

## AGGRESSION AND LIFE SATISFACTION IN ADULT CHILDREN OF ALCOHOLICS

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**Key words:** ACoA, aggression, life satisfaction.

### Summary

**Aim:** to verify hypotheses about differences in the level of satisfaction with life and its aspects, as well as aggression in the ACoA and the control group, and the relationship between satisfaction and aggression in these groups.

**Method:** The sample consisted of 100 people living in Warsaw. Among the respondents were 58 men and 42 women. Everyone involved in the study was over 18 years of age, the oldest tested was 25 years old. The average age was 23.3.

The study used The Life Satisfaction Questionnaire (KZZ), to examine the level of aggression Inventory of Psychological Aggression Syndrome (IPSA) and to explore the emergence of the group of ACoA - Questionnaire for Research Place in the Family.

**Results:** ACoA show lower life satisfaction and higher levels of aggression than the control group.

### Introduction

Quality of life. Since Campbell's seminal work in the seventies of the previous century, quality of life became a subject of interest for psychologists. He singled out 15 spheres of life concerning satisfaction with marriage, family, health, neighbors, friends and acquaintances, house-keeping, profession, education and savings [1].

In psychology the term quality of life was borrowed from everyday speech, from philosophy (Aristotle) and technology together with all its ambiguities and arguments. One of the main issues under dispute inquired whether quality of life was a feature that it the quality of an object and a process or a relation of features. The other basic argument concerned a difference between quality in its descriptive sense (facts and states) and quality in its evaluative sense, described with evaluation, praise or condemnation expressed –life satisfaction [1].

Contemporary psychological research on quality of life singles out two trends, pragmatic and experiencing. The latter is represented by Kowalik [2], who proposed an ori-

ginal theoretical approach, taking quality of life (the sense of quality of life) to consist of the experiences lived through in a given period of time. Those experiences are individual for everyone and may be determined by various factors, such as financial situation, life occurrences or social norms. Yet, the most important issue concerning quality of life is making use of information, in the broad sense of the word, to enrich one's inner world and release one's varied sphere of experience. That means to engage various psychological processes (memory, imagination, perceptiveness and thinking) to evoke one's emotional sphere in relation to experiencing diverse reality.

The former trend concerning quality of life was well described by Tomaszewski [3]. He maintained that quality of life depends on the process of individual development and the shaping of the world. He puts forward the following criteria to discern quality of life; they are plentiful emotional experiences, the level of awareness of oneself and one's environment, the level of individual activity, creativity (human activity that produces worthy results), and participation in social life. Thus, the author described the results of human activity that should aim at molding man and the world and by that generate quality of life.

Cantor's concept [1] on quality of life situates itself on the opposite pole. The author maintains that every individual directs his own life, sets his own goals and tasks. Individuals choose personal life tasks for every stage in their lives. Those tasks become valuable depending on time and place for their accomplishment. Working on those tasks (everyday) becomes a source of emotional experiences and, in consequence, determines satisfaction with life. Cantor stresses that assessing quality of life also depends on everyday social experiences, which shows when comparing oneself with others and in rewarding value of the tasks accomplished. The author assumed that every individual has subjective criteria enabling him to define the level of satisfaction with life. However, one condition is significant; individuals should have an opportunity to gain experiences while completing various tasks. One can say that the amount of positive or negative emotional experiences in personal or social life becomes indicative of individual

life satisfaction.

**Adult Children of Alcoholics – research.** The US approximate data revealed that children brought up in alcoholic families of at least one addicted parent constituted 14% of the population that is about 28 million people. About 2/3 of them were under 18 years old [4]. In Poland the same group consisted approximately of 1 million. The exact number of ACoA is unknown, though one may assume that the figure of drug and alcohol addicts amounts to a few million, so probably does the population of children [5]. The very figures make it worthwhile to examine how ACoA function in psychosocial and material spheres so what is their quality of life.

