than 3 years as an expert on adolescent education and mental healthcare; and 2) those who understood the purpose of the study and its process, and voluntarily agreed to participate.

Study procedure

After receiving approval from the Institutional Review Board of the Seoul National University (Approval No. 2012-65), we recruited study participants through schools, community mental health centers, and local community clubs in Seoul and its adjacent cities using convenience sampling. The researchers obtained written consent from participants after explaining the study purpose and procedure, assured them that confidentiality would be ensured, and instructed them that they would have the right to terminate their interview at any time. Interviews were conducted at participants' homes, workplaces, cafés, or local community meeting rooms. Interviews lasted for half an hour to 2 hours. All interviews were audio-taped.

Data analysis

Two researchers transcribed the interviews and crosschecked their accuracy by comparing the transcripts to the original audiotapes. Conventional content analysis was used as the main analysis method for this study [13]. Based on core interview questions, we first classified the data into 2 parts: parental experiences and the content need for parental education programs. Both researchers read the transcripts several times in order to gain a general understanding of

the content and then both coded the transcripts independently. The researchers then identified words or themes that appeared repeatedly in the dataset independently. Based on these matrices, main themes were identified.

Findings

A total of 27 parents (2 fathers, 25 mothers) and 9 mental health professionals (1 male, 8 females) participated in the study. We conducted individual interviews with 8 parents (2 fathers, 6 mothers) and 9 professionals, and a total of 19 mothers participated in 1 of 4 focus group interviews. The demographic characteristics of the participants are summarized in Tables 1 and 2. Among the 27 parents, 24 (88.9%) had more than two children, with a total of 30 children falling within the target age group (ages 11–15). Of these 30 children, 16 were boys and 14 were girls (Tables 1 and 2).

Characteristics	Categories	Number
Parents	Father	2
	Mother	25
Age	31-40 yrs.	6
	41-50 yrs.	21
No. of children	1	3
	2	17
	3	6
	4	0
	5	1
Age of children	Under 11 yrs.	21
	11-year-old	8
	12-15 yrs	22
	16-18 yrs.	9
Employment	Single income	10
	Double income	9
Education	High school graduate	3
	College dropout	3
	Bachelor's degree	17
	More than Master's degree	4
Income	2.01-3 mil.(\$2K-3K)	3
	3.01 -4 mil.(\$3K-4K)	5
	4.01-5 mil.(\$4K-5K)	12
	5.01-6 mil.(\$5K-6K)	1
	6.01-10 mil.(\$6K-10K)	4

More than 10.01 mil. (\$10K)	2
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Table 1: General Characteristics of Participants: Parents, (N=27)

Characteristics	Categories	Number
Age	31-40 yrs.	2
	41-50 yrs.	5
	51-60 yrs.	2
Education	Bachelor's degree	1
	Master's degree	8
Occupational field	Psychiatric RN for children and adolescents	2
	Psychiatrist	2
	Social worker	2
	Clinical psychologist	1
	Expert on parenting education	1
Career length in occupational field	3-5 yrs	1
	9-10 yrs.	4
	More than 11 yrs.	4

Table 2: General Characteristics of Participants: Professionals, (N=9)

Parental experiences: feelings and responses

In response to the interview question, "Please share your experiences as a parent of an adolescent child," parents initially tended to report experiences pertaining to their child's entry into adolescence, such as changes in physical appearance, mood, attitudes, behaviors, and peer relationships. Parents whose first child was currently entering adolescence (usually 11-12 years old) in particular reported feelings of confusion and discomfort related to these developmental changes.

As parents recognize their child's physical, psychological, and social changes during adolescence, parents also experience a variety of feelings in response to this transition. These were categorized into four main themes: "standing in the midst of numerous discrepancies," "outside my child's closed door," "over-identifying myself with, and yet distancing myself from, my child," and "feeling ambivalent."

Standing in the midst of numerous discrepancies

Most parents encounter a number of discrepancies and conflicts while raising their children. This study revealed three layers of discrepancies and conflicts that parents face; self-discrepancy (inner conflicts), parent-child conflicts, and discrepancy between the parents' values and social norms and pressure. The first refers to a discrepancy

between the ideal and the actual image of oneself as a parent. Regarding self-discrepancy, parents often realized that their actions differ from those of an "ideal parent." While they intended to express their appreciation and praise their child's accomplishments, they often ended up scolding their child over bad grades. While parents often attempted to apply what they learned from parenting classes, books, or the media, they often found it hard to apply those skills in practice. As a result, parents often experienced shame, self-blame, and guilt.

