

Tadeusz Marian Ostrowski, Magdalena Adamczyk

Jagiellonian University in Kraków

Faculty of Management and Social Communication

Institute of Applied Psychology

e-mail: tadeusz.ostrowski@uj.edu.pl

e-mail: magdalena.adamczyk@doctoral.uj.edu.pl

EXISTENTIAL DETERMINANTS OF RESILIENCY IN ALCOHOL USE DISORDER

Abstract

The aim of the study was to examine the existential determinants of resiliency in the group of patients with alcohol use disorder. Additionally, it was analyzed whether the resiliency level in the clinical group differs from the general population. The third aim of the research was to replicate activities necessary to verify the libertial-value-grounded theory of the meaning of life by T.M. Ostrowski. This theory propounds that the meaning of life is conditioned by the sense of personal freedom and individual sensitivity to values. The study involved 52 patients of ages 25–76. The following methods were applied: *The Resiliency Assessment Scale* SPP-25 by N. Ogińska-Bulik and Z. Juczyński and three questionnaires by T.M. Ostrowski: Attitude to Life Questionnaire, Personal Freedom Questionnaire and Sensitivity to Values Questionnaire. The libertial-value-grounded theory of the meaning of life was positively verified. It was demonstrated that the meaning of life was conditioned by subjective freedom and sensitivity to values, in the path model which acceptably fits the empirical data (*chi-squared* (14) = 13.21; $p = 0.51$; RMR = 1.16; GFI = 0.93; AGFI = 0.87; RMSEA < 0.001). The variability of meaning of life is explained in 49%. It could be stated that these two predictors affect the meaning of life independently, not sequentially, as it was demonstrated in previous studies. The hypothesis claiming that resiliency is conditioned by the existential factors was also verified. The relevant correlations were presented in the path model which satisfactorily fits the empirical data (*chi-squared* (27) = 34.80; $p = 0.144$; RMR = 1.46; GFI = 0.88; AGFI = 0.81; RMSEA = 0.075). The variability of resiliency was explained in range from 29% – Openness, 16% – Focus to 39% – Coping Skills. Additionally, positive and significant correlations between resiliency, together with its components, and the existential factors were observed. What is more, the resiliency results obtained in the study group of patients with alcohol use disorder were similar to those observed in the general population (Ogińska-Bulik, Juczyński, 2008).

Keywords: alcohol use disorder, resiliency, meaning of life, personal freedom, sensitivity to values, theory of motivation

Egzystencjalne uwarunkowania prężności psychicznej osób uzależnionych od alkoholu

Streszczenie

Celem badań było udzielenie odpowiedzi na pytanie o egzystencjalne uwarunkowania prężności psychicznej w grupie osób uzależnionych od alkoholu. Zbadano również prężność psychiczną alkoholików w porównaniu z populacją ogólną. Na gruncie nowych danych dokonano kolejnej weryfikacji libertarno-walorycznej teorii sensu życia w ujęciu T.M. Ostrowskiego. Zgodnie z tą teorią sens życia jest zależny od wolności osobowej oraz wrażliwości wobec wartości. Badanie przeprowadzono w grupie 52 pacjentów w wieku od 25 do 76 lat, za pomocą trzech metod opracowanych przez T.M. Ostrowskiego, a mianowicie: Kwestionariusza Stosunku do Życia, Kwestionariusza Wolności Osobowej i Kwestionariusza Wartości. W badaniach zastosowano również Skalę Pomiaru Prężności SPP-25 N. Ogińskiej-Bulik i Z. Juczyńskiego. Badania potwierdziły podstawową prawidłowość teorii libertarno-walorycznej: poczucie sensu życia uwarunkowane jest podmiotową wolnością oraz wrażliwością wobec wartości w modelu ścieżek o satysfakcjonujących wskaźnikach dopasowania do danych empirycznych ($\chi^2(14) = 13,21$; $p = 0,51$; RMR = 1,16; GFI = 0,93; AGFI = 0,87; RMSEA < 0,001). Wariancję sensu życia wyjaśniono w 49%. W świetle prezentowanych w tej pracy wyników można stwierdzić, że obydwa predyktory działają niezależnie od siebie, a nie sekwencyjnie, jak wykazywały poprzednie badania. Udało się także potwierdzić hipotezę o uwarunkowaniu prężności psychicznej przez czynniki egzystencjalne. Zależności zostały przedstawione w dobrze dopasowanym do danych modelu ścieżek ($\chi^2(27) = 34,80$; $p = 0,144$; RMR = 1,46; GFI = 0,88; AGFI = 0,81; RMSEA = 0,075). Wariancję komponentów prężności psychicznej wyjaśniono w zakresie od 29% – Otwartość na doświadczenia, 16% – Mobilizacja w trudnej sytuacji do 39% – Zdolność do radzenia sobie. W badaniach potwierdzono także występowanie pozytywnych korelacji między poszczególnymi czynnikami prężności psychicznej a sensem życia i jego predyktorami u osób uzależnionych od alkoholu. Ponadto okazało się, że poziom prężności psychicznej alkoholików w badanej grupie nie różni się od obserwowanego w populacji ogólnej (dane za: Ogińska-Bulik, Juczyński, 2008).