Here M. Windle's [4] theoretical model of child functioning in alcoholic families and possible consequences in adulthood may come in useful. Windle's model [4] called 'Dynamic diathesis- stress model' included interactions of several factors that could potentially influence child development when brought up by alcohol addicts. The model pointed to the problems before the baby was born (violating parental rights, parental psychic disorders, parents' social contacts, prenatal factors) and other risk factors for the baby. Biological risk factors of dysfunctional behaviour are as follows, electric activity of the cerebral cortex, susceptibility to alcohol, reproducing stress and neurotransmitters. Psychological factors are as follows, temperament, aggression, cognitive style, expectations concerning results of drinking, low intelligence level, coping with difficulties and imagining one's abilities. Social factors are as follows, deficits in exercising parental functions, marriage conflicts, and financial troubles, absence of family rituals or difficult relationships with siblings. Social factors from outside the family are isolation from peers, aggressive behaviour, and limited number of acquaintances or deficits in social skills. The above risk factors could be influenced by some other stressful problems such as, neighborhood, school, peers or other events, ie. falling victim of physical or sexual abuse. They, in turn, could cause various physical and psychological problems that could be transmitted into adulthood (ACoA). These problems could be either internalized or externalized. The former show as depression, anxiety and alienation; the latter as problems with alcohol, drug abuse, law breaking, aggression, injuries and suicide.

Examining Kowalik's [2] quality of life model and Windle's [4] emergence of psychosocial problems of ACoA it is worthwhile to analyze how the children brought up in the families with at least one alcohol addict function in adult life.

Most research on ACoA concentrated on the problems of depression, anxiety and drug abuse they experienced due to the situation in generational families.

According to several authors, families with the problem of alcohol abuse and parental neglect experienced lots of

chaos anxiety, stress, physical menace, which must influence their psychosocial functioning as adults [6; 7; 8]. Besides, such families lacked in clear-cut rules and social support. In adult life it resulted in low self satisfaction and susceptibility to depression symptoms [9; 10]. E. M. Hill and others [11] stated that the atmosphere of alcoholic families could influence socio- economic functioning when researching on ACoA adaptation in the sphere of psychiatric disorders (phobias, depression, anxieties, etc.) and socioeconomic status (income, employment). Independent variables were, parental addiction, and their economic status treated as a kind of stress. It has been shown that children from poor and alcoholic families showed the following differences with the control group, shorter schooling, low status and low income. ACoA showed more psychiatric disorders than the control group. Quantitative differences showed in such variables as the number of divorces and satisfaction with marriage in the clinical group between men and women, which occurred also in gender differences.

Other research suggested as grownups they function much more poorly even than other clinical groups, ie. depression or eating disorders. Compared with those with eating disorders, ACoA are characterized with passive coping with stress, poor sense of humor, suppressing feelings, especially negative ones [12]. ACoA have several problems with low awareness of experiencing one's body, identifying emotions and showing anger and aggression [13]. Compared with the depressive group ACoA they show more alcohol abuse and drug abuse, more aggressive behaviour, more physical injuries and fewer of them have secondary school education. Watt [14] compared ACoA (research group N=10000) and control group in terms of their functioning in marriage only to find out that ACoA got married less frequently, were dissatisfied with marriage, showed considerable distance from their partners and women were more dependent from their partners.

Though the research referred to so far dealt with the problems of psychosocial functioning of ACoA, the present paper is going to concentrate on the particulars of the mechanisms arising in the area of life satisfaction.

It is worth recalling Polish research on the problems of ACoA concerning satisfaction and quality of life. Researchers proved that compared with a control group ACoA showed more symptoms of anxiety and depression, subjectively lesser social support, less satisfied with life, with relations with their own children, marriage or partnership, friends, themselves, housing situation and sex life. Unlike the control group, ACoA emotional support connotes positively with satisfaction with health, employment, time off, themselves, relations with friends and general life satisfaction, and negatively with satisfaction with marriage/partnership. ACoA life satisfaction shows strong links with such outer factors as emotional support and poor links with

internal factors that is psychic health [15].