The second discrepancy that parents encounter is the discrepancy between parents and their children in terms of personalities, temperament, and perspectives. Parents reported that it is difficult for them to empathize with their child due to differences in expectations and points of view. Parents felt powerless, frustrated, and sometimes enraged when they recognized that their child no longer lives in the same world as they do. Parents were also anxious about "the fear of discovering any serious problems that their child may have." Perceived differences in opinion were frequently the starting point for a tug-of-war between parents and their adolescent child.

"I've grown up within a thrifty culture and gotten used to the habit of saving, but my child is growing up in a consumer culture. I try to understand him (son), but it is hard for us to understand each other's point of view and reach an agreement." (Father1)

Whereas mothers tended to report discrepancies in personality and temperament, both of the fathers interviewed discussed the issue of parent-child conflicts associated with generational and cultural gaps.

Lastly, parents also encountered a discrepancy between their own values and social norms and pressure. In Korean society, in which academic success is highly valued and educational policies are constantly changed, parents also experienced conflicts between their philosophy toward education and social standards. A mother stated:

"There is a gap between what society demands and what I want my children to pursue in terms of education. I want to teach them in my own way with materials that I choose, rather than sending them to private institutions. But there is a big discrepancy between the two methods... What society demands is not what I value." (Mother 5)

Outside my child's closed door

The word repeatedly mentioned by the parents during interviews was the word "door," which symbolized both a physical and psychological barrier between parents and their child. Adolescents continue to seek independence and secrecy, and spend more time with their friends. Parents reported that their children "stay alone inside their room with the door closed," "talk less," "eat alone in front of the computer in their room, even during dinnertime," and "close their mind to their parents." Behind this closed door, adolescents create their own private space and immerse themselves in their smart phones or online games in order to distance themselves from their parents. A mother said:

"Since he does not open the door, I can't talk to him. He locks the door and lives in his own world." (Mother2)

Another mother said:

"Even though his body is here with us (family), his mind is occupied with chatting online with friends. I don't know what the problem is, a smart phone or whatever. Even though he is here physically, his mind is off with his friends." (Mother 22)

Consequently, conversations between parents and their children are limited and parents feel alienated by the “door.” As a result of being left outside, parents felt a sense of betrayal and anger.

“When he slams the door, I feel as if he closes his mind towards me. Whenever he slams the door, I feel rejected, as if my mind is closed as well.” (Mother 22)

“At a certain point, I find my feelings being hurt and feel isolated and rejected by a child who used to obey me without any complaint.” (Mother 11)

Standing outside the door, parents also experienced anxiety and a fear of losing their child, as illustrated by the following quote:

“Even when I pound on the door with my fists, he does not answer. Well, then I feel scared. I start to worry about all the bad things that could happen (such as suicide). From that moment, I can’t be upset with him anymore. Instead, I just appreciate him for opening the door.” (Mother 2)

Furthermore, the difficulties in distinguishing the fine line between normal and abnormal adolescent behavior made parents anxious. A mother said:

“For us (parents), it is hard to tell if it is part of the identity development process or adolescence. Is becoming rebellious a sign of adolescence?” (Mother 3)

“My child was referred for further assessment due to depression and suicide risk. I am not sure if he is really depressed or if it is part of adolescence. Maybe he just wants to have time alone in his room like other teenagers do.” (Mother 5)

In order to tear down the physical and psychological door between parents and their child, parents tried “removing the physical door to the child’s room,” “fixing doors so they could not be completely closed,” and even “begging their child to return to the ‘good old child.’” The unique feature of the interdependent parent-child relationship in Korean culture is inherent in the following theme also.

Over-identifying myself with, yet distancing myself from, my child

Both parents and professionals reported that parents identify themselves with their child, and that child’s successes and achievements determine parents’ standing in the home and the child’s standing in their school. This phenomenon was reported by professionals that work with the parents of adolescent children:

“As a stay-at-home mom, the mother can’t ‘bring home the bacon’. Nurturing kids is her job... Thus, the mother wants to be recognized by her in-laws for the accomplishments and successes achieved by her children; especially when the in-laws think that their son is superior to their daughter-in-law.” (Professional 5)

“When the child gets a low GPA, the feeling of failure between the child and mother is mutual. But when the child earns a high GPA, the parents as well as the child are happy. A mother whose child has high grades feels honorable when visiting the school. Meanwhile, mothers whose kids have bad grade are reluctant to visit their child’s school. That is true.” (Professional 4)

While double-income families regarded their child’s successes as reassurance against their concerns related to a lack of appropriate care when their child needed it, mothers who stayed at home regarded their child’s successes as reward for their social sacrifices.