Słowa kluczowe: alkoholizm, odporność psychiczna, sens życia, wolność podmiotowa, wrażliwość wobec wartości, teoria motywacji

Introduction

Alcohol-related disorders are continuously a very serious medical issue among Polish citizens. Based on the results of two significant research studies by WHO and EZOP Poland, we can safely assume that 8 to 10 percent of our citizens abuse alcohol and 2 to 4 percent may be diagnosed with an alcohol dependence syndrome (WHO, 2014, Kiejna et al., 2015). It should be noted that it is not only our problem – according to Miller, Forcehimes and Zweben (2014) in the United States 7% of citizens suffer from alcohol use disorders. In Europe, alcohol-related disorders are most common in post-Soviet countries like Russian Federation (16.29%) Lithuania (13.35%) or Belarus (11.43 %), but they also occur in Western

European countries as United Kingdom (6.42%), Netherland (5.29%) or France (4.54 %, prevalence of alcohol use disorders among adults, WHO, 2004). Alcohol dependence syndrome is not only common, but also chronic and sometimes fatal. It affects not only the patients themselves, but also their family as well as their whole environment (Woititz, 1992, 2002).

Scientists have been studying alcohol use disorder for many years, identifying its biological, psychological and socio-cultural conditions. They have analyzed the influence of genes, personality and temperamental traits, cognitive schemas, social inheritance or *Zeitgeist* (cf. Adamczyk, 2015; Woronowicz, 2009). The researchers focused on deficits observed in addicts (e.g. coping or social skills shortage) as well as various factors that they cannot control (e.g. genes, family emotional climate). Notwithstanding, the newest trends in addiction treatment are based on goals, strengths and enhancing a patient's self-efficacy, not tracking their weaknesses and deficiencies. For instance, we can find these strategies in the motivational and solution-focused therapies (Miller, 2009; Modrzyński, 2012; Shazer, Isebaert, 2003). Focusing on resources and factors that support human health and well-being complies with the salutogenic approach (Antonovsky, 1995; Piotrowicz, Cianciara, 2001) and Conservation of Resources Theory by Hobfoll (2006). For this study group, it is also crucial to recognize factors that may facilitate the treatment and enhance the motivation to stay sober. We think that one of these elements might be resiliency as well as the sense of meaning and purpose in life.

Resiliency

One of the most essential forms of mental strength for people struggling with the disease is resiliency. It gives individuals an ability to flexibly adapt to life events, to mobilize in difficult situations and to tolerate defeats and negative emotions (Ogińska-Bulik, 2014). Resiliency is also understood as a capacity to use all of one's resources to cope with difficulties, e.g. feeling and expressing positive emotions, gratitude, compassion and optimism (Heszen, Sęk, 2007). Resilient individuals are also emotionally stable, open to experience, confident and ready to use social support (Garcia-Dia et al., 2013; Ogińska-Bulik, Juczyński, 2008). Unfortunately, alcoholic patients seem to be less resilient than healthy individuals (Ogińska-Bulik, 2014) which may impede addiction recovery and increase the risk of relapse.