Other research also points to the level of generational family dysfunction, which has an impact on intensity of psychiatric disorders and psychosocial problems of ACoA, such as depression, phobia and aggression. The most important issues are, domineering position of the alcohol abuser, use of violence, bad and combative atmosphere at home, mother's neglect (mother's impulsiveness and emotional volatility), parental neglect in difficult and dangerous situations for the child [16].

The latest research proves that ACoA felt lower life satisfaction, drank more alcohol and experienced more depressive states than non ACoA [17].

Summing up the research so far, one may conclude that children and adolescents brought up in alcoholic families may transmit several problems into their adult lives (health, psychological, social and legal). At the same time they differ in their psychological or social susceptibility to experience various problems when dissatisfied with themselves.

According to Kowalik [2] functioning in adverse psychosocial conditions has a significant and destructive impact on the emotional sphere. It mainly concerns emotional functioning (high level of anxiety and aggression, low mood) and social functioning (alienation, marital problems). There is also the sphere of awareness and self awareness that causes many problems (poor awareness of personal experiences, alcohol or drug abuse) [3]. So everyday life experienced by these individuals could result in reducing life satisfaction - as indicated by Cantor [1].

The studies discussed above include both trends of research on quality of life - experiential and pragmatic. They describe the treatment of groups in terms of emotional experiences they came across everyday during the last three months (aggression) and also assess their own lives (life satisfaction).

Yet applying Windle's model of social functioning and Kowalik's model of quality of life one can illustrate the development of some aspects in the sphere of life satisfaction of ACoA. Alcohol abuse in the family brings about several negative psychosocial consequences for their children, such as, anxiety, depression or aggression. Unsolved psychosocial problems will result in low quality of life in various spheres for ACoA. Low level of quality of life is responsible for their low level of self satisfaction.

In view of the above the following questions and hypotheses can be formulated:

Is satisfaction with life and its aspects lower and aggression higher in the ACoA than in the control group?

Is aggression linked with life satisfaction with ACoA?

The following hypotheses have been put forward: H1. ACoA demonstrate lower level of life satisfaction and higher level of aggression than the control group; H2. ACoA's aggression reveals a different kind of interdepen-

dence with life satisfaction than the control group.

**Aim:** to verify hypotheses about differences in the level of satisfaction with life and its aspects, as well as aggression in the ACoA and the control group, and the relationship between satisfaction and aggression in these groups.

### Material and method

**Study groups.** To conduct the research two groups of students, ACoA and control, were selected from various high schools and Questionnaire for Research Place in the Family adapted by Ślaski [18] was used<sup>1</sup>. On the grounds of the results 50 persons were selected as ACoA when they gave 3 (out of 6) positive answers, which qualified them as belonging to the individuals from dysfunctional families with one parent alcohol addicted. The control group (50 nonACoA persons) was selected on the same questionnaire when no positive answers were given concerning parental alcohol abuse.

All 100 subjects lived in Warsaw. The group consisted of 58 men and 42 women. All participants were over 18, the oldest was 25 years old; the average age was 23.3. Sex, age and place of residence were disregarded in analyzing and interpreting results.

Research methods. J. Fahrenberg, M. Myrtek, J. Schumacher, E. Brahler's Life Satisfaction Questionnaire [19] consists of 10 subscales: health, employment and profession, financial situation, free time, self-assessment, contacts with friends and acquaintances, housing, marriage/partnership and sexuality. The questionnaire aimed at obtaining the data concerning the subjects' life satisfaction, depending on the aspect measured and establishing how big an influence these aspects have on life satisfaction. The method of internal consensus was used to measure the accuracy of the subscales. Cronbach's alpha coefficients were satisfactory from 0.80 to 0.96. Accuracy was assessed comparing the questionnaire results with other methods of measuring quality of life, and measured from 0.57 to 0.67.