On the other hand, other parents started excessively “distancing” themselves from their child to avoid the risk of associating themselves with their child’s failure. A professional (professional 7) stated that parents in stressful relationships with their child usually “escape, rather than confront.” For instance, parents attempted to compensate for the difficulties experienced by their child with money, instead of spending time with the child and providing emotional support. Some parents sent their child to foreign countries or boarding school in order to physically and emotionally distance themselves from their child. According to another professional (professional 1), relying on psychiatric professionals to address relationship problems with the child and avoiding active parental involvement are other examples of “excessive distancing.” Excessive distancing may be a result of fear of a failure as a parent.

Feeling ambivalent

While going through many changes in parent-child relationships, parents often “feel ambivalent.” Parents stated that they “want to trust their child, but can’t trust [their child] completely.” They feel upset over their child’s immature behaviors, but at the same time, sympathize with him or her. The parents stated that they want to relieve their child’s academic stress while finding it difficult to throw away their expectations of their child. A mother said:

“Even though I moved out of the city to get rid of the academic stress my child felt, throwing away my expectations toward my child completely seems to be impossible.” (Mother 4)

Not only parents, but also the child often exhibits ambivalent attitudes in parent-child relationships. A mother said:

“He (son) simply said that he did not need me yet he still looks for me and needs me. He pushes me away but he seems anxious when I (mother) am not around when he goes through a difficult time.” (Mother 25)

Parents noticed that ambivalence often occurred as the result of inconsistent parenting and created emotional turmoil for both parents and children. Parents whose first child was experiencing the transition to adolescence during this study period also generally reported that a lack of parental experiences and guidance contributed to these feelings.

Parents’ needs and expectations of parent education programs

Both parents and professionals agreed on the limitations of the existing parent education programs: “not systematic or fragmented,” “unidirectional (instructor-to-parents) and lecture-based methods,” “limited access,” “a lack of case examples reflecting reality or individual differences,” and “hard to relate to.”

Parents and professionals indicated a belief that parent education programs need to motivate parents to change and help them to practice self-reflection and to obtain a positive outlook toward themselves as well as their children. In addition, the programs need to provide emotional support for parents and promote their mental health, not just deliver knowledge and parenting skills. A mother said:

“When the mom is happy, the kids can be happy. Well, I hope education itself brings happiness to parents. Programs should make parents happy, not teach children what they should do.” (Mother 17)

They also said:

"I hope education can soothe the parents. I mean, mothers have been hurt (while raising children). If the mothers are healed, they can take care of their kids better. I hope that education aimed at understanding and soothing the minds of parents is provided." (Mother 24)

"Usually parenting programs indicate that parents themselves are to be blamed as the child's problems stem from his or her parents. However, children have their own innate temperaments and tendencies. I think that there are not enough programs dealing with issues related to the differences between children's temperaments and characteristics, and those of their parents." (Professional 3)

In addition, parents and professionals expect the program to help parents place themselves in their children's shoes and thus understand their children's behavior and emotional struggle.

"I think education programs need to address adolescents' developmental characteristics, specifically, why adolescents seek emotional independence. Understanding these characteristics is very important to recognizing their sense of autonomy. Adolescents do not simply resist their parents' care to give them a hard time, but parents usually wonder why their children make them upset. If parents learn why their children behave in certain ways and why their kids seek independence, then parents would be able to construe their children's behavior from different points of view." (Professional 4)

Another professional said:

"Education on mental health and mental health services that motivate parents to provide the child with counseling services when needed are also important. They need to break their bias toward psychiatric clinics for children." (Professional 6)

Core contents for the parent education programs identified from the interviews include: 1)parents' misconception about adolescence and automatic thoughts and beliefs about parent-child relationships; 2)adolescents' developmental characteristics; 3)parent-child communication; 4)common mental health problems among adolescents; and 5)available mental health services for adolescents.

In terms of the program content, all parents agreed that communication skills should be addressed, particularly how to minimize conflicts with argumentative daughters and how to develop open communication with teenage boys who may be reluctant to talk and shun their parents. In addition, parents expected that any such program would cover common mental health problems, such as Internet and smartphone addiction, bullying, depression, and suicide. Parents of adolescent boys particularly emphasized the importance of acquiring knowledge pertaining to Internet and game addiction, bullying, and violence.

Regarding the format of the program, both parents and professionals emphasized the need for accessibility. They said that education programs should be developed in realistic and concrete ways that allows anyone to access them. A mother said:

"Good programs are available and beneficial only to certain parents. I think we now live in a time where everyone needs programs that are accessible from home. Online education programs are the ones that can satisfy our needs." (Mother 13)

Both parents and professionals also stressed that parent education programs should keep their current interactive activities and ensure continuous interaction between the educators and parents enrolled in the programs.