The existential approach of Victor Frankl

Spirituality is recognized as an important aspect of the addiction therapy, strengthening its effectiveness and preventing relapse (Modrzyński, 2012; Stewart, 2001; Sterling et al., 2007). One of the clinical methods based on spirituality is logo-therapy (Greek: *logos* – “meaning”), developed by Victor Frankl (2010/1988; 2011/1946).

Frankl (1984/1950) defined the meaning of life as people's main living motivation. He was convinced that every life has its meaning under all circumstances, even the most terrifying, unpleasant and miserable ones. Frankl also thought that the meaning of life is a mechanism which protects an individual against mental disorders. He thought that the "Mass Neurotic Triad" – depression, aggression and addiction – is the result of the frustration of man's search for meaning. He referred to some studies which proved that many alcoholics consider their life as meaningless (Von Forstmeyer, Kripner, in: Frankl, 2011/1946). People with some kind of purpose in life are less prone to alcohol use disorder and they are also more able to control their drinking behaviors (Marsh et al., 2003).

Another important aspect of Frankl's theory is the realization of the significant values (Frankl, 1978, 2010/1988). The author referred to Max Scheler's value classification and distinguished the following values: creative, experiential and attitudinal. Creative values are connected with productivity and creativeness; experiential values with feeling and experiencing; while attitudinal values are related to enduring life difficulties. In logo-therapy these last values are crucial, they allow us to transform the "tragic triad of human existence" – guilt, suffering and death – into something more positive and fulfilling.

According to Frankl, people are capable of finding the meaning of life and realizing their significant values because of the human freedom – the ability to choose an attitude in any given set of circumstances, to make our own way (1978, 2011/1946). In some way this personal freedom is connected with the internal locus of control (Rotter, 1975). Due to logo-therapy, people are not only *free to* search for their meaning and purpose in life, but they are also *free from* internal and external conditions. That second kind of freedom empowers self-transcendence and self-detachment.

The libertal-value-grounded theory of the meaning of life

The libertal-value-grounded theory is based on Frankl's existential approach (Ostrowski, 2008, 2014, 2015). The aim of Ostrowski was to develop theory, which can be empirically verified. The theory propounds that the meaning of life evolves gradually from the interaction of the dispositions, arranged in hierarchical order. Subjective freedom is the preliminary disposition which determines the range of significant values. The meaning of life itself comes from personal freedom and sensitivity to values. The author offers the hypothesis that a higher sense of personal freedom and sensitivity to experiential, creative and attitudinal values have a positive, elevating effect on the meaning of life.

Research hypotheses

The aim of the research was to examine the relationships between the meaning of life, its determinants and resiliency in the group of patients with alcohol use disorder. The authors intended to identify direct connections between them. The second aim was to replicate the previous studies and verify the libertial-value-grounded theory of the meaning of life in this particular study group (Ostrowski, 2008). The third aim was to examine whether alcoholic individuals truly are less resilient than healthy ones, as it was suggested in the Ogińska-Bulik research (2014).

The following research hypotheses were formulated:

- H1: In the group of patients with alcohol use disorder, existential resources: meaning of life, personal freedom and sensitivity to values affect resiliency.
- H2: Meaning of life is conditioned by personal freedom and sensitivity to values.
- H3: A correlation exists between resiliency, together with its components, and existential factors.
- H4: Patients suffering from alcohol use disorder are less resilient than people in the general population.

Method

The study was conducted between October 2014 and January 2015 on the group of 52 patients from two institutions: residential care home and residential treatment centre for alcohol addicts. The sample was 81% male (42 men and 10 women), the age range from 25 to 76 ($M = 48.6$, $SD = 14.2$). The majority of the examined group had secondary (40%) or vocational (29 %) education, 21% began their studies, but only eight percent obtained master's degree. Ten percent finished their education in primary school. One-third of the patients were single, 31% were in a relationship and the rest were either divorced, separated or widowed. 62% of the group were unemployed. Most of the patients (96%) abused alcohol for more than 10 years, 63% – for more than 20 years. The whole group was clinically diagnosed with alcohol dependence syndrome. The majority of the respondents (96%) admit to the alcohol problem, but only 75% called it “alcohol dependence”. Nonetheless, 21% of the group were reluctant to treatment.