Psychological Inventory of Aggression Syndrome by Z. Gaś [20] concerns objective analysis of adult aggression. It includes aggressive tendencies both conscious and unconscious directed at oneself and others. The Inventory has several scales, among others, self-aggression emotional, physical self-aggression, aggression toward others, unconscious aggressive tendencies, transferred aggression, indirect aggression, verbal aggression, physical aggression, control of aggressive behaviour, tendency to retaliate. Accuracy of subscales amounts to 0.91-0.94, external accuracy 0.83 with regard to Buss & Durkee.

Questionnaire for Research Place in the Family serves to identify ACoA and consists of 6 questions. It was based

<sup>1</sup> The author wishes to thank T. Podgórski MA for conducting part of the research

on another ACoA questionnaire authored by Jones [18]. It has been adapted to suit Polish conditions in agreement with the principles of test construction in the group of 150 examinees clinically diagnosed as ACoA. The reliability of the questionnaire measured  $\alpha$ -Cronbach's coefficient was 0.89 for the entire scale.

Statistical data analysis test was used for differences in Student's t-test, r-Pearson's correlation and canonical correlation analysis.

## Results

The aim of this study was to test the correlation relationship of aggression and life satisfaction, its aspects in people coming from dysfunctional families (ACoA), in which at least one parent was alcohol addicted. The results largely confirm the assumed hypothesis.

Within the first hypothesis (H1) and according to it (Table 1) ACoA present higher levels of aggression than the control group - a statistically significant difference - in verbal aggression ( $t = 3.39$ ,  $p < 0.001$ ), indirect aggression ( $t = 3.89$ ,  $p < 0.001$ ) and retaliation ( $t = -11.59$ ,  $p < 0.001$ ) and lower in the control of aggression ( $t = -8.65$ ,  $p < 0.001$ ).

Within the first hypothesis (H1) and according to it (Ta-

**Table 1.** Mean values for aggression in the study group (ACoA) and the control group (nACoA)

\*\*\* -  $p < 0.001$ ; Ns - not statistically significant (*one-tailed test*)

	Group				t	p
	Study		Control			
Aggression	M	SD	M	SD		
Emotional self-aggression	2.71	1.74	2.83	1.62	-0.24	Ns
Physical self-aggression	1.99	1.73	1.77	1.64	0.66	Ns
Hostility toward others	3.26	1.54	2.83	1.45	1.23	Ns
Unconscious aggressive tendencies	2.51	1.81	2.41	1.92	0.12	Ns
Displaced aggression	3.14	2.04	2.63	2.11	0.86	Ns
Indirect aggression	3.44	1.81	2.37	1.43	3.89	***
Verbal aggression	6.41	3.86	4.03	1.57	3.39	***
Physical aggression	2.43	1.93	1.94	1.97	0.97	Ns
Control aggression	4.23	2.33	11.78	2.11	-8.65	***
Tendency to retaliate	11.33	3.81	2.94	2.66	11.59	***

ble 2) people from dysfunctional families (ACoA) present lower quality of life - differences statistically significant - in the sphere of self-assessment ( $t = -5.79$ ,  $p < 0.001$ ), in the field of friends ( $t = -5.33$ ,  $p < 0.001$ ), in the area of housing ( $t = -3.92$ ,  $p < 0.001$ ), in the sphere of marriage / partnership ( $t = -2.59$ ,  $p < 0.01$ ), in the realm of sexuality ( $t = -6.29$ ,  $p < 0.001$ ). In contrast, the group of ACoA reveals higher quality of life in the sphere of free time ( $t = 3.82$ ,  $p < 0.001$ ) in the sphere of finance ( $t = 4.15$ ,  $p < 0.001$ ) than the control group, which is inconsistent with the first hypothesis (Table 2).