Discussions

The present study aimed to explore the parenting experiences of those with 11 to 15 year old children, and the experiences of professionals working with both adolescents and their parents, in order to assess the need for parent education programs. Parents' parenting experiences were categorized into four themes, including "standing in the midst of numerous discrepancies," "outside my child's closed door," "over-identifying myself with, yet distancing myself from, my child," and "feeling ambivalent."

As parents that "stand in the midst of numerous discrepancies," they were found to experience shame, self-blame, guilt, and even powerlessness. These reactions are consistent with Higgins's self-discrepancy theory [14] that explains how self-discrepancy results in negative emotion. Self-discrepancy and its associations with academic achievement, motivation, and negative emotions among adolescents [15] and college students [16] have been previously studied. However, self-discrepancy and the related negative emotions experienced by parents have not yet been examined.

With the onset of puberty, adolescents strive to establish independence and forge their own identities and may encounter parent-child conflicts that require changes in conflict resolution styles [17]. As a result of these conflicts, parents become skeptical about their parenting skills and lose confidence in the parent-child relationship. These responses are consistent with the results of previous studies [18-20].

In addition to self-discrepancy and parent-child conflicts, parents reported dealing with friction between their own values and social pressure. This was particularly true in relation to their child's education, which is typically highly competitive in Korea, with significant pressure to succeed being placed on the child. In a previous study, Korean parents were shown to typically experience unease and insecurity while raising their children in an individualistic and liberal American culture, which is in contrast to their own collectivistic and conservative Korean upbringing [18].

Second theme emerged from the interviews was "outside my child's closed door." Whereas adolescence is regarded as a preparatory stage for becoming independent of one's parents and this increased autonomy is emphasized by most individualistic cultures, Korean parents who are influenced by a collectivist culture in which family ties are highly valued, perceive the change in their child's behavior as a betrayal or separation [21,22]. Due to a "fear of loss," the parents in our study often reported striving to "put things back the way they were." This finding is similar to that of a previous study that explored parental experiences during the time in which their children transitioned into adolescence [23].

Third theme was "over-identifying myself with, yet distancing myself from, my child."

Making sacrifices is often viewed as an essential part of "being a parent" and one way that parents express unconditional love for children in Asian cultures [22]. However, in an overly competitive Korean society in which the pressure for success high, this unconditional love is believed to manifest itself as overidentification. Both overidentification and distancing could be attributable to a lack of self-confidence or parental efficacy.

Finally, parents often "feel ambivalent" while raising their adolescent children. Parents felt ambivalent about parenting attitudes, love and obsession, and discipline. The ambivalence felt by parents

was also reported in a previous study that explored parenting experiences of Korean parents who raised their children in the US [18]. Compared to the previous study addressing ambivalence in relation to a child's ethnic identity [22], the present study illustrates that parents experience ambivalence toward a number of different issues, such as handling their child's academic grades and balancing them with their expectations of their child's future success.

The present study also demonstrated parents' need for parent education programs that provide the opportunity for self-reflection on their parental experiences, and not just simply deliver knowledge and parenting skills. In addition, the programs need to be well structured, interactive, and accessible. One such type of program suggested by participants was a web-based parent education program. To promote the parent-child relationship and the healthy development of adolescents, it is important to develop parent education programs that focus on these aforementioned issues.

Due to the limited numbers of fathers included in the sample, we were only able to obtain a limited understanding of paternal experiences and were not able to assess whether any differences exist between fathers and mothers in terms of their content needs for parent education programs. In Korea, among the 1,400 published articles on parenting so far, only 130 (less than 10%) address the familial role of the father [24]. This may be because fathers are considered to be a hard-to-reach group, and also because it is only recently that the parental role played by fathers has been sufficiently acknowledged in Korean society [24, 25]. As a result, further studies on the experiences of fathers during this time are warranted. These limitations aside, this research has enhanced our understanding of the unique parenting experiences endured when children transition to adolescence, and provides information that may be useful in developing parent education programs capable of promoting the parent-child relationship and the mental health of adolescents.

Conclusions

Adolescence is a period of turmoil and stress. Parents with children going through this transitional phase also experience turbulence and are required to adjust to a "new child" and "new roles as parents." The present study revealed the challenges faced by parents with 11 to 15 year old children, and highlighted that unsuccessful management of these new demands may result in the onset of negative emotions and thoughts, and the development of parent-child conflicts. In order to better promote the parent-child relationship and the mental health of adolescents during this transition, effective and accessible parent education programs that reflect the needs and expectations of parents are required.

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