Resiliency was surveyed with the *Resiliency Assessment Scale* (SPP-25, Ogińska-Bulik, Juczyński, 2008), which contains following factors: 1) *Persistence and Determination*, 2) *Openness to New Experiences and a Sense of Humour*, 3) *Personal Coping Skills and Tolerance of Negative Affect*, 4) *Tolerance of Failure and Treating Life as a Challenge*, 5) *Optimistic Attitude to Life and the Ability to Focus in Difficult Situations*. SPP-25 is the reliable tool, with the alpha coefficient of 0.89 for the entire scale and the accuracy rates ranging from 0.67–0.75 for the five sub-scales. The test-retest method proved the high stability (0.85) of the results.

The meaning of life was measured by the 20-items *Attitude to Life Questionnaire* (Ostrowski, 2008). The scale is a 20-item instrument with high accuracy (the alpha coefficient 0.85) and diagnostic relevance. The obtained results were correlated with the results of the *Purpose of Life Test* (Crumbaugh, Maholick, 1969; Pilecka, 1986) and the interconnection was positive and significant ($r = 0.59, p < 0.001$).

Personal freedom was examined with *Personal Freedom Questionnaire* (Ostrowski, 2008), composed of 40 items. The measurement consists of four scales, three of them are positive: *Social Independence* ($\alpha = 0.62$), *Sense of Freedom* ($\alpha = 0.63$), *Internal Locus of Control* ($\alpha = 0.69$) and one is negative: *Sense of Being Lost in Freedom Without Guidance* ($\alpha = 0.67$). The entire questionnaire demonstrates good reliability ($\alpha = 0.83$).

Sensitivity to values was surveyed with *Sensitivity to Values Questionnaire* (Ostrowski, 2008). Based upon the Frankl theory, three scales were distinguished: *Attitudinal Values* ($\alpha = 0.74$), *Creative Values* ($\alpha = 0.90$) and *Experiential Values* ($\alpha = 0.84$). The responders were asked to identify each value which proved important to their lives. Afterwards, they had to choose whether those significant values "brought a positive change to their lives". If they assumed that a negative category (e.g. "illness" or "jail") had brought to them something good, that value would be categorized as an attitudinal value. The whole measurement shows good reliability ($\alpha = 0.91$).

The simple correlation analysis and path analysis were used in statistical analysis of data. The path analysis was used as multi-multivariable analysis. This is the method that, based on the results of the cross-sectional research, enables you to check a causal hypotheses. By interpreting the diagram of the paths, as a model of cause and effect, it can be concluded that the variable x can have an impact on the variable y. Model does not, however, decide the direction of dependencies, because on the basis of the same data, it can be possible, that you build the alternative model.

The first and the most important in process of verification of hypothesis is the scientific idea of researcher. The conformity between the model received from path analysis and the theoretical concept of the authors is the primary criterion for acceptance of the model.

The statistical criteria of path model are the measures of fit of the model to the empirical data. Each statistical model reduces the information contained in the data. Measure of goodness of fit they show whether this reduction is acceptable. While the difference between the information contained in the model and empirical data is not statistically significant (*chi-squared* is not significant), the model can be accepted.

It should be noted that the conclusion about the causal relation in this article are formulated as possible, according to the theory, but not proven statements.

Results

Pearson's correlation coefficient was used to identify significant correlations between resiliency, its components and existential factors. a detailed presentation of the results can be found in Tables 1 and 2.