In the study group reported (Table 3) statistically significant positive correlations show between emotional self-aggression and satisfaction with sexuality, unconscious aggressive tendencies and satisfaction with health, control of aggression and satisfaction with sexuality, retaliation and satisfaction with friends. In contrast, negative correlations can be found between physical self-aggression and satisfaction with friends and marriage, hostility towards others and satisfaction with friends, indirect aggression and satisfaction with marriage, verbal aggression and satisfaction with marriage, controlled aggression and contentment with self-assessment.

In the control group, there were statistically significant positive correlations between physical self-aggression and content with self-assessment, hostility towards others and satisfaction with sexuality, unconscious and aggressive tendencies with satisfaction with marriage, controlled aggression and job satisfaction and sexuality.

In contrast, negative correlations can be noted between hostility towards others and leisure time and satisfaction

**Table 2.** Mean values for life satisfaction in the study group (ACoA) and the control group (nACoA)

\*\*\* -  $p < 0.001$ ; \*\* -  $p < 0.01$ ; Ns - not statistically significant (*one tailed test*)

	Group				t	p
	Study		Control			
Life satisfaction	M	SD	M	SD		
Health	31.76	4.72	33.43	3.46	-1.72	Ns
Work and profession	33.17	4.61	33.78	4.49	-0.13	Ns
Financial situation	33.34	5.76	28.12	3.21	4.15	***
Free time	37.43	5.45	33.14	3.46	3.87	***
Self-assessment	30.49	5.88	38.13	3.84	-5.79	***
Friends	30.36	4.51	36.52	4.24	-5.33	***
Housing	32.23	4.47	37.28	6.25	-3.92	***
Marriage/ Partnership	35.24	6.94	41.11	6.89	-2.59	**
Sexuality	34.35	5.24	42.38	5.37	-6.29	***

with friends, displaced aggression and satisfaction with housing and marriage, verbal aggression and satisfaction with marriage, controlled aggression and leisure time and financial situation, retaliation and contentment with sexuality (Table 3).

However, canonical analysis was applied due to the complexity of the phenomenon of satisfaction with life and the existence of its various forms. This method allows to

determine simultaneously the strength of association set of a number of independent variables (aggression) and a set of multiple dependent variables (life satisfaction) taking into account the relationships between the variables in a given set. The first pair of canonical variables in the ACoA group explains the tens of percent variance from the opposing sets of variables (Rd respectively 18.9% and 11.9%). A pair of canonical variables in the ACoA group illustrates

**Table 3.** Correlations between types of aggression and life satisfaction in the study and control groups

	Satisfaction with life									
	Health		Work		Finances		Free time		Self-assessment	
Aggression	C	S	C	S	C	S	C	S	C	S
Emotional self-aggression	-.22	.03	.05	.04	-.24	.20	.17	.04	<b>.34*</b>	-.19
Hostility toward others	-.23	-.27	-.12	.01	-.27	.03	<b>-.33*</b>	.12	-.03	-.22
Unconscious aggressive tendencies	-.16	<b>.31*</b>	-.18	.23	-.25	.08	-.22	.26	-.15	.26
Control aggression	.03	-.23	<b>.33*</b>	-.13	<b>-.42*</b>	-.27	<b>-.35*</b>	-.18	-.09	<b>-.43*</b>
Tendency to retaliate	-.22	.08	-.04	<b>31*</b>	.22	-.21	-.05	.03	-.28	-.13

**Table 3.** (continued) Correlations between types of aggression and life satisfaction in the study and control groups

C- control group; S- study group; \* - p <0.05; \*\* - p <0.01; Table provided only the dimensions of the aggression, which correlate with dimensions of satisfaction with life