Table 1. Correlations between resiliency, its components, and existential factors (the Pearson correlation coefficient r , $n = 52$)

	Meaning of life	Personal freedom
Resiliency	0.56***	0.48***
Persistence and Determination	0.41**	0.47***
Openness to New Experiences and a Sense of Humour	0.54***	0.24
Personal Coping Skills and Tolerance of Negative Affect	0.30*	0.37**
Tolerance of Failure and Treating Life as a Challenge	0.49***	0.35**
Optimistic Attitude to Life and the Ability to Focus in Difficult Situations	0.55***	0.51***

*** p value < 0.001 , ** p value < 0.01 , * p value < 0.05

Source: own work

Table 2. Correlations between resiliency components and sensitivity to values (the Pearson correlation coefficient r , $n = 52$)

	Creative Values	Experiential Values	Attitudinal Values
Openness to New Experiences and a Sense of Humour	0.25	0, 37**	-0.01
Personal Coping Skills and Tolerance of Negative Affect	0.11	0.07	0.28*
Optimistic Attitude to Life and the Ability to Focus in Difficult Situations	0.30*	0.23	0.37**

** p value < 0.01 , * p value < 0.05

Source: own work

A statistically significant, positive and moderate correlation was established between meaning of live and resiliency ($r = 0.56$, $p < 0.001$), as well as between resiliency and personal freedom ($r = 0.48$, $p < 0.001$). Nearly all resiliency components show statistically significant correlations with these existential factors.

When it comes to sensitivity to values, only several resiliency components show statistically significant and positive correlations. Attitudinal values correlate with *Personal Coping Skills and Tolerance of Negative Affect* ($r = 0.28$, $p < 0.05$) and *Optimistic Attitude to Life and the Ability to Focus in Difficult Situations*

($r = 0.37, p < 0.01$). *Optimistic Attitude* correlates also with creative values ($r = 0.30, p < 0.05$). Experiential values show statistically significant correlation with *Openness to New Experiences and a Sense of Humour* ($r = 0.37, p < 0.01$).

To verify the hypothesis about lower resiliency levels in the group of patients with alcohol use disorder, the research results were compared with the outcomes in the general population, published by Ogińska-Bulik and Juczyński (2008). The results are presented in the Table 3.

Table 3. Resiliency in patients with alcohol use disorder and in the general population (data from Ogińska-Bulik, Juczyński, 2008)

Sten scores	Resiliency	% of research group ($n = 52$)	% of general population ($n = 492$)
1–3	Low	31	28
4–6	Medium	33	41
7–10	High	36	31

Source: own work

The research hypothesis has not been confirmed. In the study group, more patients obtained extreme (high or low) results, but generally the resiliency level did not differ significantly from the one observed in the general population.

Path analysis (SPSS, Amos) was used in order to create a model describing the dependencies among tested variables: resiliency and existential factors. An empirical verification of the libertial-value-grounded theory of the meaning of life in the study group was initially examined. Therefore, the research presented in this chapter is in some way the third replication research (Ostrowski, 2008; Ostrowski, 2015).

The results obtained in 2008 from path analysis demonstrated the following dispositions in a sequence: the sensitivity to values – the subjective personal freedom (more precisely just one aspect: lack of lost in the world) – the meaning of life. Then, it was proved that the meaning of life is conditioned both by the subjective freedom and the sensitivity to values in the sequential arrangement.

In replication in 2015 (healthy people) the main statement of the libertial-value-grounded theory of the meaning of life was confirmed. There were two predictors of meaning of life, that is: the subjective personal freedom and the sensitivity to values. They were in the sequential arrangement, but in opposite order: the first was the subjective personal freedom and the direct impact on meaning of life had the variable: the sensitivity to values (Ostrowski, 2015).

The importance of both predictors was confirmed in the current analysis (Fig. 1). However, each one of them (i.e. the sensitivity to values and the subjective personal freedom) affects the meaning of life independently, not sequentially, as it was demonstrated earlier. Still we must remember that it is only partially justified to interpret the path model in causal terms. The model presented in this research

fits the data correctly, which means that it is right in the light of this data so the theory enables us to speak of causality. Nevertheless, it does not prove that this particular model is the only proper one, because it would be possible to create different model based one the same data.

In order to define existential determinants of resiliency in alcohol disease the path model was created (Fig. 2). Regarding the meaning of life's conditions, the variable "The attitudinal values" turned out insignificant. The rest of the meaning of life's predictors stay the same. Only three resiliency components matter in this model: *Openness on New Experiences and Sense of Humor* (in the diagram: "Openness"), *Optimistic Life Attitude and Ability to Mobilize in Difficult Situations* ("Focus") and *Personal Coping Competences and Tolerance of Negative Affect* ("Coping Skills"). The openness and the ability to mobilize are under the direct influence of the meaning of life, whereas coping skills are affected indirectly through the ability to mobilize. The model fits the empirical data properly, it explains from 16 to 39% of the resiliency component variance.

Discussion

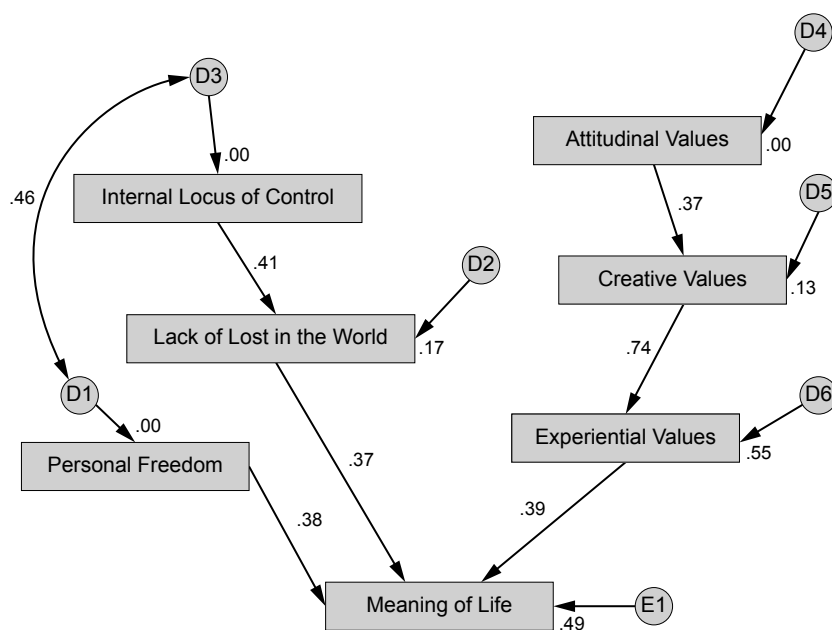
The subsequent empirical verification of the libertial-value-grounded theory of the meaning of life has confirmed its essential statement: the meaning of life is the greater, when individual feels more free as a person and he is more sensitive to the values of the surrounding world. In different studies the relationships between these two predictors composed variously, however, it seems that the most relevant is the version in the last model, in which the two predictors of the meaning of life work independently of each other.

The results of this study can enrich existing knowledge of the relationship between resiliency and existential factors. An association between resiliency and meaning of life was shown in several researches (Kleiman, Beaver, 2013; Ostrowski, 2015; Nygren et al., 2005; Saraf, Singh, Khurana, 2013; Schaefer et al., 2013; Smith et al., 2009). In the existential context, *Optimistic Attitude to Life and the Ability to Focus in Difficult Situations* seems to be the most important component of resiliency, maybe because both meaning of life and optimism are positively associated with life satisfaction and negatively related to psychosocial problems (Ho, Cheung, Cheung, 2010). What is more, some research showed that optimism predicts positively search for meaning of life (Şahin-Baltacı, Tagay, 2015). Another resiliency component *Openness to New Experiences and a Sense of Humour* is connected with an individual sensitivity to experiential values, probably because of the experiential aspect. Sensitivity to attitudinal values – one's ability to re-evaluate negative experiences and see the good part of them – is connected with *Optimistic Attitude to Life and the Ability to Focus in Difficult Situations* as well as *Personal Coping Skills and Tolerance of Negative Affect*. It seems that people who are capable of coping with difficult situations, enduring

negative emotions and maintaining optimism are more likely to see the positive aspect of life's misfortunes. Optimistic attitude to life also supports creativity (Icekson, Roskes, Moran, 2014).

It occurred that patients with alcohol use disorder do not differ significantly from the general population in terms of resiliency. However, the population of alcoholic patients is very heterogeneous and the study group was too small to generalize obtained results. In order to provide a better understanding of this issue, the replication research should be conducted in the larger and more varied group of responders.