	Satisfaction with life							
	Friends		Housing		Marriage		Sexuality	
Aggression	C	S	C	S	C	S	C	S
Emotional self-aggression	.14	-.05	-.05	.13	-.02	-.14	-.04	<b>.54**</b>
Physical self-aggression	-.02	<b>-.37*</b>	-.02	.14	-.03	<b>-.34*</b>	.05	-.14
Hostility toward others	-.17	<b>-.31*</b>	.04	.06	-.27	-.15	<b>.42*</b>	.04
Unconscious aggressive tendencies	.22	-.15	-.14	.06	<b>34*</b>	-.23	.14	.06
Displaced aggression	-.17	-.14	<b>-.35*</b>	.09	<b>-.60**</b>	-.16	.08	.09
Indirect aggression	-.02	-.14	.05	-.06	.16	<b>-.30*</b>	.04	-.15
Verbal aggression	.12	.15	-.16	.14	<b>-.49**</b>	<b>-.35*</b>	-.22	.01
Control aggression	.05	.06	.05	.08	.01	.05	<b>.41*</b>	<b>.32*</b>
Tendency to retaliate	-.05	<b>.43**</b>	-.09	-.22	.04	.14	<b>-.34*</b>	.09

the correlation between satisfaction with health, work and self-assessment and little satisfaction with friends and sexuality and high aggression physical and emotional, unconscious aggressive tendencies, indirect aggression and low hostility toward others. In contrast, a pair of canonical variables in the nonACoA group shows several percent of opposing sets of variables (Rd respectively 16.9% and 7.6%). A pair of canonical variables in the nonACoA group indicates a correlation between high satisfaction with sexuality, of being in a relationship and friends, and with low satisfaction with housing and free time and controlled aggression and lower hostility towards others and verbal aggression.

**Discussion**

It can be said that persons from dysfunctional families (ACoA) had unfavorable conditions of psychosocial development from the very start of their existence. Several studies confirm that they grew up in adverse family environment [12; 16]. Educational environment in the families can be compared to the state of emergency, chaos, neglect or rejection with which parents treat their children. Unfavorable psychosocial effects on children and later adults have been proved in psychological publications [21; 22]. They show exceptionally well that satisfaction with family life is reflected in ACoA's emotional experiences. Compared to their peers, they often experience several worries and disappointments that result in high level of anxiety, which can manifest itself with aggression.

The results obtained indicate that persons brought up in dysfunctional families (ACoA) reveal various kinds of aggression, verbal or vengeful. It showed in such behaviour as, grumbling, shouting, swearing, reproaching and quarreling. Their aggressive reactions showed in revenging, avenging

for experienced harm, looking for opportunities to avenge oneself for the misfortunes experienced [20]. They had poor control of aggressive behaviour that showed in little control over aggressive impulses and difficulties in restraining their hostile activities. They were unable to choose and in consequence to reveal fewer harmful and more socially acceptable forms of aggression. Being short-tempered, they caused quarrels among the people they meet [23; 24].

The respondents from the ACoA group were less satisfied with life than the control group. They found financial sphere and spending free time satisfying. The subjects representing the group were more satisfied with their material status, their income and assets. That can lead to greater sense of security, confidence about the future, financial security in old age but with no participation of other people. One can also notice little satisfaction with social relations, with friends, neighbors and relatives. They were concen-

**Table 4.** The relationship between life satisfaction (KZZ) and types of aggression (IPSA): canonical analysis results for a group of ACoA and nACoA

Ad – adjusted correlation coefficient; Rd – redundancy coefficient; CR – canonical correlation coefficient

Method / Variable	Coefficient	Canonical variables	
		ACoA	nACoA
Life satisfaction:			
Health		.37	.17
Work and profession		.40	.24
Financial situation		-.19	-.15
Free time		-.24	-.36
Self-assessment		.60	.16
Friends		-.33	.34
Housing		-.15	-.59
Marriage/Partnership		-.14	.36
Sexuality		-.35	.57
	Ad	24.4%	21.9%
	Rd	18.9%	16.9%
	CR	.58	.49
	p<	.01	.01
Aggression:			
Emotional self-aggression		.53	-.26
Physical self-aggression		.50	.09
Hostility toward others		-.53	-.35
Unconscious aggressive tendencies		.54	.24
Displaced aggression		.23	.06
Indirect aggression		.33	.05
Verbal aggression		.25	-.36
Physical aggression		.13	.13
Control aggression		-.12	.47
Tendency to retaliate		.24	.07
	Ad	13.9%	11.9%
	Rd	11.9%	7.6%

trating on their own health and on themselves, on personal choices, faculties, character and on confirming their self-assessment [9; 14; 15].