Fig. 1. The path model of the meaning of life and its determinants: subjective personal freedom and individual sensibility to values ($n = 52$). Fit of model is satisfactory: $\chi^2(14) = 13.21$; $p = 0.51$; RMR = 1.16; GFI = 0.93; AGFI = 0.87; RMSEA < 0.001. The variability of meaning of life is explained in 49%



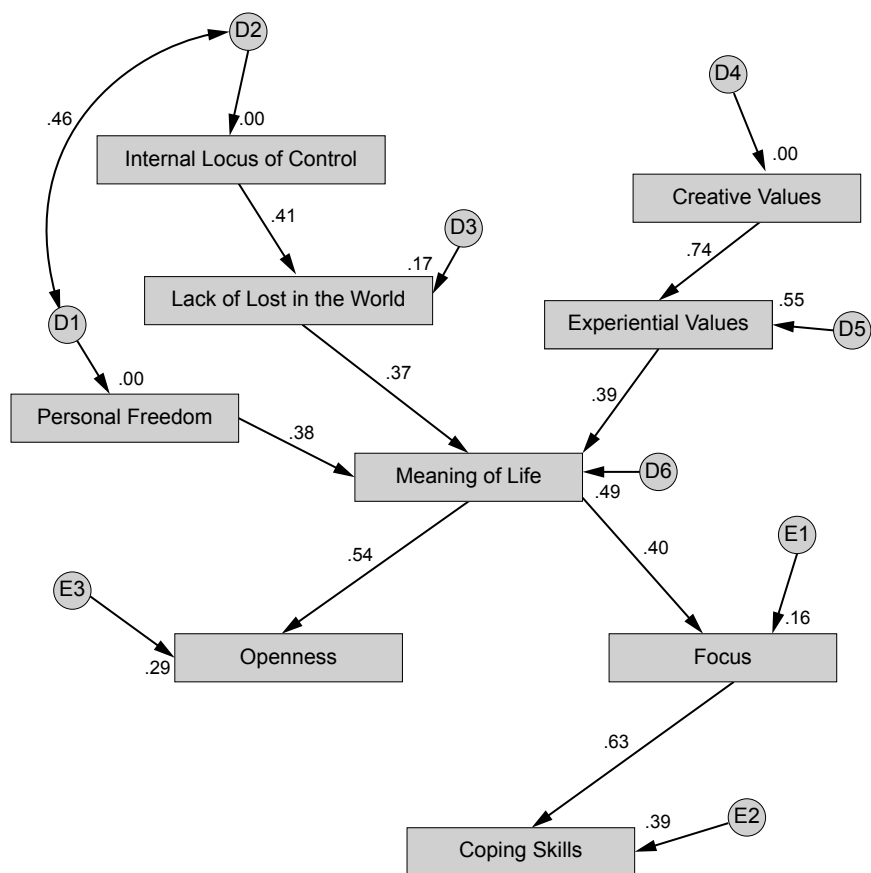
Source: own work.

Conclusions

1. The fundamental statement of the libertal-value-grounded theory of the meaning of life has been confirmed again. The meaning of life is conditioned by the sense of personal freedom and individual sensitivity to values. The evidence from this research proves that the two predictors of the meaning of life work independently of each other.

2. It should be noted that the verification of the libertarian-value-grounded theory of the meaning of life gives similar results in the group of patients with alcohol use disorder, after myocardial infarction and in healthy individuals.
3. In the study group, resiliency is directly conditioned by the meaning of life and its determinants. It seems that people who *have* a sense of *life meaning* tend to be more resilient.
4. Despite the results of other Polish studies, patients with alcohol use disorder are no less resilient than individuals in the general population.

Fig. 2. The path model of relationship between resiliency and meaning of life and its determinants: the subjective personal freedom and the sensibility to values ($n = 52$). Fit of model is satisfactory: $\chi^2(27) = 34.80$; $p = 0.144$; RMR = 1.46; GFI = 0.88; AGFI = 0.81; RMSEA = 0.075. The variability of resiliency is explained in range from 29% – Openness, 16% – Focus to 39% – Coping Skills



Source: own work.

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