Considering canonical analysis results there is a certain similarity between ACoA and the individuals showing authoritarian behaviour. They want to impose their will on others, which shows in aggressively dominating their relatives and acquaintances. It can also show in defying others, which is probably due to their parents' domineering role. They lack close relations with others both in social and sexual spheres. ACoA want to be their own authority and praise them in order to rule and dominate others and to make them dependent. Such state may dominate their thinking and trying to achieve these aims may be satisfying and pleasurable.

The results obtained also indicate that ACoA's functioning may be compared to a narcissistic personality. Due to their disordered psychosocial development in childhood and adolescence, such individuals build no adequate picture of themselves and develop no ability to care for others. Then they often experience frustration and compensate for it with defense mechanisms or disordered behaviour, such as direct or indirect aggression. In consequence they may experience several difficulties in achieving aims in life and establishing satisfactory personal relationships. Again, it may result in various forms of aggression, self-aggression or directed against others, which, in turn, makes self-satisfaction and life satisfaction more difficult to achieve.

Bearing in mind Kowalik's [2] theoretical considerations that underline the role of experiences in shaping the sense of quality of life, one can state that the research on ACoA confirms the significant role of dysfunctional family milieu. It failed to teach the children how to understand and control emotions, made them feel inadequate about themselves and others. It resulted in fewer social competences in childhood and adulthood. Then it is difficult to establish satisfactory relations with others, thus ACoA were seeking satisfaction in professional or financial spheres. They considered such attitude safe and autonomous [25; 26].

The present study aimed at probing into the problems of life satisfaction and aggression of ACoA. Taking Kowalik's [2] quality of life model and the appearance of ACoA psychosocial problems, according to Windle [4], one can see the functioning mechanisms of the adults brought up in dysfunctional families in which at least one parent was alcohol addicted.

### Conclusions

1. Further research should include a larger study group, including gender and family environment because the ACoA group is not homogeneous.

2. It is advisable to conduct further research on ACoA according to Windle's model of psychopathology; so far

little research has been done according to his model.

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## ASMENŲ, UŽAUGUSIŲ ALKOHOLIKŲ ŠEIMOSE, AGRESIJA IR PASITENKINIMAS GYVENIMU

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Raktažodžiai: agresija, pasitenkinimas gyvenimu, asmenys, užaugę alkoholikų šeimose

Santrauka

Tikslas – hipotezių, susijusių su skirtumais gyvenimo pasitenkinimu lygmenyje ir jo aspektais, verifikacija, taip pat asmenų, užaugusių alkoholikų šeimose, ir kontrolinės grupės agresijos tyrimas, bendras ryšys tarp agresijos ir pasitenkinimo šiose grupėse. Metodas – buvo tiriama 100 asmenų, gyvenančių Varšuvoje, grupė. Tarp tiriamųjų asmenų buvo 58 vyrai ir 42 moterys. Visi pilnamečiai, daugiau kaip 18 metų amžiaus, vyriausiam asmeniui tyrimo metu sukako 25 metai. Tyrimo grupių amžiaus vidurkis – 23,3 metai. Pasitenkinimo gyvenimu tyrimui buvo panaudota gyvenimo pasitenkinimo vertinimo anketa. Agresijos tyrimui buvo panaudotas instrumentinis psichologinis agresijos sindromo vertinimo metodas. Tai pat buvo naudojama anketa šeimos dominančių išaiškinimui. Išvada – asmenys iš asmenų, užaugusių alkoholikų šeimose, grupės yra mažiau patenkinti gyvenimu ir daugiau agresyvūs už asmenis kontrolinėje grupėje.

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